REPORT OF INTERMENT

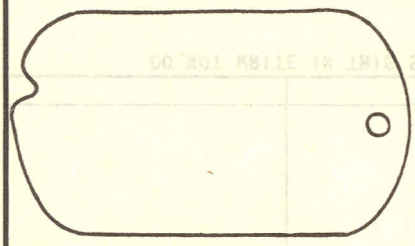
ALLIED

TURKEY

DATE OF REPORT

TYPE OF REPORT ☐ INITIAL ☐ SUPPLEMENTAL *(Reason)*

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. - IDENTIFICATION.

NAME *(Last, First, Middle Initial)*		SERVICE NUMBER
YANKI, Mustafa		4543
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
Unknown	Turkish Brigade	Turkish Army
RACE	**RELIGION**	**COUNTRY *(If not U.S.)***
White	Unknown	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Tagged at 3rd Station Hosp., South Korea.	Small Pox	8 March 51

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

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

WERE SUBSTITUTE TAGS PROVIDED? ☐ YES ☐ NO

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

Original R!O.I. in "Communicable Diseases" File

TV

SECTION 2. - BURIAL *(If other than in established cemetery, furnish overlay and attach)*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

ALLIED

DATE OF BURIAL	BURIED IN *(Shroud, blanket, or name of other)*	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
			Allied 6	1	192

WAS THIS A REBURIAL? ☐ YES ☐ 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	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY
		TURKEY

IDENTIFICATION TAG BURIED WITH BODY ☐ YES ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER ☐ YES ☐ NO

ALLIED

REMAINS BURIED IN GRAVE TO LEFT *(When viewed from foot of grave)*, NAME *(Last, First, Middle Initial)*	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
REMAINS BURIED IN GRAVE TO RIGHT *(When viewed from foot of grave)*, NAME *(Last, First, Middle Initial)*	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND *(Grid Coordinates)*

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS

WEAPON(S) WITH SERIAL NUMBER(S)

OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS *(or as many as possible)* IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER

DO NOT WRITE IN THIS SPACE *(For FBI use only)*

REMARKS

☆U. S. GOVERNMENT PRINTING OFFICE : 1951 O - 959587