


R E S T R I C T E D

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 19 Jan 51	
Imprint Identification Tag If Possible DO NOT TYPE 		Section 1.—IDENTIFICATION.					
NAME (Last, first, middle initial) Jeong Ki Paek				SERIAL NO. Unk			
GRADE Pvt		ORGANIZATION N K Army		BRANCH OF SERVICE N K 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 Cause unknown			DATE OF DEATH 17 Jan 51		
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 Kim Syang Ung, Korea n 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 18 Jan 51	HOUR 1445	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Temp	PLOT NO. 7	ROW NO. 16	GRAVE NO. 2044	
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) Kang Yung Chan			RANK Civilian	SERIAL NO. Unk	ORGANIZATION N K Army	GRAVE NO. 2043	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Lim Hong Koo			RANK Pvt	SERIAL NO. Unk	ORGANIZATION N K Army	GRAVE NO. 2045	
SIGNATURE OF PERSON PREPARING REPORT La Rue			SIGNATURE OF GRS OFFICER VERIFYING REPORT Jolan				
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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