ALLIED RESTRICTED TURKEY 15955-2

REPORT OF INTERMENT

DATE OF REPORT: 11 May 53

TYPE OF REPORT: [X] INITIAL [ ] SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No ID Tags
found on Remains

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
YETIM, UMMET	19265

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt.	T.A.F.C.	Army

RACE	RELIGION	COUNTRY (If not U.S.)
Caucasian	Unknown	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
CS 083-080, Korea	MT states "Extensive 3rd degree phosporus burns"	7 May 53

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

WERE SUBSTITUTE TAGS PROVIDED? Three [X] YES (3) [ ] NO GRS.

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

One (1) MT signed by, "JOHN W. MAJER, 1st Lt. MC"

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.

No Personal Effects found on or with Remains.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

United Nations Military Cemetery, Tanggok, Korea EP 089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
11 May 53	1030	Canvas Square	Star & Crescent	26	10	2100

WAS THIS A REBURIAL? [ ] YES [X] 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: General

PERSON CONDUCTING BURIAL RITES: STEPHEN H. STOIZ, Lt. Co. Ch.C.

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY

One (1) copy of this form buried in burial bottle eighteen (18) inches below grave marker at head of grave.

IDENTIFICATION TAG BURIED WITH BODY: Two [X] YES (2) [ ] NO

IDENTIFICATION TAG ATTACHED TO MARKER: One [X] YES (1) [ ] NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
KARALI, ALI RIZA	Sgt.	17785	Turkish	2099

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

SIGNATURE OF PERSON PREPARING REPORT: Robert E. Jones, Pvt
ROBERT E. JONES PVT QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: THADDEUS M. PATTERSON 1st Lt. QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

YETIM, UMMET
19265

31490-Army-AG Admin Cen-FEC-9/52-90M

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)*
Est. 5'6"	Est. 140	Undetermined	Black	CS 083-080, Korea

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None

WEAPON(S) WITH SERIAL NUMBER(S)

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

No clothing found on or with Remains.
Remarks: Remains rec'd from Yong Dung Po Coll. Pt. Korea. Evac. #A8734/293rd Grs. Reg. Co. Tagged at 1st Bn. Aid Station, Co. T.A.F.C. Name, rank, serial number, org. cause, date and place of death taken from EMT.
Dermis of rt. index and rt. middle fingers scarred.

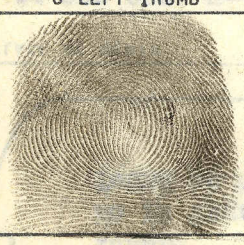
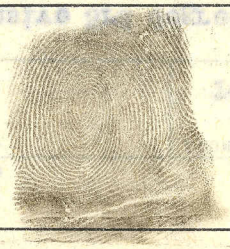
SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

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

See Above

15955-3

REPORT OF INTERMENT

DATE OF REPORT: 11 May 53

TYPE OF REPORT: ALLIED ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
NO ID TAGS
FOUND ON REMAINS

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
YETIM, UMMET	19265

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT.	T.A.F.C.	ARMY

RACE	RELIGION	COUNTRY (If not U.S.)
CAUCASIAN	UNK.	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
CS 083-080 KOREA	EMT STATES: "EXTENSIVE 3RD DEGREE PHOSPORUS BURNS."	7 MAY 53

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

WERE SUBSTITUTE TAGS PROVIDED? ☒ YES ☐ NO — THREE (3) GRS.

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse): ONE(1) EMT SIGNED BY JOHN W MAJER, 1ST LT., MC

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.

NO PE FOUND ON OR W/ REMAINS

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY: U

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
11 MAY 53	1030	CANVAS SQUARE	STAR + CRESCENT	26	10	2100

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
GENERAL	STEPHEW H. STOLZ LT. COL. CHC.

IDENTIFICATION TAG BURIED WITH BODY: TWO(2) ☒ YES ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER: ONE(1) ☒ YES ☐ NO

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: ONE (1) COPY OF THIS FORM BURIED IN BURIAL BOTTLE EIGHTEEN (18) INCHES BELOW GRAVE MARKER AT HEAD OF GRAVE.

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
KARALI, ALI, RIZA	SGT.	17785	TURKISH	2099
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
END OF ROW.				

SIGNATURE OF PERSON PREPARING REPORT: Robert E Jones, Pvt.

