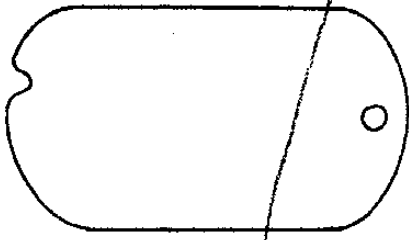


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WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 1 JAN 51	
Imprint Identification Tag, if possible, DO NOT TYPE 	Section 1.—IDENTIFICATION.						SERIAL NO. UNK
	NAME (Last, first, middle initial) Choi JONG JK				BRANCH OF SERVICE NK Army		
	GRADE Pvt		ORGANIZATION NK Army		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY NK Army		
	RACE Korean		RELIGION UNK				
PLACE OF DEATH 14th Field Hosp Pusan Korea		CAUSE OF DEATH Undetermined			DATE OF DEATH 28 Dec 50		
EMERGENCY ADDRESSEE (Name, relationship, and address) UNK							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Certificate of Death signed by Jee Dong Eun, Korean Doctor.					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Same							
DATE OF BURIAL 28 Dec 50	HOUR 1700	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER temp	PLOT NO. 5	ROW NO. 11	GRAVE NO. 1126	
WAS THIS A REBURIAL? (Yes or no) NO	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT NO.	ROW NO.	GRAVE NO.	
TYPE OF RELIGIOUS CEREMONY None	PERSON CONDUCTING BURIAL RITES —		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Same				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) NO	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) NO						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) JIM HI JAE		RANK Pvt	SERIAL NO. UNK	ORGANIZATION NK Army	GRAVE NO. 1125		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) KIM EN HAN		RANK Pvt	SERIAL NO. UNK	ORGANIZATION NK Army	GRAVE NO. 1127		
SIGNATURE OF PERSON PREPARING REPORT [Signature]			SIGNATURE OF GRS OFFICER VERIFYING REPORT [Signature]				
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							

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