

INDIVIDUAL DECEASED

PERSONNEL FILE

SP4 WILLIAMS, PAUL E.,
SN: RA 16 896 260

(40)

APR 11 1968

Dear Sergeant Williams:

Please accept my personal sympathy in the death of
your son, Private First Class Paul E. Williams.

X X

He faced the danger of conflict with courage in order
to preserve the right of people to remain free. This
Nation will be forever indebted to his bravery and
selfless devotion.

I pray that your pride in your son's dedication to
freedom will give you strength at this time.

Sincerely,

JOHN E. JOHNSON

Sergeant First Class Lester L. Williams
10373 Blythe Drive
El Paso, Texas

X

LBJ:HMT:mmc

3

EXECUTIVE
ND 9-2-21/6

AUG 14 1967

Dear Mrs. Goode:

I have learned with deep regret of the death of your son,
Specialist Four Paul E. Williams.

In times like this, we realize the hazards men in our
Armed Forces face daily while striving for peace in the
world. May you take comfort in the knowledge that
your son died in the service of his country and accept
the appreciation of a grateful Nation for his contribution
to the cause of freedom.

Mrs. Johnson joins me in extending to you our sincere
sympathy.

Sincerely,

LYDON E. JOHNSON

Mrs. Frances Goode
6125 South Aberdeen Street
Chicago, Illinois 60621

LBJ:JDG:mmc

COPY LBJ LIBRARY

DISPOSITION FORM

(AR 340-15)

REFERENCE OR OFFICE SYMBOL

100-2 (12682)

SUBJECT

Military Casualty in Vietnam as
the Result of Hostile Action

TO

Chief of Staff
Correspondence Branch
Room 3C 715, The Pentagon

FROM TAG

DATE 2 Apr 1968

CMT 1

COL Trattner abc /72066

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

NAME: PFC Paul E. Williams, RA 12 937 606

ORGANIZATION: Co A, 1st Bn, 327th Inf, 1st Bde, 101st Abn Div, APO SF 96383

DATE OF CASUALTY: 29 March 1968*

CIRCUMSTANCES: Individual died as the result of gunshot wound received when he was hit by hostile small arms fire while on combat operation 24 March 1968.

NAME AND ADDRESS OF NEXT OF KIN: SFC Lester L. Williams, Father FNOK

Adams Guest House

ARMY AREA: ONE

Fort Hamilton, New York 11209 ✓

Mrs. Marie Blackstock, Mother

Route #4, Box 920

ARMY AREA: THREE

Huntsville, Alabama ~~35669~~ 35863 ✓

CHILDREN:

NONE (Single)

FOR THE ADJUTANT GENERAL:

DAVID L. GIER

Colonel, AGC

Executive Officer, TAGC

*INDIV was previously reported very seriously wounded on 24 March 1968.

RECEIVED
OSPTS

AUG 7 8 33 AM '67

4/70

SPTS

NNNNZCFRAA470

PTTUZYUW RUWJRIA355- 118201--UUUU--RUEOAFA.

ZNR UUUU

R 082045Z AUG 67

FM CG WA MTMTS OAK CALIF

TO RUEOAF/CHIEF SPTS DA WASHDC

RUEDANA/MORTUARY OFFICER APOE DOVER AFB DOVER DEL

BT

UNCLAS MTW-MEM 850 FOR SPTS-MD

FOLLOWING SIXTEEN REMAINS RECD OARB 1230 HRS 6 AUGUST:

