

INDIVIDUAL DECEASED

PERSONNEL FILE

ALLWOOD, JOSEPH W. B.
SN: RA 14 925 034

SP5

(39)

EXECUTIVE
ND 9-2-21 A

AUG 14 1967

Dear Mrs. Howell:

I was deeply saddened to learn of the death of your son, Specialist Five Joseph W. B. Allwood.

X*

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

Mrs. Beulah Mae Howell
Post Office Box 463
Williston, Florida 32696

2
3
0

Wbj/j/
LBJ:JDG:mmc - 2

DISPOSITION FORM

(AR 340-15)

REFERENCE OR OFFICE SYMBOL	SUBJECT
AGPC-R (1438 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 67 CMT 1
LTC Gard / RAK /72066

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

NAME: SP5 Joseph W. B. Allwood, RA 14 925 034

ORGANIZATION: 188th Aslt Helicopter Co, 1st Avn Bde, APO SF 96268

DATE OF CASUALTY: 31 July 1967*

CIRCUMSTANCES: Died as a result of injuries received from mid air collision of two helicopters.

NAME AND ADDRESS OF NEXT OF KIN: Mrs Beulah Mae Howell (Mother)
ARMY AREA: THREE PO Box 463
Williston, Fla. 32696

CHILDREN: NONE: SINGLE

FOR THE ADJUTANT GENERAL:

*Reported missing, 31 July 1957, to dead 5-2-67.

DONALD L. GEER
Colonel, AGC
Executive Officer, TAGO

DA FORM 1 FEB 62 2496

REPLACES DD FORM 96, EXISTING SUPPLIES OF WHICH WILL BE ISSUED AND USED UNTIL 1 FEB 63 UNLESS SOONER EXHAUSTED.

COPY LBJ LIBRAR

21 Mar 1968 MPH REC SMP-SAB
17 Mar VZ
Williston Fla 32696

March 17 1968 -

Dear Sir:

I would like a little information
my Son 14/5 Joseph W.B. Allwood serial no
RA 14925034 Left ~~the~~ the State on 28.
April to go to Vietnam and on the
31 July ⁶⁷ he was kill when two Helicopter
Collided in mid air, was there any
money taken out of his Pay if so
I have not received what they took
also was he payed or was that
sent to me in some form if it was
payed to Please let me
know if he had the money in
his Bill-fold I never received his Bill
fold I sure would like to get
my mind clear on that. Please Sir
He was the only child that I had
and I sure do miss him I ~~don't~~
guess I will ever get over ~~missing~~
him.

Would love to hear from you
as soon as possible

Respect

Mrs E. S. Howell #9
Sam Wayne (mother)

Knauff Funeral Home

WILLISTON, FLORIDA
TELE: 528-3481

CHIEFLAND, FLORIDA
TELE: 493-4777

January 24, 1968
Williston, Florida.

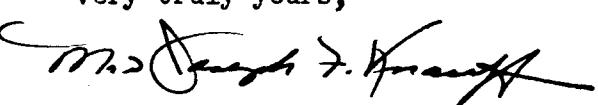
Chief of Support Services
Headquarters, Department of the Army
Attn: Memorial Division
Washington 25, D.C.

Dear Sirs: 7/14/68

Re: Joseph W B Allwood (Grade/Rank) SF5
Service Number RA 14 925 034
Date of Death: July 31, 1967

On August 21, 1967 application for marker on the above named deceased was mailed to your office. To-date this marker has not been received or has there been any information regarding same. I will appreciate your checking into this matter at your earliest convenience and advising.

Very truly yours,


(Mrs) Joseph F. Knauff
Knauff Funeral Home
Williston, Florida.

