NAME AND ARMY SERIAL NUMBER

CAVCAR TAHSIN

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
PVT	TURK				

LOCATION WHERE TAGGED:	DATE	HOUR
171 EVAC Hosp APO 971	FEB 29	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:

Robert Capt MC

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

16—15434-2 ☆ GPO

REPORT OF INTERMENT

DATE OF REPORT: 9 Mar 56

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
CAVGO, TAHSIN		32344
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
Cpl	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: Cavgo, Tahsin, Cpl. 32344. Verified by: Sahap Ergin, Capt. 31734 T.A.F.C.GI.

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 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 Mar 56	1200	Canvas Square	Star & Cresent	45	7	4043

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: (2) [X] YES [ ] NO two

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.
GURSEL FIKRI	Pvt	32317	T.A.F.	4042
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 SP-3 QMC

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

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)*
5'8" EST	175 EST	UTD	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: Cert. of Death rec'd w/remains reads: CAVGO, TAHSIN, 32344: 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)*

REMARKS

(1) Remains rec'd from 293rd QM Co (GRREG) Ascom City APO 971

(2) Name, Rank, Org, DOD, COD, POD, taken from Cert. of Death.

(3) Cert. of Identity attached.

REPORT OF INTERMENT

DATE OF REPORT: 9 Mar 56

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
CAVGO, TAHSIN	32344

GRADE	ORGANIZATION	BRANCH OF SERVICE
Cpl	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: Cavgo, Tahsin, Cpl. 32344. Verified by: Sahap Ergin, Capt. 31734 T.A.F.C.GI.

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 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 Mar 56	1200	Canvas Square	Star & Cresent	45	7	4043

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: (2) [X] YES [ ] NO two

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.
GURSEL FIKRI	Pvt	32317	T.A.F.	4042

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 SP-3 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: for Thomas C. Perkins
THOMAS C. PERKINS 1st Lt QMC

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)*
5'8" EST	175 EST	UTD	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: Cert. of Death rec'd w/remains reads: CAVGC, TAHSIN, 32344: 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, DOD, COD, POD, taken from Cert. of Death.

(3) Cert. of Identity attached.

REMARKS

18976-2

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
CAVGO, TAHSIN 32344 Cpl	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	4043		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
5'8"	175	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Cert. of Identity rec'd w/remains reads: CAVGO, TAHSIN, Cpl 32344. Verified by: SAHAP ERGIN, Capt. 31734 T.A.F.C.GI.

(2) Cert of Death rec'd w/remains reads: CAVGO, TAHSIN, 32344 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

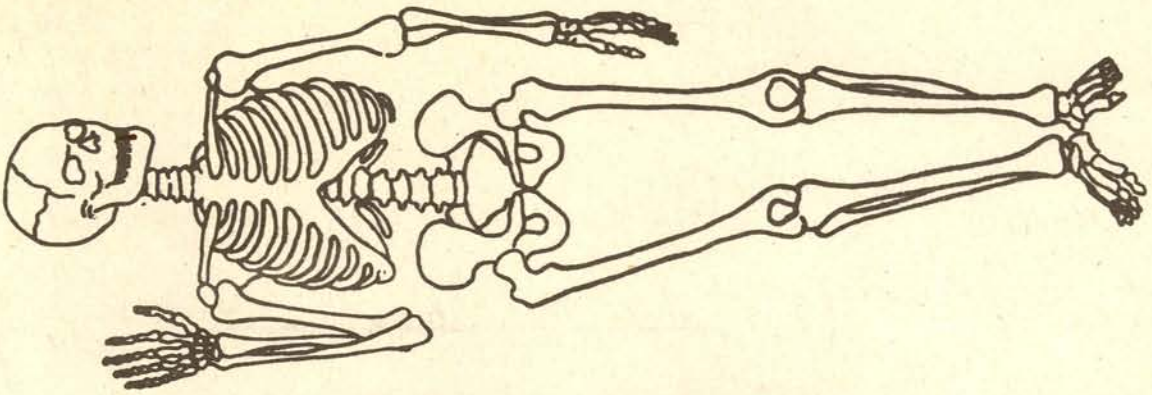
NONE FOUND.

