REPORT OF INTERMENT

ALLIED

DATE OF REPORT: 16 September 1958

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
GULER, DURSUN		T-50703
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT	T.A.F.C. 2nd BAT. 5th COMPANY	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
CAU	ISLAM	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
NEAR 2nd BATTALION OF T.A.F.C.	HEAD INJURE, SEVERE DUE TO GUNSHOT WOUND PENETRATING SKULL WITH EXTENSIVE BRAIN DAM.	13/9/58

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 GENGONUL FAZLI, ICCI SALIM, SARIKAYA TAHSIN, TAFC, TAPO 5401. Verified by JOSEPH V. GANDER, PFC, 107th QM CO (Gr Reg)

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.

NONE

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.
16 September '58	1130	SHEET	Star & Cresent	45	10	4069

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: TEVFIK, SAHIN, 2/Lt, Chaplain

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.
Beginning of Row	- -	- -	- -	- -

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: Terry C. Potter
TERRY C. POTTER, PFC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Albert C. Fong
ALBERT C. FONG, 2/Lt, QMC, OIC, UNMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

37230-Army-AG Admin Cen-FEC-2/53-61M

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 5'8"	EST 175	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

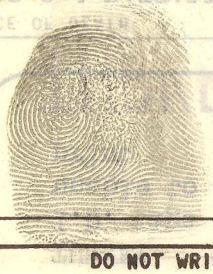
SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

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.

TURKEY

IDENTIFICATION DENTAL CHART

ALLIED

DATE: SEPTEMBER 14, 58

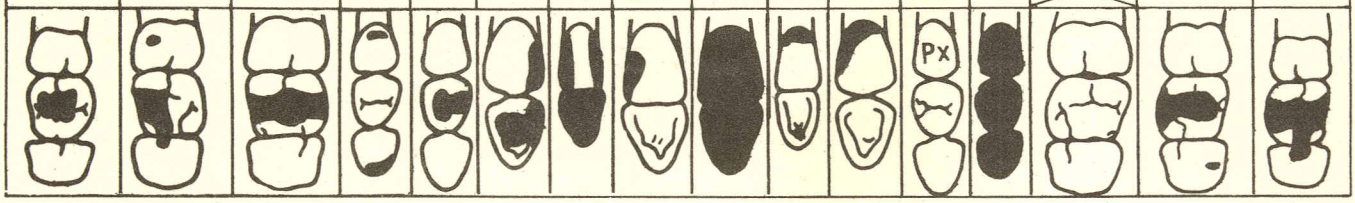
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
GUIER, DURSUN	PVT.	50703

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
T.A.F.C. 2nd. Bat.	5 Co.	GUNSHOT WOUND	SEPT. 13. 58

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Near 2nd Bat. of T.A.F.C.	UN MILITARY CEMETARY (TANGGOK, KOREA)	45	10	4069

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.

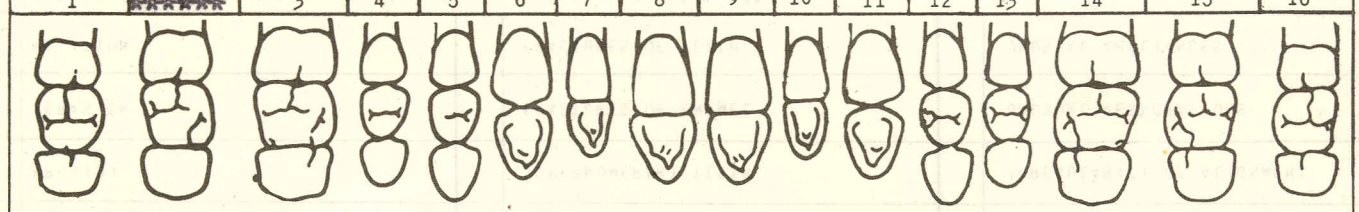
MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

CARIES

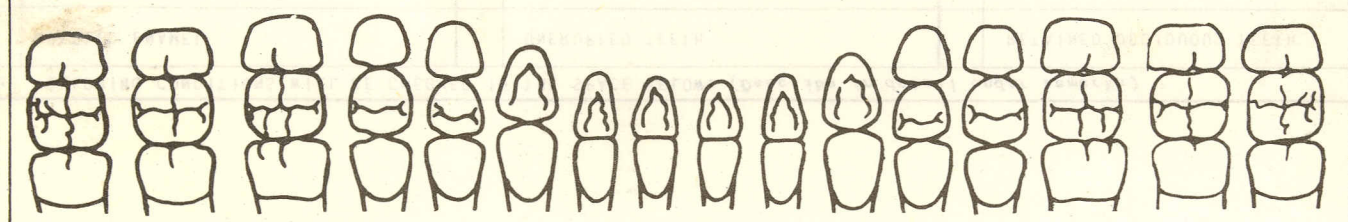
RESTORATIONS

1	******	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	******	18	17

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Buckley K. Mills

VERIFIED BY GRS OFFICER: Thomas L. Blakeney

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)*

NO. 7 tooth is broken off.

