

**INDIVIDUAL DECEASED**

**PERSONNEL FILE**

VANLANT, WAYNE G.,  
SN: 56 396 010

SP4

43

AUG 14 1967

CLASSIFIED  
ID: 9-2-87/★

Dear Mr. and Mrs. Van Lant:

I was deeply saddened to learn of the death of your son, Specialist Four Wayne G. Van Lant.

I know at this time of bereavement words alone cannot provide solace; however, you can be justly proud of your son's service to his country. He contributed directly to maintaining the freedom our country supports throughout the world.

Mrs. Johnson joins me in sending our heartfelt sympathy in this hour of grief.

Sincerely,

LYNDON B. JOHNSON

Mr. and Mrs. Ben Van Lant  
18501 Elaine Street  
Artesia, California 90701

LBJ:JDG:mmc

/

# DISPOSITION FORM

(AR 340-15)

REFERENCE OR OFFICE SYMBOL	SUBJECT
AGFC-R ( 1433 NH)	Non-Hostile Military Casualty in Vietnam

TO Chief of Staff	FROM TAG	DATE 7 Aug 67	CMT 1
ATTN: LTC S. M. Smith Jr.		LTC Gard /gfd	/72066
Room 3C 715, The Pentagon			

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

NAME: Sp4 E-4 Wayne G. Van Lant, US 56 396 010

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

DATE OF CASUALTY: 31 July 67

CIRCUMSTANCES: Individual died as a result of multiple injuries received from a mid-air helicopter crash. \*

NAME AND ADDRESS OF NEXT OF KIN: Mr. and Mrs. Ben <sup>(Van Lant)</sup> (Parents)  
 ARMY AREA: SIXTH 18501 Elaine Street  
 Artesia, California 90701

CHILDREN: None (Not Married)

FOR THE ADJUTANT GENERAL:

DONALD L. GEER  
 Colonel, AGC  
 Executive Officer, TAGO

\* Previously reported missing on 31 July 67, *Chg to dead 3 Aug 67*

DA FORM 2496  
 1 FEB 62

REPLACES DD FORM 98, EXISTING SUPPLIES OF WHICH WILL BE ISSUED AND USED UNTIL 1 FEB 63 UNLESS SOONER EXHAUSTED.

COPY LBJ LIBRARY



DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF SUPPORT SERVICES  
WASHINGTON, D.C. 20315

IN REPLY REFER TO

SPTS-MH

Van Lant, Wayne G.

SN 56 396 010

5 December 1967

Mr. Ben Van Lant

Artesia, California 90701

Dear Mr. Van Lant:

This will acknowledge receipt of your application for a Government flat bronze marker for the grave of your late son.

The official records show your son was not awarded any medals or decorations. If you have official papers showing he received the Air Medal, Purple Heart or 2 Bronze Oak Leaf Clusters, photographic or certified copies of the documents should be forwarded to this Office for verification. If the required evidence cannot be furnished and the marker will be acceptable with recognition of the above named medals omitted from the inscription, your signature is requested below.

MARKER ACCEPTABLE WITHOUT MEDALS

Ben Van Lant  
Signature of Acceptance

An envelope is inclosed for your convenience in replying and an early answer will enable this Office to take further action on the case.

Sincerely yours,

T. W. Held

T. W. HELD  
Chief, Headstone Branch  
Memorial Division

1 Incl  
Env

*Recheck reveals no medals  
Foreign does not permitted  
Rfr  
JU*

DEC 10 19 40 PM '67



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

IN REPLY REFER TO

MEMORANDUM:

10 DEC 1967

SUBJECT: Posthumous Awards

Consistent with policy to avoid contact with next of kin over the holiday period the letter signed by the Adjutant General in this case will not be released until o/a 3 January 1968. Award elements are continually being provided the respective responsible headquarters to avoid a post-holiday backlog of awards. Request contact with the next of kin in this case be delayed until o/a 8 January 1968.

