TURKEY

NAME AND ARMY SERIAL NUMBER

KARAKUŞ, MEHMET, 43692

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Pvt.	T.A.F.C.	21	Cau	TURK	1,5

LOCATION WHERE TAGGED:	DATE	HOUR
TURK. MED. Co.	12.12.'57	

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

Death as result a vehicle accident on Road 3x, 10 min. south of Turkish Brig. HQ. Cause of death is intra-cranial & intra-abdominal hemorrhage.

LINE OF DUTY:

TREATMENT GIVEN:

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

DISPOSITION:	DATE	HOUR
	12.12	57

SIGNATURE, WITH RANK:

Dr. Mayt. E. Dandaş

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 17 December 1957

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
KARAKUS, MEHMET (NMI)		43 692
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
3X road, 10 min. south of Turk. Brig. HQ	COD state: Vehicle Accident	12 December 1957

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

WERE SUBSTITUTE TAGS PROVIDED? Three ☒ YES ☐ NO (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 HADI, DUNDAR 1/Lt. EMIN DARDAGAN, 2/Lt. SERAFETTIN UYSAL PVT. TAFC. Verified by WILLIE J. HALL, SGT., RA 33629632, 107th QM CO (GRREG).

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.
17 December 1957	1130	SHEET	Star & Cresent	45	8	4056

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, 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: Two ☒ YES ☐ NO (2)

IDENTIFICATION TAG ATTACHED TO MARKER: 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.
CALISKAN, MUSTAFA	Cpl	45044	TAFC	4055
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: Donald B Moseley
DONALD B. MOSELEY SP-3

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James C. Williamson
JAMES C. WILLIAMSON Capt, 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" EST	170 Lbs EST	UDT	Black	

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None Noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

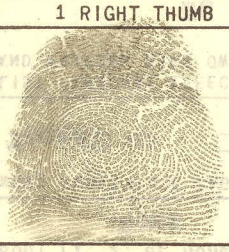
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains)*.

No clothing or P.E's found on or with remains

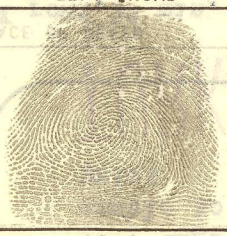
SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

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

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 14 DECEMBER 1957

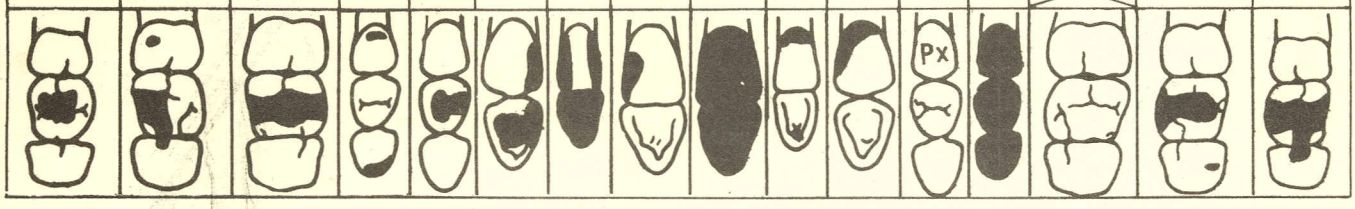
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
KARAKUS, MEHMET (NMI) TURKEY	PVT	43 692

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
T.A.F.C.	T.A.F.C.	VEHICLE ACCIDENT	12 DECEMBER 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
ROAD 3X, KOREA	UNMC TANGGOK, KOREA			

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:

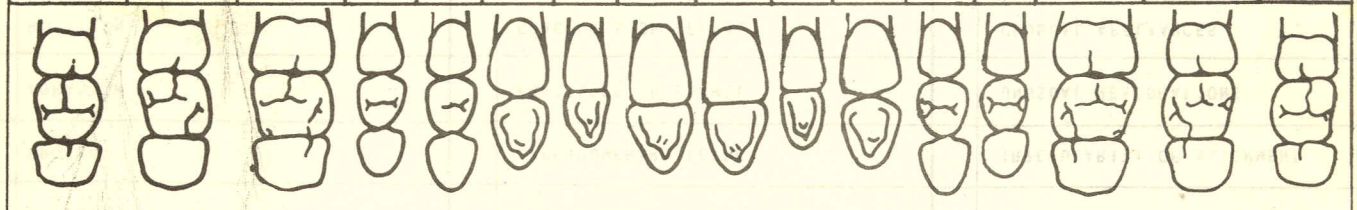
F - Facial	O - Occlusal	D - Distal	Am - Amalgam	FILL - Filling	BACK - Backing
L - Lingual	M - Mesial	I - Incisal	CR - Crown	PORC - Porcelain	FAC - Facing

