

INDIVIDUAL DECEASED

PERSONNEL FILE

WALLACE, ROBERT M.
SN: 0-5228587

1LT

42

EXECUTIVE
ND 9-2-2/w

AUG 14 1967

Dear Mrs. Wallace:

I learned with great sadness of the death of your husband, First Lieutenant Robert M. Wallace.

I hope it will comfort you to know that your husband was serving his country in a time of great need. Your grief in his loss is shared by all his countrymen.

Mrs. Johnson and I join in expressing our heartfelt sympathy to you. You will be remembered in our prayers.

Sincerely,

LYNDON B. JOHNSON

Mrs. Robert M. Wallace
1970 West Centerville Road
Dayton, Ohio 45459

LBJ:JDG:mmc

COPY LBJ LIBRARY

DISPOSITION FORM

(AR 340-15)

REFERENCE OR OFFICE SYMBOL	SUBJECT
AGTO-R (1426 NH)	Non-Hostile Military Casualty in Vietnam

TO Chief of Staff FROM TAG DATE 4 Aug 67 CMT 1
ATTN: LTC S. M. Smith Jr. LTC Gar /gfd /72066
Room 3C 715, The Pentagon

The following named individual has been reported dead in Vietnam as the result of non-hostile action:

NAME: 1LT 02 Robert M. Wallace, 05 228 587

ORGANIZATION: 188th Assault Helicopter Company, 1st Avn Bde, APO SF 96268

DATE OF CASUALTY: 31 July 67

CIRCUMSTANCES: Individual died as a result of injuries received while he was enroute to a combat operation when his aircraft collided with another aircraft in mid-air and crashed.*

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Nancy Wallace (Wife)
ARMY AREA:FIRST 1970 West Centerville Road
Dayton, Ohio 45459

CHILDREN: Son:one

Mrs. Robert E. Wallace
9156 Taylorsville Rd
Dayton, Ohio 45425
45425

FOR THE ADJUTANT GENERAL:

DONALD L. GEER
Colonel, AGC
Executive Officer, TAGO

*Indiv previously reported missing 31 July 67, *W-10-31467*

REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES

Form Approved
Budget Bureau No. 22-R229

PART I - TO BE COMPLETED BY MILITARY AUTHORITIES

1. MILITARY ACTIVITY PREPARING THIS FORM HQ, WA, MIMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626		2. MILITARY ACTIVITY TO WHICH FORM IS TO BE MAILED FOR PAYMENT (Name and Address, Including ZIP Code) HQ, WA, MIMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626	
3. DECEDENT (Last Name, First Name, Middle Initial) WALLACE, ROBERT M.		4. GRADE/RANK ILT	5. SERVICE NUMBER 05 228 587
6. PLACE OF DEATH		7. DATE OF DEATH 31 July 1967	
8. NAME OF NEXT OF KIN Mrs. Nancy Wallace,		9. RELATIONSHIP Widow	
10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code) Schlentz & Moore Funeral Home, 1632 Wayne Avenue, Dayton, Ohio 45410			
11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH (Not applicable to Air Force)		a. IF YES, ENTER NAME OF CONTRACTING ACTIVITY n/a	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		

PART II - TO BE COMPLETED BY NEXT OF KIN (Proper completion will expedite settlement.)

COMPLETE ITEMS 12 AND 13.
FILL IN EITHER ITEM 14 OR 15. (Do not fill in both.)
COMPLETE ITEM 16, IF APPLICABLE.COMPLETE ITEM 17.
MAIL TO ADDRESSEE IN ITEM 2

12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION (Name and Address, Including ZIP Code) Woodland Cemetery 118 Woodland Ave, Dayton, Ohio, 45409		13. DATE OF INTERMENT 10 Aug 67
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14. TO BE COMPLETED WHEN NEXT OF KIN ARRANGED FOR INTERMENT ONLY (If next of kin arranged for preparation and casketing, leave this item blank and fill in item 15.)

a. INTERMENT COSTS (Enter total amount paid or incurred for one or more of the following: Cost of grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director - including use of his facilities, and motor service.)

620.69

15. TO BE COMPLETED WHEN NEXT OF KIN MADE ALL ARRANGEMENTS (Fill in appropriate amounts opposite a, b, c and d.)

a. REMOVAL, CASKET, PRESERVATION AND RELATED SERVICES	s n/a
b. CREMATION AND URN	s n/a
c. CLOTHING	s n/a
d. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.)	s n/a

16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS

a. SHIPPING COST	s n/a	
b. SHIPPED FROM (Place)	c. SHIPPED TO (Place)	d. MODE OF SHIPMENT <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE
n/a	n/a	

17. STATEMENT OF NEXT OF KIN: I HAVE PAID OR INCURRED EXPENSES IN THE AMOUNTS ENTERED IN ITEMS 14, 15, AND OR 16. I DESIRE THAT THE AMOUNT ALLOWABLE BY THE GOVERNMENT BE PAID TO:

a. NAME (Print or Type) Schlentz & Moore Funeral Home, 1632 Wayne Ave Dayton, Ohio 45410	b. DATE 9 Aug 67
c. ADDRESS (Include ZIP Code) 1632 Wayne Avenue Dayton, Ohio 45410	d. SIGNATURE OF NEXT OF KIN Nancy Wallace

MEMORIAL DIVISION - OARB
ESCORT'S REPORT OF MISSION

DECEDENT

1LT ROBERT M. WALLACE 05 228 587

CONSIGNEE

Schlientz & Moore Funeral Home, 1632 Wayne Avenue, Dayton, Ohio

NEXT OF KIN

Mrs. Nancy Wallace,

Dayton, Ohio

ESCORT

I thoroughly understand my duties in connection with my escort mission and acknowledge receipt of the following supplies which will be returned to the Mortuary Office, OARB upon completion of mission.

BRASSARD, ARM	1 Ea
GLOVES, WHITE	1 Pr
GUIDE FOR ESCORTS	1 Ea

1LT ROBERT W. MUNCHLER 05 419 219

DATE 7 Aug 67

DID YOU MEET NEXT OF KIN? (If not, explain below)

Yes

WERE YOU ASKED TO STAY FOR FUNERAL?

Yes

WERE MILITARY SERVICES RENDERED?

Yes

DATE AND HOUR OF FUNERAL

1100 Hours
10 Aug 67

NAME AND LOCATION OF CEMETERY

Woodland Cemetery, 118 Woodland Ave., Dayton, Ohio 45409

FLAG PRESENTED TO	DATE DEPARTED ON RETURN	DATE ARRIVED DUTY STATION
Mrs. Nancy Wallace	TRIP 10 Aug 67	10 Aug 67

DETAILED REPORT ON MISSION (Include all pertinent data, special requests or unusual circumstances.)

