18829-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 1 SEP 55

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
NO I.D. TAGS
RECD W/REMAINS.

TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
GULTEKIN, ISMAIL		34701
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT.	TURKISH ARMED FORCES	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
CAU.	UNK	TURKEY
PLACE OF DEATH	**CAUSE OF DEATH**	**DATE OF DEATH**
121st EVACUATION HOSPITAL KOREA	RESPIRATORY FAILURE	29 AUG 55

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

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)

CERT. OF DEATH RECD W/REMAINS READS, GULTEKIN, ISMAIL SIGNED BY, BERNARD BLOOM CAPT. MC

(SEE REMARKS)

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 CLOTHING OR P.E.S 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

UNITED NATIONS MILITARY CEMETERY TANGOK, 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.
1 Sept 55	1400	CANVAS SQUARE	STAR & CRESCENT	45	6	4030

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	CHAPLIN ABDULGAFUR KARAISMAILOGLU	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 (2) ☒ YES ☐ NO	ONE ☒ YES ☐ NO (1)

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
SOMMEZISIK, MEHMET	CUS	4381	UNK	4029
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	—	—	—	4031

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.

GULTEKIN, ISMAIL 34701

AG 1042 Army-AG Admin Cen-AFFE-25M

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)*
5'9"	148	OTD	BLACK	

BIRTHMARKS, SCARS, OR TATTOOS: NONE

LAUNDRY MARKS: NONE FOUND

WEAPON(S) WITH SERIAL NUMBER(S): N/A

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

(REMARKS)
CERT OF IDENTITY RECD W/REMAINS READS, GULLEKIN, ISMAIL SIGNED BY HALIL, CETIN, CPL 34644 VERIFIED BY ROBERT G. KANIKE SFC RA46020074
NO CLOTHING OR EFFECTS 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
	NOT FINGERPRINTED 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 not fingerprinted			

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

(1) REMAINS RECD FROM 293d Q.M.CO (GRAVES) APO 301 YONG DONG PO, KOREA
(2) NAME, RANK, ORG, POD, COD DOD TAKEN FROM CERT OF DEATH
(3) CERT OF IDENTITY ATTACHED.

REMARKS

18829-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 6 Sept 1955

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No I.D. tags rec'd W/Remains
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
GULTEKIN, ISMAIL		34701
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
Pvt	Turkish Armed Forces	Army
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Caucasian	Unknown	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
121st Evac Hospital Korea	Respiratory failure	29 Aug. 1955

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

WERE SUBSTITUTE TAGS PROVIDED? [X] YES [ ] NO — Three (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse): Certificate of Death rec'd w/remains reads, GULTEKIN, ISMAIL signed by BERNARD BLOOM Capt. MC (see remarks)

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 Clothing or P.E.'s 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: United Nations Military Cemetery, 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.
1 Sept. 1955	1400	Canvas Square	Star & Crescent	45	6	4030

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: Chaplain ABDULGAFUR KARSISMAILOGLU

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One 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 [ ] NO (2)

IDENTIFICATION TAG ATTACHED TO MARKER: One [X] YES [ ] NO (1)

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
SOMMEZISIK, MEHMET	CVS	4381	Unknown	4029
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				

SIGNATURE OF PERSON PREPARING REPORT: Gerald S. Ingram
GERALD S. INGRAM Cpl QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Louis L. Henry
LOUIS L. HENRY 1st Lt QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE. GULTEKIN, ISMAIL 34701

AG 1042 Army-AG Admin Cen-AFFE-25M

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)*
5'9"	148	Utd	Black	

BIRTHMARKS, SCARS, OR TATTOOS

None

LAUNDRY MARKS

None found

WEAPON(S) WITH SERIAL NUMBER(S)

n/a

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

(remarks)

Certificate of Identity rec'd with remains reads, GULTEKIN, ISMAIL signed by HALIL, CETIN Cpl 34644 verified by ROBERT G. KAHLKE Sfc RA 46 080 074

No Clothing or P.E.'s found on or with 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
				

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)*

(1) Remains rec'd from 293rd QM CO (GRREG) APO 301

(2) Name, Rank, Organization, POD, COD, DOD TAKEN FROM Certificate of Death.