SP4 RICHARD J SCHULTZ US55359462 SSG ROBERT HARDENBROOK RA52466630

PFC FREDDIE D LAWSON US55394238 PFC MARTIN MOSHER HUNT US56405520

SP4 PAUL E WILLIAMS RA16896252 WO2 HENRY C CAUTHEN W2215523

SP4 WAYNE G VAN-LANT US56396010 SP4 DONALD W HART US56412361

WO1 RODNEY O DAVIE W3154297 WO1 ARNOLD NAKKERUD W3154662

SGT WILLIAM G PHILLIPS RA15734886 SPC RUFUS W BILLS RA18267575

SP4 HUGH NORWOOD US54380101 PFC RAYMOND A PETERSEN US56826644

PFC FRED M GARDNER RA14961301 1LT ROBERT M WALLACE 05228587

BT

REQUEST FOR PAYMENT OF FUNERAL AND/OR INTERMENT EXPENSES

Form Approved
Budget Bureau No. 22-R229

PART I - TO BE COMPLETED BY MILITARY AUTHORITIES

1. MILITARY ACTIVITY PREPARING THIS FORM HQ, WA, MMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626		2. MILITARY ACTIVITY TO WHICH FORM IS TO BE MAILED FOR PAYMENT (Name and Address, including ZIP Code) HQ, WA, MMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626	
3. DECEDENT (Last Name, First Name, Middle Initial) Williams, Paul E.		4. GRADE/RANK SP4	5. SERVICE NUMBER RA 16 896 260
6. PLACE OF DEATH		7. DATE OF DEATH 31 July 67	
8. NAME OF NEXT OF KIN Mrs. Frances Goode		9. RELATIONSHIP Mother	
10. NAME AND ADDRESS OF FUNERAL DIRECTOR AND/OR NAME OF NATIONAL CEMETERY SELECTED BY NEXT OF KIN (Include ZIP Code) Metropolitan Funeral Parlors, 4445 South Parkway, Chicago, Illinois			
11. GOVERNMENT CONTRACT FOR CARE OF REMAINS IN EFFECT AT PLACE OF DEATH (Not applicable to Air Force) <input type="checkbox"/> YES <input type="checkbox"/> NO		a. IF YES, ENTER NAME OF CONTRACTING ACTIVITY n/a	

PART II - TO BE COMPLETED BY NEXT OF KIN (Proper completion will expedite settlement.)

COMPLETE ITEMS 12 AND 13.
FILL IN EITHER ITEM 14 OR 15. (Do not fill in both.)
COMPLETE ITEM 16, IF APPLICABLE.COMPLETE ITEM 17
MAIL TO ADDRESSEE IN ITEM 2

12. CEMETERY, MAUSOLEUM OR OTHER DISPOSITION (Name and Address, including ZIP Code) RESTVALE - WORTH, ILL		13. DATE OF INTERMENT 8-12-67	
14. TO BE COMPLETED WHEN NEXT OF KIN ARRANGED FOR INTERMENT ONLY (If next of kin arranged for preparation and casketing, leave this item blank and fill in item 15.) a. INTERMENT COSTS (Enter total amount paid or incurred for one or more of the following: Cost of grave site, opening and closing grave, burial vault, church service or clergy's fee, obituary notice, flowers, services of funeral director - including use of his facilities, and motor service.) \$ 545.00			
15. TO BE COMPLETED WHEN NEXT OF KIN MADE ALL ARRANGEMENTS (Fill in appropriate amounts opposite a, b, c and d.)			
a. REMOVAL, CASKET, PRESERVATION AND RELATED SERVICES		\$ n/a	
b. CREMATION AND URN		\$ n/a	
c. CLOTHING		\$ n/a	
d. INTERMENT COSTS (Enter total amount paid or incurred for items listed in 14 above.)		\$ n/a	
16. TO BE COMPLETED WHEN NEXT OF KIN PAID OR INCURRED COST FOR SHIPMENT OF REMAINS			
a. SHIPPING COST		\$ n/a	
b. SHIPPED FROM (Place) n/a	c. SHIPPED TO (Place) n/a	d. MODE OF SHIPMENT <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE	
17. STATEMENT OF NEXT OF KIN: I HAVE PAID OR INCURRED EXPENSES IN THE AMOUNTS ENTERED IN ITEMS 14, 15, AND OR 16. I DESIRE THAT THE AMOUNT ALLOWABLE BY THE GOVERNMENT BE PAID TO:			
a. NAME (Print or Type) METROPOLITAN FUNERAL PARLORS, INC		b. DATE 8-8-67	
c. ADDRESS (Include ZIP Code) 4445 SO. PARKWAY		d. SIGNATURE OF NEXT OF KIN Frances Goode	

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



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

71402
IN REPLY REFER TO
SPTS-MH

Williams, Paul E.
SN 16 896 260

13 September 1967

Mrs. Frances Goode

Chicago, Illinois 60621

Dear Mrs. Goode:

Reference is made to a part of the inscription to be shown on the Government flat granite marker for the grave of your late son.

It is customary to show a veteran's state of residence or birth; however, the name of any state is permitted.

NAME OF STATE DESIRED Illinois (Indicate one state only)

The organization may be shown in either manner listed below; therefore, your preference is requested.

