CORRECTED REPORT

RESTRICTED

TURK

WD QM.C FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

ALLIED

DATE OF REPORT: 20 August 1951

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)	SERIAL NO.
OKAN, Abdi.	2659

GRADE	ORGANIZATION	BRANCH OF SERVICE
M/Sgt	Turkish Brigade	Army

RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Caucasian	Mohammedan	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Prev. reported	Prev. reported	Prev. reported

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
Prev. reported	Prev. reported
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Prev. reported	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
United Nations Military Cemetery Tanggok, Korea HP 0696

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
8 Jul 51	1200	Shelter Half	Temp	25	8	1932

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT NO.	ROW NO	GRAVE NO.
No				

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Prev. reported		A copy of this corrected report buried 18 inches below grave marker

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Prev. reported	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Prev. reported				

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Prev. reported				

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
This report prepared by GR Div. Hq. EUSAK APO 301	Robert [illegible] Major, QMC

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Incl 85

RESTRICTED

6253—FEC P&PC—9/50—300M

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS :

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
		Prev. reported		

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	Prev. reported	

OTHER IDENTIFICATION CLUES

FILLINGS



CAVITIES



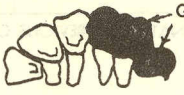
MISSING TEETH



CROWNED TEETH



BRIDGE WORK



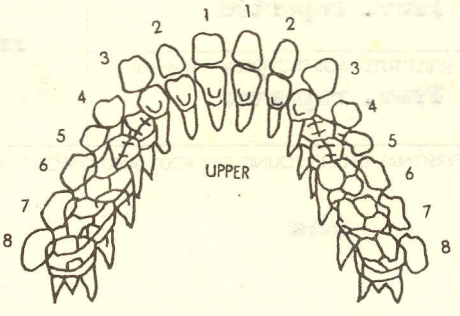
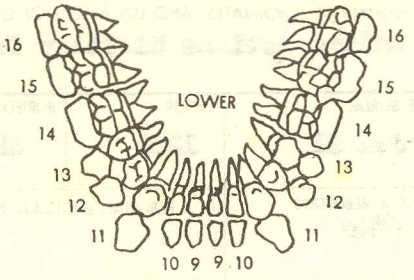
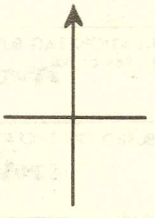


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS

Authority for change of identification, verbal request of Capt Kocapinar, Veli, GHQ, Turkish Brigade. Previously reported as OZKAN, Alidi

ALLIED RESTRICTED TURKEY 7096-S

WD QMC FORM 1042
Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT: 8 July 51

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
Pvt	Turkish Brigade	Army
RACE	**RELIGION**	**IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY**
White	Mohammedan	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Tae Dasan Korea	Undetermined	Abt 23 April 51

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	Identified by Dog Tag[illegible]
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	
Yes (GRS)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
UN Military Cemetery, Tanggok, Korea, [illegible]

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
8 July 51	1200	Shelter Half	Temp.	25	8	192

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT NO.	ROW NO	GRAVE NO.
No				

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
None		One copy of this form buried one foot at head of grave.

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes (GRS)	Yes (GRS)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
End of Row				
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	**RANK**	**SERIAL NO.**	**ORGANIZATION**	**GRAVE NO.**
UNK X-1454 Tanggok			Turkish Brigade	193

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Robert E. Graham	Richard A. Merriman
ROBERT E GRAHAM 2nd Lt QMC	

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

OZ KAN, Alidi 2159

RESTRICTED

5319—FEC P&PC—8/50—80M

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER

NOT FINGERPRINTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS :

(a) Great cere will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
5'6"	135	Violet.	Black	None noted

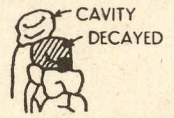
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	None noted	

OTHER IDENTIFICATION CLUES

FILLINGS



CAVITIES



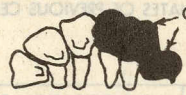
MISSING TEETH



CROWNED TEETH



BRIDGE WORK



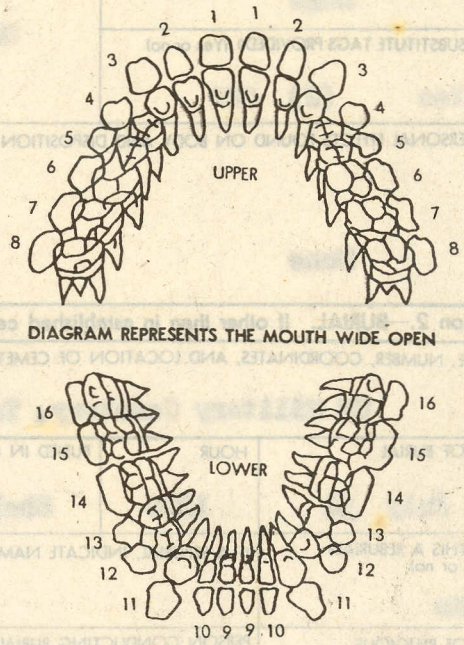
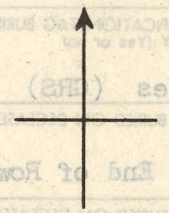


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS

Skeletal Remains
Form 1611 attached
Geographical Location of Death Undetermined.
Remains received at Yongdong-Po Collecting point.