The family and the widow were very appreciative of the Army's assistance and they were very proud of the funeral service given for the late 1LT Robert Wallace.

No unusual requests were made.

DATE

SIGNATURE OF ESCORT

11 Aug 67

Robert W. Mutchler, 1LT Arty

MTW FORM 4905
4 APR 67

REPLACES MTW FORMS 4214 AND 4225 WHICH
MAY BE USED UNTIL EXHAUSTED.

ARMY - OARB, CALIF.

DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
APO San Francisco 96307

AVCA-SGN-MY

29 August 1967

SUBJECT: Report of Disposition of Personal Effects of Deceased Person
(RE: 1LT WALLACE, ROBERT M., 05 228 587) (Evac # 6389-67)
188th Asslt Heli Co, 1st Avn Bde

TO: Chief of Support Services
Headquarters, Department of the Army
ATTN: SPTS-D
Washington, D. C.

1. A Summary Court convened at Headquarters, USASUPCOM, Saigon pursuant to Court Martial Appointing Order, Number 8, USASUPCOM, Saigon, 17 June 1967 for the purpose of disposing of the effects of 1LT WALLACE, ROBERT M., 05 228 587 subject to military law.

2. No legal representative being present, they were forwarded to this Summary Court and all relevant evidence pertaining to entitlement to receive effects was duly considered. Whereupon this Summary Court finds that Mrs. Nancy Wallace Dayton, Ohio is the wife of the above named individual and appears to be entitled to receive these effects.

3. No attempt was made to determine if local debtors owed decedents estate any debts or monies. No attempt was made to determine if decedent owed debts or monies to creditors and creditors have not been paid by Summary Court from the funds of the decedent.

4. No funds were received from sale of effects.

5. The effects listed on the attached inventory have been shipped to the person entitled to receive them as indicated on the inventory.

FOR THE COMMANDER:

TLB

5 Inclosures:

1. Inventory (DD Form 1076)
2. Certificate of Destruction
3. Ltr nok dtd 29 Aug 67
4. Ltr nok dtd 22 Aug 67
5. Ltr nok dtd 7 Aug 67 w/Questionnaire

THOMAS L. BOLAND

1LT, ARMOR
Summary Court

RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side)			PAGE NO	NO OF PAGES	
1. NAME (Last, First, Middle Initial)	2. GRADE	3. SERVICE NUMBER			
WALLACE, ROBERT H.	ALX	03 220 507			
4. ORGANIZATION AND STATION OR APO	5. STATUS	6. DATE OF STATUS			
28005 Ansdell Hall Co 1st Avn Bde	Disengaged	21 July 67			
EFFECTS DATA					
7. PLACE OF RECOVERY			8. DATE OF RECOVERY		
28005 Ansdell Hall Co 1st Avn Bde			21 July 67		
9. INVENTORY OF EFFECTS		10. VERIFICATION OF INVENTORY			
QTY	DESCRIPTION	BY COMMAND	BY CONUS		
		EFFECTS DEPOT	a.	b. EFFECTS OFFICE	
Temporary effects		REC'D DISPOSITION		REC'D DISPOSITION	
2	Personal papers	4	Civ. shirts	1	Sheet, 1 pillow case
2	Sets clothes	3	Civ. trousers	1	Flight suit
14	T-shirts	2	Stationery	6	Bath towels
14	Drawers	2	Baseball cap	2	Bath suit
6	Handkerchiefs	3	Plastic drinking cup	1	Backpack, small
1	Watch, Wristwatch	1	Iron tray	1	Swimming kit
1	Photo album	2	Travel alarm clock	1	Booklet for camera
1	Plastic folder	2	Pt. sun glasses	1	Foot locker
1	Pt. tennis shoes	1	Cross in box	1	Ball point pen
1	Note book	1	Box assorted nails	1	Pistol holsters/o belt
3	Flash lights	1	Extension cord	1	Cigarette lighter
4	Pt. shoe laces	3	Chains for I.D. tags	1	Link, white color
1	Small pocket knife	3	Reels recording tape	1	Pt. boat oars
1	Garrison cap	1	Watch band in case	1	Civ. belt
2	Pt. combat boots	2	Tape recorder, General	1	Fork clothes pins
2	Nic. mil. items	2	Folding chair	2	Pt. Civ. shorts pants
2	Nail clipper	1	Electric fan, portable	2	Empty tape reel
1	Pt. low quarters	2	Book bag	1	Wax seal
1	Drop book	1	Avail bag	1	Buffel bag
2	Set of fatigues	1	Shaving kit	2	Face cloths
10	Pt. socks	2	Canned soups w/ cans	3	Zero weight in frame
11. a.	TOTAL FUNDS				
FUND EXCHANGED, CONVERTED, DEPOSITED, ETC.					
(To be completed by Summary Court-Martial or other responsible person)					
FUND TRANSMITTED WITH EFFECTS		b.			
AMOUNT	DESCRIPTION	REC'D	DISPOSITION		
4251.00	NET		1. Treasury check #74,249 dated 17 Aug 67		
20.00	IN CURRENCY		in sum of \$20.00 Trans. to: Mrs. Nancy Wallace		
200	PLASTER		Daytona Beach, Florida		
(Attach supplemental sheet for additional items and/or discrepancies)					
12. SEAL NO.	13. EFFECTS SHIPPED TO	14. DATE AND METHOD OF SHIPMENT			
		26 DATE 1967			
15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1 COMPRISSES					
<input checked="" type="checkbox"/> ALL KNOWN EFFECTS	<input type="checkbox"/> ALL KNOWN EFFECTS EXCEPT THOSE REMOVED FROM REMAINS				
<input type="checkbox"/> ALL KNOWN EFFECTS REMOVED FROM REMAINS	<input type="checkbox"/> ADDITIONAL EFFECTS 2D SHIPMENT				
16. DATE 1967	TYPED NAME, GRADE AND ORGANIZATION		SIGNATURE		
	Summary Court-Martial Eff Officer		Thomas L. Boland		

DD FORM 1076, 1 May 61. Replaces edition of 1 Jan 58, which is obsolete

DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
APO US Forces 96307

AVCA-SGN-MY

24 Aug 67

Date

CERTIFICATE OF DESTRUCTION

I certify that the following items belonging to WALLACE, ROBERT M.
05 228 587 (Deceased) were found to be worn beyond repair and of obnoxious nature. These items were destroyed by me in accordance with paragraph 21c (2) AR 643-55, dated 2 June 1961.

