1891B-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 2 NOV 53

TYPE OF REPORT: ☒ 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
YILMAZ, RASIT	35293

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TURKISH ARMED FORCES	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
KOREA	Multiple Injuries	26 Oct 53

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 REC'D W/REMAINS REMDS: YILMAZ, RASIT, SIGNED BY STEPHEN L. PADUSSIS CAPT. M.C (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. 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: EP089868

UNITED NATIONS MILITARY CEMETERY TDN990K KOREA

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
2 NOV 1953	1500	CANVAS SQUARE	STAR + CRESCENT	45	6	4031

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: PROTESTANT

PERSON CONDUCTING BURIAL RITES: CHAPLAIN ABDULGAFUR, HARRIS MALCOLM

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: ONE (1) COPY OF THIS FORM BURIED IN BOTTLE EIGHTEEN (18) INCHES BELOW GRAVE MARKER AT HEAD OF GRAVE

IDENTIFICATION TAG BURIED WITH BODY: ☒ YES ☐ NO (2) TWO

IDENTIFICATION TAG ATTACHED TO MARKER: ☒ YES ☐ NO (1) ONE

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
GUITEKIN, ISMAIL	PVT	34701	TURK ARMED FORCES	4030

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	—	—	—	4032

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. YILMAZ, RASIT. 35293

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)*
EST. 58"	EST 150	BROWN	BLACK	

BIRTHMARKS, SCARS, OR TATTOOS

NONE FOUND

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 REC'D W/REMAINS LEADS. Y/IMAGERASIT SIGNED BY, C.I.T.AK. ABDULLAH, PVT TAFC : VERIFIED BY, ANDREW L. CHAMBERS SFC 293D Q.M.CO (GRREG)

NO CLOTHING OR P.E.S 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 REC'D FROM 293 Q.M.CO (GRREG)
2) NAME, RANK, ORG, POD, DOD, COD TAKEN

REMARKS

YOUNG, ARMY, PO APO 301 FROM CERT OF DEATH

VERIFIED

1918-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 2 Nov 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
YILMAZ, RASIT	35293

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
Korea	Multiple Injuries	26 Oct 1955

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

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

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

Cert. of death rec'd w/remains reads: YILMAZ, signed by Stephen K. Badussis 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.Es 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 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.
2 Nov 1955	1500	Canvas Square	Start Crescent	45	6	4031

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: Prostant

PERSON CONDUCTING BURIAL RITES: Chaplain ABDULGAFUR, KARAISMAILOGLU

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.
GUITEKIN ISMAIL	PFT	34701	Turkish Armed Forces	4030

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	—	—	—	4032

SIGNATURE OF PERSON PREPARING REPORT: Gerald S. Ingram
GERALD S. INGRAM QMC SP3

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Michael G. Borres
MICHAEL G. BORRES QMC Capt

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

YILMAZ, RASIT. 35293

24230-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)*
Est. 5'8	150	Brown	Black	

BIRTHMARKS, SCARS, OR TATTOOS

None found

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 rec'd w/remains reads: YILMAZ, RASIT signed by, CITLAK. ABOULIAH, Pvt TAFC: Verified by, ANDREW CHAMBERS SFC 293rd QM CO (GRREG)

No clothing or P.Es 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 finger printed		

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
		Not finger printed		

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

REMARKS

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

(2) Name, Rank, Org, Pod, Dod, Cod, taken from cert of death.

18918-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 2 Nov 1955

TYPE OF REPORT: ☒ 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
YILMAZ, RASIT	35293

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
Korea	Multiple Injuries	26 Oct 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)

Cert. of death rec'd w/remains reads: YILMAZ, signed by Stephen K. Padussis 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.Es 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 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.
2 Nov 1955	1500	Canvas Square	Star Crescent	45	6	4031

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: Protestant

PERSON CONDUCTING BURIAL RITES: Chaplain ABDULGAFUR, KARAISMAILOGLU

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 ☒ YES ☐ NO (2)

IDENTIFICATION TAG ATTACHED TO MARKER: 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.
GUITERIN ISMAIL	PVT	34701	Turkish Armed Forces	4030

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	—	—	—	4032

SIGNATURE OF PERSON PREPARING REPORT: Gerald S. Ingram

GERALD S. INGRAM QMC SP3

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Michael G. Borres

MICHAEL G. BORRES QMC Capt

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE. YILMAZ, RASIT. 35293

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)*
Est. 5'8	150	Brown	Black	

BIRTHMARKS, SCARS, OR TATTOOS

None found

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 rec'd w/remains reads: YILMAZ, RASIT signed by, CITLAK. ABOULIAN, Pvt TAFC: Verified by, ANDREW CHAMBERS SFC 293rd QM CO (GRREG)

No clothing or P.Es 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 finger printed		

NOT FINGERPRINTED

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
		Not finger printed		

NOT FINGERPRINTED

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

REMARKS

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

(2) Name, Rank, Org, Pod, Dod, Cod, taken from cert of death.

