

DEPARTMENT OF THE AIR FORCE  
WASHINGTON 25, D.C.

<b>REPORT OF CASUALTY</b>		REPORT NUMBER AND TYPE 2836 - Final	DATE PREPARED 29 July 1965
		Completes Report Number 2319	
I. SERVICE IDENTIFICATION (NAME, SERVICE NUMBER, GRADE OR RATE, COMPONENT, BRANCH AND ORGANIZATION)			
JENSEN, Terance Kay; AF 17 276 985; SSgt, Regular, USAF - 23rd Air Base Group, APO San Francisco 96337			
II. CASUALTY STATUS <input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE - Death			
Danang Air Base, Republic of Vietnam 1 July 1965 Shrapnel wounds *			
III. DATE AND PLACE OF BIRTH, PLACE WHERE BORN			
14 January 1932			
IV. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME			
9 November 1962 - Detroit Lakes, Becker County, Minnesota			
V. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY			CHECK IF APPLICABLE
414-52-2288; E-5; Over 14 years; \$287.10; Incentive pay - No			<input type="checkbox"/> CREW <input type="checkbox"/> NON-CREW
VI. DUTY STATUS			
Active duty			
VII. INTERESTED PERSONS (NAME, ADDRESS, RELATIONSHIP)			
Latest Record of Emergency Data: 13 March 1963 and 6 April 1965 Available <input checked="" type="checkbox"/> Not Available <input type="checkbox"/>			
Mrs. Anne F. Jensen, (3), wife [REDACTED] Richard Jensen, son, address same as wife Patricia A. Jensen, daughter, same Michael A. Jensen, son, same **			
VIII. REPORT FOR VA TO FOLLOW		IX. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Not used	
X. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)			
3 March 1950 - Omaha, Nebraska			
XI. PRIOR SERVICE DATA			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PRIORITY SERVICE NUMBER (S) None			
XII. REMARKS			
* Result of hostile action			
** Susan M. Jensen, daughter, address same as wife Mrs. Clarence A. Jensen, father, [REDACTED] Mrs. Elma S. Jensen, mother, address same as father			
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.			
XIII. DISTRIBUTION		XIV.	
		BY ORDER OF THE SECRETARY OF THE AIR FORCE <i>W. B. Stringer</i> W. B. STRINGER CWO, USAF Directorate of Personnel Services	

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