NAME AND ARMY SERIAL NUMBER

Le
Ozdemis, Mehet N.M.I.

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Pvt.	Turkish Army	22	Turk		Unknown

LOCATION WHERE TAGGED:	DATE	HOUR
121 Evac Hospital APO 971	17 Jan 56	1155

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

LINE OF DUTY:

TREATMENT GIVEN:

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

DISPOSITION: Deceased	DATE	HOUR
	56	
A K Larson R.N	17 Jan	1155

SIGNATURE, WITH RANK:

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

16—15434-2 ☆ GPO

18968-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 24 Jan 56

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No I.D. tags rec'd w/remains.

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
OZLEMIS, MEHMET	33127

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	Turkish Armed Forces	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Korea	Concussion of Brain	17 Jan 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) Certificate of Identity rec'd w/remains reads: OZLEMIS, MEHMET 33127.
(2) EMT rec'd w/remains reads: OZLEMIS, MEHMET. signed by S.K. LARSON, R.N.

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 with remains.

SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

United Nations Military Cemetery, Tanggok, Korea EP 089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
24 Jan 56	1500	Canvas Square	Star & Cresent	45	7	4041

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.
YACIN, ISMAIL	Pvt	1371	UNK	4040

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
EMPTY GRAVE	—	—	—	4042

SIGNATURE OF PERSON PREPARING REPORT: James B. Anderson
JAMES B. ANDERSON SP3 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Robert Smith
ROBERT S. SMITH 1st Lt QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

OZLEMIS, M. 33127

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)*
Est 5'10"	Est 160	Blue	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: (3) Certificate of Death rec'd w/remains reads: OZLEMIS, MEHMET, signed by WILLIAM R. THOMAS. CAPT MSC.

No clothing or P.Es found on or with remains.

SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS *(or as many as possible)* IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER
				

LEFT HAND

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

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

(1) Remains rec'd from 293rd QM CO (GRREG) ASCOM CITY APO 971

(2) Name, Rank, Organization, POD, COD, DOD taken from certificate of death.

(3) Certificate of Identity attached.

REMARKS

18968-1

REPORT OF INTERMENT

DATE OF REPORT: 24 Jan 56

TYPE OF REPORT: ☐ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No I.D. tags rec'd w/remains.

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
OZLEMIS, MEHMET	33127

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	Turkish Armed Forces	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Korea	Concussion of Brain	17 Jan 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)
(1) Certificate of Identity rec'd w/remains reads: OZLEMIS, MEHMET 33127
(2) EMT rec'd w/remains reads: OZLEMIS, MEHMET. Signed by S.K. LARSON, R.N.

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 with remains.

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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.
24 Jan 56	1500	Canvas Square	Star & Cresent	45	7	4041

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 (2) ☒ YES ☐ NO

IDENTIFICATION TAG ATTACHED TO MARKER: 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.
YACIN, ISMAIL	Pvt	1371	UNK	4040

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
EMPTY GRAVE	—	—	—	4042

SIGNATURE OF PERSON PREPARING REPORT: James B. Anderson
JAMES B. ANDERSON SP3 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Robert S. Smith
ROBERT S. SMITH 1st Lt QMC

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

OZLEMIS, M. 33127

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)*
Est 5'10"	Est 160	Blue	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: (3) Certificate of Death rec'd w/remains reads: OZLEMIS, MEHMET, signed by WILLIAM B. THOMAS. CAPT MSC.

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RIGHT HAND

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER
	"NOT FINGERPRINTED"			

LEFT HAND

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

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

(1) Remains rec'd from 293rd QM CO (GRVES) ASCOM CITY APO 971

(2) Name, Rank, Organization, POD, COD, DOD taken from certificate of death.

(3) Certificate of Identity attached.

