NAME AND ARMY SERIAL NUMBER

GENEL, Mehmet 46221

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Pvt.	T.A.F.C	20	W	Turk	1

LOCATION WHERE TAGGED:	DATE	HOUR
Turkish Med. Co. APO 5401	15 Sept 1957	1200

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

Dead, traffic accident

LINE OF DUTY: Turkish Brigade area

TREATMENT GIVEN:

—

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

MORPHINE: DOSE TIME:

DISPOSITION:	DATE	HOUR
to Mortuary SP#39	15 Sept 57	1200

SIGNATURE, WITH RANK: A: MILLER 2nd Lt M.D.

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

16—15434-2 ☆ GPO

REPORT OF INTERMENT

DATE OF REPORT: 18 September 1957

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.

TURKEY

NAME (Last, First, Middle Initial)	SERVICE NUMBER
GENEL, MEHMET	46 221

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TAFC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
TURKISH BRIGADE AREA, APO 5401	Traffic Accident	15 September 1957

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

WERE SUBSTITUTE TAGS PROVIDED? [X] YES [ ] NO

3 three

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) Cert. of identity rec'd with remains, Signed by Attila, Midillili, 2nd Lt., Serefettin, Uysal, Pvt., Hamdi, Memis, Pvt., TAFC, APO5401. Verified by John Caldwell Jr. Sgt., RA 14 378 750, APO 358.

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

No clothing or P.E's 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.
18 September 1957	1100	Sheet	Star & Cresent	45	8	4054

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	PERSON CONDUCTING BURIAL RITES
General	ABDULGAFUR, KARAISMAILOGLU Chaplain

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 [X] YES [ ] NO two	1 [X] YES [ ] NO one

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
ORAKCI, FAHRI	PVT.	45909	TAFC	4053

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: Donald B Moseley
DONALD B. MOSELEY, SP-3

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James C Williamson
JAMES C. WILLIAMSON, CAPTAIN, QMC.

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

37230-Army-AG Admin Cen-FEC-2/53-61M

SECTION 3. - UNIDENTIFIED REMAINS

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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND *(Grid Coordinates)*
5'10	160	Brown	Black	

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None Noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

No clothing or P.E's 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)*

REMARKS

IDENTIFICATION DENTAL CHART

TURKEY

DATE: 16 September 1957

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
GENEL, MEHMT	PVT	46 221

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TAFC	TAFC	Traffic Accident	15 September 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Turkish Brigade	UNPC TANGGOK KOREA	45	8	4054

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

CARIES

RESTORATIONS

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

LOWER RIGHT

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

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Gerald L. McCauley

VERIFIED BY GRS OFFICER: Jack O. Hannah Capt

DD FORM 1 SEP 51 569

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

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

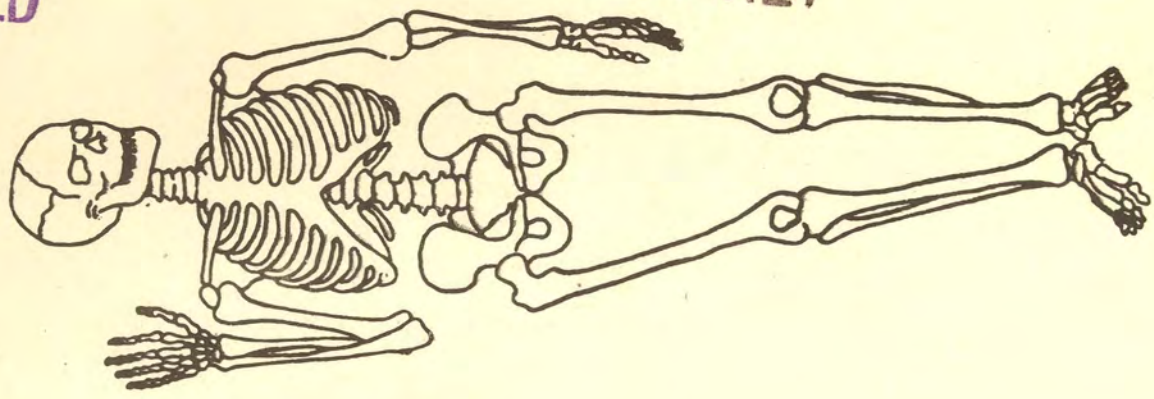
REMARKS *(I. no abnormalities are found make notation to that effect)*

Teeth No's 2, 3, and 18 are missing.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED

TURKEY



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 complete and in tact.

