REPORT OF INTERMENT

DATE OF REPORT: 8 October 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
AOAK, MUZAFFER	55415

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	T.A.F.C.	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
1st BAT., T.A.F.C	GUN SHOT WOUND	3 OCT 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, IRFAN ELVERTN, ALI YILDIZ, BAKI ERDOGAN, APO-5401. Verified by ANTONIO PANTOHAN, SGT, RA-3011-9228, 293rd EM Co (R&D), 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. GP-089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
8 Oct 1959	1130	SHEET	Star & Cresent	45	11	4084

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: 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 ☑ 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.
BURKEV SABAHATTIN	Capt	57047	TAFC	4083

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 175	UNTD	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: ADAK, MUZAFFER PVT 55415

2. DATE OF REPORT: 8 October 1959

3. NAME OF CEMETERY: United Nations Military Cemetery, Tanggok, Korea,

4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
45	11	4084		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
175 EST	5'7 EST	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. four(4) Cert. of death rec'd with remains reads: ADAK, MUZAFFER, PVT, 55415

2. Six (6) Cert. of identity rec'd with remains ~~remains~~ reads: ADAK, MUZAFFER PVT, 55415

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	

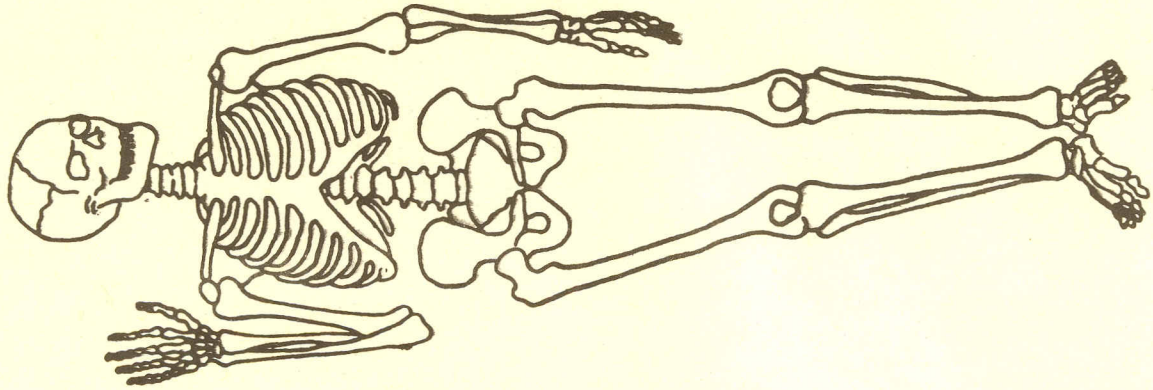
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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 forwerded 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

REPORT OF INTERMENT

DATE OF REPORT: 8 October 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
ADAK, Muzaffer	T-55415

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	T.A.F.C. APO 5401	Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
1st Bat., T.A.F.C.	Gun Shot Wound	3 Oct 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 identity rec'd with remains signed by, IRFAN ELVERTN, ALI YILDIZ, BAKI ERDOGAN, APO-5401. Verified by ANTONIO PANTOHAN, SGT, RA-30119728, 293rd QM CO (R&D)., 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.
8 Oct 1959	1130	SHEET	Star & cresent	45	11	4084

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.
BURKEV SABAHATTIN	Capt	57047	TAFC	4083

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 McP

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.

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 175	UTD	Black	None Noted

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None Noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

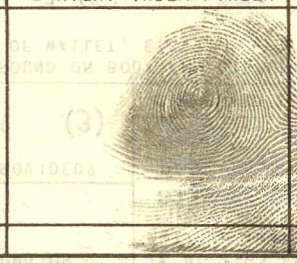
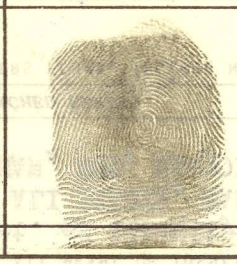
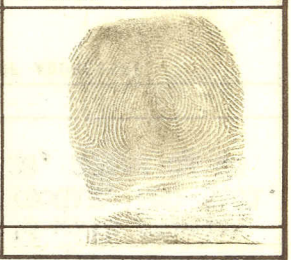
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

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

Remains buried at a 45 degree angle. With the head pointing North so that remains lay in a North-South direction.

