ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 20 July 1957

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
ID Tags unable
to imprint
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
CIMEN, Mahir	39305

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	T.A.F.C.	Air Force

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Tokyo, Honshu, Japan.	Hepatic Coma	14 July 1957

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 2nd Lt. DEMIR AYKOR, 144940.

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.
20 July 1957	1100	SHEET	star & cresent	45	8	4049

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	Chaplain ABDULGAFUR. KARAISMAILOGLU

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	IDENTIFICATION TAG ATTACHED TO MARKER
Two [X] YES [ ] NO (2)	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.
ALI, Okutan	PVT	40256	3rd BN	4048

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
DONALD B. MOSELEY PFC QMC	JAMES C. WILLIAMSON Capt. QMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

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' 6½"	155	Unk	Black	Tokyo US Army Hospital

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

ALLIED

DATE: 19 July 1957

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
CIMEN, MAHIR	PVT	39305

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	T.A.F.C.	Hepatic Coma	14 July 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Tokyo USA Hospital	UNITED NATIONS MILITARY CEMETERY PUSAN	45	8	4049

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

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

Baker Sawyer Lt Col DC

VERIFIED BY GRS OFFICER

James Cochran

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	X	IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
X	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

No 27 rotated medio - labially no 8 labial version.

ALLIED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
CIMEN, MAHIR 39305 PVT				20 July 1957
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT / REINTERMENT
UNITED NATIONS MILITARY CEMETERY PUSAN, KOREA	45	8	4049	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
155	5' 6½"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) cert. of identity rec'd with remains reads: CIMEN MAHIR PVT, TAF 39305.
2. Four (4) cert. of death rec'd with remains reads: CIMEN MAHIR PVT, TAF 39305.

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

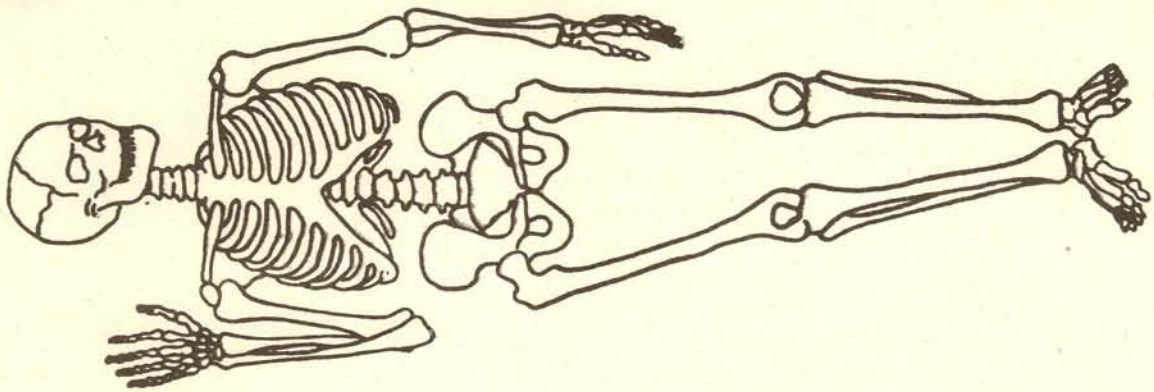
None Noted

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 P.E.'s found on or with remains.

19. BLACK OUT PARTS OF BODY I 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 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 PFC 293rd QM CO (GRREG)	Donald B Moseley

OMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

CERTIFICATE OF DEATH

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
CIMEN, Mahir	TAF39305	Pvt	M

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

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

*I. IF DEPENDENT (Name and address of individual upon whom dependent)

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1934	Ordu, Turkey	NATURALIZED [ ] YES [ ] NO

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

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP: FATHER
B. NOTIFIED: [X] YES [ ] NO
C. METHOD USED: [X] AG CASUALTY [ ] OTHER (Specify)
D. LAST NAME - FIRST NAME - MIDDLE INITIAL: CIMEN, Huseyin
E. ADDRESS (City or Town, County and State): Karacal, Koyu, Ez 47 Unye, Ordu, Turkey

