

INDIVIDUAL DECEASED

PERSONNEL FILE

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

SP5

(39)

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

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

2
3
0

Wbjtj /
LBJ:JDG:mmc - 2

DISPOSITION FORM

(AR 340-15)

REFERENCE OR OFFICE SYMBOL

AGPC-R (1438 NE)

SUBJECT

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 / RAK /72066

Room 3C 715, The Pentagon

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 1967, *only to dead 5 Aug 67.*

DONALD L. GEER

Colonel, AGC

Executive Officer, TAGO

217

MPH 17 MAR 54E

17 MAR

VZ
21)

Williston Ala 32696

March 17 1968 -

Dear Sir:

I would like a little information
my son Sp/5 Joseph W.B. Allwood serial NO
RA 14925034 Left ~~the~~ the State on 28
April to go to Vietnam and on the
31 July⁶⁷ he was killed when two Helicopters
Colided 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 billfold 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

Respt

Mrs E. A. Howell

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: *714-02*

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

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

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

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

71-56(3)

[Handwritten signature]

MMK-TMC SMP-SRS-3

File

SPECIAL FOLLOW-UP

914-02

MEDALS:

LAST NAME-FIRST NAME-MIDDLE INITIAL			GRADE	COMPANY	ORGANIZATION	DATES OF	MONTH	DAY	YEAR
ALLWOOD, Joseph W.B.			SP5	183rd Assault Helicopter Co. 1st AVN Bde	U. S. Army	BIRTH	4	23	1945
DATE OF ENLISTMENT			DATE OF DISCHARGE	SERIAL NUMBER		DEATH	7	31	1967
9-12-65			7-31-67	RA 14 925 034		STATE	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
ABUZ-SMP-SRS/SK/12 Feb 68

FILED
HEADSTONE BRANCH
V. E. MILLER
Date: 12 FEB 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 colided in mid-air with another aircraft and crashed. Search is in progress.					
b. PLACE MISSING SEARCHED 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>
3a. DATE AND PLACE OF BIRTH 23 Apr 45				3b. 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 Under 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)					
7. PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code) 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					
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: 3rd Army		SSG WITT / Sgt Baker		1135	2 Aug 67
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:		LTC Carey A Pau		1455	"
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR		Lt Baker Lamont		1635	"
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN		Lamont		1747	"
14. WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN		na			
15. DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY:		na			
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~~
~~FOR OFFICIAL USE ONLY~~

DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO ADDEES PRIORITY)

O P 0119 39Z AUG 67 ZFF-1

FM CG USARV LBN RVN

TO RUEOAFACAS DIV DA

INFO RUEPWD/TAG DA

ZEN/C INCUSARPAC

ZEN/COMUSMACV

RUEOAFACH SPT SVCS DA

RUCIDQA/CH SP CLMS BR STLMTS OPNS FCUSA INDPLS IND

ZEN/CG 1ST AVN BDE TSN RVN

ZEN/CO USA MORT TSN RVN

BT

UNCLAS E F T O ^{10 August 67} ~~FOUO~~ AVHAG-CP 52511 JPCCO/ARCC 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. INDIV LAST SEEN AS CREW CHIEF OF UH1C HELI ENROUTE TO COUNTER
MORTAR ATTACK MSN VCI 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. 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-MOTHER TL UNDER UCMJ: NONE

BT

ACTION: TAG

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

DA IN 300899

~~FOR OFFICIAL USE ONLY~~
~~FOR OFFICIAL USE ONLY~~

NOTE: SSR

Dated, 5 Aug 67

REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE		DATE PREPARED	
		CROWN-9925 (Prev Punch-9877)		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 Co, 1st Avn Bde, APO SF 96268					
2. CASUALTY STATUS					
a. CIRCUMSTANCES <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE					
Indiv died as the result of multiple wounds received in the incident previously reported today.					
b. PLACE XXXXXXXX DEAD		c. DATE	d. TIME	e. STATUS OF REMAINS	f. RACE
RVN		31 Jul 67	2355 hrs.	READY	Cau
g. RELIGION				Baptist	
3a. DATE AND PLACE OF BIRTH				b. COMMENCED TOUR DATE	
(See atch Punch Report).				13/544/63 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					
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)					
MR. BEULAH MAE 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		b. RECEIVED BY		c. TIME	d. DATE
CG USARV LBN RVN		PMU		0530	5 AUG 67
SECTION II - NOTIFICATION ACTIONS					
ACTION		NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.)		ZULU TIME	ZULU DATE
10. ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 3rd Army		SSG WITT/			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		CPT Anderson		1120	5 Aug 67
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN		GARRIS			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		GARRIS		1135	5 Aug 67
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

