

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.

XX

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,

LYNDON B. JOHNSON

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

X

LBJ:HMT:mmc

3

EXECUTIVE
ND 9-2-2/w

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,

Lyndon B. 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 (CRA-R (12682) | | SUBJECT Military Casualty in Vietnam as the Result of Hostile Action | |
|--|--|--|--|

| | | | |
|----|--|------|-----|
| TO | Chief of Staff Correspondence Branch Room 33 715, The Pentagon | FROM | TAC |
|----|--|------|-----|

| | | |
|------|------------|-------|
| 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 FNCK
Adams Guest House

ARMY AREA: ONE Fort Hamilton, New York 11209 ✓

Mrs. Marie Blackstock, Mother
Route #4, Box 920
Huntsville, Alabama 36602 35865 ✓

CHILDREN: NONE (Single)

FOR THE ADJUTANT GENERAL:

DDG AD L. GUNN
Colonel, AGC
Executive Officer, TACO

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

RECEIVED
OSPTS

AUG 7 3 33 AM '67

AMMO 2004470

RPT UZYUM RUWJ21A550 - 2182011-0000--RUEOAF.

MR JULUS

R 062045Z AUG 67

FM CG WA MTMS 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 US55859462 SSG ROBERT HARDENBROOK RA52466620

PFC FREDDIE D LAWSON US55394238 PFC MARTIN MOSHER HUNT US56405526

SP4 PAUL E WILLIAMS RA16896250 WO2 HENRY C CAUTHEN W2215523

SP4 WAYNE G VAN-LANT US56396210 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 US54330101 PFC RAYMOND A PETERSEN US56826644

PFC FRED M GARDNER RA14961301 1LT ROBERT M WALLACE 0522587

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 BQ, 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) BQ, WA, MMTS, OAKLAND ARMY BASE OAKLAND, CALIFORNIA 94626 | |
| 3. DECEASED (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, 11145 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) 11145. SO. PARKWAY | d. SIGNATURE OF NEXT OF KIN Frances Goode |



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

IN REPLY REFER TO
SPTS-MH

Williams, Paul E. *71402*
SN 16 896 260 *dy*

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

1 Incl
Env

T. W. HELD
Chief, Headstone Branch
Memorial Division

Vietnam

FILE-NAT
HEADSTONE BRANCH
MEMORIAL DIVISION
C. E. KEISER
Date: 25 SEP 1967

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)

7/14/67 186th Asslt Heli Co, 1st Avn Bde C

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. POZZETTA
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. | SP4 | 44 16 894 210 | | |
| 4. ORGANIZATION AND STATION OR APO | 5. STATUS | 6. DATE OF STATUS | | |
| 3886th Assault Helicopter Co 1st Avn Bde | Separated | 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 | BY CONUS | |
| | | EFFECTS DEPOT | EFFECTS OFFICE | |
| 1 | | a. | b. | REC'D DISPOSITION |
| 2 | Color pictures w/case, Brown | 1 | Hunting knife w/case | |
| 2 | Magazines game | 1 | Chain w/3 keys | |
| 1 | Pr. shoe trees | 1 | Small lock | |
| 1 | Comb in case | 1 | Pen | |
| 1 | Photo album | 1 | Lighter gas | |
| 1 | Amol bag | 1 | Name tag | |
| 6 | Rolls film in case | 1 | Name tag, cloth | |
| 1 | Sewing kit | 1 | Rifle badge | |
| 1 | Lighter, Bremen in case | 1 | Writing portfolio w/paper included | |
| 1 | I.D. bracelet | 1 | Air Medal certificates | |
| 1 | Spoon | 2 | Negatives, photo containers w/negative | |
| 1 | Pipe | 1 | Box of color slides | |
| 2 | SP4 insignia | 1 | Temp. operators permit | |
| 1 | Book for Fujica camera | 1 | Social Security card | |
| 1 | Sandals boot liners | 2 | Photos | |
| 1 | T-shirt | (LAST LINE) | | |
| 2 | Pr. socks, black | | | |
| 1 | Shaving bag | | | |
| 2 | Books cards w/case | | | |
| 1 | Fujica camera w/case | | | |
| 11 | Air Medal | TOTAL FUNDS | | |
| Funds exchanged, converted, deposited, etc. | | | | |
| (To be completed by Summary Court-Martial or other responsible person) | | | | |
| Funds transmitted with effects | | b. | | |
| a. | | | | |
| AMOUNT | DESCRIPTION | REC'D | DISPOSITION | |
| \$14.75 | MPC | | 55 Treasury Check #94,261 dtg 25 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 REG AIR MAIL #129326 | | |
| 15. THE ABOVE INVENTORY OF EFFECTS OF PERSON NAMED IN ITEM 1 COMPRISSES <input checked="" type="checkbox"/> ALL KNOWN EFFECTS <input type="checkbox"/> ALL KNOWN EFFECTS EXCEPT THOSE REMOVED FROM REMAINS <input type="checkbox"/> ALL KNOWN EFFECTS REMOVED FROM REMAINS <input type="checkbox"/> ADDITIONAL EFFECTS 2D SHIPMENT | | | | |
| 16. DATE | TYPED NAME, GRADE AND ORGANIZATION | | SIGNATURE | |
| 4 Sept 67 | GEORGE E. POZZETTA, 1LT, USA Summary Court Mars Bde Off. | | George Pozzetta | |