CARIES

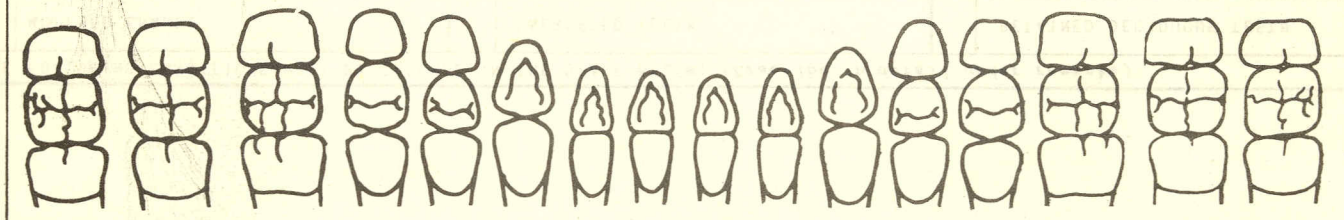
RESTORATIONS

UPPER RIGHT — UPPER LEFT

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



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: Billy L Copeston

VERIFIED BY GRS OFFICER: Franklin D Taylor

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)*

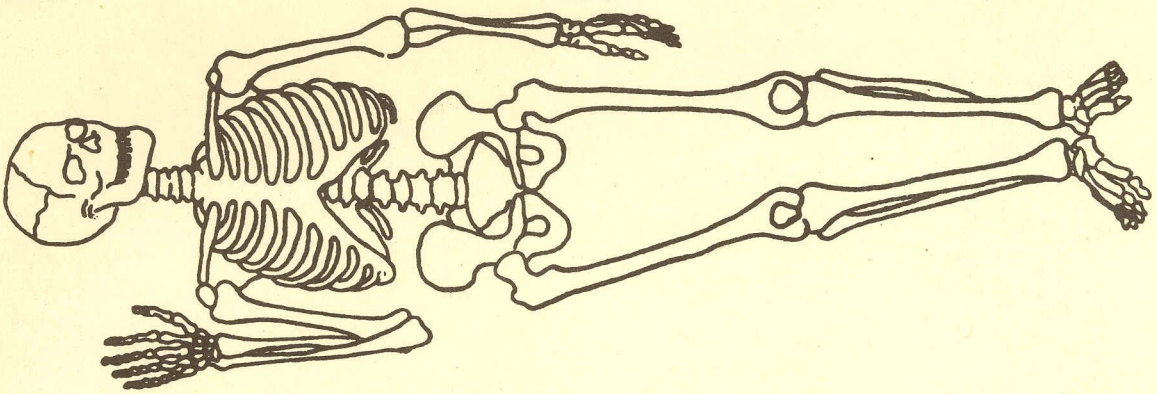
	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

19. BLACK OUT PARTS OF BODY NOT COVERED

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 28th QM (GRRSO) APO 59	

QMC FORM 18 MAR 47 1044b

4060—FEC P&PC—7/50—30M

ALLIED TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
KARAKUS, MEHMET 43692 PVT				17 December 1957	
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF**	
				DISINTERMENT	REINTERMENT
UNITED NATIONS MILITARY CEMETERY (TANGOOK KOREA)	45	8	4056		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
170	5 ' 10"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1) Six (6) cert. of identity rec'd with remains reads: KARAKUS, MEHMET, PVT, 43692.

2) Six (6) cert. of death rec'd with remains reads: KARAKUS, MEHMET, PVT, 43692.

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.

ALLIED

CERTIFICATE OF DEATH

I IDENTIFICATION OF DECEDENT

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
KARAKUS, HILMI TURKEY T	[illegible]	Pvt.	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
T.A.F.E., APO-301, Tokyo - JAPAN	301	Turk	Bachelor

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

*I. IF DEPENDENT (Name and address of individual upon whom dependent)
Kus Mehmet Karakus
Tesbi Koyu, Inhisiye, Cankiri

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1936	INHISIYE, Tesbi Koyu	NATURALIZED ☐ YES ☐ NO

M. USUAL OCCUPATION (In homeland and/or prior to military svc)	N. DESIGNATED RESIDENCE (Street No, City or Town, County & State)
Driver	Tesbi Koyu, Inhisiye, Cankiri

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
Father	☐ AG CASUALTY	Karakus, Kus Mehmet
B. NOTIFIED ☐ YES ☐ NO	☐ OTHER (Specify)	E. ADDRESS (City or Town, County and State) Tesbi Koyu, Inhisiye, Cankiri

