REPORT OF INTERMENT

DATE OF REPORT: 19 September 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
BURKEV SABAHATTIN	57047

GRADE	ORGANIZATION	BRANCH OF SERVICE
Capt	9 Co. 111 Bn. TAFC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
APO-5401	FRAGMENT INJURIES of a HAND-GRENADE	14 Sept 59

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, NAKKI TUZUN, YUSUF OZYAZICI, GUNAY DURANAY APO-5401. Verified by ANTONIO PANTOHAN, RA-30119728, SFC, 293rd QM Co (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-189868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
18 Sept 59	1630	SHEET	Star & Crescent	45	11	4083

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	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	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.
SAHIN SUDETTIN	PVT	55764	TAFC	4082

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 6' ~~00~~"	EST 185	OTD	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 North so that remains lay in a North-South direction.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
BURKEV SABAHATTIN Capt.	19 September 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	11	4083		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 185	EST 6'	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six (6) Cert. of identity recd with remains reads: BURKEV SABAHATTIN Capt, 57047

2. Five (5) Cert. of death recd with remains reads: BURKEV SABAHATTIN, Capt 57047

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

14. WAS BODY BURNED ?	TO WHAT EXTENT ?
☐ YES ☑ NO	

15. WAS BODY MANGLED ?	TO WHAT EXTENT ?
☐ YES ☑ NO	

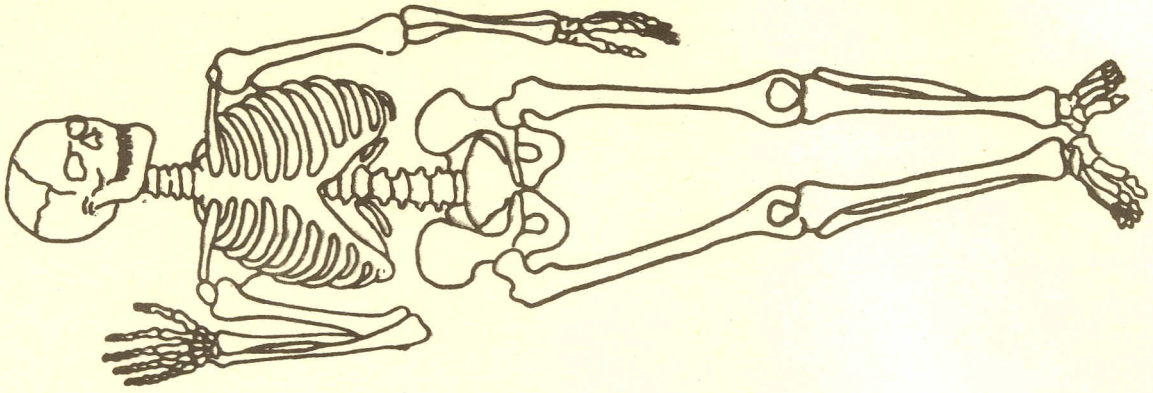
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

5762—FEC P&PC—9 50—250M

REPORT OF INTERMENT

DATE OF REPORT: 19 September 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
BURKEV SABAHATTIN	57047

GRADE	ORGANIZATION	BRANCH OF SERVICE
Capt	9 Co III Bn. TAFC	Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
APO-5401	Fragment injuries of a hand-grenade	14 Sept 59

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, HAKKI TUZUN, YUSUF OZYAZICI, GUNAY DURANAY, APO-5401. Verified by ANTONIO PANTOHAN, RA-30119728, SFC, 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.
18 Sept 59	1630	SHEET	Star & cresent	45	11	4083

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 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.
SAHIN SUDETTIN	PVT	55754	TAFC	4082

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: S K McPhee

STANLEY R. McPHEE, M/SGT

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Robert P. Carter

ROBERT P. CARTER, Capt, QMC, OIC

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

48-498-Army-AG Admin Cen-AFFE-50M

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 DST	WEIGHT EST	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND *(Grid Coordinates)*
6'	185	UTD	Black	None Noted

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None Noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

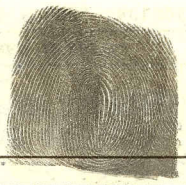
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

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 North so that remains lay in a North-South direction.

