NAME AND ARMY SERIAL NUMBER

Tunç, Sıddık 46369

GRADE	ARM OR SERVICE	AGE	RACE	NATIVITY	SERVICE, YEARS
Pvt.	T.A.F.	21	Ma	Türk	1

LOCATION WHERE TAGGED:	DATE	HOUR
Turkish med. comp.	20-7-1957	

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

U.D.

LINE OF DUTY:

TREATMENT GIVEN:

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

DISPOSITION:	DATE	HOUR
mortuary	20-7-1957	

SIGNATURE, WITH RANK: GALIP BOZALI oğlu

maj.

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

16—15434-2 ☆ GPO

REPORT OF INTERMENT

DATE OF REPORT: 25 July 1957

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
I.D. Tags
unable to
imprint
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
TUNC, SIDDIK	46369

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	T.A.F.C.	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
TAFC 3rd BN APO 5401	UNK	20 July 1957

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

WERE SUBSTITUTE TAGS PROVIDED? (3) [X] YES [ ] NO 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 Capt. NAZIM CANBOLAT. 2nd Lt. ERHAN ERDEN. Pvt HUSEYIN TURAN. 8th TAFC. Verified by Sgt JOHN CALDWELL JR. RA 14378750

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.
25 July 1957	1030	SHEET	star & cresent	45	8	4050

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 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.
CIMEN, MAHIR	PVT	39305	TAFC	4049
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 SP/3 QMC Donald B Moseley	JAMES C. WILLIAMSON Capt. QMC James C Williamson

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)*
5'7"	175	Brown	Black	TAFC 3rd BN APO 5401

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None Noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

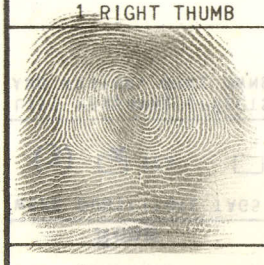
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

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

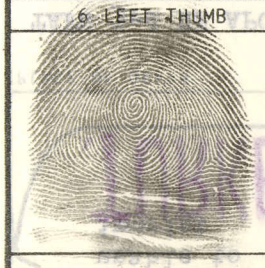
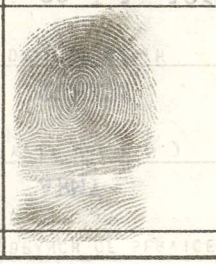
SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

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

RIGHT HAND

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

LEFT HAND

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

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

REMARKS

IDENTIFICATION DENTAL CHART

ALLIED

DATE: 23 July 1957

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
TUNC, SIDDIK	PVT	46369

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TAFC	TAFC	UNK	20 July 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
TAFC 3rd Bn	UNITED NATIONS MILITARY CEMETERY, PUSAN, KOREA	45	8	4050

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

CARIES

RESTORATIONS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	XX15XXX	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: PFC Bernard J. Friess

VERIFIED BY GRS OFFICER: Francis. Hamm

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

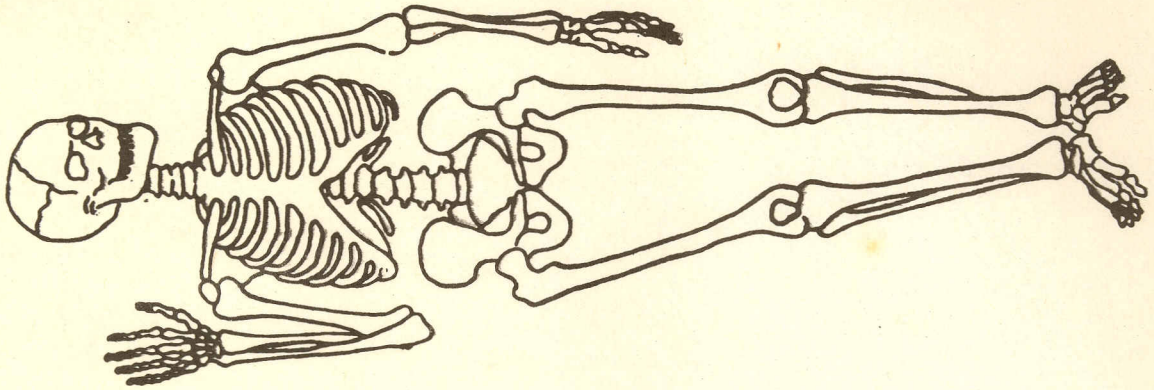
REMARKS *(I. no abnormalities are found make notation to that effect)*

Tooth # 15 is missing.