FILE-NAT
HEADSTONE BRANCH
MEMORIAL DIVISION
M. K. SMITH
Date 8 FEB 1968

74-56(3)

ATTN: HAC SMP-SRS 3

File **SPECIAL FOLLOW-UP**

102
MEDALS:

LAST NAME-FIRST NAME-MIDDLE INITIAL		GRADE	COMPANY	ORGANIZATION	DATES OF	MONTH	DAY	YEAR
ALLWOOD, Joseph W. B.		SP5	13314, Avia. & Hel. Pl.	U. S. ARMY	BIRTH	4	23	1945
DATE OF ENLISTMENT	DATE OF DISCHARGE	SERIAL NUMBER		STATE	DEATH	7	31	1967
9-12-65/13 Sep 65	7-31-67/ <i>Death in Service</i>	RA 14 925 034		Florida				

The records of this Office show that a request for verification of service (DD Form 1330 OCofSptS FL 46) for the above decedent was forwarded to your Office on 23 August 1967. This form has not as yet been returned.
DATE

An early verification of the service, with the return of the original form, if in your possession, would be appreciated by this Office in order that action may be taken toward the furnishing of a Government headstone.

There is no record of the original form on file

RETURN TO: OFFICE OF THE CHIEF OF SUPPORT SERVICES, ATTN: HEADSTONE BRANCH, MEMORIAL DIVISION, DEPARTMENT OF THE ARMY, WASHINGTON, D. C., 20315

OCofSptS FORM 42, 26 Nov 63

PREVIOUS EDITIONS OF THIS FORM MAY BE USED
ACV7-SMP-SRS/SR/12 Feb 68

FILE NAME
HEADSTONE BRANCH
U. S. ARMY
Date: 16 JUN 1968

REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE PUNCH-9877		DATE PREPARED 2 Aug 67	
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) ALLWOOD, JOSEPH WAYNE BRYANT, RA 14 925 034; SP5; RA; 188th Assault Helicopter Co, 1st Avn Bde, APO SF 96268					
2. CASUALTY STATUS		a. CIRCUMSTANCES		<input type="checkbox"/> BATTLE	<input checked="" type="checkbox"/> NON-BATTLE
He was last seen as crew chief of a military aircraft enroute to a combat operation when aircraft collided in mid-air with another aircraft and crashed. Search is in progress.					
b. PLACE MISSING XXXXXXXXXX Vietnam	c. DATE 31 Jul 67	d. TIME 2355 hrs.	e. STATUS OF REMAINS N/A	f. RACE CAU	g. RELIGION Unk <i>Prot</i>
3. DATE AND PLACE OF BIRTH 23 Apr 45			d. COMMENCED TOUR DATE -		
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 E-5 Underx 2 yrs. \$200.40 POWER, FORGE				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)					
PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code)					
7. MRS. BEULAH MAE S. HOWELL (Mother) Williston, Florida <i>Father deceased.</i>					
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 0959	d. DATE 2 Aug 67
SECTION II - NOTIFICATION ACTIONS					
10. ACTION ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 3rd Army		NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.) SSG WITT/ <i>Sgt Baker</i> 1135		ZULU TIME 1135	ZULU DATE 2 Aug 67
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:		<i>Sgt Baker</i> 1455			
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR		<i>Sgt Baker</i> 1635			
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN		<i>Lamont</i> 1747			
14. WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN		<i>na</i>			
15. DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY:		<i>na</i>			
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

STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO ADDEE'S PRIORITY)

O P 0119 39Z AUG 67 ZFF-1

FM CG USARV LBN RVN

TO RUEOAFAXC AS DIV DA

INFO RUEPWD/TAG DA

ZEN/C INC USARP AC

ZEN/COMUSMACV

RUEOAFAXC SPT SVCS DA

RUC ID QA/C H SP CLMS BR ST LMTS OPNS FC USA INDPLS IND

ZEN/CG 1ST AVN BDE TSN RVN

ZEN/CO USA MORT TSN RVN

BT

(0 August 67)

UNCLAS E F T O ~~INFO~~ AVHAG-CP 52511 JPCCO/ARCG DA FOR AGPB-C
PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 19B (2) AR 360-5
PUNCH REPT NO. 9877, REPEAT, NO. 9877 (MISSING)

A. ALLWOOD, JOSEPH W. B.

B. RA 14 925 034

C. SP5 E-5

D. 31 JUL 67 AT 2355 HRS

E. IND IV LAST SEEN AS CREW CHIEF OF UH1C HELI ENROUTE TO COUNTER
MORTAR ATTACK MSN VGI COORD: CQ 233 335, RVN, WHEN AC FT COLLIDED

