DEATH TAG

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. ASN
CELEBI, OKHAN	32911
3. ORGANIZATION	**4. GRADE**
TURKISH ARMED FORCES	~~Pvt~~ Sgt
5. DIED (Hour, Month, Day, Year)	**6. WARD NUMBER**
1540 HRS. 14 MARCH 52	22
7. PLACE	**8. SIGNATURE (Medical Officer in Attendance)**
121 EVAC. HOSP.	A N MacKinnon

WD AGO FORM 8-219
1 OCT 1945

Certified True
m/Sgt H.M. Dykeman
for THOMAS C. PERKINS
1st Lt U.S.



REPORT OF INTERMENT

DATE OF REPORT: 19 March 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
CELEBI, ORHAN		32311
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
Sgt	Turkish Armed Forces	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Caucasian	UKN	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
KOREA	Brain contusion & Hemorrhage	14 March 1956

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) Emt. Rec'd with remains reads: CELEBI, ORHAN. Verified by THOMAS C. PERKINS, 1st Lt. QMC
(2) Cert. of death rec'd w/remains reads: CELEBI, ORHAN. Signed by WILLIAM R. THOMAS CAPT. MSC

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.
18 March 1956	1300	Canvas Square	Star & Cresent	45	7	4044

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 KARAISMALOGLU

IDENTIFICATION TAG BURIED WITH BODY: Two [X] YES [ ] NO (2)

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

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.

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
CAVGO, TAHSIN	Cpl	32344	T.A.F.	4043
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
End of Row	- -	- -	- -	- -

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

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

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

30395-Army-AG Admin Cen-FEC-8/52-74M

SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND *(Grid Coordinates)*
5'8" Est	135 Est	UTD	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).*

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	This copy 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	This copy 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, POD, COD, DOD, taken from Cert of Death.
(3) Cert of Identity attached.

18928-1

REPORT OF INTERMENT

DATE OF REPORT: 19 March 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
CELEBI, ORHAN	32311

GRADE	ORGANIZATION	BRANCH OF SERVICE
Sgt	Turkish Armed Forces	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
KOREA	Brain contusion & Hemorrhage	14 March 1956

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

WERE SUBSTITUTE TAGS PROVIDED? [ ] YES [ ] NO

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

(1) Emt. Rec'd with remains reads, Celebi, Orhan. Verified by, Thomas C. Perkins, 1st Lt. QMC
(2) Cert. of Death Rec'd w/remains reads, Celebik

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 FP 089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
18 March 1956	1300	Canvas Square	Star & Cresent	45	7	4044

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 KARAISMALOGLU

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.
CAVGO, TAHSIN	Cpl	32344	T.A.F.	4043

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

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

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

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

CELEBI, O. 32311

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	135 Est	UTD	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).*

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
				

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
				

DO NOT WRITE IN THIS SPACE

REMARKS

(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.
(3) Cert of Identity attached.

X

18928-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
CELEBI, ORHAN 32311 Sgt				19 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	4044		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
135	5'8"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Emt Rec'd w/remains reads, CELEBI, ORHAN: Verified by, THOMAS C. PERKINS 1st Lt QMC

(2) Cert. of Death Rec'd w/remains reads: CELEBI, ORHAN: Verified 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.

18928-1

ALLIED

IDENTIFICATION DENTAL CHART

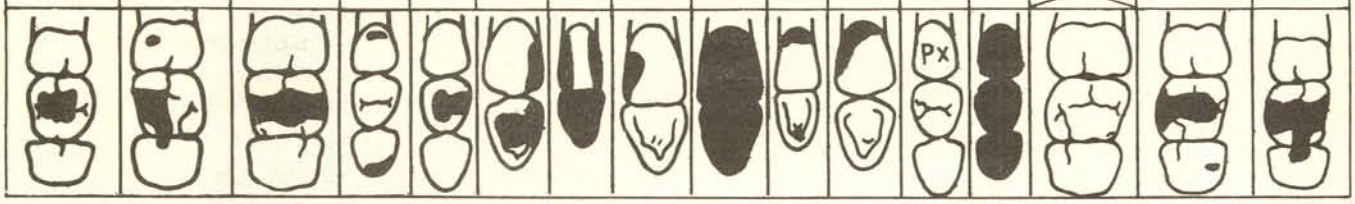
DATE: 19 March 1956

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
CELEBI, ORHAN	Sgt	32311

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Turkish Armec Forces		Brain contusion & hemorrhage	14 March 1956

