NAME AND ARMY SERIAL NUM.

GURSES L F ZIKRI

| GRADE | ARM OR SERVICE | AGE | RACE | NATIVITY | SERVICE, YEARS |
|---|---|---|---|---|---|
| Pvt | TURK | | TURK | | |

LOCATION WHERE TAGGED:

| DATE | HOUR |
|---|---|
| 29 FEB | 1500 |

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

BRAIN INJURY DOA

LINE OF DUTY:

TREATMENT GIVEN:

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

MORPHINE: DOSE TIME:

| DISPOSITION: | DATE | HOUR |
|---|---|---|
| | | |

SIGNATURE, WITH RANK:

Capt MC

W. D., A. G. O. Form No. 8-26
1 October 1944

16—16434-2 ☆ GPO

# REPORT OF INTERMENT

DATE OF REPORT: 9 Mar 1956

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

*Imprint Identification Tag If Possible. DO NOT TYPE*

TURKEY
No I.D. Tags
Found on remains
TURKEY

## SECTION 1. - IDENTIFICATION.

| NAME (Last, First, Middle Initial) | SERVICE NUMBER |
|---|---|
| GURSEL, FIKRI | 32317 |

| GRADE | ORGANIZATION | BRANCH OF SERVICE |
|---|---|---|
| Pvt | Turkish Armed Forces 5401 A.A.A. | ARMY |

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

| PLACE OF DEATH | CAUSE OF DEATH | DATE OF DEATH |
|---|---|---|
| KOREA | Brain Injury | 29 Feb 56 |

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)

(1) Cert. of identity rec'd w/remains reads: GURSEL FIKRI, 32317. Verified by: SAHAP ERGIN, Capt 31734 T.A.F.C.GI.

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. |
|---|---|---|---|---|---|---|
| 9 March 1956 | 1200 | Canvas Square | Star & Cresent | 45 | 7 | 4042 |

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: Protestant

PERSON CONDUCTING BURIAL RITES: Chaplain ABOULGAFUR, 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. |
|---|---|---|---|---|
| OZLEMIS MEHMET | Pvt | 33127 | T.A.F. | 4041 |

| REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER | ORGANIZATION | GRAVE NO. |
|---|---|---|---|---|
| VACANT GRAVE | --- | --- | --- | --- |

SIGNATURE OF PERSON PREPARING REPORT: James B. Anderson
JAMES B. ANDERSON QMC SP-3

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Sgt George Butler for
THOMAS C. PERKINS QMC 1st Lt

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

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)* |
|---|---|---|---|---|
| 5'7" Est | 165 Est | Black | Black | Not Noted |

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: 2. Cert. of death rec'd w/remains reads:
GURSEL, FIKRI. signed by: WILLIAM R. THOMAS Capt MSC

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 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 293rd QM Co (GRREG) Ascom City APO 971

(2) Name, Rank, Org, POD, COD, DOD taken from cert. of death and cert. of identity.

REMARKS

# REPORT OF INTERMENT

DATE OF REPORT: 9 Mar 1956

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

*Imprint Identification Tag If Possible. DO NOT TYPE*

TURKEY
No I.D. Tags
Found on remains
TURKEY

## SECTION 1. - IDENTIFICATION.

| NAME (Last, First, Middle Initial) | SERVICE NUMBER |
|---|---|
| GURSEL, FIKRI | 32317 |

| GRADE | ORGANIZATION | BRANCH OF SERVICE |
|---|---|---|
| Pvt | Turkish Armed Forces 5401 A.A.A. | ARMY |

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

| PLACE OF DEATH | CAUSE OF DEATH | DATE OF DEATH |
|---|---|---|
| KOREA | Brain Injury | 29 Feb 56 |

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)

(1) Cert. of identity rec'd w/remains reads: GURSEL FIKRI, 32317. Verified by: SAHAP ERGIN, Capt 31734 T.A.F.C.GI.

