DEATH TAG

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. ASN
Mehmet Kenur	59740
3. ORGANIZATION Dept Turkish TdF Co 5th Cav 1st Cav Div	**4. GRADE** Pvt
5. DIED (Hour, Month, Day, Year) 0110 25 May 63	**6. WARD NUMBER** C14
7. PLACE 121 Evac Hosp	**8. SIGNATURE (Medical Officer in Attendance)**

WD AGO FORM 8-219
1 OCT 1945

REPORT OF INTERMENT

DATE OF REPORT: 29 May 1963

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

TURKEY

Imprint Identification Tag If Possible. DO NOT TYPE

MEHMET, KONUR
59740
MOSLEM
GRS TAG

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
KONUR, MEHMET	59740

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	TAF Co, 5th Cav, 1st Cav Div	Turkish Army

RACE	RELIGION	COUNTRY (If not U.S.)
Cau	Moslem	Turkey

PLACE OF DEATH: 121st Evac Hosp, APO 20 Ascom, Korea

CAUSE OF DEATH: Respiratory Arrest due to: Injuried Spinal Cord (dislocated spine)

DATE OF DEATH: 25 May 1963

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

WERE SUBSTITUTE TAGS PROVIDED? [X] YES [ ] NO

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse)

Statement of Identification
DA Form 10-248

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 P.E.'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 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.
29 May 1963	1030	SHEET	Star & cresent	45	11	4087

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: PARLAK, TEVFIK IMAM, Pvt.

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: No [ ] YES [X] NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
KARAKILIC, SAKIR	PVT	53801	TAFC	4086

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: Chung Tae Hong

CHUNG, TAE HONG, GRS Specialist, UNMCK

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Roger Strobbe

ROGER STROBBE, A/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)*
EST 5'8	EST 145	Unk	Black	121st Evac. Hosp. APO 20

BIRTHMARKS, SCARS, OR TATTOOS

N/A

LAUNDRY MARKS

None noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

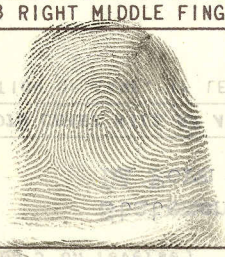
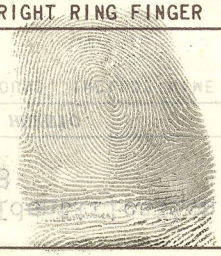
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

N/A

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

CERTIFICATE OF DEATH (OVERSEAS)

(AR 638-40)

NAME OF DECEASED (Last, First, Middle)	GRADE	BRANCH OF SERVICE	SERVICE NUMBER
Mehmet Konur	Pvt.	Turkish	59740

ORGANIZATION	DATE OF BIRTH	SEX
TdF CO 5th Cav, 1st Cav Div.		[X] MALE [ ] FEMALE

COLOR OR RACE	MARITAL STATUS	RELIGION
[X] WHITE	[ ] SINGLE	[ ] DIVORCED	[ ] PROTESTANT	[ ] OTHER (Specify)
[ ] NEGRO	[ ] MARRIED	[ ] SEPARATED	[ ] CATHOLIC	
[ ] OTHER (Specify)	[ ] WIDOWED		[ ] JEWISH	

NAME OF NEXT OF KIN	RELATIONSHIP TO DECEASED
ALI, KONUR	BROTHER

STREET ADDRESS	CITY OR TOWN AND STATE
DANACILAR MAHALLESI	YUVAK SOK No 15 KAYSELI, TURKEY

MEDICAL STATEMENT

CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1]		RESPIRATORY ARREST	10 min
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	due to : Injurid Sponal Cord (disloated spine	3 days
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS [2]			

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL	[ ] YES		
[XX] ACCIDENT	[X] NO		
[ ] SUICIDE			
[ ] HOMICIDE			

DATE OF DEATH (Hour, day, month, year)	PLACE OF DEATH
0110 HRS 25 MAY 1963	121ST EVAC HOSP APO 20

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER	TITLE OR DEGREE
LEONARD P, JR, JENNINGS	MC