DEPARTMENT OF THE ARMY
US ARMY MORTUARY, VIETNAM
APO US Forces 196307

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 obnoxious 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 Fr. socks
1 Bottle crew-cut

George E. Pozzetti
GEORGE E. POZZETTI
1LT, QM
Summary Court

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,

GEORGE E. FOZZETTA
1LT, QMC
Summary Court

1 Incl
1 US Treas Check

| 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 Heli Co, 1st Avn Bde, APO 96268 | | | | | |
| 2. CASUALTY STATUS | | B. 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. Vietnam | c. DATE 31 Jul 67 | d. TIME 2355 | e. STATUS OF REMAINS Ready | f. RACE Negroid | g. RELIGION Baptist |
| 3a. DATE AND PLACE OF BIRTH 20 September 1947, Chicago, Illinois | | | | d. COMMENCED TOUR DATE 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 5-4 under 2 4 168.60 | | | | 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) 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 type="checkbox"/> CUSTODY Mother has custody b. <input type="checkbox"/> MARITAL STATUS or parents DIVORCED c. <input type="checkbox"/> ADDRESS OF: Father: UNKNOWN d. <input type="checkbox"/> OTHER: | | | | | |
| 9. a. ORIGINATOR Vietnam | | b. RECEIVED BY PHU | | c. TIME 1330 | d. DATE 3 Aug 67 |
| SECTION II - NOTIFICATION ACTIONS | | | | | |
| 10. ITEMS 1 THROUGH 4 PASSED FOR NOTIFICATION ACTION TO HQ: 5th Army | | NAMES OF PERSONS PASSING AND RECEIVING THE ACTION (and msg No.) SpWack/Putz | | ZULU TIME 1305 | ZULU DATE 3 Aug 67 |
| 11. PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY: Sp Goode | | Sp Goode | | 1800 | " |
| 12. COMPLETION OF NOTIFICATION PASSED TO DA CASUALTY DIVISION OR ORIGINATOR | | Sp Wicker/Conrad | | 1905 | " |
| 13. CONFIRMATION WESTERN UNION MESSAGE DISPATCHED TO PRIMARY NEXT OF KIN | | SSG Scan Bldg 6 | | 0035 | 4 Aug 67 |
| 14. WESTERN UNION MESSAGE DISPATCHED TO SECONDARY NEXT OF KIN | | N/P | | | |
| 15. DEATH GRATUITY PAYMENT MESSAGE DISPATCHED TO SURVIVOR ASSISTANCE OFFICER BY: | | N/P | | | |
| 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 AND DATE OF COMMISSION | | | | WITH EFFECTIVE DATE | |
| b. RECEIVED FROM | | c. RECEIVED BY | | d. TIME | e. DATE |

