REPORT OF INTERMENT

DATE OF REPORT: 14 June 1960

TYPE OF REPORT: [X] INITIAL [ ] SUPPLEMENTAL (Reason)

TURKEY

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
KARAKILIC SAKIR	~~XXX~~ 53803

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	MP CO, TAFC APO 5401	ARMY

RACE	RELIGION	COUNTRY (If not U.S.)
CAU/TURK	Islam	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
KOREA, APO 5401	BULLET WOUND	10 June 60 (1200)

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

WERE SUBSTITUTE TAGS PROVIDED? Two [X] YES [ ] NO (2)

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 EFRAN ILGAC, PVT, APO-5401. Verified by AUGUST A. ALLEN, SFC, 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 MEMORIAL CEMETERY IN 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.
14 June 1960	1015	SHEET	Star & Cresent	45	11	4086

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.
BAYRAM, ALCAR	PVT	56033	TAFC	4085
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: CHONG, TAE HONG UNMCK

SIGNATURE OF GRS OFFICER VERIFYING REPORT: J. ANZARUT, SUPERVISOR, UNMCK

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)*
5'9 EST	180 EST	Unk	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 PROCESSING

DENTAL CHART

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER
KARAKILIC SAKIR	PVT	53801

TURKEY

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Memorial Cemetery in Korea (United Nations Military Cemetery, Pusan, Korea.)	45	11	4086

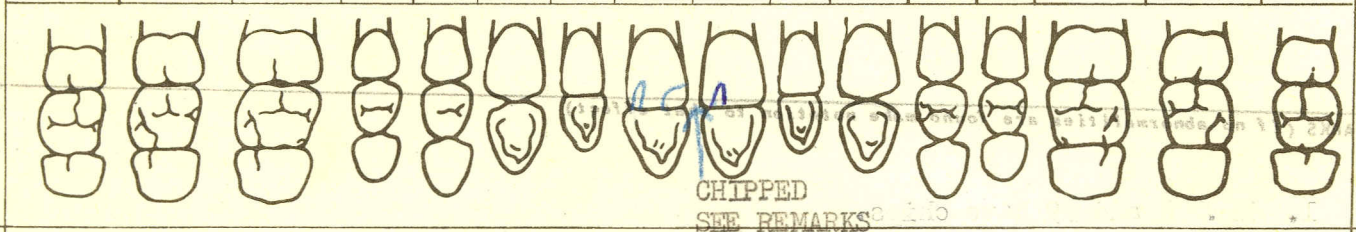
MARKING ABBREVIATIONS:

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

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)*
Howard E. Burnette
HOWARD E. BURNETTE SP-4, RA53200803

VERIFIED BY *(Typed Name and Signature)*
DOORN D. CHRISTIAN CAPT, Mortuary Officer

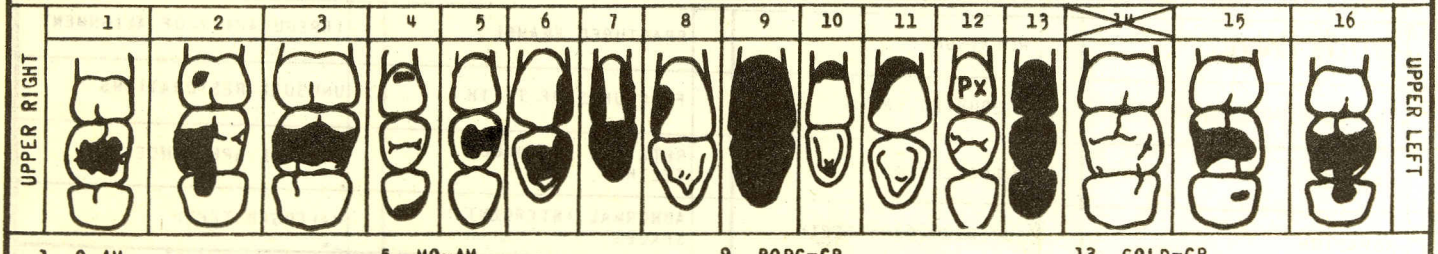
DD FORM 1 FEB 56 891 REPLACES DD FORM 569, 1 SEP 51, WHICH IS OBSOLETE *(for Army use only)*.

