NAME AND ARMY SERIAL NUMBER

Bayram Alçar 56033

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Private	T.A.F.C	21	CV		1

LOCATION WHERE TAGGED:	DATE	HOUR
Turquie Med. Camp :	15-11-959	11.00

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

Hemorragie cerebrale
Injury on left temporal region.

LINE OF DUTY:

TREATMENT GIVEN:

TETANUS TOXOID: OR ANTITETANIC SERUM:	DOSE	TIME:	
MORPHINE:	DOSE	TIME:	

DISPOSITION:	DATE	HOUR
55e	15-11-959	

SIGNATURE, WITH RANK:
Op. Yzb. Erine

19064

REPORT OF INTERMENT

DATE OF REPORT: 19 Nov 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
BAYRAM, ALCAR	56033

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	Hq Co, 2nd INF 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	Vehicle Accident	15 Nov 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 held with remains Signed by DURANAY GUNAY, YILDIRIM ZEKI, SENER MURAT, APO-5401. Verified by JAMES H. SAMS, Capt, QMC, 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, 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.
19 Nov 59		SHEET.	Star & Cresent	45	11	4085

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: 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.
ADAK, MUZAFFER	PVT	55415	TAFC	4084

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: Clifford Lee Long GRS

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)
5'9 EST	170 EST	UTP	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 pcs 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.

19064

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
BAYRAM, ALCAR PVT 56033	19 November 1956

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	4085		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 170	EST 5'9	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Five(5) Cert. of death neck with remains reads: BAYRAM, ALCAR, PVT 56033

2. Six(6) Cert. of identity neck with remains reads: BAYRAM, ALCAR, PVT 56033

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	

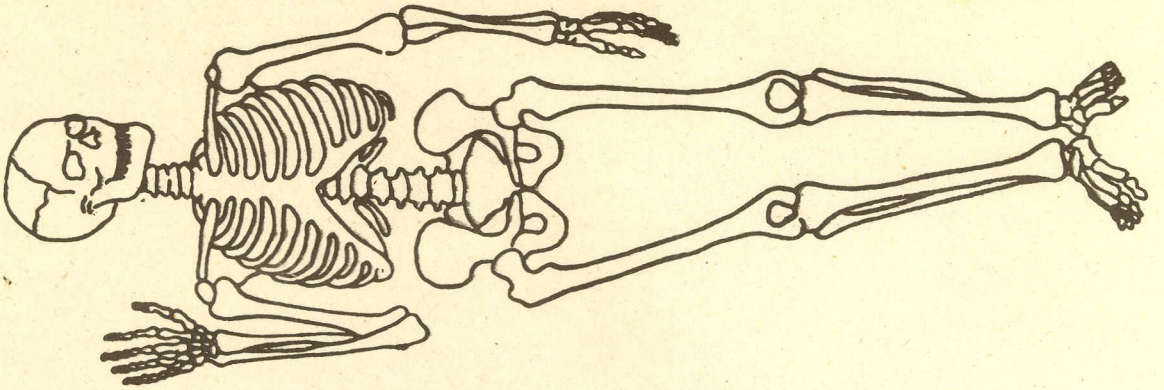
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None Noted

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry 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 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
CRS Specialist U.N.M.C.K.	Hong Jae Long

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

REPORT OF INTERMENT

DATE OF REPORT: 19 November 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
BAYRAM, AICAR	T-56033

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	Hq Co, 2nd Inf 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	Vehicle Accident	15 Nov 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 DURANAY GUNAY, YILDIRIM ZEKI, SENER MURAT, APO-5401. Verified by JAMES H. SAMS, Capt, QMC, 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.
19 Nov 59	1100	SHEET	Star & cresent	45	11	4085

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.
ADAK, MUZAFFER	PVT	55415	TAFC	4084

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 R 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.

37-1396-Army-AG Admin Cen-AFFE-20M

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 5'9	EST 170	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 North-South direction.

