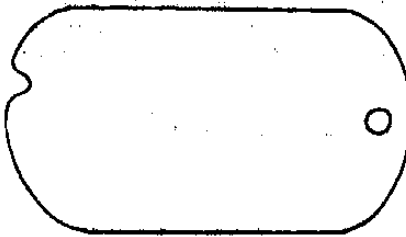


R E S T R I C T E D

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 11)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 18 Feb 51	
Imprint Identification Tag, if Possible, DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) Hyo Ong Chan			SERIAL NO. Unk		
	GRADE Pvt	ORGANIZATION NK Army		BRANCH OF SERVICE NK Army		
	RACE Korean	RELIGION Unk	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY N Korea			
PLACE OF DEATH 14th Fld Hosp Pusan Korea		CAUSE OF DEATH Tuberc ulosis, Pulmonary			DATE OF DEATH 16 Feb 51	
EMERGENCY ADDRESSEE (Name, relationship, and address) <div style="text-align: center;">Unk</div>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <div style="text-align: center;">None</div>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <div style="text-align: center;">Certifica te of death signed by Korean Doctor.</div>				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <div style="text-align: center;">Yes</div>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <div style="text-align: center;">None</div>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <div style="text-align: center;">Same</div>						
DATE OF BURIAL 17 Feb 51	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Temp	PLOT NO. 9	ROW NO. 5	GRAVE NO. 2863 2858
WAS THIS A REBURIAL? (Yes or no) <div style="text-align: center;">No</div>		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <div style="text-align: center;">Same</div>				
TYPE OF RELIGIOUS CEREMONY <div style="text-align: center;">None</div>		PERSON CONDUCTING BURIAL RITES <div style="text-align: center;">None</div>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <div style="text-align: center;">Same</div>		
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <div style="text-align: center;">No</div>		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <div style="text-align: center;">No</div>				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Ooi Jeng Gon			RANK Cpl	SERIAL NO. Unk	ORGANIZATION NK Army	GRAVE NO. 2862 2855
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) None End Of Row			RANK X	SERIAL NO. E	ORGANIZATION X	GRAVE NO. X
SIGNATURE OF PERSON PREPARING REPORT <div style="text-align: center;">La Rue</div>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <div style="text-align: center;">John Nolan</div>			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

R E S T R I C T E D

6253—FEC P&PC—9, 50—307M