RECORD OF IDENTIFICATION PROCESSI[illegible]

DENTAL CHART

TURKEY

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER
ADAK, Muzaffer	Pvt	T-55415

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Military Cemetery, Tang Gok, Pusan, Korea.	45	11	4084

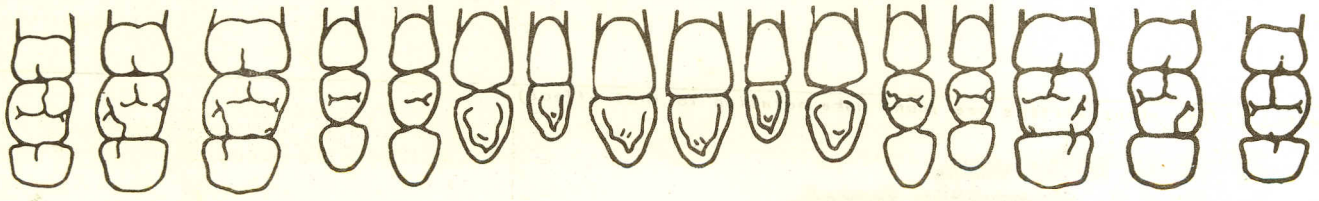
MARKING ABBREVIATIONS:

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

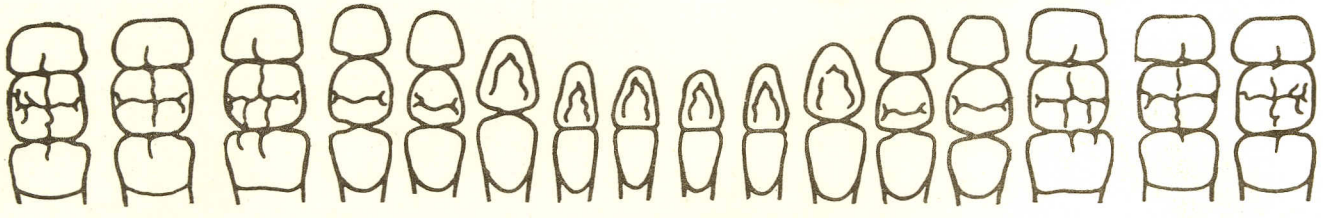
CARIES / RESTORATIONS

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

RESTORATIONS / CARIES

C R
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)*

Bryant H. Wilburn

BRYANCE W. WILBURN SP4 RA 18456360

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)*.

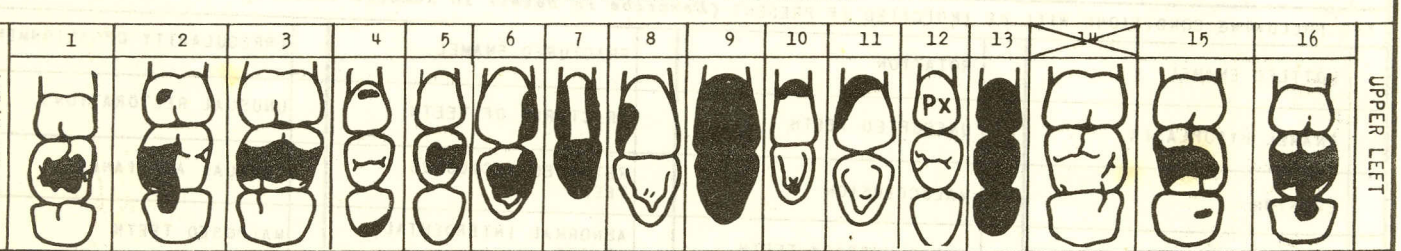
DENTURES *(Plates)*: DESCRIBE DENTURE INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. *(For example: Lower Acrylic Partial Denture with Lingual Bar, replacing Teeth nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth nos. 20 and 29)* SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

None

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

1. Teeth badly worn.
2. Nr # 2, abormalily formed.
3. Nr # 20, has crown cavity.

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
ADAK, MUZAFFER PVT 55415	8 October 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	4084		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 175	EST 5'7	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Four (4) cert. of death rec'd with remains reads: ADAK, MUZAFFER, PVT, 55415

2. Six (6) cert. of identity rec'd with remains reads: ADAK, MUZAFFER, PVT, 55415

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	

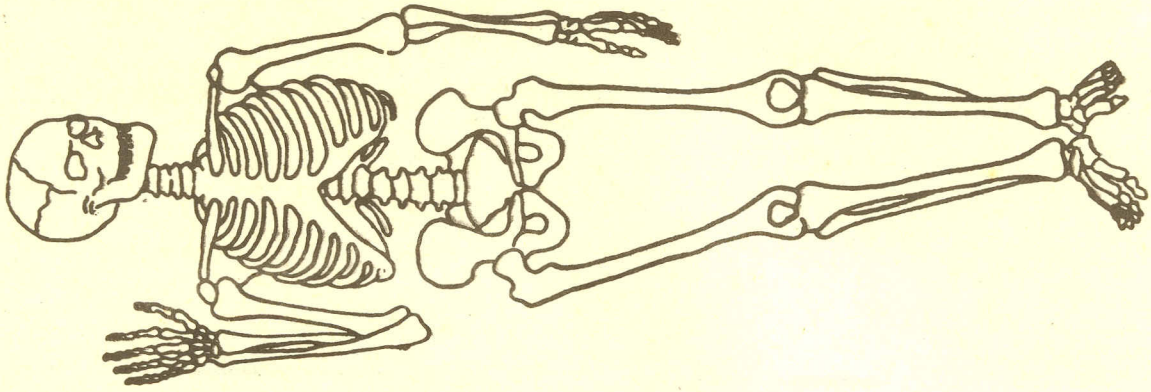
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