REMARKS

18968-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
				24 Jan 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	4041		

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) E.M.T. tags rec'd w/remains reads OZLEMIS, MEHMET, signed by S.K. LARSON, R.N.
(2) Cert. of death rec'd w/remains reads: OZLEMIS, MEHMET 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

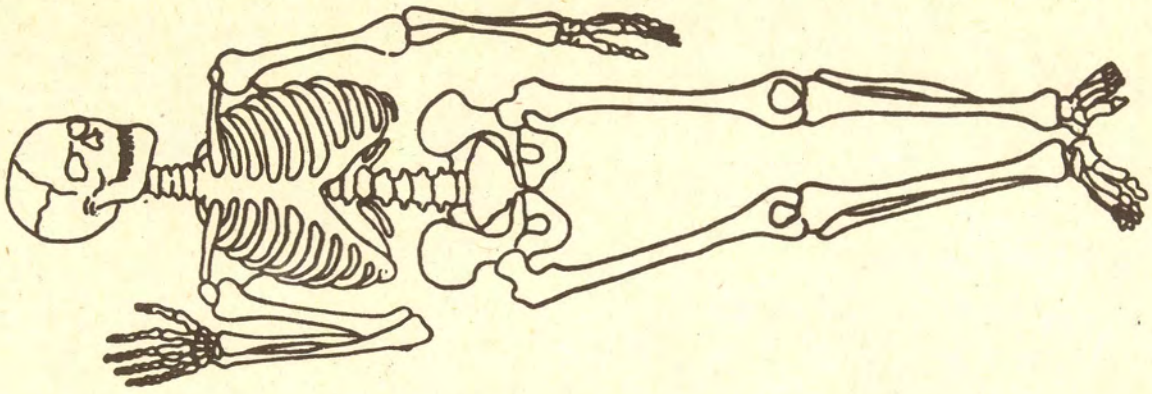
None Found

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.

18968-1

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 received complete and 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

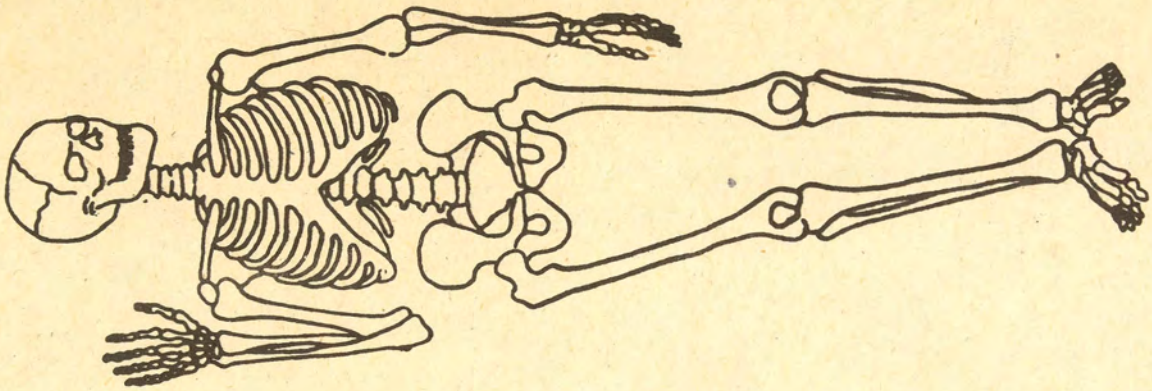
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE
JAMES B. ANDERSON QMC SP-3 293d CO(GRREG)	James B. Anderson

QMC FORM 18 MAR 47 1044b

OZLEMIS M. 33127

5762—FEC P&PC—9 50—250M

19. BLACK OUT PARTS OF BODY NOT COVERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

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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 2934 CO(GUERO)	James B Anderson