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Edmund A Rupprecht Pfc

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

YETIM, UMMET
19265

31490-Army-AG Admin Cen-FEC-9/52-90M

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)
EST. 5'6"	EST. 140	UNDET	BLACK	C.S 083-080 KOREA

BIRTHMARKS, SCARS, OR TATTOOS

NONE NOTED

LAUNDRY MARKS

NONE

WEAPON(S) WITH SERIAL NUMBER(S)

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

NO CLOTHING FOUND ON OR W/ 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
	NO FINGERPRINTS		TAKEN	

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
	NO FINGERPRINTS		TAKEN	

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

REMARKS

1) REMAINS REC. FROM YONG DUNG PO COLL. PT. KOREA. EVAC.# A8734/ 293RD QM. GRS REG. CO. TAGGED AT 1ST BN. AID STATION CO. T.A.F.C.

2) NAME, RANK, SN., ORG., CAUSE, DATE AND P.O.D. TAKEN FROM EMT.

ALLIED

RESTRICTED

15955-3

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
YETIM, UMMET Pvt. 19265				11 May 53

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNC Tanggok, Korea	26	10	2100	N/A	N/A

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
140	5'6"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) MT found with Remains reads, "YETIM, UMMET, 19265".

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None Noted

14. WAS BODY BURNED ?	TO WHAT EXTENT ?
[X] YES [ ] NO	Severe burns on head, rt. arm, lt. arm, rt. shoulder
15. WAS BODY MANGLED ?	TO WHAT EXTENT ?
[ ] YES [X] NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None Noted

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry merks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

No clothing or personal effects found on or with Remains.

RESTRICTED

1595-53

ALLIED. IDENTIFICATION DENTAL CHART

DATE: 12 May 53

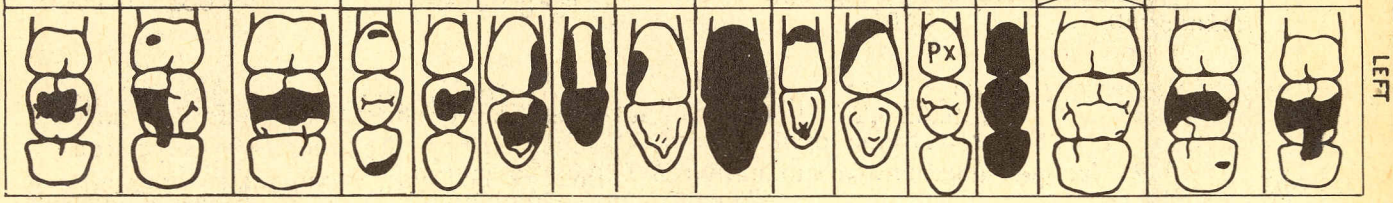
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
YETIM, UMMET	Pvt.	19265

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Unknown	T.A.F.C.	See DD Form 551	7 May 53

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
CS 083-080, Korea	UNMC Tanggok, Korea	26	10	2100

RIGHT — LEFT

1	2	3	4	5	6	7	8	9	10	11	12	13	~~14~~	15	16



1. O–AM.
2. DOL–AM.; F–AM.
3. MOD. GOLD FILL.
4. F–GOLD FILL.; ML–AM.
5. MO–AM.
6. ML–GOLD FILL.
7. 3/4 GOLD CR.
8. D–PORC. FILL.
9. PORC. CR.
10. F–PORC. FILL.; L–AM.
11. MF–PORC. FILL.
12. Px–POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO–AM.; L–AM.
16. MODL–AM.

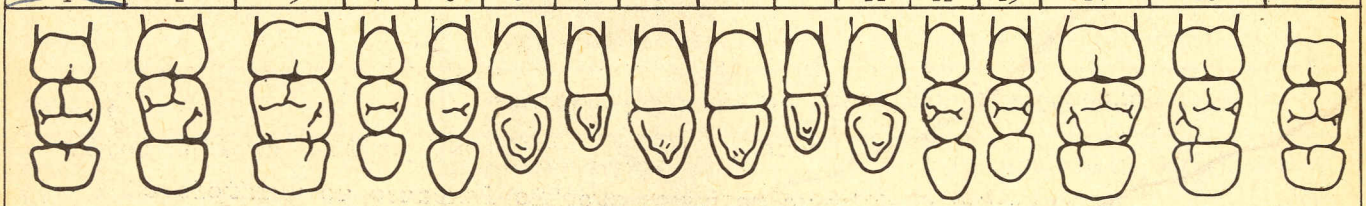
MARKING ABBREVIATIONS:
F - Facial *O - Occlusal* *D - Distal* *Am - Amalgam* *FILL - Filling* *BACK - Backing*
L - Lingual *M - Mesial* *I - Incisal* *CR - Crown* *PORC - Porcelain* *FAC - Facing*

