NAME AND ARMY SERIAL NUMBER

Gondoz Huseyin

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Pvt	TURK	22	CAU	TURK	R

LOCATION WHERE TAGGED:	DATE	HOUR
	9 Sept 43	01.20

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

Hepatic Coma

LINE OF DUTY:

TREATMENT GIVEN:

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

DISPOSITION:	DATE	HOUR

SIGNATURE, WITH RANK:

1 Lt Loretta R Zahavitz

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

16—15434-2 ☆ GPO

REPORT OF INTERMENT

DATE OF REPORT: 13 September

TYPE OF REPORT: ☐ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

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

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
GONDOZ, HUSEYIN		40406
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT	Turkish Armed Forces	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Cau	Mohammedan	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Korea	Cardiac failure with pulmonary congestion due to hepatic coma	9 Sept 1956

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): (1) Cert. of identity rec'd w/remains reads: GONDOZ, HUSEYIN PVT. 40406 (2) Cert. of death rec'd w/remains reads: GONDOZ, HUSEYIN, PVT 40406 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's found on or w/remains

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY: UNITED NATIONS MILITARY CEMETERY TANGGOK, KOREA EP 089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
13 Sept 1956	1105	Canvas square	Star & crescent	45	8	4047

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: Chaplain ZUBEYR, KOC

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One (1) copy of this form (DD551) 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.
DENIZ, YUSAF	PVT	41215	T.A.F.	4046
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: THOMAS F. SHINE PFC QMC — Thomas F. Shine

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James E. Dillehay CAPT QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

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)*
5.6	135	BRO	Black	121 Evac Hosp, Korea

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: EMT tag rec'd w/remains reads. GONDOZ, HUSEYIN PVT. signed by, LORETTA R. ZALEWICZ, 1st Lt

No clothing or P.E.'s found on or w/remains

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

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

RIGHT HAND

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

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 ASCom City, 293rd QM CO (GRREMD) APO 971

(2) Name, Rank, Org, Cod, Dod, Pod, taken from cert of death

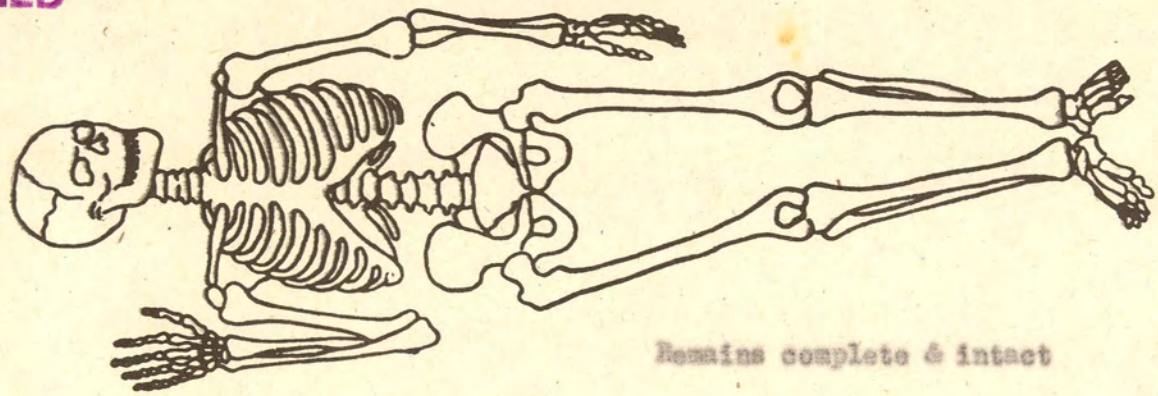
(3) Cert. of identity attached.

REMARKS

19000-1

19. BLACK OUT PARTS OF BODY NOT COVERED

ALLIED



Remains 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
THOMAS F. SHINE WT QMC 293rd QM (GRAVES)	Thomas F. Shine

