

INDIVIDUAL DECEASED

PERSONNEL FILE

WALLACE, ROBERT M.
SN: 0-5228587

1LT

42

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

DISPOSITION FORM

(AR 310-15)

REFERENCE OR OFFICE SYMBOL

SUBJECT

AGTC-R (1426 NK)

Non-Hostile Military Casualty in Vietnam

TO Chief of Staff
ATTN: LTC S. M. Smith Jr.
Room 3C 715, The Pentagon

FROM TAG

DATE 4 Aug 67 CMT 1
LTC Gar /gfd /72066

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

FOR THE ADJUTANT GENERAL:

*Mrs. Robert E. Wallace
9156 Taylorsville Rd
Dayton, Ohio 45425
45424*

DONALD L. GEER
Colonel, AGC
Executive Officer, TAGO

*Indiv previously reported missing 31 July 67, *AGTC-R 1426 NK*

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, MTMTS, 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, MTMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626	
3. DECEDENT (Last Name, First Name, Middle Initial) WALLACE, ROBERT M.		4. GRADE/RANK 1LT	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) Schliantz & 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) <input type="checkbox"/> YES <input type="checkbox"/> NO		a. IF YES, ENTER NAME OF CONTRACTING ACTIVITY n/a	

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
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		\$ n/a
b. CREMATION AND URN		\$ n/a
c. CLOTHING		\$ n/a
d. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.)		\$ n/a
16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS		
a. SHIPPING COST		\$ n/a
b. SHIPPED FROM (Place) n/a	c. SHIPPED TO (Place) n/a	d. MODE OF SHIPMENT <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE
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) Schliantz + Moore Funeral Home, 1632 Wayne Ave Dayton		b. DATE 9 Aug 67
c. ADDRESS (Include ZIP Code) 1632 Wayne Avenue Dayton, Ohio 45410		d. SIGNATURE OF NEXT OF KIN Nancy Wallace

DD FORM 1375
1 MAY 62

REPLACES DA FORM 10-164 AND NAVMED-1347 (7-59), WHICH ARE OBSOLETE,
AND REPLACES AF FORM 549 AND AF FORM 714, WHICH MAY BE USED

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. MUTCHLER 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

