RESTRICTED 16005-3

ALLIED

REPORT OF INTERMENT

TURKEY

DATE OF REPORT 19 May 53

TYPE OF REPORT ☐ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No ID Tag found
on Remains

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
HEPOZ, KASIM (N)	19142

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

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

PLACE OF DEATH U.S. Naval Hosp. in USS Haven(AH-12)

CAUSE OF DEATH Wound missile head, neck, abdomen. Rt. hand and lt. arm surgically amputated. Autopsy performed.

DATE OF DEATH 17 May 53

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

WERE SUBSTITUTE TAGS PROVIDED? ☐ YES (3) ☐ NO GRS. ~~Three~~

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

One (1) Cert. of Death signed by, "M.L. CONNERLEY, CDR, (MC), USN"

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.
19 May 53	1000	Canvas Square	Star & Crescent	26	11	2112

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: General

PERSON CONDUCTING BURIAL RITES: STEPHEN H. STOLZ Lt. Col. 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 ☒ YES (2) ☐ NO ~~Two~~

IDENTIFICATION TAG ATTACHED TO MARKER ☐ YES (1) ☐ NO One

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial): OZCAN, MUSA

GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
Pvt.	15575	T.A.F.C.	2111

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial): END OF ROW

GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.

SIGNATURE OF PERSON PREPARING REPORT: Jerry W. Ringo Pvt.
JERRY W. RINGO PVT QMC

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

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

HEPOZ, KASIM (N) 19142

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

SECTION 9. - 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. 5'1"	Est. 115	Undet.	Black	

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. #A8813/293rd Grs. Reg. Co. Tagged at USNH in the USS Haven. Name, rank, serial number, org. date and place of death taken from Cert. of Death.
Both hands missing, unable to obtain fingerprints.

SECTION 8. - 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
	NOT FINGERPRINTED			

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
	NOT FINGERPRINTED			

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

REMARKS

See Above

RESTRICTED

CERTIFICATE OF DEATH

NAVMED-N (REVISED 1-1-49)

See M. M. D. for instructions regarding number of copies and submission

FROM U.S. Naval Hospital in U.S.S. HAVEN (AH-12) %FPO San Francisco, Calif. (Ship or Station)

IF UNIDENTIFIED INDICATE BY USING "X" AND CONSECUTIVE NUMBER HERE

1. NAME	2. SEX		3. RACE		
	MALE	FEMALE	WHITE	NEGRO	OTHER (Specify)
HEPOZ, Kasim (n)	X		X		

4. STATUS						5. LENGTH OF SERVICE		6. AVIATION	
REGULAR ACTIVE	RESERVE ACTIVE	RETIRED	DEPENDENT	VAP	OTHER (Specify)	YEARS	MONTHS	YES	NO
X						Unk.	Unk.		X

7. FILE OR SERVICE NO.	8. RANK OR RATE	9. CORPS	10. BRANCH OF SERVICE	11. PLACE OF BIRTH (City)	(State or Country)
19142	PVT	TAFC (Turkish Army)		Cek Erek,	Turkey

12. DATE OF BIRTH (Month)	(Day)	(Year)	13. AGE (Years)	(Months)	(Days, if under 1 year)	14. RELIGION
July	7	1931	21	10		Moslem

15. COLOR OF EYES	16. COLOR OF HAIR	17. COMPLEXION	18. HEIGHT	19. WEIGHT
Brown	Black	Swarthy	5'1"	115 Approx.

20. MARKS AND SCARS (*Noted in health record*)

21. FINGERPRINT



Right Great Toe

STATE WHICH FINGER (*Right index preferred*)

22. NEXT OF KIN OR FRIEND

(Relation)	(Name)	(Address)
Mother	Mrs. Gealy ZEKIYE	Unknown

23. ADMITTED TO SICK LIST FROM (*If on active duty, last duty station before current admission to sick list*)	24. DATE ADMITTED TO SICK LIST (Month)	(Day)	(Year)
TAFC (Turkish Army) (5-6-53)	May	6	1953

25. PLACE OF DEATH	26. TIME OF DEATH (Month)	(Day)	(Year)	(Hour)
U.S. Naval Hospital in USS HAVEN (AH-12)	May	13	1953	2345

27. CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (*This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.*)	(a) Pneumonia, n.e.c. aspiration, lung, right (foreign body, tooth) (4280)	72 Hours
ANTECEDENT CAUSES. (*Morbid conditions, if any, giving rise to above cause (a), stating the underlying cause last.*)	DUE TO (b) Gas Bacillus infection, shoulder, left, gangrenous (5050)	7 Days
	DUE TO (c) Wound Missile, arms, legs, head, abdomen (8255) RL: C	7 Days
II. OTHER SIGNIFICANT CONDITIONS. (*Conditions contributing to death but not related to the disease or condition causing death.*)		

28. DO NOT WRITE IN THIS SPACE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

16—57572-1

(Continued)

29. NAME

HEPOZ, Kasim (n) PVT TAFC (Turkish Army)

30. SUMMARY OF FACTS RELATING TO DEATH:

This Turkish male patient was admitted in profound shock at 0900, 6 May 1953, via helicopter with the diagnosis wound missile, head, arms, legs, abdomen (8255) KL: C. 1. Within Command. 2. Work. 3. Negligence not apparent. 4. Injured in action against an organized enemy of the United Nations in Korea. After rigorous anti-shock therapy consisting largely of intravenous and intra arterial whole blood and dextran infusions, the patient was submitted to a craniectomy and bilateral amputation of the hands which is all the surgery the patient could withstand. He continued in and out of profound shock and when sufficiently stable, on 8 May 1953, the left amputation stump was revised to low forearm. The abdominal signs continued minimal, and due to recurrent shock, further surgery was again postponed. On 10 May 1953 due to increased evidence of toxicity, the left arm was amputated at the shoulder and a diagnosis of Gas Bacillus Infection, gangrenous, confirmed by the laboratory examination of the smears. The patient withstood this procedure poorly, and on the night of operation, aspirated a large amount of the tube feeding from his stomach. Signs of pneumonia of the right lung developed and progressed. On 11 May 1953 the patient spontaneously developed an intestinal fistula, ileal in origin. From this episode the course was continually terminal, and the patient died at 2345, 13 May 1953. Autopsy was performed.

REPORT OF AUTOPSY:

Gross Pathological Diagnosis:

(1) Wounds, Missile, Brain, Face
(2) Pneumonia, secondary to tooth in Bronchus
(3) Gas Gangrene, shoulder, left
(4) Wound Missile, abdomen, with peritonitis
(5) Amputation, left arm, right hand

Autopsy Protocol, Standard Form (503) will be forwarded upon completion of autopsy.

Identification of remains established by medical records received with patient.

31. (*To be completed in the case of Active Duty Personnel only*)

DEATH Is Not (*Is or is not*) THE RESULT OF OWN MISCONDUCT, AND Is (*Is or is not*) IN LINE OF DUTY.

32. KEY LETTER

"C"

33. DISPOSITION OF REMAINS

To be transferred locally to 293rd Graves Registration for further disposition.

34.

DATE SIGNED 16 May 1953 SIGNATURE M. L. Connerley (*Medical Officer*) CDR (*Rank*) (MC) USN

35.

APPROVED: COURT OF INQUIRY OR BOARD OF INVESTIGATION Will Not (*Will or will not*) BE HELD.

ADMINISTRATIVE REPORT Will Not (*Will or will not*) BE SUBMITTED.

DATE SIGNED 16 May 1953 SIGNATURE J. R. Weisser (*Commanding Officer*) CAPT (MC) (*Rank*) USN

U. S GOVERNMENT PRINTING OFFICE 16—57572-1

ALLIED

RESTRICTED

16005-3

REPORT OF INTERMENT

TURKEY

DATE OF REPORT 19 MAY 53

TYPE OF REPORT ☑ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
NO ID TAG
FOUND ON
REMAINS

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
HEPOZ, KASIM (N)	19142

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

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
U.S. NAVAL HOSPITAL IN USS HAVEN (AH-12)	WOUND MISSILE, HEAD, NECK ABDOMEN, RT. HAND & LT. ARM SURGICALLY AMPUTATED. AUTOPSY PERFORMED.	13 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)

DONE (1) CERT. OF DEATH SIGNED BY M.L. CONNERLEY, CDR. (MC) USN.