GRADE	SERVICE NUMBER	INSTALLATION OR ADDRESS
CAPT	05518698	121ST EVAC HOSP APO 20

DATE	SIGNATURE
25 MAY 63	Leonard P Jennings

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER	STATE	OTHER

INSTALLATION OR ADDRESS	DATE	SIGNATURE

NAME OF CEMETERY ~~CREMATORY~~	LOCATION OF CEMETERY ~~CREMATORY~~
United Nations Memorial Cemetery	Tanggok, Pusan, Korea

TYPE OF DISPOSITION	DATE OF DISPOSITION
[X] BURIAL [ ] CREMATION [ ] REMOVAL (Specify)	

REGISTRATION OF VITAL STATISTICS

REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	STATE	OTHER
	28 May 1963			

NAME OF FUNERAL DIRECTOR	ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

[1] State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.

DA FORM 1 APR 59 10-249

PPRC, Japan

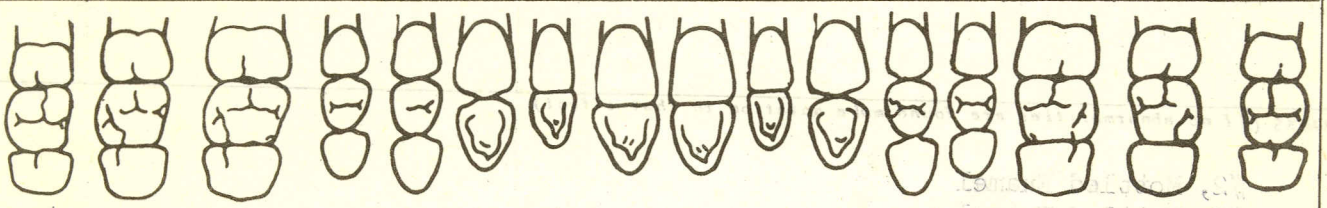
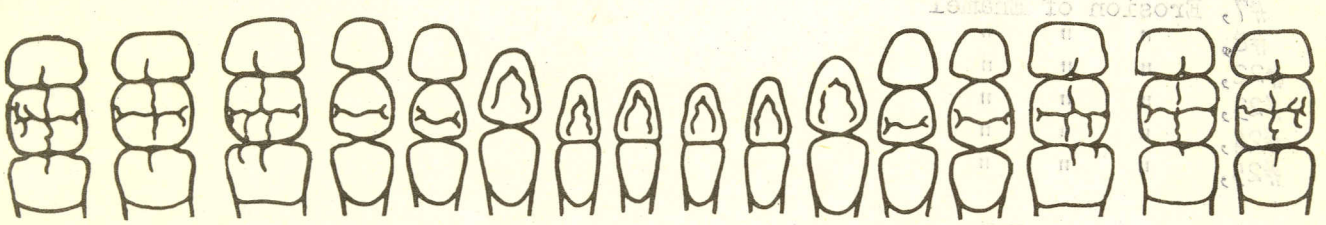
RECORD OF IDENTIFICATION PROCESSING
DENTAL CHART

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER
KONUR, MEHMET TURKEY	Pvt	59740

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Cemetery, Tanggok, Korea	45	11	4087

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*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
CARIES		see reverse side															CARIES
RESTORATIONS																	RESTORATIONS
UPPER RIGHT / UPPER LEFT																	
LOWER RIGHT / LOWER LEFT																	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
RESTORATIONS																	RESTORATIONS
CARIES																	CARIES

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

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

PREPARED BY *(Typed Name and Signature)*	VERIFIED BY *(Typed Name and Signature)*
Reuben Southall	Russell Adams
REUBEN SOUTHALL, SGT, GR SPECIALIST	RUSSELL ADAMS, SFC, MORTUARY NCOIC