Mrs. Nancy Wallace

DATE DEPARTED ON RETURN
TRIP

10 Aug 67

DATE ARRIVED DUTY STATION

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

11 Aug 67

SIGNATURE OF ESCORT

Robert W. Mutchler, 1LT Art

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) (Brac # 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 1	NO OF PAGES 5
1. NAME (Last, First, Middle Initial) WALLACE, ROBERT M.		2. GRADE 1LT	3. SERVICE NUMBER 05 228 547
4. ORGANIZATION AND STATION OR APO 280th Assault Bn Co 1st Avn Bde		5. STATUS Deceased	6. DATE OF STATUS 31 July 67
EFFECTS DATA			
7. PLACE OF RECOVERY 280th Assault Bn Co 1st Avn Bde		8. DATE OF RECOVERY	
9. INVENTORY OF EFFECTS		10. VERIFICATION OF INVENTORY	
QTY	DESCRIPTION	BY COMMAND EFFECTS DEPOT a.	BY CONUS EFFECTS OFFICE b.
		REC'D DISPOSITION	REC'D DISPOSITION
	Personal papers	4 Civ. shirts	1 Shirt, 1 yellow case
2	Sets Knives	2 Civ. trousers	1 Flight suit
14	T-shirts	2 Stationery	6 Bath towels
14	Drawers	1 Baseball cap	1 Bath suit
6	Handkerchiefs	1 Plastic drinking cup	1 Screwdriver, small
1	Match, Westland	1 Ash tray	1 Sewing kit
1	Photo album	1 Travel alarm clock	1 Rocket for camera
1	Plastic folder	1 Fr. sun glasses	1 Fo-A Looker
1	Fr. tennis shoes	1 Cross in box	1 Ball point pen
1	Note book	1 Pen assorted nails	1 Pistol holster/o belt
3	Flash lights	1 Extension cord	1 Cigarette lighter
1	Fr. shoe laces	3 Chains for I.D. tags	1 Ring, white color
1	Small pocket knife	3 Reels recording tape	1 Fr. boat signers
1	Garrison cap	1 Watch band in case	1 Civ. belt
2	Fr. combat boots	1 Tape recorder, General	1 Pack clothes pins
	Misc. mil. items	1 Folding chair	1 Fr. civ. shorts pants
2	Nail clipper	1 Electric fan, Vermon	1 Empty tape reel
1	Fr. low quarters	1 Desk lamp	1 Web belt
1	Swamp book	1 Anvil bag	1 Buffal bag
2	Boots of fatigues	1 Shaving kit	2 Face cloths
20	Fr. socks	2 Cannon camera w /case	1 Hand painting in frame
11	Laundry bag	TOTAL FUNDS	
FUNDS EXCHANGED, CONVERTED, DEPOSITED, ETC. (To be completed by Summary Court-Martial or other responsible person)			
FUNDS TRANSMITTED WITH EFFECTS		a. b.	
AMOUNT	DESCRIPTION	REC'D	DISPOSITION
4351.03	MFC		35 Treasury Bonds \$1,000 each 17 Aug 67
10.00	US CURRENCY		In amt of \$273.54. Trans. to: Mrs.
200	PIASTERS		Sandy Wallace
			Dayton, Ohio
(Attach supplemental sheet for additional items and/or discrepancies)			
12. SEAL NO.	13. EFFECTS SHIPPED TO 280th Assault Bn	14. DATE AND METHOD OF SHIPMENT 26 Aug 67	
15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1 COMPRISES <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 26 Aug 67	TYPED NAME, GRADE AND ORGANIZATION Thomas L. Boland, 1LT, 280th Assault Bn Summary Court Pers Eff Officer		SIGNATURE <i>Thomas L. Boland</i>

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 ob-
noxious 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, O5 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,

TLB

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, O5 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

THOMAS L. BOLAND
1LT, ARMOR
Summary Court

1 Incl
1 DD Form 1076

DOMESTIC SERVICE	
Check the class of service desired; otherwise this message will be sent as a fast telegram	
TELEGRAM	<input checked="" type="checkbox"/>
DAY LETTER	<input type="checkbox"/>
NIGHT LETTER	<input type="checkbox"/>

WESTERN UNION

TELEGRAM

W. P. MARSHALL
CHAIRMAN OF THE BOARD

R. W. MCFALL
PRESIDENT

INTERNATIONAL SERVICE	
Check the class of service desired; otherwise the message will be sent at the full rate	
FULL RATE	<input type="checkbox"/>
LETTER TELEGRAM	<input type="checkbox"/>
SHORE-SHIP	<input type="checkbox"/>

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-T

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] 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(R2-65)

