REPORT OF INTERMENT

DATE OF REPORT: 27 May 1959

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
I.D. tags
unable to
print
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
AKKURT HUSEYIN	50945

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TAFC, 2d Batt. 6 Co	Army

RACE	RELIGION	COUNTRY (If not U.S.)
Cau/Turkish	Islam	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
TAFC, 2d Batt. 6 Co	A BULLET DESTROYED HIS STOMACH ORGANS SPECIALLY LIVER	23 May 1959

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

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) Cert. of identity rec'd with remains signed by TOPUZ ABUZER, KAHRAMAN HUSEYIN, ELVERMEZ KAZIM, TAFC. Verified by IREZ NEZIH, 2/Lt, 48118, TAFC, TAPO-5401.

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 clothing or PE's 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, Pusan, 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.
27 May 1959	1100	SHEET	Star & cresent	45	10	4077

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: AHMET ERKAN Cpl Chaplain, Turkey

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 [ ] NO (2)

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

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
AKUSTEBEK MEHMET	PVT	50234	TAFC	4076

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

SIGNATURE OF PERSON PREPARING REPORT: William L. McNelly
WILLIAM L. McNELLY, SGT

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Charles E. Turek
CHARLES E. TUREK, Capt, QMC, OIC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

46-1042-Army-AG Admin Cen-AFFE-25M

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 5'11	EST 165	UTD	Black	None Noted

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None Noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

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

No clothing or PE's found on or with 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 The remains is buried at a 45 degree angle. With the head pointing to the North so that the remains lay in a North-South direction.

IDENTIFICATION DENTAL CHART

TURKEY

DATE: 25 May 1959

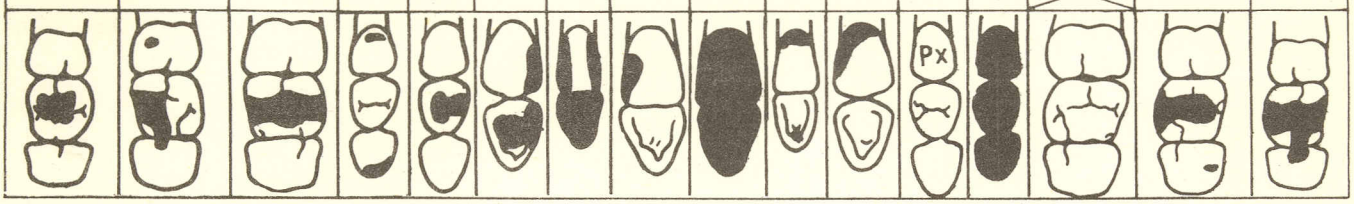
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
AKKURT, HUSEYIN	PVT	50945

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
6th Co 2nd Bn TAFC, TAPO 5401		Gun Shot Wound	23 May 1959

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
2d Batt. 6 Co TAFC	UN Mil. Cemetery, Tanggok, Pusan Korea	45	10	4077

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, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