Misc. toilet articles
2 Packs flints
1 Box tooth pick
1 Pr. civ. trousers
1 Plastic bag
4 Grease pencils
1 Can opener
2 Pr. shower shoes
38 Cigars
1 Pr. flight glasses w/case
1 Shaving kit
Misc. cards & papers

Thomas L. Boland

THOMAS L. BOLAND
1LT, ARMOR
Summary Court

DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
US ARMY SUPPORT COMMAND, SAIGON
APO San Francisco 96307

22 August 1967

Mrs. Nancy Wallace

Dayton, Ohio

Dear Mrs. Wallace,

The personal effects of your husband, 1LT Robert M. Wallace, 05 228 587, have been collected and are being processed for shipment to you. The currency your husband had has been converted to U. S. Treasury Check Number 94,140 dated 19 August 1967 in the amount of \$273.54 and is inclosed.

Regulations require that I inform you that delivery of this check in itself does not necessarily vest title in you, but that it should be retained or disposed of in accordance with the laws of the state in which your husband was legally domiciled.

I will advise you when shipment of your husband's personal property is made. In the meantime, if I may be of further assistance, please do not hesitate to write me.

Respectfully,

TB

1 Incl:
1 U. S. Treasury Check

THOMAS L. BOLAND
1LT, ARMOR
Summary Court

DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
US ARMY SUPPORT COMMAND, SAIGON
APO SAN FRANCISCO 96491

29 August 1967

Mrs. Nancy Wallace

Dayton, Ohio

Dear Mrs. Wallace,

With reference to my letter of 22 August 1967, I forwarded the personal property of your husband, 1LT Robert M. Wallace, 05 223 587 to you on 26 August 1967 by Air Movement Designator Number D3117642. It should reach you on or about 16 September 1967.

Regulations require that I inform you that delivery of these effects in itself does not necessarily vest title in you, and that they should be retained or disposed of in accordance with the laws of the state in which your husband was legally domiciled.

Should this shipment not arrive intact please inform me at the address shown above.

Respectfully,

TLB

1 Incl
1 DD Form 1076

THOMAS L. BOLAND
1LT, ARMOR
Summary Court

DOMESTIC SERVICE	
Check the class of service desired; otherwise this message will be sent as a fast telegram	
TELEGRAM	X
DAY LETTER	
NIGHT LETTER	

\$
S
E

WESTERN UNION

TELEGRAM

W. P. MARSHALL
CHAIRMAN OF THE BOARD

R. W. MC FALL
PRESIDENT

INTERNATIONAL SERVICE	
Check the class of service desired; otherwise the message will be sent at the full rate	
FULL RATE	
LETTER TELEGRAM	
SHORE-SHIP	

NO. WDS.-CL. OF SVC.	PD. OR COLL.	CASH NO.	CHARGE TO THE ACCOUNT OF	TIME FILED
			SPT MEM DIV DISP BR(DA) F-HT	11 S-7

Send the following message, subject to the terms on back hereof, which are hereby agreed to

MRS. NANCY WALLACE

3 Aug 67

DAYTON, OHIO

This concerns your husband, 1LT Robert M. Wallace. The Army will return your loved one to a port in the United States by first available military airlift. At the port remains will be placed in a metal casket and delivered (accompanied by a military escort) by most expeditious means to any funeral director designated by the next of kin or to any national cemetery in which there is available grave space. You will be advised by the United States port concerning the movement and arrival time at destination.

Forms on which to claim authorized interment allowance will accompany remains. This allowance may not exceed \$75 if consignment is made directly to the superintendent of a national cemetery. When consignment is made to a funeral director prior to interment in a national cemetery, the maximum allowance is \$150; if burial takes place in a civilian cemetery, the maximum allowance is \$300.

Request next of kin advise by collect telegram addressed: Disposition Branch, Memorial Division, Department of the Army WUX MB, Washington, D. C., name and address of funeral director or name of national cemetery selected.

If additional information concerning return of remains is [REDACTED]

[REDACTED] desired you may include your inquiry in the reply to this message. Please do not set date of funeral until port authorities notify you date and scheduled time of arrival destination.

DISPOSITION BRANCH MEMORIAL DIVISION DEPARTMENT OF ARMY WUX MB

WALLACE, ROBERT M.

05 228 587

brown

MSG #1 (Initial)
Oct 1966
WU1211(R2-66)

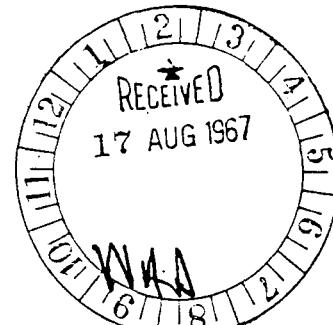
HOUR: 1545 REL AUTH: 3
OREN WOMACK

DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST LOGISTICAL COMMAND
APO SAN FRANCISCO, 96307

7 August 1967

SUBJECT: Personal Effects of 1LT Robert M. Wallace 05 228 587.

TO: DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST LOGISTICAL COMMAND
ATTN: PERSONAL EFFECTS OFFICER
APO SAN FRANCISCO, 96307



1. The name and address shown below is correctly stated and I desire that subject personal effects be shipped in my name and to the address as shown.

Mrs. Nancy Wallace

Dayton, Ohio

2. I desire to have subject personal effects shipped to a different address than shown above.

STREET _____

TOWN/CITY _____

COUNTY _____

STATE _____

(Print new address above)

Nancy Wallace
(Signature)

REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE CROWN-9930 (Prev Punch-9873)		DATE PREPARED 3 Aug 67	
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) WALLACE, ROBERT MICHAEL, 05 226 587; 1LT; USAR; INF; 188th Assault Helicopter Company, 1st Avn Bde, APO SF 96268					
2. CASUALTY STATUS		3. CIRCUMSTANCES Indiv died as a result of injuries received while he was aircraft commander when enroute to a combat operation when aircraft collided in mid-air with another aircraft and crashed. when		<input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE	
b. PLACE xxxxxx DEAD Vietnam		c. DATE 31 Jul 67	d. TIME 2355 hrs.	e. STATUS OF REMAINS READY	f. RACE Cau
g. RELIGION RC			h. COMMENCED TOUR DATE 28 Apr 67		
3a. DATE AND PLACE OF BIRTH 9 May 1943; Akron, Summit, Ohio					
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 29 Nov 65, Dayton, Montgomery, Ohio					
5. SOCIAL SECURITY NO., PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY 0-2 Over 2 yrs. \$420.30 POWER, ANGLE, GLOBE					
6. SELECTIVE SERVICE NO., LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services) 33-90-43-339 LB #90, Dayton, Ohio					
7. PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code) MRS. NANCY WALLACE (Wife) Dayton, Ohio H5459					
8. ADDITIONAL INFORMATION TO BE OBTAINED a. <input type="checkbox"/> CUSTODY b. <input type="checkbox"/> MARITAL STATUS c. <input type="checkbox"/> ADDRESS OF: d. <input type="checkbox"/> OTHER:					
9. a. ORIGINATOR CG USAFV LBN RW		b. RECEIVED BY PMU		c. TIME 0913	d. DATE 3 Aug 67
SECTION II - NOTIFICATION ACTIONS					
10. ACTION ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 1st Army		NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.) SSG WITT/SGT STUTTS 1045		ZULU TIME 1330	ZULU DATE 3 Aug 67
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY: Cpt Yerkes				1330	"
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR Cpt Montreal/Lamont				1450	"
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN				1550	"
14. WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN Cpt Montreal				1550	"
15. DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY: Cpt Montreal				1530	"
16. DATA ENTERED ON INFORMATION MESSAGE NO. BY DA CASUALTY DIVISION					
17. ADDRESS FOR GRATUITY PAY Cd St Hayes Ohio					
18. a. INDIVIDUAL (has) (has not) BEEN POSTHUMOUSLY PROMOTED TO _____ WITH EFFECTIVE DATE _____ AND DATE OF COMMISSION _____					
b. RECEIVED FROM			c. RECEIVED BY		d. TIME e. DATE

1. Designator's first name, middle name.
2. Service Number.
3. Branch and Component.
4. Date and place of birth.
5. Date place and home of record at last entry on Active Duty.
6. Selective Service No., Local Board and Location.
7. Prior Service Data.
8. R. P. E. D.
9. Social Security Number.
10. Religion.
11. Names and addresses of:
 - a. Spouse
 - b. Father
 - c. Mother
 - d. Children
12. Non-Notification Desired.

1. WALLACE, ROBERT MICHAEL 2. 05 228 597
 2. INF USAR 3. 9 May 43 Akron, Summit, Ohio
 3. 29 Nov 65, Dayton, Montgomery, Ohio
 4. 33-90-43-339 LB#90, Dayton, Ohio
 5. None 6. Roman Catholic
 7. a. Nancy Wallace 7. Dayton Ohio 45459
 b. Robert E Wallace 8. Dayton, Ohio 45422
 c. Frances Wallace 9. Dayton, Ohio 45425
 d. Robert D Wallace 10. Dayton Ohio 45459

DA FORM 41 REPLACES EDITION OF RECORD OF
1 OCT 64 1 JAN 64 WHICH WILL EMERGENCY DATA
BE USED. (AR 640-10)

12.

Yes

No

13. Adult NOK to be notified not named in item 11.
 14. Robert E Wallace (F) 50%, Frances Wallace (M) 50% Same as 11b & c
 15. Nancy Wallace (W) 100% Same as item 11a
 16. Same as item 15
 17. Metropolitan
 18. Metropolitan
 SGLI \$10,000
 19. United Services Life Insurance Co
 20. SIGNATURE OF DESIGNATOR
 Robert Wallace
 DATE & PLACE OF BIRTH
 21. DATE OF LATEST SERVICE

ORIGINAL (Card) - See part A, AR 640-10, for distribution
DUPLICATE (Yellow card) - file personnel records section

~~FOR OFFICIAL USE ONLY~~

DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO ADDRESSES PRIORITY)

O P 011014Z AUG 67

FM CG USARV L, 4N

TO RUEOAF/CAS DIV DA

INFO REUPWD/TAG DA

ZEN/CINCUSARPAC

ZEN/COMUSAMCV

RUEOAF/CH SPT SVSA DA

RUCIDQA/CH SP CLMS BR STLMTS OPNS FCUSA INDPLS IND

ZEN/CG 1ST AVN BDE RVN

ZEN/ CO USA MORT TSN

BT

UNCLAS E F T O FOLIO AVHAG-CC 52479 JPCCO-ARCC DA FOR AGPB-C
PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 19B (2) AR 360-5
PUNCH REPT NO. 9873, REPEAT, NO. 9873 (MISSING)

A. WALLACE, ROBERT M.

B. 05 228 587, REPEAT, 05 228 587

C. 1LT 0-2/INF

D. 31 JUL 67 AT 2355 HRS, REPEAT, 31 JUL 6 AT 2355 HRS.

E. INDIV LAST SEEN AS ACFT CMDR ON UH1C HELI ENROUTE TO COUNTER
MORTAR ATTACK MSN VIC COORD: CQ 233 335, RVN, WHEN ACFT COLLIDED
IN MID-AIR WITH ANOTHER UH1C AND CRASHED. STATUS IS NOT THE RESULT OF
HOSTILE ACTION. SEARCH IN PROGRESS.

F. CAU

G. 188TH ASSLT HELI CO, 1ST AVN BDE APO SFRAN 96268 II CORPS

H. NOK: NANCY WALLACE (W) DAYTON, OHIO

DA FORM 41 DTD 8 APR 67

I. BP: \$420.30 ADD PAY: POWER, ANGLE, GLOBE (FSA) BPED: 19 JUL 65

SGLI-TEN-LUMP-WIFE TL UNDER UCMJ: NONE

BT

ACTION: TAG

DISTR: OCOFSA, OSA, DCSPER, CINFO, CLL, COPO, COFSPTS,
DA IN 300166

~~FOR OFFICIAL USE ONLY~~

128-226-7-28
CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

NAME OF DECEASED (Last, First, Middle) WALLACE, Robert M.		GRADE 11A	BRANCH OF SERVICE ARMY	SERVICE NUMBER 05220587
ORGANIZATION 100th Avn Co APO 96268		DATE OF BIRTH 9 May 1943	<input checked="" type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
COLOR OR RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (Specify)		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input checked="" type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN Wancy Wallace		RELATIONSHIP TO DECEASED Wife		
STREET ADDRESS		CITY OR TOWN AND STATE Dayton, Ohio		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Trauma		Instant
ANTECEDENT CAUSES		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
MODE OF DEATH NATURAL ACCIDENT SUICIDE HOMICIDE		AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MAJOR FINDINGS OF AUTOPSY Aircraft Accident 1. Decapitation 2. Multiple fractures 3. 4th degree burns left arm
DATE OF DEATH (Hour, day, month, year) 2300 hours 31 July 1967		PLACE OF DEATH End C2 245 345, 1/2 Miles South of Phu Bai, Bm.		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER William E. Coffie, Jr.			TITLE OR DEGREE MC/AD	
GRADE Cpl		SERVICE NUMBER 02320686		
INSTALLATION OR ADDRESS 100th Aviation Company APO 96268		SIGNATURE William E. Coffie, Jr.		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS Ruth C. Bell		GRADE GS-9	LICENSE NUMBER ARIZ 4111	STATE ARIZ
INSTALLATION OR ADDRESS US Army Mortuary, Vietnam APO 96307		DATE 4 Aug 67	SIGNATURE Ruth C. Bell	
NAME OF CEMETERY OR CREMATORIAL LOCATION OF CEMETERY OR CREMATORIAL				
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.²State conditions contributing to the death, but not related to the disease or condition causing death.