*James A. Vopni*  
JAMES A. VOPNI  
Captain, AGC

Asst Chief, Awards Br, PAD

*Mrs. Brown - please try again for medals TV*

7/4-02

The following expenses were incurred at OARB for the remains of the late:

SP4 WAYNE G. VAN LANT US 56 396 010

Date of Death 31 Jul 67

Place of Death Vietnam

Interment Expense ..... \$ 300.00 ✓

Payee - Mr. Ben Van Lant

Artesia, California 90701

F. O. Voucher No. - 651726 - 18 Aug 67

Casket, Type .I. Standard, metal sealer.....	\$ 90.00 ✓
Shipping Box .regular size.....	\$ 24.90 ✓
Pick Up .....	\$ 12.00 ✓
Delivery .....	\$ 5.00 ✓
Other Services .....	\$
Clothing, Decorations, Insignia .....	\$ 68.16 ✓
Flag and Container .....	\$ 6.20 ✓
Transportation of Remains .SOUTHERN PACIFIC TRAIN #76.....	\$ 22.11 ✓
Transportation Railhead to Destination .652411..... 12 Sep 67.....	\$ 32.50 ✓
Allowance for Burial Container .....	\$
Transportation Escort, including TDY .....	\$ 97.31 ✓
TOTAL EXPENSE .....	\$ 658.18

MIW Form 4222

23 Aug 67 - Previous edition is obsolete

Army-OARB, Calif

Incl 10

FILE DISPOSITION RE. OCT 25 1967

**CORD OF IDENTIFICATION PROCESS  
ANATOMICAL CHART**

6396-67

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) <b>STB VAN-LANT, Wayne E</b>		GRADE <b>E-4</b>		SERVICE NUMBER <b>US 66396010</b>	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.		PLOT	ROW	GRAVE	ESTIMATED AGE (Yrs) ESTIMATED HEIGHT

BLACK OUT PORTIONS NOT RECOVERED

RIGHT	LEFT	LEFT	RIGHT
<p align="center">ANTERIOR</p>		<p align="center">POSTERIOR</p>	

CONDITION OF REMAINS (Check pertinent blocks)

☐ SEMI-SKELETAL

☐ FLESH COVERED

☒ INTACT

☐ DECOMPOSED

☒ BURNED (Degree: ☐ 1st ☐ 2d ☒ 3d)

REMARKS (Continue on reverse if additional space is required)

Body - Incomplete - see above

Race - Cauc

Body Marks - see above

Table Measurement - Unobtainable

ID Tags - None

ID Cord - None

Clothing - Portions of Fatigues Found with name tag VAN-LANT and SPLY Patch  
2 letters Found - address on one readable - Addressed to:  
Wayne VanLant, 188 Aviation Co, AMH, US 66396010, APO SF 96268

Thumb, Index and middle Fingers  
of Left hand Fingerprinted.  
All others - UNobtainable

NAME OF PREPARING OFFICIAL (Print or type)

James A Scott

SIGNATURE

James A. Scott




6396-67      RECORD OF IDENTIFICATION PROCESSING DENTAL CHART																	
LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) <b>BTB VAN-LANT, Wayne G.</b>												GRADE <b>E-4</b>		SERVICE NUMBER <b>US 56396010</b>			
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER												PLOT		ROW		GRAVE	
MARKING ABBREVIATIONS: F-Facial    O-Occlusal    D-Distal    AM-Amalgam    -Fill-Filling    Porc-Porcelain    Back-Backing L-Lingual    M-Mesial    I-Incisal    CR-Crown    Plas-Plastic    Sil-Silicate    Pac-Facing																	
CRIES															CRIES		
	MISSING →																
RESTORATIONS															RESTORATIONS		
UPPER RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	UPPER LEFT
LOWER RIGHT															LOWER LEFT		
RESTORATIONS	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	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) <b>James A. Scott</b>								VERIFIED BY (Typed Name and Signature) <b>James M. Lamb</b>									



# RECORD OF IDENTIFICATION PROCESSING FINGERPRINT CHART

6396-67

LAST NAME-FIRST NAME-MIDDLE INITIAL (or unknown number) <del>PTD</del> Van Lant, Wayne	GRADE E-4	SERVICE NUMBER US56396010
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW GRAVE

LEFT HAND			RIGHT HAND		
10. LITTLE FINGER	9. RING FINGER	8. MIDDLE FINGER	7. INDEX FINGER	6. THUMB	5. LITTLE FINGER
UNOBTAINABLE					UNOBTAINABLE
NOTE AMPUTATIONS, ABNORMALITIES, MISSING FINGERS, AND/OR DERMIS IN APPROPRIATE BLOCK			UNOBTAINABLE		
<b>IMPORTANT</b> ATTACH DD FORM 2A (Identification Card) TO THIS FORM IF AVAILABLE IMPRESSIONS TAKEN BY <i>Quintin P. Bese</i>			UNOBTAINABLE		