TURKEY

RECORD OF IDENTIFICATION PROCESSING
DENTAL CHART

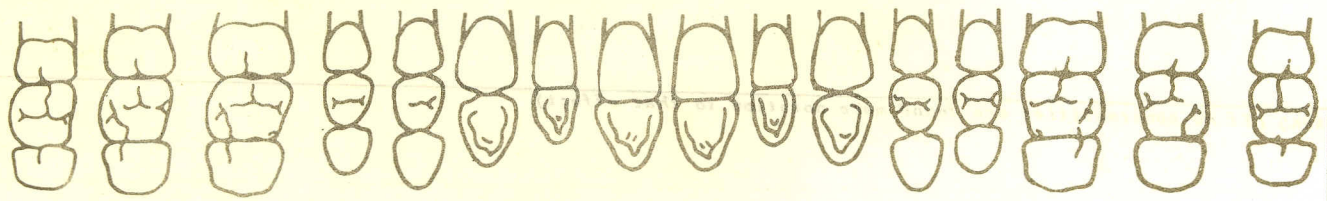
LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER
BURKEY, SABAHATTIN	Capt	T-57043

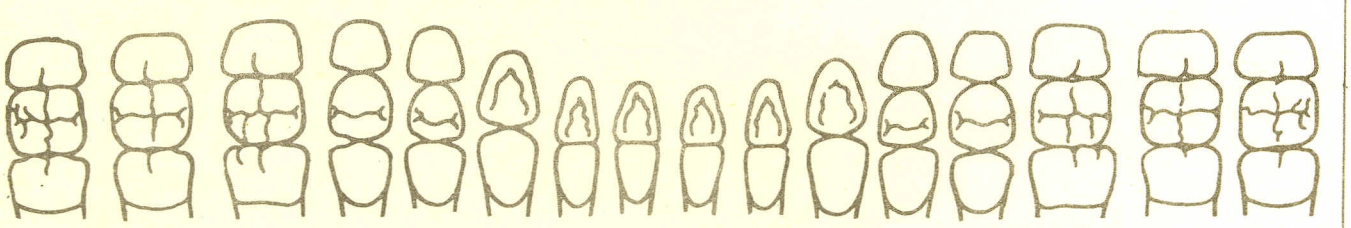
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Military Cemetery, Tanggok, Korea	45	11	4083

MARKING ABBREVIATIONS:

F-Facial L-Lingual O-Occlusal M-Mesial D-Distal I-Incisal AM-Amalgam CR-Crown -Fill-Filling Plas-Plastic Porc-Porcelain Sil-Silicate Back-Backing Fac-Facing

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
CARIES																
RESTORATIONS	PX		P.X													
UPPER RIGHT	XXX	2	XXX	4	5	6	7	8	9	10	11	12	13	14	15	16





	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
LOWER RIGHT														XXX		
RESTORATIONS														P.X		
CARIES																

THE FOLLOWING CONDITIONS WILL BE INDICATED IF PRESENT (Describe in detail in Remarks section)

	MOTTLED ENAMEL		ROTATION		FRACTURED ENAMEL		IRREGULARITY OF ALIGNMENT
	ENAMEL HYPOPLASIA		UNERUPTED TEETH		FRACTURES OF TEETH		UNUSUAL RESTORATIONS
	EROSION		MALOCCLUSION		RETAINED DECIDUOUS TEETH		UNUSUAL APPLIANCES
	ABRASION		SUPERNUMERARY TEETH		ABNORMAL INTERDENTAL SPACES		MALPOSED TEETH

PREPARED BY (Typed Name and Signature)

Clyde F. Fowers

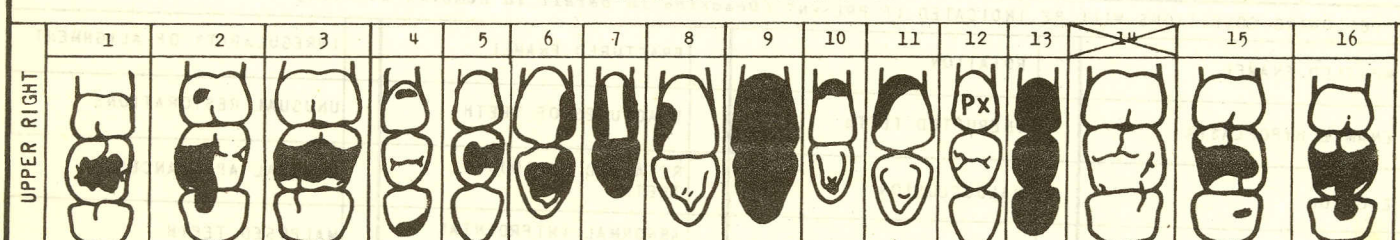
VERIFIED BY (Typed Name and Signature)

DD FORM 1 FEB 56 891 REPLACES DD FORM 569, 1 SEP 51, WHICH IS OBSOLETE (for Army use only).