RECORD OF IDENTIFICATION PROCES G
ANATOMICAL CHART

6389-67

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)

~~WALLACE~~ WALLACE, ROBERT M.

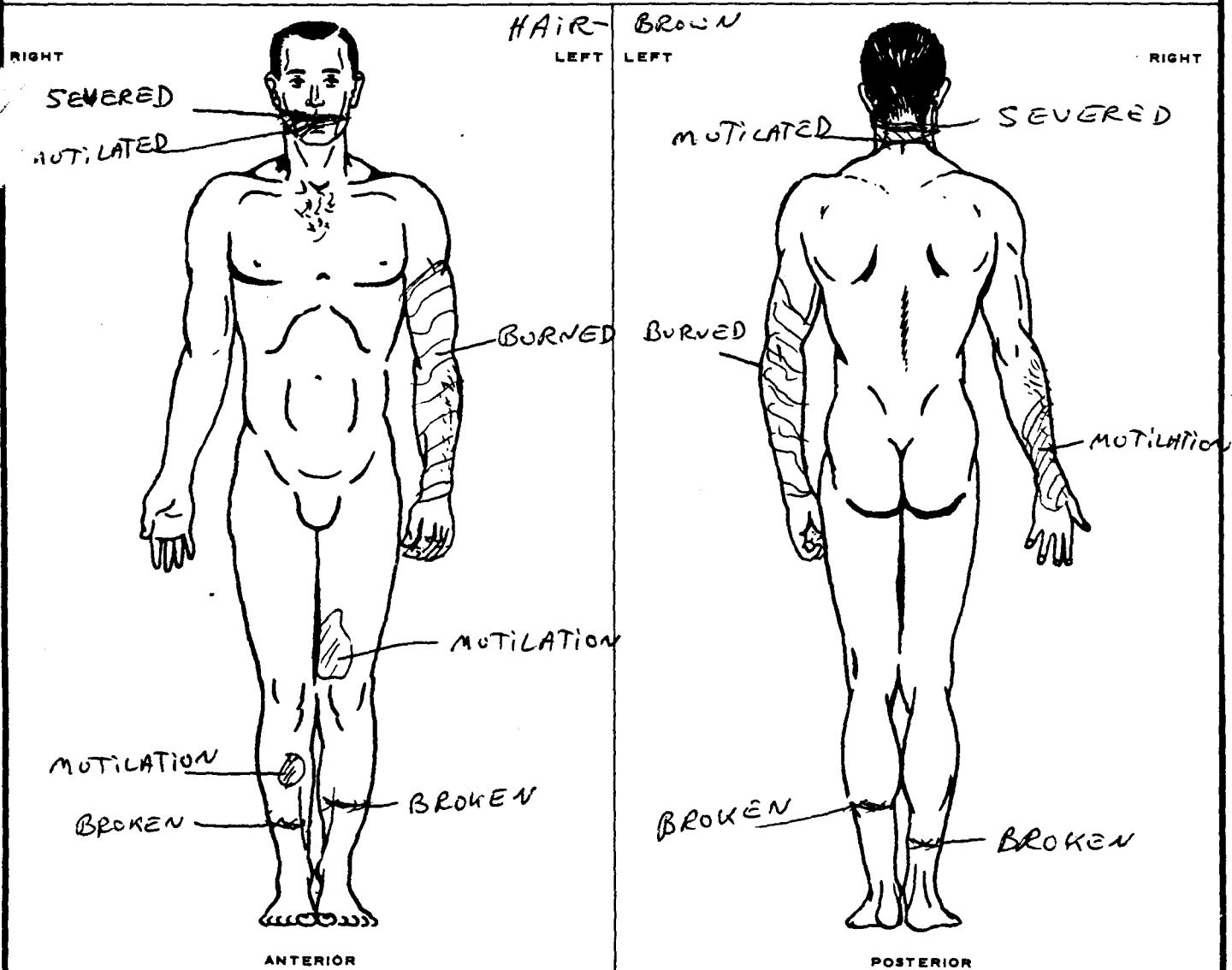
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.

GRADE
1/LT.

SERVICE NUMBER
05228587

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.	PLOT	ROW	GRAVE	ESTIMATED AGE (Yrs)	ESTIMATED HEIGHT
---	------	-----	-------	---------------------	------------------

BLACK OUT PORTIONS NOT RECOVERED



CONDITION OF REMAINS (Check pertinent blocks)

SEMI-SKELETAL

FLESH COVERED

INTACT

DECOMPOSED

BURNED (Degree: 1st 2d 3d)

REMARKS (Continue on reverse if additional space is required)

BODY - COMPLETE - SEE ABOVE

RACE - CAUC

TABLE MEAS - 70"

BODY-MARKS - SEE ABOVE

ID TAGS - 2 FOR WALLACE, ROBERT M. 05228587 AROUND NECK

ID CARD - NONE

CLOTHING - JUNGLE BOOTS 10R, FATIGUE PANTS, FATIGUE SHIRT (NAME TAG "WALLACE", 1/LT BAR ON COLLAR)

Left HAND FINGERPRINTED, THUMB AND INDEX FINGER ON RIGHT HAND FIN, PL-PRINTED

NAME OF PREPARING OFFICIAL (Print or type)

JAMES M. LAMB

SIGNATURE

James M. Lamb

RECORD OF IDENTIFICATION PROCESSING															
DENTAL CHART															
LAST NAME - FIRST NAME -- MIDDLE INITIAL (or unknown number)											GRADE	SERVICE NUMBER			
6389-67 WALLACE, ROBERT M.											1/LT	05228587			
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER											PLOT	ROW	GRAVE		
MARKING ABBREVIATIONS:															
F-Facial		O-Occlusal		D-Distal		AM-Amalgam		-Fill-Filling		Porc-Porcelain		Back-Backing			
L-Lingual		M-Mesial		I-Incisor		CR-Crown		Plas-Plastic		Sil-Silicate		Fac-Facing			
CARIOS	CARIOS											CARIOS			
	RESTORATIONS	2	3	4	5	6	7	8	9	10	11		12	13	14
UPPER RIGHT															
LOWER RIGHT															
RESTORATIONS	31	30	29	28	27	26	25	24	23	22	21	20	19	18	RESTORATIONS
CARIOS	CARIOS														
UPPER LEFT															
LOWER LEFT															
RESTORATIONS	31	30	29	28	27	26	25	24	23	22	21	20	19	18	RESTORATIONS
CARIOS	CARIOS														