SP4 US ARMY _____ (or) SP4 188 ASLT HELI CO ☒ (Check one only)

YOUR SIGNATURE Mrs. Frances Goode

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

FILE-NAT
HEADSTONE BRANCH
MEMORIAL DIVISION
C. E. KEISER

Date: 25 SEP 1967

VIETNAM

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

AVCA-SGN-MY

6 September 1967

SUBJECT: Report of Disposition of Personal Effects of Deceased Person
(RE: SP/4 WILLIAMS, PAUL E., RA 16 896 260) (Evac # 6394-67)
714-027 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 11, USASUPCOM, Saigon, 7 July 1967 for the purpose of disposing of the effects of SP/4 WILLIAMS, PAUL E., RA 16 896 260 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. Frances Goode, Chicago, Ill. 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.

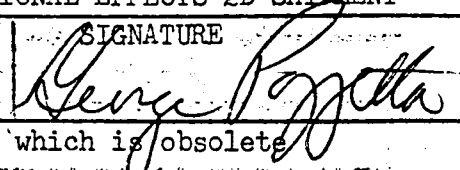
FOR THE COMMANDER:

5 Inclosures:

1. Inventory (DD Form 1076)
2. Certificate of Destruction
3. Ltr nok dtd 6 Sep 67
4. Ltr nok dtd 31 Aug 67
5. Ltr nok dtd 7 Aug 67 w/Questionnaire

George E. Polzetta
GEORGE E. POLZETTA
1LT, QMC
Summary Court

FILE DISPOSITION BR. SEP 13 1967

RECORD OF PERSONAL EFFECTS-MILITARY OPERATIONS (See instructions on reverse side)		PAGE NO	NO OF PAGES
1. NAME (Last, First, Middle Initial)	2. GRADE	3. SERVICE NUMBER	
WILLIAMS, PAUL E.	SP/4	24 14 894 242	
4. ORGANIZATION AND STATION OR APO	5. STATUS	6. DATE OF STATUS	
288th Assault Helo Co 1st Avn Bde	Deceased	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	Bible		
2	Color pictures w/frame, Broken	2	Hunting knife w/case
2	Magazines guns	1	Chain w/8 keys
1	Pr. shoe trees	1	Small lock
1	Comb in case	1	Fan
1	Photo album	1	Lighter gas
1	Awol bag	1	Name tag
4	Rolls film in case	4	Name tags, cloth
1	Sewing kit	1	Rifle badge
1	Lighter, Benson in case	1	Writing portfolio w/paper included
1	I.D. bracelet	1	Air Medal certificate
1	Spoon	2	Negatives, photo containers w/negative
1	Pipe	1	Box of color slides
2	SP/4 insignia	1	Temp. operators permit
1	Book for Fujica camera	1	Social Security card
1	Bundle boot laces	2	Photos
1	T-shirt	////////(LAST ITEM)////////	
2	Pr. socks, black		
1	Shaving bag		
2	Decks cards w/case		
1	Fujica camera w/case		
11	Air Medal	TOTAL FUNDS	
FUNDS TRANSMITTED WITH EFFECTS		FUNDS EXCHANGED, CONVERTED, DEPOSITED, ETC. (To be completed by Summary Court-Martial or other responsible person)	
a.		b.	
AMOUNT	DESCRIPTION	REC'D	DISPOSITION
\$14.75	MFO		SS treasury Check #94,261 dtd 28 Aug 67 in amt of \$14.75, trans. to: Mrs. Frances Goode Chicago, Illinois
(Attach supplemental sheet for additional items and/or discrepancies)			
12. SEAL NO.	13. EFFECTS SHIPPED TO	14. DATE AND METHOD OF SHIPMENT	
	See item 11b	5 Sep 67 REGAIRMAIL #125326	
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	TYPED NAME, GRADE AND ORGANIZATION		SIGNATURE
4 Sept 67	GEORGE E. POZZETTA, 1LT, CMO Summary Court Pers Effs Off.		

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


AVCA-SGN-MY

4 Sept 67
Date

CERTIFICATE OF DESTRUCTION

I certify that the following items belonging to WILLIAMS, PAUL E.
RA 16 896 260 (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.