(3) Certificate of Identity attached.

REMARKS

Yong Dong Po, Korea

18879-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 6 Sept 1955

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No I.D. tags rec'd W/Remains

TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
GULTEKIN, ISMAIL		34701
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
Pvt	Turkish Armed Forces	Army
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Caucasian	Unknown	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
121st Evac Hospital Korea	Respiratory failure	29 Aug. 1955

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

WERE SUBSTITUTE TAGS PROVIDED? [ ] YES [ ] NO — Three X (3)

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

Certificate of Death rec'd w/remains reads, GULTEKIN, ISMAIL signed by BERNARD BLOOM Capt. MC (see remarks)

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 Clothing or P.E.'s 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

United Nations Military Cemetery, 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.
1 Sept 1955	1400	Canvas Square	Star & Crescent	45	6	4030

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: Chaplain ABDULGAFUR KARSISMAILOGLU

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 [ ] NO (2)

IDENTIFICATION TAG ATTACHED TO MARKER: One [X] YES [ ] NO (1)

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
SOMMEZISIK, MEHMET	CVS	4381	Unknown	4029
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				

SIGNATURE OF PERSON PREPARING REPORT: Gerald S. Ingram
GERALD S. INGRAM Capt QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Louis L. Henry
LOUIS L. HENRY 1st Lt QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE. GULTEKIN, ISMAIL 34701

46-1042-Army-AG Admin Cen-AFFE-25M

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)*
5'9	148	Utd	Black	

BIRTHMARKS, SCARS, OR TATTOOS

None

LAUNDRY MARKS

None found

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

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

(remarks)

Certificate of Identity rec'd with remains reads, GULTEKIN, ISMAIL signed by HALIL, CETIN Cpl 34644 verified by ROBERT G. KAHLKE Sfc RA 46 080 074

No Clothing or P.E.'s found on or with 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
		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)*

(1) Remains rec'd from 293rd QM CO (GRREG) APO 301 Yong Dong Po, Korea

(2) Name, Rank, Organization, POD,COD,DOD TAKEN FROM Certificate of Death.

(3) Certificate of Identity attached.

REMARKS

18829-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN: GULTEKIN, ISMAIL Pvt 34701

2. DATE OF REPORT: 1 SEP 55

3. NAME OF CEMETERY: U.N.M.C. TAEGGOK, KOREA

4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF DISINTERMENT | DATE OF REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT | 9. ESTIMATED HEIGHT | 10. COLOR OF HAIR | 11. RACE: CAUC.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
CERT OF DEATH REC'd W/REMAINS READS, GULTEKIN, ISMAIL, SIGNED BY BERNARD BLOOM, Capt. M.C.
(2) CERT OF Identity REC'd W/REMAINS READS GULTEKIN, ISMAIL, SIGNED By Halil Cetin Cpl 34644 VERIFIED ROBERT G KAHIKE SFC. RA 4080074

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
NONE Found

14. WAS BODY BURNED ? ☐ YES ☒ NO — TO WHAT EXTENT ?

15. WAS BODY MANGLED ? ☐ YES ☒ NO — TO WHAT EXTENT ?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
NONE Found

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks 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 P.E.S FOUND ON OR W/REMAINS.

18829-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN			2. DATE OF REPORT
GULTEKIN, ISMAIL	Pvt	34701	1 Sept 1955

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
U.N.M.C. Tanggok, Korea	45	6	4030		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
148	5'9	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Certificate of Death rec'd W/Remains reads, GULTEKIN, ISMAIL, signed by BERNARD BLOOM, Capt. M.C.