QMC FORM 18 MAR 47 1044b

GONDOZ, H. 40406

5762—FEC P&PC—9 50—250M

19000-1

ALLIED IDENTIFICATION DENTAL CHART

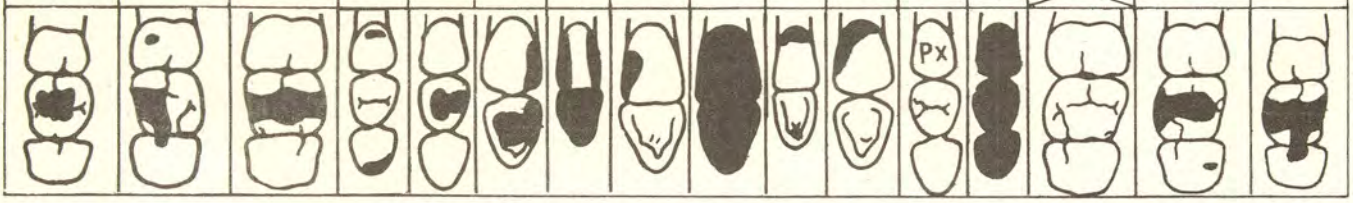
DATE: 13 September 1956

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
GONDOZ, HUSEYIN	PVT	40406

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Turkish Brig	Turkish armed Forces	Cardic failure	9 Sept 1956

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Korea	U.N.M.C. Tanggok, Korea	45	8	4047

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.

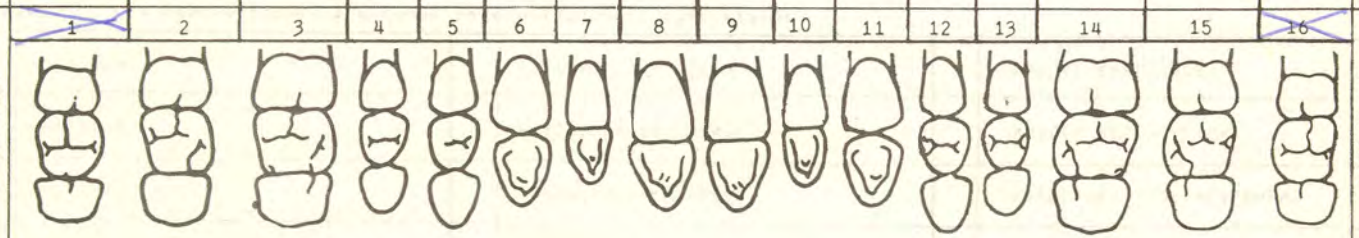
MARKING ABBREVIATIONS:
F - Facial *O - Occlusal* *D - Distal* *Am - Amalgam* *FILL - Filling* *BACK - Backing*
L - Lingual *M - Mesial* *I - Incisal* *CR - Crown* *PORC - Porcelain* *FAC - Facing*

CARIES

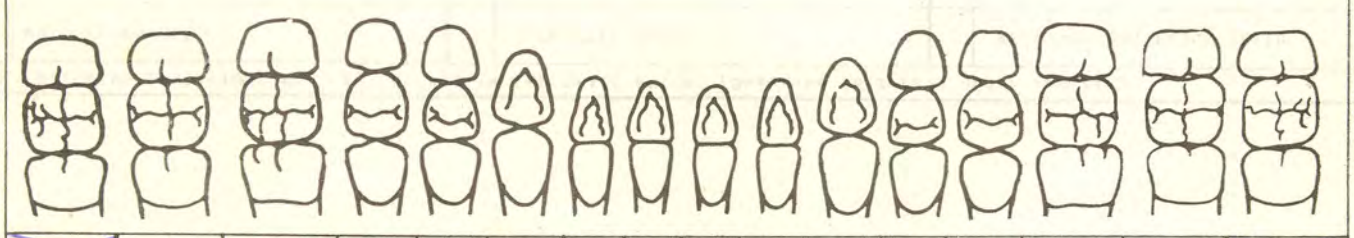


RESTORATIONS

UPPER RIGHT — UPPER LEFT



LOWER RIGHT — LOWER LEFT



RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Thomas F. Shine
THOMAS F. SHINE PFC QMC

VERIFIED BY GRS OFFICER: James G. Murray
JAMES G. MURRAY CAPT QMC

DD FORM 1 SEP 51 569

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

GONDOZ H. 40406

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)*

19000-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
GONDOZ, HUSEYIN 40406 PVT				13 Sept 1956	
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF**	
				DISINTERMENT	REINTERMENT
UNMC Tanggok, Korea	45	8	4047		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
135	5'6	Balck	Cau

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS (1) Cert. of identity rec'd w/remains reads, GONDOZ, HUSEYIN PVT. 40406. (2) Cert. of death rec'd w/remains reads GONDOZ, HUSEYIN, PVT 40406, signed by, WILLIAM R. THOMAS, CAPT. MSC (3) ENT tag rec'd w/remains reads, GONDOZ, HUSEYIN PVT. signed by LORETTA R. KALOWICZ, 1st Lt

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 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 w/remains

CERTIFICATE OF DEAT

1. FULL NAME:

a. GONDOZ (Last) HUSEYIN (First) (Middie)

b. Military (X): ~~Dept of the Army, Navy, or Air Force Civilian~~ TURKISH ARMED FORCES ( ):

Other ( ).