THE FOLLOWING CONDITIONS WILL BE INDICATED IF PRESENT (Describe in detail in Remarks section)

MOTTLED ENAMEL	ROTATION	FRACTURED ENAMEL	IRREGULARITY OF ALIGNMENT
ENAMEL HYPOPLASIA	UNERUPTED TEETH	FRACTURES OF TEETH	UNUSUAL RESTORATIONS
EROSION	MALOCCLUSION	RETAINED DECIDUOUS TEETH	UNUSUAL APPLIANCES
ABRASION	SUPERNUMERARY TEETH	ABNORMAL INTERDENTAL SPACES	MALPOSED TEETH

PREPARED BY (Typed Name and Signature)

James A. Jane

VERIFIED BY (Typed Name and Signature)

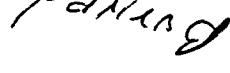
James A. Scott

HEADQUARTERS
DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C. 20315

REPORT OF CASUALTY		REPORT NUMBER AND TYPE	DATE PREPARED
		A 5003 FINAL RVN 1426	5 August 1967
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)			
WALLACE, ROBERT MICHAEL, 05 228 567; 1LT; INF; USAR; 188TH ASLT HEL CO, 1ST AVN BDE, VIETNAM			
2. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE			
<p>DIED on 31 July 1967 in Vietnam as the result of multiple injuries. He was aircraft commander of aircraft which collided in mid-air with another aircraft and crashed.</p> <p>Commenced tour in Vietnam 28 April 1967</p>			
3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE			
9 May 1943, Akron, Ohio Caucasian Roman Catholic			
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME			
29 November 1965, Dayton, Ohio; Dayton, Ohio			
5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY			
0-2 Over 2 years \$420.30 Flight			CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> NON-CREW
6. DUTY STATUS			
ACTIVE: On Duty			
7. INTERESTED PERSONS (Name, Address, Relationship)			
Mrs. Nancy Wallace Dayton, Ohio, Wife ^{1,3} , notified 3 August 1967			
Mr. Robert E. Wallace Dayton, Ohio, Father ^{2(50%)} Mrs. Frances Wallace, same address as father's, Mother ^{2(50%)}			
Robert D. Wallace Dayton, Ohio, Son DA Form 41 undated			
8. REPORT FOR VA TO FOLLOW <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT	
		CG USARV LBN RVN 3 Aug 67	
10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)			
33-90-43-339 LB #90 Dayton, Ohio			
11. PRIOR SERVICE DATA			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12. REMARKS			
<p>For VA: Certification of Basic Pay UP 38, USC 402 - None.</p> <p>"The individual named in this report is held by the Department of the Army to have been absent in a pay status pursuant to the provisions of Section 1002, 50 USC App (PL 490, 77th Congress) as amended, from the date of death, 31 July 1967 to 3 August 1967, date evidence of death was received by the Department of the Army."</p>			
FOOTNOTES:			
1 Adult next of kin.			
2 Beneficiary for gratuity pay in event there is no surviving wife or child as designated on record of emergency data.			
3 Beneficiary for unpaid pay and allowances as designated on record of emergency data.			
13. DISTRIBUTION		14. BY ORDER OF THE SECRETARY OF THE ARMY:	
A-2-		B. J. Lee Adjutant General	
I			

6389-67

RECORD OF IDENTIFICATION PROCESSING
FINGERPRINT CHART

LAST NAME-FIRST NAME-MIDDLE INITIAL (or unknown number) BTB WALLACE, Robert M		GRADE 1st	SERVICE NUMBER 05228597	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER		PLOT	ROW	GRAVE
LEFT HAND		RIGHT HAND		
	10. LITTLE FINGER	NOTE AMPUTATIONS, ABNORMALITIES, MISSING FINGERS, AND/OR DERMIS IN APPROPRIATE BLOCK		
	9. RING FINGER			
	8. MIDDLE FINGER			
	7. INDEX FINGER			
	6. THUMB			
IMPORTANT ATTACH DD FORM 2A (Identification Card) TO THIS FORM IF AVAILABLE <i>John Barrie</i> IMPRESSIONS TAKEN BY (Name)				
FOR FEDERAL BUREAU OF INVESTIGATION USE ONLY				
IDENTIFIED BY FINGERPRINT COMPARISON AS: LAST-NAME-FIRST NAME-MIDDLE INITIAL		SERVICE NUMBER		
OFFICIAL APPROVING FINGERPRINT COMPARISON (Name)		DATE		

CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

NAME OF DECEASED (Last, First, Middle) WALLACE, Robert M.		GRADE 1Lt	BRANCH OF SERVICE ARMY	SERVICE NUMBER 05228587
ORGANIZATION 188th Avn Co APO 96268		DATE OF BIRTH 9 May 1943		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COLOR OR RACE <input checked="" type="checkbox"/> WHITE		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input checked="" type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN Nancy Wallace		RELATIONSHIP TO DECEASED Wife		
STREET ADDRESS		CITY OR TOWN AND STATE Dayton, Ohio		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹		Multiple Trauma		Instant
ANTECEDENT CAUSES		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES	MAJOR FINDINGS OF AUTOPSY Aircraft Accident 1. Decapitation 2. Multiple fractures 3. 4th degree burns left arm.		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NO <input type="checkbox"/>				
HOMICIDE <input type="checkbox"/>				
DATE OF DEATH (Hour, day, month, year) 2350 hours 31 July 1967		PLACE OF DEATH Grid CQ 245 345, 1 1/4 Miles South of Phu Heip, Rvn.		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER William E. Atlee Jr.				TITLE OR DEGREE MC/AMO
GRADE Cpt	SERVICE NUMBER 02320686	INSTALLATION OR ADDRESS 188th Aviation Company APO 96268		
DATE 1 August 1967	SIGNATURE William E. Atlee Jr.			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS HUGH C. BELL		GRADE GS-9	LICENSE NUMBER	STATE ARIZ
INSTALLATION OR ADDRESS US Army Mortuary, Vietnam APO 96307		DATE 4 Aug 67	SIGNATURE Hugh C. Bell	
NAME OF CEMETERY OR CREMATORIAL		LOCATION OF CEMETERY OR CREMATORIAL		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION		
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

¹State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.²State conditions contributing to the death, but not related to the disease or condition causing death.

overseas.