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.N.M.C. TANGGOK, KOREA FP089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
19 MAY 53	1000	CANVAS, SQUARE	STAR & CRESCENT	26	11	2112

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
GENERAL	STEPHEN H. STOLZ LT. COL. CHC.	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	IDENTIFICATION TAG ATTACHED TO MARKER
TWO. (2) ☑ YES ☐ NO	ONE (1) ☑ YES ☐ NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
OZCAN, MUSA	PVT.	15575	T.A.F.C.	2111

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	SIGNATURE OF GRS OFFICER VERIFYING REPORT
M.A. James W. Ringuette Pvt	Charles E. Fouts Pvt.

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

HEPOZ, KASIM (N) 19142

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. 5'1"	EST. 115	UNDET	BLACK	

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)*
1) REMAINS RECEIVED FROM YONG DONG PO COLL. PT. KOREA, EVAC # AB813/298 HQ
GRS. REG. CO. TAGGED AT USNH IN THE USS HAVEN
2) NAME, RANK, SN, ORG, DATE AND P.O.D. TAKEN FROM CERT. OF DEATH.

REMARKS

BOXED

RESTRICTED

ALLIED

RESTRICTED

16005-3

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
HEPOZ, KASIM (N) PVT. 19142				19 May 1953	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC Tanggok, Korea	26	11	2112	N/A	N/A

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
115	5'1"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) Cert of Death received with Remains reads, "HEPOX, KASIM (N) PVT. 19142".

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?
☐ YES ☒ NO	
15. WAS BODY MANGLED?	**TO WHAT EXTENT?**
☐ YES ☒ 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 Personal Effects or clothing found on or with Remains.

RESTRICTED

16005-3

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 19 May 1953

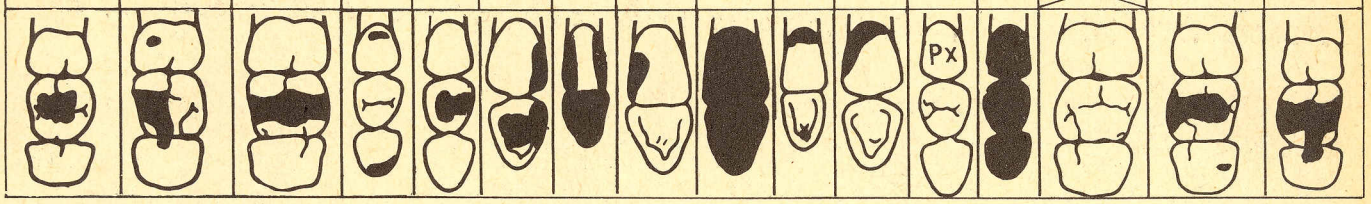
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
HEPOZ, KASIM (N)	PVT.	19142

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Unknown	T.A.F.C.	See DD form 551	13 May 1953

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
USS Hospital in USS HAVEN AH12Korea	UNMC Tanggok, Korea	26	11	2112

RIGHT — LEFT

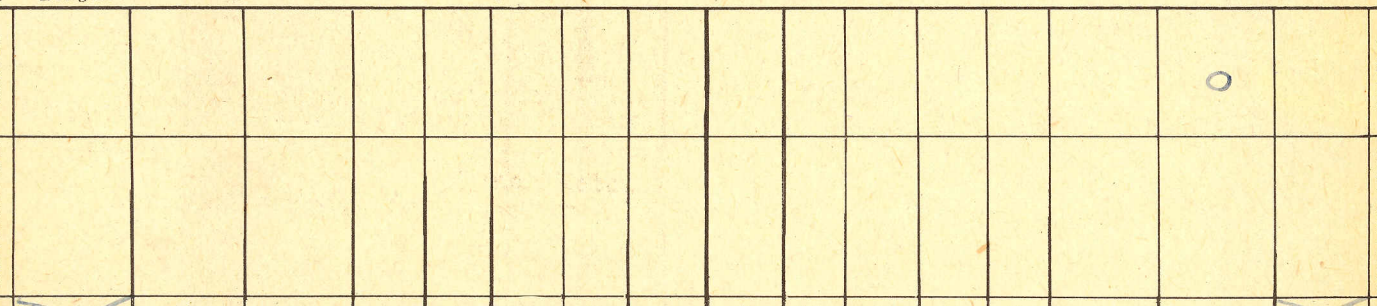
1	2	3	4	5	6	7	8	9	10	11	12	13	~~14~~	15	16



