19058

REPORT OF INTERMENT

DATE OF REPORT: 5 August 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
SAMIN SUDETTIN	T-55754

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TAFC 1st BN	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
121st Evac Hosp APO 20	HEPATITIS INFECTOUS WITH HEPATIC COMA	31 July 1959

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

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

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: GUMUS YASAR, ERTOP MAHMUT, KIZILDAG OMER, TAPO-5401. Verified by ANTONIO PANTOHAN SFC, RA-30119708 0930 8M (GRREF). APO-20

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.
		SHEET	Star & Crescent	45	11	4082

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.
OZER, DURMUS	Cpl	T-52187	TAFC 3rd BN	4081

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 5'5"	EST 160	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 PEs 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

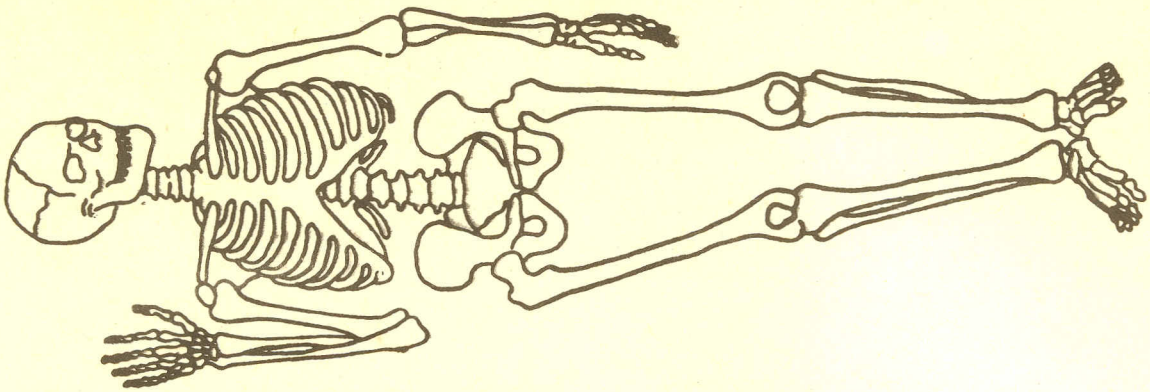
6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER

DO NOT WRITE IN THIS SPACE *(For FBI use only)*

REMARKS Remains buried at a 45 degree angle, with the Head Pointing North so that remains Lay in a North-South direction.

19058

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

OMC FORM
18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

19058

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
SAHIN, SUDETTIN				5 August 1959
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
United Nations Cemetery, Tanggok, Korea	45	11	4082	

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six (6) Cert. of identity rec'd with remains reads: SAHIN SUDETTIN PVT. T-55754

2. FIVE(5) Cert. of death rec'd with remains reads: SAHIN SUDETTIN PVT T-55754

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: 5 August 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
SAHIN, SUDETTIN	T-55754

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TAFC 1st Bn	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
121st Evac Hosp. APO-20	HEPATITIS INFECTOUS WITH HEPATIC COMA	31 July 1959

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

WERE SUBSTITUTE TAGS PROVIDED? ☐ YES ☐ NO — Three X (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 GUMUS YASAR, ERTOP MAHMUT, KIZILDAG OMER, TAPO-5401. Verified by ANTONIO PANTOHAN, SFC, RA-30119728, 293rd QM CO (GRREG) APO 20.

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.
5 August 1959	1130	SHEET	Star & cresent	45	11	4082

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	PERSON CONDUCTING BURIAL RITES
General	AHMET SERDAROGLU IMAM, 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.
OZER, DURMUS	CPL	T-52187	TAFC 3d Bn	4081

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: Stanley R. McPhee
STANLEY R. McPHEE, M/SGT

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Robert P. Carter
ROBERT P. CARTER, QMC, Capt, 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 5'5"	EST 160	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 ound 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 North so that remains lay in a North-South direction

IDENTIFICATION DENTAL CHART

TURKEY

DATE: 3 August 1959

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
SAHIN, SUDETTIN	PVT	T-55754

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
T.A.F.C 1st Bn T	APO 5401	Hepatitis infectious	31 July 1959

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
121st Evac. Hosp. APO 20	United Nations Cemetery, Tanggok	45	11	4082