- 2 DA Form 2139-1
- 9 DA Form 2139
- 1 DA Form 1341
- 2 Selective service cards
- 1 Operators license
- 1 Club card
- 1 DA Form 1351-2
- 3 Shoe brushes
- 1 Shoe shine kit
- 1 Can polish
- 1 Can water proof
- 1 Can boot polish
- 1 Comb
- 1 First Aid case
- 1 mirror
- 2 Bars soap
- 1 Soap dish
- 1 St Christophers medal
- 1 Ace bandage
- 1 Bottle tang
- 1 Bottle After Shave
- 1 Old Spice
- 1 Tooth paste
- 1 Magic marker
- 1 Shave cream
- 1 Pack razor blades
- 1 Wash cloth
- 1 Foot locker
- 1 Pr. socks
- 1 Bottle crew-cut


GEORGE E. POZZELLA
1LT, QMC
Summary Court

6394-87

DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY SUPPORT COMMAND SAIGON
APO SAN FRANCISCO 96307

7 August 1967

Mrs. Francis Goode

Chicago, Illinois


Dear Mrs. Goode,

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 Paul E. Williams, RA 16 896 260.

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 Williams' family.

Respectfully,


GEORGE E. POZZETTA
1LT, QMC
Summary Court

DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
US ARMY SUPPORT COMMAND, SAIGON
APO SAN FRANCISCO 96491

31 August 1967

Mrs. Frances Goode

Chicago, Illinois

Dear Mrs. Goode,


The personal effects of your son, SP4 Paul E. Williams, RA 16 896 260, have been collected and are being processed for shipment to you. The currency your son had has been converted to U.S. Treasury Check Number 94,261 dated 28 August 1967 in the amount of \$14.75 and is inclosed.

Regulations require that I inform you that delivery of this check in itself does not necessarily vest title in you, but that it should be retained or disposed of in accordance with the laws of the state in which your son was legally domiciled.

I will advise you when shipment of your son's personal property is made. In the meantime, if I may be of further assistance, please do not hesitate to write me.

Respectfully,

1 Incl
1 US Treas Check


GEORGE E. POZZETTA
1LT, QMC
Summary Court

REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE CROWN 9931 (PREV PUNCH)		DATE PREPARED	
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)					
WILLIAMS, PAUL EDWARD, RA 16 896 260; SP4 RA; 188th Asslt Hel1 Co, 1st Avn Bde, APO 96268					
2. CASUALTY STATUS		a. CIRCUMSTANCES <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE			
Died as the result of injuries received in the incident previously reported to you.					
b. PLACE MISSING OR DEAD	c. DATE	d. TIME	e. STATUS OF REMAINS	f. RACE	g. RELIGION
Vietnam	31 Jul 67	2355	Ready	Negroid	Baptist
3a. DATE AND PLACE OF BIRTH				b. COMMENCED TOUR DATE	
20 September 1947, Chicago, Illinois				1 April 1967	
4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME					
19 Oct 66; Chicago, Ill Chicago, Ill					
5. SOCIAL SECURITY NO., PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY				CHECK IF APPLICABLE	
E-4 under 2 \$168.60				<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)					
11-78-47-317; Local Board #78; Chicago, Ill					
7. PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code)					
Mrs. Frances Goode (Mother)					
Chicago, Illinois 60621					
8. ADDITIONAL INFORMATION TO BE OBTAINED					
a. <input checked="" type="checkbox"/> CUSTODY Mother has custody					
b. <input checked="" type="checkbox"/> MARITAL STATUS of parents DIVORCED					
c. <input checked="" type="checkbox"/> ADDRESS OF: Father: UNKNOWN					
d. <input type="checkbox"/> OTHER:					
9. a. ORIGINATOR	b. RECEIVED BY		c. TIME	d. DATE	
Vietnam	PNU		1330	3 Aug 67	
SECTION II - NOTIFICATION ACTIONS					
ACTION		NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.)	ZULU TIME	ZULU DATE	
10. ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 5th Army		Sp Wick / Ruty	1305	3 Aug 67	
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:		Sp Lezard	1800	"	
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR		Sp Wicker Lemont	1905	"	
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN		SSG SCAR BREG 4	2035	4 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. 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	

