19056

REPORT OF INTERMENT

DATE OF REPORT 07 JULY 1959

TYPE OF REPORT
☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKISH I.D. TAGS UNABLE TO PAINT

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
OZER, DURMUS	T-52187

GRADE	ORGANIZATION	BRANCH OF SERVICE
CPL	TAFC 3rd BAT. II CO.	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
3rd BAT. II CO. T.A.F.C.	THE RUIN OF BRAIN	2 JULY 1959

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

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) CERT. OF IDENITY REC'D WITH REMAINS SIGNED BY; BOZKURT NEVZAT, KIRCA BEKTAS, ONAL MUSTAFA, VERIFIED BY IAEZ NEZIH 2/LT. A8118 T.A.F.C. TAPO-540

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 T.E.'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 EP-089868

UNITED NATIONS MILITARY CEMETERY, TANGBOK, KOREA

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
7 July 1959	1015	SHEET	Star & Crescent	45	11	4081

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:

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.
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' 10"	EST 180	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 P.E.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

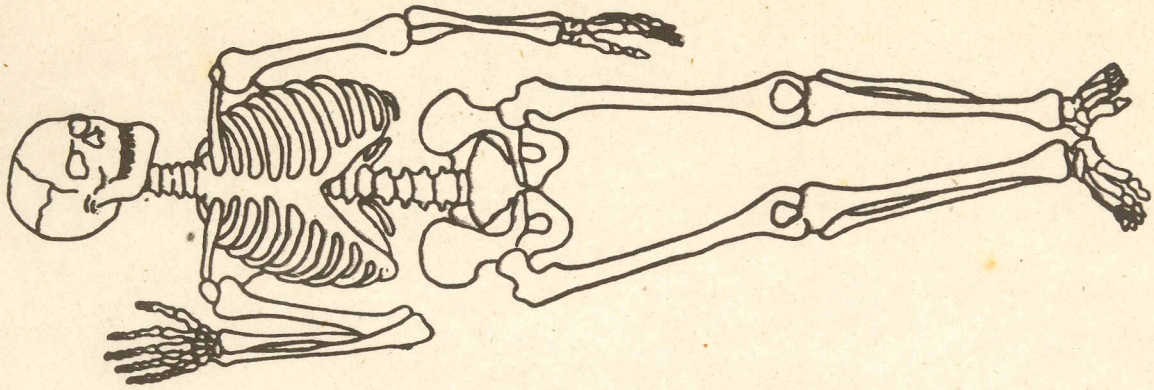
LEFT HAND

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 REMAINS BORIED AT A AS DEGREE ANGLE. WITH THE HEAD POINTING NORTH SO THE REMAINS LAY IN A NORTH SOUTH DIRECTION

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

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
OZER DURMUS Cpl T-52187	6 July 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	11	4081		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST. 180	EST 5' 10"	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. SIX(6) Cert. of Identity Rec'd with remains reads: OZER DURMUS Cpl, T-52187

2. SIX(6) Cert. of death rec'd with remains reads: OZER DURMUS, Cpl, T-52187

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

REPORT OF INTERMENT

DATE OF REPORT: 7 July 1959

TYPE OF REPORT: [X] 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
OZER, DURMUS	T-52187

GRADE	ORGANIZATION	BRANCH OF SERVICE
CPL	TAFC 3rd Bn. 2 Co.	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
3rd Bn. 2 Co. TAFC	THE RUIN OF BRAIN	2 July 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 idenity rec'd with remains signed by BOZKURT NEVZAT, KIRCA BEKTAS, ONAL MUSTAFA, TAFC. Verified by IREZ NEZIH, 2nd Lt, A8118, 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.
7 July 1959	1015	SHEET	Star & cresent	45	11	4081

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): BEGINNING OF ROW

GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
- - -	- -	- -	- -

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

GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
- - -	- -	- -	- -

SIGNATURE OF PERSON PREPARING REPORT: Stanley R. McPhee
STANLEY R. McPHEE, M/SGT

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Charles A. James III
CHARLES A. JAMES III 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 5'10	EST 180	UTD	Black	None Noted

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None Noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

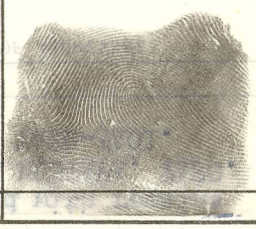
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

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

Remains 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: 3 July 1959

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
OZER DURMUS	Cpl	52187

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Tokya Japon, T.A.F.	C.	The ruin of brain	2 July 1959

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
3rd Bat. II Co.	United Nations Cemetery, Tanggok, Pusan	45	11	4081

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: P.X (14)

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	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: Michael Jeffers

VERIFIED BY GRS OFFICER: Charles H. Hammond Mortuary NCOIC

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)*

TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
OZER DURMUS CPL T-52187				7 July 1959
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT / REINTERMENT
United Nations Military Cemetery, Tanggok, Pusan, Korea	45	11	4081	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 180	EST 5'10	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) cert. of identity rec'd with remains reads: OZER DURMUS, CPL, T-52187