FOR FEDERAL BUREAU OF INVESTIGATION USE ONLY	
IDENTIFIED BY FINGERPRINT COMPARISON AS: LAST-NAME-FIRST NAME-MIDDLE INITIAL	SERVICE NUMBER
OFFICIAL APPROVING FINGERPRINT COMPARISON (Name)	DATE

# CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

NAME OF DECEASED (Last, First, Middle) <b>VAN LANT, Wayne G.</b>		GRADE <b>E-4</b>	BRANCH OF SERVICE <b>ARMY</b>	SERVICE NUMBER <b>US 56396101</b>
ORGANIZATION <b>183th Avn Co APO 96268</b>		DATE OF BIRTH <b>27 April 1946</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 type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <b>Christian Reformed</b>	
NAME OF NEXT OF KIN <b>Ben Van Lant</b>		RELATIONSHIP TO DECEASED <b>Father</b>		
STREET ADDRESS		CITY OR TOWN AND STATE <b>Artesia, California 90701</b>		
<b>MEDICAL STATEMENT</b>				
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>		<b>Instant</b>
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	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: Total body burns 4th degree, massive trauma		
DATE OF DEATH (Hour, day, month, year) <b>2350 hours 31 July 1967</b>		PLACE OF DEATH <b>Grid CQ 245 345, 1 1/2 Miles South of Phu Hai, 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 <i>William E. Atlee Jr.</i>		
<b>DISPOSITION OF REMAINS</b>				
NAME OF MORTICIAN PREPARING REMAINS <b>JOSEPH F. TOOMEY</b>		GRADE <b>GS-9</b>	LICENSE NUMBER <b>FLA</b>	OTHER <b>735</b>
INSTALLATION OR ADDRESS <b>US ARMY MORTUARY, VIETNAM</b>		DATE <b>4 Aug 67</b>	SIGNATURE <i>Joseph F. Toomey</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
<b>REGISTRATION OF VITAL STATISTICS</b>				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE <b>OTHER</b>
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.

**DA FORM 10-249**  
1 APR 59

PPC-Japan

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

AVCA-SGN-MY

25 August 1967

SUBJECT: Report of Disposition of Personal Effects of Deceased Person  
(RE: SP4 VAN LANT, WAYNE G., US 56 396 010) (Evac #6396-67)  
132th 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 SP4 VAN LANT, WAYNE G., US 56 396 010 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 Mr. Ben Van Lant, Artesia, California is the father 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

4 Inclosures:

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

THOMAS L. BOLAND  
1LT ARMOR  
Summary Court

## 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 <b>HQ, WA, MTMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626</b>		2. MILITARY ACTIVITY TO WHICH FORM IS TO BE MAILED FOR PAYMENT (Name and Address, Including ZIP Code) <b>HQ, WA, MTMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626</b>	
3. DECEDENT (Last Name, First Name, Middle Initial) <b>VAN LANT, WAYNE G.</b>		4. GRADE/RANK <b>SP4</b>	5. SERVICE NUMBER <b>US 56 396 010</b>
6. PLACE OF DEATH		7. DATE OF DEATH <b>31 July 1967</b>	
8. NAME OF NEXT OF KIN <b>Mr. Ben Van Lant,</b>		9. RELATIONSHIP <b>Father</b>	
10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code) <b>Artesia Mortuary, 17713 So. Pioneer Blvd., Artesia, California</b>			
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 <b>n/a</b>	

## 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 APPLICABLECOMPLETE ITEM 17  
MAIL TO ADDRESSEE IN ITEM 2

12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION (Name and Address, Including ZIP Code) <b>Artesia Cemetery 11142 Artesia Blvd. Artesia, Calif. 90701</b>		13. DATE OF INTERMENT <b>August 11, 1967</b>	
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.)		b. <b>\$ 331.50</b>	
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		b. <b>\$ n/a</b>	
c. CREMATION AND URN		d. <b>\$ n/a</b>	
e. CLOTHING		f. <b>\$ n/a</b>	
g. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.)		h. <b>\$ n/a</b>	
16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS			
a. SHIPPING COST		b. <b>\$ n/a</b>	
c. SHIPPED FROM (Place) <b>n/a</b>	d. SHIPPED TO (Place) <b>n/a</b>	e. 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) <b>Ben Van Lant</b>		b. DATE <b>August 11, 1967</b>	
c. ADDRESS (Include ZIP Code) <b>Artesia, Calif. 90701</b>		d. SIGNATURE OF NEXT OF KIN <b>Ben Van Lant</b>	