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: BAULAH MAE SMITH HOWELL (M) WILLISTON, FLA

DA FORM 41 DTD 5 MAY 67

I. BP: \$200.40 ADD PAY: POWER, FORGE, ANGLE BPED: 13 SEP 65

SG LI-TEN-36-MOT HER TL UNDER UCMJ: NONE

BT

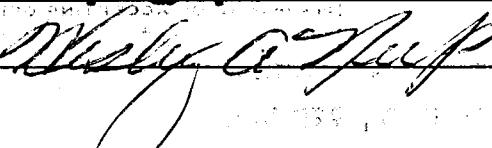
ACTION: TAG

DISTR: OCOFSA, OSA, DCSPER, ACSFOR, CINFO, CLL, COPO, COFSPTS
DA IN 300899

~~FOR OFFICIAL USE ONLY~~

NOTE: 88R requested, 5 Aug 67

REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE CROWN-9925 (Prev Punch-9877)		DATE PREPARED 5 Aug 67		
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) ALLWOOD, JOSEPH WAYNE BRYANT, RA 14 925 034; SP5; RA; 188th Assault Hel Cb, 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 RECORDED DEAD EVN		c. DATE 31 Jul 67	d. TIME 2355 hrs.	e. STATUS OF REMAINS READY	f. RACE Cau	
g. DATE AND PLACE OF BIRTH (See attached Punch Report).		h. COMMENCED TOUR DATE 13/3/67 30 Apr 67				
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 E-5 Under 2 yrs. \$200.40 POWER, FORGE, ANGLE						
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) MR. BEULAH M^W S. HOWELL (Mother) Williston, Florida 32696						
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 EVN		b. RECEIVED BY PMU	c. TIME 0530	d. DATE 5 Aug 67		
SECTION II - NOTIFICATION ACTIONS						
10.	ACTION ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 3rd Army	NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.) SSG WITT/		ZULU TIME	ZULU DATE 5 Aug 67	
11.	PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:	CPT Smith		1045	5 Aug 67	
12.	COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR	CET Anderson CARRIS		1120	5 Aug 67	
13.	CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN	CARRIS			5 Aug 67	
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. 302 BY DA CASUALTY DIVISION	CARRIS		1135	5 Aug 67	
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 _____

NAME OF DECEASED (Last, First, Middle)		GRADE	SERVICE NUMBER
ALLWOOD, Joseph W. B.		Pfc	RA 14925034
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 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 checked="" type="checkbox"/> COMMINGLED	<input checked="" type="checkbox"/> EVIDENCE OF BURNS		
MEANS OF IDENTIFICATION			
(Check all appropriate boxes and indicate appropriate Inclosures. Specify supporting data in Remarks.)			
<input checked="" type="checkbox"/> IDENTIFICATION TAGS		INCLOUSURES	
<input checked="" type="checkbox"/> PERSONAL EFFECTS		DD FORM 890	
<input checked="" type="checkbox"/> DENTAL COMPARISON	<input checked="" type="checkbox"/>	DD FORM 891 AND SF 603	
<input checked="" type="checkbox"/> SKELETAL AND ANATOMICAL COMPARISON	<input checked="" type="checkbox"/>	DD FORM 892 AND/OR DD FORM 893	
FINGERPRINTS		DD FORM 894	
VISUAL RECOGNITION			
OTHER (Specify in Remarks)			
REMARKS (If additional space is required, continue on separate sheet)			
<p>This mutilated and charred remains received as Pfc. ALLWOOD but without any statements of identification.</p> <p>Race - Caucasian (Pfc. ALLWOOD was Caucasian)</p> <p>Table measurement - 69 inches. (Pfc. ALLWOOD was 72 to 74" tall)</p> <p>Hair - Brown (Pfc. ALLWOOD had Brown hair)</p> <p>Fingerprints - Unobtainable</p> <p>ID Card - None received</p> <p>ID Tags - One (1) tag for "ALLWOOD, JOSEPH W. B. 14925034" found with remains.</p> <p>Charred remnants of fatigue uniform. No markings on clothing.</p> <p>The tooth chart prepared for this remains is in excellent agreement with the Dental Records for Pfc. Joseph W. B. ALLWOOD, RA 14925034.</p>			
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	Wealey A. Nepp GS-12 Anthropology Specialist		
SIGNATURE OF IDENTIFYING OFFICER			
			