HOUR: 1545 REL AUTH: 3

OREN WOMACK

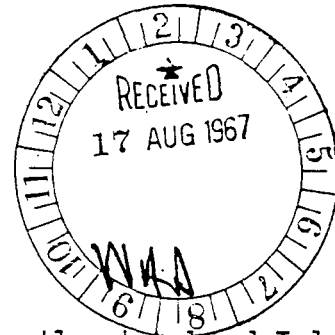
6389-67

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, 05 228 587; 1LT; USAR; INF; 188th Assault Helicopter Company, 1st Avn Bde, APO SF 96268					
2. CASUALTY STATUS		a. CIRCUMSTANCES <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE			
Indiv died as a result of injuries received while he was aircraft commander while enroute enroute to a combat operation when aircraft colided in mid-air with another aircraft and crashed. WALLACE was operating .					
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
3a. DATE AND PLACE OF BIRTH 9 May 1943; Akron, Summit, Ohio				b. COMMENCED TOUR DATE 28 Apr 67	
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				CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> NON-CREW	
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 45459					
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 USARV LBN RVN		b. RECEIVED BY PMU		c. TIME 0913	d. DATE 3 Aug 67
SECTION II - NOTIFICATION ACTIONS					
ACTION		NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.)		ZULU TIME	ZULU DATE
10. ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 1st Army		SSG WITT/SGT STUTTS		1045	3 Aug 67
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:		<i>Cpt Mupre</i>		1330	"
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR		<i>1st Murreal/Lamont</i>		1450	"
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN		<i>Lamont</i>		1550	"
14. WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN		<i>Lamont</i>		1550	"
15. DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY:		<i>Lamont</i>		1530	"
16. DATA ENTERED ON INFORMATION MESSAGE NO. _____ BY DA CASUALTY DIVISION					
17. ADDRESS FOR GRATUITY PAY CG Ft. 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 (Last name, 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. S. 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.

RECEIVED

DA FORM 41 REPLACES EDITION OF 1 OCT 64
RECORD OF 1 JAN 64 WHICH WILL EMERGENCY DATA
BE USED. (AR 640-40)

1. WALLACE, ROBERT MICHAEL 2. 05 228 597

3. INF USAR 4. 9 May 43 Akron, Summit, Ohio

5. 29 Nov 65, Dayton, Montgomery, Ohio

6. 33-90-43-339 LB-90, Dayton, Ohio

7. None

8. Roman Catholic

11. a. Nancy Wallace Dayton Ohio 45459

b. Robert E Wallace Dayton, Ohio 45425

c. Frances Wallace Dayton, Ohio 45425

d. Robert D Wallace Dayton Ohio 45459

12. ☐ Yes ☒ No

13. None

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

19. SGLI \$10,000

20. United Services Life Insurance Co

21. None

22. None

23. None

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~~FOR OFFICIAL USE ONLY~~

DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO ADDEES 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 TSN RVN

ZEN/ CO USA MORT TSN RVN

BT

UNCLAS E F T O FQVO 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. 138TH 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~~

CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

NAME OF DECEASED (Last, First, Middle) WALLACE, Robert M.		GRADE 11A	BRANCH OF SERVICE ARMY	SERVICE NUMBER 05228587
ORGANIZATION 188th Avn Co APO 96268		DATE OF BIRTH 9 May 1943		SEX <input 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 type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input checked="" type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)	
NAME OF NEXT OF KIN Wendy 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			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Aircraft Accident 1 Decapitation 2. Multiple fractures 3 4th degree burns left arm		
DATE OF DEATH (Hour, day, month, year) 2350 hours 31 July 1967		PLACE OF DEATH Grid CQ 245 345, 1 1/2 Miles South of Phu Hai, 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. Atlas Jr.			TITLE OR DEGREE MC/MD	
GRADE Cpt	SERVICE NUMBER 02320686	INSTALLATION OR ADDRESS 188th Aviation Company APO 96268		
DATE 1 August 1967		SIGNATURE <i>William E. Atlas Jr.</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS HUGH C. BELL		GRADE GS-9	LICENSE NUMBER ARIZ	STATE 111
INSTALLATION OR ADDRESS US Army Mortuary, Vietnam APO 96307		DATE 4 Aug 67	SIGNATURE <i>Hugh C. Bell</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
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 OTHER
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 PROCESS ANATOMICAL CHART

6389-67

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)		GRADE		SERVICE NUMBER	
WALLACE, ROBERT M.		1/LT.		05228587	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.		PLOT	ROW	GRAVE	ESTIMATED AGE (Yrs)
					ESTIMATED HEIGHT

BLACK OUT PORTIONS NOT RECOVERED

<p>RIGHT</p> <p>SEVERED</p> <p>MUTILATED</p> <p>HAIR- BROWN</p> <p>LEFT</p> <p>BURNED</p> <p>MUTILATION</p> <p>MUTILATION</p> <p>BROKEN</p> <p>BROKEN</p> <p>ANTERIOR</p>		<p>LEFT</p> <p>MUTILATED</p> <p>BURNED</p> <p>MUTILATION</p> <p>BROKEN</p> <p>BROKEN</p> <p>POSTERIOR</p>	
---	--	---	--