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. |
|---|---|---|---|---|---|---|
| 9 March 1956 | 1200 | Canvas Square | Star & Cresent | 45 | 7 | 4042 |

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: Protestant

PERSON CONDUCTING BURIAL RITES: Chaplain ABOULGAFUR, 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. |
|---|---|---|---|---|
| OZLEMIS MEHMET | Pvt | 33127 | T.A.F. | 4041 |

| REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER | ORGANIZATION | GRAVE NO. |
|---|---|---|---|---|
| VACANT GRAVE | --- | --- | --- | --- |

SIGNATURE OF PERSON PREPARING REPORT: James B. Anderson
JAMES B. ANDERSON QMC SP-3

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Sgt George Butler for THOMAS C. PERKINS QMC 1st Lt

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

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

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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)* |
|---|---|---|---|---|
| 5'7" Est | 165 Est | Black | Black | Not Noted |

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: 2. Cert. of death rec'd w/remains reads:
GURSEL, FIKRI. signed by: WILLIAM R. THOMAS Capt MSC

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 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 293rd QM Co (GRREG) Ascom City APO 971

(2) Name, Rank, Org, POD, COD, DOD taken from cert. of death and cert. of identity.

REMARKS

18975-1

# IDENTIFICATION DATA

| 1. REMAINS OF UNKNOWN | 2. DATE OF REPORT |
|---|---|
| GURSEL, FIKRI 32317 Pvt | 9 March 1956 |

| 3. NAME OF CEMETERY | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF DISINTERMENT | 7. DATE OF REINTERMENT |
|---|---|---|---|---|---|
| United Nations Military Cemetery Tanggok, Korea | 45 | 7 | 4042 | | |

## PHYSICAL DESCRIPTION

| 8. ESTIMATED WEIGHT | 9. ESTIMATED HEIGHT | 10. COLOR OF HAIR | 11. RACE |
|---|---|---|---|
| 165 | 5'7" | Black | Caucasian |

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Cert. of identity rec'd w/remains reads: GURSEL, FIKRI, 32317
Verified by: SAHAP ERCIN, Capt 31734 T.A.F.C.GI.
(2) Cert. of death rec'd w/remains reads: GURSEL, FIKRI. signed by:
WILLIAM R. THOMAS. Capt MSC

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

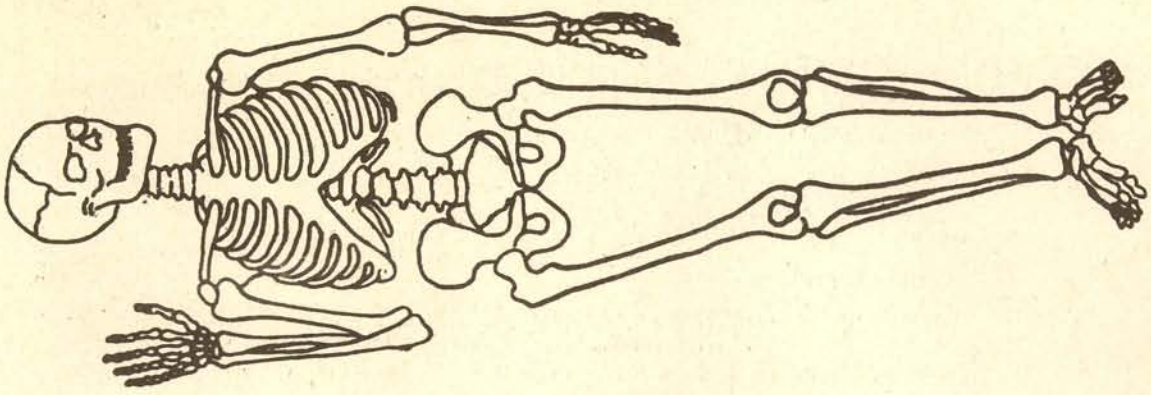
NONE FOUND

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 found on or w/remains.

18975-1

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



Remains rec'd complete and intact

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

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 B. ANDERSON QMC SP-3 293d CD (GRRS) | James B Anderson |

QMC FORM 18 MAR 47 1044b

GARSEY, F. 32317

5762—FEC P&PC—9 50—250M

18928-1

ALLIED

# IDENTIFICATION DENTAL CHART

DATE: 9 March 1956

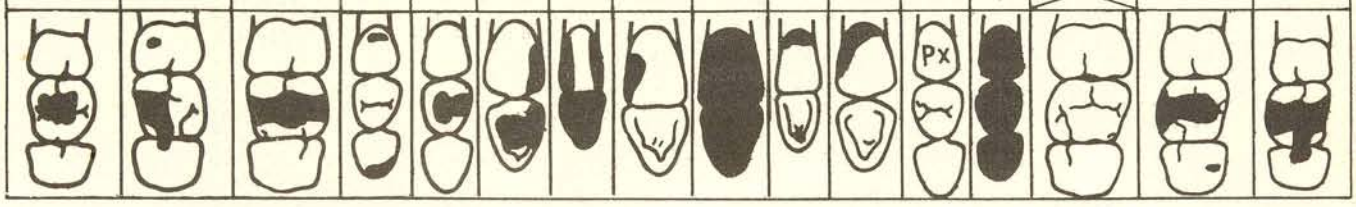
| NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER |
|---|---|---|
| GURSEL, FIKRI | Pvt | 32317 |

