DEATH TAG

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. ASN
SULUTAS, ALI	59559
3. ORGANIZATION	**4. GRADE**
13TH TURKISH ARMED FORCES Co.	SGT
5. DIED (Hour, Month, Day, Year)	**6. WARD NUMBER**
1545 HRS, 17 JUNE 63	1
7. PLACE	**8. SIGNATURE (Medical Officer in Attendance)**
DOA 44TH SHMA APO 24	Robert D Moseley Major MC

WD AGO FORM 8-219
1 OCT 1945

REPORT OF INTERMENT

DATE OF REPORT: 21 June 1963

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

Imprint Identification Tag If Possible. DO NOT TYPE

SGT SULUTAS ALI
59559 13TH TAF
DIED 17 JUNE 1963
PLOT 45 R 11 G 4088
GRS
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
SULUTAS, ALI		59559
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
SGT	13th TAF Co. 5th Cav. 1st Cav APO 24	Turkish Army
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Cau.	Moslem	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
APO 44th Surgical Hosp. 24	Gun Wound (Gun Shot) Head	17 June 1963

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)

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 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.
21 June 1963	1010	SHEET	Star & cresent	45	11	4088

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: [ ] 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.
KONUR, MEHMET	PVT	59740	TAFC	4087
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: R W Binge
RONALD W. BINGE, 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 6'3	EST 180	N/A	Black	44th Surgical Hosp. APO 24

BIRTHMARKS, SCARS, OR TATTOOS

N/A

LAUNDRY MARKS

None noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

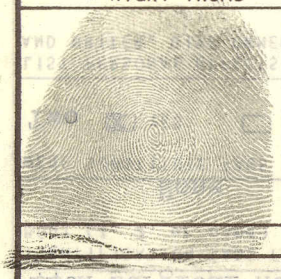
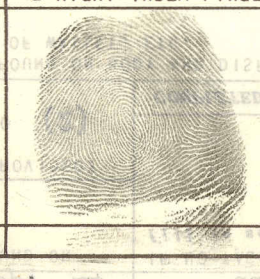
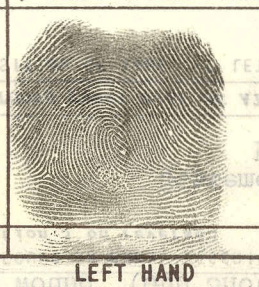
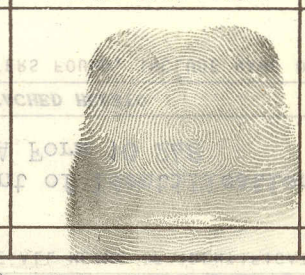
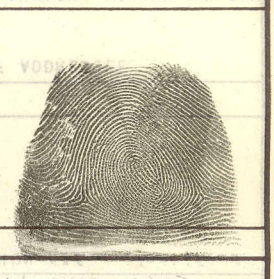
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

N/A

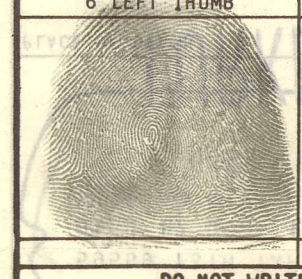
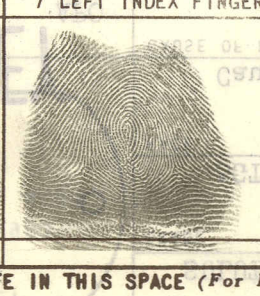
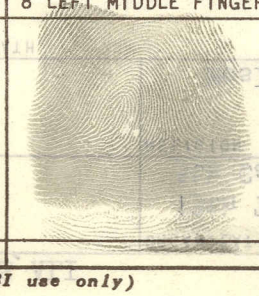
SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

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)

TURKEY

NAME OF DECEASED (Last, First, Middle)	GRADE	BRANCH OF SERVICE	SERVICE NUMBER
SULUTAS, Ali	Sgt	Turkish Army	59 559

