

93629

DEPARTMENT OF THE AIR FORCE
WASHINGTON, D. C. 20330

Vol. M80 Page 24058

REPORT OF CASUALTY		1. REPORT NUMBER AND TYPE 939 Final Completes Report 862		2. DATE PREPARED 22 August 1978	
3. SERVICE IDENTIFICATION (Name, Social Security Number, Grade or Rate, Component, Branch and Organization), MOS: NJC KENNEDY, Jared Layne, FR483-38-8800, TSGT, Regular, USAF - 1936 Comm Sq, APO New York 09406 AFSC: 36274					
4. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE 5. COMMENCED TOUR DATE:					
C. STATUS: <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> KIA <input type="checkbox"/> MISSING <input type="checkbox"/> MISSING IN ACTION <input type="checkbox"/> CAPTURED <input type="checkbox"/> OTHER					
D. DATE: 30 July 1978 6. PLACE: USAF Hospital Lajes, Lajes Fld Azores Portugal					
E. CAUSE & CIRCUMSTANCES: Acute Myocardial Infarction					
3. a. DATE AND PLACE OF BIRTH 5 Nov 36 - Iowa City Iowa		b. RACE Caucasian		c. SEX Male	
d. RELIGIOUS PREFERENCE Baptist					
6. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME 4 May 78 - Lajes Fld Azores - Cedar Rapids Iowa					
7a. PAY GRADE E-6		b. BASIC PAY		c. INCENTIVE/ADDITIONAL PAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. CHECK IF APPLICABLE <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER					
8. DUTY STATUS Active Duty - Off Duty					
9. INTERESTED PERSONS (Name, Address, Relationship) DATE OF RECORD OF EMERGENCY DATA FORM: 4 Jun 76					
Mrs Suzanne K. Kennedy 9 Aloha Dr, Hiawatha IA 52233 + wife (3)					
Dawn M. Kennedy same dau					
10. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. REPORTING COMMAND AGENCY AND DATE REPORT RECEIVED IN DEPARTMENT 1605 ABW - 30 July 1978			
12. PRIOR SERVICE DATA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AF17621864					
13. REMARKS					
<p style="text-align: right;">Return to:</p> <p style="text-align: right;">RALPH L. NEUZIL ATTORNEY AT LAW 617 South Dubuque Street P.O. Box 1607 Iowa City, Iowa 52244</p> <p>SGLI BY LAW LUMP SUM \$20,000</p>					
NOTE: THIS FORM MAY BE USED TO FACILITATE THE CASHING OF BONDS, THE PAYMENT OF COMMERCIAL INSURANCE, OR IN THE SETTLEMENT OF ANY OTHER CLAIM IN WHICH PROOF OF DEATH IS REQUIRED					
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.					
14. DISTRIBUTION NOT USED		15. BY ORDER OF THE SECRETARY OF THE AIR FORCE DEAN M. MURPHY, Lt Colonel, USAF Ch, Casualty Rptg & Survivor Assistance			

DD FORM 1300
FEB 73

REPLACES DD FORM 1300, 1 MAR 60, WHICH IS OBSOLETE.

STATE OF OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

12th day of December A.D., 1980 at 12:00 o'clock P.M., and duly recorded in

Vol M80 of Deeds on page 24058.

Fee \$3.50

W. D. MILNE, County Clerk
By: *Richard Kelch* Deputy