18918-1

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 2 November 1955

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
YILMAZ, RASIT	PVT	35293

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	TAFC	SEE DD FORM 551	26 Oct 1955

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Korea	U.N.M.C. Tanggok Korea	45	6	4031

RIGHT

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

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.

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

UPPER RIGHT

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

CHIPPED

UPPER LEFT

LOWER RIGHT

CHIPPED

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

LOWER LEFT

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: GERALD S. INGRAM QMC SP3

VERIFIED BY (Dental Officer): MICHAEL G. BORRES QMC Capt

DD FORM 1 SEP 51 569

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

YILMAZ, RASIT 35293

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		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)*

18918-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
YILMAZ, RASIT. 35293 PVT.				2 NOV 55
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
U.N.M.C. TAEGGOK, KOREA				

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST. 150	EST. 5'8"	BLACK	CAUC.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) CERT. OF DEATH REC'D W/REMAINS READS: YILMAZ, RASIT, SIGNED BY STEPHEN K. PADUSSIS.

(2) CERT. OF IDENTITY REC'D W/REMAINS READS: YILMAZ, RASIT, SIGNED BY CITLAK ABDULLAH PVT TAFC VERIFIED BY: ANDREW J. CHAMBERS SFC 293rd Q.M. CO (GRAVES)

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 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.

18918-1

ALLIED

IDENTIFICATION DENTAL CHART

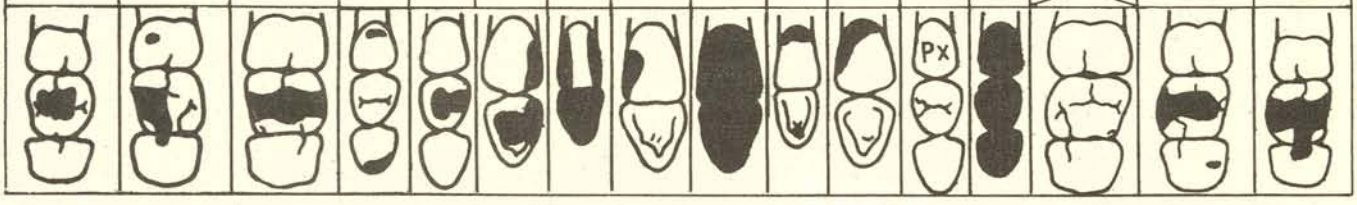
DATE: 2 November 1955

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
YILMAZ, RASIT	PVT	35293

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	TAFC	SEE DD FORM 551	26 Oct 1955

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Korea	U.N.M.C. Tanggok Korea	45	6	4031

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

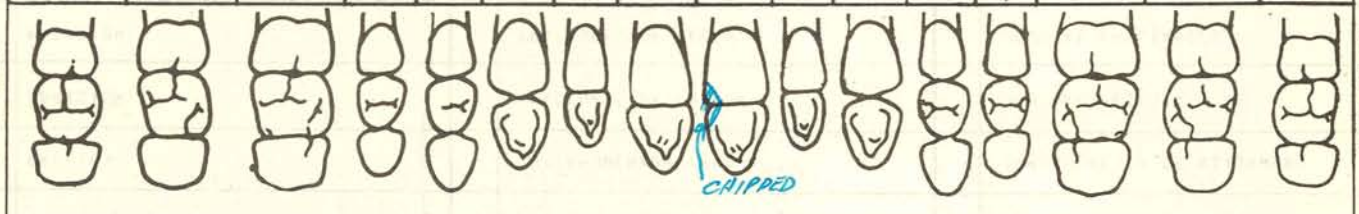
MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