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
KOREA	United Nations Military Cemetery, Tanggok, Korea	45	7	4044

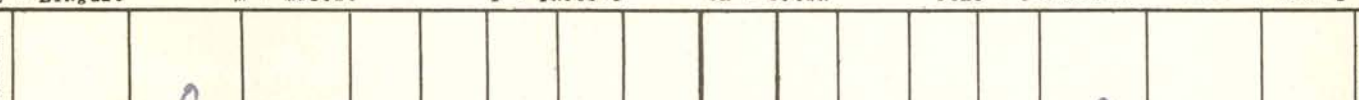
RIGHT — LEFT



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

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

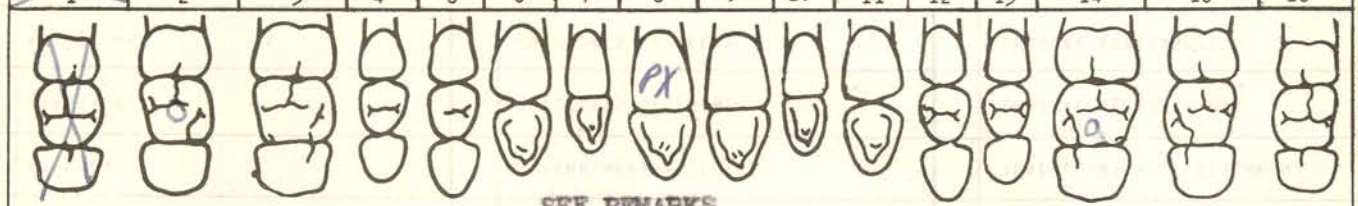
CARIES



RESTORATIONS

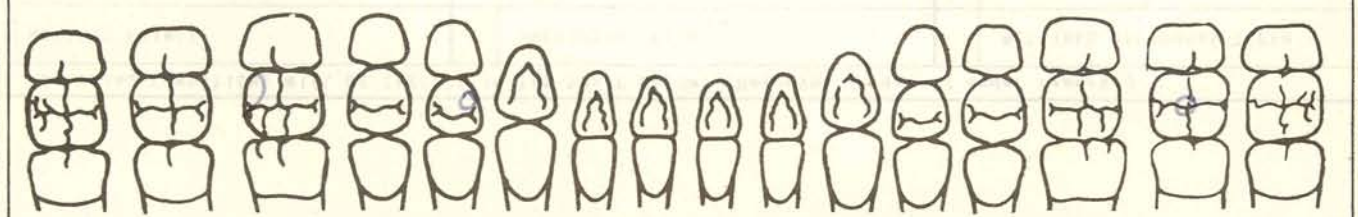
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

UPPER RIGHT — UPPER LEFT



SEE REMARKS

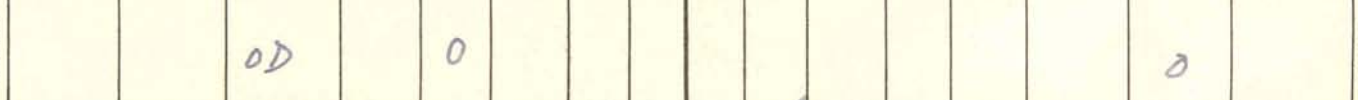
LOWER RIGHT — LOWER LEFT



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

RESTORATIONS

CARIES



SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: JAMES 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. CELEBI, A 32311

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) No. 8 missing due to accident

