ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 27 May 54

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No ID tags found on remains.
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
HASAN UYGUNOGIU	21543

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	TAF Sig Co	Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Co Area TAF Sig Co 25th Div	EMT states :"GSW of abdomen" Autopsy perform	21 May 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)

Five (5) cert of iden signed by DINGER MEHMET Sgt 21521. TAF Sig Co and NURETTIN YEGUI Sgt 21549 TAF Sig Co Verified by JOHN D. MURPHY

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 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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
27 May 54	1000	Canvas Square	Star & Crescent	45	4	3998

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. CARRAL Rev MM

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 2 [ ] 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.
YALCON HAYDAR	Pvt	15557	1st Co Turk Brig 25th Div	3997

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				3999

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

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Elijah J. Braxton
ELIJAH J. BRAXTON 2nd Lt. QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

30395-Army-AG Admin Cen-FEC-8/52-74M

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)*
5'8"	140	Brown	Dr Brown	

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. Remains received from Yong Dung Po Coll Pt Korea Evac #A 11170/293rd Qm Co (GRREG) Tagged at 1st Med Lab Fd APO 971
2. Name, rank, sn, org, taken from cert of Idenitity.
3. Cause, date and pl ce of death taken from EMT signed by RODNEY L.CARLETON Capt MC
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
				

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

16644-2

REPORT OF INTERMENT

DATE OF REPORT

TYPE OF REPORT ☑ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY NO ID TAGS Found on REMAINS TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
HASAN · UYGUNOGiU		21543
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT	TAF SiG CO	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
CAU.	UNK	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
CO AREA, TAF SiG CO 25 DiVision	EMt STATES GSW of ABDOMEN. AUTOPSY PREFORMED	21MAY 1954

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

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse): FiVE (5) CERTIFICATES of IDENTITY SIGNED BY DiNCER MEHMET SGT 21521 TAF SiG,CO. AND NURETTiN YEGUi SGT 21544 TAF SiG CO VERIFIED BY JOHN D. MURPHY

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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
27MAY54	1000	CANVAS SQUARE	STAR AND CRESCENT	45	4	3998

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 Eighteen (18) inches below GRAVE MARKER At head of GRAVE.

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

IDENTIFICATION TAG ATTACHED TO MARKER ☑ YES ☐ NO — ONE (1)

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
YALCON, HAYDAR	PVT.	15557	1ST CO. TURK BRIG. 25TH INF. DIV.	3997
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				3999

SIGNATURE OF PERSON PREPARING REPORT: James S. Wilkinson CPL

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

HASAN UYGUNOGiU

21543

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 *(Gaid Coordinates)*
5' 8" EST	140 EST	BROWN	DK. BROWN	

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 FINGER PRINTS TAKEN NOT FINGERPRINTED			

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
LABKEA	NO FINGER PRINTS TAKEN NOT FINGERPRINTED			

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

REMARKS

1) REMAINS RECEIVED FROM KONI DANG AT CELL PT KOREA EVAC HANGAR AT 1ST MED LAB (FLD) ADOPTED NAME, RANK, SVC ORG. TAKEN FROM CERT. OF Identity.

2) CAUSE, DATE, PLACE OF INJURY TAKEN FROM MONEY & CARD FOR CHPT MC, CERT OF EMT'S GIVEN BY / Identity ATTACHED

WITHDRAWN

RCHP-5

16644-2

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 27 May 54

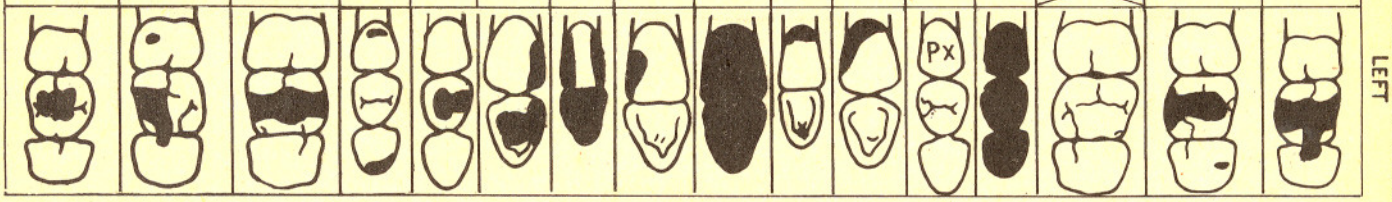
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
HASAN UYGUNOGIU	Pvt	21543

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	TAF SIG Co 25th Division	See DD form 551	21 May 54

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
K-6 area TAF Sig Co 25th Div	UNMC TANGGOK, KOREA	45	4	3998

RIGHT — LEFT

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



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.