CARIES

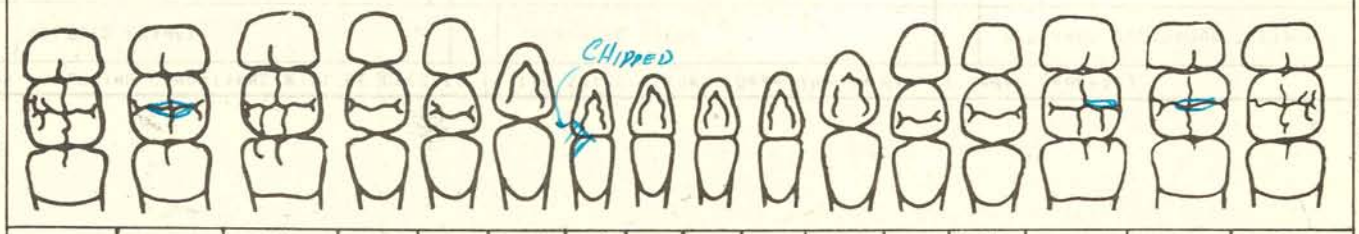
RESTORATIONS

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

UPPER RIGHT — UPPER LEFT



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: GERALD S. INGRAM QMC SP3

VERIFIED BY GRS OFFICER: MICHAEL G. BORRES QMC Capt

DD FORM 1 SEP 51 569

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

YILMAZ, RASIT 35293

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		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)*

18918-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
YILMAZ, RASIT 35293 PVT				2 Nov 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	4031		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
Est. 150	Est. 5'8	Black	CAU.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Cert. of death rec'd w/remains reads: YILMAZ, RASIT, signed by STEPHEN K, PADUSSIS.

(2) Cert. of Identity rec'd w/remains reads: YILMAZ, RASIT, signed by CITLAK ABDULLAH PVT TAFC Veri fied by ANDREW CHAMBERS SFC 293rd QM CO(GRREG)

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.Es found on or W/remains.

18918-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN			2. DATE OF REPORT
YILMAZ, RASIT 35293 PVT			2 Nov 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	4031		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
Est. 150	Est. 5'8	Black	CAU.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Cert. of death rec'd w/remains reads: YILMAZ, RASIT, signed by STEPHEN K, PADUSSIS.

(2) Cert. of Identity rec'd w/remains reads: YILMAZ, RASIT, signed by CITLAK ABDULLAH PVT TAFC Veri fied by ANDREW CHAMBERS SFC 293rd QM CO(GRREG)

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.Es found on or W/remains.

19918-1

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 2 NOV 55

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
YILMAZ, RASIT	PVT	35293

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	TAFC	SEE DD FORM 551	26 Oct 55

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
KOREA	U.N.M.C. TAEGU, KOREA			

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.

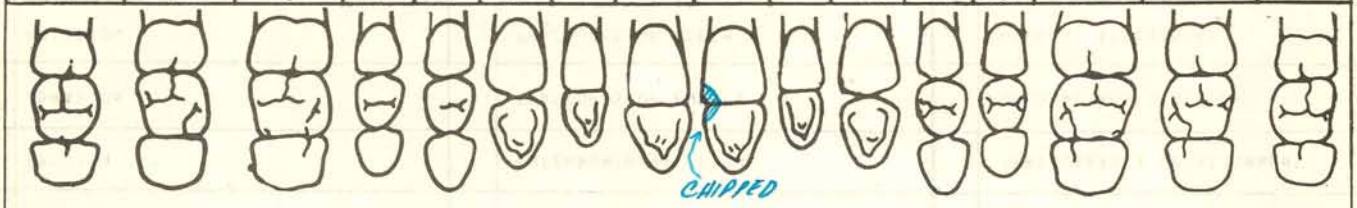
MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

CARIES

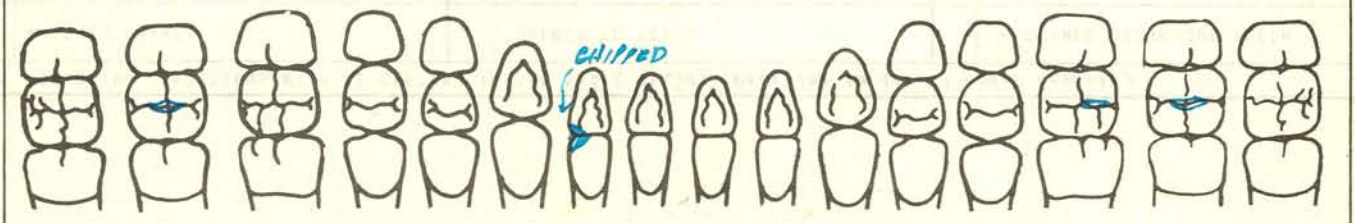
RESTORATIONS

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

UPPER RIGHT — UPPER LEFT



LOWER RIGHT — LOWER LEFT



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

RESTORATIONS

CARIES

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.