18978-1

ALLIED

IDENTIFICATION DENTAL CHART

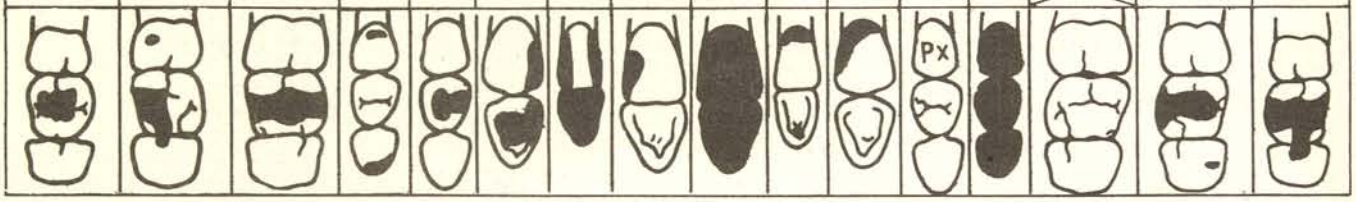
DATE: 19 March 1956

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
CELEBI, ORHAN	Sgt	32311

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Turkish Armed Forces		Brain contusion & hemorrhage	14 March 1956

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
KOREA	United Nations Military Cemetery, Tanggok, Korea	45	7	4044

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.

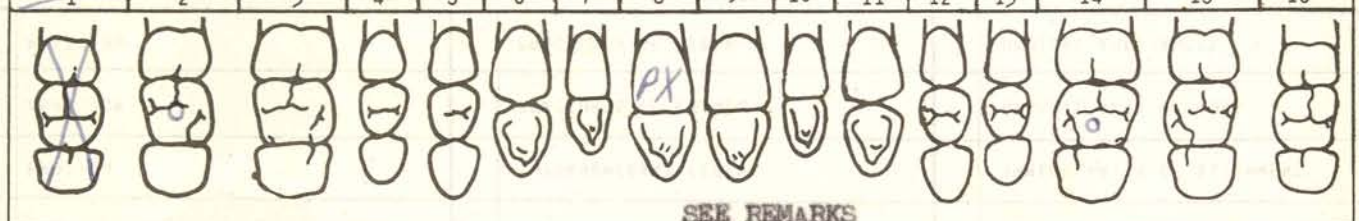
MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

CARIES: 0 (16)

RESTORATIONS:

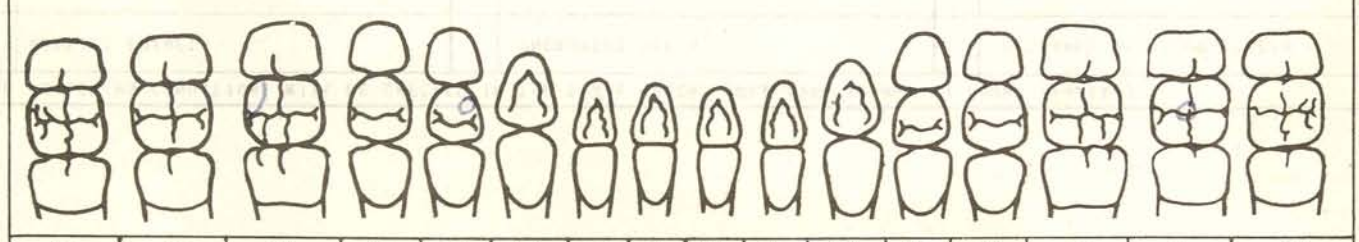
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

UPPER RIGHT — UPPER LEFT



SEE REMARKS

LOWER RIGHT — LOWER LEFT



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

RESTORATIONS:

CARIES: OD (30), 0 (28), 0 (18)

