REPORT OF INTERMENT

ALLIED

DATE OF REPORT: 2 October 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
CEKMIS DURSUN	49835

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	T.A.F.C. 1 BATTALION 1st COMPANY	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Area of 1st Battalion T.A.F.C.	GUN SHOOT WOUND	27 September 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 rec'd with remains signed by USTEL DOGAN, TAVASLIM ALI, KARA NEVSEL, TAFC, TAPO-5401. Verified by JOSEPH V. GANDER, PFC, RA-14650375, 107th QM Co.(R & D).

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, 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.
2 October 1958	1130	SHEET	Star & Cresent	45	10	4071

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, 2nd 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.
OZLUGUL, AHMET	PVT	T-51977	TAFC	4070

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, SP/4

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Albert C. Fong
ALBERT C. FONG, 2nd 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 5'7"	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.

TURKEY

IDENTIFICATION DENTAL CHART

ALLIED

DATE: 27 Sept 58

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
CEKMIS DURSUN	PVT	49835

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
T.A.F.C. BAT TALION	I. COMPANY	GUN SHOOT WOUND	27 Sept 58

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
T.A.F.C.	UN MILITARY CEMETARY (TANGGOK, KOREA)	45	10	4071

RIGHT

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

LEFT

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	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	XX29XX	28	27	26	25	24	23	22	21	20	19	18	17

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Beverly K. Miller

VERIFIED BY GRS OFFICER: Thomas D. Blakemore

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)*

IDENTIFICATION DATA

TURKEY ALLIED

1. REMAINS OF UNKNOWN			2. DATE OF REPORT
CEKMIS DURSUN	PVT	49835	2 October 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	4071		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 165	EST 5'7"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six (6) cert. of identity rec'd with remains reads: CEKMIS DURSUN, PVT, 49835

2. Six (6) cert. of death rec'd with remains reads: CEKMIS DURSUN, PVT, 49835

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	

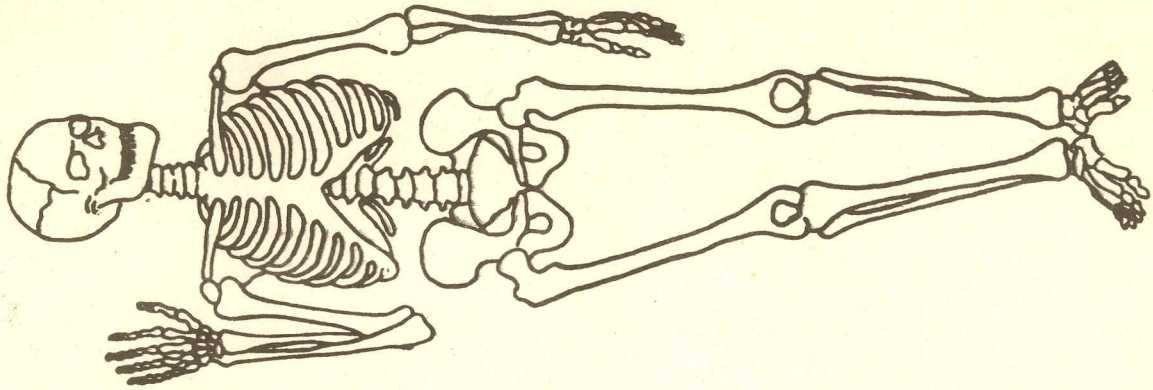
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None Noted

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks 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
TERRY C. POTTER, SP/4 US-55569936 28th QM DET.(R & D)	Terry C. Potter

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

TURKEY

CERTIFICATE OF DEATH

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
CEKMIS DURSUN	49835	Pwt	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
T.A.F.C. I. BATTALLION I. COMPANY	5401	W TURKISH	SINGLE

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)

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
RIZE 1937	KARASU RIZE	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	ISLAMPASA Mah. No 131 RIZE TURKE

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)	He has a sister. Name not known.
		E. ADDRESS (City or Town, County and State)
		Islampasa Mah. No131 RIZE TURKEY

III IDENTIFICATION OF PARENTS

A. FATHER	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
☐ LIVING ☒ DECEASED	CEKMIS YUSUF	
B. MOTHER ☐ LIVING ☐ DECEASED	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH

IV MEDICAL CERTIFICATION

A. PLACE OF DEATH (City or Town, State or APO)	B. DATE OF DEATH				C. ATTENDED DECEASED		D. DECEASED LAST SEEN
	HOUR	DAY	MONTH	YEAR	FROM (Date)	TO (Date)	DATE
Near border, in the area of I. Battalion of T.A.F.C.	0120	27	9	58			

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)
Much bleeding. The bullet entered from the left mandible and took out under the right of chest.

G. DUE TO

H. DUE TO

I. ADDITIONAL DIAGNOSIS

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS
None

K. AUTOPSY PERFORMED ☐ YES ☒ NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)
After an argument his friend named ASKIN ALI wanted to kill Cekmis Dursun. He did in the middle of the night by M-I rifle.

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
27.9.1958	Major Md. Dincer Galip	

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 4071 E. GRAVE

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

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

Army-Admin Cen-Japan

TURKEY

293D QUARTERMASTER COMPANY
(GRAVES REGISTRATION)
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 27 September 1958

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

~~GRENKO~~ ~~Dursun~~ ~~Pvt~~ 49835
Last Name, First Name, MI, Rank, ASN.