2. Six(6) cert. of death rec'd with remains reads: OZER DURMUS, CPL, T-52187

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	

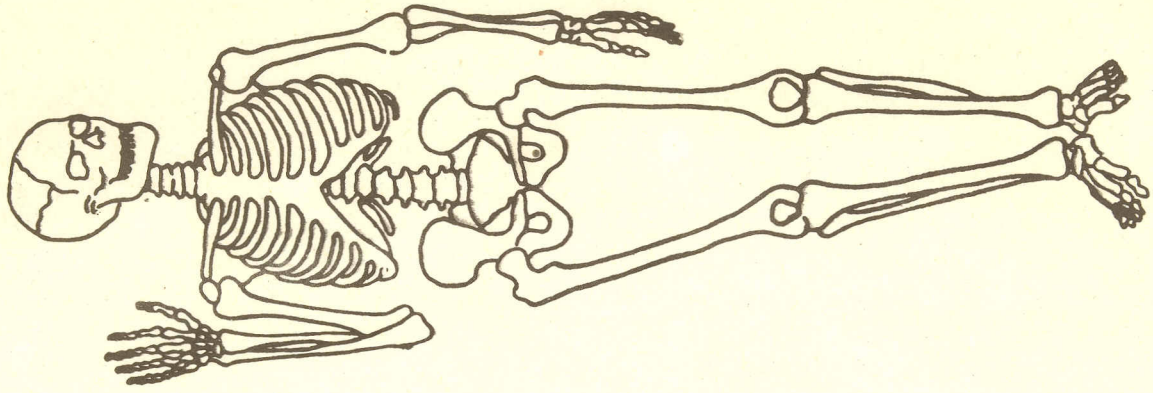
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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 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
STANLEY R. McPHEE, M/SGT, RA-31307696, 28th QM DET(R & D)	Stanley R. McPhee

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
OZER DURMUS TURKEY	52187	Corporal	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
T.A.F.C. TAPO 5401 TOKYO JAPAN	5401	W Turkish	Single

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

*I. IF DEPENDENT (Name and address of individual upon whom dependent): Ramazan Ozer, Burc Mah. Cumhuriyet Cad. No. 22/6 BURDUR TURKEY

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
[redacted] 1937	Yaglak Tefenni Burdur 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)
Carpenter	Burc Mah. Cumhuriyet Cad. No 22/6 Burdur Turkey

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): The address above

III IDENTIFICATION OF PARENTS

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

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
3rd Bat. II Company T.A.F.C.	1700	2	July				

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): The ruin of brain

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 with a Colt 45 . 2nd of July 59 at 1700 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
3rd of July 1959	IREZ NEZIH 2/Lt,	

V MORTICIAN REPORT (Final dispositions of remains)

A. (Check applicable box): ☐ BURIED LOCALLY ☐ CREMATED LOCALLY ☐ REMAINS SHIPPED TO HOMELAND ☐ ASHES SHIPPED TO HOMELAND

B. NAME OF CEMETERY: United Nations Cemetery, Tanggok, Korea

C. ROW 11 D. PLOT 45 4081 E. GRAVE

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

USF 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 20

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 3rd July 1959

TURKEY

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

OZER DURMUS			Corporal	52187
Last Name	First Name	MI	Rank	ASN
T.A.F.C.		540I	TOKYO JAPAN	
Organization		APO		

2. My identification is based upon personal acquaintence covering a period of:

1. 2 Years. 2. I Years. 3. I Years.
(specified in weeks, months or years)

3. I recognized the deceased because of the following; (X) Facial Feature, ( ) Scars, ( ) Birtmarks, or as listed below:

_____

_____.

1. signed: _____
typed: Bozkurt Nevzat
Cpl. 52195
Rank ASN
TAFC TAPO 540I
Organization

2. signed: _____
typed: KIRCA BEKTAS
Cpl. 52020
Rank ASN
tafc Tapo 540I
Organization

3. signed: _____
typed: ONAL Mustafa
Cpl 52019
Rank ASN
TAFC Tapo 540I
Organization

VERIFIED:

_____
(signed)

Irez Nezih
(typed)

2/Lt. 48118
(rank) (ASN)

T.A.F.C. TAPO 540I
(organization)

(293-Opns-0.12)

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

TURKEY

OZER DURMUS
Name and Service No. or Unknown No.

Date: 3 July 1959

Cemetery United Nations Military Cemetery, Pusan, Korea Plot 45 Row 11 Grave 4081

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

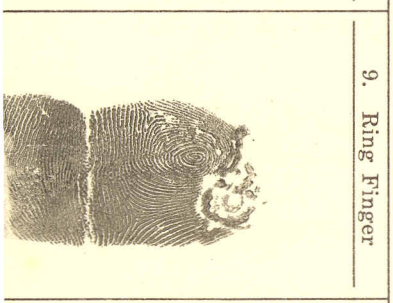
Impressions taken by:

Clyde F. Sowers
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