16558-4

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 9 April 54

TYPE OF REPORT: ☐ INITIAL ☒ SUPPLEMENTAL (Reason) (ADDITIONAL INFORMATION)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
ID tags unable
to imprint
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
KIZILTAS MEHMET		18827
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
Pvt	3rd TAFC Brigade	Turkish Army
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Undetermined	Unk	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Madam Ni CT 076 076	Undetermined	Est May 1953

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

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): Allied case report # 406

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.

Previously reported

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.
9 April 54	1000	Canvas Square	Star & Crescent	45	3	3991

WAS THIS A REBURIAL? ☐ YES ☒ NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE: Remains formerly stored in Mausoleum, Zone Hqs AGRSG 8204 AU APO 3

PLOT NO.	ROW NO.	GRAVE NO.

TYPE OF RELIGIOUS CEREMONY: General

PERSON CONDUCTING BURIAL RITES: GERALD C. DEAN MAJOR CHC

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One copy of this form buried in burial bottle eighteen inches below grave marker at head of grave.

IDENTIFICATION TAG BURIED WITH BODY: Three ☒ YES 3 ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER: Two ☒ YES 2 ☐ NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
DEMIR HUSEYIN	Pvt	18034	3rd TAFC Brigade	3990
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	**GRADE**	**SERVICE NUMBER**	**ORGANIZATION**	**GRAVE NO.**
KESNIK MEHMET ALI	Pvt	18458	3rd TAFC Brigade	3992

SIGNATURE OF PERSON PREPARING REPORT: James B. Wilkinson
S. L. WILKINSON CPL QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT:
ROBERT S. ROBBINS CAPTAIN QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE. KIZILTAS MEHMET 18827 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)*
Utd	Utd	Utd	Utd	Madam-ni GT 076-076

BIRTHMARKS, SCARS, OR TATTOOS

None noted

LAUNDRY MARKS

Previously reported

WEAPON(S) WITH SERIAL NUMBER(S)

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

Previously reported
REMARKS

1. Two (2) ID tags found w/remains bearing SN
2. Remains rec from Zone, Hqs AGRSG 68204th AU APO 3
3. Name, rank, org, DOD & POD taken form Allied Case report # 406.

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
	NOT FINGERPRINTED			

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
	NOT FINGERPRINTED			

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

REMARKS

See remarks above

16558-4

ALLIED

REPORT OF INTERMENT

DATE OF REPORT

TYPE OF REPORT ☐ INITIAL ☐ SUPPLEMENTAL (Reason) (ADDITIONAL INFORMATION)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY ID TAGS UNABLE TO IMPRINT

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
KIZILTAS, MEHMET	18827

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT.	3RD TAFC BRIGADE	TURKISH ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
MADAM-NI CT076 076	UNDETERMINED	EST. MAY 1953

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

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) ALLIED CASE REPORT #406

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.

PREVIOUSLY REPORTED

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.
9 APRIL 54	1000	CANVAS SQUARE	STAR AND CRESCENT	45	3	3991

WAS THIS A REBURIAL? ☐ YES ☑ NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE. REMAINS FORMERLY STORED IN MAUSOLEUM, ZONE NO AGNSA 6204 AU APO 3.

PLOT NO.	ROW NO.	GRAVE NO.

TYPE OF RELIGIOUS CEREMONY: GENERAL MEMORIAL

PERSON CONDUCTING BURIAL RITES: GERALD C. DEAN MAJOR CHC

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) INCHE BELOW GRAVE MARKER AT HEAD OF GRAVE

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

IDENTIFICATION TAG ATTACHED TO MARKER TWO (2) ☑ 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.
DEMIR, HUSEYIN	PVT	18034	3RD TAFC BRIGADE	3990

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
KESNIK, MEHMET ALI	PVT	18458	3RD TAFC BRIGADE	3992

SIGNATURE OF PERSON PREPARING REPORT: James G. Wilkinson, cpl

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James G. Wilkinson cpl

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

KIZILTAS, MEHMET 18827

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)*
UTD	UTD	UTD	UTD	MADAM-NI CT 076-076