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 or P.Es. found on or w/remains.

18976-2

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
JAMES B. ANDERSON QMC SP-3 293d CO (GRREG)	James B. Anderson

QMC FORM 18 MAR 47 1044b

CAUGO, T. 32344

5762—FEC P&PC—9 50—250M

18976-2

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 9 March 1956

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
CAVGO, TAHSIN	Cpl	32344

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Turkish Armed Forces	5401 A.A.A.	Brain Injury	29 Feb 56

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
KOREA	United Nations Military Cemetery Tangzok, Korea	45	7	4043

RIGHT — LEFT

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

1. O–AM.
2. DOL–AM.; F–AM.
3. MOD. GOLD FILL.
4. F–GOLD FILL.; ML–AM.
5. MO–AM.
6. ML–GOLD FILL.
7. 3/4 GOLD CR.
8. D–PORC. FILL.
9. PORC. CR.
10. F–PORC. FILL.; L–AM.
11. MF–PORC. FILL.
12. Px–POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO–AM.; L–AM.
16. MODL–AM.

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

CARIES / RESTORATIONS

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

UPPER RIGHT — UPPER LEFT

SEE REMARKS

LOWER RIGHT — LOWER LEFT

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

RESTORATIONS / CARIES

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

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

DD FORM 1 SEP 51 569

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

CAVGO, T. 32344

SEE REVERSE SIDE

22902—FEC P&PC—1/52—50M

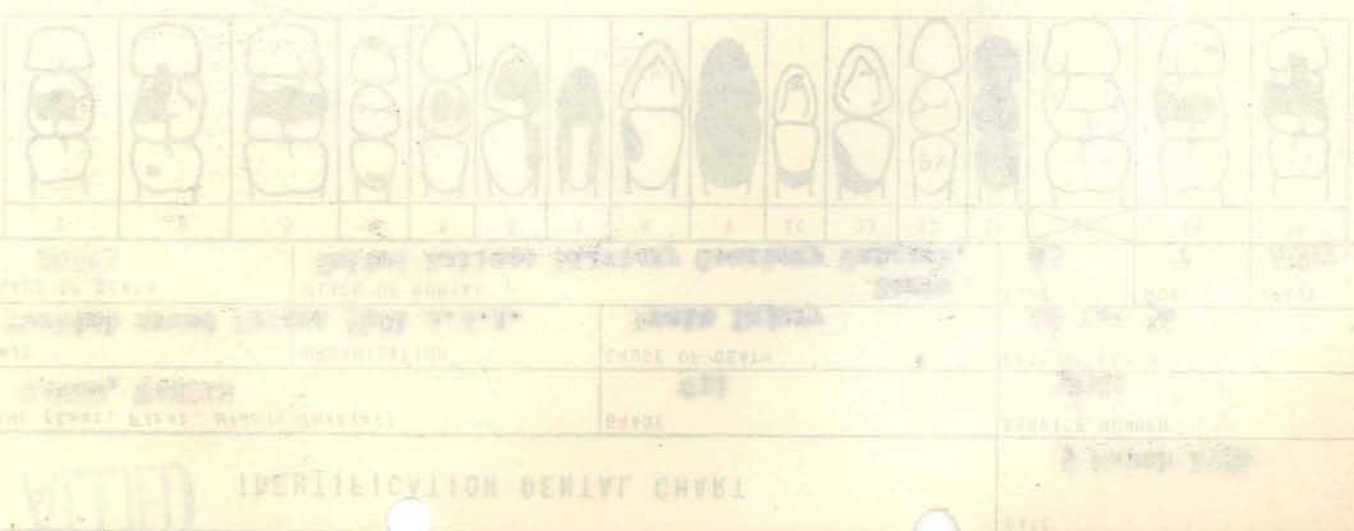
DENTURES *(Plates)*: DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. *(For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.)* SHOW ANY NUMBERS OR LETTERS APPEARING ON 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 *(I. no abnormalities are found make notation to that effect)*

(1) **Jaw bone between Nos. 22 & 23 broken due to accident.**



18926-3

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 9 March 1956

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
CAVGO, TAHSIN	Cpl	32344

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Turkish Armed Forces	5401 A.A.A.	Brain Injury	29 Feb 56