RESTRICTED

7096-5

WD AMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

ALLIED

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT: 8 July 51

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)	SERIAL NO.
OZKAN ALIDI	2859

GRADE	ORGANIZATION	BRANCH OF SERVICE
M/SGT	TURKISH BRIGADE	ARMY

RACE	RELIGION	IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY
WHITE	MOHAMMEDAN	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
~~UNK~~ See REMARK, KOREA	UNDETERMINED	EST 23 APRIL-51

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unk

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
NONE	EMT ~~SIGNED~~ SIGNED By CAPT KOCHPINAR VELI
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) YES (2) GRS	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

TANGGOK

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
8 July 51	1200	SHELTER HALF	TEMP.	ALLIED 25	8	1932

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT NO.	ROW NO	GRAVE NO.
NO				

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
None		Remark

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
YES (2) (GRS)	YES (2) (GRS)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
END OF ROW.				

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
UNK X-1454 TANGGOK	UNK	UNK	TURKISH BRIGADE	1931

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
A. Falos E. Monday	Milton J. Camacho Stc

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

OZKAN ALIDI
2859

RESTRICTED

9771—FEC P&PC—1 51—300M

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER

NO FINGER PRINTS TAKEN

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS :

(a) Great cere will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
EST. 5'6"	EST. 135	UND. ET	BLACK	NONE NOTED

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
NONE	NONE NOTED	

OTHER IDENTIFICATION CLUES

FILLINGS — SILVER FILLING, GOLD FILLING

CAVITIES — CAVITY DECAYED

MISSING TEETH — TOOTH MISSING

CROWNED TEETH — PORCELAIN CROWN, GOLD CROWN

BRIDGE WORK — GOLD BRIDGE

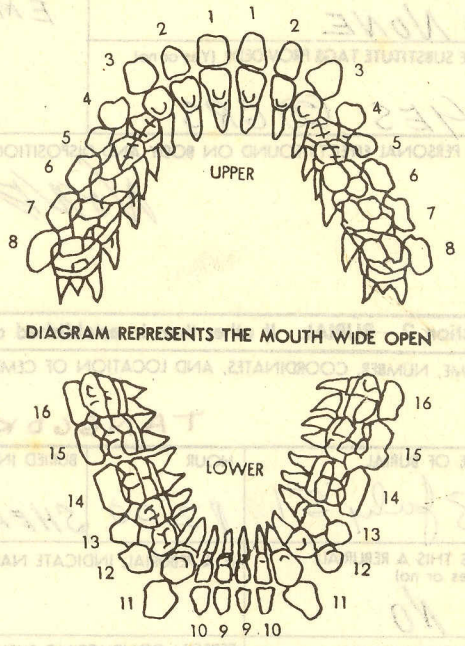
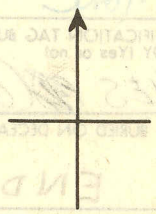


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

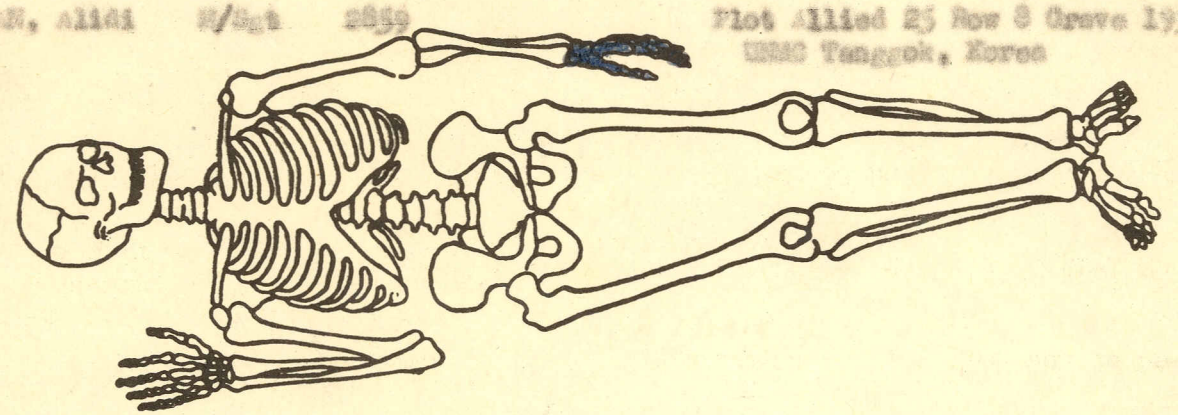


REMARKS: SKELETAL REMAINS
[redacted] C. FORM 1044B. ATTACHED
GEOGRAPHICAL LOCATION OF DEATH UNDETERMINED

7098-5

19. BLACK OUT PARTS OF BODY NOT RECOVERED

OZKAN, Allei R/Sgt 2859 Plot Allied 25 Row 8 Grave 1938
UNMC Tanggok, Korea



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts:
NUMBER

_____
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE
Monday RA13032065	Cpl. Eulos C. Monday

QMC FORM 18 MAR 47 1044b OZKAN ALLIED 2859

5762—FEC P&PC—9/50—250M