| REPORT OF CASUALTY | | REPORT NUMBER AND CASUALTY CODE PUNCH 9878 | 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 Heli Co, 1st AvnBde APO 96268 | | | | | |
| 2. CASUALTY STATUS | | a. CIRCUMSTANCES | | <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE | |
| <p>He was last seen as door gunner on UH-1 helicopter which collided in mid air with another helicopter and crashed. Search in progress.</p> | | | | | |
| b. PLACE MISSING OR DEAD | | c. DATE | d. TIME | e. STATUS OF REMAINS | |
| REPUBLIC Vietnam | | 31 Jul 67 | 2345 | Recovered | |
| f. RACE | | g. RELIGION | | | |
| White | | | | | |
| 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) | | | | | |
| PRIMARY NEXT OF KIN, RELATIONSHIP, AND ADDRESS (include ZIP Code) | | | | | |
| 7. | Mrs. Frances Good (Mother) Chicago, Illinois 60621 | | | | |
| ADDITIONAL INFORMATION TO BE OBTAINED | | | | | |
| 8. | a. <input checked="" type="checkbox"/> CUSTODY 11-7412 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 (Unknown) d. <input type="checkbox"/> OTHER: | | | | |
| 9. | a. ORIGINATOR Vietnam | b. RECEIVED BY PMU | c. TIME 1921 | d. DATE 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 | S 7CPHN/TURNER | | 2045 | 1 AUG 67 |
| 11. | PRIMARY NEXT OF KIN NOTIFIED PERSONALLY BY: | Sgt REYNOLDS | | 0015 | 2 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 | | 0225 | 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 Goods

Chicago, Illinois

Dear Mrs. Goods,

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,

GEORGE E. POZZETTA
1LT, QMC
Summary Court

1 Incl
1 DD Form 1076

DEPARTMENT OF THE ARMY

STAFF COMMUNICATIONS DIVISION

IMMEDIATE (INFO ADDRESSES PRIORITY)

O P 011013Z AUG 67

FM CG USARV LBN RVN

TO RUEOAFA/CAS DIV DA

INFO RUEPWD/TAG DA

ZEN/CINCUSARPAC

ZEN/NZ USMACV

RUEOAFA/CH SPT SVCS DA

RUCIDQA/CH SP SLMS BR STLMIS 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-CO 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 2355HRS.

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. 183TH 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

IMMEDIATE (INFO ADDRESSES PRIORITY)

O P 032322 AUG 67
FM CG USARV LBN RVN
TO RUEOAF/CAS DIV DA
INFO RUEPWD/TAG DA
ZEN/CINCUSARPAC
IZEN/COMUFRMACV
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 *Rec* DISP. BR AUG 8 1967
UCLAS 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, FORGEI FAULT BPED: 19 OCT 66
SGLITEN-NO OPT-LAW TL UNDER UCMJ: NONE

J. MULTI TRAUMA, BODY.
K. READY
L. 1 APR 67
M. BMOS: 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

1245226 X25

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 <input checked="" type="checkbox"/> WHITE <input checked="" 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 |
| 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 <input checked="" type="checkbox"/> NATURAL <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE | AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO | MAJOR FINDINGS OF AUTOPSY 1. 100% Carbonification | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES |
| DATE OF DEATH (Hour, day, month, year) 2350 hours 31 July 1967 | | PLACE OF DEATH Grid CQ 245 345 1½ Miles South of Phu Help, 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 William E. Atlee Jr. | | | |
| DISPOSITION OF REMAINS | | | | |
| NAME OF MORTICIAN PREPARING REMAINS CLARENCE O. WIGGINS | | GRADE GS 9 | LICENSE NUMBER TEX 3367 | STATE TEX |
| INSTALLATION OR ADDRESS US Army Mortuary Vietnam APO 96307 | | DATE 5 Aug 67 | SIGNATURE Ernest J. Demester | |
| NAME OF CEMETERY OR CREMATORI | | LOCATION OF CEMETERY OR CREMATORI | | |
| 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.

60394-67

RECORD OF IDENTIFICATION PROCESS
ANATOMICAL CHART

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

WILLIAMS, Paul F

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

GRADE
PFCSERVICE NUMBER
RA 16896260

PLOT

ROW

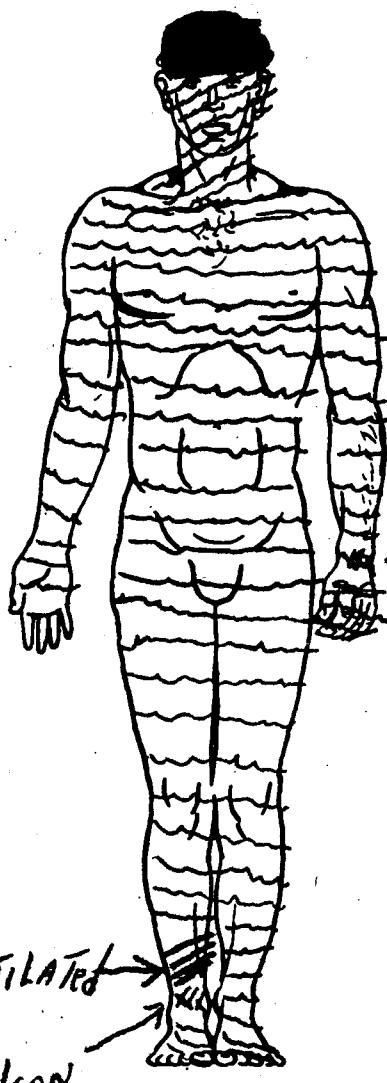
GRAVE

ESTIMATED
AGE (Yrs)ESTIMATED
HEIGHT

69"

