

**WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.**

-BATTLE CASUALTY REPORT

AG 201	NAME SASAOKA ITSUMU ASN 30101548	GRADE PFC BRO	DATE CAS. REPORT RECEIVED 1947 JAN 28
NAME AND ADDRESS OF E. A.	MASARU SASAOKA X WAIPAHU OAHU T H		DATE TELEGRAM SENT 11

THE INDIVIDUAL NAMED BELOW DESIGNATED THE ABOVE PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

THE SECRETARY OF WAR HAS ASKED ME TO EXPRESS HIS DEEP REGRET THAT YOUR BROTHER

GRADE	NAME	SERIAL NUMBER	ARM OR SERVICE	REPORTING THEATRE	F OR J STATUS	SHIPMENT NUMBER
S/SGT	SASAOKA, ITSUMU	30101548				027076-U-2
TYPE OF CASUALTY		PLACE OF CASUALTY	DATE OF CASUALTY			CASUALTY CODE
MISSING IN ACTION		IN	31	JAN	45	

REMARKS: **AG 704 /24 JAN 47/** CORRECTED COPY

MEMO -- ACTING OIC, CAS SEC, PA BR. CHANGING THE OFFICIAL STATUS FM POW OF THE GERMAN GOVT TO MIA AS OF 31 JAN 45, THE DATE OF HIS LAST KNOWN WHEREABOUTS ISSUED FOR RECORD PURPOSES ONLY AND NOTIFICATION TO SOL'S NOK NOT NECESSARY.

file Dem. Per. Rec. Br.
Clerk *[Signature]* Date **2-7-47**

CAS. RPT IS TO BE DISTRIBUTED TO ALL AGENCIES NOTIFIED OF SOL'S POW STATUS FOR THE PURPOSE OF CORRECTING THEIR RECORDS.

ACTION BY COMPOSITE SECTION: REPORT VERIFIED <input checked="" type="checkbox"/>		FORM 43	AG 201 REQ.
CASUALTY BRANCH FILE ATTACHED <input checked="" type="checkbox"/>	OR CHARGED TO <i>[Signature]</i>	DATE NS	
PREVIOUSLY REPORTED	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	(AS INDICATED BELOW):	
FILE NO. FORM 0 353	MESSAGE NO.	TYPE DED	DATE AND AREA 1 mar 46 ETO
FORWARDED TO		E. A. NOTIFIED 1 mar 46	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDENT.	C. & P.	TELEGRAM	LETTER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIF.	F. REL.	CORRES.	REPAT.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. R. & D.	NON-DEL.		
REPORT NOT VERIFIED	NO FORM 43	NO CAS. BR. FILE	CHECKED BY <i>[Signature]</i>
			REVIEWED BY <i>[Signature]</i>
DISTRIBUTION "A"	<input type="checkbox"/> 23 COPIES	DISTRIBUTION "B"	<input type="checkbox"/> 28 COPIES

WD AGO FORM 0365
1 MAY 1945

EDITION OF 1 JAN. 1945 MAY BE USED.