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
KOREA	United Nations Military Cemetery Tanggok, Korea	45	7	4043

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

UPPER LEFT

SEE REMARKS

LOWER RIGHT

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

LOWER LEFT

RESTORATIONS

CARIES

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

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

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

DD FORM 1 SEP 51 569

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

CAVGO, T. 32344

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)*

(1) **Jaw bone between Nos. 22 & 23 broken due to accident.**

CERTIFICATE OF DEATH

1. FULL NAME:

a. CAVGAX, Tahsin
(Last Name) (First Name) (Middle)

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

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 Crushed skull - right side.

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:

d. While at work: Means of Injury:

e. Place of death:

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

Unit 121st Evacuation Hospital, 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:

CAVGO, Tahsin (NMI) Cpl 32344
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 GUNGOR

Pvt 32340
RANK ASN

Turkish Armed Forces
5401 A.A.A.
ORGANIZATION

VERIFIED:

Sd. Ergin
(signed)

SAHAP ERGIN
(typed)

Capt 31734
(rank) (ASN)

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

2. signed: Hasan

typed: HAYRULLAH AKTEPAS

Pvt 36976
RANK ASN

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:

CAVDO, Tahsin (NMI) Cpl 32340
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 GUNGER

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: Hasan

typed: HAYRULLAH ALTINTAS

Pvt 36976
RANK ASN

Turkish Armed Forces
5401 A.A.A.
ORGANIZATION

3. signed: _____

typed: _____

RANK ASN

ORGANIZATION

(293 Opns .12)

18976-2

REPORT OF INTERMENT

DATE OF REPORT: 7 MARCH 56

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
CAUGO, TAHSIN	32344

GRADE	ORGANIZATION	BRANCH OF SERVICE
CPL	TURKISH ARMED FORCES 5401 A.A.A.	ARMY

RACE	RELIGION	COUNTRY (If not U.S.)
CAU.		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

THREE (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse)
CERT. OF IDENTITY REC'D W/REMAINS READS: CAUGO, TAHSIN. CPL. 32344. VERIFIED BY: SAHAP ERGIN, CAPT, 31734 T. A.F. C. G1.

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 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
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	4043

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
PROTESTANT	CHAPLAIN ABOULGAFUR KARALSNAL-DIN

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
(2) ☒ YES ☐ NO TWO	☒ YES ☐ NO ONE (1)

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
GURSEL FIKRI	PVT	32317	TURKISH ARMED FORCES	4104 2

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.

CAUGO, T. 32344

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)*
5'8" EST.	175 EST	UTD	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) CERT OF DEATH REC'D W/REMAINS READS: CAUSE, TAHSIN, 32344. SIGNED BY, WILLIAM R. THOMAS, CAPT. MSC.

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			

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 493d QM Co (CORREC) ASCOM CITY APO 971

2) NAME, RANK, ORG, DOB, COD, POD, TAKEN FROM CERTOF DEATH.

3) CERT. OF IDENTITY ATTACHED.

REMARKS

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ALLIED

IDENTIFICATION DENTAL CHART

DATE: 7 MARCH 1956

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
CAUGO, TAHSIN	CPL	32344

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TURKISH ARMED FORCES 5401 AAA		BRAIN INJURY	29 FEB 56