BLACK OUT PORTIONS NOT RECOVERED

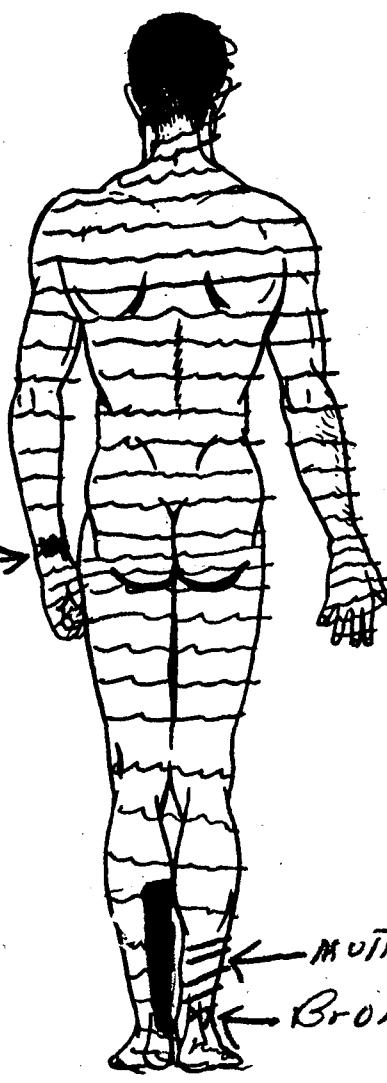
RIGHT

HAIR
LEFT BLACK
LEFT

RIGHT

BURNED

Broken



POSTERIOR

CONDITION OF REMAINS (Check pertinent blocks)

 SEMI-SKELETAL FLESH COVERED INTACT DECOMPOSED BURNED (Degree: 1st. 2nd. 3rd.)

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)

SIGNATURE

Alvin J. BOUTTE

Al J. Boute

FORM 1 FEB 56 893

RECORD OF IDENTIFICATION PROCESSING
DENTAL CHART

6394-67

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

WILLIAMS, PAUL E

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

GRADE

SERVICE NUMBER

PFC

16 896 260

PLOT

ROW

GRAVE

MARKING ABBREVIATIONS:

| | | | | | | |
|-----------|------------|-----------|------------|---------------|----------------|--------------|
| F-Facial | O-Occlusal | D-Distal | AM-Amalgam | -Fill-Filling | Porc-Porcelain | Back-Backing |
| L-Lingual | M-Mesial | I-Incisor | CR-Crown | Plas-Plastic | Sil-Silicate | Fac-Facing |

| CARIOS | CARIOS | | | | | | | | | | | | | | | | RESTORATIONS |
|--------------|---------------------|----|----------------------------|---|----|----|------|------|------|----|----|----|----|----|------|-------|---------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| RESTORATIONS | Recently Erupted | | | | | | chip | chip | chip | | | | | | | 0M-AM | Recently Erupted |
| UPPER RIGHT | | | | | | | | | | | | | | | | | |
| LOWER RIGHT | | | | | | | | | | | | | | | | | |
| RESTORATIONS | 32 | 31 | 30 EZ 7mm | | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |
| CARIOS | | | | | | | py | py | py | py | py | px | | | 0-AM | 0-AM | |
| RESTORATIONS | | | | | | | | | | | | | | | chip | | |
| CARIOS | | | | | | | | | | | | | | | | | |

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 Wallace

VERIFIED BY (Typed Name and Signature)