IDENTIFICATION DATA

TURKEY ALLIED

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
GULER DURSUN PVT T-50703	16 September 1958

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
United Nations Military Cemetery Tanggok, Korea	45	10	4069		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 175	EST 5'8"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) cert. of identity rec'd with remains reads: GULER DURSUN, PVT, T-50703

2. Six(6) cert. of death rec'd with remains reads: GULER DURSUN, PVT, T-50703

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

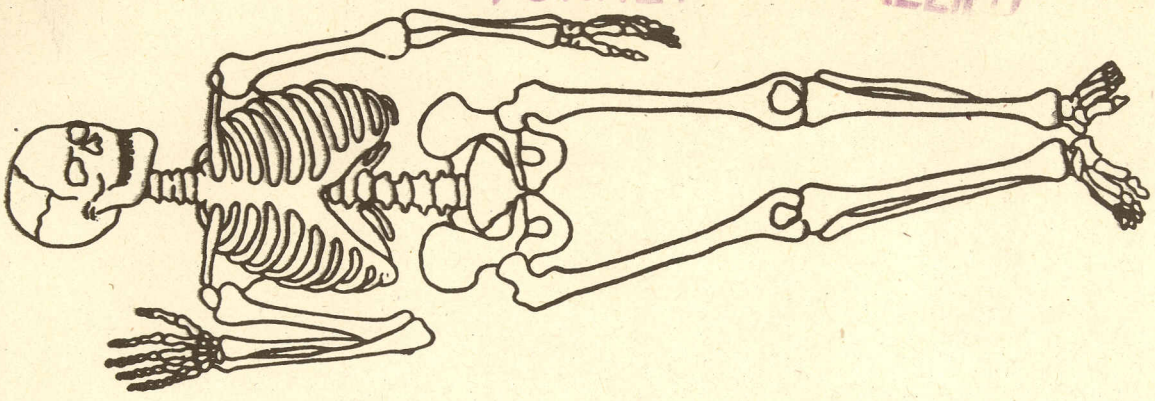
None Noted

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 clothing or PE's found on or with remains

19. BLACK OUT PARTS OF BODY NOT COVERED

TURKEY ALLIED



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
TERRY C. POTTER, PFC, US55569936, 28th CM (Gr Reg)	Terry C. Potter

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

TURKEY

CERTIFICATE OF DEATH

ALLIED

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
GULER DURSUN	50703	P vt	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
T. A. F. C. 2nd.Bat. 5.company	5401	W Turkish	Married

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

*I. IF DEPENDENT (Name and address of individual upon whom dependent)
Mrs.Guler Dursun
Konco Koyu Muradiye ORDU TURKEY
Mesudiye

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1937	Mesudiye	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	Same Address

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
B. NOTIFIED ☐ YES ☐ NO	☐ AG CASUALTY ☐ OTHER (Specify)	E. ADDRESS (City or Town, County and State) Same Adress

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER ☒ LIVING ☐ DECEASED	Guler Emin	
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
Near 2nd Battalion of T.A.F.C.	10.	13	9	1958			

E. NAME OF HOSPITAL: T.A.F.C. Medical Company — INTERVAL BETWEEN ONSET & DEATH:

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)
Head injure. severe due to gunshot wound penetrating skull with extensive brain damage.(fronto-parietal)

G. DUE TO:

H. DUE TO:

I. ADDITIONAL DIAGNOSIS:

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS — K. AUTOPSY PERFORMED ☐ YES ☒ NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)
He was killed by his friend Aktan Mehmet with a Colt 45 accidently.
Head injuries. Brain damage. Fronto -parietal.