(2) Certificate of Identify rec'd W/Remains reads, GULTEKIN, ISMAIL, singed by HALIL CETIN Cpl 34644 VERIFIED ROBERT G. KAHIKE Sfc. RA 46080074

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

None found

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 found

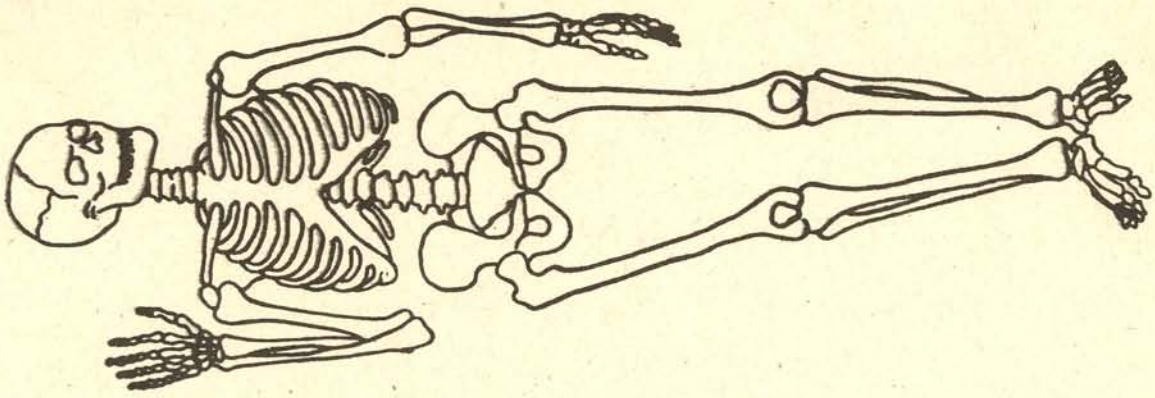
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry merks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

No Clothing or P.E's. found on or W/Remains.

18829-1

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED



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 Recd Complete + Intact.

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

QMC FORM 18 MAR 47 1044b

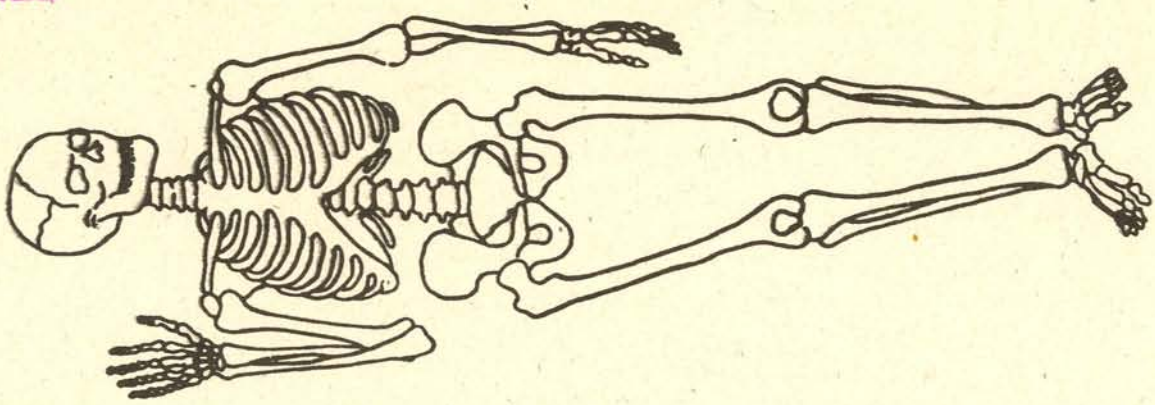
GULTEKIN, ISMAIL 34701

5762—FEC P&PC—9 50—250M

18829-1

19. BLACK OUT PARTS OF BODY NOT COVERED

ALLIED



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 rec'd complete & Intact.

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
GERALD S. INGRAM Cpl QMC	Gerald S Ingram