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

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

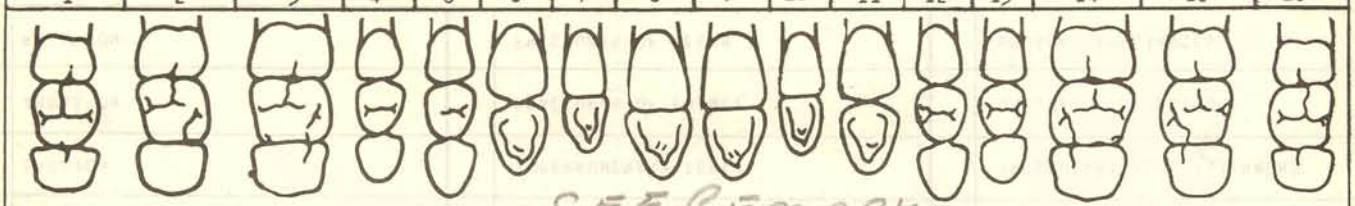
CARIES

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

RESTORATIONS

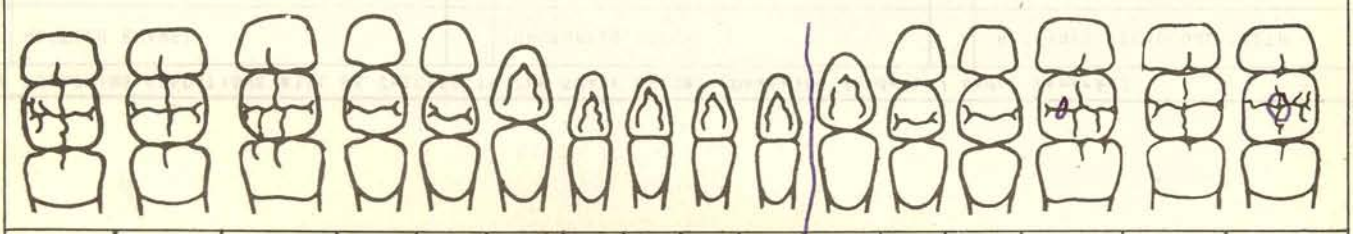
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

UPPER RIGHT — UPPER LEFT



SEE REMARKS

LOWER RIGHT — LOWER LEFT



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
													O		O

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.

CAUGO, T. 32344

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)*

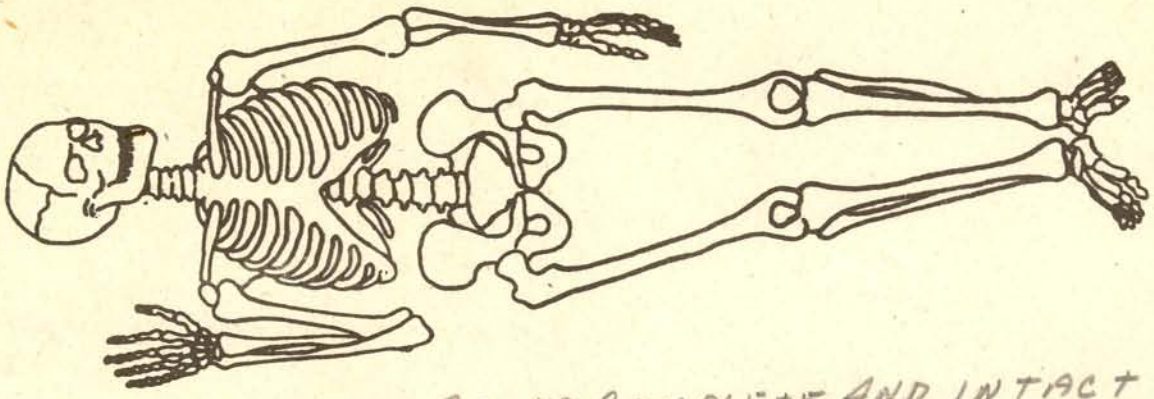
	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

1) JAW BONE BETWEEN NOS. 22 & 23 BROKEN DUE TO ACCIDENT.

18976-2

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 CO (GRREG)	James B. Anderson

OMC FORM 18 MAR 47 1044b CAUGO, T 32344

5762—FEC P&PC—9 50—250M

18976-2

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
CAUGO, TAHSIN 32344 CPL	7 MARCH 1956

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
U.N.M.C. TANGGOK, KOREA					

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
5' 8"	175	BLACK	CAU

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. CERT. OF IDENTITY REC'D W/REMAINS READS: CAUGO, TAHSIN, CPL. 32344. VERIFIED BY: SAHAPERGIN, CAPT. 31734 T.A.F.C. G/.

2. CERT OF DEATH REC'D W/REMAINS READS; CAUGO, TAHSIN, 32344 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 mede end specimen forwarded through channels for examination when facilities are not available in the areal

NO CLOTHING OR P.E.S FOUND ONOR W/REMAINS.