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

REPORT OF CASUALTY

REPORT NUMBER AND TYPE: 2286 - Final Corrects Report Number 2234 #

DATE PREPARED: 27 May 1966

1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)

SPANGLER, James Nelson, [redacted], lstLt, Regular, USAF - 919th Air Refueling Squadron, Turner Air Force Base, Georgia TDY: 4252nd Strategic Wing, APO San * Francisco 96239

2. CASUALTY STATUS ☐ BATTLE ☒ NON-BATTLE - Death

Kadena Air Base, Okinawa
19 May 1966
Military aircraft accident (Co-Pilot)

3. DATE [redacted] OF BIRTH [redacted]

3 April 1942

4. DATE [redacted] OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME

3 June 1964 - Mayking, Letcher County, Kentucky

5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY

0-2; Under 2 years; $342.60; Incentive pay - Yes

CHECK IF APPLICABLE ☒ CREW ☐ NON-CREW

6. DUTY STATUS

Active duty

7. INTERESTED PERSONS (Name, Address, Relationship)

Record of Emergency Data: 17 January 1966 # **Available** X **Not Available** ____

Mr. George N. Spangler	Box 127, Mayking, Kentucky 41837	father (1,2,3)
Mrs. Hazel K. Spangler	same	mother

8. REPORT FOR VA TO FOLLOW ☐ YES ☒ NO

9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT

Not Used

10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)

[redacted] - Local Board Number 58 - Whitesburg, Kentucky

11. PRIOR SERVICE DATA ☐ YES ☒ NO

12. SERVICEMANS GROUP INSURANCE DATA: ELECTION: ☐ NON PARTICIPANT ☐ $5,000 ☒ $10,000
METHOD OF PAYMENT: ☒ LUMP SUM ☐ 36 INSTALLMENTS
BENEFICIARY DESIGNATION: DEVOLVE

13. REMARKS

This individual is held to have been in status of missing for period commencing 19 May 1966 and terminating 24 May 1966, the date of receipt of evidence by the Department of the Air Force that the above named person is dead. The provisions of the Missing Persons Act, (Title 50, U. S. Code, app. 1001-1015) are considered applicable.

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

15. BY ORDER OF THE SECRETARY OF THE AIR FORCE:

R. S. NORTH, Major, USAF
Directorate of Personnel Services

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