DD FORM 1375  
1 MAY 62REPLACES 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

RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side)		PAGE NO <b>1</b>	NO OF PAGES <b>1</b>
1. NAME (Last, First, Middle Initial) <b>VAN LANT, MATTHEW G</b>		2. GRADE <b>SP4</b>	3. SERVICE NUMBER <b>US 56 396 030</b>
4. ORGANIZATION AND STATION OR APO <b>188th Assault Helo Co, 1st Avn Bde</b>		5. STATUS <b>Deceased</b>	6. DATE OF STATUS <b>31 July 67</b>
EFFECTS DATA			
7. PLACE OF RECOVERY <b>188th Assault Helo Co, 1st Avn Bde</b>		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
2	Personal papers	1	Pr. scissors, small
2	Civ. sweat shirts	1	Safety razor
1	Pr. civ. shoes	1	Eye shadow pencil
2	Pr. jump boots	2	Flash lights
1	Deck playing cards	1	Awol bag
1	Flight suit	1	Short tigers stick
1	Vn dress	1	Kodak camera
1	Ring, gold in color	1	Civ. belt
1	Camera, Canon Densis	1	Tobacco pouch
1	Bilova watch, gold in color	1	188th bandit patch
1	Shaving bag	1	Pr. sun glasses w/case
1	Smoking pipe	1	Roll of film
3	Bath towels	1	Brass chain, small
2	Pr. civ. trousers		Souvenir coin
1	Civ. shirt		Misc. Mil. Items
4	Handkerchiefs	////////////////(LAST ITEM)////////////////	
4	T-shirts		
6	Pr. drawers		
1	Camouflage hat		
1	Lock & key		
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
	NO FUNDS TRANSMITTED THIS STATION.		
(Attach supplemental sheet for additional items and/or discrepancies)			
12. SEAL NO.	13. EFFECTS SHIPPED TO <b>Artesia, C, 117</b>		14. DATE AND METHOD OF SHIPMENT <b>22 Aug 67 MAC-PRI #1 #D3116899</b>
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 <b>21 Aug 67</b>	TYPED NAME, GRADE AND ORGANIZATION <b>THOMAS L. BOLAND, 1LT, ARMC Summary Court</b>		SIGNATURE <i>Thomas L. Boland</i>

DEPARTMENT OF THE ARMY  
HEADQUARTERS, USASMACV, SAIGON  
APO SAN FRANCISCO, 96307

8 August 1967

Mr. Ben Van Lant  
Artesia, California

Dear Mr. Van Lant,

Regulations require that, in the event of death of a military member, a Summary Court be appointed to secure and insure delivery of the personal effects of the deceased to those entitled to take custody. I have been selected for this assignment with respect to your son, SP/4 Wayne G. Van Lant, US 56 396 010.

In order to confirm information extracted from your son's records, it is requested that you complete the enclosed questionnaire and return it to me in the self-addressed envelope. I shall then arrange for shipment of all personal property received by me.

May I extend my personal sympathy to you and other members of SP/4 Van Lant's family.

Respectfully,

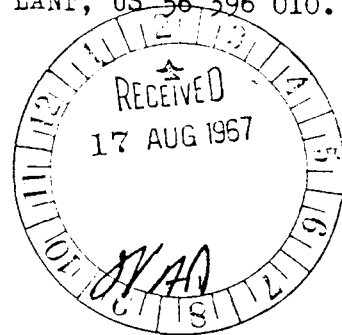
GEORGE E. POZZETTA  
1LT, MC  
Summary Court

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

8 August 1967

SUBJECT: Personal Effects of SP/4 WAYNE G. VAN LANT, US 56 396 010.

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. Ben Van Lant

Artesia, California



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)

Ben Van Lant

(Signature)

71402

Van Lant, Wayne G.

