ALLIED

16447-S

REPORT OF INTERMENT

DATE OF REPORT: 7 Jan 54

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY TURKEY
ID tag unable
to imprint

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
KARATAY NAZMI	20733

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

RACE	RELIGION	COUNTRY (If not U.S.)
Caucasian	Unk	Turkey

PLACE OF DEATH: 44th MASH CT 4915 - Korea

CAUSE OF DEATH: EMT states:"HEAD injury associated with basis cranii fracture, brain damage and interamal bleeding"

DATE OF DEATH: 1 Jan 54

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

WERE SUBSTITUTE TAGS PROVIDED? Three [ ] 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 by:" ERTUGRUL KORKUT T. MED CO COMMANDER MAJOR."

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 Personnel 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: UNMC 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.
7 Jan 54	1030	Canvas Square	Star & Crescent	45	3	3985

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: 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: Three [X] YES 3 [ ] NO

IDENTIFICATION TAG ATTACHED TO MARKER: One [X] 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.
Beginning of Row				
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				3986

SIGNATURE OF PERSON PREPARING REPORT: Jerry W. Rings
JERRY W. RINGS Pfc. PFC QMC

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

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

KARATAY, NAZMI 20733

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 175	Utd	Brown	CT 4915- 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:

1. One (1) ID tag found around right weist of remains bearing :"SN"
2. Remains received from Yongdung Po collecting point Korea #A10912 293rd QM Gr Reg Co. tagged at Turkish Med Comp.
3. Name rank, org. DOD & COD 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

ALLIED

16447-5

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 IMPRINT TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
KARATAY, NAZMI	20733

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT.	T.A.F. MP. CO.	ARTY

RACE	RELIGION	COUNTRY (If not U.S.)
CAUCASIAN	UNK.	TURKEY

PLACE OF DEATH 44TH MASH CT. 4913 - KOREA

CAUSE OF DEATH EMT STATES: HEAD INJURY ASSOCIATED WITH BASIS CRANII FRACTURE, BRAIN DAMAGE AND INTRAMAL BLEEDING

DATE OF DEATH 1 JAN 54

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) (1) ONE EMT SIGNED BY ERTUGRUL KORKUT T. MED. CO. COMMANDER, MAJ.

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

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 PE. FOWND ON OR W/ 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.
7 JAN 54	1030	CANVAS SQUARE	STAR CRESCENT	45	3	3985

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	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY
GENERAL	GEORGE M. CARRALL REV. M.M.	ONE(1) COPY OF THIS FORM BURIED IN BURIAL BOTTLE (18") EIGHTEEN INCHES BELOW GRAVE MARKER AT HEAD OF GRAVE

IDENTIFICATION TAG BURIED WITH BODY	IDENTIFICATION TAG ATTACHED TO MARKER
(3) THREE ☑ YES ☐ NO	(1) ONE ☑ YES ☐ NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
BEGINNING OF ROW				

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				3986

SIGNATURE OF PERSON PREPARING REPORT: Jury A. Temp Pfc.

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Charles E. Fanto Cpl.

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

KARATAY, NAZMI 20733

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. 175	UTD.	BROWN	CT-4915 - 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 W/ 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 FINGERPRINTS		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/ (1) ONE I.D. TAG FOUND AROUND RIGHT WRIST OF REMAINS BEARING: SN.
2/ REMAINS REC. FROM YONGDUNG PO, COLL. PT., KOREA # 710912 293RD QM GR. REG. CO.
TAGGED AT TURKISH MED. COMP.
3/ NAME, RANK, [redacted], ORG, POD, DOD + COD TAKEN FROM EMT

REMARKS

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ALLIED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN		2. DATE OF REPORT
KARATAY NAZMI Pvt 20733		7 Jan 54

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC Tanggok, Korea	45	3	3985	N/A	N/A

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
175	5'8"	Brown	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) ID tag found on Remains reads:"20733"
2. One (1) MT found with Remains reads:"KARATAY NAZMI 20733"

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

Non 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

NoneNoted

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 end specimen forwarded through channels for examination when facilities are not available in the area)

No Clothing or Personnel Effects found on or with Remains.

16447-S

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 7 Jan 54

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
KARATAY NAZMI	Pvt	20733

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	T.A.F. MP CO.	See DD form 551	1 Jan 54

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
44 MASH CT 4915 Korea	UNMC Tanggok, Korea	45	3	3985

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

CARIES

RESTORATIONS

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

UPPER RIGHT — UPPER LEFT

DRIFT — SEE REMARKS

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

LOWER RIGHT — LOWER LEFT

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART
JERRY W. HINES Pfc QMC

VERIFIED BY GRS 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

KARATAY, NAZMI 20733

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.

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	X	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)*

1. Mandible is fractured between teeth #21 and 22
2. Wear on all molars
3. Space between teeth # 8 and 9

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

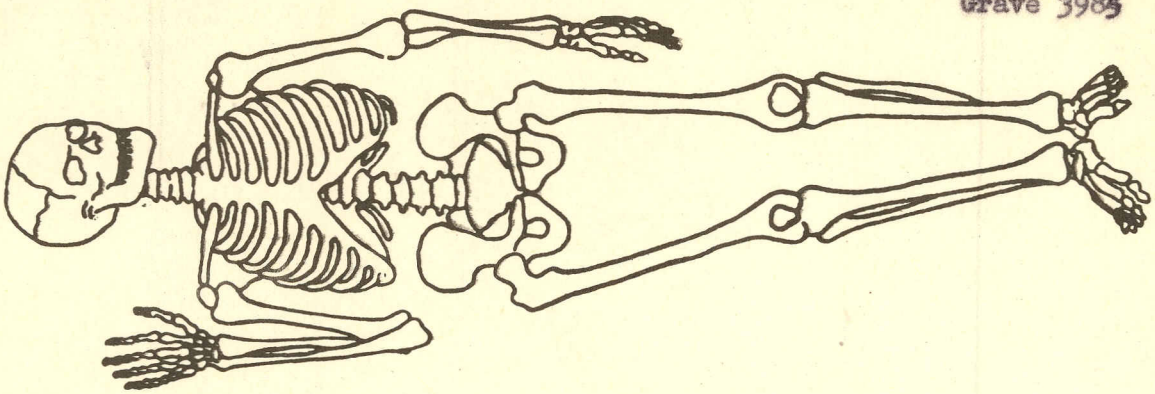
16447-S

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

ALLIED

KARATAY NAZMI Pvt 2073[illegible]
UNMC Tanggok, Korea

Plot 45
Row 3
Grave 3985



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

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
JERRY W. RINGS PFC QMC 11[illegible]th Gr Reg Co	Jerry W. Rings Pfc.

QMC FORM 18 MAR 47 1044b

KARATAY NAZMI 20733

5762—FEC P&PC—9 50—250M