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 type="checkbox"/>	RECOGNIZABLE	<input type="checkbox"/>	EVIDENCE OF DECOMPOSITION
<input checked="" type="checkbox"/>	NOT RECOGNIZABLE	<input checked="" type="checkbox"/>	MANGLED OR MUTILATED
<input type="checkbox"/>	COMMINGLED	<input checked="" type="checkbox"/>	EVIDENCE OF BURNS
MEANS OF IDENTIFICATION			
(Check all appropriate boxes and indicate appropriate Inclosures. Specify supporting data in Remarks.)			
<input checked="" type="checkbox"/>	IDENTIFICATION TAGS	<input type="checkbox"/>	INCLOSURES
<input type="checkbox"/>	PERSONAL EFFECTS	<input type="checkbox"/>	DD FORM 890
<input checked="" type="checkbox"/>	DENTAL COMPARISON	<input checked="" type="checkbox"/>	DD FORM 891 AND SF 603
<input checked="" type="checkbox"/>	SKELETAL AND ANATOMICAL COMPARISON	<input checked="" type="checkbox"/>	DD FORM 892 AND/OR DD FORM 893
<input type="checkbox"/>	FINGERPRINTS	<input type="checkbox"/>	DD FORM 894
<input type="checkbox"/>	VISUAL RECOGNITION	<input type="checkbox"/>	
<input type="checkbox"/>	OTHER (Specify in Remarks)	<input type="checkbox"/>	

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

This mutilated and charred remains received as Pfc. ALLWOOD but without any statements of identification.

Race - Caucasian (Pfc. ALLWOOD was Caucasian)

Table measurement - 69 inches. (Pfc. ALLWOOD was 72 to 74" tall)

Hair - Brown (Pfc. ALLWOOD had Brown hair)

Fingerprints - Unobtainable

ID Card - None received

ID Tags - One (1) tag for "ALLWOOD, JOSEPH W. B. 14925034" found with remains.

Charred remnants of fatigue uniform. No markings on clothing.

The tooth chart prepared for this remains is in excellent agreement with the Dental Records for Pfc. Joseph W. B. ALLWOOD, RA 14925034.

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	

DA FORM 2773
1 MAR 65

REPLACES DA FORM 2773, 1 FEB 64, WHICH MAY BE USED.

1701-4/120

CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

NAME OF DECEASED (Last, First, Middle) ALLWOOD, JOSEPH W.B.		GRADE DEC	BRANCH OF SERVICE ARMY	SERVICE NUMBER RA 1A92903A
ORGANIZATION 108TH 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 <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 type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER (Specify)	
NAME OF NEXT OF KIN BEALAH HOWELL		RELATIONSHIP TO DECEASED MOTHER		
STREET ADDRESS		CITY OR TOWN AND STATE MILLISTON, 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 <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE	AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" 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 CO 245 345 1 1/2 MILE SOUTH OF PHU KIEP RVN,		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER WILLIAM E. ATLEE JR.			TITLE OR DEGREE MC/NO	
GRADE CPT.	SERVICE NUMBER 02320686	INSTALLATION OR ADDRESS 108TH AVIATION COMPANY APO 96268		
DATE 1 AUG 67	SIGNATURE <i>William E. Atlee Jr.</i>			
DISPOSITION OF REMAINS				
NAME OF MORTICIAN PREPARING REMAINS JOSEPH F. TOOMEY		GRADE G3-9	LICENSE NUMBER FLA	STATE 735
INSTALLATION OR ADDRESS US ARMY MORTUARY, VIETNAM		DATE 4 Aug 67	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
REGISTRATION OF VITAL STATISTICS				
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
NAME OF FUNERAL DIRECTOR		ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL				

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

DA FORM 10-249

1 APR 59

PPC-Japan

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

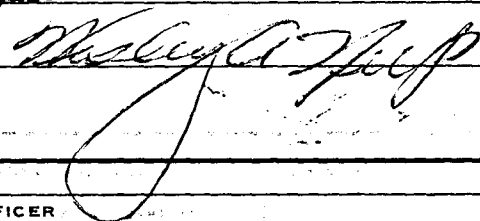
DATE

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

50 will be completed by all concerned when applicable. Item 50 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.