ORGANIZATION	DATE OF BIRTH	SEX
13th Turkish Armed Forces Company	1941	XX MALE ☐ FEMALE

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

NAME OF NEXT OF KIN	RELATIONSHIP TO DECEASED
Ismail Sulutas	Father
STREET ADDRESS	**CITY OR TOWN AND STATE**
	Eymir Koyu, Corum, 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]		Gun Shot Wound, Head	30 minutes
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE		
	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			Alledgedly ~~XXXX~~ self inflicted (GSW), Head.
	ACCIDENT	☐ YES		
XX	SUICIDE	☐ NO		
	HOMICIDE			

DATE OF DEATH (Hour, day, month, year)	PLACE OF DEATH
1545 hrs, 17 June 63	DOA 44th Surgical Hospital (MA) APO 24

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
ROBERT H . MOSEBAR	Commanding Officer

GRADE	SERVICE NUMBER	INSTALLATION OR ADDRESS
Major	082826	44th Surgical Hospital (MA) APO 24
DATE		**SIGNATURE**
17 JUNE 63		Robert H Mosebar

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 in Korea	Tanggok, Pusan

TYPE OF DISPOSITION	DATE OF DISPOSITION
☐ BURIAL ☐ CREMATION ☐ REMOVAL (Specify)	

REGISTRATION OF VITAL STATISTICS

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

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

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
SULUTAS ALI TURKEY	SGT.	59559	TURKISH ARMY

ORGANIZATION AND BASE	DATE OF DEATH	PLACE OF DEATH
13th TAF Co. 5th Cav. 1st Cav. APO 24	17 June 63	44th Surgical Hosp. APO 24

CONDITION OF REMAINS *(Describe briefly in Remarks)*

XX	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.)

			INCLOSURES
	IDENTIFICATION TAGS		
	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
XX	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
SARAC, UNAL, 2/Lt, 183920, TAFC	13th TAF Co, 5th Cav, 1st Cav Div, APO 24

DATE	SIGNATURE OF IDENTIFYING OFFICER
19 June 1963	Unal Sarac

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 18 JUNE 63	**SIGNATURE OF IDENTIFICATION SPECIALIST** Russell Adams

RECOMMENDATIONS ACCEPTED

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

RECORD OF IDENTIFICATION PROCESSING

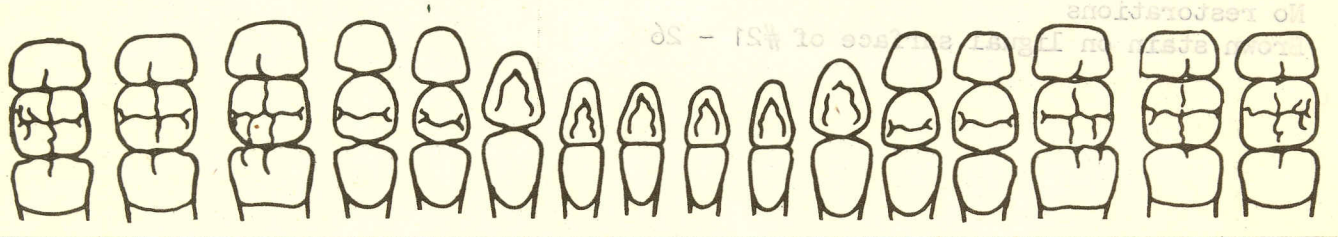
DENTAL CHART

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)	GRADE	SERVICE NUMBER
SULUTAS, ALI TURKEY	Sgt	59 559

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Memorial Cemetery in Korea	45	11	4088

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																	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)*

	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)*
Reuben Southall
REUBEN SOUTHALL, SGT, Iden. Specialist