PFT (Rank or Rating) 40406 (Svc Numer)

TURKISH ARMED FORCES (Crganization) (APO)

2. Date of death: Day 9 Month September Year 56

Hour 01 Minute 20

3. I hereby certify that I attended the decessed from 0115 hours, 9 September 19 56 to 0120 hours, 9 September 19 56 and that death occurred on the date and hour stated above.

Immediate cause of death Patient had already expired when I arrived at bedside. Probably due to cardic failure with pulmonary congestion

Due to Hepatic coma

Due to Extensive hepatic cellular damage probably emanating from infectious hepatitis

Additional diagnoses

Major findings of operation

Of autopsy

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

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: Medical ward #7, 121st Evac Hospital, APO 971

5. Sighature and Rank S/ ARCHIE D. WALKER, Capt, MC

Unit 121st Evac Hospital Date Signed 9 Sept 1956

A TRUE COPY:

William R. Thomas

WILLIAM R. THOMAS
Captain, MSC
Registrar

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 10 September 1956

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

GONDOZ, Huseyin Pvt 40406
Last Name, First Name, MI, Rank, ASN.

Turkish Armed Forces
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of: 1. 2 Months. 2. 14 Years. 3. 14 Years.
(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: [signature]
typed: S. TOPUZLUOĞLU
Capt 37121
RANK ASN
Turkish Armed Forces
ORGANIZATION

2. signed: [signature]
typed: I. ÖLMEZ
Pvt 40289
RANK ASN
Turkish Armed Forces
ORGANIZATION

3. signed: [signature]
typed: A. TÖREMEZ
Pvt 40374
RANK ASN
Tyrkish Armed Forces
ORGANIZATION

VERIFIED:
Robert P. Mizak
(signed)
ROBERT P. MIZAK
(typed)
Pfc RA 12 487 850
(rank) (ASN)
293D QM Co. (GRREG) APO 971
(organization)

(293 Opns 0.12)

19000-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 13 September 1956

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
GONDOZ, HUSEYIN		40406
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT	Turkish Armed Forces	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Cau	Mohammedan	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Korea	Cardic failure with pulmonary congestion due to hepatic coma	9 Sept 1956

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

WERE SUBSTITUTE TAGS PROVIDED? Three [X] YES [ ] NO (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse): (1) Cert. of identity rec'd w/remains reads: GONDOZ, HUSEYIN PVT. 40406. (2) Cert. of death rec'd w/remains reads: GONDOZ, HUSEYIN, PVT 40406 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's found on or w/remains

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

UNITED NATIONS MILITARY CEMETERY TANGGOK, KOREA EP 089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
13 Sept 1956	1105	Canvas square	star & crescent	45	8	4047

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: Chaplian ZUBEYR, KOC

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One (1) copy of this form (DD551) buried in burial bottle eithteen(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.
DENIZ, YUSAF	PVT	41215	T.A.F.	4046
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: Thomas F. Shine
THOAMS F. SHINE PFC QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James G. Dillehay
JAMES G. DILLEHAY CAPT QMC

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

GONDOZ, H. 40406

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)*
5.6	135	UTD	Black	121 Evac Hosp. Korea

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: EMT tag rec'd w/remains reads. GONDOZ, HUSEYIN PVT. signed by, IRETTA R. ZALOWICZ, 1st Lt

No clothing or P.Es.'s found on or w/remains.

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

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

RIGHT HAND

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

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 ASCom City, 293rd QM CO (GRREG) APO 971

(2) Name, Rank, Org, Cod, Dod, Pod, taken from cert of death

(3) Cert. of identity attached.

