ALLIED

16391-4

RESTRICTED

SECURITY INFORMATION

REPORT OF INTERMENT

DATE OF REPORT: 3 October 53

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
ID Tag unable to imprint.

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
DANA, MUSTAFA	20834

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt.	T.A.F.	Army

RACE	RELIGION	COUNTRY (If not U.S.)
Caucasian	Unknown	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
CS 321763, Korea	EMT states, "GSW Head".	27 Sept 53

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

WERE SUBSTITUTE TAGS PROVIDED? Three [X] YES (3) [ ] NO GRS.

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

One (1) Emt signed, signature illegible, rank, Major, Turkish Med. Camp Command. No verification.

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 Personal Effects 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.
1 Oct 53	1030	Canvas Square	Star&Crest	45	2	3978

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	PERSON CONDUCTING BURIAL RITES
General	GEORGE M. CARRALL REV. M.M.

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	IDENTIFICATION TAG ATTACHED TO MARKER
Three [X] YES (3) [ ] NO	One [XX] YES (1) [ ] NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
ILYAS, SOYLLI	Pvt.	21833	Turk. Brig	3977
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
OPEN GRAVE				3979

RESTRICTED

SECURITY INFORMATION

SIGNATURE OF PERSON PREPARING REPORT: CHESTER J. WASZKELEWICZ PFC QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Theodore H. Pailet THEODORE H. PAILET 1st Lt, QMC.

D FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

DANA, MUSTAFA 20834

37230-Army-AG Admin Cen-FEC-2/53-61M

RESTRICTED

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. 5'3"	Est. 120	Undet.	Black	CS 321763, Korea

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None

WEAPON(S) WITH SERIAL NUMBER(S)

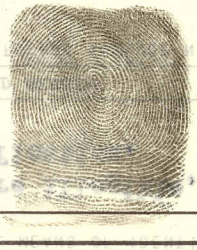
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

No clothing found on or with Remains.
REMARKS: One (1) ID tag found around left wrist of Remains bearing serial number. Remains received from Yong Dung Po Coll Pt., Korea, Evac. #A10514/293rd Grs. Reg. Co. Tagged at T. Med Camp. Name, rank, org., date, cause and place of death taken from EMT.

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

See Above

RESTRICTED
SECURITY INFORMATION

ALLIED

16391-4

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SECURITY INFORMATION

REPORT OF INTERMENT

DATE OF REPORT

TYPE OF REPORT ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
ID TAG
UNABLE TO
IM PRINT

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
DANA, MUSTAFA		20834
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT.	T. A. F	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
CAUC.	UNK.	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
CS 32176 3 KOREA	EMT STATES GSW HEAD	27 SEPT 53

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

WERE SUBSTITUTE TAGS PROVIDED? ☒ YES ☐ NO THREE (3) GRS,

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

ONE (1) EMT. SIGNED, SIGNATURE ILLEGIBLE
RANK MAJ, TURKISH MED, CAMP COMMAND
NO VERIFICATION

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 BE 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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
1 OCT. 53	1030	CANVAS SQUARE	STAR + CRESCENT	45	2	3978

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	GEORGE M. CARRALL REV. M.M

IDENTIFICATION TAG BURIED WITH BODY THREE (3) ☒ YES ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER ONE (1) ☒ 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.
ILYAS, SOYLU	PVT	21833	TURK BRIG.	3977
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	**GRADE**	**SERVICE NUMBER**	**ORGANIZATION**	**GRAVE NO.**
OPEN GRAVE				3979

RESTRICTED

SECURITY INFORMATION

SIGNATURE OF PERSON PREPARING REPORT: Chester A. Wasz

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Clarence E. Fouts Pfc.

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

DANA, MUSTAFA

20834

37230-Army-AG Admin Cen-FEC-2/53-61M

RESTRICTED
SECURITY INFORMATION

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)*
5'3" EST.	120 EST.	UNDET.	BLACK	CS321763, KORea

BIRTHMARKS, SCARS, OR TATTOOS: NONE NOTED

LAUNDRY MARKS: NONE

WEAPON(S) WITH SERIAL NUMBER(S):

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

NO CLOTHING 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
NO FINGER PRINTS TAKEN				

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
NO	FINGERPRINTS TAKEN			

DO NOT WRITE IN THIS SPACE *(For FBI use only)*

1. ONE (1) ID TAG FOUND AROUND LEFT WRIST OF
2. REMAINS RECEIVED FROM YONG DONG PO
#A10614/293 GRS REG. Co.
3. NAME, RANK, ORG, DATE, CAUSE AND PERSON TAKEN FROM ENT.