REPORT OF CASUALTY		REPORT NUMBER AND CASUALTY CODE		DATE PREPARED	
1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)		PUNCH 9878 WILLIAMS, PAUL EDWARD, RA 16 896 260, SP4, RA: 188th Assault Helo Co, 1st AvnBde APO 96268			
2. CASUALTY STATUS		a. CIRCUMSTANCES <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE He was last seen as door gunner on UH-1H helicopter which collided in mid air with another helicopter and crashed. Search in progress.			
b. PLACE MISSING OR DEAD	c. DATE	d. TIME	e. STATUS OF REMAINS	f. RACE	g. RELIGION
UNKNOWN Vietnam	31 Jul 67	2345		Negroid	
3a. DATE AND PLACE OF BIRTH			b. COMMENCED TOUR DATE		
20 September 1947, Chicago, Illinois					
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)					
Mrs. Frances Gonda (Mother) Chicago, Illinois 60621					
8. ADDITIONAL INFORMATION TO BE OBTAINED					
a. <input checked="" type="checkbox"/> CUSTODY MA-THIR					
b. <input checked="" type="checkbox"/> MARITAL STATUS of Mother and Father DIVORCED					
c. <input checked="" type="checkbox"/> ADDRESS OF: Name and address of Father AUGUSTUS WILLIAMS MINNAPOLIS					
d. <input type="checkbox"/> OTHER:					
9. a. ORIGINATOR		b. RECEIVED BY		c. TIME	d. DATE
Vietnam		PNU		1921	1 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: FIFTH ARMY		STEPHIN/TURNER		8045	1 AUG 67
11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY:		SP4 RAYNOLDS		0000	20 AUG 67
12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR		MULLINS/TURNER		0215	2 AUG 67
13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN		Turner		223	2 AUG 67
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

DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
US ARMY SUPPORT COMMAND, SAIGON
APO San Francisco 96491

6 September 1967

Mrs. Frances Goode

Chicago, Illinois

Dear Mrs. Goode,

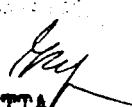
With reference to my letter of 31 August 1967, I forwarded the personal property of your son, SP4 Paul E. Williams, RA 16 896 260 to you on 5 September 1967 by Registered Air Mail, Receipt Number 125326. It should reach you on or about 13 September 1967.

Regulations require that I inform you that delivery of these effects in itself does not necessarily vest title in you, and that they should be retained or disposed of in accordance with the laws of the state in which your son was legally domiciled.

Should this shipment not arrive intact please inform me at the address shown above.

Respectfully,

1 Incl
1 DD Form 1076


GEORGE E. POZZETTA
1LT, OMC
Summary Court

~~FOR OFFICIAL USE ONLY~~

DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO ADDRESSES PRIORITY)

O P 011013Z AUG 67

FM CG USARV LBN RVN

TO RUEOFA/CAS DIV DA

INFO RUEPWD/TAG DA

ZEN/CINCUSARPAC

ZEN/ANZ USMACV

RUEOFA/CH SPT SVCS DA

RUCIDQA/CH SP SLMS BR STLMTS OPNS FCUSA INDPSL IND

ZEN/CG 1ST ABN BDE TSN RVN

ZEN/CO USA MORT TSN RVN

BT

2 August 67 Johnson
UNCLAS E F T O ~~REDACTED~~ AVHAG-CC 52478 JPCCO/AGDC DA FOR AGPB-C
PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 19B(2) AR 360-5
PUNCH REPT NO. 9878, REPEAT, NO. 9878 (MISSING)

A. WILLIAMS, PAUL E.

B. RA 16 896 260, REPEAT, RA.16 896 260

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 OF UH1C HELI ENROUTE TO COUNTER
MORTAR ATTACK MSN VIC COORD: CQ 233 335, RVN, WHEN ACFT COLLIDED.

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

F. NEG

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

H. NOK: FRANCIS GOODE(M)

., CHICAGO, ILL.

DA FORM 41 DATED 5 APR 67

I. BP: \$168.60 ADD PAY: POWER, FORGE, FAULT BPED: 19 OCT 66

SGLI-TEN-NO OPT-LAW TL UNDER UCMJ: NONE

BT

ACTION: TAG

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

DA IN 300167

~~FOR OFFICIAL USE ONLY~~

~~FOR OFFICIAL USE ONLY~~

IMMEDIATE (INFO ADDEES PRIORITY)