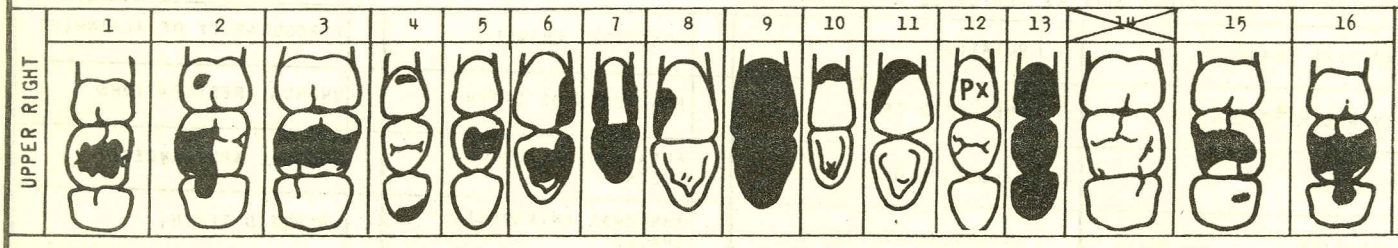
DD FORM 1 FEB 56 891 REPLACES DD FORM 569, 1 SEP 51, WHICH IS OBSOLETE *(for Army use only)*.

DENTURES *(Plates)*: DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WITH 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.

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

#2, Mottled Enamel
#5, Mottled Enamel
#7, Erosion of Enamel
#8, " " "
#22, " " "
#23, " " "
#24, " " "
#25, " " "

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

STATEMENT OF IDENTIFICATION

(AR 638-40)

INSTRUCTIONS

1. Prepare in triplicate and distribute as follows:
   a. Original to OQMG, Attn: Memorial Division
   b. Copy to Army Command
   c. Copy retained at preparing installation
2. This statement will be supplemented by signed copies of appropriate Records of Identification Processing *(DD Forms 890 through 894).*

NAME OF DECEASED *(Last, First, Middle)*	GRADE	SERVICE NUMBER	BRANCH OF SERVICE
KONUR,, MEHMET TURKEY	PVT	59740	Trk Army
ORGANIZATION AND BASE	**DATE OF DEATH**	**PLACE OF DEATH**	
T & F Co. 5th Cav. 1st Cav Div.	25 May 1963	121st EVAC HOSP APO 20	

CONDITION OF REMAINS *(Describe briefly in Remarks)*

X	RECOGNIZABLE		NOT RECOGNIZABLE		COMMINGLED
	EVIDENCE OF DECOMPOSITION		MANGLED OR MUTILATED		EVIDENCE OF BURNS

MEANS OF IDENTIFICATION

(Check all appropriate boxes and indicate appropriate inclosures. Specify supporting data in Remarks.)

	IDENTIFICATION TAGS		INCLOSURES
	PERSONAL EFFECTS		DD FORM 890
	DENTAL COMPARISON		DD FORM 891 AND SF FORM 603
	SKELETAL AND ANATOMICAL COMPARISON		DD FORM 892 AND/OR DD FORM 893
	FINGERPRINTS		DD FORM 894
X	VISUAL RECOGNITION		
	OTHER *(Specify in Remarks)*		

REMARKS

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.

TYPED NAME, GRADE, AND TITLE OF IDENTIFYING OFFICER	NAME AND ADDRESS OF INSTALLATION
SALMAN, ILHAN 1st Lt.	TURKISH COMPOUND APO 24
DATE	**SIGNATURE OF IDENTIFYING OFFICER**
25 MAY 1963	

DA FORM 1 APR 59 10-248

FOR USE OF IDENTIFICATION SPECIALISTS ONLY

SUMMARY

REMARKS

RECOMMENDATIONS

RECOMMENDATIONS PRESENTED

TYPED NAME AND TITLE OF IDENTIFICATION SPECIALIST	NAME AND ADDRESS OF INSTALLATION
RUSSELL ADAMS, SFC, Mortuary NCOIC	B Co, 13th QM Bn (DS), APO 20
DATE	**SIGNATURE OF IDENTIFICATION SPECIALIST**
25 May 1963	Russell Adams

RECOMMENDATIONS ACCEPTED

TYPED NAME, GRADE AND TITLE OF ACCEPTING OFFICER	NAME AND ADDRESS OF INSTALLATION
DATE	**SIGNATURE OF ACCEPTING OFFICER**