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER [X] LIVING [ ] DECEASED	CIMEN, Huseyin	Turkey
B. MOTHER [ ] LIVING [ ] DECEASED	UNKNOWN	

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
Tokyo, Honshu, Japan	0040	14	JUL	57	29 JUN 57	14 JUL 57	14 JUL 57

E. NAME OF HOSPITAL: TOKYO U.S. ARMY HOSPITAL, APO 500 — INTERVAL BETWEEN ONSET & DEATH

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

G. DUE TO:

H. DUE TO:

I. ADDITIONAL DIAGNOSIS: Infectious hepatitis

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS: AUTOPSY FINDINGS: 1) Infectious hepatitis with acute yellow atrophy of liver and clinical jaundice. 2) Acute and chronic pulmonary congestion and edema with intrapulmonary hemorrhage.

K. AUTOPSY PERFORMED: [X] YES [ ] NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)

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
14 JUL 57	FRANCIS V. MONTALBANO, CAPTAIN, MC	F.V. Montalbano

V MORTICIAN REPORT (Final dispositions of remains)

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

B. NAME OF CEMETERY: United Nations Memorial Cemetery, Korea
C. ROW 8 45 D. PLOT 4049 E. GRAVE

F. TYPED NAME OF EMBALMER	G. LICENSE NO.	H. STATE HELD	SIGNATURE OF EMBALMER
LeRoy J. Schindler	4175	Mo.	LeRoy J. Schindler

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

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

MEMORANDUM FOR RECORD: 19 July 1957

Per telecon between Major Spikes and Major Steinsiek of field Service Section Quartermaster.

Major Steinsiek authorized the burial of the Turkish remains received at the UNMC from Japan yesterday 18 July 1957. The following papers did not accompany the remains.

Certificate of Death

Emergency Med Tag

Certificate of Identification

Dental Chart

Major Steinsiek further stated that Lt Col. MacFarland Officer Rear QM Section would forward above mentioned papers without delay.

Funeral is to be conducted by the Turks at 1100 hours 20 July 1957.

R. D. C.

DISTRIBUTION:
1 - CO
1 - S3
1 - 293 GRREG

UNITED STATES ARMY MORTUARY FAR EAST
APO 503

16 July 1957

Request the remains of CIMEN, Mahir, Pvt, TAF 39305, T.A.F.C., TAPO 5401 be shipped to the UN Military Cemetery, Tanggok, Korea for interment.

Request shipment by Air at the earliest possible date.

DEMIR AYKOR
2nd Lt, 144940

Demir Aykor

Consigned to: Officer-in-Charge
UN Military Cemetery
Tanggok, Korea
APO 59

ALLIED

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

CIMEN, MAHIR 39305 Date: 20 July 1957

Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITARY CEMETERY TANGGOK, KOREA Plot 45 Row 8 Grave 4049

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:

Virgil F. Bailey

Signature of Individual
Taking Prints

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

#19012

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 20 July 1957

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

Turkey ID. tags unable to imprint ALLIED

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
CIMEN, MAHIR	39305

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	T A F C	AIR FORCE ~~Army~~

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Tokyo, Honshu, Japan	Hepatic Coma	FEC 14 July 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 2/Lt, Demir Ay Kor, 141940

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 FP089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER Star & Cresent	PLOT NO.	ROW NO.	GRAVE NO.
20 July 57	1100	Sheet		45	8	4049

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, Abdulgafur Karaismailoglu

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: One (1) copy of this form buried in burial bottle. Eighteen (18) inches below grave marker at head of grave

IDENTIFICATION TAG BURIED WITH BODY: Two ☒ YES ☐ NO 2

IDENTIFICATION TAG ATTACHED TO MARKER: / ☒ 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.
ALI, OKUTAN	Pvt	40256	3rd BN	4048

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 Pfc QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT:

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

46-1042-Army-AG Admin Cen-AFFE-25M

Cimen, Mahir 39305

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' 6½"	155	Unk	Black	Tokyo U.S. Army Hospital