O P 032322Z AUG 67
FM CG USARV LBN RVN
TO RUEOAF/CAS DIV DA
INFO RUEPWD/TAG DA
ZEN/CINCUSARPAC
IZEN/COMUFMACV
RUEOAF/CH SPT SVCS DA
RUVIDQA/CH SP CLMS BR STLMTS OPNS FCUSA INDPLS IND
ZEN/CG 1ST AVN BDE TSNSRVN
ZEN/CO USA MORT TSN RVN
BT .. *Rice* DISP. BR AUG 8 1967
UNCLAS E F T O ~~FOUO~~ AVHAG-CC 53069 JPCCO/ARCC DA FOR AGPB-C
PROTECTIVE MARKING AUTOMATICALLY REMOVED IAW PARA 19B(2)AR360-5
REF: MY UNCLAS 52478 DTG 111013Z AUG 67 (PUNCH REPT NO. 9878)
CROWN REPT NO. 99-1, REPEAT, NO. 9931...
A. WILLIAMS, PAUL E.
B. RA 16 896 260 REPEAT, RA 16 896 260
C. SP4-E-4 NOT OFFICIALLY REGM FOR PROMOTION. PL 89-622 (NO)1
8. BP: 168.60 ADD PAY: POWER, FORGE! FAULT BPED: 19 OCT 66
SGLI-TEN-NO OPT-LAW TL UNDER UCMJ: NONE

J. MULTI TRAUMA, BODY.
K. READY
L. 1 APR 67
M. DMOS: 11B2F AWDS: NDSM, VSM.
DANDY
O. BAPTIST
(DOB: 20 SEP 47)
BT..

NOTE: 52478 IS DA IN 300167 (1 AUG 67) TAG

ACTION: TAG

DISTR: OCOFSA, OSA, DCSPER, CINFO, CLL, COPO, COFSPTS
DA IN 306242~~FOR OFFICIAL USE ONLY~~

6394-67 CERTIFICATE OF DEATH (OVERSEAS) (AR 638-40) 2 Aug 67									
NAME OF DECEASED (Last, First, Middle) WILLIAMS Paul E.				GRADE PFC		BRANCH OF SERVICE ARMY		SERVICE NUMBER RA 16896260	
ORGANIZATION 188th Avn Co APO 96268				DATE OF BIRTH 20 September 1947		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
COLOR OR RACE		MARITAL STATUS			RELIGION				
<input type="checkbox"/> WHITE	<input checked="" type="checkbox"/> NEGRO	<input checked="" type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input checked="" type="checkbox"/> PROTESTANT	<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> CATHOLIC	<input type="checkbox"/> JEWISH				
NAME OF NEXT OF KIN Francis Dunbar Goode				RELATIONSHIP TO DECEASED Mother					
STREET ADDRESS				CITY OR TOWN AND STATE Chicago, Illinois					
MEDICAL STATEMENT									
CAUSE OF DEATH (Enter only one cause per line)								INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹				Multiple Trauma				Instant	
ANTECEDENT CAUSES		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE							
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE							
OTHER SIGNIFICANT CONDITIONS ²									
MODE OF DEATH		AUTOPSY PERFORMED		MAJOR FINDINGS OF AUTOPSY			CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES		
<input checked="" type="checkbox"/> NATURAL	<input checked="" type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	1. 100% Carbonification					
<input type="checkbox"/> SUICIDE	<input type="checkbox"/> HOMICIDE								
DATE OF DEATH (Hour, day, month, year) 2350 hours 31 July 1967				PLACE OF DEATH Grid CQ 245 345 1 1/4 Miles South of Phu Heip, Rvn.					
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.									
NAME OF MEDICAL OFFICER William E. Atlee Jr.						TITLE OR DEGREE MC/AMO			
GRADE Cpt		SERVICE NUMBER 02320686		INSTALLATION OR ADDRESS 188th Aviation Company APO 96268					
DATE 1 August 1967		SIGNATURE <i>William E. Atlee Jr.</i>							
DISPOSITION OF REMAINS									
NAME OF MORTICIAN PREPARING REMAINS CLARENCE O. WIGGINS				GRADE GS 9		LICENSE NUMBER TEX		OTHER 3367	
INSTALLATION OR ADDRESS US Army Mortuary Vietnam APO 96307				DATE 5 Aug 67		SIGNATURE <i>Ernest J. Domester</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 TEX	
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.