CONDITION OF REMAINS (Check pertinent blocks)		<input checked="" type="checkbox"/> INTACT <input type="checkbox"/> SEMI-SKELETAL <input type="checkbox"/> FLESH COVERED <input type="checkbox"/> BURNED (Degree: <input type="checkbox"/> 1st <input type="checkbox"/> 2d <input checked="" type="checkbox"/> 3d) <input type="checkbox"/> DECOMPOSED	
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 finger-printed, Thumb b AND Index finger on Right hand finger-printed			
NAME OF PREPARING OFFICIAL (Print or type)		SIGNATURE	
JAMES M. LAMB		James M. Lamb	

<div style="display: flex; justify-content: space-between;"> 6389-67 6389-67 RECORD OF IDENTIFICATION PROCESSING </div> <div style="text-align: center;">DENTAL CHART</div>																	
LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)												GRADE		SERVICE NUMBER			
WALLACE, ROBERT M.												1/LT		05228587			
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER												PLOT		ROW		GRAVE	
MARKING ABBREVIATIONS: <div style="display: flex; justify-content: space-between; font-size: small;"> F-Facial L-Lingual O-Occlusal M-Mesial D-Distal I-Incisal AM-Amalgam CR-Crown -Fill-Filling Plas-Plastic Porc-Porcelain Sil-Silicate Back-Backing Fac-Facing </div>																	
CRIES																	CRIES
RESTORATIONS																	RESTORATIONS
UPPER RIGHT																	UPPER LEFT
LOWER RIGHT																	LOWER LEFT
RESTORATIONS																	RESTORATIONS
CRIES																	CRIES


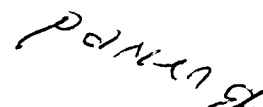

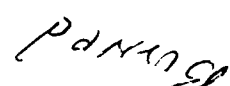

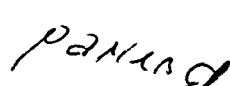




THE FOLLOWING CONDITIONS WILL BE INDICATED IF PRESENT (Describe in detail in Remarks section)							
MOTTLED ENAMEL	ROTATION	FRACTURED ENAMEL	IRREGULARITY OF ALIGNMENT				
ENAMEL HYPOPLASIA	UNERUPTED TEETH	FRACTURES OF TEETH	UNUSUAL RESTORATIONS				
EROSION	MALOCCLUSION	RETAINED DECIDUOUS TEETH	UNUSUAL APPLIANCES				
ABRASION	SUPERNUMERARY TEETH	ABNORMAL INTERDENTAL SPACES	MALPOSED TEETH				

PREPARED BY (Typed Name and Signature) <div style="font-family: cursive; font-size: 1.2em;">James M. Fender</div>	VERIFIED BY (Typed Name and Signature) <div style="font-family: cursive; font-size: 1.2em;">James A. Scott</div>
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121

DD FORM 1300
1 MAR 60

REPLACES DA FORM E2-1, WHICH IS OBSOLETE.

6389-67 RECORD OF IDENTIFICATION PROCESSING FINGERPRINT CHART										
LAST NAME-FIRST NAME-MIDDLE INITIAL (or unknown number) BTB WALLACE, Robert M							GRADE 1/4		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				5. LITTLE FINGER			
		9. RING FINGER					4. RING FINGER			
		8. MIDDLE FINGER					3. MIDDLE FINGER			
		7. INDEX FINGER					2. INDEX FINGER			
		6. THUMB					1. THUMB			
<p align="center">IMPORTANT</p> <p>ATTACH DD FORM 2A (Identification Card) TO THIS FORM IF AVAILABLE</p> <p align="center"><i>Alfred Bortle</i></p> <p>IMPRESSIONS TAKEN BY (Name)</p>										
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 (OVERSEA)