REMARKS

19000-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 13 September 1956

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
GONDOZ, HUSEYIN		40406
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT	Turkish Armed Forces	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Cau	Mohammedan	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Korea	Cardic failure with pulmonary congestion due to hepatic coma	9 Sept 1956

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

WERE SUBSTITUTE TAGS PROVIDED? Three [X] YES [ ] NO (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse): (1) Cert. of identity rec'd w/remains reads: GONDOZ, HUSEYIN PVT. 40406. (2) Cert. of death rec'd w/remains reads: GONDOZ, HUSEYIN, PVT 40406 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's found on or w/remains

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

UNITED NATIONS MILITARY CEMETERY TANGGOK, KOREA EP 089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
13 Sept 1956	1105	Canvas square	star & crescent	45	8	4047

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: Chaplian ZUBEYR, KOC

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One (1) copy of this form (DD551) buried in burial bottle eithteen(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.
DENIZ, YUSAF	PVT	41215	T.A.F.	4046

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: Thomas F. Shine
THOAMS F. SHINE PFC QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James G. Dillehay
JAMES G. DILLEHAY CAPT 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

GONDOZ, H. 40406

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)*
5.6	135	UTD	Black	121 Evac Hosp, Korea

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: EMT tag rec'd w/remains reads. GONDOZ, HUSEYIN PVT. signed by, IRETTA R. ZALOWICZ, 1st Lt

No clothing or P.Es.'s found on or w/remains.

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

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

RIGHT HAND

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

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 ASCom City, 293rd QM CO (GRRG) APO 971

(2) Name, Rank, Org, Cod, Dod, Pod, taken from cert of death

(3) Cert. of identity attached.

REMARKS

19000-1

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 13 SEPT 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
GONDOZ, HUSEYIN		40406
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT	TURKISH ARMED FORCES	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
CAU.	MOHAMMEDAN	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
KOREA	CARDIC FAILURE WITH PULMONARY CONGESTION DUE TO HEPATIC COMA	9 SEPT 1956

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 IDENTITY REC'D W/ REMAINS READS, GONDOZ, HUSEYIN, PVT. 40406 (2) CERT OF DEATH REC'D W/REMAINS READS, GONDOZ, HUSEYIN, PVT 40406. 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.E.'S FOUND ON OR W/REMAINS

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

UNMC 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.
13 SEPT 1956	1105	CANVAS SQUARE	STAR + CRESCENT	45	8	4047

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
GENERAL	CHAPLIAN ZUBEYR, KOC	ONE (1) COPY OF THIS FORM (DD551) 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 (2) ☐ NO	ONE ☒ YES (1) ☐ NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
DENIZ, YUSAF	PVT	41215	T.A.F.	4046
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

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

GONDOZ, H. 40406

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)*
5FT. 6.IN.	135	UTD	BLACK	121 EVAC HOSP, KOREA

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: EMT TAG REC'D W/REMAINS READS, GONDOZ, HUSEYIN PVT. SIGNED BY; LORETTA R. ZALOWICZ, 1ST LT.