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
ADAK, MUZAFFER	55415	PVT	Male

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

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

*I. IF DEPENDENT *(Name and address of individual upon whom dependent)*
A wife and two children whose names are not known

J. BIRTH DATE	K. BIRTH PLACE *(City or Town, State and Country)*	L. IF FOREIGN BORN
1938	AKSARAY - KUMBET KOYU Nigde - 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)*
Farmer	

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

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER [ ] LIVING [ ] DECEASED		
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
1st Batt. T.A.F.C. APO 5401	29.35	3 FRI.	10	59			

E. NAME OF HOSPITAL
121 Evacuation U.S.A. Hospital

INTERVAL BETWEEN ONSET & DEATH

F. IMMEDIATE CAUSE OF DEATH *(If external cause fill in Item IV L below)*

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)*
Accident, killed with a shell from a accidently fired karabine
3 Oct 1959. 1st Batt. of T.A.F.C.

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
5 Oct 1959	Doc. Capt. ERINC, IHSAN 95120	/s/ Erinc Ihsan

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

C. ROW 11 45 D. PLOT 4084 E. GRAVE

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

FEC FORM 1 APR 54 89 *(Edition of 1 Oct 47 obsolete)*

Army-Admin Cen-Japan

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 20

CERTIFICATE OF IDENTITY
CURRENT DEATH

TURKEY

DATE: 6 October 1959

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

ADAK,	MUZAFFER		PVT.	55415
Last Name,	First Name,	MI,	Rank,	ASN.

2nd Co, 1st Battalion, T.A.F.C. APO 5401
Organization. APO.

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

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

1. signed: [signature]
typed: IRFAN ELVERTN
Pfc. 55298
RANK ASN
1st Batt., T.A.F.C.
ORGANIZATION

VERIFIED:
[signature]
(signature)
ANTONIO PANTOHAN
(typed)
SFC. RA 30119728
(rank) (ASN)
293d QM Co (R&D), APO 20
(organization)

2. signed: [signature]
typed: ALI YILDIZ
Pvt. 55358
RANK ASN
1st Batt., T .A.F.C.
ORGANIZATION

3. signed; [signature]
typed: BAKI ERDOGAN
Pvt. 55404
RANK ASN
1st Batt., T.A.F.C.
ORGANIZATION

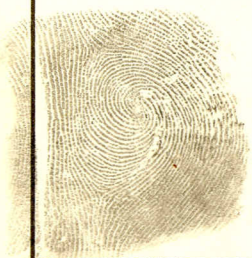
(293 Opns 0.12)

RECORD OF IDENTIFICATION PROCESSING

FINGERPRINT CHART

LAST NAME-FIRST NAME-MIDDLE INITIAL *(or unknown number)*	GRADE	SERVICE NUMBER
ADAK, Muzaffer	Pvt	T-55415

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Military Cemetery, Tang Gok, Pusan, Korea	45	11	4084

LEFT HAND			RIGHT HAND	
	10. LITTLE FINGER		5. LITTLE FINGER	
	9. RING FINGER		4. RING FINGER	
	8. MIDDLE FINGER		3. MIDDLE FINGER	
	7. INDEX FINGER		2. INDEX FINGER	
	6. THUMB		1. THUMB	

NOTE AMPUTATIONS, ABNORMALITIES, MISSING FINGERS, AND/OR DERMIS IN APPROPRIATE BLOCK

TURKEY

IMPORTANT

ATTACH DD FORM 2A *(Identification Card)* TO THIS FORM IF AVAILABLE

IMPRESSIONS TAKEN BY *(Name)*

Benjamin W. Wilburn

BENJAMIN W. WILBURN

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IDENTIFIED BY FINGERPRINT COMPARISON AS: LAST-NAME-FIRST NAME-MIDDLE INITIAL	SERVICE NUMBER
OFFICIAL APPROVING FINGERPRINT COMPARISON *(Name)*	DATE

DD FORM 1 FEB 56 894

Army-Admin Cen-Japan