IDENTIFICATION DATA

1. ~~REMAINS KNOWN~~ / ~~UNKNOWN~~				2. DATE OF REPORT
KONUR, MEHMET PVT 59740 TURKEY				29 May 1963
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT / REINTERMENT
United Nations Memorial Cemetery in Tanggok, Korea.	45	11	4087	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 145	EST 5'8	Black	Cau.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) cert. of death rec'd with remains reads: KONUR, MEHMET, Pvt. 59740

2. Five(5) cert. of identity rec'd with remains reads: KONUR, MEHMET, Pvt. 59740

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

N/A

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

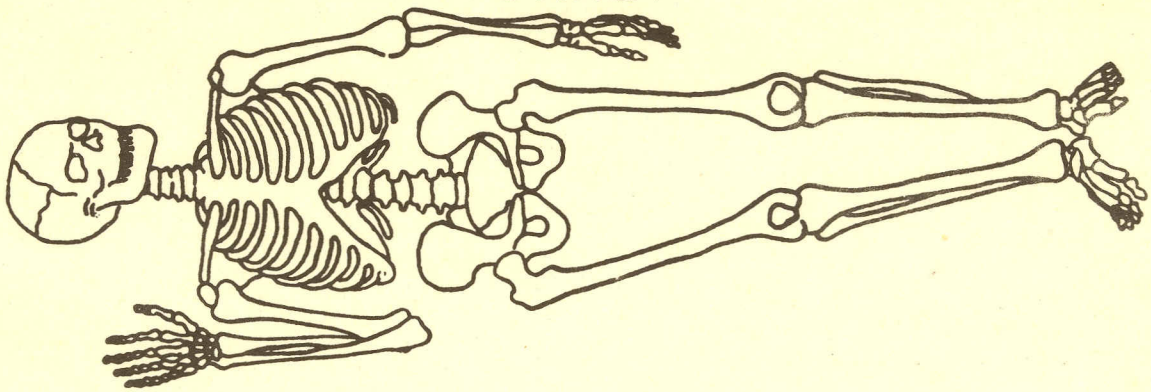
N/A

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 P.E.'s found on or with remains.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

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
CHUNG, Tae Hong, GRS Specialist, UNMCK	Chung Tae Hong

QMC FORM 18 MAR 47 1044b

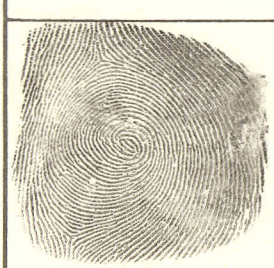
5762—FEC P&PC—9 50—250M

RECORD OF IDENTIFICATION PROCESSING

FINGERPRINT CHART

LAST NAME-FIRST NAME-MIDDLE INITIAL *(or unknown number)*	GRADE	SERVICE NUMBER
KONUR, MEHMET TURKEY	Pvt	59740

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Cemetery, Tanggok, Korea	45	11	4087

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 SFC RUSSELL ADAMS 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

RECORD OF IDENTIFICATION PROCESSING
DENTAL CHART

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER
KONUR, KEMBET TURKEY	Pvt	59740

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Cemetery, Tanggok, Korea	45	11	4087

MARKING ABBREVIATIONS:

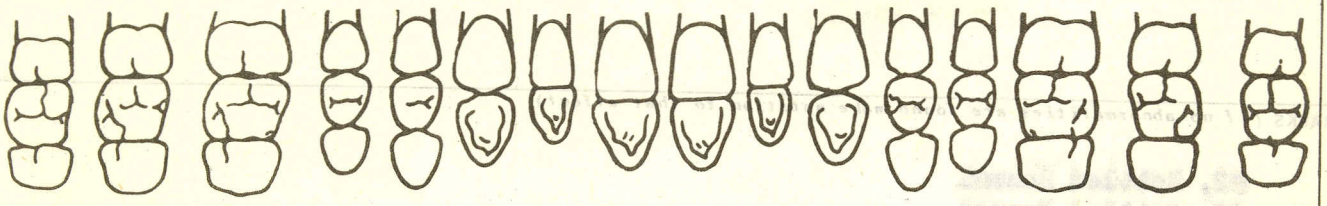
F-Facial *O-Occlusal* *D-Distal* *AM-Amalgam* *-Fill-Filling* *Porc-Porcelain* *Back-Backing*
L-Lingual *M-Mesial* *I-Incisal* *CR-Crown* *Plas-Plastic* *Sil-Silicate* *Fac-Facing*