NO CLOTHING OR PE's FOUND ON OR W/REMAINS

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

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

RIGHT HAND

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

LEFT HAND

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

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

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

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

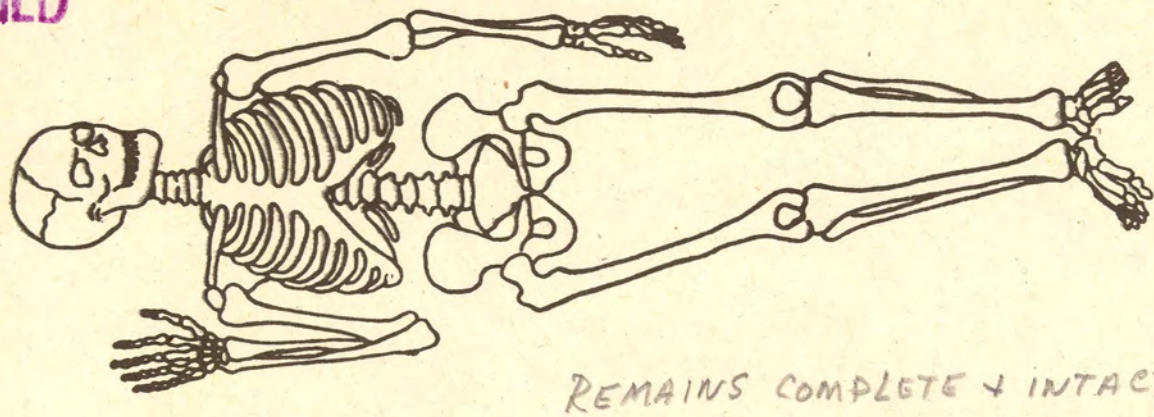
(3) CERT OF IDENTITY ATTACHED

REMARKS

19000-1

19. BLACK OUT PARTS OF BODY NOT COVERED

ALLIED



REMAINS 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

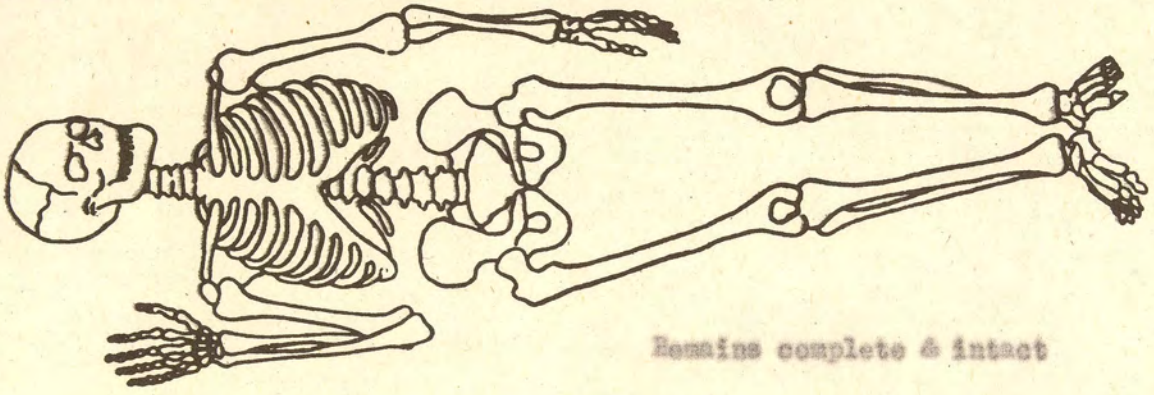
GONDOZ, H. 40406

5762—FEC P&PC—9 50—250M

19000-1

19. BLACK OUT PARTS OF BODY NOT COVERED

ALLIED



Remains 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
THOMAS F. SHINE 1st Lt QMC 293rd QM (GRREG)	Thomas F. Shine

QMC FORM 18 MAR 47 1044b

GONDOZ, H. 40406

5762—FEC P&PC—9 50—250M

19000-1

ALLIED IDENTIFICATION DENTAL CHART

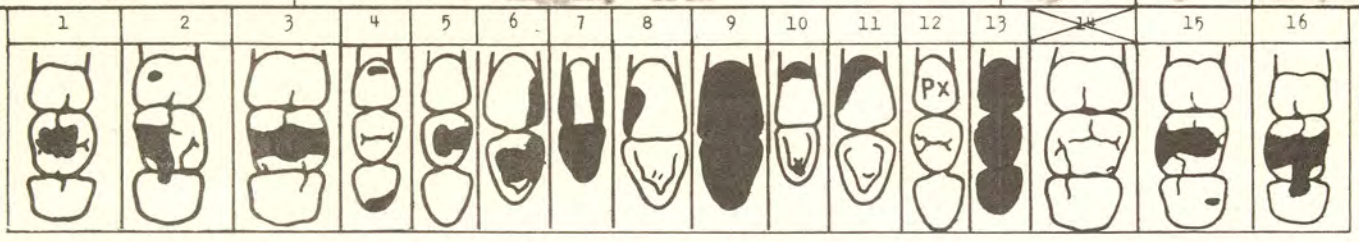
DATE: 13 September 1956

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
GONDOZ, HUSEYIN	PVT	40406

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Turkish Brig	Turkish armed Forces	Cardic failure	9 Sept 1956

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Koren	U.N.M.C. Tanggok, Koren	45	8	4067