(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 <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (Specify)	MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input type="checkbox"/> PROTESTANT <input checked="" type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)	
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			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS ²				
MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
<input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Aircraft Accident 1. Decapitation 2. Multiple fractures 3. 4th degree burns left arm.		
DATE OF DEATH (Hour, day, month, year) 2350 hours 31 July 1967		PLACE OF DEATH Grid CQ 245 345, 1 1/2 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 <i>William E. Atlee Jr.</i>		
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS HUGH C. BELL		GRADE GS-9	LICENSE NUMBER ARIZ	OTHER 411A
INSTALLATION OR ADDRESS US Army Mortuary, Vietnam APO 96307		DATE 4 Aug 67	SIGNATURE <i>Hugh C. Bell</i>	
NAME OF CEMETERY OR CREMATORY		LOCATION OF CEMETERY OR CREMATORY		
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	OTHER
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.

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~~OE~~ RUMSVA 004 2131020

ZNY EEEEE ZOK JPCCO-ARCC

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FM CG USARV L, 4;

59 4739-1-/CAS DIV DA

INFO REUPWD/TAG DA

ZEN/CINCUSARPAC

ZEN/COMUSAMCV

RUEOAF A/CH SPT SVSA DA

RUCIDQA/CH SP CLMS BR STLMTS OPNS FCUSA INDPLS IND

ZEN/CG 1ST AVN BDE TSN RVN

ZEN/ CO USA MORT TSN RVN

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UNCLAS EFTO ~~EX~~ AVAG A

7, :)- 3 1 5 9 1979 -;-&-CC 52479 JPCCO-ARCC DA FOR AGPB-C

PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 19B (2) AR 360-5

PUNCH REPT NO. 9373, REPEAT, NO. 9373 (MISSING)

A. WALLACE, ROBERT M.

B. 05 223 537, REPEAT, PT WW1 T10

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 CHDR ON UH1C HELI ENROUTE TO COUNTER

MORTAR ATTACK MSN VIC COORD: CQ 233 335, RVN, WHEN ACFT COLLIDED

O PAGE 2 RUMSVA 004 UNCLAS E F T O ~~EX~~

IN MID-AIR WITH ANOTHER UH1C AND CRASHED. STATUS IS NOT THE RESULT OF
HOSTILE ACTION. SEARCH IN PROGRESS.

FMH CAU

G. 182TH ASSLT HELI CO, 1ST AVN BDE APO SFRAN 96268 II CORPS

H. NOK: NANCY WALLACE (W)

. DAYTON , OHIO

DA FORM 41 DTD 3 APR 67

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

S:LI-TEN-LUMP-WIFE TL UNDER UCMJ: NONE

BT

FOR OFFICIAL USE ONLY

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.

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.