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
	Not Fingerprinted			

LEFT HAND

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

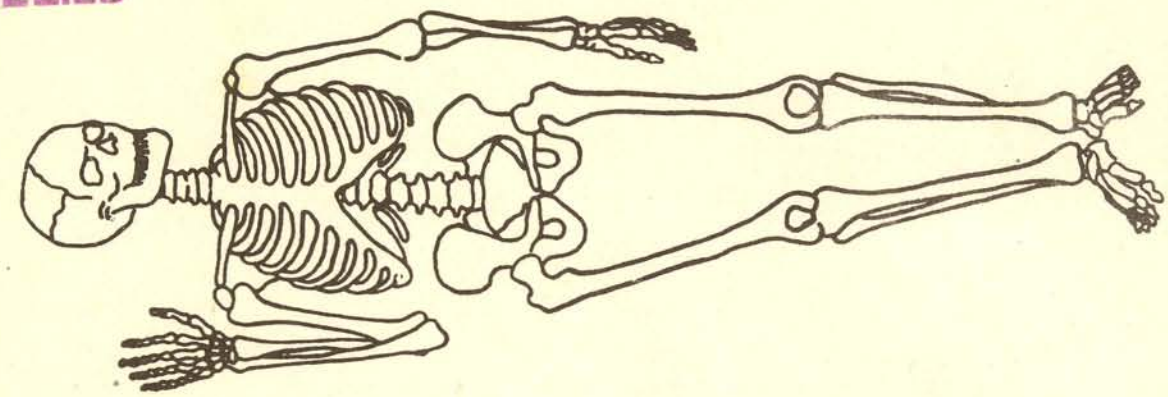
DO NOT WRITE IN THIS SPACE *(For FBI use only)*

REMARKS

#19012

19. BLACK OUT PARTS OF BODY NOT COVERED

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 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 Pfc QMC. 293rd QM. Co. (GRRFC) AR59	Donald B Moseley

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

ALLIED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
CIMEN MAHIR 39305 Pvt				19 July 1957
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
UNMC, Tanggok, Korea	45	S	4029	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
155	5' 6½"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) Cert. of Identity rec'd with remains reads:
Cimen, Mahir Pvt, TAF 39305
2. four (4) Cert. of Death rec'd with remains reads!
Cimen, Mahir, Pvt, TAF 39305

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

~~Nil~~
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 P.E's found on or with remains.

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 19 July 1957

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
CIMEN, MAHIR	Pvt	39305

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	TAFC	Hepatic Coma	KSC 14 July 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Tokyo U.S. Army Hospital	Pusan Korea UNITED Nations Military Cemetery	45	8	4049

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

RESTORATIONS

UPPER RIGHT

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

UPPER LEFT

LOWER RIGHT

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

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.

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	X	IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
X	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

No 27 rotated medo - labially

No 8 labial version

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 20 July 1957

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
ID Tags unable to imprint
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
CIMEN, Mahir		39305
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT	T.A.F.C.	Air Force
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
Caucasian	Mohammedan	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Tokyo, Honshu, Japan.	Hepatic Coma	14 July 1957

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)

Cert. of identity rec'd with remains.
Signed by 2nd Lt. DEMIR AYKOR, 144940.

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.
20 July 1957	1100	SHEET	star & cresent	45	8	4049

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 ABDULGAFUR, KARAISMAILOGLU

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.
ALI, Okutan	PVT	40256	3rd BN	4048
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 PFC QMC

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.