QMC FORM 18 MAR 47 1044b

OZLEMIS M. 33127

5762—FEC P&PC—9 50—250M

18968-1

ALLIED

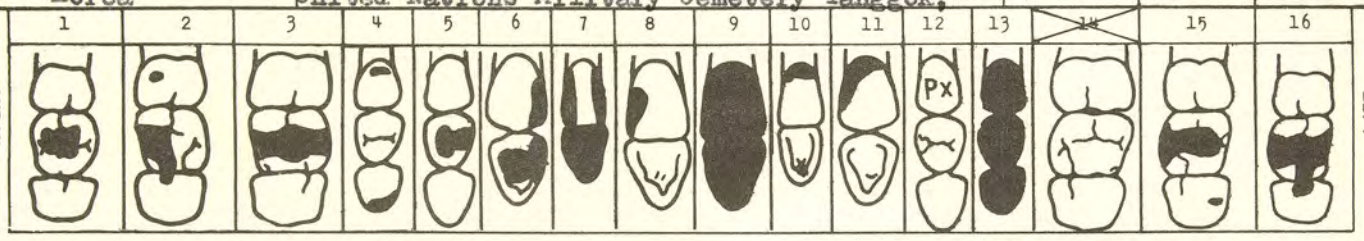
IDENTIFICATION DENTAL CHART

DATE: 24 Jan 1956

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
OZLEMIS, MEHET	PVT	33127

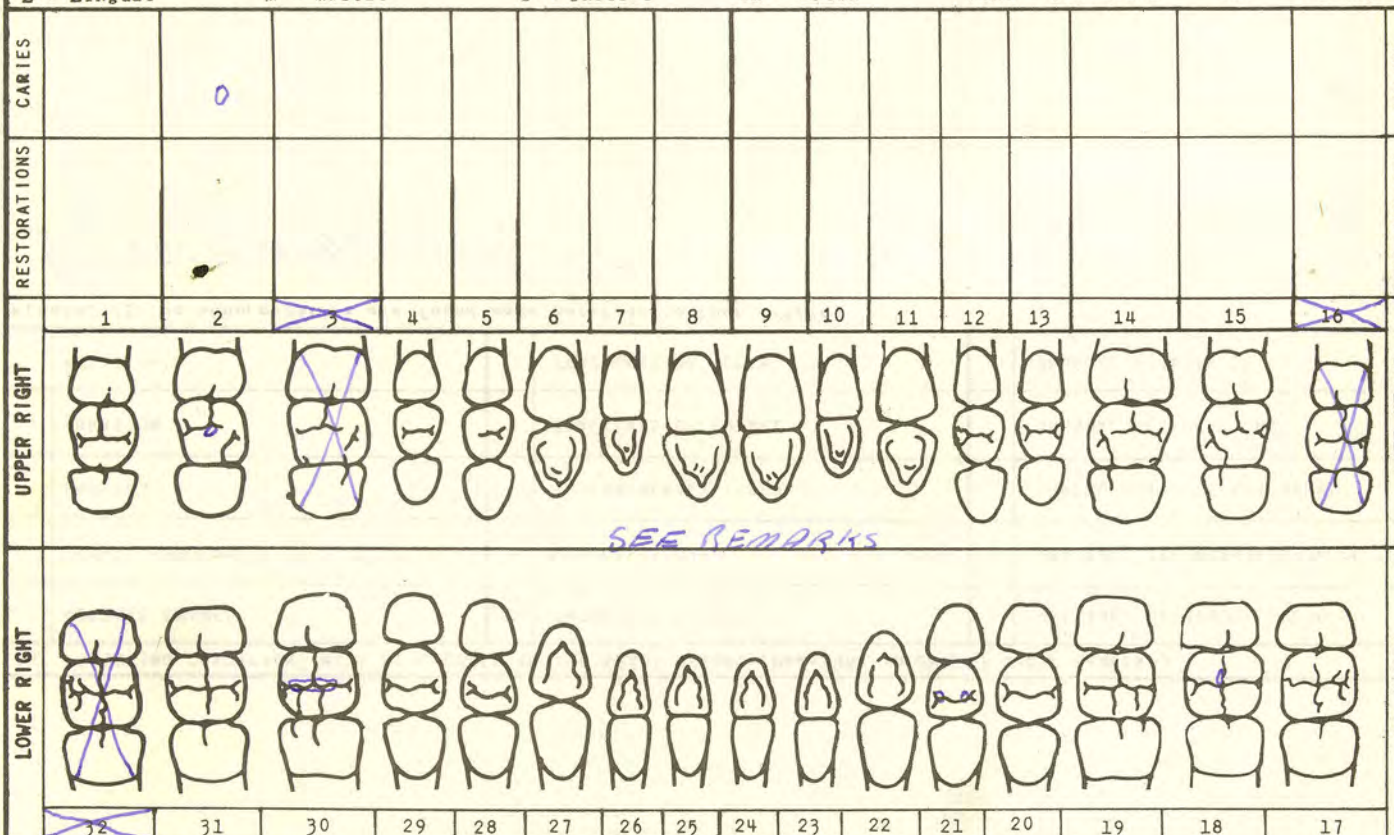
UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Turkish	Armed Forces	Concussion of brain	17 Jan 1956