MBA010 116A EDT AUG 6 67 SPOC004 LA169  
L LLW311 COLLECT TDL ARTESIA CALIF 5 735P PDT  
DISPOSITION BRANCH MEMORIAL DIVN DEPT OF ARMY  
WUX MB WASHDC

THIS PERTAINS TO OUR SON WAYNE G VALANT SP4-US56396010 REQUEST  
REMAINS BE CONFINED TO ARTESIA PORTUARY OWNER IS PAUL H SMITH  
17713 SOUTH PIONEER BLVD ARTESIA CALIFORNIA  
BEN VANLANT.

~~71402~~

OK/Blk



<b>REPORT OF CASUALTY</b>		REPORT NUMBER AND CASUALTY CODE <b>CROWN 9926 (PREV PUNCH)</b>		DATE PREPARED	
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)					
<b>VAN LANT, WAYNE G. US 56 396 010; SM; E-4; AUS; 188th Asslt Heli Co, 1st Avn Bde, APO 96268</b>					
2. CASUALTY STATUS					
a. CIRCUMSTANCES <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE					
Died as the result of multiple injuries received in the incident previously reported to you.					
b. PLACE MISSING OR DEAD		c. DATE	d. TIME	e. STATUS OF REMAINS	f. RACE
<b>Vietnam</b>		<b>31 Jul 67</b>	<b>2355</b>	<b>Ready</b>	<b>Can</b>
g. RELIGION		h. COMMENCED TOUR DATE			
<b>Christian</b>		<b>28 April 1967</b>			
3. DATE AND PLACE OF BIRTH					
<b>27 April 1967, Brooten, Minnesota</b>					
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME					
<b>19 October 1965, Artesia, California; Artesia, California</b>					
5. SOCIAL SECURITY NO., PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY					CHECK IF APPLICABLE
<b>E-4 Under 2 years \$168.60 Flight</b>					<input 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>19 October 1965, Artesia, California</b>					
7. PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code)					
<b>Mr. and Mrs. Ben Van Lant (Parents)</b>					
<b>Artesia, California 90701</b>					
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		b. RECEIVED BY		c. TIME	d. DATE
<b>Vietnam</b>		<b>PMU</b>		<b>1256</b>	<b>11 Aug 67</b>
<b>SECTION II - NOTIFICATION ACTIONS</b>					
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>SIXTH ARMY</b>		<b>SP Hollings / Mr Jones</b>		<b>1345</b>	<b>4 Aug 67</b>
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:		<b>SFC Kardia</b>		<b>1700</b>	<b>4 Aug 67</b>
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR		<b>CPT Green / Mr Jones</b>		<b>1915</b>	<b>4 Aug 67</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 _____					
b. RECEIVED FROM _____ c. RECEIVED BY _____ d. TIME _____ e. DATE _____					

REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE		DATE PREPARED	
<div style="text-align: center;"><b>PUNCH 9876</b></div>					
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) <b>VAN LANT, WAYNE G. US 56 396 010; SF4 E-4; AUS; 188th Assault Heli Co, 1st Avn Bde, APO 96268</b>					
2. CASUALTY STATUS <span style="float: right;">a. CIRCUMSTANCES <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE</span> <div style="text-align: center;"><b>SEEN</b></div> <b>He was last seen as door gunner on UH-1C helicopter which collided in mid air with another helicopter and crashed. Search is in progress.</b>					
b. PLACE MISSING OR DEAD		c. DATE	d. TIME	e. STATUS OF REMAINS	f. RACE
<b>Vietnam</b>		<b>31 Jul 67</b>	<b>2355</b>		<b>Cau</b>
g. RELIGION				h. COMMENCED TOUR DATE	
<b>Christian</b>					
3a. DATE AND PLACE OF BIRTH					
<b>27 April 1946, Brooten, Minnesota</b>					
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME					
5. SOCIAL SECURITY NO., PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY					CHECK IF APPLICABLE
					<input 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)					
7. PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code)					
<b>Mr. and Mrs. Ben Van Lant (Parents)</b>					
<b>Artesia, California 91701</b>					
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		b. RECEIVED BY		c. TIME	d. DATE
<b>Vietnam</b>		<b>PNU</b>		<b>1922</b>	<b>1 Aug 67</b>
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: <b>SIXTH ARMY</b>	<i>Mr. Brattle / Renty</i>			
11.	PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:	<i>Mr. Brattle / Renty</i>		<b>2005 1 Aug 67</b>	
12.	COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR	<i>Adams / Tencer</i>		<b>1025 2 AUG 67</b>	
13.	CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN	<i>Tencer</i>		<b>0315 11</b>	
14.	WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN				
15.	DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY:				
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	

