

REPORT OF INTERMENT				DATE OF REPORT			
TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> SUPPLEMENTAL (Reason) (ADDITIONAL INFORMATION)				14 Nov 53			
Imprint Identification Tag If Possible. DO NOT TYPE		SECTION 1. - IDENTIFICATION.					
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">           P.O.W.             UNK 170         </div>		NAME (Last, First, Middle Initial)			SERVICE NUMBER		
		SHU TIAN YUE			63NK707921		
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		Pvt		Unk		Army	
RACE		RELIGION		COUNTRY (If not U.S.)			
Mongoloid		Unk		Unk			
PLACE OF DEATH		CAUSE OF DEATH			DATE OF DEATH		
Tagged at 11th MP Ser Co. Diap Cheju-Do City APO 59		Manual Strangulation			9 Nov 53		
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse)					
None		M.I. signed by: "GEORGE KUMASKA, Capt MC:"  COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.					
WERE SUBSTITUTE TAGS PROVIDED?							
Two <input checked="" type="checkbox"/> YES (2) <input type="checkbox"/> NO GRS							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.							
None							
SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY							
Enemy Cemetery #2 Pusan, Korea 1208.7-1349.4 Ref. Map Pusan, Korea 1/12500							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.	
14 Nov 53	1000	Canvas Square	Peg	15	8	5466	
WAS THIS A REBURIAL?	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE.						
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Enemy Cemetery #1 Cheju-Do, Korea 4927-5878 H 152-4 Ref Map Cheju-Do, Korea 1/12500			PLOT NO.	ROW NO.	GRAVE NO.	
				1	7	78	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY				
None			One (1) copy of this form buried in burial bottle eighteen (18) inches below grave at head of grave.				
IDENTIFICATION TAG BURIED WITH BODY	IDENTIFICATION TAG ATTACHED TO MARKER						
One <input checked="" type="checkbox"/> YES (1) <input type="checkbox"/> NO	One <input checked="" type="checkbox"/> YES (1) <input type="checkbox"/> NO						
REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave). NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.			
TOO FONG KANG	Pvt	63NK703503	Unk	5465			
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave). NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.			
LEE ZAO LIN	Pvt	63NK703754	Unk	5467			
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				

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FORM 100-10 (Rev. 1-53)

**SECTION 3. - UNIDENTIFIED REMAINS**

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT <b>Est 5'5"</b>	WEIGHT <b>Est 155</b>	COLOR OF EYES <b>Utd</b>	COLOR OF HAIR <b>Black</b>	WHERE BODY WAS FOUND ( <i>Grid Coordinates</i> )
BIRTHMARKS, SCARS, OR TATTOOS  <b>None Noted</b>				LAUNDRY MARKS  <b>None Noted</b>
WEAPON(S) WITH SERIAL NUMBER(S)				

OTHER IDENTIFICATION CLUES (*Including other remains recovered or associated with this remains*).

**SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN**

IMPRINT ALL FINGERS AND THUMBS (*or as many as possible*) IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

**RIGHT HAND**

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER

**LEFT HAND**

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER

DO NOT WRITE IN THIS SPACE (*For FBI use only*)

REMARKS