REPORT OF INTERMENT

ALLIED

DATE OF REPORT: 17 April 1959

TYPE OF REPORT: ☐ 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
KUTUKBASI NUSRET		T-53152
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
2/Lt	G-1 Sec, Hq TAFC	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
CAU	Islam	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Hq Turk Brig	Skull and Brain Damage	14 April 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 rec'd with remains signed by GUVEN ORHAN, CAPAN GUNER, DUZGUN NURI, TAFC. Verified by IREZ NEZIH, 2/Lt, 48118, TAFC.

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.
17 April 1959	1130	SHEET	Star & cresent	45	10	4075

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: 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 ☒ 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.
DoNMEZ SULEYMAN	PFC	T-48282	TAFC	4074
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.

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

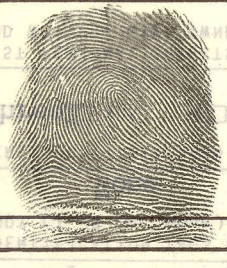
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

No clothing or PE's found on or with remains

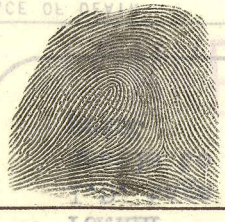
SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

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 deirection

IDENTIFICATION DENTAL CHART

TURKEY

DATE: 15 April 1959

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
KUTUKBASI NUSRET	2/Lt	T-53152

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Hq TAFC		Skull and Brain Damage	14 April 1959

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Hq Turk Brig	United Nations Military Cemetery, Pusan	45	10	4075

RIGHT — LEFT

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

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
					X						X				

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

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Joseph J. Cook

VERIFIED BY GRS OFFICER: Charles T. Ashley Jr. 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 *(I. no abnormalities are found make notation to that effect)*

#6 and #12 are missing.

IDENTIFICATION DATA

TURKEY

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
KUTUKBASI, NUSRET 2/Lt,	16 April 1959

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	4075		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 175	EST 5'8	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) cert. of identity rec'd with remains reads: KUTUKBASI NUSRET, 2/Lt, 53152

2. Six(6) cert. of death rec'd with remains reads: KUTUKBASI, NUSRET, 2/Lt, 53152

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

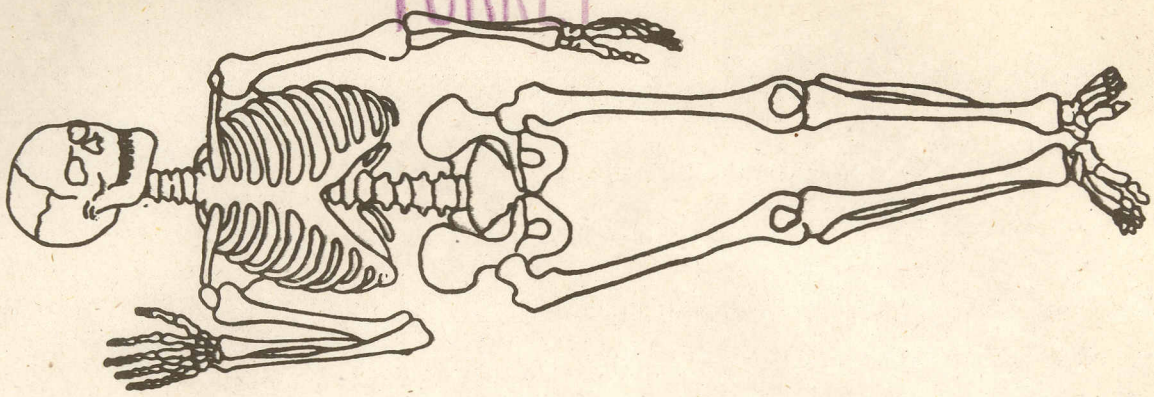
None Noted

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

TURKEY



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. McNELIX, SGT, RA-15,12607, 28th [illegible] DET(R & D)	William L McNelly

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

CERTIFICATE OF DEATH

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
[illegible] TURKEY	[illegible]	[illegible]	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
G-1 section Headquarter T.A.F.E.	[illegible]	[illegible] Turkish	single

H. CATEGORY (SR 600-750-1)	*I. IF DEPENDENT (Name and address of individual upon whom dependent)
☒ ARMY ☐ DAC ☐ DEPENDENT* ☐ NAVY ☐ DNC ☐ OTHER (Specify) ☐ AIR FORCE ☐ DAFC	[illegible]

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
[illegible] 1932	Darai Ishi [illegible] TURKEY	NATURALIZED ☐ YES ☐ NO

M. USUAL OCCUPATION (In homeland and/or prior to military svc)	N. DESIGNATED RESIDENCE (Street No, City or Town, County & State)
Tomician	Darai Ishi Intaeyon Darai Ri: 68

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN [illegible]

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) Darai Ishi, Intaeyon Darai Ri: 68 [illegible]

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER ☒ LIVING ☐ DECEASED	[illegible]	
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 HOUR	DAY	MONTH	YEAR	C. ATTENDED DECEASED FROM (Date)	TO (Date)	D. DECEASED LAST SEEN DATE
Turkish Brigade Headquarter in his room	15	14	April	52			14 April 52

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

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)	
The ruin of brain and skull	
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 killed himself by using a carbine rifle when he was alone in his room.