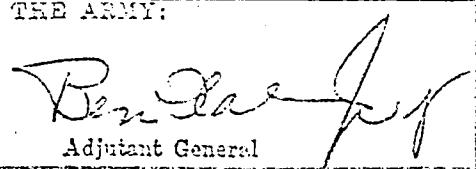
Master G. J. Kipp

DD FORM 891

1 FEB 56 REPLACES DD FORM 869, 1 SEP 51, WHICH IS OBSOLETE (for Army use only).

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

2(C)

| | | | |
|--|--|---|---|
| REPORT OF CASUALTY | | REPORT NUMBER AND TYPE A 5004 A CORRECTED FINAL | DATE PREPARED RVN 1429 26 Sep 67 |
| 1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization) WILLIAMS, PAUL EDWARD; RA 16 896 260; SP4; RA; 188TH ASLT HELI CO, 1ST AVN BDE, VIETNAM | | | |
| 2. CASUALTY STATUS | | <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE | |
| <p>DIED 31 July 1967 in Vietnam as a result of injuries received while gunner aboard UH-1C helicopter when it collided with another helicopter in mid-air and crashed.</p> <p>Commenced tour in Vietnam 1 April 1967</p> | | | |
| 3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE 20 September 1947, Chicago, Illinois Negroid; Baptist | | | |
| 4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 19 October 1966, Chicago, Illinois Chicago, Illinois | | | |
| 5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY E-4 Under 2 years : \$168.60 Flight | | | CHECK IF APPLICABLE <input type="checkbox"/> CREW <input checked="" type="checkbox"/> NON-CREW |
| 6. DUTY STATUS ACTIVE: ON DUTY | | | |
| 7. INTERESTED PERSONS (Name, Address, Relationship) Mrs. Frances Goode, , Chicago, Illinois. Mother ^{1,2,3} notified 3 August 1967 Mr. Augustus Williams, , Chicago, Illinois, 60624, Father | | | |
| DA Form 41 undated | | | |
| 8. REPORT FOR VA TO FOLLOW <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT CG USARV TSN RVN 3 August 1967 | |
| 10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services) 11 78 47 317 Lb #78 Chicago, Illinois | | | |
| 11. PRIOR SERVICE DATA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 12. REMARKS | | | |
| <p>For VA: Certification of Basic Pay UP 38 USC 402. NONE."</p> <p>The individual named in this report is held by the Department of the Army to have been absent in a pay status pursuant to the provisions of Section 1002, 50 USC App (PL 490, 77th Congress) as amended, from the date of death, 31 July 1967 to 3 August 1967, date evidence of death was received by the Department of the Army."</p> | | | |
| FOOTNOTES: 1 Adult next of kin. 2 Beneficiary for gratuity pay in event there is no surviving wife or children 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 V | | 14. BY ORDER OF THE SECRETARY OF THE ARMY:  Adjutant General | |

0294-07

| | | | |
|--|--|--|--|
| 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 |
|--|--|
| <input checked="" type="checkbox"/> NOT RECOGNIZABLE | <input checked="" type="checkbox"/> MANGLED OR MUTILATED |
| <input type="checkbox"/> COMMINGLED | <input checked="" type="checkbox"/> EVIDENCE OF BURNS |

MEANS OF IDENTIFICATION

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

| IDENTIFICATION TAGS | INCLOSURES |
|--|--|
| 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)

This severely mutilated and charred remains received as Pfc WILLIAMS but without any statements verifying this identification.

Race - Negroid. (Pfc WILLIAMS was Negroid)

Table measurement - 69 inches. (Pfc WILLIAMS was 70 1/2" tall)

Hair - Black. (Pfc WILLIAMS had Black hair)

Fingerprints unobtainable.

No ID tags or ID card received with this remains.

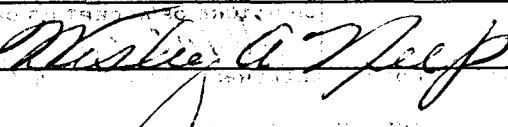
An OD heavy wool sock on the right foot was the only clothing worn by this remains.

The tooth chart prepared for this remains is in excellent agreement with the Dental Records for Pfc WILLIAMS, Paul E.

Sgt. Wesley A. Neep

Sgt. Wesley A. Neep

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 Specialist |
| SIGNATURE OF IDENTIFYING OFFICER  | |

NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM

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.