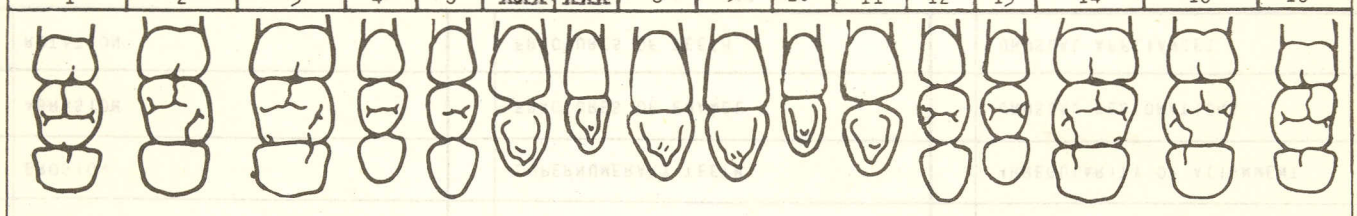
CARIES

RESTORATIONS

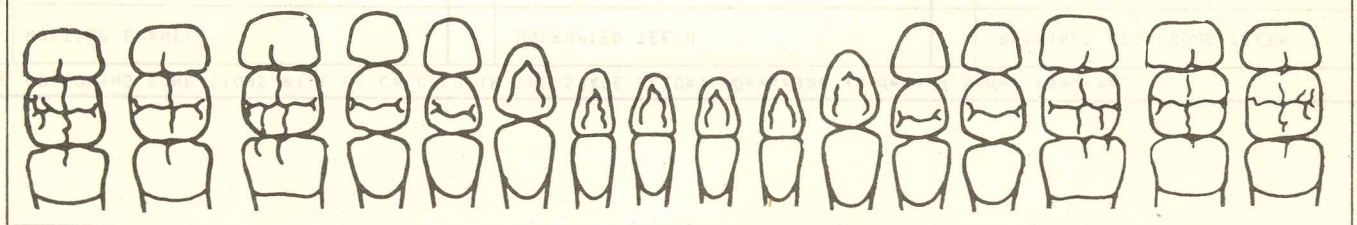
Gold Filling

1 2 3 4 5 X&X XXX 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 XXX XXX 17

Missing

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Benjamin M. Williams

VERIFIED BY GRS OFFICER: Howard F. Helms Capt.

DD FORM 1 SEP 51 569

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

SEE REVERSE SIDE

22902—FEC P&PC—1/52—50M

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)*

Badly out of line low front teeth.

TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
AKKURT HUSEYIN PVT 50945	27 May 1959

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
United Nations Military Cemetery, Tanggok, Pusan, Korea.	45	10	4077		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 165	EST 5'11	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) cert. of identity rec'd with remains reads: AKKURT HUSEYIN, PVT, T-50945

2. Six(6) cert. of death rec'd with remains reads: AKKURT HUSEYIN, PVT, T-50945

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	

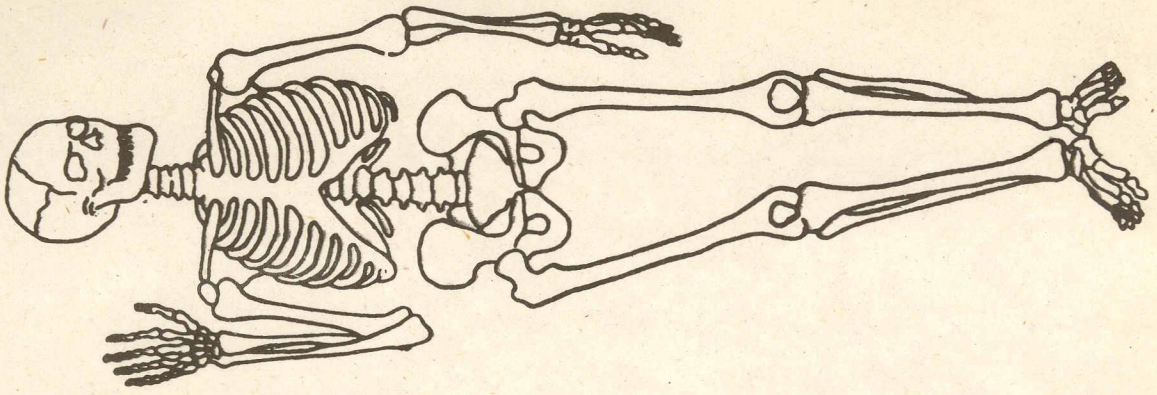
15. WAS BODY MANGLED ?	TO WHAT EXTENT ?
☐ YES ☒ NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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 PE's found on or with remains

19. BLACK OUT PARTS OF BODY N[illegible] RECOVERED



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 and intact

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
William L McNelly WILLIAM L. McNELLY, SGT, RA-15412607, 28th QM DET(R & D)	

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

CERTIFICATE OF DEATH

I IDENTIFICATION OF DECEASED

TURKEY

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
AKKURT Huseyin	50945	Pvt	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
T.A.F.C. 2 nd Battalion 6 Co. TAPO 540I	540I	W Turkish	Single

H. CATEGORY (SR 600-750-1)
[X] ARMY [ ] DAC [ ] DEPENDENT*
[ ] NAVY [ ] DNC [ ] OTHER (Specify)
[ ] AIR FORCE [ ] DAFC

*I. IF DEPENDENT (Name and address of individual upon whom dependent)

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1937	Celikkan Adiyaman	NATURALIZED [ ] YES [ ] NO

M. USUAL OCCUPATION (In homeland and/or prior to military svc)	N. DESIGNATED RESIDENCE (Street No, City or Town, County & State)
Farmer	Recep Koyu Celikkan Adiyaman TURKEY