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Korea	United Nations Military Cemetery Tanggok, Korea.	45	7	4041



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

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



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

VERIFIED BY GRS OFFICER: ROBERT S. SMITH 1st Lt QMC

DD FORM 1 SEP 51 569

REPLACES QMC FORM 1045, 1 APR 1947, WHICH IS OBSOLETE. OZLEMIS, M. 33127

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) TEETH BADLY WORN.

18968-1

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 24 Jan 1956

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
OZLEMIS, MEHET	PVT	33127

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Turkish	Armed Forces	Concussion of brain	17 Jan 1956

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Korea	United Nations Military Cemetery Tanggok, Korea.	45	7	4041

RIGHT — LEFT

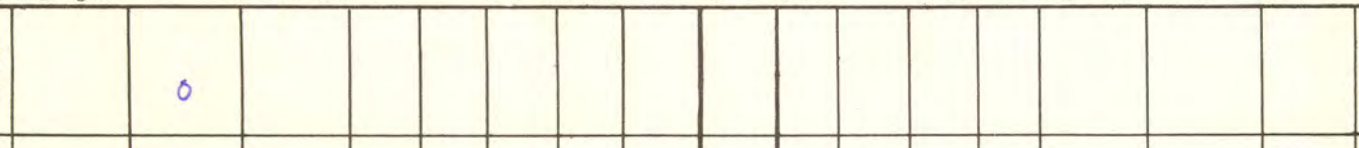
1	2	3	4	5	6	7	8	9	10	11	12	13	~~14~~	15	16



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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11. MF–PORC. FILL.
12. Px–POSTHUMOUSLY MISSING
13. GOLD CR.
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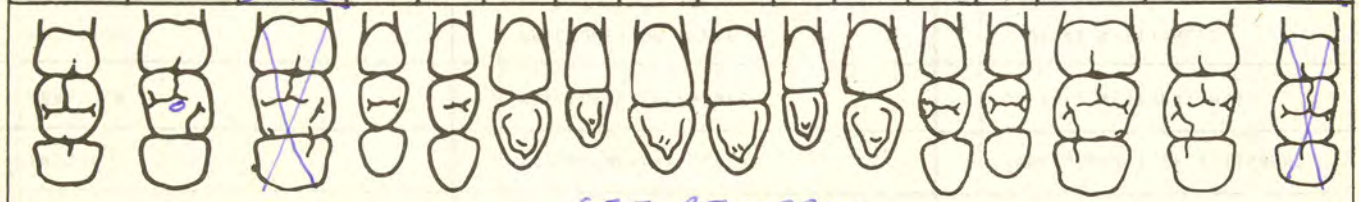
CARIES