YILMAZ, RASIT 35293

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)*

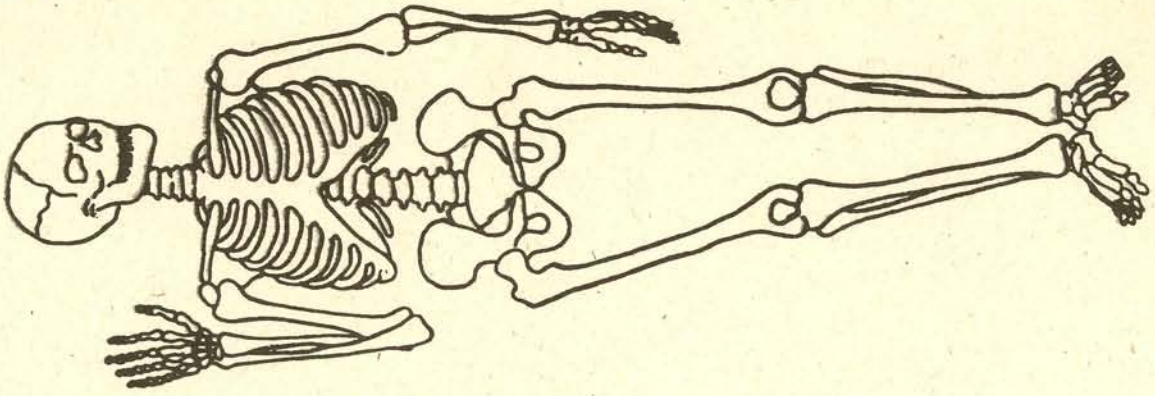
	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

1P918-1

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 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

OMC FORM 18 MAR 47 1044b

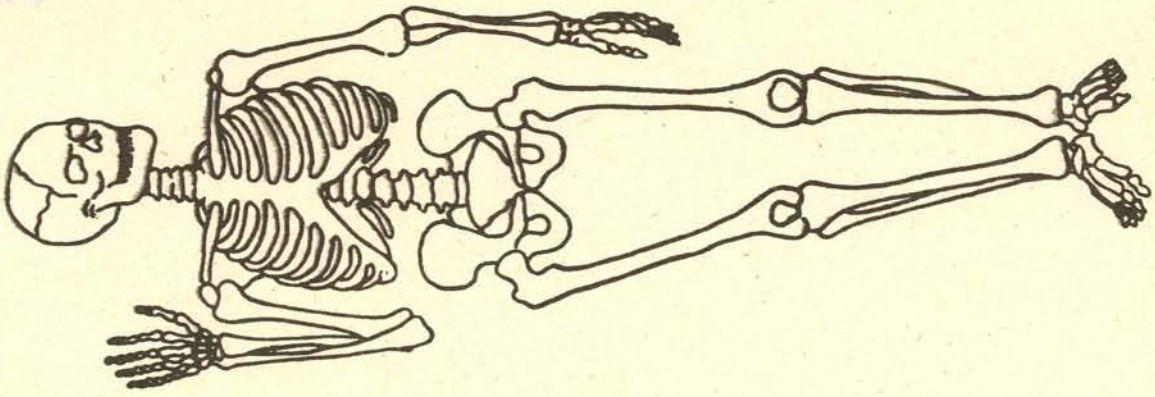
YILMAZ, RASIT 35293

5762—FEC P&PC—9 50—250M

18918-1

19. BLACK OUT PARTS OF BODY N[illegible] 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 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 GERALD S. INGRAM SGT SC SP3 293d QM CO(GRREG)	