6394-67

RECORD OF IDENTIFICATION PROCESS ANATOMICAL CHART

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

WILLIAMS, PAUL E

GRADE

PFC

SERVICE NUMBER

RA 16896260

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

PLOT

ROW

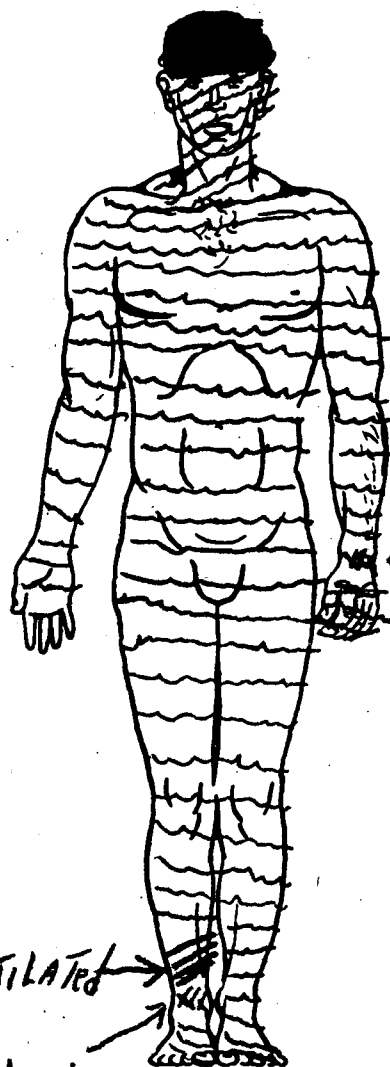
GRAVE

ESTIMATED
AGE (Yrs)ESTIMATED
HEIGHT

69"

BLACK OUT PORTIONS NOT RECOVERED

RIGHT



ANTERIOR

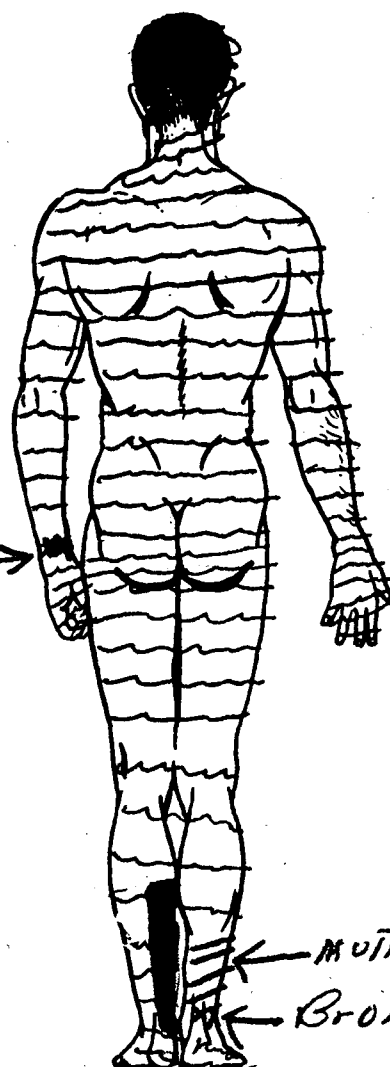
HAIR BLACK

LEFT LEFT

BURNED

Broken

RIGHT



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 incomplete
Race - Negroid
Table measurement - 69 inches
Body marking - see above
ID TAGS - none received
ID CARD - none received
Clothing - wool sock, OD.

Fingerprints UNOBTAINABLE

NAME OF PREPARING OFFICIAL (Print or type)

Alvin + Bouette

SIGNATURE

Alvin + Bouette

6394-67																RECORD OF IDENTIFICATION PROCESSING DENTAL CHART																																																																																																	
LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number) WILLIAMS PAUL E														GRADE PFC		SERVICE NUMBER 16 896 260																																																																																																	
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 Plag-Plastic Sil-Silicate Pac-Facing																																																																																																																	
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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) **Frank Garcia**										VERIFIED BY (Typed Name and Signature) **Wesley A. Zipp**							