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

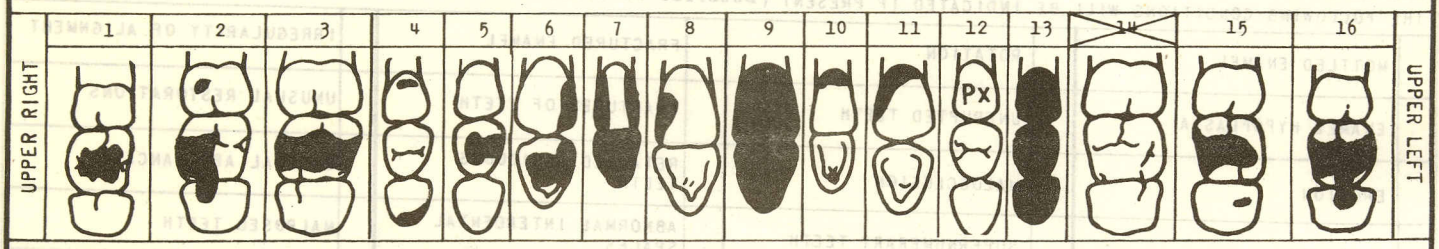
DD FORM 1 FEB 56 891 REPLACES DD FORM 569, 1 SEP 51, WHICH IS OBSOLETE *(for Army use only)*.

DENTURES *(Plates)*: DESCRIBE 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.

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

No cavities
No restorations
Brown stain on ligual surface of #21 - 26

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

IDENTIFICATION DATA

TURKEY

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
SULUTAS, ALI Sgt 59559				21 June 1963
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT / REINTERMENT
United Nations Memorial Cemetery in Korea	45	11	4088	- - - - / - - - -

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 180	EST 6'3	Black	Cau.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Five(5) copies cert. of death rec'd with remains reads: SULUTAS, ALI Sgt.

2. Five(5) copies cert. of identity rec'd with remains reads: SULUTAS, ALI Sgt.

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

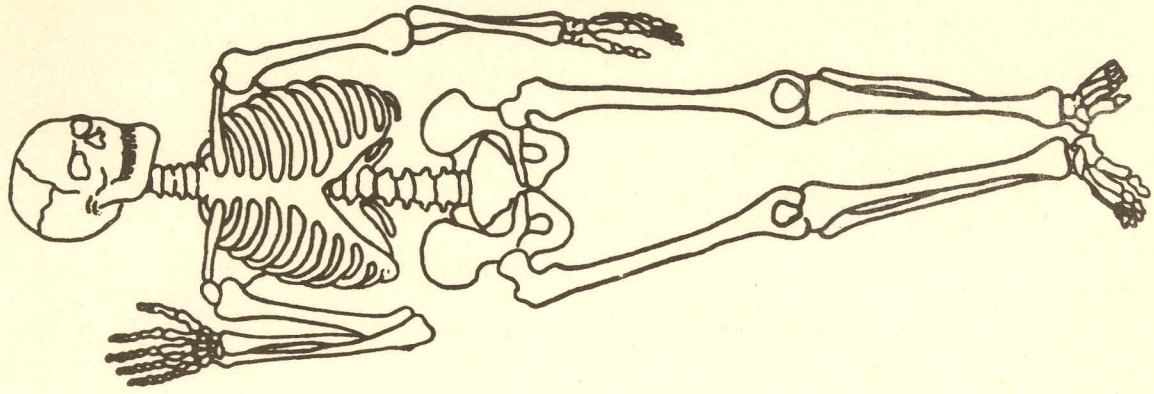
N/A

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry 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 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

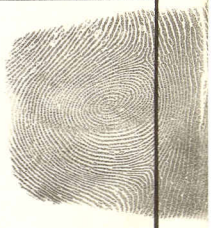
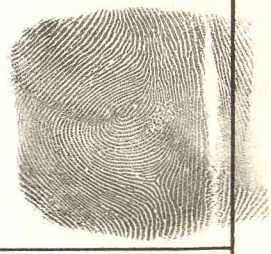
5762—FEC P&PC—9 50—250M