| UNIT | ORGANIZATION | CAUSE OF DEATH | DATE OF DEATH |
|---|---|---|---|
| Turkish Armed Forces | 5401 A.A.A. | Brain Injury | 29 Feb 1956 |

| PLACE OF DEATH | PLACE OF BURIAL | PLOT | ROW | GRAVE |
|---|---|---|---|---|
| KOREA | United Nations Military Cemetery Tanggok, Korea | 45 | 7 | 4042 |

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

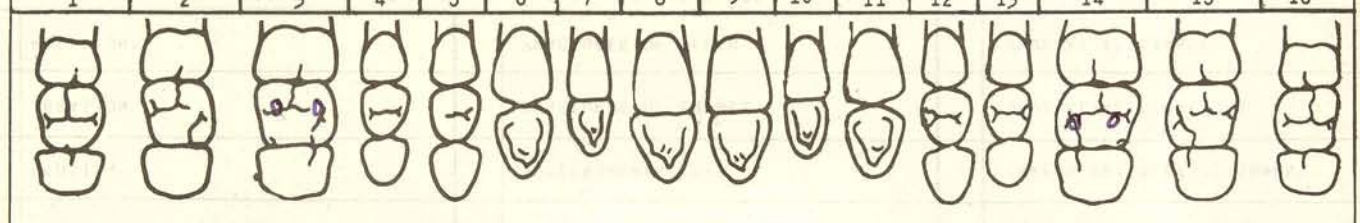
CARIES

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

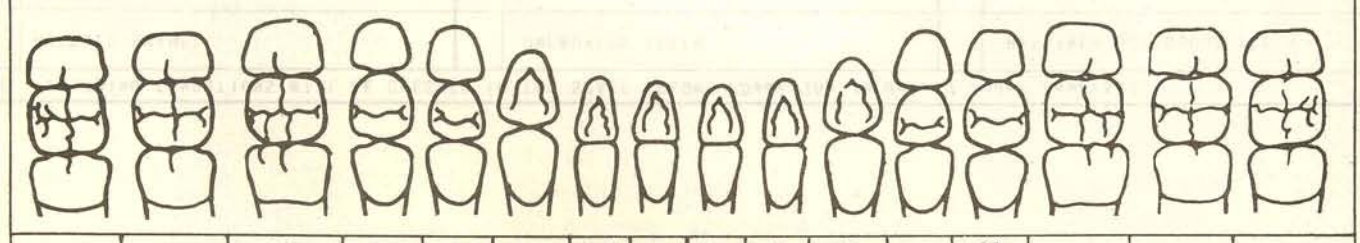
RESTORATIONS

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

CARIES

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

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: James B. Anderson
JAMES B. ANDERSON SP-3 QMC

VERIFIED BY GRS OFFICER: for Geo Butler
THOMAS C. PERKINS 1st Lt QMC

DD FORM 1 SEP 51 569

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

GURSEL, F. 32317

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)*



18975-1

ALLIED

# IDENTIFICATION DENTAL CHART

DATE: 9 March 1956

| NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER |
|---|---|---|
| GURSEL, FIKRI | Pvt | 32317 |

| UNIT | ORGANIZATION | CAUSE OF DEATH | DATE OF DEATH |
|---|---|---|---|
| Turkish Armed Forces | 5401 A.A.A. | Brain Injury | 29 Feb 1956 |

| PLACE OF DEATH | PLACE OF BURIAL | PLOT | ROW | GRAVE |
|---|---|---|---|---|
| KOREA | United Nations Military Cemetery Tanggok, Korea | 45 | 7 | 4042 |

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.
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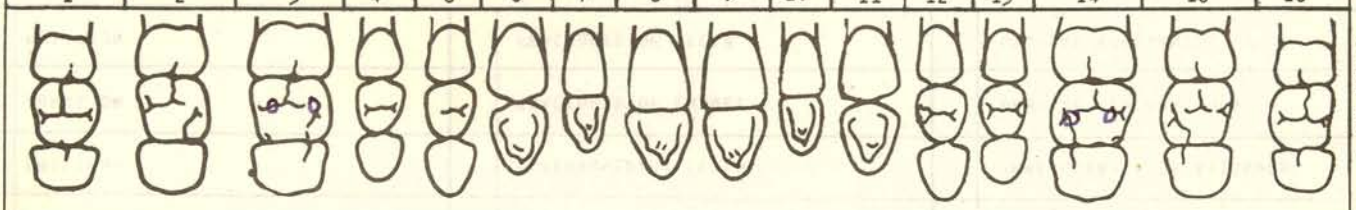
CARIES