FOR OFFICIAL USE ONLY  
DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO ADDEES PRIORITY)

O P 011017Z AUG 67  
FM CG USARV TSN RVN  
TO RUEOAFACAS DIV DA  
INFO RUEPWJ/TAG DA

ZENCINCUIARPAC

ZENCOMUSMACV

RUEOAFACH SPT SVCS DA

RUCIDQA/CH SP CLMS BR STLMTS, OPNS FCUSA INDPLS IND

ZEN/CG 1ST AVN BDE TSN RVN

ZEN/COUSA MORT TSN RVN

BT

UNCLAS E F T O ~~2000~~ AVHAG-CC 52482 JPCCO/ARCC DA FOR AGPB-C  
PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 19 (2) AR 360-5  
PUNCH REPT NO. 9876, REPEAT, NO. 9871 (MISSING)

A. VAN LANT, WAYNE G.

B. US 56 396 010, REPEAT, US 56 396 010

C. SP4 E-4

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

E. INDIV LAST SEEN AS DOOR GUNNER ON UH1C HELI ENROUTE TO COUNTER  
MORTAR ATTACK MSN VIC COORD: CQ 233 335, RVN, WHEN CFT COLIDED

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

F. CAU

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

H. NOK: BEN VAN LANT (F)

ARTESIA, CALIF.

DA FORM 41 DATED 6 MAY 67

I. BP: \$168.60 ADD PAY: POWER, FORGE, FAULT BPED: 19 OCT 65

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

BT

ACTION: TAG

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

DA IN 299962

FOR OFFICIAL USE ONLY

MESSAGE

~~FOR OFFICIAL USE ONLY~~  
ARMY  
STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO ADDEES  
PRIORITY)  
UNCLASSIFIED

FROM: CG USARV LBN RVN

TO : CAS DIV DA

INFO: TAG DA, CINCUSARPAC, COMUSMACV, CH SPT SVCS DA, CH  
SP CLMS STLMTS OPNS FCUSA INDPLS IND, CG 1ST AVN  
BDE TSN RVN, CO USA MORT TSN RVN

NR : AVHAG-CC 53088

030541Z AUG 67

~~FOUO~~ DISP. BR AUG 15 1967 *Rice*

DA FOR AGPB-C

JFCCO/ARCC

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

Reference: My Unclassified 52482 DTG 001007Z Aug  
67 (PUNCH Rept No. 9871)

A. Van Lant, Wayne G.  
B. US 56 396 000  
I. SP4 E-4 Not officially recm for promotion.  
PL 89-622 (No).  
I. BP: 168.60 ADD PAY Power, Forge, Fault  
BPED: 19 Oct 65 SGLI-TEN-LUMP-FATHER  
Time lost under UCMJ: None  
J. Wound, multi trauma, body.  
K. READY  
L. 28 Apr 67  
O. DMOS: 11B2F AWDS: DSM, VSM  
N. Dandy  
O. Christian Reformed  
DOB: 27 Feb 46

NOTE: E F T O  
52482 IS DA IN 299962 (1 AUG 67) TAG

ACTION: TAG

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

DA IN 304333

*WOC 4 5 10 11 12*

~~FOR OFFICIAL USE ONLY~~

2 (E)

DD FORM 1300 REPLACES DD FORM 1300, WHICH IS OBSOLETE

in Department of Army Mortuary Affairs or in contract mortuary 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.