(5) Returns original to oversea 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)*

COPY TO: Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C., 20390 (for Navy, Marine and MST Personnel)*

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

6392-67 fq

1. REMAINS OF (Last Name, First Name, Middle Initial) ALLWOOD, Joseph W. B.		2. GRADE (Include title) 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 <input type="checkbox"/> OTHER (Specify)		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"/> AUTOPSIED <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 HYDRODERMICALLY EMBALMED (etc.) N/A	
19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		20. IF REMAINS PREPARED ON REIMBURSABLE BASIS (Check one) <input type="checkbox"/> CROSS SERVICE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER (Specify)	
21. SPONSOR (Person, Firm or Agency responsible for reimbursement)		22. TOTAL AMOUNT OF REIMBURSEMENT	
23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection)			
24. DATE SHIPPED FROM PREPARING MORTUARY 5 Aug 67		25. METHOD OF SHIPMENT <input type="checkbox"/> WATER <input checked="" type="checkbox"/> OVERLAND <input type="checkbox"/> AIR	
26. INTERIM DESTINATION		27. PREPARING MORTUARY (If used beyond neck of Vietnam) US ARMY MORTUARY, VIETNAM	
28. LOCATION OF PREPARING MORTUARY AFPO 96307		29. PREPARING EMBALMER (Name) JOSEPH P. TOOMEY	
30. LICENSE NO. AND STATE 735 FLA		31. SIGNATURE OF EMBALMER <i>Joseph P. Toomey</i>	
32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here) Charred and mutilated			
33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		34. DATE OF DEPARTURE FROM (Or release in) PREPARING COMMAND 5 Aug 67	
35. CHECK ONE IF RELEASED IN PREPARING COMMAND (Releasees will be fully dressed & cosmetized) <input type="checkbox"/> FOR LOCAL INTERMENT <input checked="" 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) (2nd items 42e thru 42h to be checked if not to U.S. Port) DOVER AFB, DE			
38. MORTUARY OFFICER (or Person Responsible for Shipment) DEVERO MARTIN, MAJ, OMC		39. SIGNATURE <i>Devero Martin</i>	

DA FORM 2775

REPLACES DA FORM 10-82, 1 NOV 54, WHICH IS OBSOLETE.

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

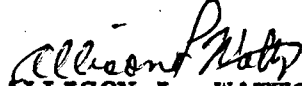
AVCA-SGN-MY

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 ob-
noxious 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
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
CPT, ARTY
SUMMARY COURT

RECORD OF IDENTIFICATION DENTAL CHART

6392-67

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

BTB ALLWOOD, Joseph W. B.

GRADE

E-3

SERVICE NUMBER

FD 14925034

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

PLOT

ROW

GRAVE

MARKING ABBREVIATIONS:

F-Facial
L-Lingual

O-Occlusal
M-Mesial

D-Distal
I-Incisal

AM-Amalgam
CR-Crown

-Fill-Filling
Plas-Plastic

Porc-Porcelain
Sil-Silicate

Back-Backing
Fac-Facing

CARIES	RESTORATIONS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	RESTORATIONS	CARIES
	m-Dist			O-AM F-AM				MF Sil	DLF Sil	L-AM M-Sil	ML Sil						m-Dist		
		•	EXT		•	•	•					•	•	•	EXT	EXT	•		
UPPER RIGHT																		UPPER LEFT	
LOWER RIGHT																		LOWER LEFT	
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		
		•	EXT	EXT	EXT	•	•	M S S I L	F I L L I N G	F I L L I N G		•		EXT	EXT	EXT	EXT		

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. Lee

DD FORM 891

REPLACES DD FORM 889, 1 SEP 51, WHICH IS OBSOLETE (for Army use only).

RECORD OF IDENTIFICATION PROCESS ; ANATOMICAL CHART

1392-67

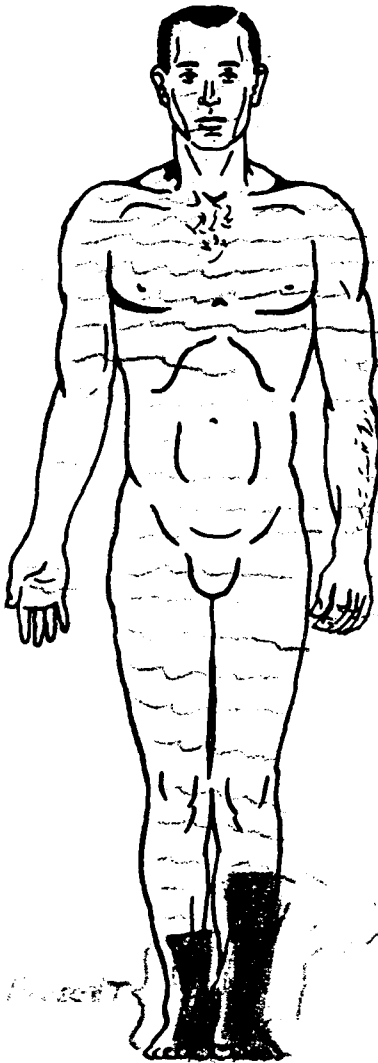
LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) <i>ALLWELL T. H.</i>		GRADE <i>E-7</i>		SERVICE NUMBER <i>1101 51 041</i>	
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NO.		PLOT	ROW	GRAVE	ESTIMATED AGE (Yrs) <i>69</i>
					ESTIMATED HEIGHT <i>69</i>