QMC FORM 18 MAR 47 1044b

GULTEKIN, ISMAIL 34701

5762—FEC P&PC—9 50—250M

12829-1

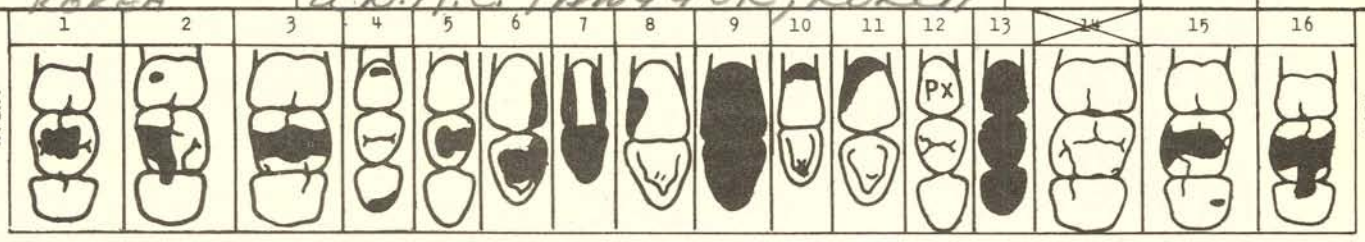
ALLIED IDENTIFICATION DENTAL CHART

DATE: 1 SEP. 55

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
GULTEKIN, ISMAIL	PVT	34701

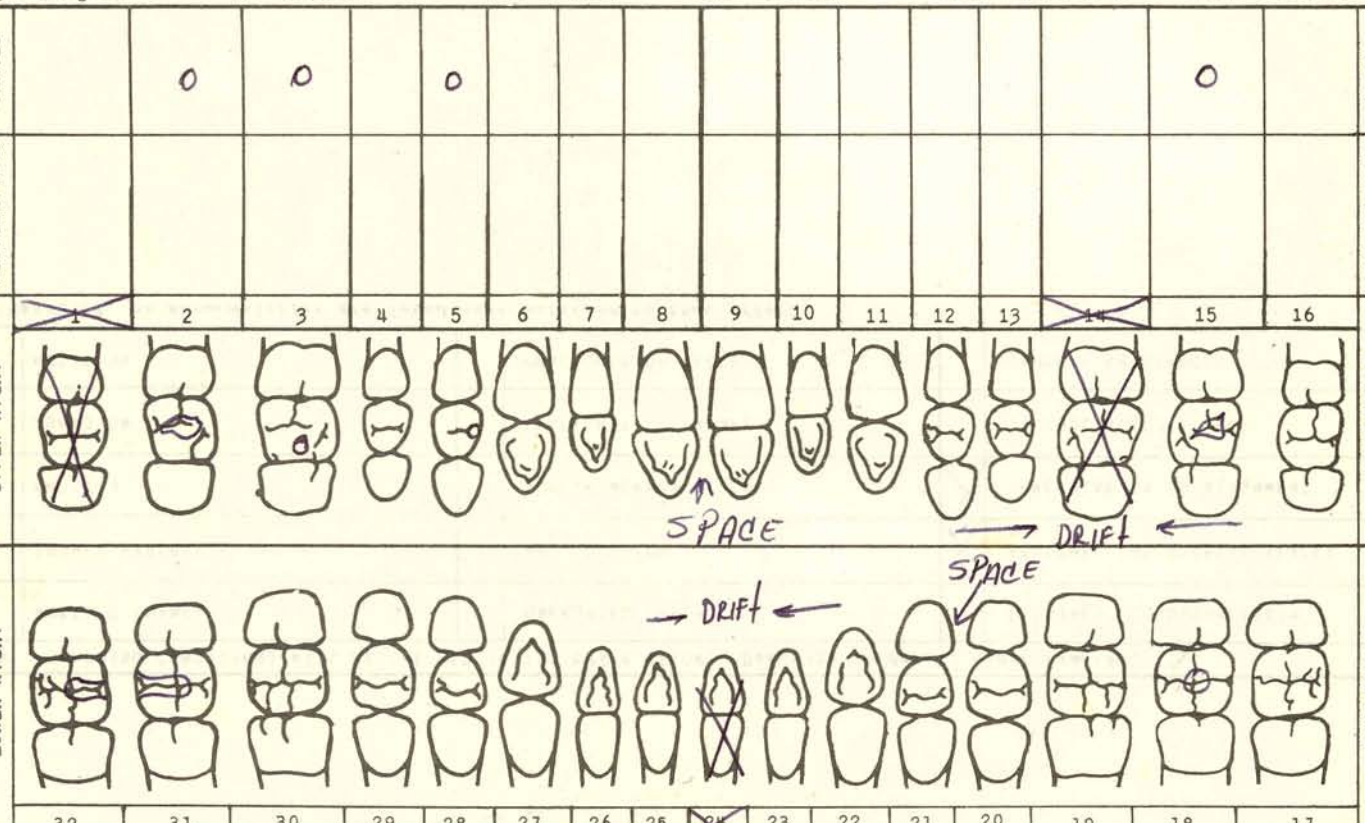
UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
UNK	TURKISH ARMED FORCES	SEE DD FORM 551	29 AUG 55