TURKEY

RECORD OF IDENTIFICATION PROCESSI

DENTAL CHART

LAST NAME – FIRST NAME – MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER
BAYRAM, ALCAR	Pvt	T-56033

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Military Cemetery, Tanggok, Pusan, Korea	45	11	4035

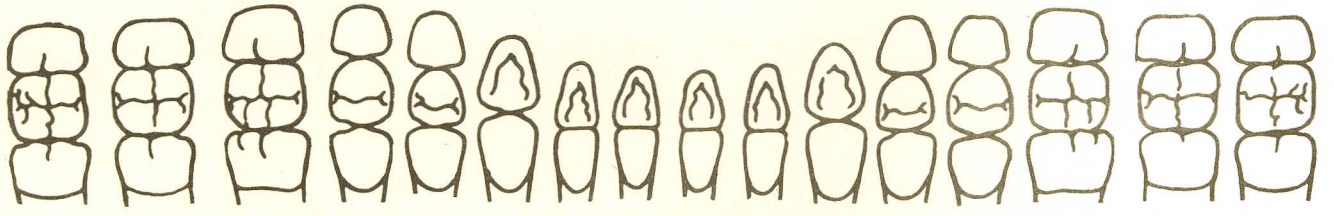
MARKING ABBREVIATIONS:

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												Missing			Missing	
UPPER RIGHT												XXX			XXX	



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

CLYDE F. SOVERNS SP/4 RA 24124562

VERIFIED BY (Typed Name and Signature)

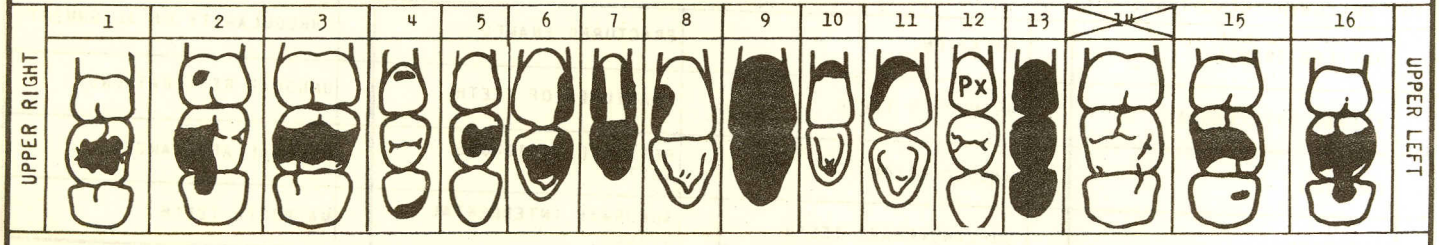
JAMES H. SAMS Capt, Mortuary Officer

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. 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
BAYRAM, ALCAR PVT 56033	19 November 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	4085		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 170	EST 5'9	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Five (5) cert. of death rec'd with remains reads: BAYRAM, ALCAR PVT, 56033

2. Six (6) cert. of identity rec'd with remains reads: BAYRAM, ALCAR PVT, 56033

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	

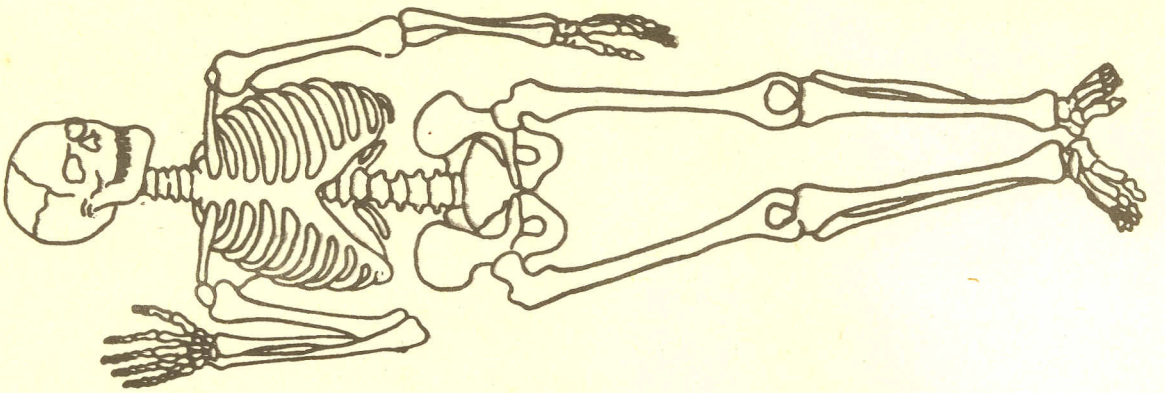
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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
STANLEY R. McPHEE, M/SGT, RA-31307696, 1426 QM BN	SR 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
ALOAR, Bayram	56033	Pvt	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
Hq Co, 2nd Inf Bn, EAFC	5401	Turk	Married