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' 6½"	155	Unk	Black	Tokyo US Army Hospital

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

ALLIED

DATE: 19 July 1957

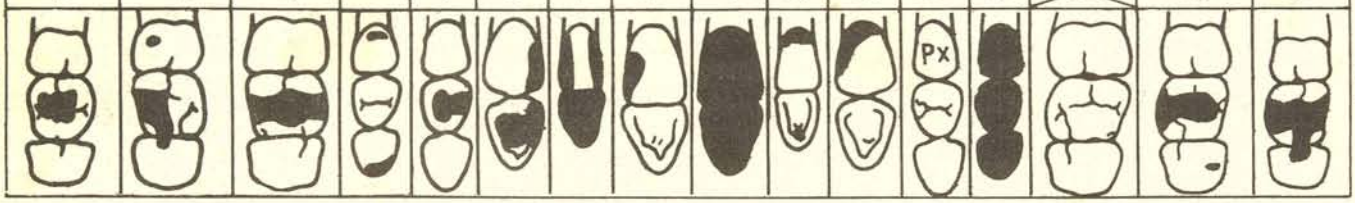
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
GIMEN, MAHIR	PVT	39305

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	T.A.F.C.	Hepatic Coma	14 July 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Tokyo USA Hospital	UNITED NATIONS MILITARY CEMETERY PUSAN	45	8	4049

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.

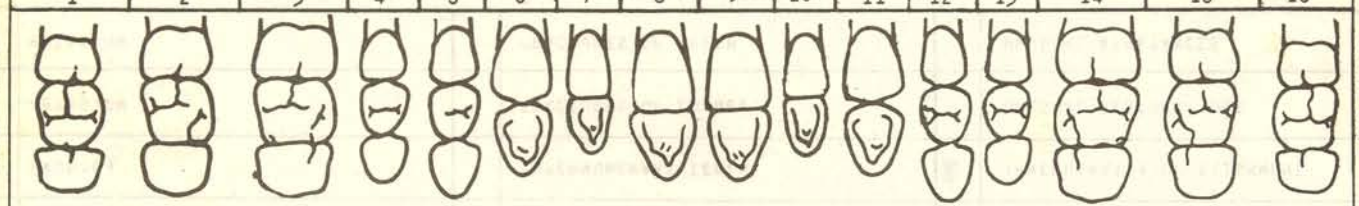
MARKING ABBREVIATIONS:
F - Facial *L - Lingual* *O - Occlusal* *M - Mesial* *D - Distal* *I - Incisal* *Am - Amalgam* *CR - Crown* *FILL - Filling* *PORC - Porcelain* *BACK - Backing* *FAC - Facing*

CARIES

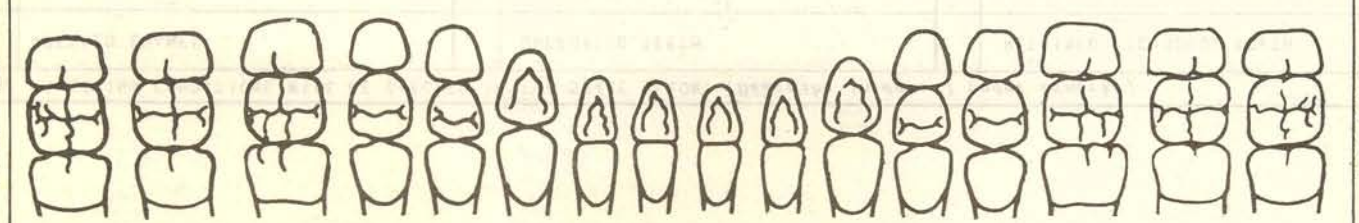
RESTORATIONS

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

UPPER RIGHT — UPPER LEFT



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: Arthur Bruno 1st Lt DC

VERIFIED BY GRS OFFICER: Charles Williams

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	X	IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
X	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

No 27 rotated medio - labially no 8 labial version.

ALLIED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
CIMEN, MAHIR 39305 PVT				20 July 1957
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
UNITED NATIONS MILITARY CEMETERY PUSAN, KOREA	45	8	4019	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
155	5' 6½"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) cert. of identity rec'd with remains reads: CIMEN MAHIR PVT, TAF 39305.
2. Four (4) cert. of death rec'd with remains reads: CIMEN MAHIR PVT, TAF 39305.