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER ☐ LIVING ☐ DECEASED	Karakus, Mehmet	TURKEY
B. MOTHER ☐ LIVING ☐ DECEASED		

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
Jct Road, 10 mins. south of Turk. Brig. HQ.	0930	12	12	57	12.12.57	12.12.57	12.12.57

E. NAME OF HOSPITAL: TURKISH MED. Co. — INTERVAL BETWEEN ONSET & DEATH:

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)

G. DUE TO

H. DUE TO

I. ADDITIONAL DIAGNOSIS: Death due to vehicle accident on Road Jct.

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS: —

K. AUTOPSY PERFORMED ☐ YES ☐ NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)
Vehicle accident resulted with intra-cranial and intra-abdominal hemorrhage.

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
12.12.57	Orhan ARSAN, Maj., Surg.	[signature]

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
C. ROW 8 D. PLOT 45 E. GRAVE 4056

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)

69-174-Army-AG Admin Cen-Japan-6M

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

ALLIED

CERTIFICATE OF IDENTITY

CURRENT DEATH

TURKEY

DATE ~~13 Dec. 57.~~

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

~~KARAKUS~~ ~~MEHMET~~ ~~Pvt.~~ ~~43692~~
Last Name, First Name, MI, Rank, ASN.

~~TURKISH ARMED FORCES COMMAND~~ T APO. 5401
Organization

2. My identification is based upon personal acquaintence covering a period of: 1. ~~6 months~~ 2. ~~6 months~~ 3. ~~6 months~~
(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; H. Dundar
typed; HADI DUNDAR
1 Lt. 46314
RANK ASN
T.A.F.C.
ORGANIZATION

VERIFIED;

Willie J. Hall
(signature)

~~WILLIE J. HALL~~
(typed)

~~Sgt~~ ~~RA33620632~~
(RANK) (ASN)

~~107th CM Co (Gr Reg)~~
(organization)

2. signed; E. Dardagan
typed; EMIN DARDAGAN
2.Lt. 49707
RANK ASN
T.A.F.C.
ORGANIZATION

3. signed;
typed; SERAFETTIN UYSAL
Pvt. 43769
RANK ASN
T.A.F.C.
ORGANIZATION

(293 Opns 0.12)

ALLIED

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

TURKEY

KARAKUS, MEHMET PVT. 43 692
Name and Service No. or Unknown No.

Date: 13 DECEMBER 1957

Cemetery UNITED NATIONS MILITARY CEMETERY (TANGGOK, KOREA) Plot 45 Row 8 Grave 4056

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:

Gerald J. McCarthy
Signature of Individual
Taking Prints

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

ALLIED TURKEY

13 December 57

Subject: Request for Autopsy.

From. Medical Company
T.A.F.C
APO 5401

To: Whom it may concern.

Autopsy is not requested to determind the Cause of death of, Mehmet Karakus, Pvt. 43692. Died 12 December 1957.

O. Arkan

ORHAN ARKAN
Maj Surg.

FTO

#19023

REPORT OF INTERMENT

DATE OF REPORT: 17 DECEMBER 1957

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
I. D. Tags
unable to
print

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
KARAKUS, MEHMET	43692

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT.	TAFC	ARMY

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

PLACE OF DEATH: 3X ROAD, 10 MIN. South of Turk. Brig. HQ.

CAUSE OF DEATH: COD state ! Vehicle Accident

DATE OF DEATH: 12 DECEMBER 1957

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 recd with remains. Signed by HADI, DUNDAR, 1/LT., EMIN DARDAGAN, 2/LT., SERAFETTIN UYSAL, PVT. TAFC. Verified by Willie J. HALL, Sgt., RA33629632, 107th QM. CO. (GR REG)

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.
17 December	1730	sheet	STAR + Cresent	45	8	4056

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, 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: 2 ☒ YES ☐ NO TWO

IDENTIFICATION TAG ATTACHED TO MARKER: 1 ☒ 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.
CALISKAN, MUSTAFA	CPL	45044	TAFC	4055
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: Donald Bigelow

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.