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*

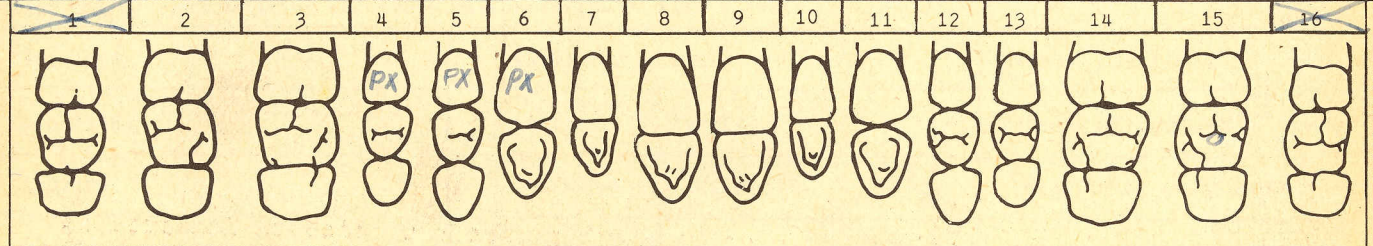
CARIES



RESTORATIONS

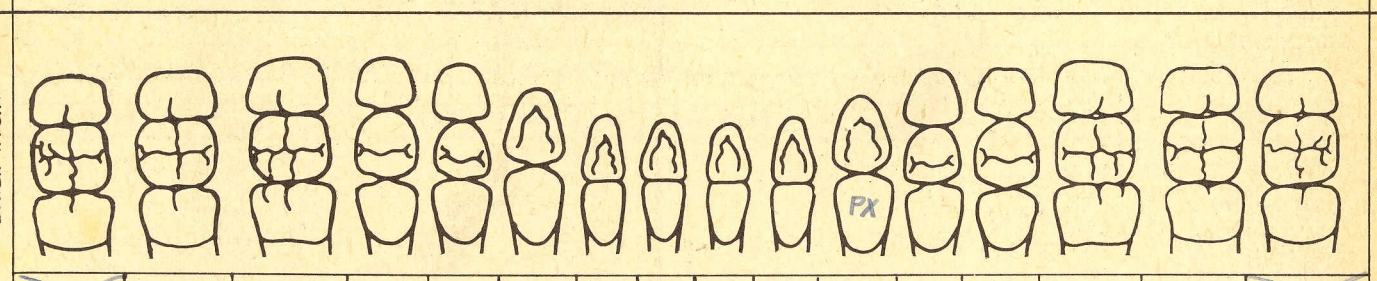
UPPER RIGHT — UPPER LEFT

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



LOWER RIGHT — LOWER LEFT

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



RESTORATIONS

CARIES

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

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

DD FORM 1 SEP 51 569

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

HEPOZ, KASIM (N) 19142

SEE REVERSE SIDE

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)*

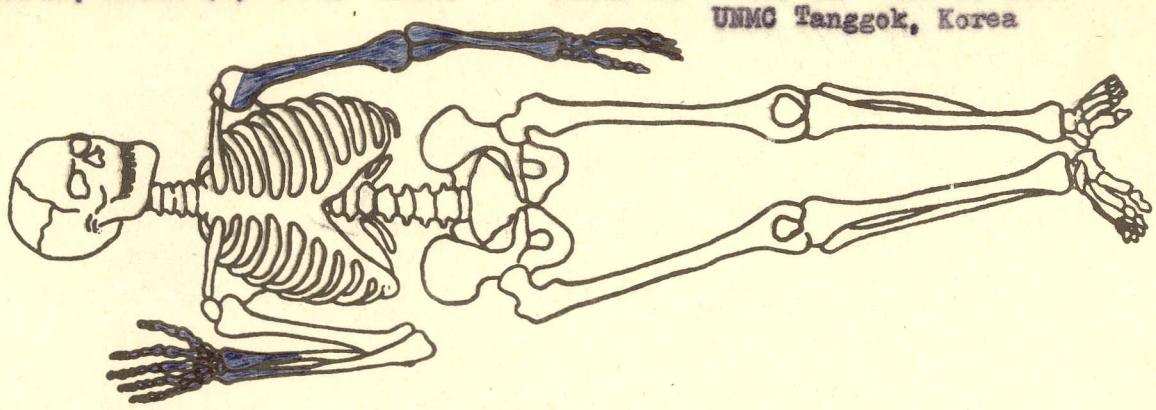
	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

ALLIED RESTRICTED 16005-3

19. BLACK OUT PARTS OF BODY NOT COVERED

HEPOZ, KASIM (N) Pvt. 19142 Plot: 26 Row: 11 Grave: 2112
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
BOB COX JR. PVT. 114th Gr. Reg. Co.	Bob Cox Jr. Pvt.