6389-67 flm

1. REMAINS OF: (Last Name, First Name, Middle Initial) WALLACE, Robert M.		2. GRADE 1LT	3. SERVICE NUMBER 05 228 587
4. BRANCH OF SERVICE (Include civilian employees) <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER, (Specify)		5. UNIT DESIGNATION 188th Avn Co	
6. CAUSE OF DEATH (As stated on Death Certificate) Multiple Trauma		7. PLACE OF DEATH Vietnam	
8. DATE OF DEATH 31 July 1967	9. DATE OF RECEIPT AT MORTUARY 2 Aug 1967	10. DATE OF EMBALMING 4 Aug 1967	
11. CONDITION OF REMAINS (Prior to embalming) Poor	12. HOW IDENTIFIED (Personal recognition, Finger Prints, Identification Tags, etc.) ID Procedures		
13. TYPE OF CASE <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> AUTOPSIED <input checked="" type="checkbox"/> MUTILATED	14. PRE-EMBALMING PROCEDURES COMPLETED (Note Items 42e thru 42i) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
15. TOTAL OUNCES CONCENTRATED FLUID USED ARTERIAL: N/A CAVITY: 768	16. NAME POINTS OF INJECTION Right Carotid		
17. AMOUNT HARDENING COMPOUND USED (Lbs) 25	18. AREAS HYPODERMICALLY EMBALMED Both legs and left arm		
19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	20. IF REMAINS PREPARED ON REIMBURSABLE BASIS (Check one) <input type="checkbox"/> CROSS SERVICE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER (Specify)		
21. SPONSOR (Person, Firm, or Agency responsible for reimbursement)	22. TOTAL AMOUNT OF REIMBURSEMENT		
23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection)			
24. DATE SHIPPED FROM PREPARING MORTUARY 5 Aug 1967	25. METHOD OF SHIPMENT <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR	26. INTERIM DESTINATION	
27. PREPARING MORTUARY US Army Mortuary, Vietnam	28. LOCATION OF PREPARING MORTUARY AFD 96307		
29. PREPARING/EMBALMER (Name) for HUGH C. BELL	30. LICENSE NO. AND STATE 411A ARIZ	31. SIGNATURE OF EMBALMER Ernest J. Bennett	
32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here) REMARKS: Entire body burned and mutilated, decapitation.			
33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		34. DATE OF DEPARTURE FROM (Or re-lease-in) PREPARING COMMAND 5 Aug 1967	
35. CHECK ONE IF RELEASED IN PREPARING COMMAND (Releasees will be fully dressed & cosmetized) <input type="checkbox"/> FOR LOCAL INTERMENT <input type="checkbox"/> PRIVATE COMMERCIAL SHIPMENT		36. METHOD OF SHIPMENT IF DEPARTURE FROM COMMAND <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR	
37. POE DESTINATION (Place of final destination if not to a U.S. Port) Travis AFB Calif			
38. MORTUARY OFFICER (or Person Responsible for Shipment) DEVERO MARTIN, MAJ, MC		39. SIGNATURE Devero Martin	

