ALLIED

16667-4

REPORT OF INTERMENT

DATE OF REPORT: 4 June 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
FORMERLY UNK X-6090 AKIN HALIL	16873

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	REPL CO 3rd TAFC Brigade	Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Un Gok CT 068-075 Korea	Utd	Est May 53

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)

Attached CIU case report # 26,471

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.

Previousl 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.
4 June 54	1000	CanvasSquare	Star & Crescent	45	4	4000

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 8204th AU APO 3

PLOT NO.	ROW NO.	GRAVE NO.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES
General	GEROGE M. CARRALL Rev MM

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY

One (1) copy of 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 ☒ YES 3 ☐ NO	One ☒ 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.
KABAK ALI	Pvt	18306	6th Co 3rd TAFC Brig	3999

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
SAFA CEMIL	Pvt	18213	6th Co 3rd TAFC Brig	4001

SIGNATURE OF PERSON PREPARING REPORT
James L. Wilkinson
JAMES 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.

AKIN-HALIL 16873

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)*
Utd	Utd	Utd	Utd	CT 068 075 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. ID tag found w/remains bearing Sn
2. Remains rec from Zone Hqs AGRSG APO 3
3. Name, rank, org, dod, and pod taken from Allied Case Report # 26, 471

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

16667-4

REPORT OF INTERMENT

DATE OF REPORT

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

Imprint Identification Tag If Possible. DO NOT TYPE

turkey turkish ID tags unable to imprint

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial) Formerly UNK X-6090 AKIN, Hall

SERVICE NUMBER 16873

GRADE PVT

ORGANIZATION REPL CO 3rd TAFC BRIGADE

BRANCH OF SERVICE Turkish Army

RACE UTD

RELIGION UNK

COUNTRY (If not U.S.) TURKEY

PLACE OF DEATH KOREA UN-GOK CT 068-075

CAUSE OF DEATH UNDETERMINED

DATE OF DEATH ESX MAY 1953

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

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) ATTACHED CIVIL CASE REPORT 26,471

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

PREVIOUSE/X 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.
4 JUNE 54	1000	CANVAS SQUARE	STAR AND CRESCENT	45	4	4000

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 HQ AGRS6 8200 APO 3

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 ONE (1) ☑ YES ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER ONE (1) ☑ 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.
KAGAK, ALI	PVT	18306	6TH Co. 3RD TAFC BRIG.	3999
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	**GRADE**	**SERVICE NUMBER**	**ORGANIZATION**	**GRAVE NO.**
SAFA, CEMIL	PVT	18213	6TH Co 3RD TAFC BRIG.	4001

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.

AKIN, HALL 16873

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)*
U+D	U+D	U+D		C+068-075 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 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 FINGER PRINTS TAKEN			

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

1) DID TAG FOUND W/REMAINS BEARING SN
2) REMAINS REC. FROM ZONE HEADQUARTERS AGRSG APO 3
3) NAME RANK ORG. DOD AND BD TAKEN FROM ALLIED CAS REPORT #26,U

ALLIED

16667-H

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
Formerly Unk X-6090 AKIN HALIL PVT 16873				4 June 54	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC TANGGOK, KOREA	45	4	4000	N/A	N/A

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) allied case report received w/remains reads "AKIN HALIL 16873"
2. One (1) ID tags received w/remains reads "16873"

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

16667-4

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 4 June 54

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
merly Unk X-6090 AKIN HALIL	Pvt	16873

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	See DD form 551	See DD form 551	Est May 53

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
CT 066-075	UNMC TANGGOK, KOREA	45	4	4000

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.