6396-67 1a

1. REMAINS OF (Last Name - First Name - Middle Initial)		2. GRADE	3. SERVICE NUMBER
VAN LANT, Wayne G.		E-4	US 56 396 010
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 18th Avn Co	
6. CAUSE OF DEATH (As stated on Death Certificate) Multiple trauma, body burns 4th degree		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 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: CAVITY: 200		16. NAME POINTS OF INJECTION N/A	
17. AMOUNT HARDENING COMPOUND USED (Lbs) 25		18. AREAS HYPODERMICALLY EMBALMED (etc.) Arms, legs and trunk	
19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) EVIDENCE OF BEFORE IN CYRKEI		20. IF REMAINS PREPARED ON REIMBURSABLE BASIS (Check one) <input type="checkbox"/> CROSS SERVICE <input type="checkbox"/> DEPENDENT <input checked="" type="checkbox"/> OTHER (Specify)	
21. SPONSOR (Person or Firm or Agency responsible for reimbursement) US ARMY MORTUARY, VIETNAM		22. TOTAL AMOUNT OF REIMBURSEMENT	
23. DATE REIMBURSEMENT EFFECTED (If not, effect, state action being taken to effect collection)			
24. DATE SHIPPED FROM PREPARING MORTUARY 5 Aug 67		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 APO 96387	
29. PREPARING EMBALMER (Name) JOSEPH P. HOONEY		30. LICENSE NO. AND STATE 735 FLA	
31. SIGNATURE OF EMBALMER [Signature]			
32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here) Entire body charred, head, Rt. arm missing, right leg and foot missing, left leg missing from above knee to ankle			
33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) EVIDENCE OF BEFORE IN CYRKEI		34. DATE OF DEPARTURE FROM (Or re-lease in) - PREPARING COMMAND 5 Aug 67	
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 TO DEPARTURE FROM COMMAND <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR	
37. POE DESTINATION (Place of final destination if final destination is U.S. Port) (2nd copy to be filed before 1st copy checked and returned to command) SAVANNAH, GA		38. SIGNATURE OF PERSON RESPONSIBLE FOR SHIPMENT [Signature]	
39. SIGNATURE [Signature]			

6396-67

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

NAME OF DECEASED (Last, First, Middle)		GRADE	SERVICE NUMBER
VAN-LANT, Wayne G.		Sp4 E-4	US 56 396 010
BRANCH OF SERVICE		ORGANIZATION AND BASE	
US ARMY		188th Avn Co	
DATE OF DEATH		PLACE OF DEATH	
31 July 1967		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 checked="" type="checkbox"/>	COMMINGLED	<input checked="" type="checkbox"/>	EVIDENCE OF BURNS

## MEANS OF IDENTIFICATION

(Check all appropriate boxes and indicate appropriate Inclosures. Specify supporting data in Remarks.)

<input type="checkbox"/>	IDENTIFICATION TAGS	<input type="checkbox"/>	INCLOSURES
<input checked="" type="checkbox"/>	PERSONAL EFFECTS	<input checked="" 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 checked="" type="checkbox"/>	DD FORM 894
<input type="checkbox"/>	VISUAL RECOGNITION	<input checked="" type="checkbox"/>	Clothing marking
<input checked="" type="checkbox"/>	OTHER (Specify in Remarks)	<input checked="" type="checkbox"/>	

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

This severely mutilated and charred remains received as E-4 Wayne G. VAN-LANT. There were no statements verifying the identity of this remains. The distal portion, lower left leg for this remains was found in a separate pouch of loose portions recovered at the crash site.

Race - Caucasian.

(Sp4 VAN-LANT was Caucasian)

Table measurement - Not obtainable. (Sp4 VAN-LANT was 74" tall)

Hair - Brown.

(Sp4 VAN-LANT had Brown hair)

Thumb, index and middle finger prints were obtained but there are no prints of record this station for Sp4 VAN-LANT.

No ID tags or ID Card received for this remains.

Remnants of fatigue jacket found on remains with name tape "VAN-LANT" and SP4 chevron on sleeve. Two letters found in clothing, one addressed to "WAYNE VAN-LANT, 188th Avn Co, AML....."

Partial tooth chart prepared for this remains in agreement with the Dental Records for Sp4 Wayne G. VAN-LANT.

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

DATE	TYPED NAME, GRADE AND TITLE OF IDENTIFYING OFFICER
2 August 1967	Wesley A. Neep GS-12 Anthropology Splat
	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 as specific casualty Sp4 VAN-LANT, the matching of race, hair, teeth, clothing markings and personal effects with recorded data for Sp4 VAN-LANT and the absence of any contradictory evidence, it is concluded that this is the remains of Sp4 Wayne G. VAN-LANT, US 56 396 010.

## RECOMMENDATIONS PRESENTED

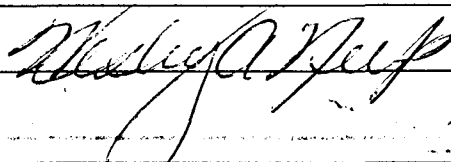
DATE

2 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

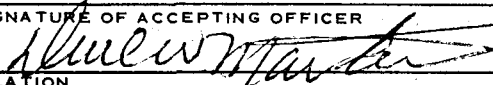
DATE

2 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