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

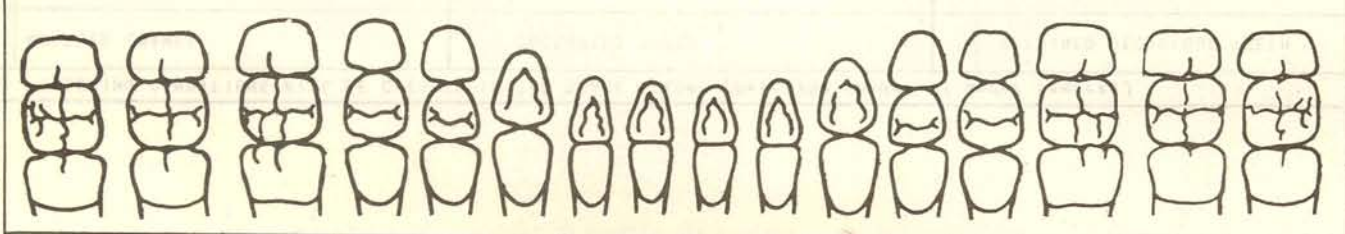
RESTORATIONS

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: James B. Anderson
JAMES B. ANDERSON SP-3 QMC

VERIFIED BY GRS OFFICER: Thomas C. Perkins
THOMAS C. PERKINS 1st Lt QMC

DD FORM 1 SEP 51 569

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

GURSEL, F. 32317

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.

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

CERTIFICATE OF DEATH

1. FULL NAME:

a. GURSES, Fikri
(Last Name) (First Name) (Middle)

b. Military ( ); Dept of the Army, Navy, or Air Force Civilian ( );
Other ( X ). Turkish Armed Forces

Pvt
(Rank or Rating) (Svc Number)

Turkish Armed Forces 5401 A.A.A.
(Organization) (APO)

2. Date of death: Day 29 Month February Year 1956

Hour 1500 Minute

3. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.

Immediate cause of death Brain injury

Due to Skull fracture (Basal)

Due to

Additional diagnoses Possible multiple fractures and internal bleedings.

Major findings of operation

Of autopsy

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

a. Accident, suicide or homicide (specify:

b. Date of occurrence:

c. Where did injury occur: /s/Ruetman Henn M. Capt MC.

d. While at work: Means of Injury:

e. Place of death:

5. Signature and Rank /s/Ruetman Henn M. Capt MC.

Unit 121st Evacuation Hospital, SMBL APO 971 Date Signed 29 Feb 56

A TRUE COPY
William R. Thomas
WILLIAM R. THOMAS
Capt MSC
Chief, Registrar Div.

293D QUARTERMASTER COMPANY
(GRAVES REGISTRATION)
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 1 March 1956

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

GURSEL Fikri (NMI) Pvt 32317
Last Name, First Name, MI, Rank, ASN.

Turkish Armed Forces 5401 A.A.A.
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of : 1. 3 years . 2. 4 years . 3. _____.
(specified in weeks, months, or years)

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

_____

_____.

1. signed: O. Güngör

typed: OSMAN GURSEL

Pvt 32317
RANK ASN

Turkish Armed Forces
5401 A.A.A.
ORGANIZATION

VERIFIED:

(signed)

SAHAP ENGIN
(typed)

Capt 31734
(rank) (ASN)

T.A.F.C. G 1
(organization)

2. signed: Illegible

typed: HAYRULLAH AHTINTAS

Pvt ASN 36976
RANK

Turkish Armed Forces
5401 A.A.A.
ORGANIZATION

3. signed: _____

typed: _____

RANK ASN

ORGANIZATION

(293 Opns .12)

293D QUARTERMASTER COMPANY
(GRAVES REGISTRATION)
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 1 March 1956

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

GURSEL, Fikri (NMI) Pvt 32317
Last Name, First Name, MI, Rank, ASN.