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
	Captain [illegible]	

V MORTICIAN REPORT (Final dispositions of remains)

A. (Check applicable box)	B. NAME OF CEMETERY
☐ BURIED LOCALLY ☐ REMAINS SHIPPED TO HOMELAND ☐ CREMATED LOCALLY ☐ ASHES SHIPPED TO HOMELAND	United Nations Military Cemetery, Pusan
	C. ROW 10 45 D. PLOT 4075 E. GRAVE

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

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

Army-Admin Cen-Japan

293D QUARTERMASTER COMPANY
(GRAVES REGISTRATION)
APO 971

TURKEY

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 14April 1959

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

KUTUKBASI	NUSRET		2Lt.	53152
Last Name,	First Name,	MI,	Rank,	ASN.

G I Section Headquarter T.A.F.C. TAPO 5401 TOKYO JAPAN
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of : 1. 7 months. 2. 7 months. 3. II 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: [signature]
typed: GUVEN ORHAN
2Lt. 50462
RANK ASN
G-I Section T.A.F.C.
ORGANIZATION

VERIFIED:
[signature]
(signed)
IREZ NEZUH
(typed)
2Lt. 48118
(rank) (ASN)
Medical Company T.A.F.C.
(organization)

2. signed: [signature]
typed: CAPAN GUER
2LT. 48116
RANK ASN
G-3 Section T.A.F.C.
ORGANIZATION

3. signed: [signature]
typed: DUZGUN NURI
2Lt. 48097
RANK ASN
Headquarter Co. T.A.F.C.
ORGANIZATION

(293 Opns .12)

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

TURKEY

KUTUKBASI NUSRET, T-53152 Date: 15 April 1959
Name and Service No. or Unknown No.

Cemetery United Nations Military Cemetery, Tanggok, Korea Plot 45 Row 10 Grave 4075

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

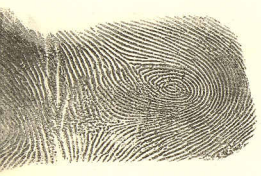
Impressions taken by:

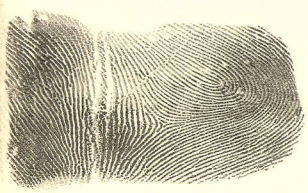
Joseph J. Rock
Signature of Individual
Taking Prints

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

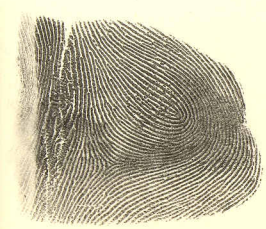
LEFT HAND

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 

REPORT OF INTERMENT

DATE OF REPORT: 17 April 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
KUTUKBASI, NUSRET	T-53152

GRADE	ORGANIZATION	BRANCH OF SERVICE
2/LT	Hq. TAFC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Hq TURK BRIG	The twin of brain and skull	14 April 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 GUVEN ORHAN, CAPAN GUNER OUZGUN NURI, TAFC. Verified by IREZ NEZIH, 2/LT, 48118, TAFC.

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, GP-089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
17 APRIL 1959	1130	SHEET	Star & Cresent	45	10	4075

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

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.
DONMEZ SULEYMAN	PFC	T-48282	TAFC	4074

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	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 burried 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	
KUTUKBASI, NUSRET				17 April 1959	
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF**	
				DISINTERMENT	REINTERMENT
United Nations Military Cemetery, Tanggok, Korea.	4S	10	40RS		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 175	EST 5'8	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) Cert. of identity recd with remains reads: KUTUKBASI, NUSRET, 2/LT. 53152

2. Six(6) Cert. of death recd with remains reads: KUTUKBASI, NUSRET, 2/LT. 53152

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	

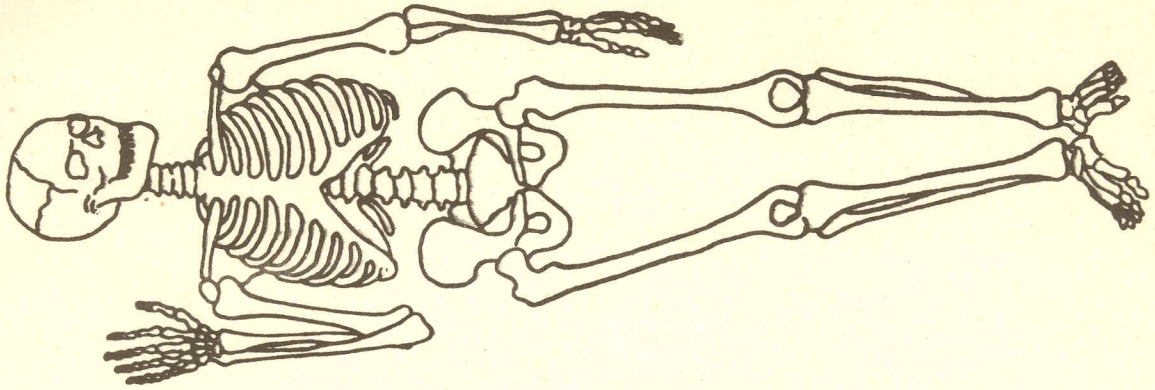
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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 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