BLACK OUT PORTIONS NOT RECOVERED

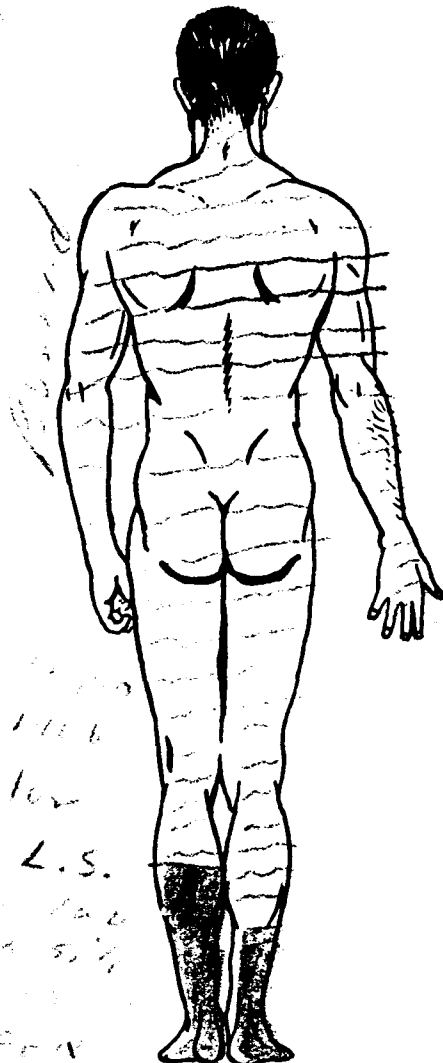
RIGHT

LEFT LEFT

RIGHT



ANTERIOR



POSTERIOR

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 recovered from
1101-050
Total weight 1-67 lbs.
Height 5' 10" 1/2
IOP 1-11-67
10/11/67 - 11/11/67
11/11/67 - 11/11/67*

NAME OF PREPARING OFFICIAL (Print or type)

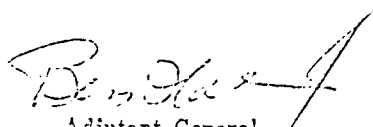
SIGNATURE

Allen R. Smith

W. L. Smith

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

J
dap

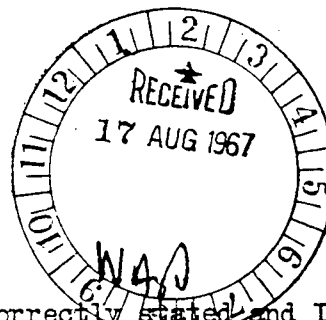
REPORT OF CASUALTY	REPORT NUMBER AND TYPE A 5005 FINAL	RVN 1433	DATE PREPARED 10 Aug 67
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) ALLWOOD, JOSEPH WAYNE BRYANT, RA 14 925 034, SP5, RA, 188TH ASSAULT HELICOPTER CO, 1ST AVN BDE, VIETNAM			
2. CASUALTY 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 colided 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 E-5 Under 2 years \$200.40 FLIGHT			6. CHECK IF APPLICABLE <input checked="" type="checkbox"/> CREW <input type="checkbox"/> NON-CREW
7. 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: <div style="text-align: right;"> Adjutant General</div>	

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:

TLB

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 Decoased	6. DATE OF STATUS 31 July 67
EFFECTS DATA			
7. PLACE OF RECOVERY		8. DATE OF RECOVERY	
9. INVENTORY OF EFFECTS		10. VERIFICATION OF INVENTORY	
QTY	DESCRIPTION	BY COMMAND EFFECTS DEPOT a.	BY CONUS EFFECTS OFFICE b.
		REC'D DISPOSITION	REC'D DISPOSITION
1	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		Souv coins
1	Wash cloth	1	Thermos small
11	Pr socks	/////////////////LAST ITEM/////////////////	
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	AWOL bag		
1	Roll film		
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 Williston, Florida	14. DATE AND METHOD OF SHIPMENT 22 Aug 67 MC-PRI #1 AD3116903	
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 21 Aug 67	TYPED NAME, GRADE AND ORGANIZATION ALLISON L. WATTS, CPT, ARTY SUMMARY COURT, PERS EFFS DIVISON		SIGNATURE <i>Allison L. Watts</i>