CARIES — see reverse side — CARIES

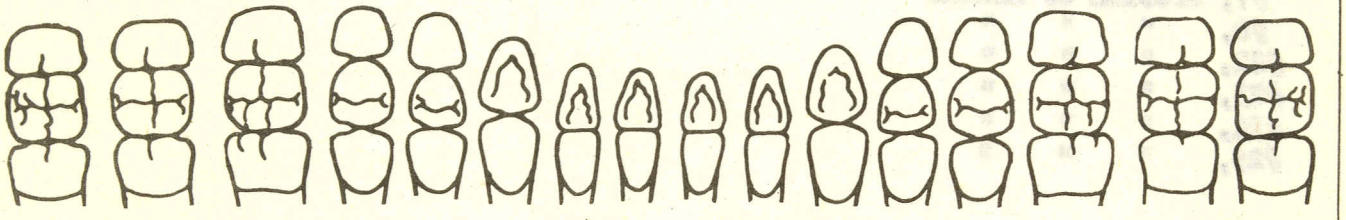
RESTORATIONS — RESTORATIONS

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

UPPER RIGHT — UPPER LEFT



LOWER RIGHT — LOWER LEFT



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

RESTORATIONS — RESTORATIONS

CARIES — CARIES

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

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

PREPARED BY *(Typed Name and Signature)*
Reuben Southall
REUBEN SOUTHALL, SGT, DR SPECIALIST

VERIFIED BY *(Typed Name and Signature)*
Russell Adams
RUSSELL ADAMS, SFC, MORTUARY NCOIC

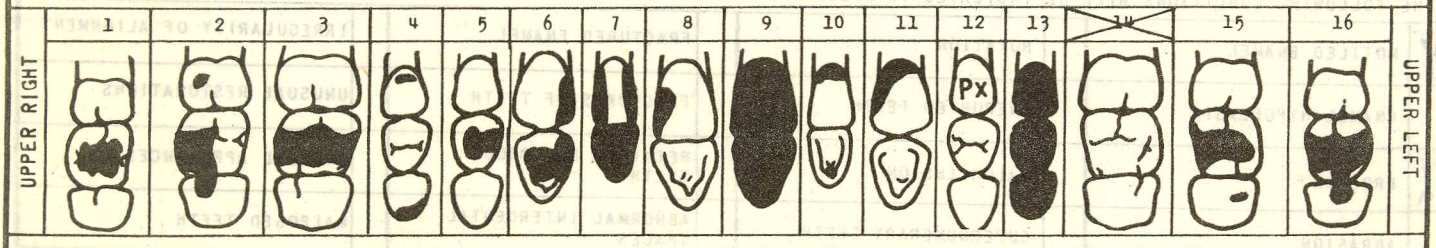
DD FORM 1 FEB 56 891 REPLACES DD FORM 569, 1 SEP 51, WHICH IS OBSOLETE *(for Army use only)*.

DENTURES *(Plates)*: DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WITH HAVE RETAINING CLASPS. *(For example: Lower Acrylic Partial Denture with Lingual Bar, replacing Teeth nos. 1, 3, 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)*

#2, Mottled Enamel
#5, Mottled Enamel
#7, Erosion of Enamel
#8, " " "
#22, " " "
#23, " " "
#24, " " "
#25, " " "

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

"CERTIFIED TRUE COPY"

CERTIFICATE OF DEATH *(OVERSEA...*

(AR 638-40)

NAME OF DECEASED *(Last, First, Middle)*	GRADE	BRANCH OF SERVICE	SERVICE NUMBER
MEHMET KONUR	Pvt	Turkish	59740

ORGANIZATION	DATE OF BIRTH	SEX
TAF Co, 5th Cav, 1st Cav Div, APO 24		[X] MALE [ ] FEMALE

COLOR OR RACE	MARITAL STATUS	RELIGION
[X] WHITE	[ ] SINGLE	[ ] DIVORCED	[ ] PROTESTANT	[ ] OTHER *(Specify)*
[ ] NEGRO	[ ] MARRIED	[ ] SEPARATED	[ ] CATHOLIC	
[ ] OTHER *(Specify)*	[ ] WIDOWED		[ ] JEWISH	