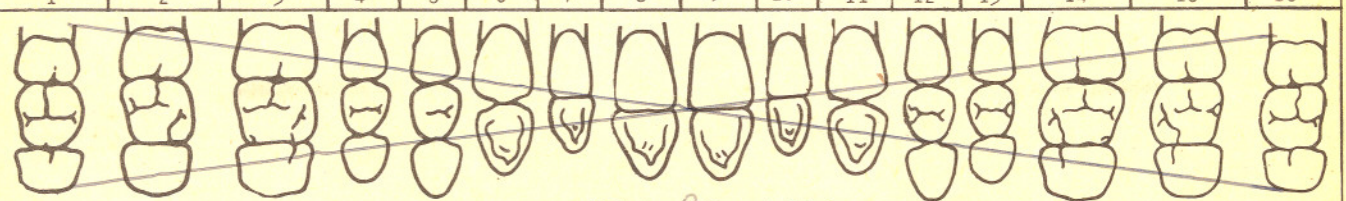
MARKING ABBREVIATIONS:
F - Facial *L - Lingual* *O - Occlusal* *M - Mesial* *D - Distal* *I - Incisal* *Am - Amalgam* *CR - Crown* *FILL - Filling* *PORC - Porcelain* *BACK - Backing* *FAC - Facing*

CARIES

RESTORATIONS

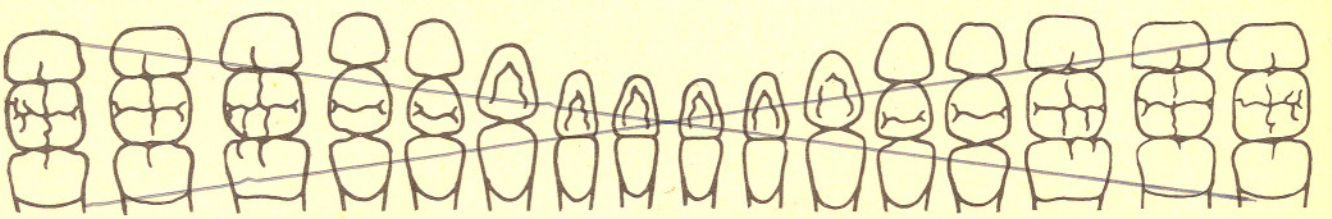
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

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 DOS OFFICER
ROBERT S. ROBBINS CAPTAIN QMC

DD FORM 1 SEP 51 569

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

AKIN, HALIL 16873

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)*

MAXILLA AND MANDABLE MISSING

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

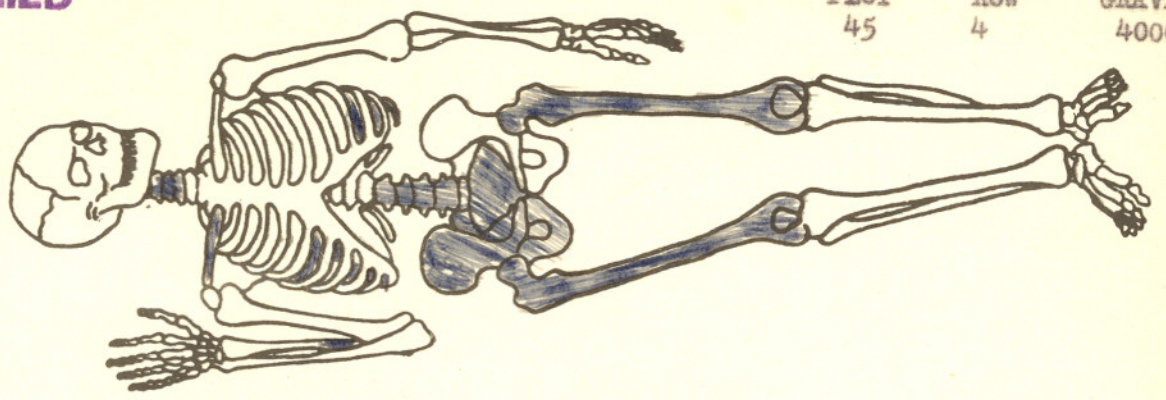
16667-3/

19. BLACK OUT PARTS OF B[redacted] NOT RECOVERED

ALLIED

Formerly UnkX-6090
AKIN HALIL PVT 16873 UNMC TANGGOK, KOREA

PLOT	ROW	GRAVE
45	4	4000



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 a complete skeletal s&&te

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 L. WILKINSON CPL QMX 114th QM CO (GRREG)	James L. Wilkinson Cpl