RIGHT



LEFT

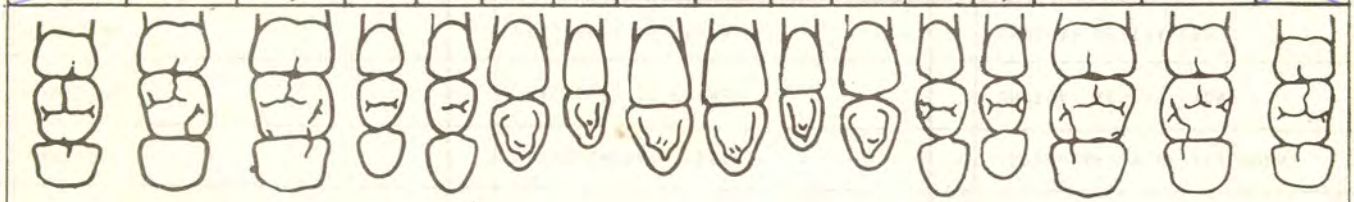
1. O–AM.
2. DOL–AM.; F–AM.
3. MOD. GOLD FILL.
4. F–GOLD FILL.; ML–AM.
5. MO–AM.
6. ML–GOLD FILL.
7. 3/4 GOLD CR.
8. D–PORC. FILL.
9. PORC. CR.
10. F–PORC. FILL.; L–AM.
11. MF–PORC. FILL.
12. Px–POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO–AM.; L–AM.
16. MODL–AM.

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*

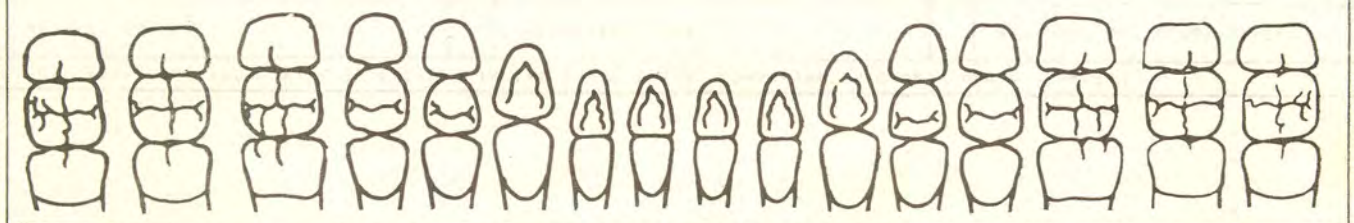
CARIES / RESTORATIONS

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

UPPER RIGHT / UPPER LEFT



LOWER RIGHT / LOWER LEFT



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

RESTORATIONS / CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Thomas F. Shinn

VERIFIED BY GRS OFFICER: David E. Dillehay

THOMAS F. SHINN PFC QMC — DAVID E. DILLEHAY CAPT QMC

DD FORM 1 SEP 51 569

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

GONDOZ, H. 40406

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)*

19000-1

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 13 SEPT 1956

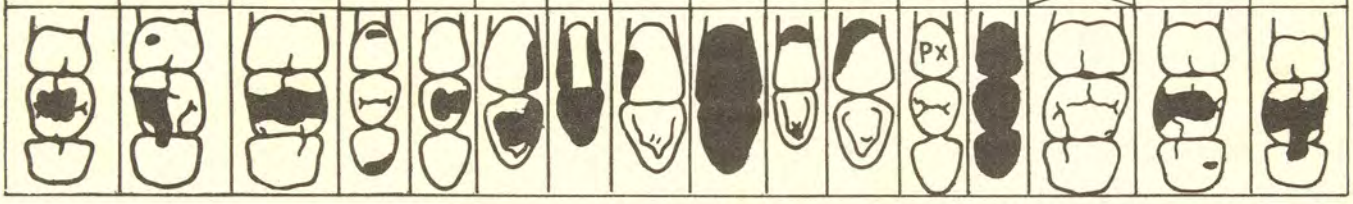
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
GONDOZ, HUSEYIN	PVT	40406

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TURKISH BRIG	TURKISH ARMED FORCES	CARDIC FAILURE	9 SEPT

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
KOREA	U.N.M.E. TANGGOK, KOREA	45	A	4047