DENTURES *(Plates)*: DESCRIBE DENTURES I[illegible]DING NATURAL TEETH REPLACED AND TEETH WH[illegible] HAVE RETAINING CLASPS. *(For example: Lower Acrylic Partial Denture [illegible]th Lingual Bar, replacing Teeth nos. 17, [illegible] 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)*

1. Nr. #8 and #9 have chips.

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

Army-Admin Cen-Japan

TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
KARAKILIC, SAKIR PVT 53801	14 June 1960

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
United Nations Memorial Cemetery in Korea	45	11	4086	- - - - -	- - - - -

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Five (5) cert. of death received with remains: KARAKILIC, SAKIR, PVT, 53801

2. Five (5) cert. of identity received with remains: KARAKILIC, SAKIR, PVT, 53801.

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

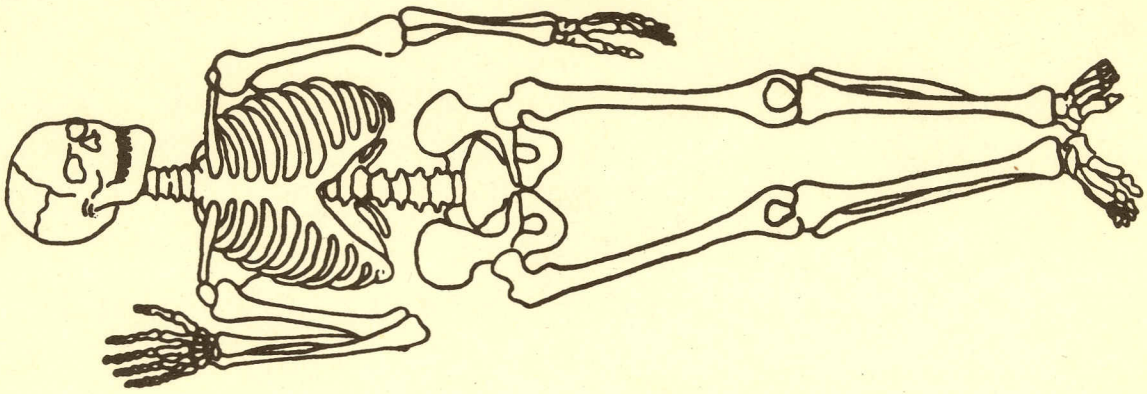
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NO CLOTHING OR PE's FOUND ON OR WITH REMAINS

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED

TURKEY



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
CHONG, TAE HONG, Inter-Trans, UNMCK	Chong Tae Hong

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9/50—250M

CERTIFICATE OF DEATH

TURKEY

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
KARAKILIC SAKIR	53801	PVT	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
MP CO, TAFC APO 5401	5401	Cau/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	Gole, Kars, 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	Karavenk Koyu, Gole, Kars, 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)

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER [X] LIVING [ ] DECEASED	KARAKILIC 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
KOREA, APO 5401	1200	10	6	60			10.6.1960

E. NAME OF HOSPITAL: Medical Co, TAFC — INTERVAL BETWEEN ONSET & DEATH

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

G. DUE TO

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
10.6.1960	Capt Ihsan Erinc, Surgeon	

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 Memorial Cemetery in Korea
C. ROW 11 45 D. PLOT 4086 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 10 June 1960

The remains which I have (XX) personally viewed ( ) seen photographs of are those of

NAME	RANK	SERVICE NUMBER	ORGANIZATION
KARAKLIC, SAKIR	PVT	53801	MP Co TAFC APO 5401

Recognition is based upon personal acquaintance covering a period of 24 (month)

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

(FACIAL FEATURES)

TYPED NAME OF PERSON MAKING STATEMENT		VERIFIED BY (Typed Name of OIC)	
EFRAIN IIGAC		AUGUST A. ALIEN	
GRADE	SERVICE NUMBER	GRADE	
PVT	53774	SFC	RA 12 341 203
ORGANIZATION		ORGANIZATION	
MP CO TAFC APO 5401		293D QM CO. (R&D) APO 20	
SIGNATURE		SIGNATURE	

DD FORM 565, 1 Feb 56

RECORD OF IDENTIFICATION PROCESSING

FINGERPRINT CHART

LAST NAME-FIRST NAME-MIDDLE INITIAL *(or unknown number)*	GRADE	SERVICE NUMBER
KARAKILIC SAKIR TURKEY	PVT	53801

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Memorial Cemetery in Korea (United Nations Military Cemetery, Pusan, Korea)	45	11	4086

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		1. THUMB	

IMPORTANT

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

August A Allen

AUGUST A. ALLEN SFC. RA12341203

IMPRESSIONS TAKEN BY *(Name)*

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