RESTORATIONS

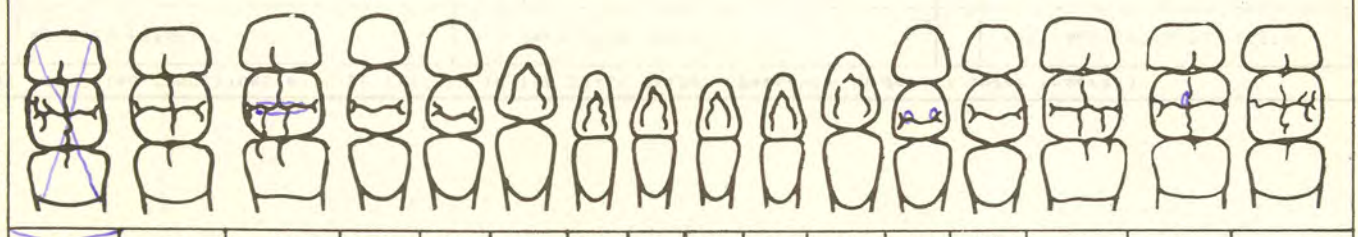
1	2	~~3~~	4	5	6	7	8	9	10	11	12	13	14	15	~~16~~

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
JAMES B. ANDERSON SP-3 QMC

VERIFIED BY GRS OFFICER: Robert S. Smith
ROBERT S. SMITH 1st Lt QMC

DD FORM 1 SEP 51 569

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

OZLEMIS, M. 33127

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) Teeth badly worn.

CERTIFICATE OF DEATH

1. FULL NAME: ECR

a. LE OZELMIS, Mehmet IMI
(Last Name) (First Name) (Middle)

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

Pvt Turk-33127
(Rank or Rating) (Svc Number)

Turkish Armed Forces TAPO 5401
(Organization) (APO)

2. Date of death: Day 17 Month January Year 1956

Hour 11 Minute 55

3. I hereby certify that I attended the deceased from 15 January 1956 to 17 January 1956 and that death occurred on the date and hour stated above.

Immediate cause of death 8501 - Concussion of Brain.

Due to Truck Accident

Due to

Additional diagnoses 8714 - Hematoma epidural tramatic

8100 - Fracture depressed skull, temporal bone left.

Major findings of operation Epidural hematoma, contused brain

Of autopsy

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

a. Accident, suicide or homicide (specify: Accident

b. Date of occurrence: 15 January 1956

c. Where did injury occur:

d. While at work: Means of Injury: Truck turned over.

e. Place of death: 121st Evacuation Hospital, APO 971

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

Unit 160th Med. Detachment Date Signed 17 Jan 56

A TRUE COPY

William R. Thomas

WILLIAM R. THOMAS
Capt MSC
Chief, Registrar Div.

293D QUARTERMASTER COMPANY
(GRAVES REGISTRATION)
APO 977

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 21 January 1956

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

OZLEMIS,	Mehmet		PVT	33127
Last Name,	First Name,	MI,	Rank,	ASN.

Turkish Armed Forces TAPO 5401.
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of : 1. 1 yr., 2. 15 yr., 3. 1 yr.
(specified in weeks, months, or years)

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

FACIAL FEATURES

1. signed: [signature]
typed: NURITTIN GUVEN
PVT 33048
RANK ASN
TAFC
ORGANIZATION

VERIFIED:

M. Gürbüz
(signed)
MUNIR GURBUZ
(typed)
2/Lt. 37080
(rank) (ASN)
~~TAFC~~ AG
(organization)

2. signed: mehmet
typed: MEHMET ORAN
PVT 33067
RANK ASN
TAFC
ORGANIZATION

3. signed: [signature]
typed: SUEYMAN TURSEN
CAPT. 33045
RANK ASN
TAFC
ORGANIZATION

(293 Opns .12)

18968-1

ALLIED

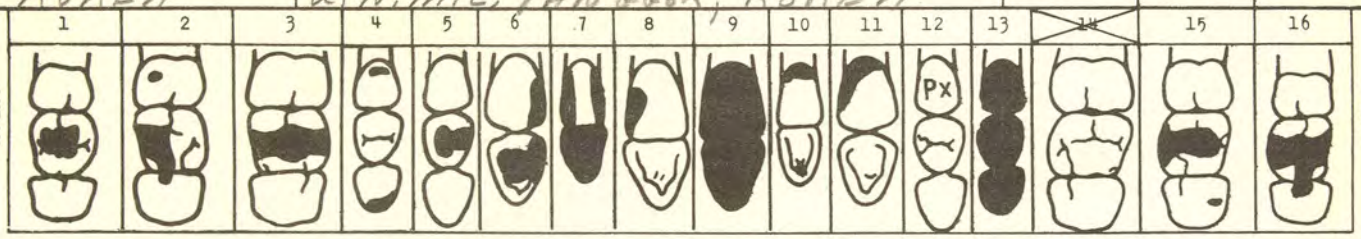
IDENTIFICATION DENTAL CHART

DATE: 20JAN56

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
OZLEMIS, MEHMET	PVT	33127

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TURKISH ARMED FORCES		CONCUSSION OF BRAIN	17JAN56

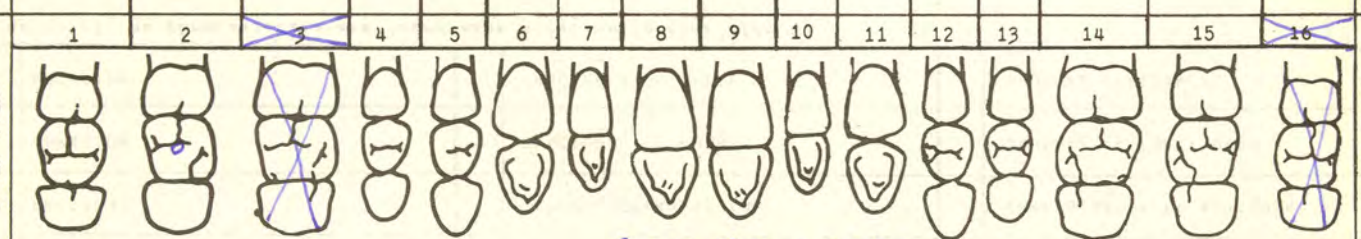
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
KOREA	U.N.M.C. TANGGOK, KOREA			



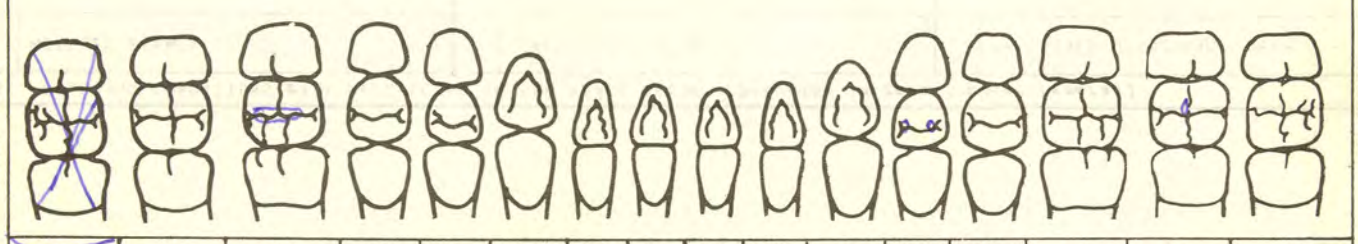
1. O—AM.
2. DOL—AM.; F—AM.
3. MOD. GOLD FILL.
4. F—GOLD FILL.; ML—AM.
5. MO—AM.
6. ML—GOLD FILL.
7. 3/4 GOLD CR.
8. D—PORC. FILL.
9. PORC. CR.
10. F—PORC. FILL.; L—AM.
11. MF—PORC. FILL.
12. Px—POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO—AM.; L—AM.
16. MODL—AM.

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

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



SEE REMARKS



	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
RESTORATIONS																
CARIES			O									O,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. OZLEMIS, M. 33127

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)*

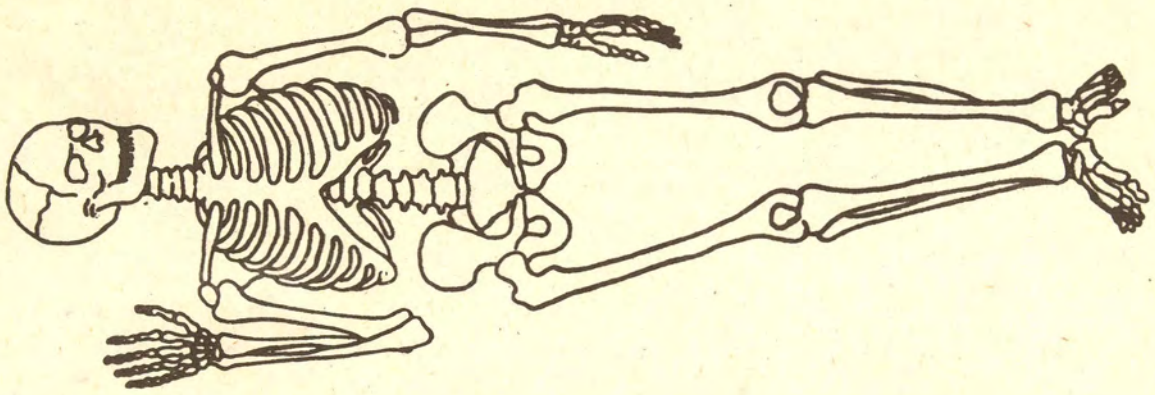
	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

1. TEETH BADLY WORN.

18968-1

19. BLACK OUT PARTS OF BODY N RECOVERED



REMAINS RECEVIED 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

OMC FORM 18 MAR 47 1044b

OZLEMIS M. 33127

5762—FEC P&PC—9 50—250M

18968-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
OZLEMIS, MEHMET PVT 33127				24JAN56
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
U.N.M.C. PUSAN, KOREA				

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1) E.M.T. TAGS REC'D W/REMAINS READS OZLEMIS, MEHMET, SIGNED BY S.K. LARSON, R.N.
2. CERT. OF DEATH REC'D W/REMAINS READS: OZLEMIS, MEHMET 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. EFS. FOUND ONOR W/REMAINS

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

OZLEMIS, M. 33127

5270—FEC P&PC—8/50—60M

18968-1

REPORT OF INTERMENT

DATE OF REPORT: 24 JAN 56

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
NO I.D. TAGS
FOUND ON OR
W/REMAINS

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
OZLEMIS, MEHMET	33127

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	CONCUSSION OF BRAIN	17 JAN 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) 1.) CERT. OF I.D. REC'D W/REMAINS READS: OZLEMIS, MEHMET 33127.
2.) E.M.T. REC'D W/REMAINS READS: OZLEMIS, MEHMET. SIGNED BY S. K. LARSON, R.N.

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 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 NATION MILITARY CEMETERY, TANGGIK, KOREA

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
24 JAN 56		CANVAS SQUARE	STAR & CRESENT	45	7	4041

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
PROTESTANT	KARAISMAILOGLU ABDULGAFUR	ONE 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.
YACIN, ISMAIL	PVT	1371	UNK	4040

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

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. OZLEMIS, M. 33127

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)*
EST. 5'10"	EST 160 LBS	BLUE	BLACK	121ST EVAC. HOSP. APO 971

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 (3) CERT OF DEATH REC'D W/REMAINS READS: OZLEMIS, MEHMET. 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.			

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

1) REMAINS REC'D FROM 2938 Q.M. CO. (GRREG) ASCOM CITY APO 971

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

3) CERT. OF IDENTITY ATTACHED.

REMARKS