DENTURES *(Plates)*: DESCRIBE DENTURE CLUDING NATURAL TEETH REPLACED AND TEETH ICH HAVE RETAINING CLASPS. *(For example: Lower Acrylic Partial Dentu with Lingual Bar, replacing Teeth nos. 18, 19, 30, 31, 32. Clasps on natural teeth nos. 20 and 29)* SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

REMARKS *(If no abnormalities are found make notation to that effect)*

EXAMPLE METHOD OF PREPARATION



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

TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
BURKEV SABAHATTIN Capt 57047	19 September 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	4083		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 185	EST 6'	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) cert. of identity rec'd with remains reads: BURKEV SABAHATTIN, Capt, 57047

2. Five(5) cert. of death rec'd with remains reads: BURKEV SABAHATTIN, Capt, 57047

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED ?	TO WHAT EXTENT ?
☐ YES ☒ NO	

15. WAS BODY MANGLED ?	TO WHAT EXTENT ?
☐ YES ☒ NO	

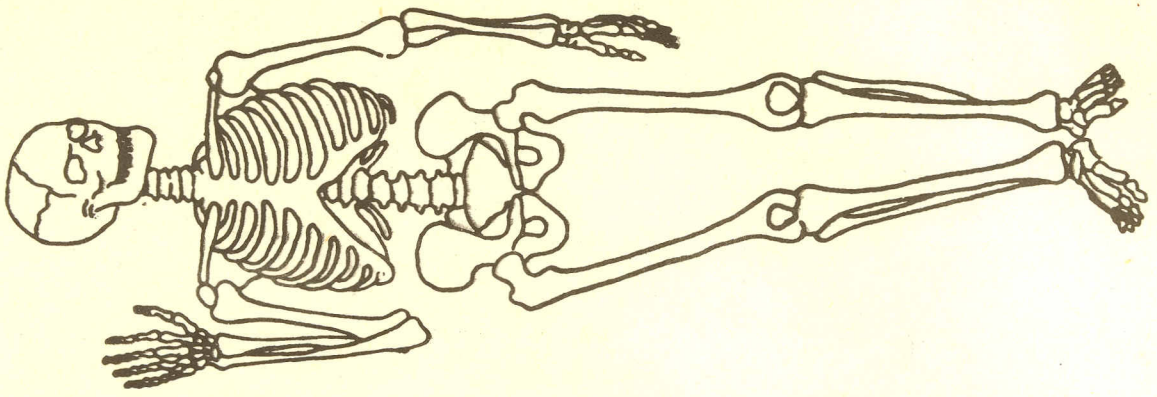
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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
STANLEY R. McPHEE, M/SGT, 142d QM BN, RA-31307696	S R McPhee

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
DUREY [illegible]	77[illegible]7	Captain	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
[illegible]	96[illegible]	W/Turk	Married

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	

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1923	[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)
Officer	[illegible]

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)

III IDENTIFICATION OF PARENTS

A. FATHER ☐ LIVING ☐ DECEASED	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
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
APO 96[illegible]	15	28	9	50			28 Sep 50

E. NAME OF HOSPITAL	INTERVAL BETWEEN ONSET & DEATH
[illegible]	

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)	
Frequent injuries of a [illegible]	
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)

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
15 Oct 1950	[illegible]	[signature]

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	UN Military Cemetery, Pusan, Korea
	C. ROW 11 45 D. PLOT 4083 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 20

CERTIFICATE OF IDENTITY

CURRENT DEATH

TURKEY

DATE: 14 September 1959

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

BURKEV	Sabahattin		Capt.	57043
Last Name,	First Name,	MI,	Rank,	ASN.

T.A.F.C. 9 Co 111 Bn 5401.
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of: 1. 6 months. 2. 3½ months. 3. 4 months.
(specified in weeks, months or years)

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

_____.

"CERTIFIED TRUE COPY"
Sgd JAMES H SANS
for CAPT QMC
MORTUARY OFFICER

1. Signed: _____
typed: HAKKI TUZUN
1st Lt. 54665
RANK ASN
T.A.F.C. APO 5401
ORGANIZATION

VERIFIED:

_____
(signed)
ANTONIO PANTOHAN
(typed)
SFC RA 30 119 728
(rank) (ASN)
MORTUARY NCOIC
(organization)

2. signed: _____
typed: YUSUF OZYAZICI
2nd Lt. 58601
RANK ASN
T.A.F.C. APO 5401
ORGANIZATION

3. signed: _____
typed: GUNAY DURANAY
Pvt 54700
RANK ASN
T.A.F.C. APO 5401
ORGANIZATION

(293 Opns 0.12)

TURKEY

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

BURKEV, SABAHATTIN Capt. T-57043 Date: 16 September 1959
Name and Service No. or Unknown No.

Cemetery United Nations Military Cemetery, Pusan, Korea. Plot 45 Row 11 Grave 4083

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

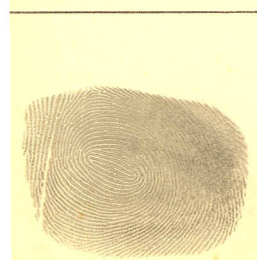
LEFT HAND


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:

Clyde F. Jansen
Signature of Individual
Taking Prints

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