

INDIVIDUAL DECEASED

PERSONNEL FILE

POGGEMEYER, JAMES R.,
SN: 05 536 230

1LT

41

AUG 14 1967

Dear Mr. and Mrs. Poggemeyer:

Please accept my personal sympathy in the death of your son, First Lieutenant James R. Poggemeyer.

While I realize there is little that can be said to lessen your grief, I would like you to know that all our people share my gratitude and genuine sense of loss. Your son's fine qualities will live on to inspire other brave men and help to make the world a better place.

Mrs. Johnson and I pray that you will find strength and courage in your son's memory, and that God will sustain you in the days ahead.

Sincerely,

LYNDON B. JOHNSON

Mr. and Mrs. Robert R. Poggemeyer
411 South Seventeenth Street
Nebraska City, Nebraska 68410

LBJ:JDG:mmc



Yahoo! - My Yahoo! - Help

Print - Close Window

Date: Mon, 30 Sep 2002 18:39:53 -0500**From:** "Jerry Smith" <gjsmitty@bigfoot.com>**Subject:** Request for info re James Poggemeyer**To:** gunsup68@yahoo.com

Dick,

On page 2 of the latest Widows and Spiders newsletter there is a request for information re James Poggemeyer. I met Jim at IOBC, Ft Benning, went through Wolters and Rucker together, were roommates at Fort Cambell when we formed the 188th AHC, traveled on the advance party to Dau Tieng , and were roommates at Tuy Hoa when he was killed in the mid air. I then flew to the crash site and assisted in recovering his remains. Poggey was one of my best friends ever, and each time I visit him at The Wall I break down like a baby. I'd be pleased to share my fond memories of Poggey.

The newsletter omitted Keven Kreifels telephone # and email address. Can you send them to me or forward this email to him ? The article re Frank Kerbl also brought back beaucoup memories. I flew for Chuck Graham in the 1st Platoon and later for Kerbl in the Spiders (I replaced Poggey after he was killed). I enjoy the Newsletter and website...keep up the good work.

Jerry Smith, Capt. USAR

Widows & Spiders Mar '67- Sep '67(Dau Tieng & Tuy Hoa)

Stinger 95 (116th AHC) Sep '67- Mar '68 (Cu Chi)

DISPOSITION FORM

(AR 340-15)

REFERENCE OR OFFICE SYMBOL	SUBJECT		
AGFC-R (1439 NH)	Non-Hostile Military Casualty in Vietnam		
TO Chief of Staff ATTN: LTC S. M. Smith Jr. Room 3C 715, The Pentagon	FROM TAG	DATE 7 Aug 1967	CMT 1 LTC Gard/jem /72066
<p>The following named individual has been reported dead in Vietnam as the result of non-hostile action:</p> <p>NAME: 1LT James R. Poggemeyer, 05 536 230</p> <p>ORGANIZATION: 188th Asslt Heli Co, 1st Avn Bde, APO SF 96268</p> <p>DATE OF CASUALTY: 31 Jul 1967</p> <p>CIRCUMSTANCES: Individual died as the result of multiple wounds received in the incident previously reported to you.*</p> <p>NAME AND ADDRESS OF NEXT OF KIN: Mr. & Mrs. Robert R. Poggemeyer (Parents) 411 South 17th Street <i>Army Area: Five</i> Nebraska City, Nebraska 68410</p> <p>CHILDREN: NONE (SINGLE)</p> <p>FOR THE ADJUTANT GENERAL:</p> <p>DONALD L. GEER Colonel, AGC Executive Officer, TAGO</p> <p>*Individual reported missing 31 Jul 1967; changed to dead 4 Aug 1967</p>			

DA FORM 2496
1 FEB 62

REPLACES DD FORM 96, EXISTING SUPPLIES OF WHICH WILL BE
ISSUED AND USED UNTIL 1 FEB 68 UNLESS SOONER EXHAUSTED.

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DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO: ADDEES PRIORITY)

O P 011015Z AUG 67

FM CG USARV LBN RVN

TO RUEOAF/CAS DIV DA

INFO RUEPWD/TAG DA

ZEN/CINCUSARPAC

ZEN/COMUSAMACV

RUEOAF/CH SPTS SVCS DA

RUCIDQA/CG SP CLMS BR STLMTS OPNS FCUSA IND PLS INDZEN/CG 1ST AVN BDE TS
RVN

ZEN/CO USA MORT TSN RVN

BT

UNCLAS E F T O FOUO AVHAG-CC 52433 JPCCO/ARCC DA FOR AGPB-C

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

PUNCH REPT NO. 9872, REPEAT, NO. 9872 (MISSING)

A. POGGEMEYER, JAMES R.

B. 05 536 230, REPEAT, 05 536 230

C. 1LT P-2 INF

D. 31 JUL 67 AT 2355 HRS, REPEAT, 31 JUL 67 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 HELI 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: MR& MRS: ROBERT R. POGGEMEYER (P)