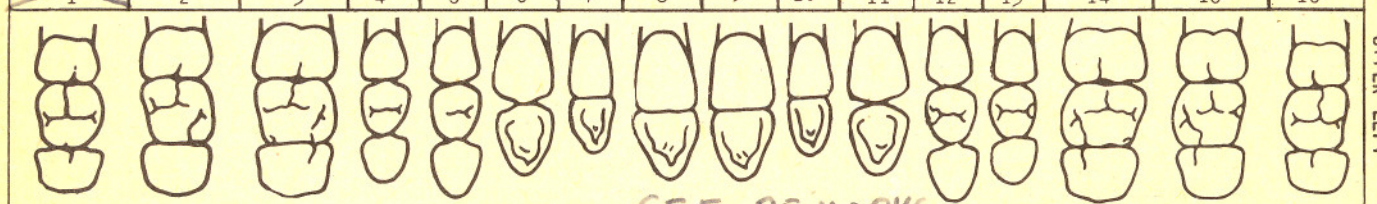
MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

CARIES

RESTORATIONS

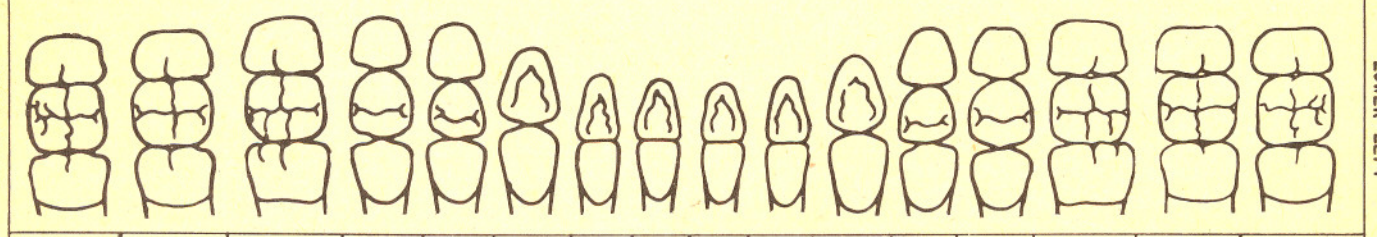
~~1~~	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

UPPER RIGHT — UPPER LEFT



SEE REMARKS

LOWER RIGHT — LOWER LEFT



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

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: James L. Wilkinson
JAMES L. WILKINSON CPL QMC

VERIFIED BY GRS OFFICER: Elijah J. Braxton
ELIJAH J. BRAXTON 2nd Lt QMC

DD FORM 1 SEP 51 569

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

SEE REVERSE SIDE

HASAN, UYGUNOGIU 21543

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
X	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

1. Excessive wear on all teeth

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

ALLIED

11644-2

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN		2. DATE OF REPORT
HASAN UYGUNOGIU PVT 21543		27 May 1954

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC TANGGOK, KOREA	45	4	3998	N/A	N/A

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
140	5'8"	Dr Brown	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Five (5) cert of iden received with remains reads"HASAN UYGUNOgIU, Pvt 21543. TAF Sig Co APO 25.
One (1) EMT received with remains reads"HASAN UYGUNOGIU Pvt 21543"

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)

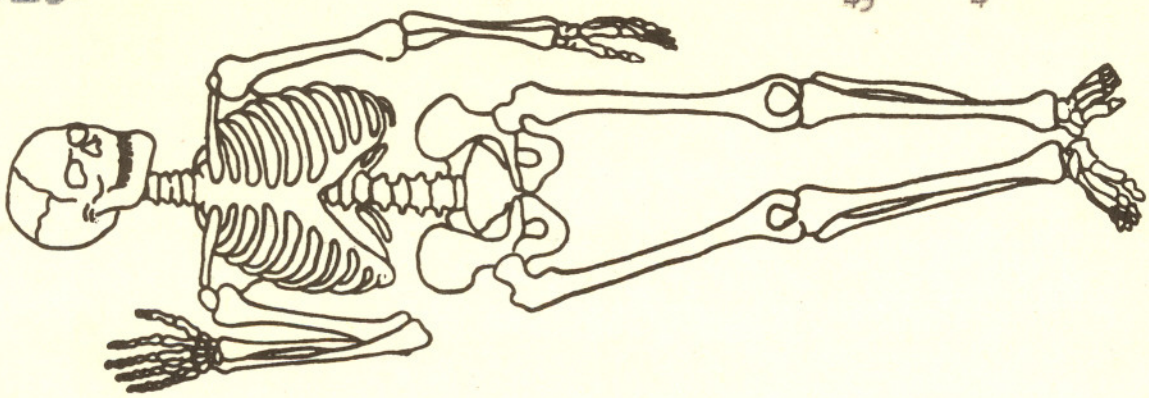
No PE or clothing found on or wit remains.

16644-2

19. BLACK OUT PARTS OF BODY N[illegible] RECOVERED

ALLIED

HASAN UYGUNOGIU Pvt 21543
UNMC TANGGOK, KOREA PLOT 45 ROW 4 GRAVE 3998



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
SAMUEL J. VEREEN JR CPL 114th Qm Co (GRREG)	Samuel J. Vereen Jr

QMC FORM 18 MAR 47 1044b

HASAN UYGUNOGLU 21543

5762—FEC P&PC—9 50—250M