2. COMPLETION OF ITEMS: Item 32 will be completed by the preparing and central mortuary when applicable. Item 50 will be completed by all concerned when applicable, or when additional space is required for answering other items. Item 45 will be omitted on copy furnished the receiving funeral director.

a. PREPARING MORTUARY:

(1) Prepares original and 6 copies (7 when applicable - See Note) and completes Items 1 thru 31. Retains copy and forwards original and 4 copies (or 5) to central mortuary. Forwards 1 copy by Air Mail to Chief of Support Services, ATTN: Memorial Division, at the time remains are shipped to central mortuary or released for local burial.

(2) When remains are shipped directly to POE, preparing mortuary prepares original and 5 copies (or 6), completing Items 1 thru 39. Retains one copy and forwards 1 copy by Air Mail to the Chief of Support Services, ATTN: Memorial Division and forwards remainder to POE.

b. CENTRAL MORTUARY:

(1) When receiving remains from preparing mortuary, completes Items 32 thru 39 on original and 4 copies (or 5). Retains one copy and forwards remaining to POE.

6389-67 fm

1. REMAINS OF (Last Name, First Name, Middle Initial), XING			2. GRADE	3. SERVICE NUMBER
WALLACE, Robert M.			1LT	05 228 587
4. BRANCH OF SERVICE (Include civilian employees)			5. UNIT DESIGNATION	
<input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE			188th Avn Co	
6. CAUSE OF DEATH (As stated on Death Certificate)			7. PLACE OF DEATH	
Multiple Trauma			Vietnam	
8. DATE OF DEATH		9. DATE OF RECEIPT AT MORTUARY	10. DATE OF EMBALMING	
31 July 1967		2 Aug 1967	4 Aug 1967	
11. CONDITION OF REMAINS (Prior to embalming)		12. HOW IDENTIFIED (Personal recognition, Finger Prints, Identification Tags, etc.)		
Poor		ID Procedures		
13. TYPE OF CASE		14. PRE-EMBALMING PROCEDURES COMPLETED (Note Items 42e thru 42i)		
<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> AUTOPSIED <input checked="" type="checkbox"/> MUTILATED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
15. TOTAL OUNCES CONCENTRATED FLUID USED		16. NAME POINTS OF INJECTION		
ARTERIAL: N/A CAVITY: 768		Right Carotid		
17. AMOUNT HARDENING COMPOUND USED (Lbs)		18. AREAS HYPODERMICALLY EMBALMED		
25		Both Legs and left arm		
19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l)		20. IF REMAINS PREPARED ON REIMBURSABLE BASIS (Check one)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		<input type="checkbox"/> CROSS SERVICE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER (Specify)		
21. SPONSOR (Person or Firm or Agency responsible for reimbursement)		22. TOTAL AMOUNT OF REIMBURSEMENT		
US Army Mortuary, Vietnam		X		
23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection)		X		
24. DATE SHIPPED FROM PREPARING MORTUARY		25. METHOD OF SHIPMENT	26. INTERIM DESTINATION	
5 Aug 1967		<input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR	X	
27. PREPARING MORTUARY (Leave blank block of remains)		28. LOCATION OF PREPARING MORTUARY		
US Army Mortuary, Vietnam		APO 96307		
29. REPARING/EMBALMER (Name and Address)		30. LICENSE NO. AND STATE	31. SIGNATURE OF EMBALMER	
HUGH C. BELL		4111 ARIZ	Ernest J. Devereux	
32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here)		X		
REMARKS: Entire body burned and mutilated, decapitated.		X		
FACE SWAEN		X		
BODY BURNED TO SKIN & CROWN HAIR		X		
33. SHIPPING PROCEDURES COMPLETED (Note Items 42m thru 42d)		34. DATE OF DEPARTURE FROM (Or release-in) PREPARING COMMAND		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		5 Aug 1967		
BERNIE BURGESS		X		
35. CHECK ONE IF RELEASED IN PREPARING COMMAND (Release will be fully dressed & cosmetized)		36. METHOD OF SHIPMENT IF DEPARTURE FROM COMMAND		
<input type="checkbox"/> FOR LOCAL INTERMENT <input type="checkbox"/> PRIVATE COMMERCIAL SHIPMENT		<input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR		
37. POE DESTINATION (Place of final destination if not to U.S. (Port))		X		
38. MORTUARY OFFICER (or Person Responsible for Shipment)		39. SIGNATURE		
DEVEREUX MARTIN, MAJ, CMC		Robert Wallace		

c. PORT OF ENTRY:

(1) Completes Items 40 thru 49 on original and 3 copies (or 4). Leaves Item 45 blank on copy for receiving Funeral Director.

(2) Retains one copy.

(3) Forwards copy with remains to receiving Funeral Director.

(4) Forwards copy to Office of The Chief of Support Services, ATTN: Memorial Division.

(5) Returns original to overseas command.

NOTE: Additional distribution to be made by port of entry or by overseas mortuary for burial overseas.

COPY TO: Air Materiel Command, Wright-Patterson Air Force Base, Ohio, 45433 (for Air Force Personnel)

COPY TO: Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C. 20390 (for Navy, Marine and MSTS Personnel).

*Distribution to be made by installation making last entry on form.