KARAKUS, MEHMET

45-791-Army-AG Admin Cen-AFFE-5M

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)*

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS

WEAPON(S) WITH SERIAL NUMBER(S)

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

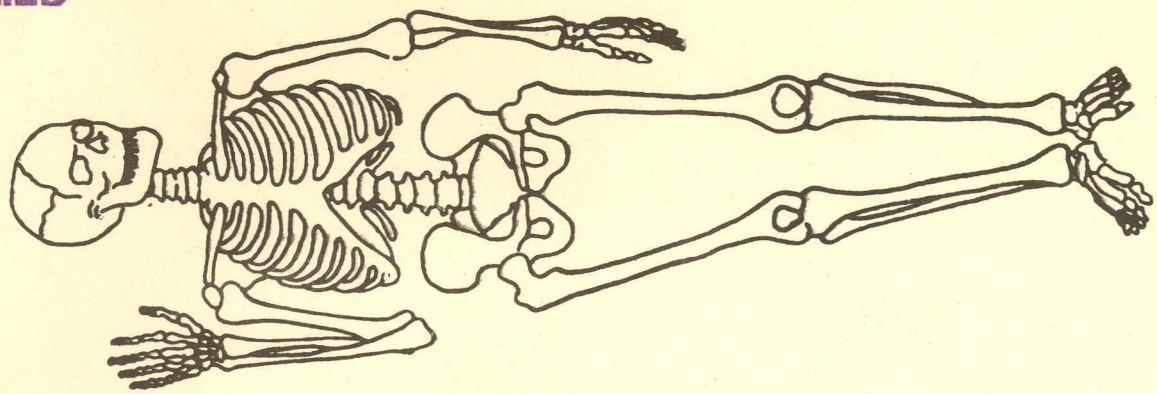
DO NOT WRITE IN THIS SPACE *(For FBI use only)*

REMARKS

#1902-3

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
Donald B. Moseley SP-3 (GRREG) APO 59	Donald B Moseley

OMC FORM 18 MAR 47 1044b

KARAKUS, MEHMET

5762—FEC P&PC—9 50—250M

ALLIED

19023

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
KARAKUS, MEHMET 43692 PVT	17 DECEMBER 1957

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	8	4056		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
170	5' 10"	BLACK	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1) six (6) cert. of identity rec'd with remains reads: KARAKUS, MEHMET, PVT., 43692

2) six (6) cert. of death rec'd with remains reads: KARAKUS, MEHMET, PVT., 43892

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 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 PE's Found

on or with remains

4060—FEC P&PC—7/50—30M

#19023

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 14 December 1957

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
KARAKUS, MEHMET (NMI)	Pvt	43 692

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TAFC	TAFC	Vehicle Accident	12 December 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Road 3x, Korea	UNMC Tanggok, Korea	45	8	4056

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

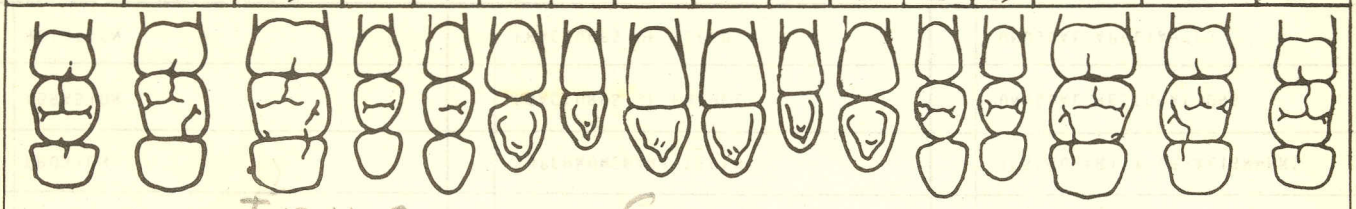
CARIES

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

RESTORATIONS

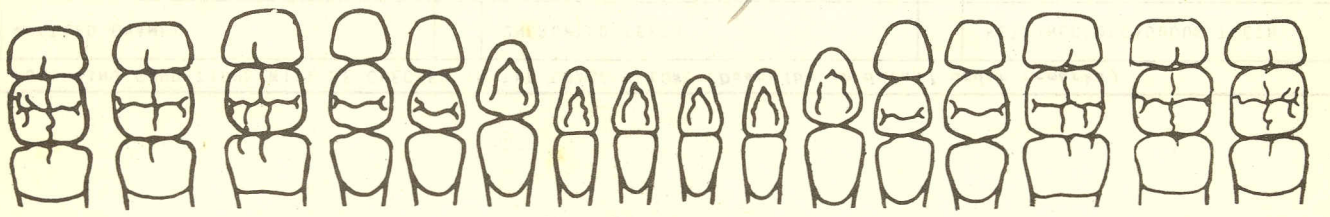
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

UPPER RIGHT / UPPER LEFT



True Copy

LOWER RIGHT / LOWER LEFT



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

RESTORATIONS

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

CARIES

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

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

DD FORM 1 SEP 51 569

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

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