QMC FORM 18 MAR 47 1044b

HEPOZ, KASIM (N) 19142

5762—FEC P&PC—9 50—250M

RESTRICTED

16005-3

ALIEN

SKELETAL CHART

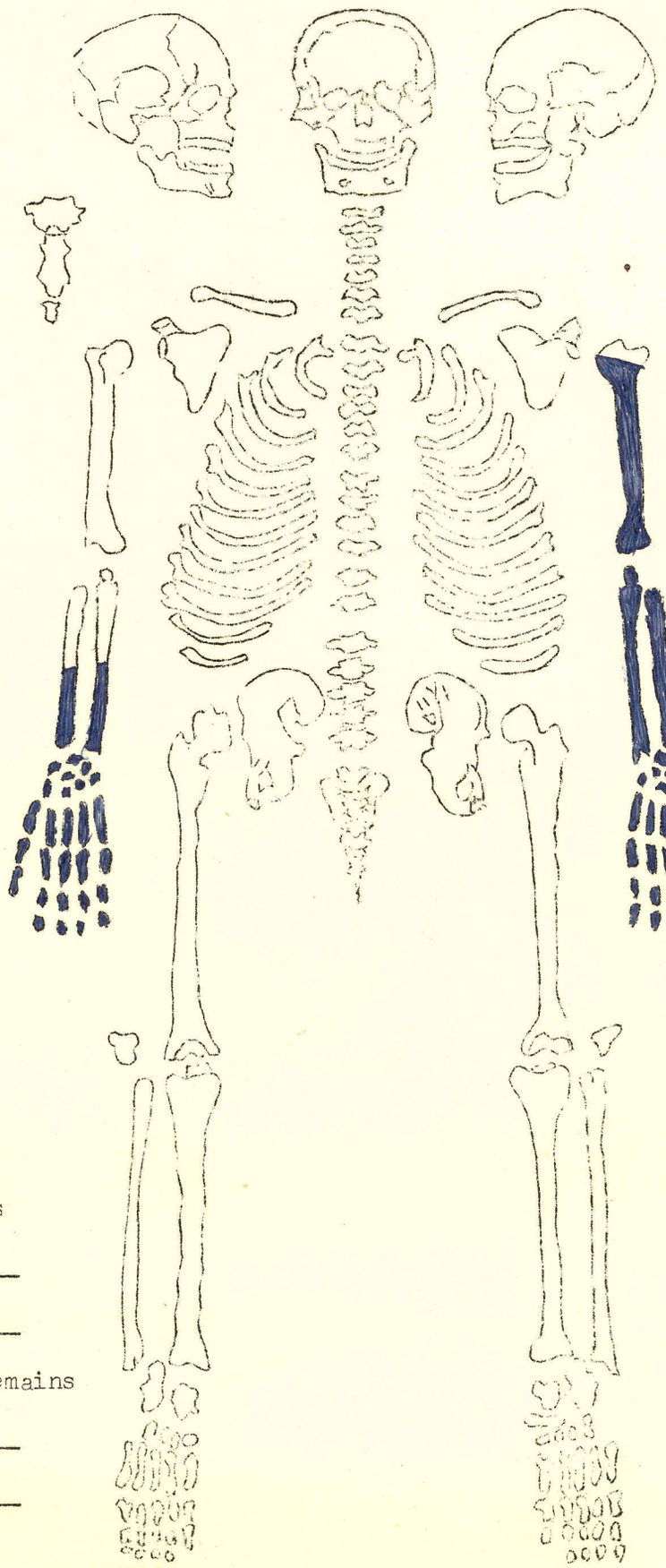
S&R#

(BLACK OUT PARTS OF BODY NOT RECEIVED)

RIGHT

LEFT

SKULL_____Ins



HUMERUS_____cm

HUMERUS_____cm

ULNA_____cm

ULNA_____cm

RADIUS_____cm

RADIUS_____cm

FEMUR_____cm

FEMUR_____cm

TIBIA_____cm

TIBIA_____cm

FIBULA_____cm

FIBULA_____cm

Est Age_____Yrs

Est Height_____

_____

Condition of Remains

_____

_____

-Missing

-Burned

-Fractured

-Shattered

HEPOZ, KASIM (N) 19142