BIRTHMARKS, SCARS, OR TATTOOS

NONE NOTED

LAUNDRY MARKS

PREVIOUSLY REPORTED

WEAPON(S) WITH SERIAL NUMBER(S)

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

PREVIOUSLY REPORTED

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) TWO (2) ID TAGS FOUND W/REMAINS BEARING SN
2) REMAINS REC. FROM ZONE H9 AGRSC 6820 4TH AD APO 3
3) NAME, RANK, ORG. DATE AND POD TAKEN
FROM ALLIED CASE REPORT # 406

REMARKS

ALLIED

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IDENTIFICATION DATA

1. REMAINS OF UNKNOWN			2. DATE OF REPORT
.GTAS MEHMET PVT 18827			9 April 54

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC TANGGOK, KOREA	45	3	3991	N/A	N/A

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
Utd	Utd	Utd	Utd

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) ID tag found w/remains reads:"18827"
2. One (1) allied casr report # 406 rec w/ remains reads" KIZILITAS MEHMET PVT 18827"

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)

Previously reported

16558-4

ALLIED IDENTIFICATION DENTAL CHART

DATE: 9 April 54

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
KIZILTAS MEHMET	Pvt	18827

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	3rd TAFC Brigade	See DD form 551	1st May 1953

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Medan-Ni GT 076 076	UNMC TANGGOK, KOREA	45	3	3991

RIGHT / LEFT

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

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

SEE REMARKS

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

RESTORATIONS / CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: James I. Wilkinson

VERIFIED BY GRS OFFICER: Robbins

JAMES I. WILKINSON CPT MC ROBBINS CAPTAIN MC

DD FORM 1 SEP 51 569

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

SEE REVERSE SIDE

KIZILTAS, MEHMET 18827

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		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. No teeth found

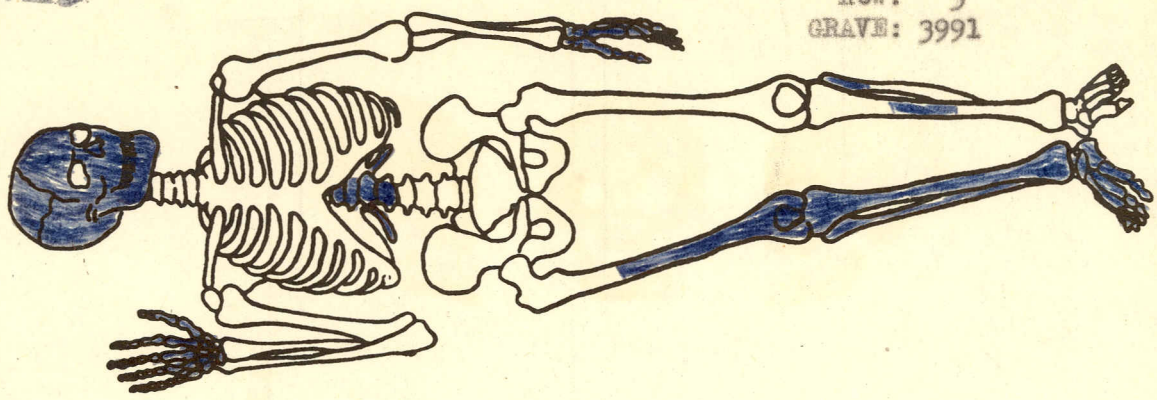
☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 O—965556

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19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED

KIZILTAS MEHMET PVT 18827
UNMC TANGGOK, KOREA PLOT: 45
ROW: 3
GRAVE: 3991



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 in skeletal state

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 PFC QMC 114 QUARTERMASTER CO(GRREG)	John A. Doran Pfc.

QMC FORM 18 MAR 47 1044b KIZILTAS MEHMET 18827

5762—FEC P&PC—9 50—250M

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AIR

Name or Unknown No.