QMC FORM 18 MAR 47 1044b

AKIN, HALIL, 16873

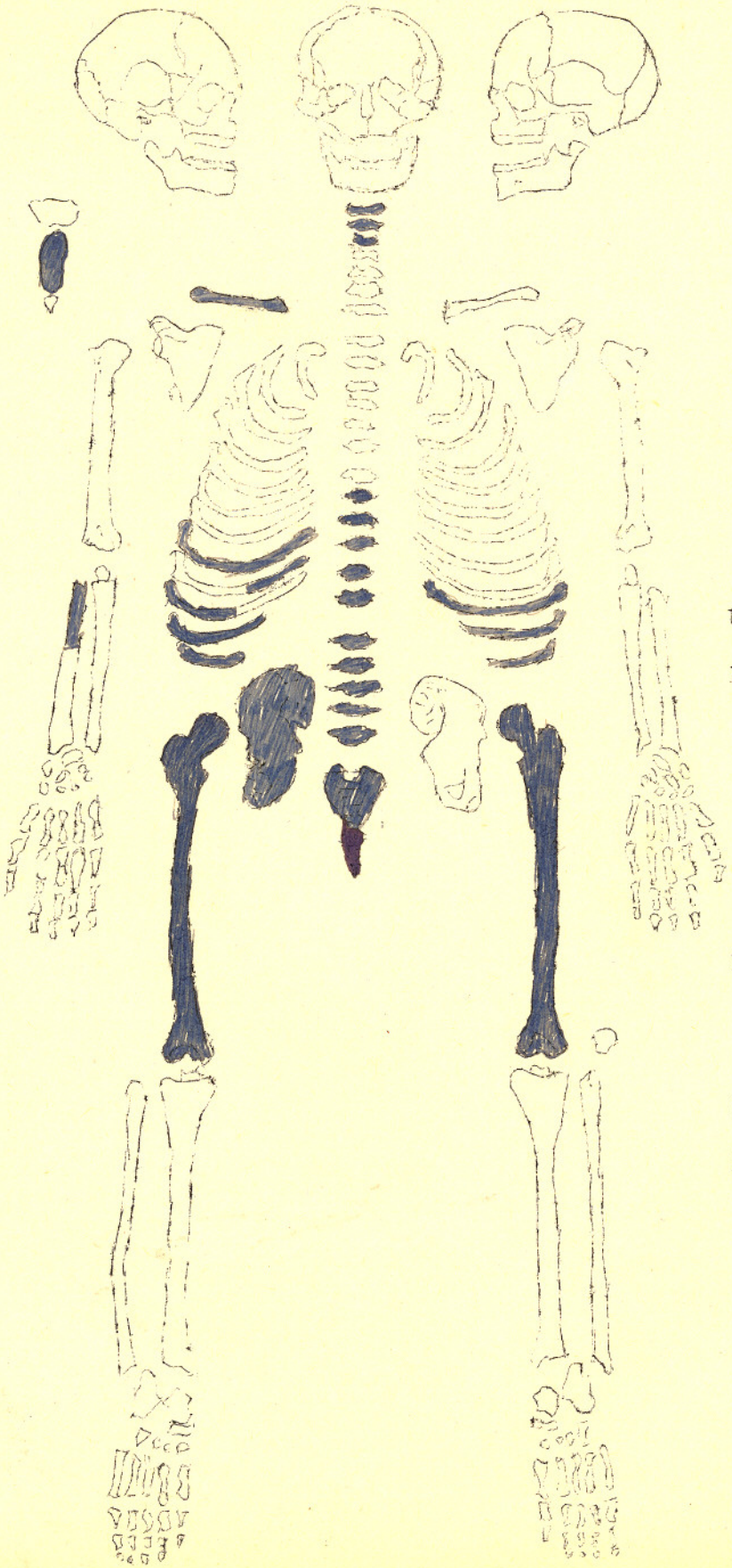
5762—FEC P&PC—9 50—250M

SKELETAL CHART

Name or Unknown No (Black out parts of body not received)

RIGHT

LEFT



Skull

Humerus

Humerus

Ulna

Radius

Ulna

Radius

Femur

Femur

Tibia

Fibula

Tibia

Fibula

AHIN, HALIL 16873