NAME AND ADDRESS OF INSTALLATION			
US ARMY MORTUARY, VIETNAM			

170-12-4829
CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

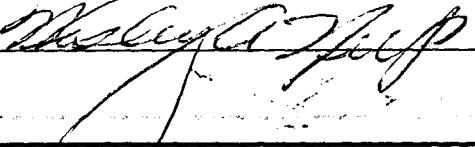
NAME OF DECEASED (Last, First, Middle) ALLWOOD, JOSEPH W. B.		GRADE SP4	BRANCH OF SERVICE ARMY	SERVICE NUMBER RA 1492903A
ORGANIZATION 60TH AVN. CO. APO 96268		DATE OF BIRTH 23 APRIL 45		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COLOR OR RACE <input checked="" type="checkbox"/> WHITE		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		RELIGION <input checked="" type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH
NAME OF NEXT OF KIN MARY HOMELL		RELATIONSHIP TO DECEASED MOTHER		
STREET ADDRESS		CITY OR TOWN AND STATE ILLISTON, FLA		
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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR FINDINGS OF AUTOPSY Aircraft accident: Total body burns 4th degree	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES	
DATE OF DEATH (Hour, day, month, year) 2350 31 JULY 67		PLACE OF DEATH GRID C1 245 345 1/2 MILE SOUTH OF PHU KHEP 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. Athie Jr.			TITLE OR DEGREE MC/200	
GRADE CPT.	SERVICE NUMBER 02320686	INSTALLATION OR ADDRESS 18224 AVIATION COMPANY APO 96268		
DATE 1 AUG 67	SIGNATURE William E. Athie Jr.			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS JOSEPH F. TOOMEY		GRADE GS-9	LICENSE NUMBER	STATE FLA
INSTALLATION OR ADDRESS US ARMY MORTUARY, VIETNAM		DATE 4 Aug 67	SIGNATURE Joseph F. Toomey	
NAME OF CEMETERY OR CREMATORIAL LOCATION OF CEMETERY OR CREMATORIAL				
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)			DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)		DATE REGISTERED	FILE NUMBER	STATE
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

REMARKS**RECOMMENDATIONS**

In view of the parent association of this remains with specific casualty Pfc. ALLWOOD, the matching of race, height, hair, teeth, ID tag with recorded data for Pfc. ALLWOOD and the absence of any contradictory evidence, it is concluded that this is the remains of Pfc. Joseph W. B. ALLWOOD, RA 14925034.

RECOMMENDATIONS PRESENTED

DATE	TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST
2 August 1967	Wesley A. Neep Anthropology Splt SIGNATURE OF IDENTIFICATION SPECIALIST 

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

DATE	TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER
2 August 1967	DEVERO MARTIN, MAJOR, QMC, MORTUARY OFFICER SIGNATURE OF ACCEPTING OFFICER 

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

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.

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. 8

(5) Returns original to overseas command.

NOTE: Additional distribution to be made by ~~part~~ 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)*