6394-67 Jig

| | | | |
|---|--|---|--|
| 1. REMAINS OF (Last Name, First Name, Middle Initial) (Initials) | | 2. GRADE (Check one) <input checked="" type="checkbox"/> E-4 | 3. SERVICE NUMBER <input type="text"/> 1A 16 296 260 |
| WILLIAMS, Paul S. | | 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) <input type="checkbox"/> AIR FORCE | |
| 5. UNIT DESIGNATION <input type="text"/> 183rd Avn Co | | 6. CAUSE OF DEATH (As stated on Death Certificate) <input type="text"/> Multiple Trauma | |
| 7. PLACE OF DEATH <input type="text"/> Vietnam | | 8. DATE OF DEATH <input type="text"/> 31 July 67 | |
| 9. DATE OF RECEIPT AT MORTUARY <input type="text"/> 2 Aug 67 | | 10. DATE OF EMBALMING <input type="text"/> 4 Aug 67 | |
| 11. CONDITION OF REMAINS (Prior to embalming) <input type="checkbox"/> Poor | | 12. HOW IDENTIFIED (Personal Recognition, Finger Prints, Identification Tags, etc.) <input type="checkbox"/> I.D. Procedures | |
| 13. TYPE OF CASE <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> AUTOPSIED <input 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 <input type="checkbox"/> ARTERIAL: <input type="text"/> N/A CAVITY: <input type="text"/> 126 | | 16. NAME POINTS OF INJECTION <input type="checkbox"/> N/A | |
| 17. AMOUNT HARDENING COMPOUND USED (Lbs) <input type="checkbox"/> 20 | | 18. AREAS HYPODERMICALLY EMBALMED (List entire body) <input type="checkbox"/> N/A | |
| 19. POST-EMBALMING PROCEDURES COMPLETED (Note Items 42j thru 42l) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) Service of Repose | | 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 <input type="checkbox"/> U.S. AIR FORCE | | 22. TOTAL AMOUNT OF REIMBURSEMENT <input type="checkbox"/> \$0.00 | |
| 23. DATE REIMBURSEMENT EFFECTED (If not effected, state action being taken to effect collection) <input type="checkbox"/> 10 SEP 1967 | | 24. DATE SHIPPED FROM PREPARING MORTUARY <input type="text"/> 3 Aug 67 | |
| 25. METHOD OF SHIPMENT <input type="checkbox"/> WATER <input checked="" type="checkbox"/> OVERLAND <input type="checkbox"/> AIR | | 26. INTERIM DESTINATION <input type="checkbox"/> N/A | |
| 27. PREPARING MORTUARY <input type="checkbox"/> RELEASED <input type="checkbox"/> RECEIVED RECK OF REMAINS <input type="checkbox"/> US Army Mortuary Vietnam | | 28. LOCATION OF PREPARING MORTUARY <input type="checkbox"/> APO 96307 | |
| 29. PREPARING EMBALMER (Name) <input type="checkbox"/> CLARENCE O. WILSON <input type="checkbox"/> N/A | | 30. LICENSE NO. AND STATE <input type="checkbox"/> TX 3367 | |
| 31. SIGNATURE OF EMBALMER <input type="checkbox"/> N/A | | 32. SUBSEQUENT TREATMENT (Remains will be inspected daily prior to shipment and record of treatment entered here) <input type="checkbox"/> CHARTED <input type="checkbox"/> N/A | |
| 33. SHIPPING PROCEDURES COMPLETED (Note Items 42a thru 42d) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) <input type="checkbox"/> LOCAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> AIR | | 34. DATE OF DEPARTURE FROM (Or release in) PREPARING COMMAND <input type="text"/> 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) <input type="checkbox"/> TAIWAN AFB, CALIF | | 38. MORTUARY OFFICER (or Person Responsible for Shipment) <input type="checkbox"/> DEVERO MCGINN, MAJ, QMC | |
| 39. SIGNATURE <input type="checkbox"/> N/A | | 40. DATE OF DEPARTURE FROM PREPARING COMMAND <input type="checkbox"/> 5 Aug 67 | |

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• 2. 1991, 37(1):213

OB. NO. 3881

VOLUME 83

Good: Go 546 342

SÉC. V. 57. 40

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 | TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST |
| | 2 August 1967 |
| SIGNATURE OF IDENTIFICATION SPECIALIST | |

NAME AND ADDRESS OF INSTALLATION

U.S. ARMY MORTUARY, VIETNAM

RECOMMENDATIONS ACCEPTED

| | | |
|--|--|---------------|
| DATE | TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER | |
| 2 August 1967 | DEVERO MARTIN, MAJOR, SMC, MORTUARY OFFICER | |
| SIGNATURE OF ACCEPTING OFFICER | | 2021 FORM 100 |
|  | | |
| NAME AND ADDRESS OF INSTALLATION | | |

NAME AND ADDRESS OF INSTALLATION

US ARMY MORTUARY, VIETNAM

MANUFACTURED BY THE UNION STEEL CO.