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

UPPER RIGHT — UPPER LEFT

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

LOWER RIGHT — LOWER LEFT

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
	P.X						P.X								

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Clyde F. Stevens

VERIFIED BY GRS OFFICER

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)*

IDENTIFICATION DATA

TURKEY

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
SAHIN, SUDETTIN PVT T-55754				5 August 1959
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
United Nations Military Cemetery, Tanggok, Korea	45	11	4082	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 160	EST 5'5	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) Cert. of identity rec'd with remains reads: SAHIN SUDETTIN, PVT, T-55754

2. Five(5) Cert. of death rec'd with remains reads: SAHIN SUDETTIN, PVT, T-55754

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	

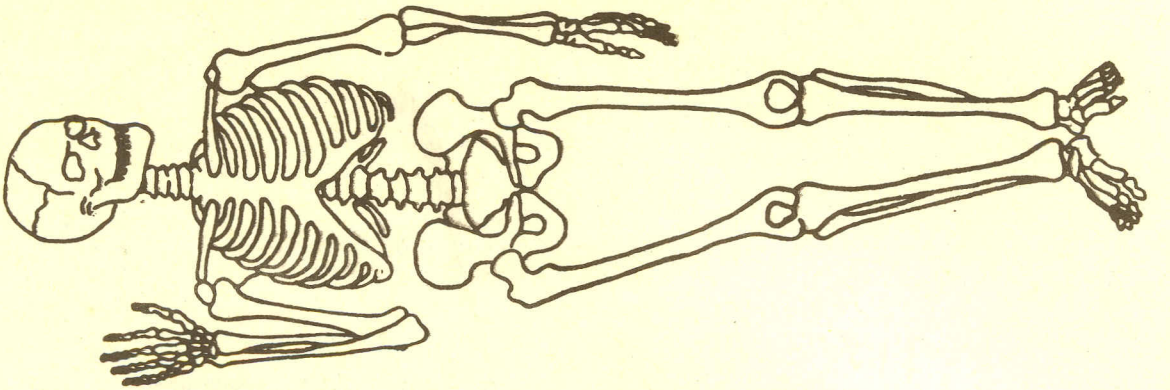
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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 [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, USMC	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
SAHIN, SUDETTIN TURKEY	T-55754	PVT	MALE

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

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

*I. IF DEPENDENT (Name and address of individual upon whom dependent)
Develi-Kayseri-Turkey

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1938	Develi-Kayseri	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	Develi-Kayseri

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) Turkish liaison Officer	E. ADDRESS (City or Town, County and State)

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER ☐ LIVING ☐ DECEASED	Unknown	Turkey
B. MOTHER ☐ LIVING ☐ DECEASED	Unknown	Turkey

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
121st Evac Hosp., APO 20	1140	31	JUL	59	30 Jul 59	31 Jul 59	31 Jul 59

E. NAME OF HOSPITAL
121st Evacuation Hospital (SMBL) (FXD) APO 20 San Francisco, California

INTERVAL BETWEEN ONSET & DEATH

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)
Hepatitis infectous with Hepatic Coma

G. DUE TO
(0920) Hepatitis, infectious, with jaundice

H. DUE TO

I. ADDITIONAL DIAGNOSIS

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS

K. AUTOPSY PERFORMED ☐ YES X NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)

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
3 Aug 59	JOHN E. MONTGOMERY, CAPT, MC	John E Montgomery

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 Cemetery, Tanggok, Korea
C. ROW 11 45 D. PLOT 4082 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

293D QUARTERMASTER COMPANY
(GRAVES REGISTRATION)
APO 971

CERTIFICATE OF IDENTITY

3 August 1949

CURRENT DEATH

DATE: _____

TURKEY

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

_____
Last Name, First Name, MI, Rank, ASN.

_____.
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of : 1._____. 2._____. 3._____.
(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: _____

typed: _____

_____
RANK ASN

_____
ORGANIZATION

2. signed: _____

typed: _____

_____
RANK ASN

_____
ORGANIZATION

3. signed: _____

typed: _____

_____
RANK ASN

_____
ORGANIZATION

VERIFIED:

_____
(signed)

_____
(typed)

_____
(rank) (ASN)

_____
(organization)

(293 Opns .12)

AMERICAN GRAVES REGISTRATION SERVICE

FINGERPRINT FORM

TURKEY

SAHIN, SUDETTIN PVT T-55754 Date: 3 August 1959

Name and Service No. or Unknown No.

Cemetery United Nations Military Cemetery, Pusan, Korea. Plot 45 Row 11 Grave 4082

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:

SP4 Clyde T. Sowers

Signature of Individual
Taking Prints

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