Turkish Armed Forces 5401, A.A.A.
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of : 1. 3 years . 2. 4 years . 3. _____.
(specified in weeks, months, or years)

3. I recognize the deceased because of the following; (XX) Facial Features, ( ) Scars, ( ) Birthmarks, or as listed below:

_____

_____.

1. signed: O. Gümüş

typed: OSMAN GUNEBR

Pvt 32340
RANK ASN

Turkish Armed Forces
5401 A.A.A.
ORGANIZATION

VERIFIED:

M. Ergin
(signed)

SAHAP ERGIN
(typed)

Capt 31734
(rank) (ASN)

T.A.F.C. G 1
(organization)

2. signed: Hayrullah

typed: HAYRULLAH ALTINTAS

Pvt 36976
RANK ASN

Turkish Armed Forces
5401 A.A.A.
ORGANIZATION

3. signed: _____

typed: _____

RANK ASN

ORGANIZATION

(293 Opns .12)

18925-1

# REPORT OF INTERMENT

DATE OF REPORT: 7 MARCH 1956

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

*Imprint Identification Tag If Possible. DO NOT TYPE*

TURKEY
NO I.D. TAGS
FOUND ON REMAINS
TURKEY

## SECTION 1. - IDENTIFICATION.

| NAME (Last, First, Middle Initial) | SERVICE NUMBER |
|---|---|
| GURSEL, FIKRI | 32317 |

| GRADE | ORGANIZATION | BRANCH OF SERVICE |
|---|---|---|
| PVT | TURKISH ARMED FORCES 5401 A.A.A. | ARMY |

| RACE | RELIGION | COUNTRY (If not U.S.) |
|---|---|---|
| CAU | UNK. | TURKEY |

| PLACE OF DEATH | CAUSE OF DEATH | DATE OF DEATH |
|---|---|---|
| KOREA | BRAIN INJURY | 29 FEB 56 |

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 REC'D W/REMAINS READS: GURSEL FIKRI, 32317. VERIFIED BY: SAHAP ERGIN, CAPT 31734 T.A.F.C.G.I.

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO. SEE REMARKS

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 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. |
|---|---|---|---|---|---|---|
| 9 MARCH 56 | 1200 | CANVAS SQUARE | STAR & CRESENT | 45 | 7 | 4042 |

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 |
|---|---|---|
| | | 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 ☒ YES ☐ NO (2) | 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. |
|---|---|---|---|---|
| OZLEMIS MEHMET | PVT | 33127 | TURKISH ARMED FORCES | 4041 |
| REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER | ORGANIZATION | GRAVE NO. |
| VACANT | — | — | — | — |

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. GURSEL, F. 32317

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' 7" EST | 165 EST | BLACK | BLACK | NOT NOTED |

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) 2) CERT OF DEATH REC'D W/REMAINS READS: GURSEL, FIKRI. SIGNED BY: WILLIAM R. THOMAS CAPT. MSC.

NO CLOTHING OR P.E. 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 | | | |

### 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 293d AM Co (GRREG) ASCOM CITY APO 971

2) NAME, RANK, ORG, POD, COD, DOD TAKEN FROM CERT OF DEATH AND CERT OF IDENTITY.

REMARKS

18925-1

ALLIED

# IDENTIFICATION DENTAL CHART

DATE: 7 MARCH 1956

| NAME (Last, First, Middle Initial) | GRADE | SERVICE NUMBER |
|---|---|---|
| GURSEL, FIKRI | PVT | 32317 |

| UNIT | ORGANIZATION | CAUSE OF DEATH | DATE OF DEATH |
|---|---|---|---|
| TURKISH ARMED FORCES UNIT | | BRAIN INJURY | 29 FEB 56 |

| PLACE OF DEATH | PLACE OF BURIAL | PLOT | ROW | GRAVE |
|---|---|---|---|---|
| KOREA | U.N.M.C. TANGGOK, 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