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

6392-67 1a

1. REMAINS OF (Last Name, First Name, Middle Initial) ALLWOOD, Joseph W. B.		2. GRADE E-5	3. SERVICE NUMBER RA 14 925 034
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		5. UNIT DESIGNATION 188th AVN Co	
6. CAUSE OF DEATH (As stated on Death Certificate) Multiple trauma, 4th degree body burns		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"/> AUTOPSYED <input checked="" type="checkbox"/> MUTILATED	14. PRE-EMBALMING PROCEDURES COMPLETED (Note Items 42a thru 42i) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		
15. TOTAL OUNCES CONCENTRATED FLUID USED ARTERIAL: CAVITY: 128	16. NAME POINTS OF INJECTION N/A		
17. AMOUNT (HARDENING) COMPOUND USED (Lbs) 20	18. AREAS HYDRODERMICALY EMBALMED (etc) ALL		
19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) (a) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) REMOVAL OF BEADS IN CAPS	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) US ARMY MORTUARY VIETNAM		22. TOTAL AMOUNT OF REIMBURSEMENT 11	
23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection) 5 Aug 67			
24. DATE SHIPPED FROM PREPARING MORTUARY 5 Aug 67	25. METHOD OF SHIPMENT <input type="checkbox"/> WATER <input checked="" type="checkbox"/> OVERLAND <input type="checkbox"/> AIR	26. INTERIM DESTINATION	
27. PREPARING MORTUARY US ARMY MORTUARY VIETNAM	28. LOCATION OF PREPARING MORTUARY APO 96307		
29. PREPARING EMBALMER (Name and Address) JOSEPH P. TOOHEY	30. LICENSE NO. AND STATE 735 FLA	31. SIGNATURE OF EMBALMER Joseph P. Toohey	
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) REMOVED FROM CASKET OR TRUNKER CASE		34. DATE OF DEPARTURE FROM (Or release 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 IF DEPARTURE FROM COMMAND <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR	
37. POE DESTINATION (Place of Final Destination if not to U.S. Port) (Check one or more if applicable) DOVER AFB DE			
38. MORTUARY OFFICER (or Person Responsible for Shipment) DEVERO MARTIN, MAJ, OMC		39. SIGNATURE Devero Martin	

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

AVCA-SGN-MY

21 August 1967

Date

CERTIFICATE OF DESTRUCTION

I certify that the following items belonging to Allwood, Joseph W.B.
RA 14 925 034 (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 Pr shower shoes
- 1 Hair brush
- 1 Bottle of soda & salt
- 1 Misc toilet articles
- 1 Box dental floss
- 1 Can shoe polish
- 1 shoe brush
- 1 Key
- 1 Box Q-tips
- 1 Rain suit

Allison L. Watts
ALLISON L. WATTS
CPT, ARTY
SUMMARY COURT

RECORD OF IDENTIFICATION

DENTAL CHART

6392-67

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

BTB

AILWOOD, Joseph W. B.

GRADE

E-3

SERVICE NUMBER

FP 14925034

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER

PLOT

ROW

GRAVE

MARKING ABBREVIATIONS:

F-Facial O-Occlusal
L-Lingual M-Mesial

D-Distal I-Incisel

AM-Amalgam
CR-CrownFil-Filling
Plas-PlasticPorc-Porcelain
Sil-SilicateBack-Backing
Fac-Facing

CARRIES														CARRIES		CARRIES		
RESTORATIONS														RESTORATIONS		RESTORATIONS		
UPPER RIGHT														UPPER LEFT		LOWER LEFT		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
m-Drift	o-AM	f-AM				MF	DF	L-AM	ML					m-Drift				
• EXT			•	•	•					•	•	•	•	EXT	EXT	•		
15mm														1-1.5-7				
LOWER RIGHT														LOWER LEFT		LOWER LEFT		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	
• EXT	EXT	EXT	•	•		•	•	•	•	•	•	•	•	EXT	EXT	EXT	EXT	
17mm																		
• (rotated)																		
CARRIES	RESTORATIONS														CARRIES		CARRIES	

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

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

PREPARED BY (Typed Name and Signature)

James A. Scott

VERIFIED BY (Typed Name and Signature)

James M. Harb

RECORD OF IDENTIFICATION PROCESS 3
ANATOMICAL CHART

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

ALWELL T. J. W.

