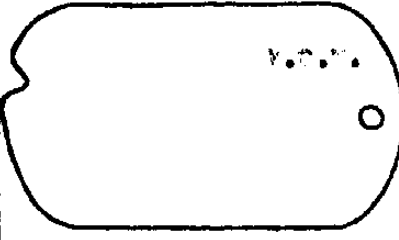


REPT. OF INTERMENT						DATE OF REPORT 19 April 1954		
TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> SUPPLEMENTAL (Reason) (ADDITIONAL INFORMATION)								
Imprint Identification Tag If Possible. DO NOT TYPE  		<b>SECTION 1. - IDENTIFICATION.</b>						
		NAME (Last, First, Middle Initial) <b>OKER MAN - 404</b>				SERVICE NUMBER <b>181-67</b>		
		GRADE <b>vt.</b>		ORGANIZATION <b>Unit</b>		BRANCH OF SERVICE <b>Army</b>		
		RACE <b>negroid</b>		RELIGION <b>none</b>		COUNTRY (If not U.S.) <b>USA</b>		
PLACE OF DEATH <b>64th Field Hosp. (64-604) Hq., Poje Do, Korea</b>		CAUSE OF DEATH <b>pulmonary edema</b>			DATE OF DEATH <b>27 Jan 53</b>			
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) <b>not signed by DUNNED NO I let it, no identifi- dependent on the name of.</b>						
WERE SUBSTITUTE TAGS PROVIDED? <input checked="" type="checkbox"/> YES (2) <input type="checkbox"/> NO		<b>COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.</b>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.  <b>None</b>								
<b>SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)</b>								
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>new cemetery 2, usa, coord 117.7-14.1 Ref. map of usa, no 1:2500</b>								
DATE OF BURIAL <b>13 Apr 54</b>	HOUR <b>1500</b>	BURIED IN (Shroud, blanket, or name of other) <b>Canvas bag etc</b>		TYPE OF GRAVE MARKER <b>stone</b>	PLOT NO. <b>22</b>	ROW NO. <b>1</b>	GRAVE NO. <b>653</b>	
WAS THIS A REBURIAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>new cemetery, Poje Do, Korea 719-615 Ref. map of Poje Do, or no 1:50,000</b>					PLOT NO. <b>1</b>	ROW NO. <b>1</b>	GRAVE NO. <b>11</b>
TYPE OF RELIGIOUS CEREMONY <b>None</b>	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY <b>one (1) copy of this form buried in small Lottle of water (18 oz) sealed &amp; placed in front of head of grave.</b>					
IDENTIFICATION TAG BURIED WITH BODY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IDENTIFICATION TAG ATTACHED TO MARKER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial) <b>1st Lt. Mark Yoon</b>		GRADE <b>vt.</b>	SERVICE NUMBER <b>181-67</b>	ORGANIZATION <b>DA</b>	GRAVE NO.
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) <b>1st Lt. Mark Yoon</b>		GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.			
SIGNATURE OF PERSON PREPARING REPORT <i>Robt M. Dandrea</i>				SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i>				