ALLIED

16880-E

REPORT OF INTERMENT

DATE OF REPORT: 16 July 54

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No ID tag
found on
remains
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
KUYUMCU, KEMAL	21438

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	TAFC	Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Turkish Brigad Med Co Korea	EMT states; Penetrative wound lf shoulder and chest.	10 July 54

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

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)

1. Cert of Identity signed by AIKAYA, GAZANFEK, 2/Lt 26116 verified by AUGUST A. ALLEN, SGT RA 12341203
2. EMT signed by JACK B. MERSHON 1/1t 1st Med Lab (field)

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 found on or w/remains

SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

UNMC TANGGOK, KORE EP 089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
16 July 54	1000	Canvas Square	Star & Crescent	45	4	4006

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	SEN HASAN Turkish Ch

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
Two [X] YES 2 [ ] NO	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.
OSMAN, SEKER	PVT	31005	C Batry Turk F.A.	4005

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				4007

SIGNATURE OF PERSON PREPARING REPORT: Ted Crowell
T. CROWELL PFC QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: for Elijah J. Brayton, 2/Lt QMC
ROBERT S. ROBBINS CAPTAI QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

KUYUMCU, KEMAL 21438

37-1396-Army-AG Admin Cen-AFFE-20M

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 5'6"	Est 150	Udt	Udt	Korea

BIRTHMARKS, SCARS, OR TATTOOS

None noted

LAUNDRY MARKS

None noted

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. Remains rec'd from Yong Dung Po Coll Pt Korea Ebac #11257/293rd Gr Reg Co Tagged EMT at 1st Med Lab (Field)
2. Rank, org, cause, date and place of death taken from EMT
3. Cert of Identity states name as KUYUMCU, KEMAL. EMT statesKUYUMCU, KEMELETTIN.
4. Cert of Identity attached.

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 above

ALLIED

16880-5

REPORT OF INTERMENT

DATE OF REPORT

TYPE OF REPORT ☑ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
NO I.D. TAGS
FOUND ON REMAINS

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
KUYUMCU, Kemal	21438

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TAFC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
TURKISH BIRG. Med. Co, KOREA	EMT States: PENETRATIVE WOUND OF left SHOULDER AND Chest	10 July 54

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

WERE SUBSTITUTE TAGS PROVIDED? ☑ YES ☐ NO

3) THREE

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) 1.) Cert. of Identity signed by AIKAYA, GAZANFEK, 2/Lt. 26116. Verified by August, A. Allen, Sgt. RA 12341203.

2) EMT signed by Jack B. Mershon, 1/Lt., 1st. Med. Hab. (Field)

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 P.E. Found 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.
16 July 54	1000	Canvas Square	STAR AND CRES.	45	4	4006

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	SEN HASAN TURKISH CH.	

IDENTIFICATION TAG BURIED WITH BODY 2) TWO ☑ YES ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER (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.
OSMAN, SeKer	PVT.	31005	C BATRY TURK F.A.	4005
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				4007

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.

KUYUMCU, Kemal
21438.

37-1396-Army-AG Admin Cen-AFFE-20M

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)*
5'6" EST	150 EST	UNK	UNK	KOREA

BIRTHMARKS, SCARS, OR TATTOOS

None Noted.

LAUNDRY MARKS

None Noted.

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. Remains Rec'd From Young Dong Po Collecting Point, EMT Tagged at 1st. Med. Hab (Field).
2. Rank, Org, COD, DOD and POD Taken From EMT.
3. Cert. of Identity states name as Kuyumcu, Kemal. EMT states Kuyumcu, Kemelettin.
4. Cert. of Identity Attached.

REMARKS
Korea Evac. #11257, 293rd. GRE. Co.

IPAC-2

16880-5

ALLIED IDENTIFICATION DENTAL CHART

DATE: 16 Ju

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
KUYUMCU, K MAL	YT	21438

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	TAFC	See DD Form 551	10 July 54

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
See DD Form 551	UNMC TAEGU-OK, KOREA	45	4	4006

RIGHT — LEFT

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

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: SILVER 3/4 CR; SILVER CR; SILVER CR; SILVER CR

UPPER RIGHT — UPPER LEFT

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

LOWER RIGHT — LOWER LEFT

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

RESTORATIONS: O/A M

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: T. CROWELL PFC QMC

VERIFIED BY GRS OFFICER: Ralph J. Brayton, 1st Lt QMC

DD FORM 1 SEP 51 569

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

KUYUMCU, Kemal 21438

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.

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)*

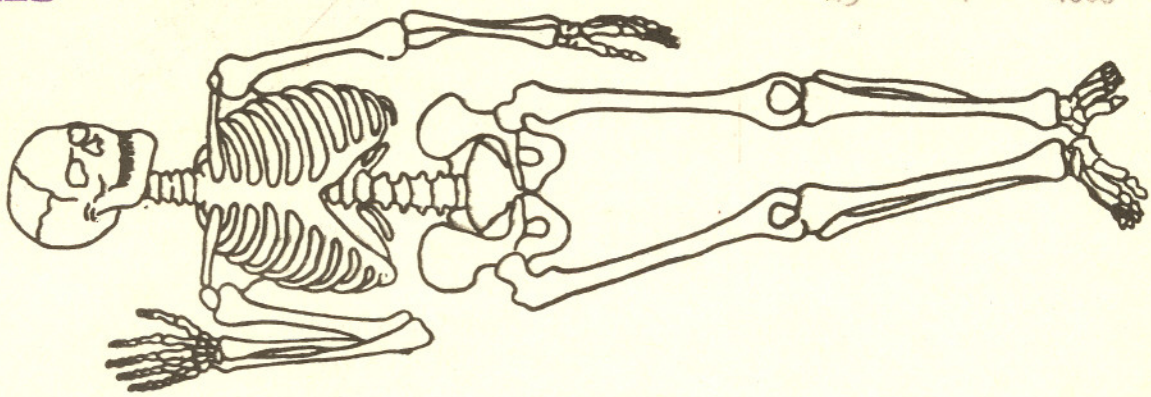
☆ U. S. GOVERNMENT PRINTING OFFICE: 1951 O—965556

16880-S

19. BLACK OUT PARTS OF BOD[illegible]T RECOVERED

ALLIED

KUYUMCU, KEMAL PV[illegible]21438
UNMC, TANGGOK, KOREA PLOT 45 ROW 4 GRAVE 4006



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
JAMES W. STUBBLEFIELD PFC 114th Qm Co (GRREGO	James W. Stubblefield Pfc

QMC FORM 18 MAR 47 1044b

KUYMCU, KEMAL 21438

5762—FEC P&PC—9 50—250M

ALLIED

16880-S

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
KUYUMCU, KEMAL PVT 21438	16 July 54

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC TANGGOK, KOREA	45	4	4006	N/A	N/A

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
150	5'6"	Unk	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) EMT found w/remains
2. Cert of Identity found w/remains reads "KUYUMCU, KEMAL, PVT 21438"

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

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

No clothing or PE found on or w/remains.