RECORD OF IDENTIFICATION PROCESSING

FINGERPRINT CHART

LAST NAME-FIRST NAME-MIDDLE INITIAL *(or unknown number)*	GRADE	SERVICE NUMBER
SULUTAS ALI TURKEY	SGT	59559

NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER	PLOT	ROW	GRAVE
United Nations Memorial Cemetery in Korea	45	11	4088

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	1. THUMB	

SFC RUSSELL ADAMS

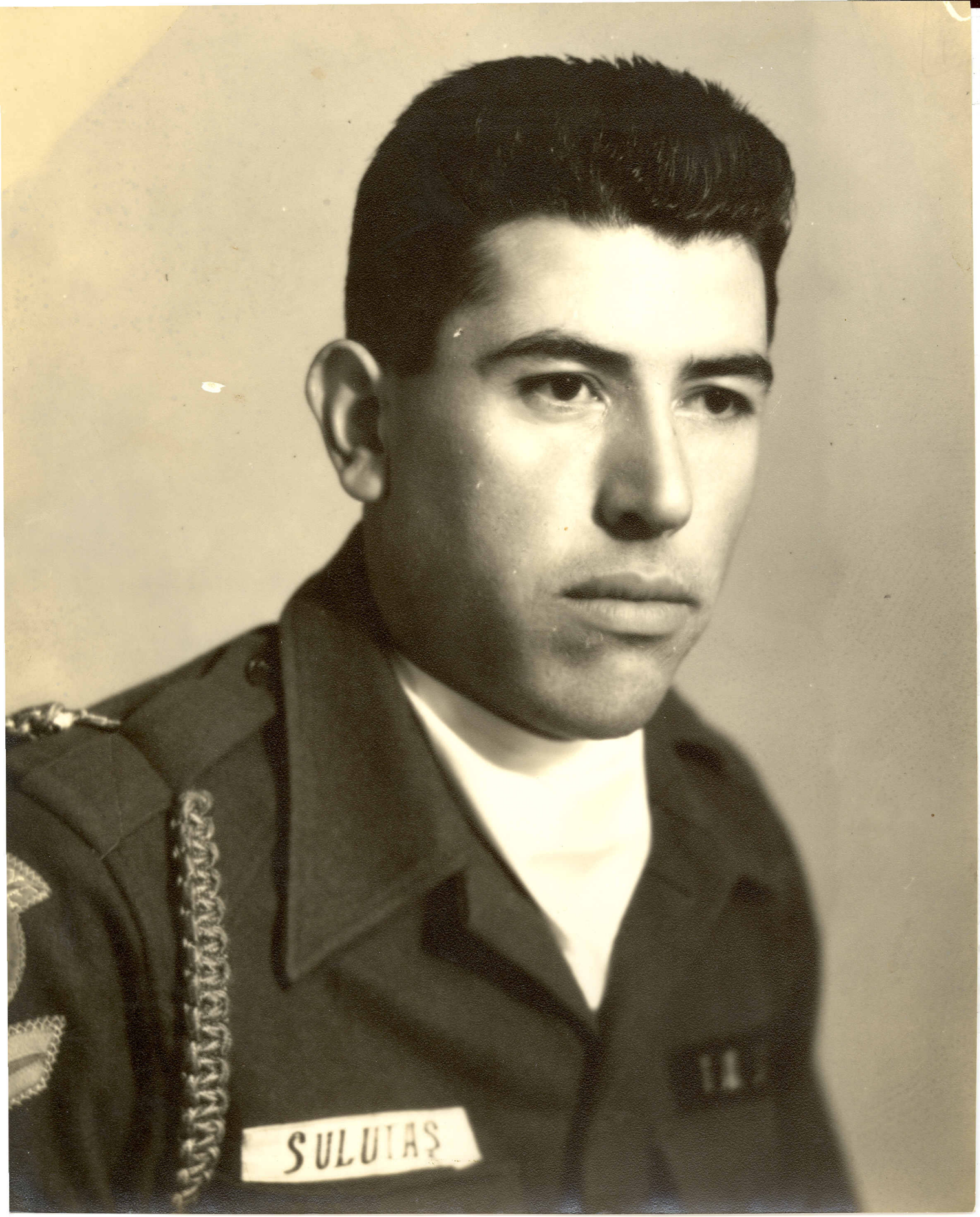
IMPRESSIONS TAKEN BY *(Name)*

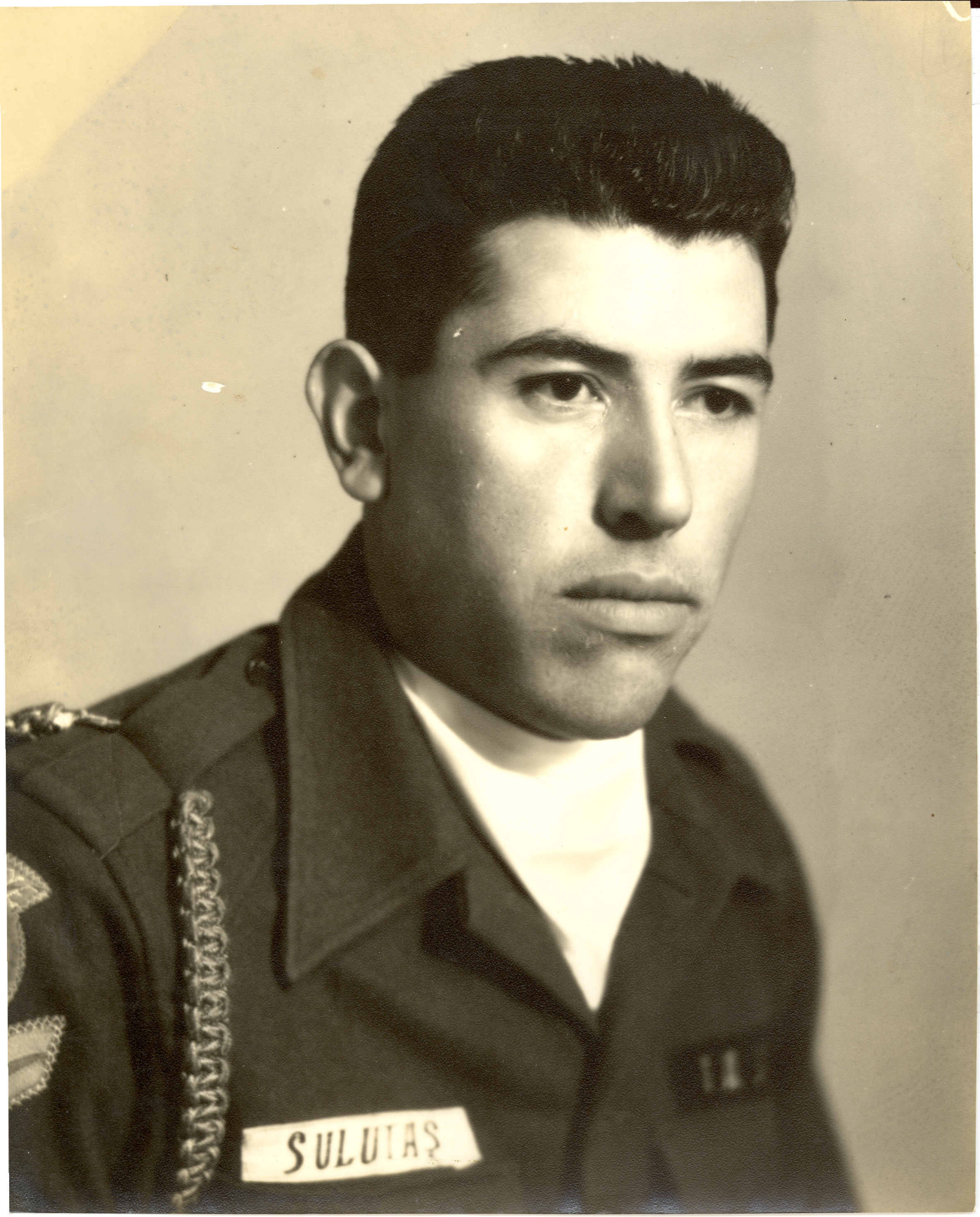
FOR FEDERAL BUREAU OF INVESTIGATION USE ONLY

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


SULUTAŞ

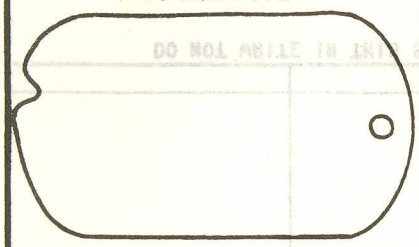

SULUTAŞ

REPORT OF INTERMENT

DATE OF REPORT: 21 June '63

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
SULUTAS, ALI		59559
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