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

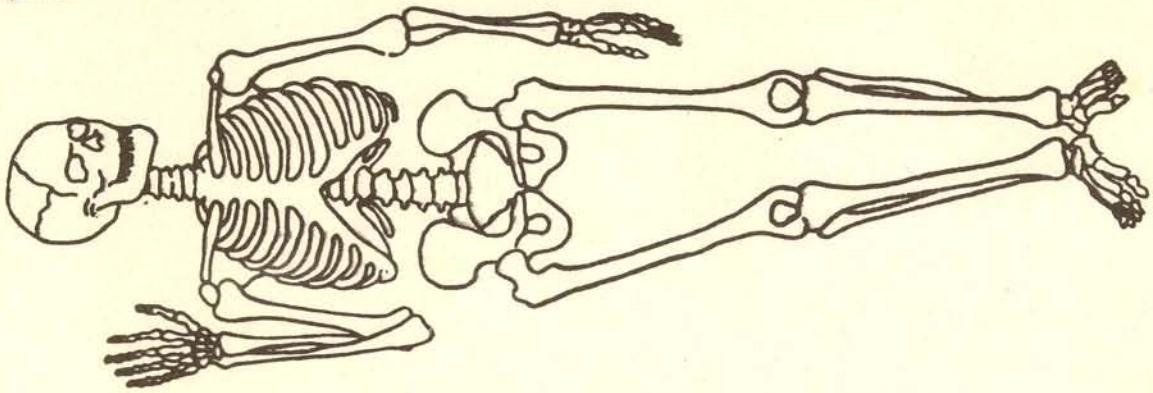
None Noted

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 P.E.'s found on or with remains.

19. BLACK OUT PARTS OF BODY N[illegible] 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 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 PFC 293rd QM CO (GRAVE)	Donald B Moseley

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

UNITED STATES ARMY MORTUARY FAR EAST
APO 503

16 July 1957

C E R T I F I C A T E

This is to certify to the identity of:

CIMEN, Mahir
Pvt, TAF 39305

My identification is based on the facial features.

/s/ Demir Aykor
/t/ DEMIR AYKOR
2nd Lt, 144940

CERTIFICATE OF DEATH

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
CIMEN, Mahir	TAF39305	Pvt	M

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

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

*I. IF DEPENDENT (Name and address of individual upon whom dependent)

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1934	Ordu, Turkey	NATURALIZED [ ] YES [ ] NO

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

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
FATHER	[x] AG CASUALTY	CIMEN, Huseyin
B. NOTIFIED: [x] YES [ ] NO	[ ] OTHER (Specify)	E. ADDRESS (City or Town, County and State): Karacal, Koyu, Ez 47 Unye, Ordu, Turkey

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER [x] LIVING [ ] DECEASED	CIMEN, Huseyin	Turkey
B. MOTHER [ ] LIVING [ ] DECEASED	UNKNOWN	

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
Tokyo, Honshu, Japan	0040	14	JUL	57	29 JUN 57	14 JUL 57	14 JUL 57

E. NAME OF HOSPITAL: TOKYO U.S. ARMY HOSPITAL, APO 500 — INTERVAL BETWEEN ONSET & DEATH:

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

G. DUE TO:

H. DUE TO:

I. ADDITIONAL DIAGNOSIS: Infectious hepatitis

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS: AUTOPSY FINDINGS: 1) Infectious hepatitis with acute yellow atrophy of liver and clinical jaundice. 2) Acute and chronic pulmonary congestion and edema with intrapulmonary hemorrhage

K. AUTOPSY PERFORMED [x] YES [ ] NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)

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
14 JUL 57	/t/ FRANCIS V. MONTALBANO, CAPTAIN MC	/s/ ILLEGIBLE

V MORTICIAN REPORT (Final dispositions of remains)

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

B. NAME OF CEMETERY: United Nations Memorial Cemetery, Pusan
C. ROW 8 45 D. PLOT 4049 E. GRAVE

F. TYPED NAME OF EMBALMER	G. LICENSE NO. / H. STATE HELD	SIGNATURE OF EMBALMER
/t/ LEROY J. SCHINDLER	4175 Mo.	/s/ LEROY J. SCHINDLER

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

61-784-Army-AG Admin Cen-Japan-3M