40. PORT OF ENTRY		41. DATE RECEIVED AT PORT OF ENTRY	
OARB		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)			
a. CONDITION OF TRANSFER CASE OR SHIPPING CASE AND CASKET SATISFACTORY TO DEPARTMENT OF DEFENSE		YES	NO
b. REMAINS PROPERLY WRAPPED		X	
c. PROPER AMOUNT OF MILDREW PREVENTATIVE ADDED TO CASKET OR TRANSFER CASE			X
d. CLOTHING, DECORATIONS AND PERTINENT DOCUMENTS COMPLETE			X
e. BODY BATHED TO PRESENT A CLEAN APPEARANCE			X
f. FACE SHAVEN			X
g. MUSTACHE, IF ANY, AND HAIRS PROTRUDING FROM EARS AND NOSE TRIMMED			X
h. FACIAL FEATURES AND HANDS ARRANGED TO PRESENT A NATURAL APPEARANCE			X
i. FINGERNAILS CLEAN AND TRIMMED			X
j. ALL ORIFICES, ABRASIONS, MUTILATIONS, AND INCISIONS SEALED TO PREVENT DRAINAGE AND LEAKAGE		X	
k. REMAINS ADEQUATELY EMBALMED		X	
l. IDENTIFICATION TAGS WITH REMAINS		X	
m. IDENTIFICATION TAGS PLACED AROUND NECK OF REMAINS		X	
n. COSMETICS APPLIED TO PRESENT A NATURAL APPEARANCE TO HANDS AND FACE			X
o. EYELIDS, EYEBROWS AND HAIR FREE OF COSMETICS			X
p. RESTORATIVE WORK APPEARS NATURAL			X
q. PROPER UNDERCLOTHING PLACED ON REMAINS			X
r. ENTIRE UNIFORM CLEAN, PRESSED AND SATISFACTORY IN APPEARANCE AND FIT			X
s. BRAUET LENDS UNDER COLLAR, IF IN PLACE, BUTTONS AND BELT PROPERLY FASTENED AND DECORATIONS BEHIND CORRECTLY PLACED			X
t. REMAINS PRESENT AN APPEARANCE OF REPOSE IN CASKET			X
u. MUTILATED REMAINS PROPERLY WRAPPED AND SECURED IN POSITION		X	
v. RECOMMEND THAT FAMILY BE ALLOWED TO VIEW REMAINS			X
EXPLANATION OF IRREGULAR CONDITIONS, IF ANY (Refer to item reference letter)			
v. REASON: 1. NO (Exhibit) 2. NO (Exhibit) 3. NO (Exhibit) 4. NO (Exhibit) 5. NO (Exhibit) 6. NO (Exhibit) 7. NO (Exhibit) 8. NO (Exhibit) 9. NO (Exhibit) 10. NO (Exhibit) 11. NO (Exhibit) 12. NO (Exhibit) 13. NO (Exhibit) 14. NO (Exhibit) 15. NO (Exhibit) 16. NO (Exhibit) 17. NO (Exhibit) 18. NO (Exhibit) 19. NO (Exhibit) 20. NO (Exhibit) 21. NO (Exhibit) 22. NO (Exhibit) 23. NO (Exhibit) 24. NO (Exhibit) 25. NO (Exhibit) 26. NO (Exhibit) 27. NO (Exhibit) 28. NO (Exhibit) 29. NO (Exhibit) 30. NO (Exhibit) 31. NO (Exhibit) 32. NO (Exhibit) 33. NO (Exhibit) 34. NO (Exhibit) 35. NO (Exhibit) 36. NO (Exhibit) 37. NO (Exhibit) 38. NO (Exhibit) 39. NO (Exhibit) 40. NO (Exhibit) 41. NO (Exhibit) 42. NO (Exhibit) 43. NO (Exhibit) 44. NO (Exhibit) 45. NO (Exhibit) 46. NO (Exhibit) 47. NO (Exhibit) 48. NO (Exhibit) 49. NO (Exhibit) 50. NO (Exhibit) 51. NO (Exhibit) 52. NO (Exhibit) 53. NO (Exhibit) 54. NO (Exhibit) 55. NO (Exhibit) 56. NO (Exhibit) 57. NO (Exhibit) 58. NO (Exhibit) 59. NO (Exhibit) 60. NO (Exhibit) 61. NO (Exhibit) 62. NO (Exhibit) 63. NO (Exhibit) 64. NO (Exhibit) 65. NO (Exhibit) 66. NO (Exhibit) 67. NO (Exhibit) 68. NO (Exhibit) 69. NO (Exhibit) 70. NO (Exhibit) 71. NO (Exhibit) 72. NO (Exhibit) 73. NO (Exhibit) 74. NO (Exhibit) 75. NO (Exhibit) 76. NO (Exhibit) 77. NO (Exhibit) 78. NO (Exhibit) 79. NO (Exhibit) 80. NO (Exhibit) 81. NO (Exhibit) 82. NO (Exhibit) 83. NO (Exhibit) 84. NO (Exhibit) 85. NO (Exhibit) 86. NO (Exhibit) 87. NO (Exhibit) 88. NO (Exhibit) 89. NO (Exhibit) 90. NO (Exhibit) 91. NO (Exhibit) 92. NO (Exhibit) 93. NO (Exhibit) 94. NO (Exhibit) 95. NO (Exhibit) 96. NO (Exhibit) 97. NO (Exhibit) 98. NO (Exhibit) 99. NO (Exhibit) 100. NO (Exhibit) 101. NO (Exhibit) 102. NO (Exhibit) 103. NO (Exhibit) 104. NO (Exhibit) 105. NO (Exhibit) 106. NO (Exhibit) 107. NO (Exhibit) 108. NO (Exhibit) 109. NO (Exhibit) 110. NO (Exhibit) 111. NO (Exhibit) 112. NO (Exhibit) 113. NO (Exhibit) 114. NO (Exhibit) 115. NO (Exhibit) 116. NO (Exhibit) 117. NO (Exhibit) 118. NO (Exhibit) 119. NO (Exhibit) 120. NO (Exhibit) 121. NO (Exhibit) 122. NO (Exhibit) 123. NO (Exhibit) 124. NO (Exhibit) 125. NO (Exhibit) 126. NO (Exhibit) 127. NO (Exhibit) 128. NO (Exhibit) 129. NO (Exhibit) 130. NO (Exhibit) 131. NO (Exhibit) 132. NO (Exhibit) 133. NO (Exhibit) 134. NO (Exhibit) 135. NO (Exhibit) 136. NO (Exhibit) 137. NO (Exhibit) 138. NO (Exhibit) 139. NO (Exhibit) 140. NO (Exhibit) 141. NO (Exhibit) 142. NO (Exhibit) 143. NO (Exhibit) 144. NO (Exhibit) 145. NO (Exhibit) 146. NO (Exhibit) 147. NO (Exhibit) 148. NO (Exhibit) 149. NO (Exhibit) 150. NO (Exhibit) 151. NO (Exhibit) 152. NO (Exhibit) 153. NO (Exhibit) 154. NO (Exhibit) 155. NO (Exhibit) 156. NO (Exhibit) 157. NO (Exhibit) 158. NO (Exhibit) 159. NO (Exhibit) 160. NO (Exhibit) 161. NO (Exhibit) 162. NO (Exhibit) 163. NO (Exhibit) 164. NO (Exhibit) 165. NO (Exhibit) 166. NO (Exhibit) 167. NO (Exhibit) 168. NO (Exhibit) 169. NO (Exhibit) 170. NO (Exhibit) 171. 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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 type="checkbox"/>	RECOGNIZABLE	<input type="checkbox"/>	EVIDENCE OF DECOMPOSITION
<input checked="" type="checkbox"/>	NOT RECOGNIZABLE	<input checked="" type="checkbox"/>	MANGLED OR MUTILATED
<input 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	<input type="checkbox"/>	INCLOSURES
<input type="checkbox"/>	PERSONAL EFFECTS	<input type="checkbox"/>	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
<input type="checkbox"/>	FINGERPRINTS	<input type="checkbox"/>	DD FORM 894
<input type="checkbox"/>	VISUAL RECOGNITION	<input type="checkbox"/>	
<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 1/4" tall)