SGT	13th T.A.F.C.	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Cau.	Moslem	Turkish

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
44th Surgical Hosp.	Gun Shot wound, head	17 June '63

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

WERE SUBSTITUTE TAGS PROVIDED? Two ☒ YES ☐ NO (2)

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: EP-089868 United Nations Memorial Cemetery in Korea

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
21 June '63	1010	Sheet	Star & Cresent	4	11	4088

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	PARLAK, TEVFIK IMAM, PVT

IDENTIFICATION TAG BURIED WITH BODY: Two ☒ YES ☐ NO (2)

IDENTIFICATION TAG ATTACHED TO MARKER: ☐ YES ☒ NO

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

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
KONUR, MEHMET	PVT	59740	T.A.F.C	4087
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. 6'3	EST 180	N/A	Black	44th Surgical Loop MPO-24

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
SULUTAS, ALI SGT 59059	21 June 1963

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	2088		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST. 180	EST. 6.3	Black	Cauca

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Five (5) Copies cert. of death rec'd with remains reads: SULUTAS, ALI SGT

2. Five (5) Copies cert. of identity rec'd with remains reads: SULUTAS, ALI SGT

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	

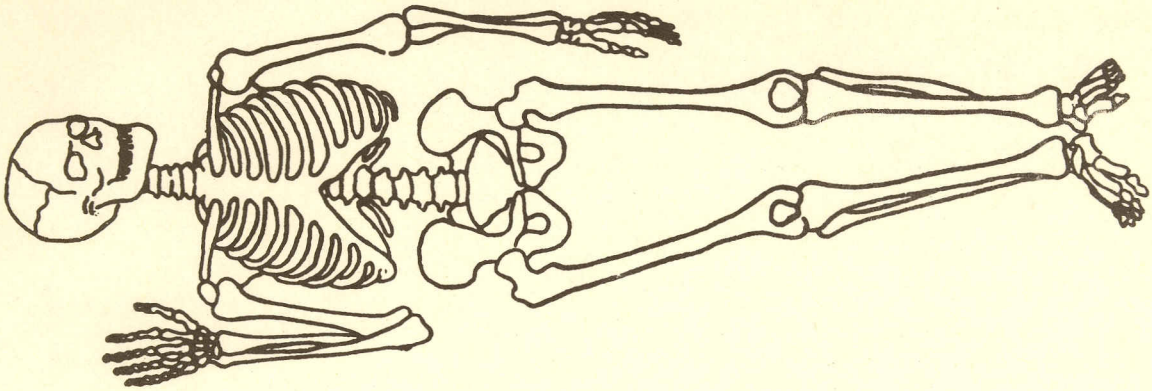
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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



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