QMC FORM 18 MAR 47 1044b

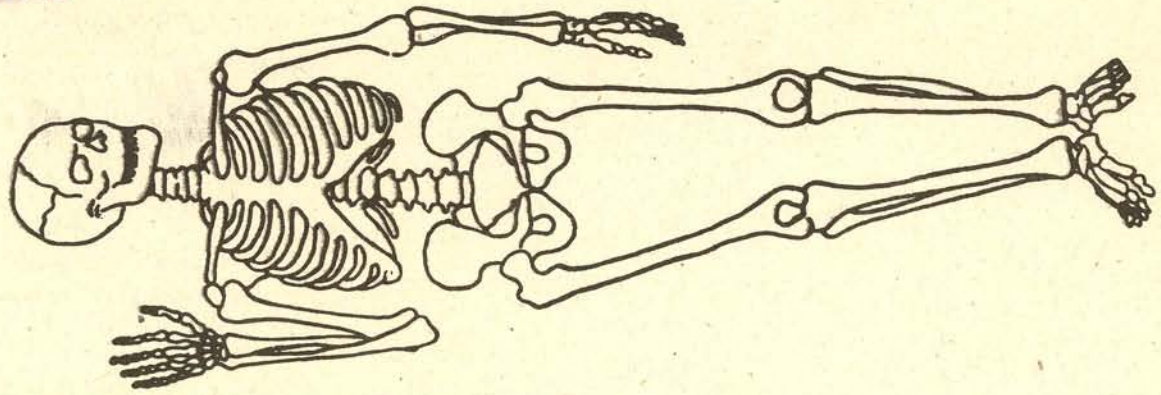
Y/1 MAC, RASIT. 35293

5762—FEC P&PC—9 50—250M

18918-1

19. BLACK OUT PARTS OF BODY N[illegible] 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 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 GERALD S. INGRAM [illegible] 293d QM CO(GRAVES)	

QMC FORM 18 MAR 47 1044b

YILMAZ RASIT 35293

5762—FEC P&PC—9 50—250M

DATE: 27 October 1955

CERTIFICATE OF IDENTITY

CURRENT DEATH

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

YILMAZ,	Rasit		Pvt.	35293 ~~35293~~
~~xxxxxxxxxxxxxxxxxx~~				
Last Name,	First Name,	MI,	Rank	ASN.

Turkish Armed Forces Brigade.
Organization

2. My identification is based upon personal acquaintence covering a period of Ten (10) years months.

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

Facial Features.

(signed) ÇITLAK ABDULLAH

(typed) CITLAK ABDULLAH

P.V.T 35310
(rank) (ASN)

T.A.F.C
(organization)

VERIFIED: Andrew J. Chambers

ANDREW J. CHAMBERS, Sfc.
RA 44 013 703
293D QM CO (GRREG)

(293 Opns 40)

(signed) YAVUZ NECATI

(typed) YAVUZ NECATI

P.V.T 33250
(rank) (ASN)

(organization)

(signed)

(typed)

(rank) (ASN)

(organization)

CERTIFICATE OF DEATH

1. Full Name:

a. Yilmaz (Last) Rasit (First) (Middle)

b. Military ( ); Dept of the Army, Navy, or Air Force Civilian ( );

Other (X). T.A.F.

E.M. (Rank of Rating) 35233 (Service Number)

T.A.F. (Organization) (APO)

2. Date of death: Day 26 Month Oct Year 55

Hour 17 Minute 15

3. I hereby certify that I attended the deceased from D.O.A.

19 ____ to _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death D.O.A.

Due to Multiple Injuries

Due to

Additional diagnosis

Major findings of operation ----

Of autopsy Requested by T.A.F.

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

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

b. Date of occurrence: 26 Oct 55

c. Where did injury occur: 3rd Bn. 9th Inf. Co T.A.F.

d. While at work: Means of Injury:

Signature and Rank /S/ STEPHEN K. PADUSSIS

Unit 43d SH(MA) APO 358 Date Signed Capt M.C.

A TRUE COPY
ALVAH F. HUGHES
CAPT MSC
Adjutant

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

EQM-G 293 30.2 1 November 1955

PASSENGER LIST (ALLIED DECEASED) #634 Train No:
LOADED AT YongDong Po R.T.O. DESTINATION Pusan R.T.O.

NAME	RANK SN	BRANCH OF SVC	COLLECTING POINT
YILMAZ, Kasit	Pvt 35293	TAFB	293D QM CO (GRREG)

Certificates of Identity (5 copies
Certificates of Death (5 copies)

MICHAEL G. BOWLES
Captain, QMC
Commanding

Page 1 of 1 Pages

Receipt of Remains, and other items listed hereon, is acknowledged.

ESCORT SIGNATURE: _____

_____ UNIT: _____

NAME AND ARMY SERIAL NUMBER

YILMAZ, RASIT

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Pvt	35'2 3/3		TURK		

LOCATION WHERE TAGGED:	DATE	HOUR
43RD HOSP.	26 Oct 53	1715

DIAGNOSIS: IF INJURY, STATE HOW, WHEN, WHERE INCURRED

DOA

LINE OF DUTY:

TREATMENT GIVEN:

TETANUS TOXOID: OR ANTITETANIC SERUM:	DOSE	TIME:	
	DOSE	TIME:	
MORPHINE:	DOSE	TIME:	

DISPOSITION:	DATE	HOUR

SIGNATURE WITH RANK:

Stephen K. Podunin Cpt

WD AGO FORM 8-26
1 OCT 1944

16—[illegible] ☆ GPO

SUPPLEMENTAL RECORD

Certified true:

Michael G Borres
Capt C.M.C.