NAME OF NEXT OF KIN	RELATIONSHIP TO DECEASED
ALI, KONUR	BROTHER
STREET ADDRESS	**CITY OR TOWN AND STATE**
DANACILAR MAHALLESI	YUVAK SOK No 15 KAYSELI, TURKEY

MEDICAL STATEMENT

CAUSE OF DEATH *(Enter only one cause per line)*		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1]	RESPIRATORY ARREST	10 min
ANTECEDENT CAUSES — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE	due to: Injuried Spinal Cord (dislocated spine)	3 days
ANTECEDENT CAUSES — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE		
OTHER SIGNIFICANT CONDITIONS [2]		

MODE OF DEATH	AUTOPSY PERFORMED	MAJOR FINDINGS OF AUTOPSY	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL	[ ] YES		
[XX] ACCIDENT	[X] NO		
[ ] SUICIDE			
[ ] HOMICIDE			

DATE OF DEATH *(Hour, day, month, year)*	PLACE OF DEATH
0110 hrs 25 May 1963	121st Evac Hosp, APO 20

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

NAME OF MEDICAL OFFICER	TITLE OR DEGREE
LEONARD P. JENNINGS JR.	MC

GRADE	SERVICE NUMBER	INSTALLATION OR ADDRESS
Capt	05518698	121st Evac Hosp, APO 20

DATE	SIGNATURE
25 May 1963	s/ Leonard P. Jennings Jr. t/LEONARD P. JENNINGS JR

DISPOSITION OF REMAINS

NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER	STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE		

NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION OF CEMETERY ~~OR CREMATORY~~
United Nations Memorial Cemetery	Tanggok, Pusan, Korea

TYPE OF DISPOSITION	DATE OF DISPOSITION
[ ] BURIAL [ ] CREMATION [ ] REMOVAL *(Specify)*	

REGISTRATION OF VITAL STATISTICS

REGISTRY *(Town and Country)*	DATE REGISTERED	FILE NUMBER	STATE	OTHER
	28 May 1963			

NAME OF FUNERAL DIRECTOR	ADDRESS

SIGNATURE OF AUTHORIZED INDIVIDUAL

[1] *State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.*

[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*

DA FORM 1 APR 59 10-249

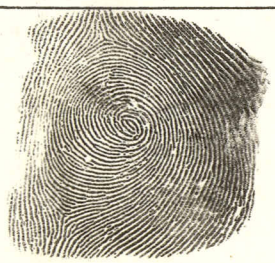
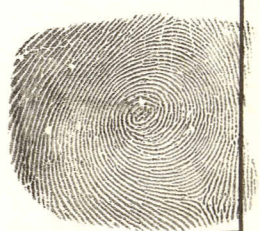
PPRC, Japan

RECORD OF IDENTIFICATION PROCESSING

FINGERPRINT CHART

LAST NAME-FIRST NAME-MIDDLE INITIAL *(or unknown number)*	GRADE	SERVICE NUMBER
KONUR, MEHMET TURKEY	Pvt	59740

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Cemetery, Tanggok, Korea	45	11	4087

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

SFC RUSSELL ADAMS

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

DATE: 28 May 1963

PASSENGER LIST (ALLIED DECEASED) # 1304 TRAIN NR.

LOADED AT SECUL (F.T.O.) DESTINATION: PUSAN (F.T.O.)

NAME:	RANK:	SN:	NATION:
MEHMET KONUR	Pvt	59740	Turkey

Certificate of Death (5 copies)
Certificate of Identity (5 copies)

Sfc Russell Adams
for ROBERT E. ROHIFING
Captain, QMC
Officer-In-Charge

Page 1 of pages

Receipt of Remains and/or other item listed hereon is acknowledge.

ESCORT SIGNATURE: Roger Thomas

Sfc Russell Adams UNIT: U N M C K

55QMD Form 12 (One Time)
15 Jun 61