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
father	[ ] AG CASUALTY	Akkurt Ali Recep Koyu Celikkan Adiyaman TURKEY
B. NOTIFIED [ ] YES [ ] NO	[ ] OTHER (Specify)	E. ADDRESS (City or Town, County and State)

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER [X] LIVING [ ] DECEASED	AKKURT ALI	
B. MOTHER [ ] LIVING [ ] DECEASED		

IV MEDICAL CERTIFICATION

A. PLACE OF DEATH (City or Town, State or APO)	B. DATE OF DEATH HOUR	DAY	MONTH	YEAR	C. ATTENDED DECEASED FROM (Date)	TO (Date)	D. DECEASED LAST SEEN DATE
T.A.F.C 2nd Battalion 6 Co.	1400	23	May	59			

E. NAME OF HOSPITAL: 43rd SHMA American Hospital — INTERVAL BETWEEN ONSET & DEATH:

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)
A bullet destroyed his stomach organs specially liver.

G. DUE TO

H. DUE TO

I. ADDITIONAL DIAGNOSIS

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS
At the 43 hospital American doctors made an operation but he died.

K. AUTOPSY PERFORMED [ ] YES [X] NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)
A Turkish soldier wanted to kill him in first degree. 23 May 59 at 1400 o'clock. in the barrack.

M. I CERTIFY THAT DEATH OF THE ABOVE NAMED DECEASED OCCURRED AS INDICATED

DATE	TYPED NAME AND RANK OF MEDICAL OFFICER	SIGNATURE OF MEDICAL OFFICER
24 May 59	2/Lt. Sayin Mahmut Mc.	

V MORTICIAN REPORT (Final dispositions of remains)

A. (Check applicable box)
[ ] BURIED LOCALLY [ ] REMAINS SHIPPED TO HOMELAND
[ ] CREMATED LOCALLY [ ] ASHES SHIPPED TO HOMELAND

B. NAME OF CEMETERY: United Nations Military Cemetery, Pusan
C. ROW 10 45 D. PLOT 4077 E. GRAVE

F. TYPED NAME OF EMBALMER	G. LICENSE NO.	SIGNATURE OF EMBALMER
	H. STATE HELD	

USF 1 FORM 1 APR 54 89 REPLACES FEC FORM 89, 1 APR 54, WHICH MAY BE USED.

Army-Admin Cen-Japan

293D QUARTERMASTER COMPANY
(GRAVES REGISTRATION)
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH TURKEY DATE: 24 May 59

1. I, the undersigned, do certify that the deceased, which I have (personally viewed) (seen photographs of) are those of:

AKKURT HUSeyin — Pvt — 50945
Last Name, First Name, MI, Rank, ASN.

T.A.F.C. 2nd.Bn 6 Co. TAPO, 540I TOKYO JAPAN
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of : 1. I2 months. 2. I2 months 3. I2 months.
(specified in weeks, months, or years)

3. I recognize the deceased because of the following; (X) Facial Features, ( ) Scars, ( ) Birthmarks, or as listed below:

1. signed: ABIZE
typed: TOPUZ ABUZER
PVT 50952
RANK ASN
T.A.F.C. 2nd Bn 6 Co.
ORGANIZATION

VERIFIED:
(signed)
IREZ NEZIH
(typed)
2/Lt. 48II8
(rank) (ASN)
T.A.F.C. Medical CO. Interpreter.
(organization)

2. signed: HKA
typed: Kahraman Huseyin
Pvt 50840
RANK ASN
T.A.F.C. 2nd Bn. 6 CO.
ORGANIZATION

3. signed: Kazim
typed: Elvermez Kazim
Pvt 50869
RANK ASN
T.A.F.C. 2nd Bn. 6 Co.
ORGANIZATION

(293 Opns .12)

AMERICAN GRAVES REGISTRATION SERVICE

FINGERPRINT FORM

TURKEY

AKKURT HUSEYIN, 50945 Date: 25 May 1959

Name and Service No. or Unknown No.