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
DONALD B. MOSELEY, SP-3 (GRRRNG) APO 59	Donald B Moseley

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

ALLIED TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
GENEL, MEHMET 46 221 PVT.				18 September 1957
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
UNITED NATIONS MILITARY CEMETERY TANGGOK, KOREA	45	8	4054	

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Seven (7) Cert. of identity rec'd with remains reads: GENEL, MEHMET, PVT. 46 221
2. Six (6) Cert. of death rec'd with remains reads: GENEL, MEHMET, PVT. 46 221

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None Noted

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 Noted

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.E's found on or with remains.

CERTIFICATE OF DEATH

TURKEY

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
GENEL MEHMET	46221	Pvt	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
T.F.A.F.C.	5401	TURK	SINGLE

H. CATEGORY (SR 600-750-1)
[X] ARMY [ ] DAC [ ] DEPENDENT*
[ ] NAVY [ ] DNC [ ] OTHER (Specify)
[ ] AIR FORCE [ ] DAFC

*I. IF DEPENDENT (Name and address of individual upon whom dependent): N/A

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1936	MIIAS, TURKEY	NATURALIZED [X] YES [ ] NO

M. USUAL OCCUPATION (In homeland and/or prior to military svc)	N. DESIGNATED RESIDENCE (Street No, City or Town, County & State)
FARMER	BAKKAL, NO. 11 MIIAS, TURKEY

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
Brother	[ ] AG CASUALTY	GENEL, HUSETIN
B. NOTIFIED [ ] YES [ ] NO	[X] OTHER (Specify)	E. ADDRESS (City or Town, County and State): BAKKAL, NO. 11 MIIAS, TURKEY

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER [ ] LIVING [ ] DECEASED	UNK	UNK
B. MOTHER [ ] LIVING [ ] DECEASED	UNK	UNK

IV MEDICAL CERTIFICATION

A. PLACE OF DEATH (City or Town, State or APO)	B. DATE OF DEATH HOUR	DAY	MONTH	YEAR	C. ATTENDED DECEASED FROM (Date)	TO (Date)	D. DECEASED LAST SEEN DATE
TURKISH BRIGADE AREA APO 5401	1200	15	Sept	57	15 Sept.	15 Sept 57	15 Sept. 57

E. NAME OF HOSPITAL: TURKISH MED. CO. APO 5401 — INTERVAL BETWEEN ONSET & DEATH:

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below): TRAFFIC ACCIDENT — 10 Min.

G. DUE TO: TRAFFIC ACCIDENT

H. DUE TO: None

I. ADDITIONAL DIAGNOSIS: None

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS:

K. AUTOPSY PERFORMED [ ] YES [X] NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where): TRAFFIC ACCIDENT, 15 Sept. 1957, Turkish Brigade Area

M. I CERTIFY THAT DEATH OF THE ABOVE NAMED DECEASED OCCURRED AS INDICATED

DATE	TYPED NAME AND RANK OF MEDICAL OFFICER	SIGNATURE OF MEDICAL OFFICER
15 Sept. 1957	ATTIIA, MIDILLILI MD.	Attila Midillili M.D.

V MORTICIAN REPORT (Final dispositions of remains)

A. (Check applicable box)
[ ] BURIED LOCALLY [ ] REMAINS SHIPPED TO HOMELAND
[ ] CREMATED LOCALLY [ ] ASHES SHIPPED TO HOMELAND

B. NAME OF CEMETERY: United Nations Memorial Cemetery in Korea
C. ROW 8 — D. PLOT 45 — E. GRAVE 4054

F. TYPED NAME OF EMBALMER	G. LICENSE NO. / H. STATE HELD	SIGNATURE OF EMBALMER

FEC FORM 1 APR 54 89 (Rev) (Edition of 1 Oct 47 obsolete)

47-728-Army-AG Admin Cen-AFFE-15M

TURKEY

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE 15 Sept. 1957

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

GENEL MEHMET PVT 46 221
Last Name, First Name, MI, Rank, ASN.

T.A.F.C. 3rd Inf. Bn. 9th Co. 5401 .
Organization APO.

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

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

_____

_____ .

1. signed; Attila Midilli

typed ; ATTILA MIDILLILI

2/Lt 47 718
RANK ASN

T.A.F.C. HQ. APO 5401
ORGANIZATION

VERIFIED;

John Caldwell Jr.
(signed)

JOHN CALDWELL JR.
(typed)

SGT. RA 14 378 750
(RANK) (ASN)

293rd QM CO. (GRREG) APO 358
(organization)

2. signed; SEREFETTIN UYSAL

typed ; SEREFETTIN, UYSAL

PVT 34 769
RANK ASN

T.A.F.C. MED.CO. 5401
ORGANIZATION

3. signed; Hamdi Memiş

typed; HAMDI, MEMIS

PVT 43 762
RANK ASN

T.A.F.C. MED CO. 5401
ORGANIZATION

(293 Opns 0.12)

TURKEY

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

GENEL, MEHMET PVT 46 221 Date: 16 September 1957
Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITARY CEMETERY (TANGGOK, KOREA) Plot 45 Row 8 Grave 4054

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

LEFT HAND


10. Little Finger


9. Ring Finger


8. Middle Finger


7. Index Finger


6. Thumb

RIGHT HAND


5. Little Finger


4. Ring Finger


3. Middle Finger


2. Index Finger


1. Thumb

Impressions taken by:

Bernard J. Fries
PFC US 55 55 10 736
293d 2 M Co (Hvy) APO 971

Signature of Individual
Taking Prints

34712-Army-AG Admin Cen-FEC-12/52-30M

19018

REPORT OF INTERMENT

DATE OF REPORT: 18 Sept 57

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY I.D Tag unable to print

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
ORAKCI, FAHRI	45 909

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	TAFC	Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
121 Hospital APO 971	Injuries multiple extreme	13 Sept 57

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) Cert of identity rec'd with remains. Signed by ISKENDER DALAY 1/Lt, NECDET SEHIRLIOGLU Maj. ASIM ULGENER Capt. / Verified by Billy J. Caperton Sp-3 AS5326935, 9330M Co CORREO) APO 971

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

No clothing or P.E's 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 FP-889768

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
18 Sept 57	1100	Sheet	Star & Cresent	45	8	4053

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: General

PERSON CONDUCTING BURIAL RITES: ABDULRAFUR, FARAIS MAILOGLU, Chaplain

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 [X] YES [ ] NO two 2

IDENTIFICATION TAG ATTACHED TO MARKER [X] 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.
BAYSA, HASAN EMINOGLU	Pvt	47158	TAFC	4052

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
GENEL, MEHMET	Pvt	46221	TAFC	4054

SIGNATURE OF PERSON PREPARING REPORT: Donald Bilbrey SP-3

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James C Williamson, Capt. QMC

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

ORAKCI, FAHRI

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)*
5'9"	155	Brown	Black	121° Evacuation Hospital 9971

BIRTHMARKS, SCARS, OR TATTOOS: None Noted

LAUNDRY MARKS: None Noted

WEAPON(S) WITH SERIAL NUMBER(S): N/A

OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

No clothing or P.X.'s 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
Fingerprint		Not	taken	

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
Fingerprint		Not	taken	

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

REMARKS

ALLIED

IDENTIFICATION DENTAL CHART

1948

DATE: 16 Sept 57

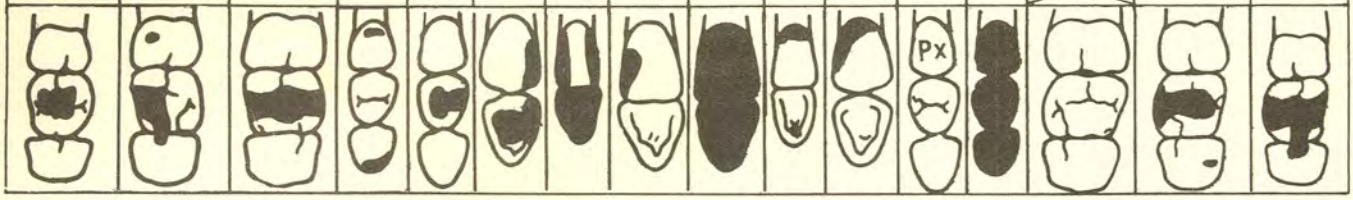
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
ORAKCI, FAHRI	Pvt	45 909

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
8th Turkish Brigade	TAFC	Multiple injuries	13 Sept 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
121 Evac Hosp	UNMC TANGGOK, KOREA	45	8	1053

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.
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



True COPY

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

VERIFIED BY GRS OFFICER

DD FORM 1 SEP 51 569

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

ORAKCI, FAHRI

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

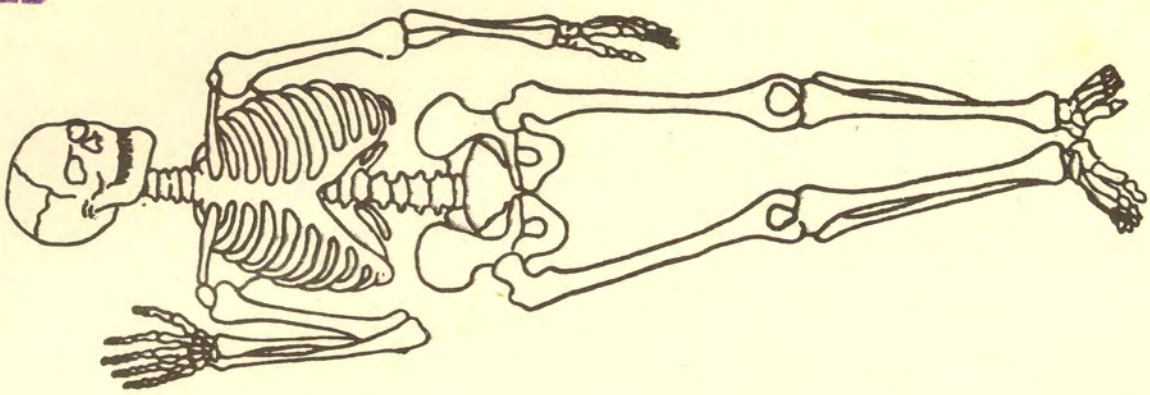
REMARKS *(I. no abnormalities are found make notation to that effect)*

All teeth were intact and in good shape.

19018

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts:

NUMBER

_____

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains 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

OMC FORM 18 MAR 47 1044b

ORAKCI, FAHRI

5762—FEC P&PC—9 50—250M

19618

ALLIED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
ORAKCI, FAHRI Pvt. 45909				8 Sept 57
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
UNITED NATIONS CEMETERY TANGGOK, KOREA	45	8	1053	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
155	5' 9"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Five (5) Cert. of Identity rec'd with remains reads: ORAKCI, FAHRI, Pvt. 45909.
2. Five (5) Cert. of death rec'd with remains reads: ORAKCI, FAHRI, Pvt. 45909.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None Noted

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 Noted

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 PE's found on or with remains

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

ORAKCI, FAHRI

4060—FEC P&PC—7/50—30M

19019

REPORT OF INTERMENT

DATE OF REPORT: 18 Sept 57

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY I.D Tags unable to print TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
GENEL, MEHMET	46221

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	TAFC	Army

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
TURKISH BRIGADE AREA, APO 5401	Traffic Accident	15 Sept 57

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) Cert. of identity rec'd with remains, Signed by Aziz, Midilli, 2Lt. Serefettin, Uysal Pvt, Hamdi, Memis, Pvt, TAFC, APO 5401. Verified by John Caldwell Jr, Sgt, RA 14328 750, APO 354

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

No clothing or P.E's 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.
18 Sept 57	1100	Sheet	Star & Cresent	115	8	4054

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: General

PERSON CONDUCTING BURIAL RITES: ABDULGAFUR, KARAIS-MAILOGLU, Chaplain

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 ☒ YES ☐ NO two

IDENTIFICATION TAG ATTACHED TO MARKER: 1 ☒ YES ☐ NO one 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.
ORAKCI, FAHRI	Pvt	45909	TAFC	4053

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: Donald C. Mosley, SP-3

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James C. Williamson, Capt. QMC

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

GENEL, MEHMET

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' 10"	160	Brown	Black	

BIRTHMARKS, SCARS, OR TATTOOS: None Noted

LAUNDRY MARKS: None Noted

WEAPON(S) WITH SERIAL NUMBER(S): N/A

OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

No clothing or P.E's 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
Fingerprints		Not	taken	

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
Fingerprints		Not	taken	

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

REMARKS

19819

ALLIED

IDENTIFICATION DENTAL CHART

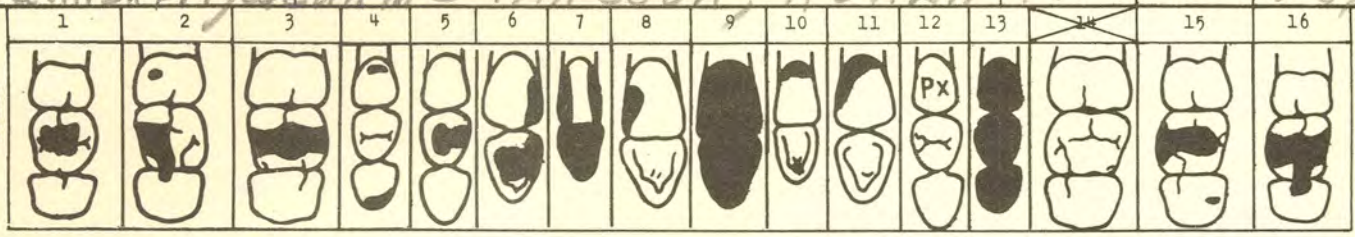
DATE: 16 Sept 57

NAME (Last, First, Middle Initial): GENEL, MEHET TURKEY | GRADE: Pvt | SERVICE NUMBER: 46 221

UNIT: TAFC | ORGANIZATION: TAFC | CAUSE OF DEATH: Traffic Accident | DATE OF DEATH: 15 Sept 57

PLACE OF DEATH: Turkish Brigade UN MC TANGGOK, KOREA | PLACE OF BURIAL | PLOT: 45 | ROW: 8 | GRAVE: 4254

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

UPPER RIGHT



UPPER LEFT

True Copy

LOWER RIGHT



LOWER LEFT

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

DD FORM 1 SEP 51 569

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

GENEL, MEHMET

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)*

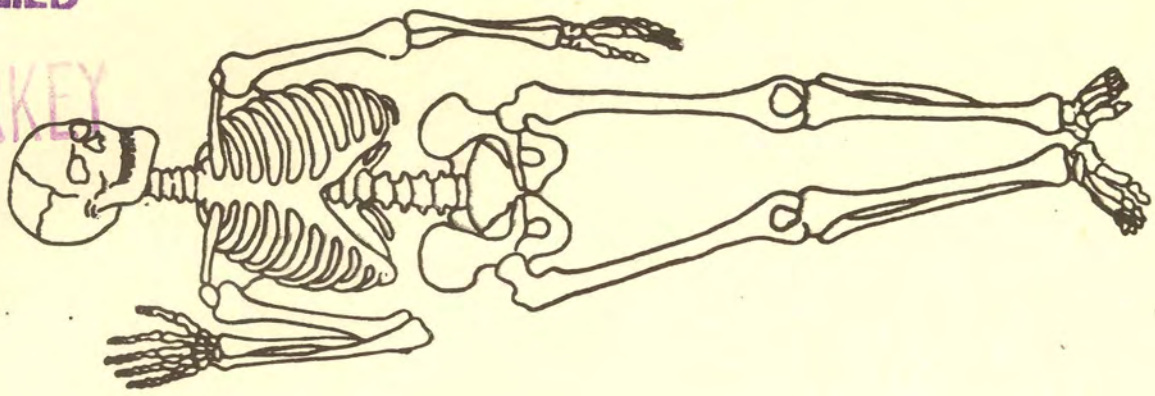
Teeth No's 2, 3, and 18 are missing

1919

19. BLACK OUT PARTS OF BODY NOT RECOVERED

ALLIED

TURKEY



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 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
Donald B Moseley SP-3 (GRREG) APO 69	Donald B Moseley

OMC FORM 18 MAR 47 1044b

GENEL, MEHMET

5762—FEC P&PC—9 50—250M

19019

ALLIED TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
GENEL MEHMET 46221 Pvt				18 Sept 57
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT / REINTERMENT
UNITED NATIONS MILITARY CEMETERY, TANGOOK, KOREA	45	8	4054	

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Seven (7) Cert. of identity rec'd with remains reads: GENEL, MEHMET, Pvt. 46221.
2. Six (6) Cert. of death rec'd with remains reads: GENEL, MEHMET, Pvt 46221.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None Noted

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 Noted

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.E.S found on or with remains.