GRADE

C-3

SERVICE NUMBER

171145174

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

PLOT

ROW

GRAVE

ESTIMATED AGE (Yrs)

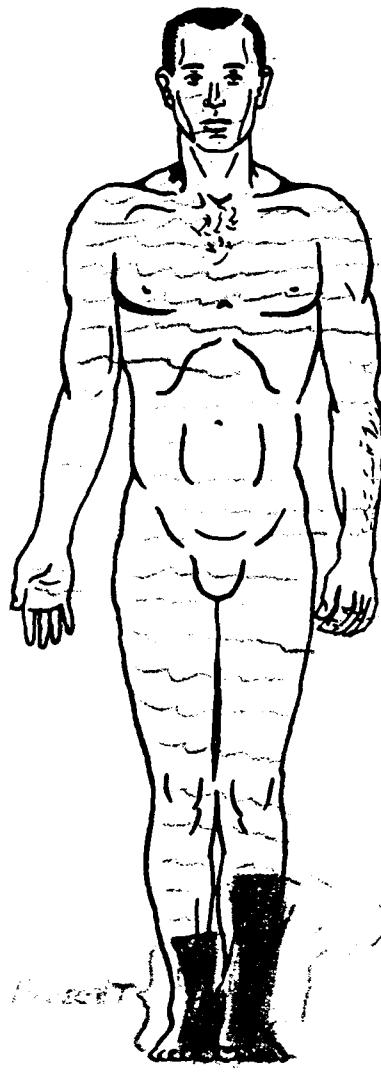
18

ESTIMATED HEIGHT

68

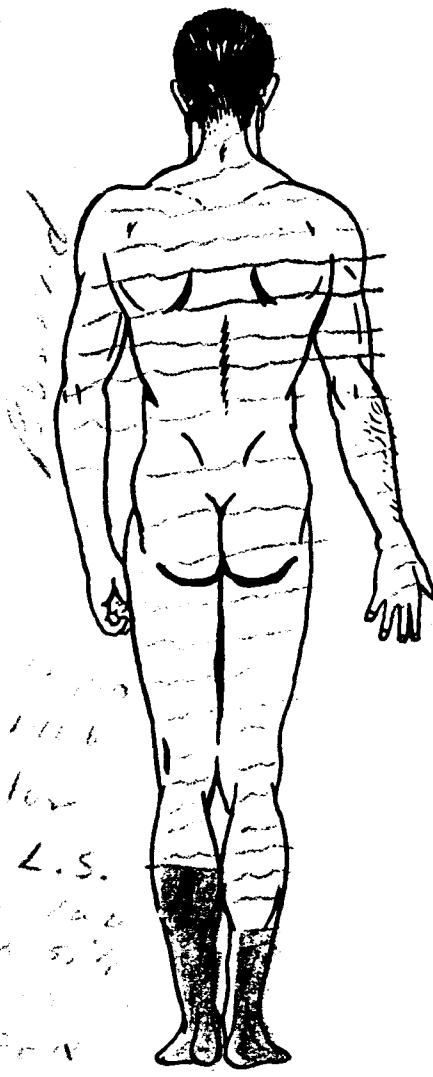
BLACK OUT PORTIONS NOT RECOVERED

RIGHT



LEFT LEFT

RIGHT



ANTERIOR

POSTERIOR

CONDITION OF REMAINS (Check pertinent blocks)

INTACT

DECOMPOSED

SEMI-SKELETAL

FLESH COVERED

TURNED (Degree: 1st 2nd 3rd)

REMARKS (Continue on reverse if additional space is required)

Body was found in a
field of grass
Tibia and fibula were
broken and bent
Left hand was broken
Tibia and fibula were
broken and bent

NAME OF PREPARING OFFICIAL (Print or type)