Cemetery United Nations Military Cemetery, Tanggok, Korea Plot 45 Row 10 Grave 4077

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

Impressions taken by:

Signature of Individual
Taking Prints

34712-Army-AG Admin Cen-FEC-12/52-30M

LEFT HAND

10. Little Finger 

9. Ring Finger 

8. Middle Finger 

7. Index Finger 

6. Thumb 

RIGHT HAND

5. Little Finger 

4. Ring Finger 

3. Middle Finger 

2. Index Finger 

1. Thumb 

19053 AKKURT HUSEYIN

REPORT OF INTERMENT

DATE OF REPORT: 27 May 1959

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY I.D. tags unable to Print

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
AKKURT HUSEYIN		50945
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT	TAFC 2nd Batt. 6Co.	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
CAC/TURKISH	ISLAM	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
TAFC. 2nd Batt. 6Co	SPECIALLY LIVER, A BULLET DESTROYED HIS STOMACH ORGANS	23 May 1959

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

WERE SUBSTITUTE TAGS PROVIDED? three ☐ YES ☐ NO (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) Cert. of identity recd with remains Signed by TOPUZ ABUZER, KAHRAMAN HUSEYIN, ELVERMEZ KAZIM, TAFC. Verified by IREZ NEZIH 2/LT. 4818, TAFC. TAPO-5401.

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 clothing or PE's 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 Military Cemetery, Tangyak Korea, GP-089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
27 May '59	1100	SHEET	Star & Cresent	45	10	4077

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: AHMET ERKAN Cpl. Chaplain Turkey

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 ☐ YES ☐ NO (2)

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

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
AKUSTEBEK, MEHMET	PVT	50234	TAFC	4076
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	**GRADE**	**SERVICE NUMBER**	**ORGANIZATION**	**GRAVE NO.**
VACANT GRAVE				

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. 19053 AKKURT HUSEYIN

45-791-Army-AG Admin Cen-AFFE-5M

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 5'11	EST 165	UTD	Black	NONE NOTED

BIRTHMARKS, SCARS, OR TATTOOS: NONE NOTED

LAUNDRY MARKS: NONE NOTED

WEAPON(S) WITH SERIAL NUMBER(S): N/A

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

No clothing or PEG found on or with 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: The remains is buried at a 45 degree angle. with the head pointing to the NORTH so that the remains lay in a NORTH-South direction

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
AKKUNT HUSEYIN				27 MAY 1954

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC TANGGOK KOREA	45	10	4077	—	—

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 165	5'11	BLACK	[redacted] CAC/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. SIX(6) CERT OF IDENTITY DECK WITH REMAINS READ: AKKUNT HUSEYIN PVT T-50945

2. SIX(6) CERT. OF DEATH WITH REMAINS READ: AKKUNT HUSEYIN PVT T-50945

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	

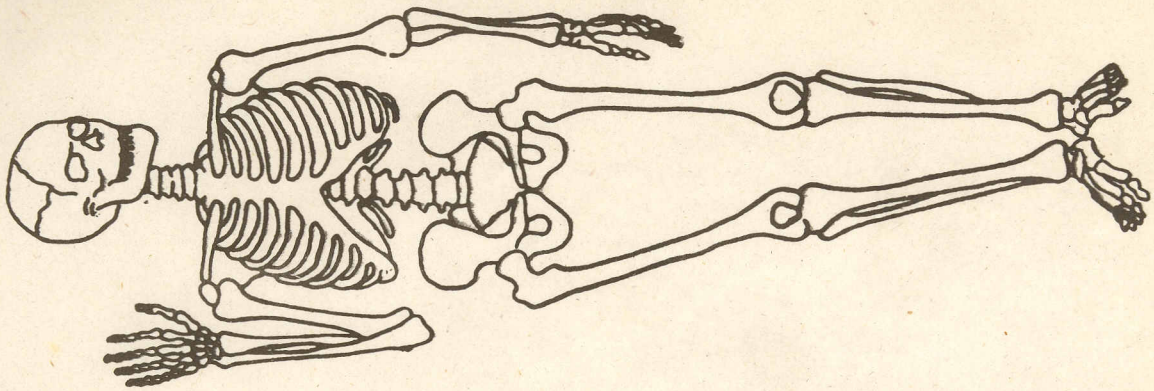
15. WAS BODY MANGLED?	TO WHAT EXTENT?
☐ YES ☐ NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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 P.E'S FOUND ON OR WITH REMAINS

19. BLACK OUT PARTS OF BODY I RECOVERED



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 AND INTACT

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

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M