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
121st EVAC. HOSP. KOREA	U.N.M.C. TAEGU, KOREA			



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



SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

DD FORM 1 SEP 51 569

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

GULTEKIN, ISMAIL 34701

SEE REVERSE SIDE

22902—FEC P&PC—1/52—50M

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	X	IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

12829-1

ALLIED IDENTIFICATION DENTAL CHART

DATE: 1 Sept 1955

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
GULTEKIN, ISMAIL	PVT	34701

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
UNK	Turkish Armed Forces	See DD form 551	29 Aug 1955

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
121st Evac. Hosp Korea	U.N.M.C. Tanggok, Korea	45	6	4030

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

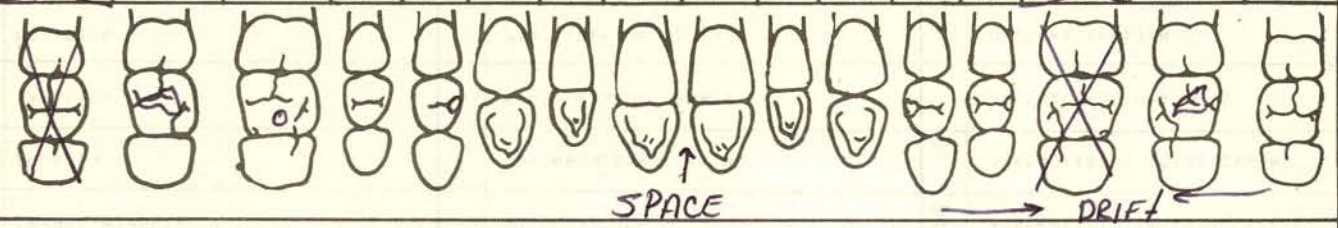
CARIES

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

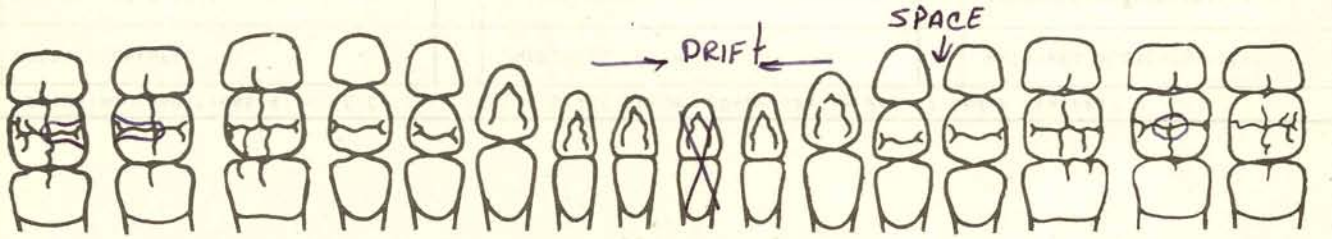
RESTORATIONS

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

UPPER RIGHT — UPPER LEFT



LOWER RIGHT — LOWER LEFT



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

RESTORATIONS

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

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: GERALD S. INGRAM Cpl QMC

VERIFIED BY GRS OFFICER: LOUIS L. HENRY 1st Lt QMC

DD FORM 1 SEP 51 569

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

GULTEKIN, ISMAIL 34701

SEE REVERSE SIDE

22902—FEC P&PC—1/52—50M

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	X	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)*