REMARKS: REMAINS BEARING SN: COLL. PT., KOREA, ELAC T. MED COMP

RESTRICTED
SECURITY INFORMATION

ALLIED

RESTRICTED

10391-4

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
DANA, MUSTAFA PVT. 20834 SECURITY INFORMATION	3 Oct. 53

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC Tanggok, Korea	45	2	3978	N/A	N/A

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
120	5'3"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) ID tag found with Remains reads, "20834".
One (1) EMT found with Remains reads, "DANA, MUSTAFA, 20834".

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

None Noted

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 Personal Effects or clothing found on or with Remains.

RESTRICTED

SECURITY INFORMATION

QMC FORM REV 18 MAR 47 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

DANA, MUSTAFA 20834

4060—FEC P&PC—7/50—30M

ALLIED

16391-4

RESTRICTED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
DANA, MUSTAFA PVT. SECURITY INFORMATION	

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC TANGGOK, KOREA	45	2	3978		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
120	5'3"	BLACK	CAUCASIAN

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. ONE (1) ID TAG FOUND WITH REMAINS READS: "20834"
2. ONE (1) EMT FOUND WITH REMAINS READS: "DANA, MUSTAFA, 20834"

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

NONE NOTED

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 PERSONAL CLOTHING FOUND ON OR WITH REMAINS

RESTRICTED

SECURITY INFORMATION

QMC FORM REV 18 MAR 47 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

DANA, MUSTAFA. 20834

4060—FEC P&PC—7/50—30M

ALLIED

RESTRICTED

SECURITY INFORMATION

16391-4

IDENTIFICATION DENTAL CHART

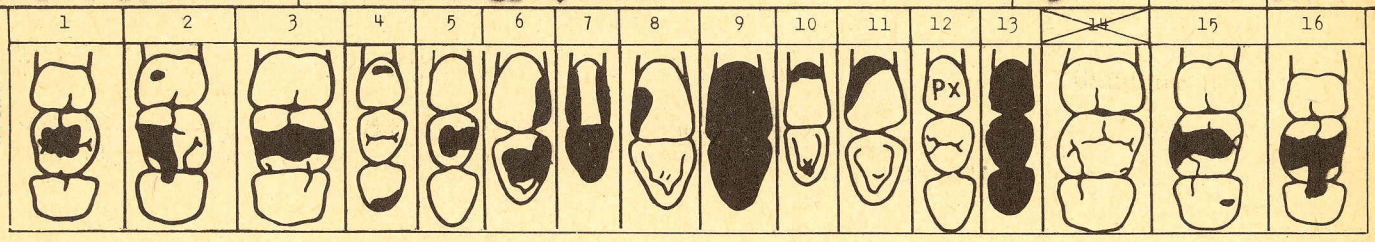
DATE: 3 Oct 53

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
DANA, MUSTAFA	Pvt.	20834

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Unknown	T.A.F.	See DD form 551	27 Sept 53

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
CS 321763, Korea	UNMC Tanggok, Korea	45	2	3978