CARIES

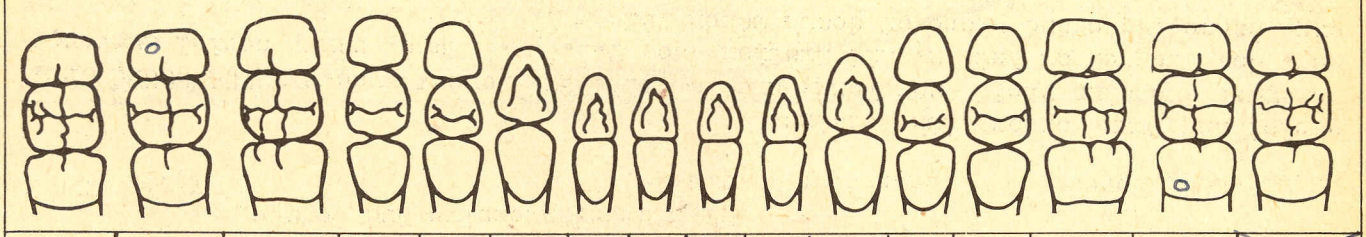
RESTORATIONS

~~1~~	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

UPPER RIGHT — UPPER LEFT



LOWER RIGHT — LOWER LEFT



32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	~~17~~

RESTORATIONS

CARIES: L (31); F (18)

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART
JERRY W. RINGS PVT QMC

VERIFIED BY GRS OFFICER
THADDEUS M. PATTERSON 1st Lt. QMC

DD FORM 1 SEP 51 569

REPLACES QMC FORM 1045, 1 APR 1947, WHICH IS OBSOLETE.

SEE REVERSE SIDE

YETIM, UMMET 19265

DENTURES *(Plates)*: DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. *(For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.)* SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: *(Describe in detail under remarks)*

	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

REMARKS *(If no abnormalities are found make notation to that effect)*

☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 O—965556

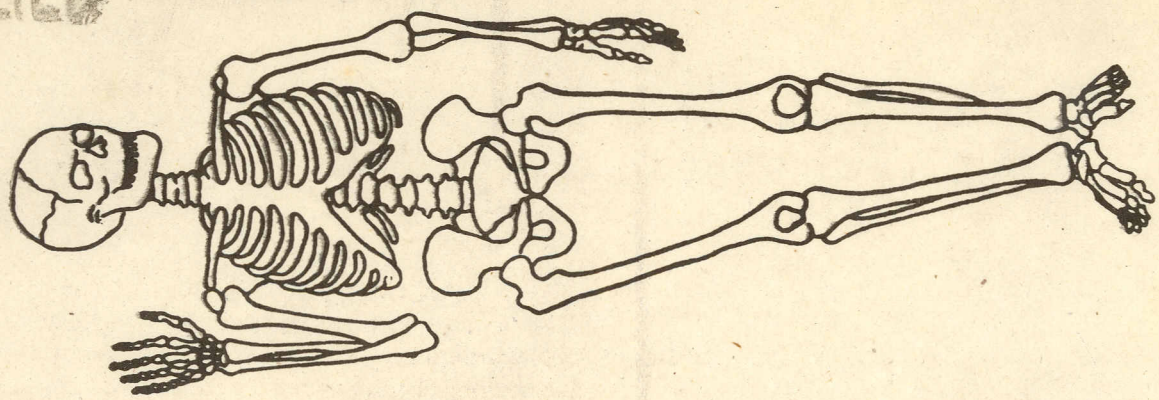
RESTRICTED

15 9553-3

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED

YETIM, UMMET Pvt. 19265 Plot:26 Row:10 Grave:2100
UMC 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

Remains complete

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
KENNETH E. McATEE PVT QMC 114th Qm Grs. Reg. Co;	Kenneth E McAtee PVT.

YETIM UMMET 19265

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M