g

THE ARMY:
Ben LaFoy
Adjutant General

NAME OF DECEASED (Last, First, Middle) WILLIAMS, Paul E.		GRADE Pfc	SERVICE NUMBER RA 16 896 260
BRANCH OF SERVICE US ARMY		ORGANIZATION AND BASE 188th Avn Co	
DATE OF DEATH 31 July 1967		PLACE OF DEATH Coord: CQ 245 345	
CONDITION OF REMAINS (Describe briefly in Remarks)			
	RECOGNIZABLE		EVIDENCE OF DECOMPOSITION
X	NOT RECOGNIZABLE	X	MANGLED OR MUTILATED
	COMMINGLED	X	EVIDENCE OF BURNS
MEANS OF IDENTIFICATION (Check all appropriate boxes and indicate appropriate Inclosures. Specify supporting data in Remarks.)			
	IDENTIFICATION TAGS		INCLOSURES
	PERSONAL EFFECTS		DD FORM 890
X	DENTAL COMPARISON	X	DD FORM 891 AND SF 603
X	SKELETAL AND ANATOMICAL COMPARISON	X	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 severely mutilated and charred remains received as Pfc WILLIAMS but without any statements verifying this identification.</p> <p>Race - Negroid. (Pfc WILLIAMS was Negroid)</p> <p>Table measurement - 69 inches. (Pfc WILLIAMS was 70 1/2" tall)</p> <p>Hair - Black. (Pfc WILLIAMS had Black hair)</p> <p>Fingerprints unobtainable.</p> <p>No ID tags or ID card received with this remains.</p> <p>An OD heavy wool sock on the right foot was the only clothing worn by this remains.</p> <p>The tooth chart prepared for this remains is in excellent agreement with the Dental Records for Pfc WILLIAMS, Paul E.</p>			
TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.			
DATE 2 August 1967	TYPED NAME, GRADE AND TITLE OF IDENTIFYING OFFICER Wesley A. Neep GS-12, Anthropology Splat		
	SIGNATURE OF IDENTIFYING OFFICER <i>Wesley A. Neep</i>		
NAME AND ADDRESS OF INSTALLATION US ARMY MORTUARY, VIETNAM			

in Department of Army Mortuary or in contact 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.

6394-67 J06

1. REMAINS OF (Last Name, First Name, Middle Initial)		2. GRADE (or rank) (or title)	3. SERVICE NUMBER
WILLIAM, Paul E.		PFC	DA 16 896 260
4. BRANCH OF SERVICE (Include civilian employees) <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER (Specify)		5. UNIT DESIGNATION 188th Avn Co	
6. CAUSE OF DEATH (As stated on Death Certificate) Multiple Trauma		7. PLACE OF DEATH Vietnam	
8. DATE OF DEATH 31 July 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.) I.D. 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: N/A CAVITY: 126		16. NAME POINTS OF INJECTION N/A	
17. AMOUNT HARDENING COMPOUND USED (Lbs) 20		18. AREAS HYPODERMICALLY EMBALMED (etc.) Entire Body	
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 type="checkbox"/> OVERLAND <input checked="" type="checkbox"/> AIR	
26. INTERIM DESTINATION			
27. PREPARING MORTUARY US Army Mortuary Vietnam		28. LOCATION OF PREPARING MORTUARY APO 96307	
29. PREPARING EMBALMER (Name) CLARENCE O. WIDMANN		30. LICENSE NO. AND STATE TX 3367	
31. SIGNATURE OF EMBALMER			
32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here) REMARKS: Charred			
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 (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) Travis AFB, CALIF			
38. MORTUARY OFFICER (or Person Responsible for Shipment) DEVERO MARTIN, MAJ, OMC		39. SIGNATURE [Signature]	

REMARKS

RECOMMENDATIONS

In view of the parent unit association of this remains as specific casualty Pfc WILLIAMS, the matching of race, height, hair and teeth with recorded data for Pfc WILLIAMS and the absence of any contradictory evidence, it is concluded that this is the remains Of Pfc Paul E. WILLIAMS, RA 16 896 260.

RECOMMENDATIONS PRESENTED

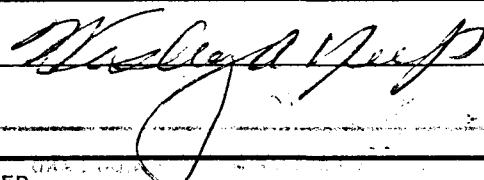
DATE

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

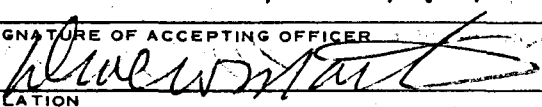
DATE

2 August 1967

TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER

DEVERO MARTIN, MAJOR, QMC, MORTUARY OFFICER

SIGNATURE OF ACCEPTING OFFICER



NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM

MORTUARY, YAMJONG YAMJONG