

ALLIED

RESTRICTED

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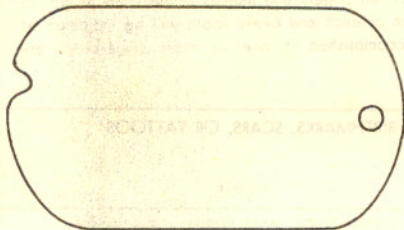
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

## REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

DATE OF REPORT

11 July 51

Imprint Identification Tag, If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

PEARCE, LIONEL B.

SERIAL NO.

11

GRADE

Major

ORGANIZATION

2nd Lt. 34th.

BRANCH OF SERVICE

Air Force

RACE

White

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

South Africa

PLACE OF DEATH

Chickasaw Forest

CAUSE OF DEATH

Mutilation due to Air Crash

DATE OF DEATH

11 July 51

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

Death Tag signed by J. P. Harte Lt.

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

1. Foreign Coin

Personal Effects Forwarded to  
Personal Effects Report and 300

## Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

100 Military Cemetery, Bismarck, N.D.

DATE OF BURIAL

11 July 51

HOUR

1200

BURIED IN (Shroud, blanket, or name of other)

Shrouding Bag Cover

TYPE OF GRAVE  
MARKER

Cross

PLOT NO.

11

ROW NO.

1

GRAVE NO.

12

WAS THIS A REBURIAL?  
(Yes or no)

No

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT NO.

ROW NO.

GRAVE NO.

TYPE OF RELIGIOUS  
CEREMONY

None

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODYIDENTIFICATION TAG BURIED WITH  
BODY (Yes or no)

Yes (2)

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

Yes (2)

One copy of this form buried  
one foot at head of grave.

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

Empty Grave

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.

SIGNATURE OF PERSON PREPARING REPORT

Robert L. Graham

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Richard P. Meryman

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters  
GRS Officer. Copies for retention in theater as prescribed by theater commander.

PEARCE LIONEL B.

RESTRICTED

6253—FEC P&amp;PC—9/50—300M

## Section 3. UNIDENTIFIED REMAINS.

## INSTRUCTIONS:


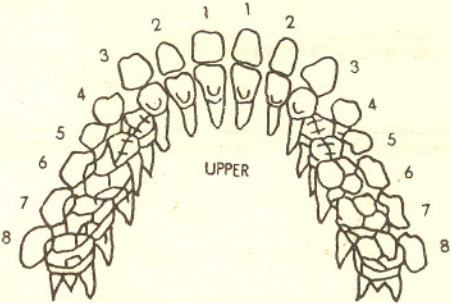




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

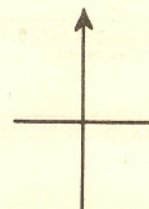
HEIGHT Not 5'10"	WEIGHT Not 200	COLOR OF EYES Light.	COLOR OF HAIR Brown	BIRTHMARKS, SCARS, OR TATTOOS See Clues
WEAPON AND SERIAL NO.		LAUNDRY MARKS None noted		WHERE BODY WAS BURIED OR FOUND

## OTHER IDENTIFICATION CLUES

Lower Right Knee 1 1/2" Long  
Small Scar about Left Leg.

FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



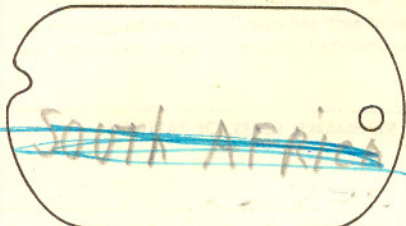
REMARKS

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7142-3

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 11 July 51	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial)		PEARCE, LIONEL B.			SERIAL NO.	
GRADE		MAJOR			ORGANIZATION	
2 SAAF SQDN.		BRANCH OF SERVICE			AIR FORCE	
RACE		White			RELIGION	
UNA		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			SOUTH AFRICA	
PLACE OF DEATH		CHINHAE KOREA			CAUSE OF DEATH	
UNDETERMINED		DATE OF DEATH			EST, 9 JULY 51	
EMERGENCY ADDRESSEE (Name, relationship, and address)						
UNK						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
NONE		DEATH TAG SIGNED BY J.P. Dente LT.				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)						
YES (6RS)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
U) 1 FOREIGN COIN						
Depot.						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
Tanggab						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
11 July 51	1000	SLEEPING BAG COVER	CROSS	13	1	436
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
NO						
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
NONE		Remarks.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
Yes (6RS)	Yes (6RS)					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.		
EMPTY GRAVE	=	=	=	=		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.		
VESTER, JP	2ND LT	unk	unk	435		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
Capt Edward G. Rohr			Milton K. Kasseau Sr			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

PEARCE, LIONEL B.

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R E S T R I C T E D