RIGHT



LEFT

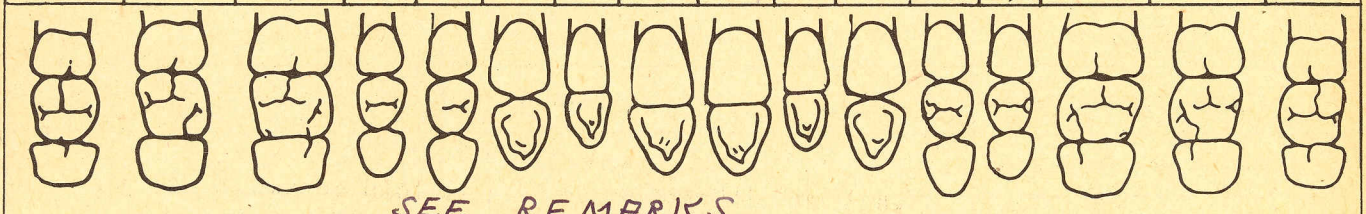
1. O–AM.
2. DOL–AM.; F–AM.
3. MOD. GOLD FILL.
4. F–GOLD FILL.; ML–AM.
5. MO–AM.
6. ML–GOLD FILL.
7. 3/4 GOLD CR.
8. D–PORC. FILL.
9. PORC. CR.
10. F–PORC. FILL.; L–AM.
11. MF–PORC. FILL.
12. Px–POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO–AM.; L–AM.
16. MODL–AM.

MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

CARIES

RESTORATIONS

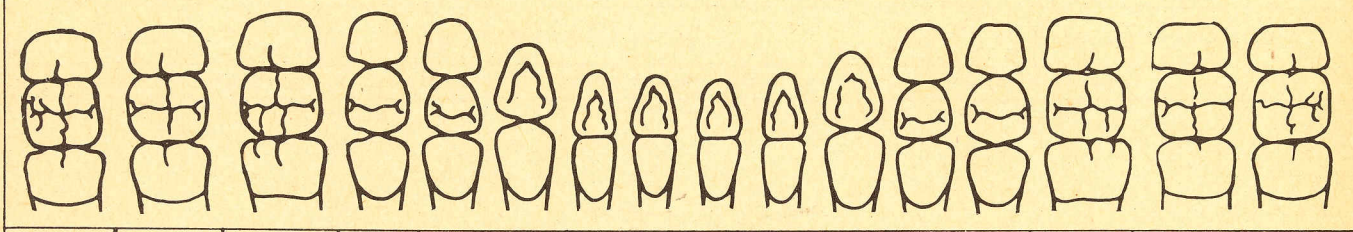
UPPER RIGHT



SEE REMARKS

UPPER LEFT

LOWER RIGHT



LOWER LEFT

RESTORATIONS

CARIES

RESTRICTED

SECURITY INFORMATION

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: CHESTER J. WASZKELEWICZ PFC. QMC.

VERIFIED BY DSO OFFICER: THEODORE H. PAILET 1st LT. QMC.

DD FORM 1 SEP 51 569

REPLACES QMC FORM 1045, 1 APR 1947, WHICH IS OBSOLETE.

SEE REVERSE SIDE

DANA, MUSTAFA 20834

DENTURES *(Plates)*: DESCRIBE DENTURES 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.

RESTRICTED

SECURITY INFORMATION

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: *(Describe in detail under remarks)*

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

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

Wear on all teeth.
No partials, dentures, fillings, or missing teeth.

RESTRICTED

SECURITY INFORMATION

☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 O—965556

16391-4

ALLIED

IDENTIFICATION DENTAL CHART

RESTRICTED

SECURITY INFORMATION

DATE

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
DANA, MUSTAFA	PFC	20834

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	T. A. F	SEE DD FORM 551	27 SEPT 53

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
CS 321763 KOREA	UNMC TANGGOK, KOREA	45	D	3978

RIGHT

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

LEFT

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.

MARKING ABBREVIATIONS:

F - Facial	O - Occlusal	D - Distal	Am - Amalgam	FILL - Filling	BACK - Backing
L - Lingual	M - Mesial	I - Incisal	CR - Crown	PORC - Porcelain	FAC - Facing

CARIES

RESTORATIONS

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

UPPER RIGHT — UPPER LEFT

SEE REMARKS

LOWER RIGHT — LOWER LEFT

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

RESTORATIONS

CARIES

RESTRICTED

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

Chester V. Wasielewski

SECURITY INFORMATION

VERIFIED BY GRS OFFICER

DD FORM 1 SEP 51 569

REPLACES QMC FORM 1045, 1 APR 1947, WHICH IS OBSOLETE.

DANA, MUSTAFA 20834

SEE REVERSE SIDE

DENTURES *(Plates):* DESCRIBE DENTURES 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.