40. PORT OF ENTRY OAR	41. DATE RECEIVED AT PORT OF ENTRY 6 Aug 67
42. CHECK APPROPRIATE BLOCK FOR ITEMS LISTED BELOW. IF BLOCK CHECKED INDICATES AN IRREGULAR CONDITION, GIVE REASON FOR SUCH IN EXPLANATION SECTION AT END OF THIS ITEM. (Sub-Items a thru l refer to condition of remains upon receipt) (AVAIL COMMERCIAL ENTITLEMENT) <input type="checkbox"/> AVAIL <input checked="" type="checkbox"/> CASHIERED <input type="checkbox"/> AIR	
a. CONDITION OF TRANSFER CASE, OR SHIPPING CASE AND CASKET IS SATISFACTORY TO DATE OF DEATH IF DELIVERABLE FROM U.S. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
b. REMAINS PROPERLY WRAPPED <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 THE TAGS <input checked="" type="checkbox"/>
c. PROPER AMOUNT OF MILDEW PREVENTATIVE ADDED TO CASKET OR TRANSFER CASE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. CLOTHING, DECORATIONS AND PERTINENT DOCUMENTS COMPLETE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE OF DELIVERY FROM U.S. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. BODY BATHED TO PRESENT A CLEAN APPEARANCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. FACE SHAVEN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. MUSTACHE, IF ANY, AND HAIRS PROTRUDING FROM EARS AND NOSE TRIMMED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h. FACIAL FEATURES AND HANDS ARRANGED TO PRESENT A NATURAL APPEARANCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i. FINGERNAILS CLEAN AND TRIMMED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j. ALL ORIFICES, ABRASIONS, MUTILATIONS, AND INCISIONS SEALED TO PREVENT DRAINAGE AND LEAKAGE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k. REMAINS ADEQUATELY EMBALMED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE OF DEATH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
l. IDENTIFICATION TAGS WITH REMAINS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE OF DEATH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
m. IDENTIFICATION TAGS PLACED AROUND NECK OF REMAINS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE OF DEATH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
n. COSMETICS APPLIED TO PRESENT A NATURAL APPEARANCE TO HANDS AND FACE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
o. EYELIDS, EYEBROWS, AND HAIR FREE OF COSMETICS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE OF DEATH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
p. RESTORATIVE WORK APPEARS NATURAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
q. PROPER UNDERCLOTHING PLACED ON REMAINS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE OF DEATH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
r. ENTIRE UNIFORM CLEAN, PRESSED AND SATISFACTORY IN APPEARANCE AND FIT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
s. BRAULET ENDS UNDER COLLAR ARE IN PLACE, BUTTONS AND BELT PROPERLY FASTENED AND DECORATIONS EMBROIDERED CORRECTLY PLACED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE OF DEATH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
t. REMAINS PRESENT, AN APPEARANCE OF REPOSE IN CASKET <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE OF DEATH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
u. MUTILATED REMAINS PROPERLY WRAPPED AND SECURED IN POSITION SO THE REMAINS REMAIN ON BEING MOVED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
v. RECOMMEND THAT FAMILY BE ALLOWED TO VIEW REMAINS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EXPLANATION OF IRREGULAR CONDITIONS, IF ANY (Refer to Item Reference Letter)	
1. DATE OF DEATH: 302	REASON: DEATH
2. TOTAL NUMBER CONCEMBED ID TAGS USED	TO: NUMBER OF INJECTION
3. WRAPPED	32 other side.
4. MOBILED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (EXPLAIN)
5. DATE OF DEATH	TO: DATE OF DEATH
6. DATE OF DEATH	TO: DATE OF DEATH
7. DATE OF DEATH	TO: DATE OF DEATH
8. DATE OF DEATH	TO: DATE OF DEATH
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Processing (all forms 890 through 894).

NAME OF DECEASED (Last, First, Middle) WALLACE, Robert M.		GRADE 1 Lt	SERVICE NUMBER 05 228 587
BRANCH OF SERVICE US ARMY		ORGANIZATION AND BASE 188th AVN Co.	
DATE OF DEATH 31 July 1967	PLACE OF DEATH Coord: CQ 245 345, RVN.		
CONDITION OF REMAINS (Describe briefly in Remarks)			
<input checked="" type="checkbox"/> RECOGNIZABLE	EVIDENCE OF DECOMPOSITION		
<input checked="" type="checkbox"/> NOT RECOGNIZABLE	<input checked="" type="checkbox"/> MANGLED OR MUTILATED		
<input checked="" type="checkbox"/> COMMINGLED	<input checked="" type="checkbox"/> EVIDENCE OF BURNS		
MEANS OF IDENTIFICATION (Check all appropriate boxes and indicate appropriate Inclosures. Specify supporting data in Remarks.)			
<input checked="" type="checkbox"/> IDENTIFICATION TAGS	INCLOSURES		
<input checked="" type="checkbox"/> PERSONAL EFFECTS	DD FORM 890		
<input checked="" type="checkbox"/> DENTAL COMPARISON	<input checked="" type="checkbox"/> DD FORM 891 AND SF 603		
<input checked="" type="checkbox"/> SKELETAL AND ANATOMICAL COMPARISON	<input checked="" type="checkbox"/> DD FORM 892 AND/OR DD FORM 893		
FINGERPRINTS	DD FORM 894		
VISUAL RECOGNITION			
<input checked="" type="checkbox"/> OTHER (Specify in Remarks)	<input checked="" type="checkbox"/> Clothing marking and rank insignia		

REMARKS (If additional space is required, continue on separate sheet)

This mutilated and lightly burned remains received as 1 Lt WALLACE but without statements of identification.

Race - Caucasian. (Lt. WALLACE was Caucasian)

Table measurement - 70 inches. (Lt. WALLACE was 71 $\frac{1}{4}$ " tall)

Hair - Brown. (Lt. WALLACE had Brown hair)

Bevan fingers printed but there are no prints of record for Lt. WALLACE at this station for comparative purposes.

Two (2) ID tags for "WALLACE, ROBERT M. 05 228 587" found around the neck of this remains.

No ID card received for this remains.

This remains was wearing fatigue uniform and size 10-R jungle boots.

The fatigue shirt has a name tape for "WALLACE" and a 1st Lt. bar on the collar.

The tooth chart prepared for this remains is in excellent agreement with the Dental Records for 1/Lt. Robert M. WALLACE, 05 228 587.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.

DATE	TYPED NAME, GRADE AND TITLE OF IDENTIFYING OFFICER	
2 August 1967	Wesley A. Neep GS-12 Anthropology Splt	
	SIGNATURE OF IDENTIFYING OFFICER	
		

NAME AND ADDRESS OF INSTALLATION

U.S. ARMY MORTUARY, VIETNAM

FORM
MAR 65 2773

REPLACES DA FORM 2773, 1 FEB 64, WHICH MAY BE USED.

REMARKS

RECOMMENDATIONS

In view of the parent unit association of this remains with specific casualty 1 Lt WALLACE, the matching of race, height, hair, teeth, ID tags, rank insignia and name tag on clothing, with recorded data for Lt. WALLACE and the absence of any contradictory evidence, it is concluded that this is the remains of 1 Lt Robert M. MARTIN, 05 228 587.

RECOMMENDATIONS PRESENTED

DATE 2 August 1967	RECOMMENDATIONS PRESENTED
	TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST Wesley A. Neep Anthropology Splst
	SIGNATURE OF IDENTIFICATION SPECIALIST <i>Wesley A. Neep</i>
NAME AND ADDRESS OF INSTALLATION US ARMY MORTUARY, VIETNAM	

DATE 2 August 1967	TYPED NAME, GRADE, AND TITLE OF ACCEPTING OFFICER AND GRADE NAME OF DEVERE MARTIN, MAJOR, DMC, MORTUARY OFFICER
SIGNATURE OF ACCEPTING OFFICER 	
NAME AND ADDRESS OF INSTALLATION US ARMY MORTUARY, VIETNAM	