18829-1

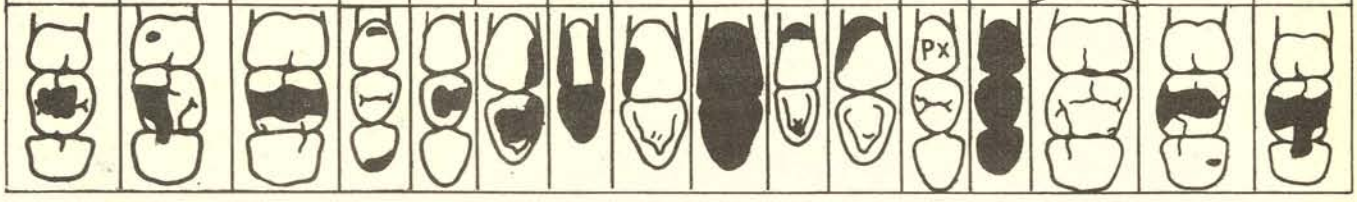
ALLIED IDENTIFICATION DENTAL CHART

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	DATE
GULTEKIN, ISMAIL	PVT	34701	1 Sept 1955

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
DNK	Turkish Armed Forces	See DD form 551	29 Aug 1955

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
121st Evac. Hosp Korea	U.N.M.C. Tangcok, Korea	45	6	4030

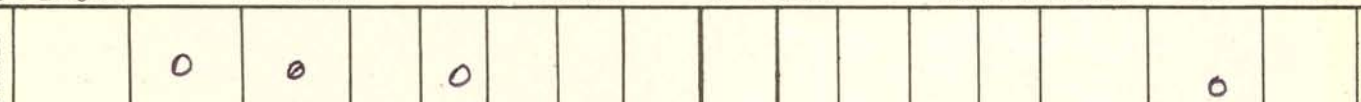
RIGHT — LEFT



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.

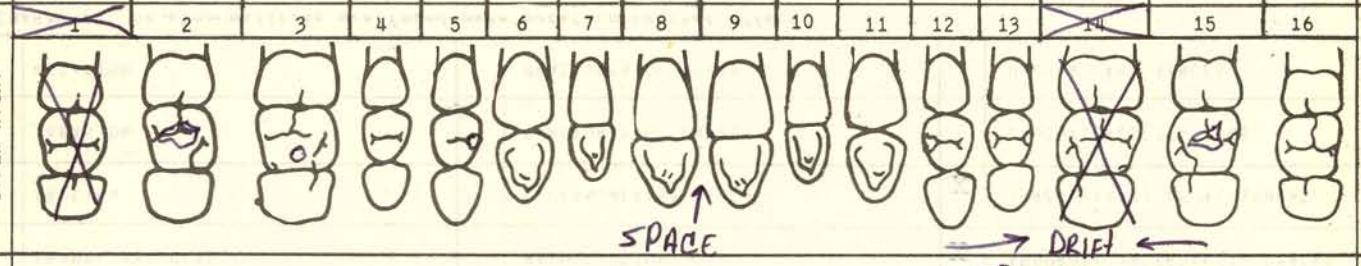
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CARIES

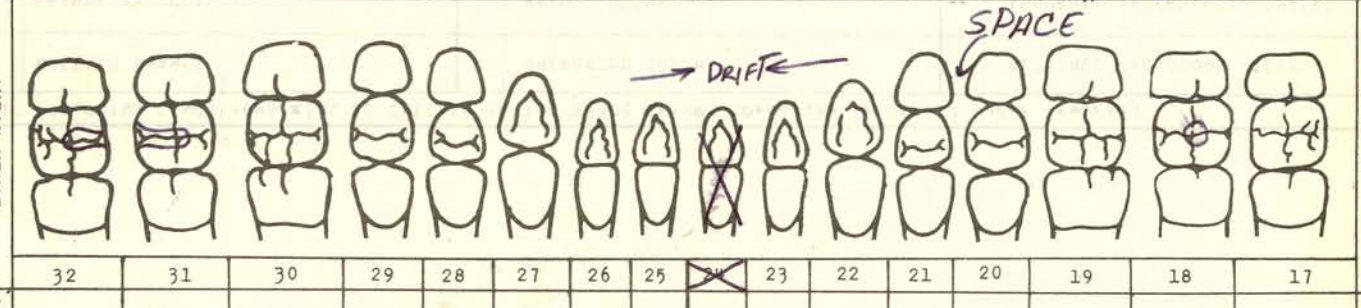


RESTORATIONS

UPPER RIGHT — UPPER LEFT

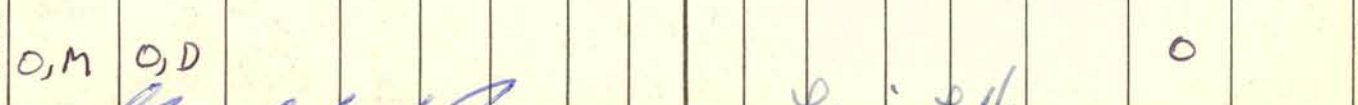


LOWER RIGHT — LOWER LEFT



RESTORATIONS

CARIES



SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: [illegible]