NEBRASKA CITY, NEB. DA FORM 41 DATED 5 MAY 67

I. BP: \$353.70 ADD PAY: POWER, ANGLE BPED: 6 AUG 65

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

BT

E

ACTION: TAG

DISTR: OCOFSA, OSA, DCSPER, CINFO, CLL, COPO, GOFSPS

DA IN 299961

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MEMORIAL DIVISION - OARB
ESCORT'S REPORT OF MISSION

DECEDENT

1LT JAMES R. POGGEMEYER 05 536 230

CONSIGNEE

Peterson Mortuary, 111 N. 11th Street, Nebraska City, Nebraska

NEXT OF KIN

Mr. Robert R. Poggemeyer

, Nebraska City, Nebraska

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 EUGENE B. DALBEY OF 104 031

DATE 8 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

11 Aug 67 1000 hrs.

NAME AND LOCATION OF CEMETERY

St. Mary's , Nebraska City, Nebraska

FLAG PRESENTED TO

Mr. Robert R. Poggemeyer

**DATE DEPARTED ON RETURN
TRIP**

11 Aug 67

DATE ARRIVED DUTY STATION

11 Aug 67

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

1. No information from 1Lt James Poggemeyer C.O. Family requested call to DA and did for more information which was received.
2. Requested personal effects be sent to brother stationed in Germany. Necessary information regarding this was passed on to the family.

DATE

11 Aug 67

SIGNATURE OF ESCORT

Eugene B. Dalbey

RT

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

AVCA-SGN-MY

5 September 1967

SUBJECT: Report of Disposition of Personal Effects of Deceased Person
7114-02 (RE: 1LT POGGEMEYER, JAMES B., 05 536 230) (Evac #6390-67)
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 POGGEMEYER, JAMES B., 05 536 230 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 1LT Thomas D. Poggemeyer, HQ 2d Bn, 37th Armor, APO New York 09696 is the unknown 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:

Thomas L. Boland

5 Incls;

1. Inventory (DD Form 1076)
2. Certificate of Destruction
3. Ltr nok dtd 14 Sep 67
4. Ltr nok dtd 24 Aug 67
5. Ltr nok dtd 8 Aug 67 w/Questionnaire

THOMAS L. BOLAND
1LT, ARMOR
Summary Court

AS
FILE DISPOSITION

AVCA SGN Form 124 (21 May 67)

RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side)		PAGE NO 1	NO OF PAGES 1
1. NAME (Last, First, Middle Initial) FOGGMAYER, JAMES B.	2. GRADE 1LT	3. SERVICE NUMBER 05 536 250	
4. ORGANIZATION AND STATION OR APO 38th Asslt Hq Co 1st Avn Bde	5. STATUS Deceased	6. DATE OF STATUS 31 July 67	
EFFECTS DATA			
7. PLACE OF RECOVERY		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
1	St. Anthony's medal	1	Movie camera,
1	Fr. suitcase	1	w/2 rolls film
1	Desk lamp	1	Metal folding chair
1	Radio	1	Straw hat
4	Books	1	Fr. jungle boots
1	Fr. boots	1	Civ. trousers
1	Fr. low quarters w/boots	11	Fr. socks
20	T-shirts	1	Rain jacket
2	Sweat shirts	1	Towels
7	Sets fatigues	1	Fr. drawers
2	Sets khakis	3	Wash cloths
1	Knapsack	3	Civ. shirts
2	Fatigue caps	1	Fr. civ. shoes
1	Lantern	2	Plastic bags
1	Fr. glasses	2	Shoes
1	Key	2	Fr. swim trunks
1	Scoutair money	13	Handkerchiefs
1	Fr. ankle boots	2	Fr. Bermuda shorts
1	Fr. athletic shorts	2	Shaving bags
1	Goggles	1	Ash tray
1	Plastic case	1	Recording tapes
11. 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
\$225.10	AWD		US Treasury Check #94,137 dated 19 Aug 67 in amt of \$225.10. Trans. to: 1LT Thomas D. Foggmayer H. 2d Bn, 37th Armed APO New York 09696
(Attach supplemental sheet for additional items and/or discrepancies)			
12. SEAL NO.	13. EFFECTS SHIPPED TO 38th Asslt Hq	14. DATE AND METHOD OF SHIPMENT 2 Sep 67 MAC-PRI #1 # ?	
15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1 COMPRISES <input 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 28 Aug 67	TYPED NAME, GRADE AND ORGANIZATION THOMAS L. BOLAND, 1LT, 38th Summary Court Fore Hq 602		SIGNATURE <i>Thomas L. Boland</i>

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

AVCA-SGN-MY

26 Aug 67

Date

CERTIFICATE OF DESTRUCTION

I certify that the following items belonging to POGGEMEYER, JAMES B.
05 536 230 (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.

- 1 Can insect repellent
- 2 Towels
- 1 Bath robe
- 2 Athletic supporters
- 2 Boxes candles
- 1 Can foot powder
- 2 Bottles shampoo
- 1 Pr. blouses
- 1 Pr. socks
- 1 Pr. shower shoes
- 1 Shoe brush
- 3 Rolls film
- 1 Mirror
- 1 Military I.D. card
- 1 Temp. Airman's certificate
- 1 FAA Medical certificate
- 1 FCCR & T permit # 17N3415
- 2 Draft cards
- 1 Aviator instrument card
- 2 Red Cross cards
- 1 Pilot Certificate, Civ.
- 1 FAA pilot certificate #1642011
- 1 Shot record
- 1 Fraternity card #67353
- 1 FM receipt #P172048
- 1 Texas fishing license
- 3 Packs cigarettes

Thomas L. Boland

THOMAS L. BOLAND
1LT, ARMOR
Summary Court

1 Clock
 1 Flashlight
 1 Carton cigarettes
 2 Plastic map cases
 1 Box of 18 slides
 1 Box stationery
 1 Awol bag
 32 Pictures
 1 Check book
 1 Envelope correspondence
 1 W2 Form
 5 Receipts
 1 Guarantee
 1 Warranty tag
 1 Air medal certificate
 1 Note book
 1 Pack needles

/////////(LAST ITEM)////////

Thomas L. Boland

THOMAS L. BOLAND
 1LT, ARMOR
 Summary Court

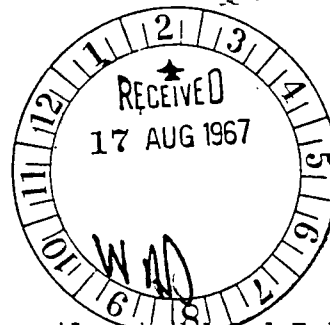
REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE CROWN-9973 (Prev P-9872)		DATE PREPARED 5 Aug 67	
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) POGGEMEYER, JAMES ROBERT, 05 536 230; 1LT; USAR; 188th Asslt Heli Co, 1st Avn Bde, APO SF 96268					
2. CASUALTY STATUS					
a. CIRCUMSTANCES <input type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE					
Indiv died as the result of multiple wounds received in the incident previously reported to you.					
b. PLACE WHERE DEAD RVN		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 4 Jun 43; Nebraska City, Nebraska				b. COMMENCED TOUR DATE 23 Apr 67 m	
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 27 Nov 65; Nebraska City, Nebraska					
5. SOCIAL SECURITY NO., PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY 0-2 Under 2 yrs. \$353.70 POWER & ANGLE					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) 25 69 43 34 LB #69; Nebraska City, Nebr.					
7. PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code) MR & MRS ROBERT R. POGGEMEYER (Parents) Nebraska City, Nebraska 68410					
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 PNU		c. TIME 0657	d. DATE 5 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: 5th Army	SSG WITT/			5 Aug 67
11.	PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:	MAJ BARKEN		1400	11
12.	COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR	SP BURNS/ SSG A. JEN		1655	11
13.	CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN				
14.	WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN	N/A			
15.	DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY:	N/A			
16.	DATA ENTERED ON INFORMATION MESSAGE NO. _____ BY DA CASUALTY DIVISION				
17. ADDRESS FOR GRATUITY PAY _____					
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

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

8 August 1967

SUBJECT: Personal Effects of 1LT James B. Poggemeyer, 05 536 230

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.

Mr. Robert R. Poggemeyer

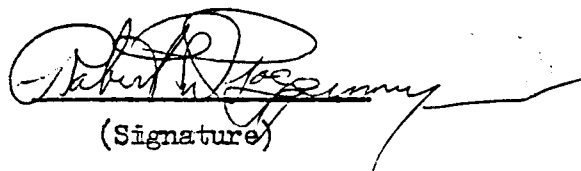
Nebraska City, Nebraska



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

STREET 1 LT. THOMAS D. POGGEMEYER
TOWN/CITY HO 2D BN 37th ARMOR
COUNTY APO NY 09696
STATE _____

(Print new address above)


(Signature)

CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

NAME OF DECEASED (Last, First, Middle) POGEMEYER, James E. R.		GRADE 1Lt	BRANCH OF SERVICE ARMY	SERVICE NUMBER 05536230
ORGANIZATION 188th Avn Co APO 96268		DATE OF BIRTH 4 June 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 checked="" type="checkbox"/> SINGLE <input 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 Robert R. Poggemeyer		RELATIONSHIP TO DECEASED Father		
STREET ADDRESS		CITY OR TOWN AND STATE Nebraska City, Nebraska		

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
<input checked="" type="checkbox"/> NATURAL	<input type="checkbox"/> YES	1. Decapitation 2. Multiple Trauma
<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> NO	
<input type="checkbox"/> SUICIDE		
<input type="checkbox"/> HOMICIDE		
CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES		

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 JOSEPH F. TOOMEY	GRADE GS-9	LICENSE NUMBER	STATE FLA	OTHER 735
INSTALLATION OR ADDRESS US ARMY MORTUARY, VIETNAM	DATE 4 Aug 67	SIGNATURE		
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				

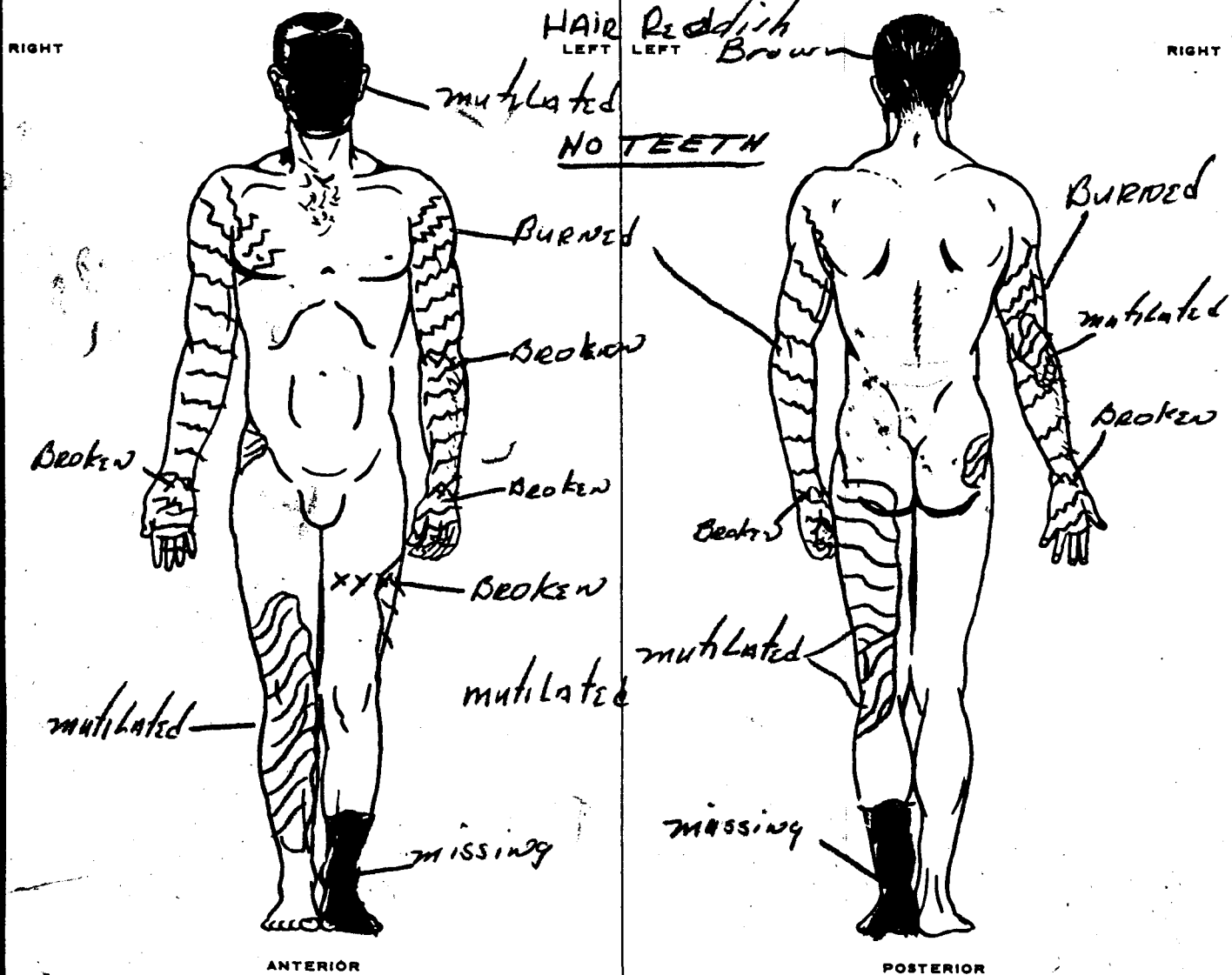
¹State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.²State conditions contributing to the death, but not related to the disease or condition causing death.

RECORD OF IDENTIFICATION PROCESSING
ANATOMICAL CHART

6390-67

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) POGGEMEYER JAMES R		GRADE 1LT	SERVICE NUMBER 05536230	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO. 7		PLOT	ROW	GRAVE
				ESTIMATED AGE (Yrs) 69"
				ESTIMATED HEIGHT 69"

BLACK OUT PORTIONS NOT RECOVERED



CONDITION OF REMAINS (Check pertinent blocks)		<input type="checkbox"/> INTACT	<input type="checkbox"/> DECOMPOSED
<input type="checkbox"/> SEMI-SKELETAL	<input type="checkbox"/> FLESH COVERED	<input checked="" type="checkbox"/> BURNED (Degree: <input type="checkbox"/> 1st <input checked="" type="checkbox"/> 2d <input type="checkbox"/> 3d)	

REMARKS (Continue on reverse if additional space is required)

Body incomplete - SEE ABOVE
RACE - CAUC
TABLE MEASUREMENTS - 69"
BODY MARKINGS - SEE ABOVE
ID TAGS - NONE
ID CARD - NONE
CLOTHING - parts of fatigues, gaiters
and footgears and army avn wingcs

NAME OF PREPARING OFFICIAL (Print or type) FRANK GARCIA	SIGNATURE <i>Frank Garcia</i>
---	----------------------------------

8

THE ARMY:
B. M. J. A.
Adjutant General

STATEMENT OF IDENTIFICATION (AR 638-40)			
<p>Wan</p> <p>INSTRUCTIONS: 1. Prepare in triplicate and distribute as follows: a. Original to OCoF Spts S, Attn: Memorial Division. b. Copy to Army Command. c. Copy retained at preparing installation.</p> <p>2. This statement will be supplemented by signed copies of appropriate Records of Identification Processing (DD Forms 890 through 894).</p> <p>6390-67</p>			
NAME OF DECEASED (Last, First, Middle)		GRADE	SERVICE NUMBER
POGGEMEYER, James R.		1 Lt.	05 536 230
BRANCH OF SERVICE		ORGANIZATION AND BASE	
US ARMY		188th Asslt Heli Co, 1st Avn Bde	
DATE OF DEATH		PLACE OF DEATH	
31 July 1967		Vic Coord: CQ 245 345, RVN.	
CONDITION OF REMAINS (Describe briefly in Remarks)			
RECOGNIZABLE		EVIDENCE OF DECOMPOSITION	
<input checked="" type="checkbox"/> NOT RECOGNIZABLE		<input checked="" type="checkbox"/> MANGLED OR MUTILATED	
COMMINGLED		<input checked="" type="checkbox"/> EVIDENCE OF BURNS	
MEANS OF IDENTIFICATION (Check all appropriate boxes and indicate appropriate Inclosures. Specify supporting data in Remarks.)			
IDENTIFICATION TAGS		INCLOSURES	
PERSONAL EFFECTS		DD FORM 890	
DENTAL COMPARISON		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 checked="" type="checkbox"/> FINGERPRINTS		<input checked="" type="checkbox"/> DD FORM 894	
VISUAL RECOGNITION			
<input checked="" type="checkbox"/> OTHER (Specify in Remarks)		<input checked="" type="checkbox"/> Process of elimination	
<p>REMARKS (If additional space is required, continue on separate sheet)</p> <p>This severely mutilated and charred remains received as 1st Lt James R. POGGEMEYER, one of eight (8) victims of a mid-air collision between two helicopters. No statement of identity received with this remains.</p> <p>Race - Caucasian. (Lt POGGEMEYER was Caucasian)</p> <p>Table measurement - 69 inches. (Lt POGGEMEYER was 69" tall)</p> <p>Hair - Reddish Brown. (Lt. POGGEMEYER had Brown hair)</p> <p>Fingerprints not obtainable for this remains but a direct reading made of the right index finger (partially mutilated and charred) reveals the same type whorl pattern and two matching characteristics when compared with the right index print on ID card for Lt. POGGEMEYER.</p> <p>No teeth recovered for this remains.</p>			

US ARMY MORTUARY, VIETNAM	
NAME AND ADDRESS OF INSTALLATION	
SIGNATURE OF ACCEPTING OFFICER	
TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER	
RECOMMENDATIONS ACCEPTED	
DATE	
US ARMY MORTUARY, VIETNAM	

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) POGGEMEYER, JAMES R.		4. GRADE/RANK 1LT	5. SERVICE NUMBER 05 536 230
6. PLACE OF DEATH		7. DATE OF DEATH 31 July 1967	
8. NAME OF NEXT OF KIN Mr. Robert R. Poggemeyer,		9. RELATIONSHIP Father	
10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code) Peterson Mortuary, 111 N. 11th St., Nebraska City, Neb.			
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) St. Mary's Cemetery c/o Father Heinzen Nebraska City Nebraska 68410		13. DATE OF INTERMENT 11 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.) \$ 395⁰⁰		
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) PETERSON'S MORTUARY		b. DATE 11 Aug 67
c. ADDRESS (Include ZIP Code) NEBR CITY NEBR 68410		d. SIGNATURE OF NEXT OF KIN <i>Robert R. Poggemeyer</i>

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.

OARB

7 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)

YES	NO
-----	----

a	CONDITION OF TRANSFER CASE OR SHIPPING CASE AND CASKET SATISFACTORY	DATE OF INSPECTION
b	REMAINS PROPERLY WRAPPED	
c	PROPER AMOUNT OF MILDREW PREVENTATIVE ADDED TO CASKET OR TRANSFER CASE	
d	CLOTHING, DECORATIONS AND PERTINENT DOCUMENTS COMPLETE	
e	BODY BATHED TO PRESENT A CLEAN APPEARANCE	
f	FACE SHAVEN	
g	MUSTACHE, IF ANY, AND HAIRS PROTRUDING FROM EARS AND NOSE TRIMMED	
h	FACIAL FEATURES AND HANDS ARRANGED TO PRESENT A NATURAL APPEARANCE	
i	FINGERNAILS CLEAN AND TRIMMED	
j	ALL ORIFICES, ABRASIONS, MUTILATIONS, AND INCISIONS SEALED TO PREVENT DRAINAGE AND LEAKAGE	
k	REMAINS ADEQUATELY EMBALMED	
l	IDENTIFICATION TAGS WITH REMAINS	
m	IDENTIFICATION TAGS PLACED AROUND NECK OF REMAINS	
n	COSMETICS APPLIED TO PRESENT A NATURAL APPEARANCE TO HANDS AND FACE	
o	EYELIDS, EYEBROWS AND HAIR FREE OF COSMETICS	
p	RESTORATIVE WORK APPEARS NATURAL	
q	PROPER UNDERCLOTHING PLACED ON REMAINS	
r	ENTIRE UNIFORM CLEAN, PRESSED AND SATISFACTORY IN APPEARANCE AND FIT	
s	EPAULET ENDS UNDER COLLAR, TIE IN PLACE, BUTTONS AND BELT PROPERLY FASTENED AND DECORATIONS CORRECTLY PLACED	
t	REMAINS PRESENT AN APPEARANCE OF REPOSE IN CASKET	
u	MUTILATED REMAINS PROPERLY WRAPPED AND SECURED IN POSITION	
v	RECOMMEND THAT FAMILY BE ALLOWED TO VIEW REMAINS	

EXPLANATION OF IRREGULAR CONDITIONS, IF ANY (Refer to Item reference letter)

1. <input type="checkbox"/> INITIALS <input type="checkbox"/> DATE 2. <input type="checkbox"/> DATE ORDER CONSIDERED VOID <input type="checkbox"/> 20 3. <input type="checkbox"/> INITIALIZED 4. <input type="checkbox"/> NOVA <input type="checkbox"/> VOIDED 5. <input type="checkbox"/> DATE OF CASE	6. <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> LOCATION 7. <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> LOCATION 8. <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> LOCATION 9. <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> LOCATION 10. <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> LOCATION 11. <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> LOCATION 12. <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> LOCATION 13. <input 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43. DESCRIBE RESTORATIVE TREATMENT (State reason if features not restored)

DATE OF DEPARTURE	DATE OF RECEIPT AT WORKPLACE	DATE OF EMPLOYMENT
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Charred--Mutilated

44. REMARKS AND RECOMMENDATIONS TO RECEIVING FUNERAL DIRECTOR (Whether remains are viewable or non-viewable, etc.)

☐ YES ☐ NO ☐ MAYBE COME ☐ MAY COME

REASON OF REFUSAL (PLEASE CLARIFY SUBPOENA):

2. WILL DESIGNATION

Non-Viewable

45-14 COMMENTS TO OVERSEA COMMAND, CONCERNING INITIAL EMBALMING (Cite deficiencies, recommendations for corrective action and/or favorable comments on condition of remains)

(1) After receiving letters from his brother about the situation in the USSR, he decided to return to his native land. He decided to return to his native land. He decided to return to his native land.

DATE SHIPPED TO RECEIVING FUNERAL DIRECTOR

8 Aug 67

18. LICENSE NUMBER AND STATE: 4091 2042 20416 (Calif.)
(3) Upon request and approval of California
Calif. 4091

50. REMARKS: (Indicate item reference number when applicable)
 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837

(1) Richards Outfitter and 9 copies (A men station

Remains thoroughly examined, ID checked, wrapped in fresh hardening compound, cotton clean sheet, plastic and blanket, put into burial pouch. Proper uniform with decorations furnished by this command put on top of burial pouch.

Casket marked Non-Viewable.

1. wrapped in fresh hardening compound;
2. put into burial pouch. Proper uniform
and put on top of burial pouch.

RECEIVED
OFFICE
AUG 1 12 02 PM '67

NNNNCZCFAA202

OFTEZYUW RUEOAS 0004 21 01 330-EEEE--RUEOAF. *1*

DE RUISVA 000 21 01 020

ZNY EEEEE ZOK JPCCO,ARCC

O P 01 01 04 AUG 67 ZFF-1

MM CG USARV LBN RVN

TO RUEOAF, CAS DIV DA

INFO RUEFW, IAG DA

ZEN, CINCUSARFAC

ZEN, CONUSAMACV

RUEOAF/CH SPTS SVCS DA

TCRUCIDGA, CG SP CLMS BR STLMIS OPNS FCUSA IND FLS INDZEN, CG, 1ST AVN BDE TS
RVN *N*

ZEN, CO USA MORT TSN RVN

BT

UNCLAS E F T O ~~QUO~~ AVIAG-CC 02400 JPCCO,ARCC DA FOR AGP B-C

PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 19B (2) SE GEYPAT

PUNCH REPT NO. 9072, REPEAT, NO. 9072 (MISSING)

A. POGGEMEYER, JAMES *R*

B. 00 000 200, REPEAT, 00 000 200

C. 1LT F-2 INF

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

E. INDIV LAST SEEN AS ACFT CNDR ON UH-1C HELI ENROUTE TO COUNTER
MORTAR ATTACK MSN VIC COORD: CG 255 330, RVN, WHEN ACFT COLLIDED

PAGE 2 RUNSVA 000 UNCLAS E F T O ~~000~~

IN MID-AIR WITH ANOTHER UH-1C HELI AND CRASHED, STATUS IS NOT THE RESULT OF
HOSTILE ACTION. SEARCH IN PROGRESS.

F. CAU

G. 100TH ASSLT HELI CO, 1ST AVN BDE APO SFRAN 96260 II CORPS

H. NOK. HRS. ROBERT R. POGGEMEYER (P)

NEBRASKA CITY, NEB. DA FORM 41 DATED 5 MAY 67

I. BP. 0000.70 ADD PAY: POWER, ANGLE BPED: 6 AUG 67

UV

04

6-7 0000-00 -LAW TL UNDER UCMJ, NONE

BT

~~SECRET~~ OFFICIAL USE ONLY

PRIORITY

020FAA102

OTTEZYUW RUMSCHU1100 2172000-EEEE-RUEGAF.

7BT EEEEE ZOK JFCCO/A

DE RUMSVA 260 2161200

7BT EEEEE ZOK JFCCO/A

0 P 01 200 Z AUG 67 ZHF-

11 CG USARV LIN RVN

TO RULIAPA CAS DIV DA

IRAO JUMED, TAG DA

7EN/CINCSARPAC

7EN/COMUSMACV

RUEGAF/CH SPI SVCS DA

RUCIDCA/CH SP CLNS BR STILTS OPES FCUSA INDFLS IND

7EN/CG 1ST AVN BDE ISR RVN

7EN/CO USA HORT ISR RVN

BT

UNCLAS ~~SECRET~~ AVHAG-CC 00000 JFCCO, ARCC DA FOR AGP-C

PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 15 B(2) ARCC-2

REF, BY UNCLAS 02400 DIF 0-100 1 AUG 67 (PUNCH REPT NO. 9072)

CROWN REPT NO. 9070, REPEAT, NO. 9070

A. ~~PLEASE~~ ^P ~~SECRET~~, JAMES R.

B. 00 000 200, REPEAT, 00 000 200

C. 1 LT C-2 INF UNH

1. SP, 000,70 ADD PAY POWER, ANGLE OFED, 5 AUG 67

SELI-TER-NO OPTION-LAW 1L UNDER UCH, NONE

PAGE TWO RUMSVA 260 E F T O

J. WOUNDS, MULTI TRAUMA

K. READY

L. 20 APR 67

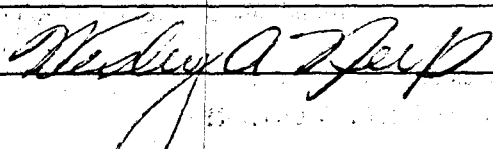
M. DIOS, 100, AWDS, AN, NDAN, VSH

N. DADDY

O. ROMAN CATHOLIC UNH

A182
OSS
HG
4

Boqgemeyer

| | | | |
|--|--|--|-------------------------------------|
| NAME OF DECEASED (Last, First, Middle)
POGEMEYER, James R. | | GRADE
1 Lt. | SERVICE NUMBER
05 536 230 |
| BRANCH OF SERVICE
US ARMY | | ORGANIZATION AND BASE
188th Assault Heli Co, 1st Avn Bde | |
| DATE OF DEATH
31 July 1967 | | PLACE OF DEATH
Vic Coord: CQ 245 345, RVN. | |
| CONDITION OF REMAINS (Describe briefly in Remarks) | | | |
| <input checked="" type="checkbox"/> | RECOGNIZABLE | <input checked="" 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 type="checkbox"/> | IDENTIFICATION TAGS | <input type="checkbox"/> | INCLOSURES |
| <input type="checkbox"/> | PERSONAL EFFECTS | <input type="checkbox"/> | DD FORM 890 |
| <input type="checkbox"/> | DENTAL COMPARISON | <input 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 checked="" type="checkbox"/> | FINGERPRINTS | <input checked="" 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"/> | Process of elimination |
| REMARKS (If additional space is required, continue on separate sheet) | | | |
| <p>This severely mutilated and charred remains received as 1st Lt James R. POGEMEYER, one of eight (8) victims of a mid-air collision between two helicopters. No statement of identity received with this remains.</p> <p>Race - Caucasian. (Lt POGEMEYER was Caucasian)</p> <p>Table measurement - 69 inches. (Lt POGEMEYER was 69" tall)</p> <p>Hair - Reddish Brown. (Lt. POGEMEYER had Brown hair)</p> <p>Fingerprints not obtainable for this remains but a direct reading made of the right index finger (partially mutilated and charred) reveals the same type whorl pattern and two matching characteristics when compared with the right index print on ID card for Lt. POGEMEYER.</p> <p>No teeth recovered for this remains.</p> <p>Clothing found on this remains included charred remnants of fatigue uniform and Army Aviation Wings.</p> <p>All seven (7) associated victims from this crash site have been positively identified and this is the eighth and final victim identified also by the process of elimination as the remains of Lt. James R. POGEMEYER.</p> | | | |
| TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE. | | | |
| DATE
4 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 | | | |

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.

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.

6390-67 fq

| | | | |
|---|--|---|-------------------|
| 1. REMAINS OF (Last Name, First Name, Middle Initial) | | 2. GRADE (includes title) | 3. SERVICE NUMBER |
| POGEMEYER, James E. R | | 1/LT | 05 536 230 |
| 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 Jul 67 | 9. DATE OF RECEIPT AT MORTUARY
2 Aug 67 | 10. DATE OF EMBALMING
4 Aug 67 | |
| 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 type="checkbox"/> MUTILATED | 14. PRE-EMBALMING PROCEDURES COMPLETED (Note Items 42e thru 42j)
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | | |
| 15. TOTAL OUNCES CONCENTRATED FLUID USED
ARTERIAL: N/A CAVITY: 128 | 16. NAME POINTS OF INJECTION
N/A | | |
| 17. AMOUNT HARDENING COMPOUND USED (Lbs)
15 | 18. AREAS HYPODERMICALLY EMBALMED (etc.)
Entire remains | | |
| 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
6 Aug 67 | 25. METHOD OF SHIPMENT
<input checked="" 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
APO 96307 | | |
| 29. PREPARING EMBALMER (Name)
JOSEPH F. TOOMEY | 30. LICENSE NO. AND STATE
735 FLA | 31. SIGNATURE OF EMBALMER
Joseph F. Toomey | |
| 32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here)
Charred and mutilated | | | |
| 33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d)
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) | | | |
| 34. CHECK ONE (If released in preparing command (Release will be fully dressed & cosmetized)
<input type="checkbox"/> FOR LOCAL INTERMENT <input checked="" type="checkbox"/> PRIVATE COMMERCIAL SHIPMENT <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR | | | |
| 35. POE DESTINATION (Place of final destination if not U.S. Port) (2nd items to be filled in block checked indicates in block checked condition)
TRAVIS AFB CAL | | | |
| 36. MORTUARY OFFICER (or Person Responsible for Shipment)
DEVERO MARTIN, MAJ, QMC | | 39. SIGNATURE
[Signature] | |

REMARKS

RECOMMENDATIONS

In view of the parent unit association of this remains as specific casualty (Lt. POGGEMEYER, the matching of race, height, hair and partial fingerprint with recorded data for Lt. POGGEMEYER and the absence of any contradictory evidence, it is concluded that this is the remains of 1st Lt. James R. POGGEMEYER, 05-536-230.

RECOMMENDATIONS PRESENTED

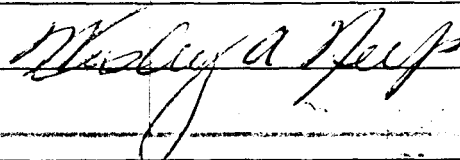
DATE

4 August 1967

TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST

Wesley A. Neep Anthropology Splst

SIGNATURE OF IDENTIFICATION SPECIALIST



NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM

RECOMMENDATIONS ACCEPTED

DATE

4 August 1967

TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER

DEVERO MARTIN, MAJOR, OMC, MORTUARY OFFICER

SIGNATURE OF ACCEPTING OFFICER



NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM