


RESTRICTED

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 12 Jan 51	
Imprint Identification Tag if Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.						SERIAL NO.
	NAME (Last, first, middle initial) Han Chang Yoo						unk
	GRADE Sgt	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 1st Fld. Hosp. USAN, KOREA	CAUSE OF DEATH Dysentery				DATE OF DEATH 10 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) Certificates of death signed by Oh Yung Choon, 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 11 Jan 51	HOUR 1630	BURIED IN (Shroud, blanket, or name of other) Blanket	TYPE OF GRAVE MARKER Temp	PLOT NO. 7	ROW NO. 2	GRAVE NO. 1701	
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE						
TYPE OF RELIGIOUS CEREMONY None		PERSON CONDUCTING BURIAL RITES None	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) Lee In Sup			RANK Sgt	SERIAL NO. unk	ORGANIZATION N.K. Army	GRAVE NO. 1700	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Oh Kwong Hoe			RANK Civilian	SERIAL NO. unk	ORGANIZATION N.K. Army	GRAVE NO. 1702	
SIGNATURE OF PERSON PREPARING REPORT La Pus			SIGNATURE OF GRS OFFICER VERIFYING REPORT Jen 10/194				
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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