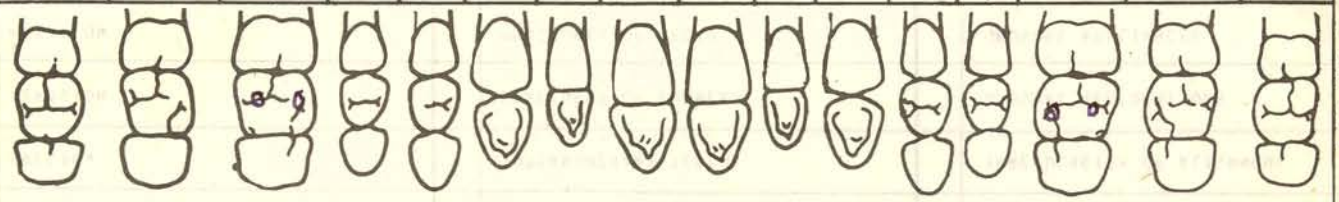
CARIES

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

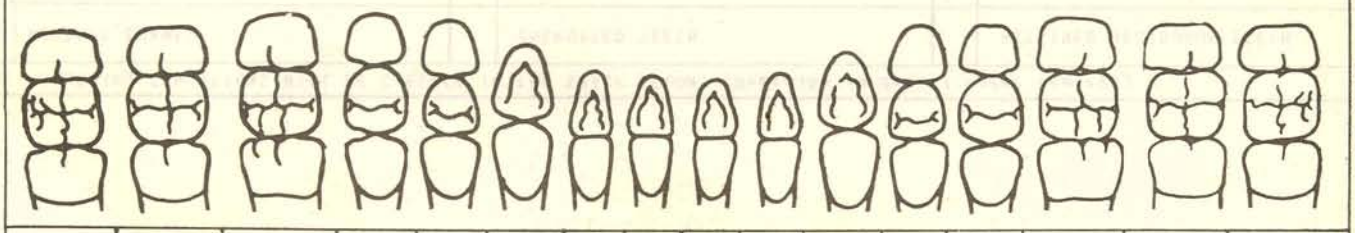
RESTORATIONS

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

CARIES

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

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.

GURSEL, F. 32317

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.

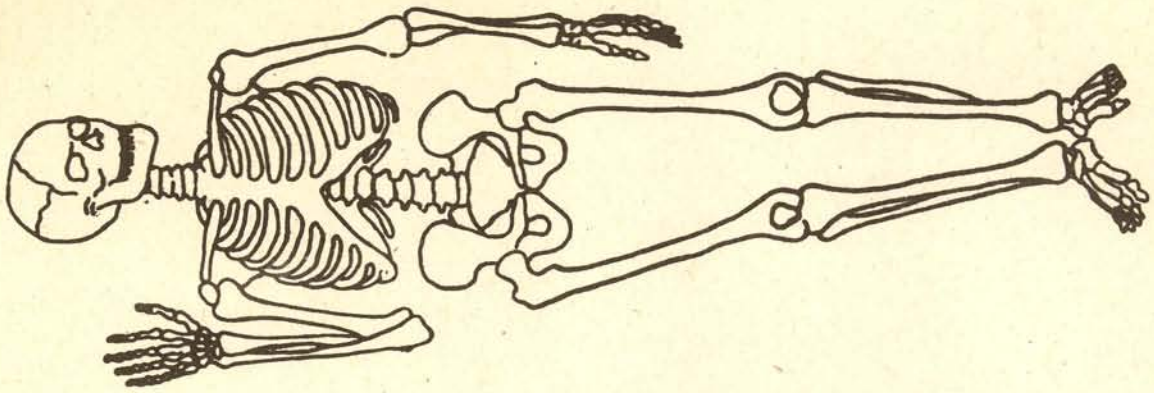
THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: *(Describe in detail under remarks)*

| | | | | | |
|---|---|---|---|---|---|
| | 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)*

18975-1

19. BLACK OUT PARTS OF BODY NOT RECOVERED



REMAINS REC'D COMPLETE AND INTACT

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

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

GURSELF 32317

5762—FEC P&PC—9 50—250M

18925-1

# IDENTIFICATION DATA

| 1. REMAINS OF UNKNOWN | | | | 2. DATE OF REPORT |
|---|---|---|---|---|
| GURSEL, FIKRI 32317 PVT | | | | 7 MARCH 1956 |
| **3. NAME OF CEMETERY** | **4. PLOT** | **5. ROW** | **6. GRAVE** | **7. DATE OF** DISINTERMENT / REINTERMENT |
| U.N.M.C. TANGGOK, KOREA | | | | |

## PHYSICAL DESCRIPTION

| 8. ESTIMATED WEIGHT | 9. ESTIMATED HEIGHT | 10. COLOR OF HAIR | 11. RACE |
|---|---|---|---|
| 165 | 5'7" | BLACK | CAU |

**12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS**

USCERT OF IDENTITY REC'D W/REMAINS READS: GURSEL, FIKRI, 32317, VERIFIED BY: SAHAP ERGIN, CAPT 31734, T.A.C. G1
2) CERT. OF DEATH REC'D W/REMAINS READS: GURSEL, FIKRI. SIGNED BY: WILLIAM R. THOMAS, CAPT MSC

**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 FOUND ON OR W/REMAINS.