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

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

DD FORM 1 SEP 51 569

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

CELEBI, O, 32311

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)*

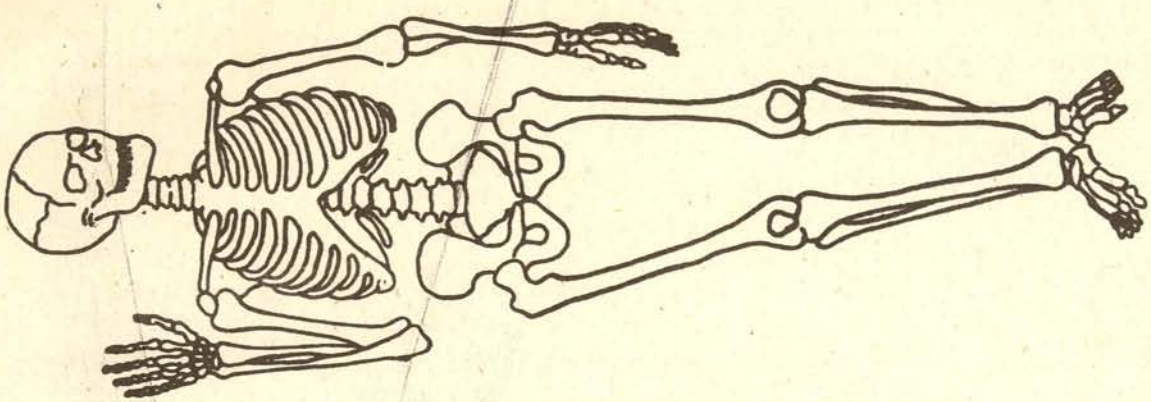
	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

(1) No. 8 missing due to accident

18978-1

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Remains Rec'd Complete & 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 [illegible] SP-3 2934 CO (GRAVES)	James B Anderson

OMC FORM 18 MAR 47 1044b

CIELEBI, O. 32311

5762—FEC P&PC—9 50—250M

CERTIFICATE OF DEATH

1. FULL NAME:

a. CELEBI, Orhan (NMI)
(Last) (First) (Middle)

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

Other (X). Turkish Armed Forces

~~Private~~ Sgt 32311
(Rank or Rating) (Svc Number)

Turkish Armed Forces 5401
(Organization) (APO)

2. Date of death: Day 14 Month March Year 1956

Hour 1500 Minute 40

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 contusion and hemorrhage

Due to _____

Due to _____

Additional diagnoses Fracture, depressed skull (massive anterior fossa fracture)

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: 121st Evacuation Hospital (SMBL) APO 971

5. Signature and Rank /s/ H. N. Mackinnon, Capt, MC MC

Unit 121st Evacuation Hospital (SMBL) APO 971 Date Signed 14 March 1956

A TRUE COPY:

William R Thomas

WILLIAM R THOMAS
Capt MSC
Chief, Registrar Division

T - Initial of
W.R. Thomas Capt MSC

293D QUARTERMASTER COMPANY
(GRAVES REGISTRATION)
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 15 March 1956

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

CELEBI,	Orhan	(NMI)	SGT	32311
Last Name,	First Name,	MI,	Rank,	ASN.

Turkish Armed Forces 5401.
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of : 1. 15 yrs. 2. 2 yrs. 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: [signature]
typed: BILGIN ZEKENIYA
SGT 32312
RANK ASN
Turkish Armed Forces
ORGANIZATION

VERIFIED:
[signature]
(signed)
BILGIN SAHAP
(typed)
CAPT 31734
(rank) (ASN)
Turkish Armed Forces
(organization)

2. signed: [signature]
typed: UNAL YUSUF
SGT 32313
RANK ASN
Turkish Armed Forces APO
ORGANIZATION 5401

3. signed: _____
typed: _____
RANK ASN
ORGANIZATION

(293 Opns .12)

48928-1

REPORT OF INTERMENT

DATE OF REPORT: 17 MAR 56

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
NO I.D. TAGS
FOUND ON REMAINS

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
CELEBI, ORHAN	32311

GRADE	ORGANIZATION	BRANCH OF SERVICE
SGT	TURKISH ARMED FORCES	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
KOREA	BRAIN CONTUSION & HEMORRHAGE	14MAR56

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)

1) EMT REC'D WITH REMAINS READS, CELEBI, ORHAN. VERIFIED BY, THOMAS C. PERKINS, 1ST LT. QMC.
2). CERT OF DEATH REC'D W/REMAINS READS, CELEBI, ORHAN. SIGNED BY WILLIAM R. THOMAS, CERT MSC

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: EP 089868

UNITED NATIONS MILITARY CEMETERY TANGGOK, KOREA

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
18MAR56	1300	CANVAS SQUARE	STAR CRESENT	45	7	4044

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	ABDULRAFUR 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	IDENTIFICATION TAG ATTACHED TO MARKER
TWO (2) ☒ YES ☐ NO	ONE (1) ☒ YES ☐ NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
CAUGU, TAHSIN	CPL	32344	TURKISH ARMED FORCES	4043

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
END OF ROW	—	—	—	—

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.

CELEBI, O. 32311

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	135 EST	UTD	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).*

NO CLOTHING OR EQ 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
THIS COPY NOT FINGERPRINTED				

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
THIS COPY NOT FINGERPRINTED				

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

1) REMAINS REC'D FROM 293d QM CO (GRREG) ASCOM CITY APO 971

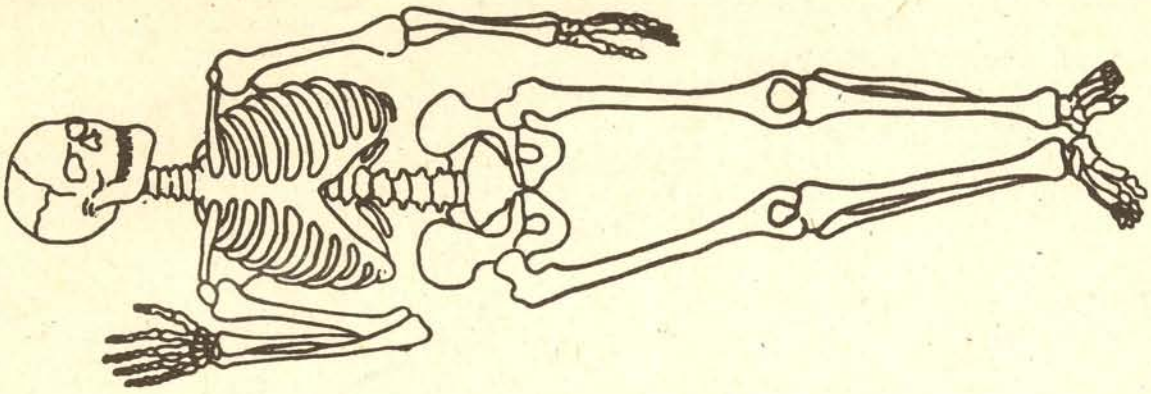
2) NAME, RANK, ORG, POD, COD, DOD, TAKEN FROM CERT OF DEATH.

3) CERT OF IDENTITY ATTACHED.

REMARKS

18928-1

19. BLACK OUT PARTS OF BODY NO COVERED



REMAINS REC'D COMPLETE & 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

CELEBI, O. 32311.

5762—FEC P&PC—9 50—250M

18928-1

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 17 MARCH 56

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
CELEBI, ORHAN	SGT	32311

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TURKISH	ARMED FORCES	BRAIN CONTUSION AND HEMORRHAGE	14 MAR 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
	O												O		

RESTORATIONS

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

UPPER RIGHT

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

SEE REMARKS

UPPER LEFT

LOWER RIGHT

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

LOWER LEFT

RESTORATIONS

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

CARIES

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
		OO		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. CELEBI, O. 32311

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)*

No 8 MISSING DUE to ACCIDENT

18928-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN: CELEBI, ORHAN 32311 SGT

2. DATE OF REPORT: 17MAR56

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

4. PLOT:

5. ROW:

6. GRAVE:

7. DATE OF DISINTERMENT:

DATE OF REINTERMENT:

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
135	5'8"	BLACK	CAU

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1) EMT REC'D W/REMAINS READS, CELEBI, ORHAN: VERTIFIED BY, THOMAS C. PERKINS 1ST LT. QMC,
2) CERT OF DEATH REC'D W/REMAINS READS: CELEBI, ORHAN; VERTIFIED 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 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

QMC FORM REV 18 MAR 47 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CELEBI, O. 32311

4060—FEC P&PC—7/50—30M