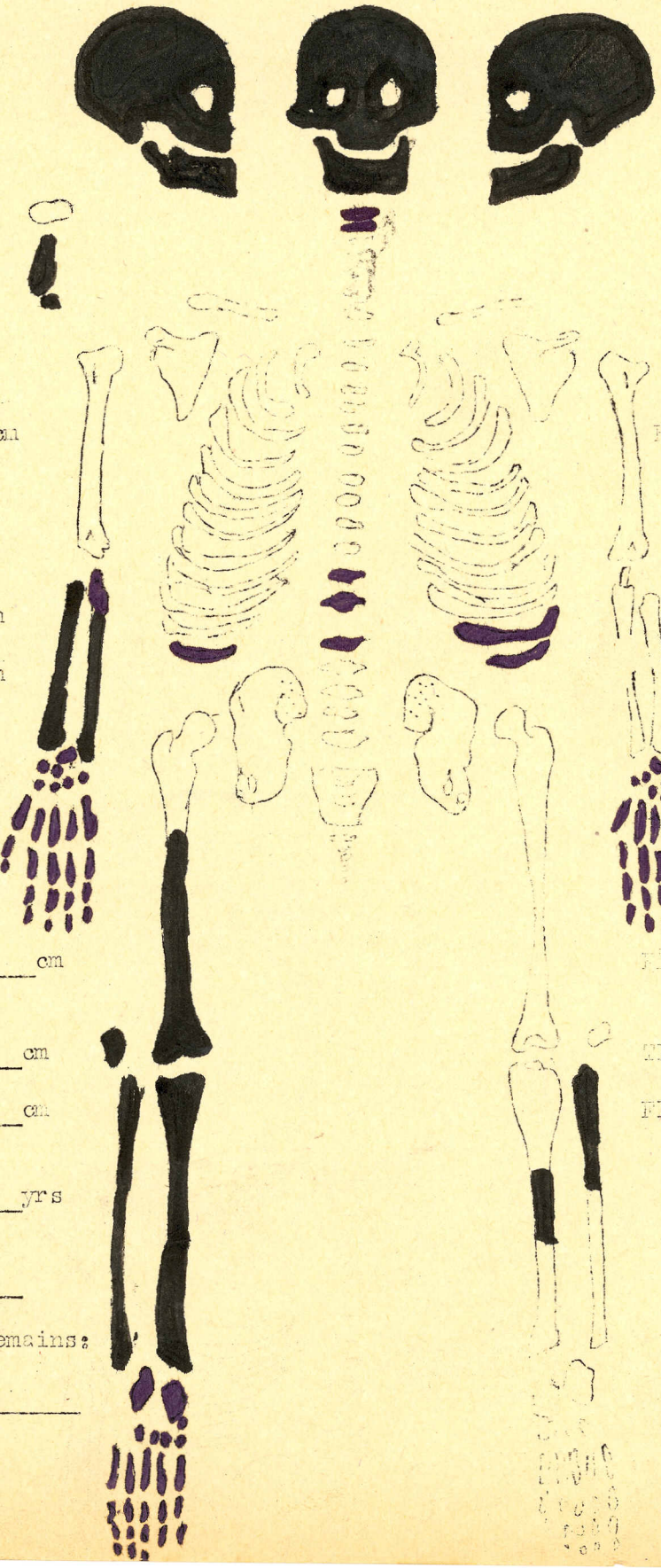
SKELETAL CHART
ACRSC

(Block out parts of body no received)

RIGHT

LEFT

SKULL ___ Ins.



HUMERUS _____ cm

ULNA _____ cm

RADIUS _____ cm

FEMUR _____ cm

TIBIA _____ cm

FIBULA _____ cm

HUMERUS _____ cm

ULNA _____ cm

RADIUS _____ cm

FEMUR _____ cm

TIBIA _____ cm

FIBULA _____ cm

Est Age _____ yrs

Est Height _____

Condition of Remains:

_____

KIZILTAS, MEHMET

18827

WORK