RESTRICTED
SECURITY INFORMATION

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: *(Describe in detail under remarks)*

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

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

(1) WEAR ON ALL TEETH

NO PARTIALS, DENTURES, FILLINGS, OR MISSING TEETH.

RESTRICTED
SECURITY INFORMATION

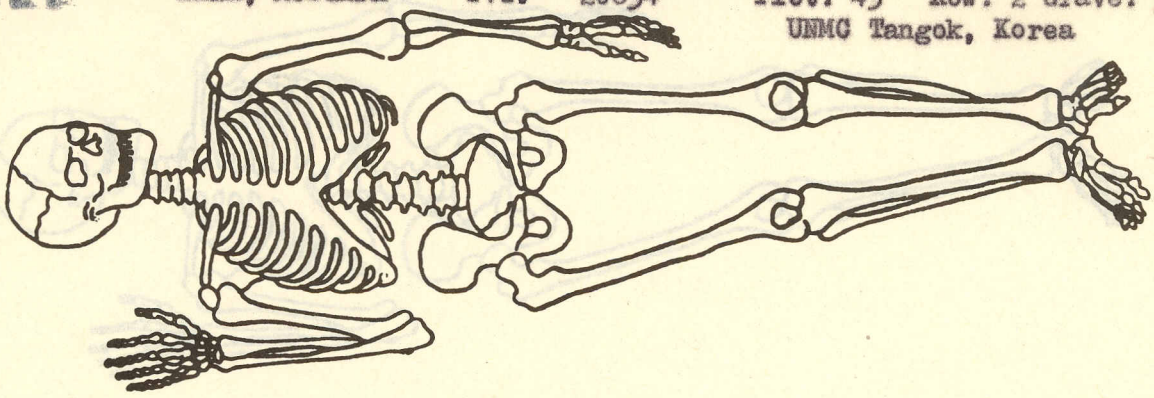
☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 O—965556

16391-4

19. BLACK OUT PARTS OF BODY NOT [illegible]OVERED

ALLIED

DANA, MUSTAFA PVT. 20834 Plot: 45 Row: 2 Grave: 3978
UNMC Tangok, Korea



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

Remains Complete

WORK COPY

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
JOHN A. DORAN PVT. QMC. 114TH QM GR. REG. CO.	John A. Doran Pvt.

QMC FORM 18 MAR 47 1044b

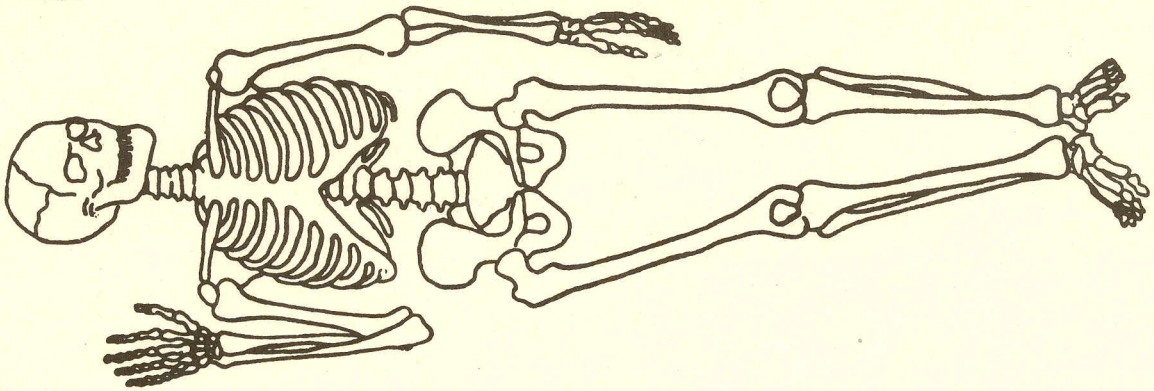
DANA, MUSTAFA 20834

5762—FEC P&PC—9 50—250M

16391-4

19. BLACK OUT PARTS OF BODY NOT COVERED

ALLIED



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

WORK COPY

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
	John A. Doran Pvt.

QMC FORM 18 MAR 47 1044b

DANA, MUSTAFA 20834

5762—FEC P&PC—9 50—250M