SIGNATURE

Wm. R. Rector

W. Rector

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

dep

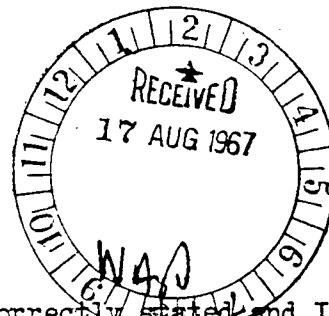
REPORT OF CASUALTY		REPORT NUMBER AND TYPE	A 5005 FINAL	DATE PREPARED	RVN 1433 10 Aug 67
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) <u>ALLWOOD, JOSEPH WAYNE BRYANT, RA 14 925 034, SP5, RA, 189TH ASSAULT HELICOPTER CO, 1ST AVN BDE, VIETNAM</u>					
2. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE					
DIED 31 July 1967 in Vietnam as a result of wounds received as crew chief aboard aircraft which collided in mid-air with another aircraft and crashed.					
Commenced tour in Vietnam 30 April 1967					
3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE 23 Apr 1945, LaPorte, Indiana, Caucasian, Baptist					
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 13 Sep 1965, Jacksonville, Florida: Williston, Florida					
5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY				CHECK IF APPLICABLE	
E-5 Under 2 years \$200.40 FLIGHT				<input checked="" type="checkbox"/> CREW	<input type="checkbox"/> NON-CREW
6. DUTY STATUS ACTIVE: On Duty					
7. INTERESTED PERSONS (Name, Address, Relationship) Mrs. Beulah Mae S. Howell, , Williston, Florida, 32696, Mother ^{1,2,3} notified 5 Aug 1967.					
DA FORM 41 undated					
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 Aug 67			
10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services) 8-15-45-63 LB#15 Chiefland, Florida					
11. PRIOR SERVICE DATA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
12. REMARKS					
Certification for Basic Pay Up 38 USC 402 NONE					
"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."					
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-2-8 III		14. BY ORDER OF THE SECRETARY OF THE ARMY: 			

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

7 August 1967

SUBJECT: Personal Effects of SP/5 JOSEPH W. B. ALLWOOD, RA 14 925 034.

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



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

Mrs. Baulah Mae Smith Howell

Williston, Florida

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)

Mrs. Baulah Mae Smith Howell

(Signature)

(Mother)

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

AVCA-SGN-MY

24 August 1967

SUBJECT: Report of Disposition of Personal Effects of Deceased Person
(RE: SP5 ALLWOOD, JOSEPH W.B., RA 14 925 034) (Evac #6392-67)
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 SP5 ALLWOOD, JOSEPH W.B., RA 14 925 034 subject to military law.
2. No legal representative being present, they were forwarded to this Summary Court and all relevant evidence pertaining to entitlement to receive effects was duly considered. Whereupon, this Summary Court finds that Mrs. Beulah Mae Smith Howell, Williston, Florida is the mother 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:

TB

4 Inclosures:

1. Inventory (DD Form 1076)
2. Certificate of Destruction
3. Ltr nok dtd 24 Aug 67
4. Ltr nok dtd 7 Aug 67 w/Questionnaire

THOMAS L. BOLAND
1LT ARMOR
Summary Court

RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side)			PAGE NO 1	NO OF PAGES 1
1. NAME (Last, First, Middle Initial) Allwood, Joseph W.B.	2. GRADE E-5	3. SERVICE NUMBER RA 14 925 034		
4. ORGANIZATION AND STATION OR APO 188th Asslt Heli 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	BY CONUS EFFECTS OFFICE	
		a.	b.	REC'D DISPOSITION
1	Writing portfolio	1	Watch Sheffield, w/ band broken	
4	Civ shirts	1	Name tag	
2	Short pants	1	Rifle badge	
3	Bath towels	1	National defence ribbon	
17	Drawers	1	Ring gold in color	
2	T-shirts	1	Rag doll mouse	
1	Handkerchiefs	1	Souv coins	
1	Wash cloth	1	Thermous small	
11	Pr socks	11111111111111111111	LAST ITEM	11111111111111111111
1	Holster			
1	Pr swimming trunks			
1	Leather strap			
1	Pr shoe trees			
1	Tourniquet			
1	Recording tape			
1	Pr tweezers			
1	Shaving bag			
5	Unit patches			
1	Kit bag			
1	ANGL bag			
1	Roll filo			
11. TOTAL FUNDS				
FUND EXCHANGED, CONVERTED, DEPOSITED, ETC.				
(To be completed by Summary Court-Martial or other responsible person)				
FUND 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 Williston, Florida	14. DATE AND METHOD OF SHIPMENT 22 Aug 67 MAIL FIL W1 #D3116903		
15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1. COMPRSES				
<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 21 Aug 67	TYPED NAME, GRADE AND ORGANIZATION ALLISON, L. RATTIS, CPT, ARMY SUMMARY COURT, PERS EFFS DIVISION		SIGNATURE <i>Allison, Rattis</i>	

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