VERIFIED BY GRS OFFICER: LOUIS L. HENRY 1st Lt MC

DD FORM 1 SEP 51 569

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

GULTEKIN, ISMAIL 34701

SEE REVERSE SIDE

22902—FEC P&PC—1/52—50M

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	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

CERTIFICATE OF DEATH

1. FULL NAME:

a. GULTEKIN (Last) ISMAIL (First) (Middle)

b. Military ( ) Dept of the Army, Navy, or Air Force.
Civilian ( ). Other (X) United Nations Turkish Command

4 ZBB
Private 37701
(Rank or Rating) (Svc Number)
Turkish Armed Forces 5401
(Organization) (APO)

2. Date of death: Day 29 Month August Year 1955

Hour 0200 Minute 0000

3. I hereby certify that I attended the deceased from 0145 hrs 29 Aug 19 55 to 0200 hrs 29 Aug. 19 55 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure.

Due to Infectious hepatitis.

Due to NA

Additional diagnoses None

Major findings of operation NA

Of autopsy Pending.

4. If death was due to external causes, fill in the following: NA

a. Accident, suicide or homicide (specify): NA

b. Date of occurrence: NA

c. Where did injury occur: NA

d. While at work: NA Means of Injury: NA

5. Place of death: 121st Evacuation Hospital, 971

6. Signature and Rank BERNARD BLOOM, Capt, MC Bernard Bloom MC

Unit 121st Evacuation Hospital, APO 971 Date signed 29 Aug 55

DATE: 29 August 1955

CERTIFICATE OF IDENTITY

CURRENT DEATH

1. I, the undersigned, do certify that the remains which I have (personally viewed) (seen photographs of) are those of:

GULTEKIN,	Ismail		Pvt	34701
Last Name,	First Name.	MI.,	Rank	ASN.

Turkish Armed Forces TAPO 5401.
Organization

2. My identification is based upon personal accquaintence covering a period of (14) fourteen months.

3. I recognize the remains because of the following (X) Facial Feathres, ( ) Scars, ( ) Birthmarks, or as listed below:

Facial Features

(signed) [signature]

(typed) Halil Cetin

Col. 34644
(rank) (ASN)

TAFC 7th Co.
(organization)

VERIFIED: Robert G. Kahlke
ROBERT G. KAHLKE
SFC RA 46 080 074
293D QM CO (GRREG) APO 301

(signed) [signature]

(typed) Aziz Cakmak

Pvt. 34738
(rank) (ASN)

(293 Opns 40)

TAFC 7th Co
(organization)

(signed)

(typed)

(rank) (ASN)

(organization)

293D QUARTERMASTER COMPANY (GRAVES REGISTRATION)
APO 301, San Francisco, California

KQM-G 293 30.2 31 August 1955

PASSENGER LIST (ALLIED) # 620 TRAIN NO: 13
LOADED AT (YONGDONG PO R.T.O.) DESTINATION: (R.T.O. PUSAN)

NAME	RANK:	SN:	BRANCH OF SVC	COLLECTING POINT
GULTEKIN, Ismail	Pvt	34701	TAFC	293D QM CO (GRREG)

CERTIFICATES OF DEATH (5 Copies)
CERTIFICATES OF IDENTITY (5 Copies)

Michael Borres

MICHAEL G. BORRES
Captain, QMC
Commanding

Page 1 of 1 Pages

Receipt of Remains, Certificate of Identity, Certificates of Death, and/or items listed hereon, is acknowledged.

ESCORT SIGNATURE: _____

_____ UNIT: _____