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

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

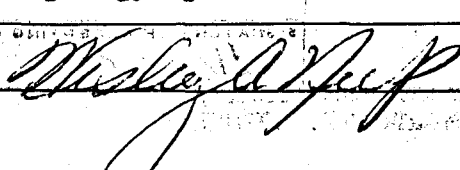
Two (2) ID tags for "WALLACE, ROBERT M. 05 228 587" found around the neck of this remains.

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 2 August 1967	TYPED NAME, GRADE AND TITLE OF IDENTIFYING OFFICER Wesley A. Neep GS-12 Anthropology Splst
	SIGNATURE OF IDENTIFYING OFFICER 
NAME AND ADDRESS OF INSTALLATION US ARMY MORTUARY, VIETNAM	

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

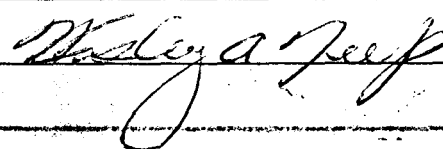
DATE

2 August 1967

TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST

Wesley A. Neep Anthropology Splt

SIGNATURE OF IDENTIFICATION SPECIALIST



NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM

RECOMMENDATIONS ACCEPTED

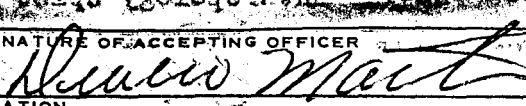
DATE

2 August 1967

TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER AND NAME OF OFFICE

DEVERO MARTIN, MAJOR, OMC, MORTUARY OFFICER

SIGNATURE OF ACCEPTING OFFICER



NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM