

**INDIVIDUAL DECEASED**

**PERSONNEL FILE**

POGGEMEYER, JAMES R.,  
SN: 05 536 230

1LT

41

EXECUTIVE  
ND 9-2-21, / \*

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 Campbell 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	FROM TAG	DATE 7 Aug 1967 CMT 1

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

NAME: 1LT James R. Poggemeyer, 05 536 230

ORGANIZATION: 188th Asslt Heli Co, 1st Avn Bde, APO SF 96268

DATE OF CASUALTY: 31 Jul 1967

CIRCUMSTANCES: Individual died as the result of multiple wounds received in the incident previously reported to you.\*

NAME AND ADDRESS OF NEXT OF KIN: Mr. & Mrs. Robert R. Poggemeyer (Parents)  
411 South 17th Street  
Army Area : Five Nebraska City, Nebraska 68410

CHILDREN: NONE (SINGLE)

FOR THE ADJUTANT GENERAL:

DONALD L. GEER  
Colonel, AGC  
Executive Officer, TAGO

\*Individual reported missing 31 Jul 1967; changed to dead 4 Aug 1967

DA FORM 1 FEB 62 2496

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

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FILE DISP: BR SEP-1 1961

St. Henry

~~FOR OFFICIAL USE ONLY~~

DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO ADDDEES PRIORITY)

O P 011015Z AUG 67

FM CG USARV LBN RVN

TO RUEOAF/A/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

*Mizong 67*

UNCLAS E F T O FOUO AVHAG-CC 52483 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 JU L 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 SFRA 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

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

BT

E

ACTION: TAG  
DISTR: OCOFSA, OSA, DCSPER, CINFO, CLL, COPO, GOFSPS  
DA IN 299961

~~OFFICIAL USE ONLY~~

**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)	WERE YOU ASKED TO STAY FOR FUNERAL?
YES	YES
WERE MILITARY SERVICES RENDERED?	DATE AND HOUR OF FUNERAL
YES	11 Aug 67 1000 hrs.

**NAME AND LOCATION OF CEMETERY**

St. Mary's, Nebraska City, Nebraska

FLAG PRESENTED TO	DATE DEPARTED ON RETURN TRIP	DATE ARRIVED DUTY STATION
Mr. Robert R. Poggemeyer	11 Aug 67	11 Aug 67

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

1. No information from 1Lt James Poggemeyer G.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	SIGNATURE OF ESCORT
11 Aug 67	<i>Eugene B. Dalby</i>

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  
(RE: 1LT POGGEMEYER, JAMES B., 05 536 230) (Evac #6390-67)  
01402 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

RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side)		PAGE NO	NO OF PAGES
1. NAME (Last, First, Middle Initial) <b>POLOMICKER, JAMES B.</b>	2. GRADE <b>2LT</b>	3. SERVICE NUMBER <b>05 536 250</b>	
4. ORGANIZATION AND STATION OR APO <b>37th Armd Div 2d Bn 5th</b>	5. STATUS <b>Deceased</b>	6. DATE OF STATUS <b>21 July 67</b>	
EFFECTS DATA			
7. PLACE OF RECOVERY		8. DATE OF RECOVERY	
9. INVENTORY OF EFFECTS		10. VERIFICATION OF INVENTORY	
QTY	DESCRIPTION	BY COMMAND EFFECTS DEPOT	BY CONUS EFFECTS OFFICE
		a.	b.
		REC'D DISPOSITION	REC'D DISPOSITION
1	St. Anthony's medal	1	Movie camera, w/2 rolls film
1	TV. antenna	1	Metal folding chair
1	Deck Lamp	1	Steel mat
1	Radio	1	Pvt. jungle boots
1	Books	1	Civ. trousers
1	Pvt. books	1	11. Pvt. socks
1	Pvt. low quarters w/holes	1	12. Rain jacket
1	T-shirt	1	Towels
1	Shorts	1	13. Pvt. drawers
1	Auto fittings	1	14. Wash cloths
1	Auto knobs	1	15. Civ. shirts
1	Memory	1	16. Pvt. civ. shoes
1	Velcro cap	1	2. Plastic bags
1	Lambs	1	3. Books
1	Pvt. glasses	1	4. Pvt. swim trunks
1	Key	1	5. Macintosh jacket
1	Automobile money	1	6. Pvt. Bermuda shorts
1	Pvt. money bags	1	7. Shaving bags
1	Pvt. civilian shorts	1	8. Airtow
1	String	1	9. Bandaging tapes
1	Plastic bags		
11.	TOTAL FUNDS		
FUNDS EXCHANGED, CONVERTED, DEPOSITED, ETC.			
(To be completed by Summary Court-Martial or other responsible person)			
FUNDS TRANSMITTED WITH EFFECTS		b.	
AMOUNT	DESCRIPTION	REC'D	DISPOSITION
<b>4200.00</b>	<b>2LT</b>		<b>4200.00</b> <b>2d Bn 5th 37th Aug 67</b> <b>In acc't of 4200.00. Trans. to: 1LT</b> <b>Thomas L. Baland 52 2d Bn, 37th Armd</b> <b>470 New York 07625</b>
(Attach supplemental sheet for additional items and/or discrepancies)			
12. SEAL NO.	13. EFFECTS SHIPPED TO	14. DATE AND METHOD OF SHIPMENT	
		<b>2 Sep 67 MAG-PRI #1 # ?</b>	
15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1 COMPRISSES			
<input checked="" type="checkbox"/> ALL KNOWN EFFECTS <input type="checkbox"/> ALL KNOWN EFFECTS EXCEPT THOSE REMOVED FROM REMAINS			
<input type="checkbox"/> ALL KNOWN EFFECTS REMOVED FROM REMAINS <input type="checkbox"/> ADDITIONAL EFFECTS 2D SHIPMENT			
16. DATE	TYPED NAME, GRADE AND ORGANIZATION		SIGNATURE
<b>21 Aug 67</b>	<b>Thomas L. Baland, 2LT, ARNG</b> <b>Summary Court Forc 2d Bn 37th</b>		<b>Thomas L. Baland</b>

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 POGGE MEYER, JAMES B.  
05 536 230 (Deceased) were found to be worn beyond repair and of obnoxious nature. These items were destroyed by me in accordance with paragraph 21c (2) AR 643-55, dated 2 June 1961.

- 1 Can insect repellent
- 2 Towels
- 1 Bath robe
- 2 Athletic supporters
- 2 Boxes candles
- 1 Can foot powder
- 2 Bottles shampoo
- 1 Fr. blousers
- 1 Fr. socks
- 1 Fr. 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 Awl 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

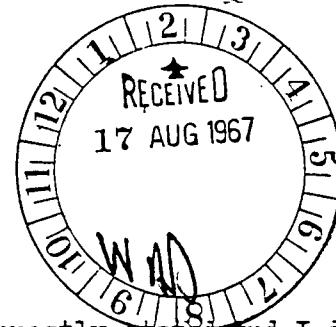
REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE <b>CROWN-9973 (Prev P-9872)</b>			DATE PREPARED <b>5 Aug 67</b>	
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) <b>POGGEMEYER, JAMES ROBERT, 05 536 230; 1LT; USAR; 188th Asslt Heli Co, 1st Avn Bde, APO SF 96268</b>						
2. CASUALTY STATUS		8. 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 <del>XXXXXXXX</del> DEAD <b>EVN</b>		c. DATE <b>31 Jul 67</b>	d. TIME <b>2355 hrs.</b>	e. STATUS OF REMAINS <b>READY</b>	f. RACE <b>CAU</b>	g. RELIGION <b>RC</b>
3. DATE AND PLACE OF BIRTH <b>4 Jun 43; Nebraska City, Nebraska</b>				b. COMMENCED TOUR DATE <b>23 Apr 67 m</b>		
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME <b>27 Nov 65; Nebraska City, Nebraska</b>						
5. SOCIAL SECURITY NO., PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY <b>0-2 Under 2 yrs. \$353.70 POWER &amp; ANGLE</b>					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) <b>25 69 43 54 LB #69; Nebraska City, Nebr.</b>						
PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code) <b>MR &amp; MRS ROBERT R. POGGEMEYER (Parents)</b> <b>Nebraska City, Nebraska 68410</b>						
7. 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:						
8. a. ORIGINATOR <b>CG USARV LBN EVN</b>		b. RECEIVED BY <b>PNU</b>		c. TIME <b>0657</b>	d. DATE <b>5 Aug 67</b>	
SECTION II - NOTIFICATION ACTIONS						
9. 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: <b>5th Army</b>		<b>SSG WITT/</b>				<b>5 Aug 67</b>
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:		<b>RC 5 BAGEN</b>			<b>1400</b>	<b>11</b>
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR		<b>SP BURNS/ SSG A. JEW</b>			<b>1655</b>	<b>11</b>
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN						
14. WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN		<b>N/A</b>				
15. DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY:		<b>N/A</b>				
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

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.

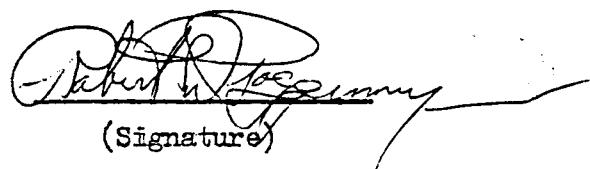
STREET 1 LT THOMAS D. POGGEMEYER

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) <b>POGGE MEYER, James B. R.</b>		GRADE <b>1Lt</b>	BRANCH OF SERVICE <b>ARMY</b>	SERVICE NUMBER <b>05536230</b>
ORGANIZATION <b>188th Avn Co APO 96268</b>		DATE OF BIRTH <b>4 June 1943</b>		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 checked="" type="checkbox"/> PROTESTANT <input checked="" type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN <b>Robert R. Poggemeyer</b>		RELATIONSHIP TO DECEASED <b>Father</b>		
STREET ADDRESS		CITY OR TOWN AND STATE <b>Nebraska City, Nebraska</b>		
MEDICAL STATEMENT				
CAUSE OF DEATH (Enter only one cause per line)				INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>1</sup>		<b>Multiple Trauma</b>		Instant
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE			
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE			
OTHER SIGNIFICANT CONDITIONS <sup>2</sup>				
MODE OF DEATH <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY 1. Decapitation 2. Multiple Trauma		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
DATE OF DEATH (Hour, day, month, year) <b>2350 hours 31 July 1967</b>		PLACE OF DEATH <b>Grid CQ 245 345, 1 1/4 Miles South of Phu Help, Rvn.</b>		
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 <b>William E. Atlee Jr.</b>			TITLE OR DEGREE <b>MC/AMO</b>	
GRADE <b>Cpt</b>	SERVICE NUMBER <b>02320686</b>	INSTALLATION OR ADDRESS <b>188th Aviation Company APO 96268</b>		
DATE <b>1 August 1967</b>	SIGNATURE <b>William E. Atlee Jr.</b>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS <b>JOSEPH F. TOOHEY</b>		GRADE <b>GS-9</b>	LICENSE NUMBER	STATE <b>FLA</b>
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY, VIETNAM</b>		DATE <b>4 Aug 67</b>	SIGNATURE	
NAME OF CEMETERY OR CREMATORIAL LOCATION OF CEMETERY OR CREMATORIAL				
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION		
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

<sup>1</sup> State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.<sup>2</sup> State 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)

Broeggermeyer James R

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

GRADE

1LT

SERVICE NUMBER

05536232

ROW

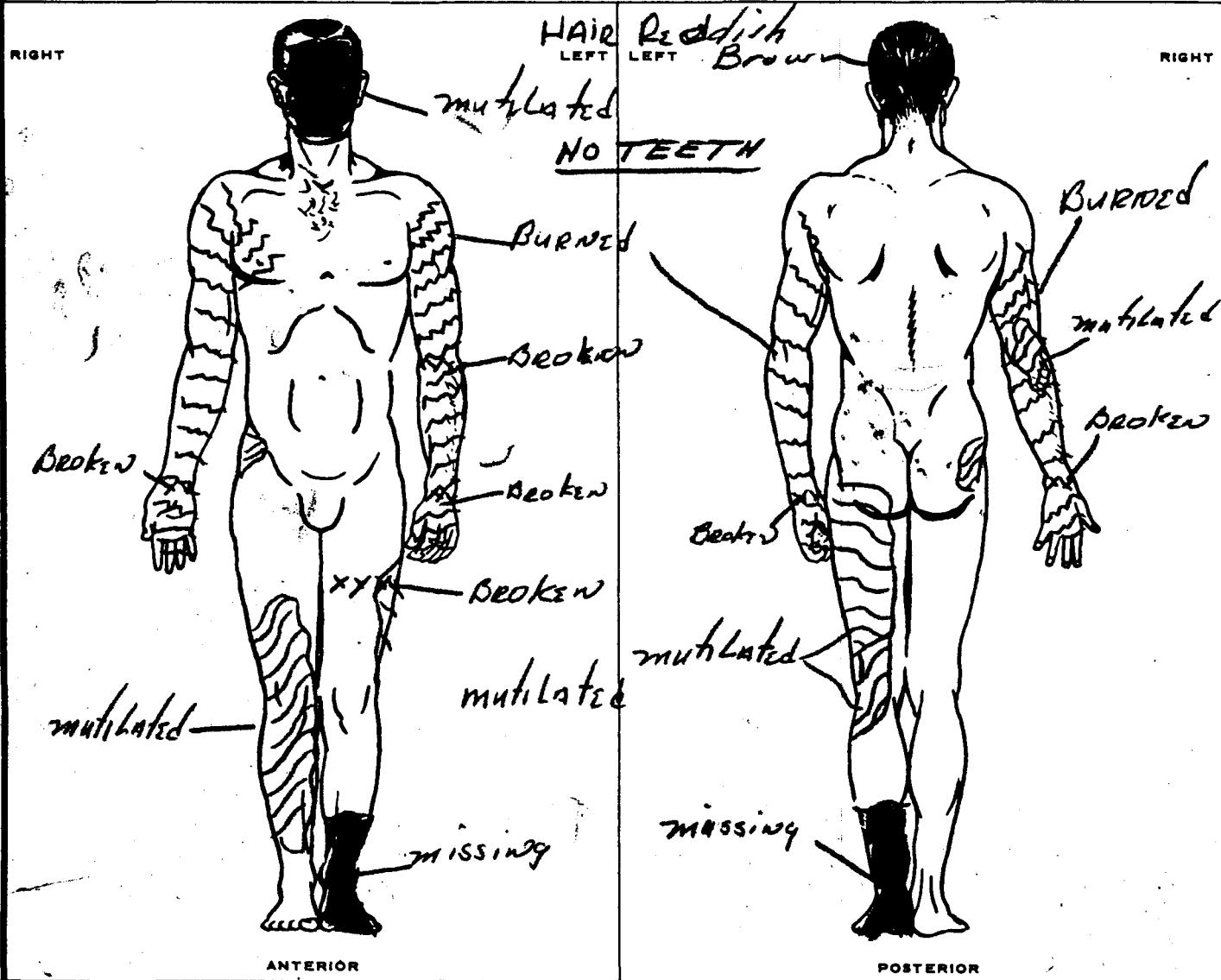
GRAVE

ESTIMATED AGE (Yrs)

ESTIMATED HEIGHT

69"

BLACK OUT PORTIONS NOT RECOVERED



CONDITION OF REMAINS (Check pertinent blocks)

INTACT

DECOMPOSED

SEMI-SKELETAL

FLESH COVERED

BURNED (Degree:  1st  2nd  3rd)

REMARKS (Continue on reverse if additional space is required)

Body incomplete - SE 2 above  
Race - Dark

Table measurements - 69"

Body markings - SE 2 above

ID tags - none

ID card - none

Clothing - parts of fatigues shorts  
and tuckers and Army AEW wings

NAME OF PREPARING OFFICIAL (Print or type)

SIGNATURE

FRANK GARCIA

Frank Garcia

DD FORM 1 FEB 66 893

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

2(B)

REPORT OF CASUALTY		REPORT NUMBER AND TYPE A 5034 FINAL	DATE PREPARED 9 August 1967
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) POGGENMEYER, JAMES ROBERT; 05 536 230; 1LT; USAR; INF; 188TH ASSLT HELI CO., 1ST AVN BDE, VIETNAM			
2. CASUALTY STATUS		<input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE	
DIED 31 July 1967 in Vietnam as the result of multiple wounds received while commander aboard UH-1C helicopter which collided in mid air with another helicopter and crashed.			
Commenced tour in Vietnam 23 April 1967			
3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE 4 June 1943, Nebraska City, Nebraska; Caucasian; Roman Catholic			
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 27 November 1965, Fort Benning, Georgia; Nebraska City, Nebraska			
5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY 0-2 Under 2 years \$353.70 Flight			CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> NON-CREW
6. DUTY STATUS ACTIVE: On Duty			
7. INTERESTED PERSONS (Name, Address, Relationship) Mr. Robert R. Poggemeyer, , Nebraska City, Nebraska, Father <sup>1</sup> , 2(50%), 3(50%) Mrs. Grace B. Poggemeyer, address same as above, Mother <sup>2</sup> (50%), 3(50%)			
DA Form 41 dated 5 May 1967			
8. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT CG USARV TSN RVN: 5 August 1967	
10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services) 25 69 43 54 LB #69, Nebraska City, Nebraska			
11. PRIOR SERVICE DATA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12. REMARKS			
<p>"The individual named in this report is held by the Department of the Army to have been absent in a pay status pursuant to the provisions of section 1002, 50 USC App, (PL 490, 77th Congress), as amended, from 31 July 1967, date of death to 5 August 1967, date evidence of death was received by the Department of the Army."</p> <p>FOR VA: Certification of Basic Pay UP 38 USC 402 <u>None</u></p>			
FOOTNOTES: 1 Adult next of kin. 2 Beneficiary for gratuity pay in event there is no surviving wife or child-as designated on record of emergency data. 3 Beneficiary for unpaid pay and allowances-as designated on record of emergency data.			
13. DISTRIBUTION B-2 V		14. BY ORDER OF THE SECRETARY OF THE ARMY:   Adjutant General	

## STATEMENT OF IDENTIFICATION

(AR 638-40)

wan

INSTRUCTIONS: 1. Prepare in triplicate and distribute as follows:

- Original to OCof Spts S, Attn: Memorial Division.
- Copy to Army Command.
- Copy retained at preparing installation.

2. This statement will be supplemented by signed copies of appropriate Records of Identification Processing (DD Forms 890 through 894).

6390-67

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
<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.)

IDENTIFICATION TAGS	INCLOUSURES
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

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

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.

Race - Caucasian. (Lt POGGEMEYER was Caucasian)

Table measurement - 69 inches. (Lt POGGEMEYER was 69" tall)

Hair - Reddish Brown. (Lt. POGGEMEYER had Brown hair)

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.

No teeth recovered for this remains.

US ARMY MORTUARY, VIETNAM		NAME AND ADDRESS OF INSTALLATION
		SIGNATURE OF ACCEPTING OFFICER
DEVERE RO MARTIN, MAJOR, GMC, MORTUARY OFFICER		DATE
RECOMMENDATIONS ACCEPTED		4 August 1967
TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER		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, MMTS, 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, MMTS, 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 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.)		s 395 00
15. TO BE COMPLETED WHEN NEXT OF KIN MADE ALL ARRANGEMENTS (Fill in appropriate amounts opposite a, b, c and d.)		
a. REMOVAL, CASKET, PRESERVATION AND RELATED SERVICES		s n/a
b. CREMATION AND URN		s n/a
c. CLOTHING		s n/a
d. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.)		s n/a
16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS		
a. SHIPPING COST		s n/a
b. SHIPPED FROM (Place)  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)  Nebraska City, Nebr 68410	d. SIGNATURE OF NEXT OF KIN  Robert R. Poggemeyer

DD FORM 1 MAY 62 1375

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.

40. PORT OF ENTRY OAR	41. DATE RECEIVED AT PORT OF ENTRY 7 Aug 67	YES	NO
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	b. REMAINS PROPERLY WRAPPED	c. PROPER AMOUNT OF MILDEW 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. REPASSET (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	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)

43. DATE RECEIVED CONCERNING RESTORATIVE TREATMENT	44. DATE RECEIVED CONCERNING EXPLANATION
45. DATE RECEIVED CONCERNING EXPLANATION	46. DATE RECEIVED CONCERNING EXPLANATION
47. DATE RECEIVED CONCERNING EXPLANATION	48. DATE RECEIVED CONCERNING EXPLANATION
49. DATE RECEIVED CONCERNING EXPLANATION	50. DATE RECEIVED CONCERNING EXPLANATION

43. DESCRIBE RESTORATIVE TREATMENT (State reason if features not restored)
44. DATE RECEIVED CONCERNING EXPLANATION
45. DATE RECEIVED CONCERNING EXPLANATION
46. DATE RECEIVED CONCERNING EXPLANATION
47. DATE RECEIVED CONCERNING EXPLANATION
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TO RUEOAFAS CAS DIV DA

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ZEN. CINCUSARFAC

ZEN. COMUSANACV

RUEOAFAS/CH SPTS SVCS DA

TCRUCIDGA, CG SP CLMS BR STMNTS OPNS FCUSA IND FLS 1NDZEN, CG 1ST AVN BDE TS  
RVN

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ZEN. CO USA MORT TSN RVN

BT

UNCLAS E F T O QUO AVHAG-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. 00 006 200, REPEAT, 00 006 200

C. 1LT P-2 INF

D. 01 JUL 67 AT 0000 HRS, REPEAT, 01 JU L 67 AT 2300 HRS.

E. INDIV LAST SEEN AS AC, T CMDR ON UH-1 HELI ENROUTE TO COUNTER  
MORTAR ATTACK NSN VIC COORD: CG 233 330, RVN, WHEN ACFT COLLIDED

PAGE 2 RUEISVA 000 UNCLAS E F T O 000

IN MID-AIR WITH ANOTHER UH-1 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 96268 II CORPS

H. NOK. MRS. ROBERT R. POGGEMEYER (F)

NEBRASKA CITY, NEB. DA FORM 11 DATED 1 MAY 67

I. BP. 0000.72 ADD PAY. POWER, ANGLE BPED: 6 AUG 67

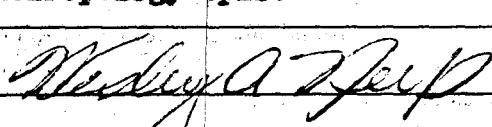
UV

34

6-7 0180-00 - LAW TL UNDER UCH, NONE

BT



NAME OF DECEASED (Last, First, Middle) <b>POGGEMEYER, James R.</b>		GRADE <b>1 Lt.</b>	SERVICE NUMBER <b>05 536 230</b>
BRANCH OF SERVICE <b>US ARMY</b>		ORGANIZATION AND BASE <b>188th Asslt Heli Co, 1st Avn Bde</b>	
DATE OF DEATH <b>31 July 1967</b>	PLACE OF DEATH <b>Vic Coord: CQ 245 345, RVN.</b>	CONDITION OF REMAINS (Describe briefly in Remarks)	
<input checked="" type="checkbox"/> RECOGNIZABLE <input checked="" type="checkbox"/> NOT RECOGNIZABLE <input type="checkbox"/> COMMINGLED		<input checked="" type="checkbox"/> EVIDENCE OF DECOMPOSITION <input checked="" type="checkbox"/> MANGLED OR MUTILATED <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		INCLOUSURES	
PERSONAL EFFECTS		DD FORM 890	
DENTAL COMPARISON		DD FORM 891 AND SF 603	
<input checked="" type="checkbox"/> SKELETAL AND ANATOMICAL COMPARISON		DD FORM 892 AND/OR DD FORM 893	
<input checked="" type="checkbox"/> FINGERPRINTS		DD FORM 894	
VISUAL RECOGNITION			
<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. 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> <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. POGGEMEYER.</p>			
TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.			
DATE <b>4 August 1967</b>	TYPED NAME, GRADE AND TITLE OF IDENTIFYING OFFICER <b>Wesley A. Neep G3-12 Anthropology Splt</b>		
	SIGNATURE OF IDENTIFYING OFFICER 		
NAME AND ADDRESS OF INSTALLATION <b>US ARMY MORTUARY, VIETNAM</b>			

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.

6390-67 fq

1. REMAINS OF (Last Name, First Name and Middle Initial) <b>POGGELEYER, James O. R</b>		2. GRADE (Check one) <b>1/LT</b>	3. SERVICE NUMBER (Check one) <b>05 536 230</b>
4. BRANCH OF SERVICE (Include civilian employees) <b>ARMY</b>			
5. UNIT DESIGNATION <b>188th AVN Co</b>			
6. CAUSE OF DEATH (As stated on Death Certificate) <b>Multiple trauma</b>			
7. DATE OF DEATH <b>31 Jul 67</b>		9. DATE OF RECEIPT AT MORTUARY <b>2 Aug 67</b>	10. DATE OF EMBALMING <b>4 Aug 67</b>
11. CONDITION OF REMAINS (Prior to embalming) <b>Poor</b>		12. HOW IDENTIFIED (Personal recognition, Finger Prints, Identification Tags, etc.) <b>ID Procedures</b>	
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: <b>N/A</b> CAVITY: <b>128</b>		16. NAME POINTS OF INJECTION <b>N/A</b>	
17. AMOUNT HARDENING COMPOUND USED (Lbs) <b>15</b>		18. AREAS HYPODERMICALLY EMBALMED (ex) <b>Entire remains</b>	
19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) <b>Prepared to be shipped to AFM</b>		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 or Agency responsible for reimbursement) <b>US ARMY MORTUARY, VIETNAM</b>		22. TOTAL AMOUNT OF REIMBURSEMENT <b>0</b>	
23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection) <b>0</b>		24. METHOD OF SHIPMENT <b>WATER</b>	
25. DATE SHIPPED FROM PREPARING MORTUARY <b>6 Aug 67</b>		26. INTERIM DESTINATION <b>AIR</b>	
27. PREPARING MORTUARY <b>US ARMY MORTUARY, VIETNAM</b>		28. LOCATION OF PREPARING MORTUARY <b>APO 96307</b>	
29. PREPARING EMBALMER (Name and Grade) <b>JOSEPH P. TOOMEY</b>		30. LICENSE NO. AND STATE <b>735 FLA</b>	
31. SIGNATURE OF EMBALMER <b>Joseph P. Toomey</b>		32. SUBSEQUENT TREATMENT (Remains will be inspected daily by flight to ship and record of treatment entered here) a. INCUBATOR (If any) <b>None</b> b. CHILLED <b>None</b> c. FROZEN <b>None</b> d. LIQUID PRESERVATIVE <b>None</b> e. RIBS REMOVED <b>None</b> f. SKIN REMOVED <b>None</b> g. HAIR REMOVED <b>None</b> h. EYES REMOVED <b>None</b> i. BODA REMOVED <b>None</b> j. BONES REMOVED <b>None</b> k. MUSCLES REMOVED <b>None</b> l. BLOOD REMOVED <b>None</b> m. BILE REMOVED <b>None</b> n. LIVER REMOVED <b>None</b> o. SPLEEN REMOVED <b>None</b> p. BRAINS REMOVED <b>None</b> q. EYES REMOVED <b>None</b> r. EYES REMOVED <b>None</b> s. EYES REMOVED <b>None</b> t. EYES REMOVED <b>None</b> u. EYES REMOVED <b>None</b> v. EYES REMOVED <b>None</b> w. EYES REMOVED <b>None</b> x. EYES REMOVED <b>None</b> y. EYES REMOVED <b>None</b> z. EYES REMOVED <b>None</b>	
33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d) a. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>None</b> b. <b>Charred and mutilated</b> c. <b>None</b> d. <b>None</b>		34. DATE OF DEPARTURE FROM (or release-in) PREPARING COMMAND <b>6 Aug 67</b>	
35. CHECK ONE IF RELEASED IN PREPARING COMMAND (Release 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 no entry in this Part) <b>TRAVIS AFB CAL</b>		38. MORTUARY OFFICER (or Person Responsible for Shipment) <b>DEVERO MARTIN, MAJ, QMC</b>	
39. SIGNATURE <b>Devero Martin</b>			

**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.

The following recommendations are made for the identification of the remains:

- 1. The remains should be buried in the unit cemetery.
- 2. The remains should be buried in the unit cemetery.
- 3. The remains should be buried in the unit cemetery.
- 4. The remains should be buried in the unit cemetery.
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**RECOMMENDATIONS PRESENTED**

DATE 4 August 1967	TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST Wesley A. Neep Anthropology Splt
	SIGNATURE OF IDENTIFICATION SPECIALIST <i>Wesley A. Neep</i>

NAME AND ADDRESS OF INSTALLATION  
**US ARMY MORTUARY, VIETNAM**

DATE 4 August 1967	RECOMMENDATIONS ACCEPTED
	TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER AND RANK OF REVIEWING OFFICER DEVERO MARTIN, MAJOR, QMC, MORTUARY OFFICER Major Mortuary Officer, US Army, Vietnam RANK OF REVIEWING OFFICER <i>Devero Martin</i>
	SIGNATURE OF ACCEPTING OFFICER <i>Devero Martin</i>

NAME AND ADDRESS OF INSTALLATION  
**US ARMY MORTUARY, VIETNAM**