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

CARIES

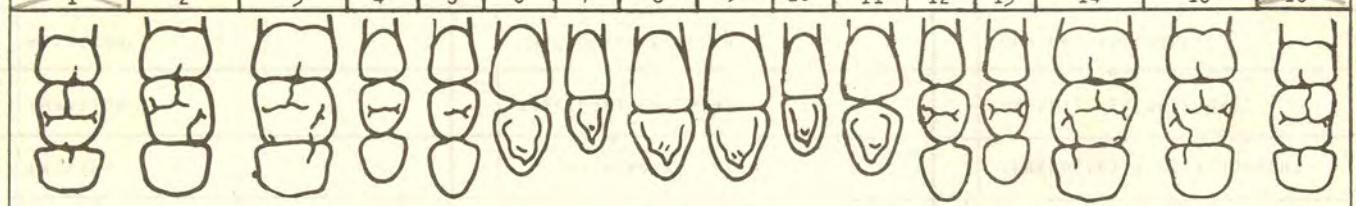
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	D														

RESTORATIONS

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

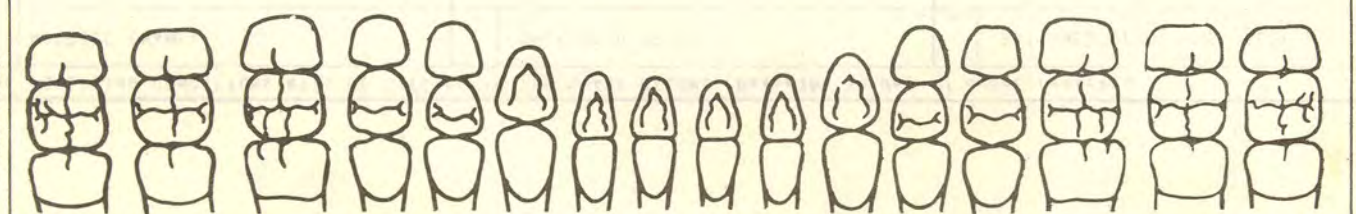
UPPER RIGHT / UPPER LEFT

~~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

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.

GONDOZ, H. 40406

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)*

19000-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
GONDOZ, HUSEYIN 40406 PVT				13 SEPT. 56	
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF**	
				DISINTERMENT.	REINTERMENT
U.N.M.E. TANGGOK, KOREA					

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
135	5FT. 6IN	BLACK	CAU.

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS (1) CERT. OF IDENTITY REC'D W/REMAINS READS, GONDOZ, HUSEYIN PVT. 40406 (2) CERT OF DEATH REC'D W/REMAINS READS, GONDOZ, HUSEYIN, PVT 40406, SIGNED BY, WILLIAM R. THOMAS, CAPT. MSC (3) EMT TAG REC'D W/REMAINS READS, GONDOZ, HUSEYIN PVT. SIGNED BY LORETTA R ZALOWICZ

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 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 W/REMAINS

19000-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
GONDOZ, HUSEYIN 40406 PVT				13 Sept 1956	
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF**	
				DISINTERMENT.	REINTERMENT
UNMC Tanggok, Korea	45	8	4047		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
135	5'6	Balck	Cau

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS (1) Cert. of identity rec'd w/remains reads. GONDOZ, HUSEYIN PVT. 40406. (2) Cert. of death rec'd w/remains reads GONDOZ, HUSEYIN, PVT 40406, signed by, WILLIAM R. THOMAS, CAPT. MSC (3) ENT tag rec'd w/remains reads, GONDOZ, HUSEYIN PVT. signed by LORETTA R. ZALOWICZ, 1st Lt

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 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 forwerded through channels for examination when facilities are not available in the area)

No clothing or P.E.'s found on or w/remains

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 10 September 1956

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

GOMBOZ.	Huseyin		Pvt	40406
Last Name,	First Name,	MI,	Rank,	ASN.

Turkish Armed Forces
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of: 1. 2 Months. 2. 14 Years. 3. 14 Years.
(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: [signature]
typed: S. TOPUZLUOGLU
Capt 37121
RANK ASN
Turkish Armed Forces
ORGANIZATION

2. signed: [signature]
typed: I. ÖLMEZ
Pvt 40289
RANK ASN
Turkish Armed Forces
ORGANIZATION

3. signed: [signature]
typed: A. TÖREMEZ
Pvt 40374
RANK ASN
Turkish Armed Forces
ORGANIZATION

VERIFIED:
[signature]
(signed)
ROBERT P. MIZAK
(typed)
Pfc RA 12 487 850
(rank) (ASN)
293D QM Co. (GRREG) APO 971
(organization)

(293 Opns 0.12)