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)

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1938	Ardahan, 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	Egrede Koyu, Dumlu, Ardahan, TURKEY

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
Wife	[ ] AG CASUALTY	Beyan ALOAR
B. NOTIFIED [ ] YES [ ] NO	[ ] OTHER (Specify)	E. ADDRESS (City or Town, County and State) Egrede Koyu, Dumlu, ARDAHAN, TURKEY

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER [ ] LIVING [ ] DECEASED	ALOAR, Huseyin	Turkey
B. MOTHER [ ] LIVING [ ] DECEASED		

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 5401	1100	15	11	59			15.11.59

E. NAME OF HOSPITAL: Med Co, EAFC

INTERVAL BETWEEN ONSET & DEATH:

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

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
16.11.59	Surg, Capt Ihsan Erinc	

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, Pusan, Korea
C. ROW 11 45 D. PLOT 4085 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

TURKEY

STATEMENT OF RECOGNITION	DATE
	15 Nov 59

The remains which I have [X] personally viewed [ ] seen photographs of are those of

NAME	RANK	SERVICE NUMBER	ORGANIZATION
BAYRAM, ALCAR	Pvt	T-56 033	T.A.F.C.

Recognition is based upon personal acquaintance covering a period of 4 months

I recognize the remains because of the follwoing (Facial features, scars, birthmarks, or other unusual features):

FACIAL FEATURES

TYPED NAME OF PERSON MAKING STATEMENT	VERIFIED BY (Typed Name of OIC)
SENER, MURAT	JAMES H. SANS
GRADE: Cpl — SERVICE NUMBER: T-55 182	GRADE: Capt — QMC
ORGANIZATION: T.A.F.C.	ORGANIZATION: 293rd QM Co. (R&D) APO 20
SIGNATURE	SIGNATURE

DD FORM 565, 1 Feb 56

TURKEY

RECORD OF IDENTIFICATION PROCESSING

FINGERPRINT CHART

LAST NAME-FIRST NAME-MIDDLE INITIAL *(or unknown number)*	GRADE	SERVICE NUMBER
BAYRAM, ALCAR	Pvt	T-56033

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Military Cemetery, Pusan, Korea	45	11	4085

LEFT HAND			RIGHT HAND	
	10. LITTLE FINGER	NOTE AMPUTATIONS, ABNORMALITIES, MISSING FINGERS, AND/OR DERMIS IN APPROPRIATE BLOCK	5. LITTLE FINGER	
	9. RING FINGER		4. RING FINGER	
	8. MIDDLE FINGER		3. MIDDLE FINGER	
	7. INDEX FINGER		2. INDEX FINGER	
	6. THUMB	**IMPORTANT** ATTACH DD FORM 2A *(Identification Card)* TO THIS FORM IF AVAILABLE Clyde F. Soverns IMPRESSIONS TAKEN BY *(Name)*	1. THUMB	

FOR FEDERAL BUREAU OF INVESTIGATION USE ONLY

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

ARMED FORCES MORTUARY
55TH QUARTERMASTER DEPOT
APO 20

DATE: 18 November 1959

293- ALCAR, Bayram
Pvt, T-56033
Hq Co, 2nd Inf Bn, TAFC
TAPO 5401

SUBJECT: Report on processing of Human Remains

TO: Commanding General
Eighth United States Army
APO 301
ATTN: Field Service Division, Quartermaster

The following is a report of the receipt, processing and evacuation of the above named current deceased:

DATE of Death: 15 Nov 59 (1100 hrs)

DATE Received Coll. Point: N/A

DATE Received 121 Evac Hosp; N/A

DATE Received Mortuary: 15 Nov 59 (1615 hrs)

0

DATE Received Mortuary: 15 Nov 59 (1615 hrs)

DATE Evacuated: 18 Nov 59 (0730 hrs)

3 days

TOTAL TIME FROM DEATH TO EVACUATION: 3 days

REMARKS: None

JAMES H. SAMS
CAPT QMC
MORTUARY OFFICER

(55 QMD FORM 493)
22 Oct 59