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
13.9.1958	Major Md. Dincer Celip	

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 4069 E. GRAVE

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

FEC FORM 1 APR 54 89 (Edition of 1 Oct 47 obsolete)

Army-Admin Cen-Japan

293RD QUARTERMASTER COMPANY
(GRAVES REGISTRATION)
APO 20

Date 13.9. 1958

TURKEY

CERTIFICATE OF IDENTITY

CURRENT DEATH

ALLIED

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

GULER DURSUN — Pvt — 50703
Last Name — First Name — MI — Rank — ASN

T.A.F.C. — 2nd Battalion 5. Company — 540I
Organization — APO

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

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

1. Signed: KG

Typed: Gengen.l Fazli

Pfc — 50801
Rank — ASN

2nd Batt. 5. Com. — T.A.F.C.
Organization

VERIFIED:

Joseph V. Carder
(Signed)

(Typed)

(Rank) (ASN)

(Organization)

2. Signed:

Typed: ICCI Salim

Pvt — 50805
Rank — ASN

2nd Bat. 5. Com. — T.A.F.C.
Organization

3. Signed: TASIN

Typed: Sarikaya Tahsin

Pvt — 50808
Rank — ASN

2nd Bat. 5. Com — T.A.F.C.
Organization

(293 Opns .12)

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

TURKEY

ALLIED

GULER, DURSUN T-50703 Date: 14 SEPT. 1958

Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITERY CEMETERY, TANGGOK, KOREA Plot 45 Row 10 Grave 4069

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

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



Impressions taken by:

Franklin D Causey

Signature of Individual
Taking Prints

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

GULER DURSUN 19039

REPORT OF INTERMENT

DATE OF REPORT: 16 September '58

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
GULER DURSUN	T-50703

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	T.A.F.C. 2nd BAT. 5th Company	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
NEAR 2ND BATTALION OF T.A.F.C.	HEAD INJURE, SEVERE DUE TO GUNSHOT WOUND PENETRATING SKULL WITH EXTENSIVE BRAINDAM	13 Sept 1958

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 tech'd with remains Signed by GENGONOL FAZLI, ICCI SALIM, SARIKAYA TAHSIN, TAFC. TAPO-5401. Verified by JOSEPH V. GANDER PFC. 107th QM Co (GRREG)

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.

NONE

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.
16 Sept. '58	1130	SHEET	Star & Cresent	45	10	4069

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	TEVFIK, SAHIN 2/Lt. Chaplain

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

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

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

one (1) Copy of this form buried in burial tube 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.
BEGINNING OF ROW	—	—	—	—

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.

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 5'8"	EST 175	UTD	Black	Near 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.

GULER DURSUN 19039

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
GULER DURSUN PVT T-50703				16 September 1958
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
United Nations Military Cemetery Tanggok, Korea	45	10	4069	

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six (6) Cert. of identity rec'd with remains reads: GULER DURSUN PVT T-50703

2. Six (6) Cert. of death rec'd with remains reads: GULER DURSUN PVT T-50703

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

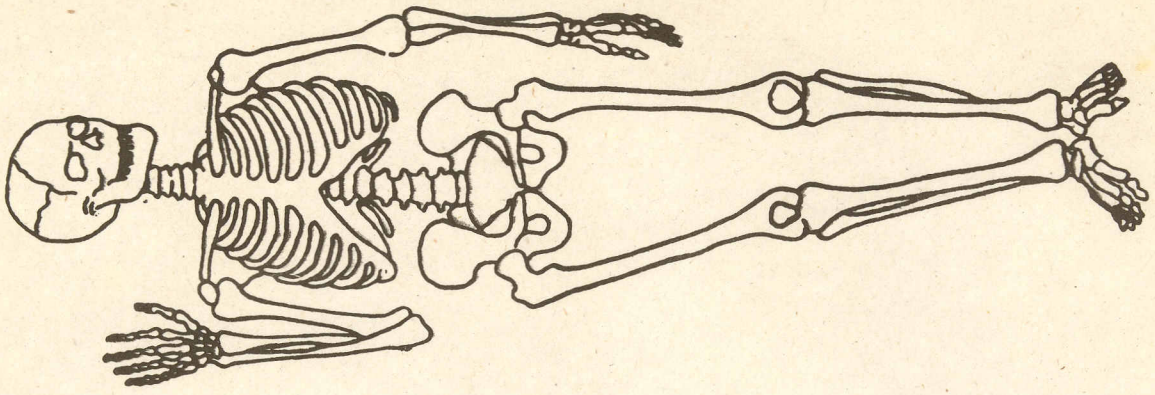
NONE NOTED

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 CLOTHING OR PE'S FOUND ON OR WITH REMAINS

GUHER [illegible]RSUN 19039

19. BLACK OUT PARTS OF BODY NOT 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

5762—FEC P&PC—9 50—250M