~~T. A. F. C. I BATALLION I COMPANY TAPO 5401~~
Organization. APO.

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

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

1. signed: [signature]

typed: ~~UST I DOGAN~~

Corporal 49245
RANK ASN

~~T. A. F. C. MEDICAL COMPANY~~
ORGANIZATION

VERIFIED:

Joseph V. Gander
(signed)

~~JOSEPH V. GANDER~~
(typed)

Pfc, RA 14 650 375
(rank) (ASN)

~~107th QM GRREG~~
(organization)

2. signed: [signature]

typed: ~~TAVASLI M. ALI~~

~~Corporal 49244~~
RANK ASN

~~T. A. F. C. MEDICAL COMPANY~~
ORGANIZATION

3. signed: [signature]

typed: KARA NEVSEL

Pfc 49221
RANK ASN

T. A. F. C. MEDICAL COMPANY
ORGANIZATION

(293 Opns .12)

TURKEY

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

CEKMIS, DURSUN 49835 Date: 29 Sept. 1958

Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITERY CEMETERY, TANNGOK, KOREA Plot 45 Row 10 Grave 4071

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

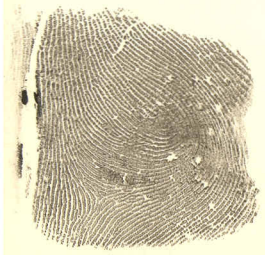
LEFT HAND

10. Little Finger 

9. Ring Finger 

8. Middle Finger 

7. Index Finger 

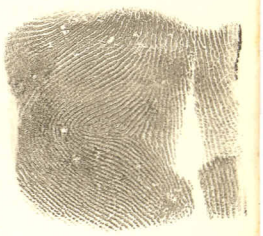
6. Thumb 

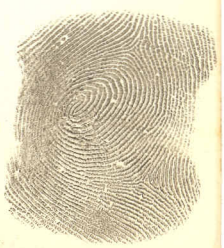
RIGHT HAND

5. Little Finger 

4. Ring Finger 

3. Middle Finger 

2. Index Finger 

1. Thumb 

Impressions taken by:

Franklin Murray

Signature of Individual
Taking Prints

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

19044

REPORT OF INTERMENT

DATE OF REPORT: 2 October 1958

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
CEKMIS DURSUN	49835

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	T.A.F.C. 1 Battalion 1st Company	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Area of 1st Battalion T.A.F.C.	GUN SHOT WOUND	27 Sept. '58

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 USTEL DOGAN, TAVASLIM ALI, KARA NEKSEL, TAFC, TAPO-5401. Verified by JOSEPH V. GANDER PFC, RA-14650 375, 107th QM GRREG.

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NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

United Nations Military Cemetery, Tangook 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.
2 October 1958	1130	SHEET	Star & Cresent	45	10	4071

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 2nd 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	IDENTIFICATION TAG ATTACHED TO MARKER
Two ☒ YES ☐ NO (2)	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.
OZLUGUL, AHMET	PVT	T-51977	TAFC	4070

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 5'7"	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.

TURKEY

IDENTIFICATION DATA

ALLIED

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
CEKMIS DURSUN PVT 49835	October 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	4071 70		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 165	EST 5'7"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six (6) Cert. of identity rec'd with remains reads: CEKMIS DURSUN PVT, 49835

2. Six (6) Cert. of death rec'd with remains reads: CEKMIS DURSUN PVT, 49835

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	

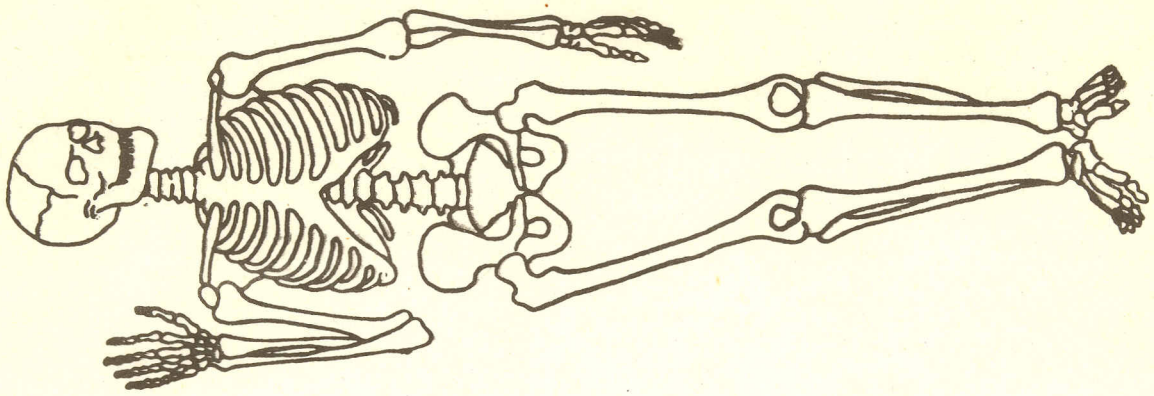
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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 [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