ALLIED

19. BLACK OUT PARTS OF BODY I[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 QMC 293rd QM CO (GRREG)	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	
TUNC, SIDDIK 46369 PVT				25 July 1957	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNITED NATIONS MILITARY CEMETERY (PUSAN KOREA)	45	8	4050		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
175	5'7"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Seven (7) cert. of identity rec'd with remains reads: TUNC, SIDDIK, PVT, 46369.
2. Five (5) cert. of death rec'd with remains reads: TUNC, SIDDIK, PVT, 46369.

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

None Noted

14. WAS BODY BURNED ?	TO WHAT EXTENT ?
☐ YES ☒ NO	
15. WAS BODY MANGLED ?	TO WHAT EXTENT ?
☐ YES ☒ NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None Noted

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry merks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

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

CERTIFICATE OF DEATH

ALLIED

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
TUNC, SIDDIK	46369	Pvt	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
TAFC	5401	Turkish	N/A

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

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

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

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

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
Father	[ ] AG CASUALTY	TUNC, SIDDIK
B. NOTIFIED: [ ] YES [X] NO	[ ] OTHER *(Specify)*	E. ADDRESS *(City or Town, County and State)*: Sollham, Turkey

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER [X] LIVING [ ] DECEASED	Same as above	Turkey
B. MOTHER [ ] LIVING [X] DECEASED		Unk

IV MEDICAL CERTIFICATION

A. PLACE OF DEATH *(City or Town, State or APO)*	B. DATE OF DEATH				C. ATTENDED DECEASED		D. DECEASED LAST SEEN
	HOUR	DAY	MONTH	YEAR	FROM *(Date)*	TO *(Date)*	DATE
TAFC 3rd Bn, APO 5401	0300	20	7	57			

E. NAME OF HOSPITAL: None — INTERVAL BETWEEN ONSET & DEATH:

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

G. DUE TO:

H. DUE TO:

I. ADDITIONAL DIAGNOSIS:

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS: None — K. AUTOPSY PERFORMED [ ] YES [ ] NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT *(How, when, where)*:
Deceased was found dead, at 0300 hrs; 20 July 57, in Compound.

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
20 July 57	GALIP BOZALIOGLU, Major, MD	

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 Cemetery, Tanggok, Pusan
C. ROW 8 45 D. PLOT 4050 E. GRAVE

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

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

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

ALLIED

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 20 July 1957

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

TUNC,	SIDDIK	(NMI)	Pvt	46369
Last Name,	First Name,	MI,	Rank,	ASN.

TAFC TAPO 5401
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of: 1. Twelve (12) Months. 2. Twelve (12) Months. 3. Twelve (12) 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: [signature]
typed: NAZIM CANBOLAT
CAPT 46312
RANK ASN
8th TAFC
ORGANIZATION

VERIFIED:
[signature]
(signed)
JOHN CALDWELL JR
(typed)
SGT RA 14 378 750
(rank) (ASN)
293rd QM CO (GRREG) APO 971
(organization)

2. signed: H. Turan
typed: HUSEYIN TURAN
Pvt 46457
RANK ASN
8th TAFC
ORGANIZATION

3. signed: [signature]
typed: ERHAN ERDEM
2nd Lt 46095
RANK ASN
8th TAFC
ORGANIZATION

(293 Opns 0.12)

ALLIED

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

TUNG, SIDDIK PVT 46369 Date: 23 July 1957
Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITARY CEMETERY (PUSAN, KOREA) Plot 45 Row 8 Grave 4050

LEFT HAND

10. Little Finger 

9. Ring Finger 

8. Middle Finger 

7. Index Finger 

6. Thumb 

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

Impressions taken by:
Sgt Charles E Crow
RA18316445
793d QM Co (Graves)
Signature of Individual
Taking Prints

RIGHT HAND

5. Little Finger 

4. Ring Finger 

3. Middle Finger 

2. Index Finger 

1. Thumb 

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

TURKISH ARMED FORCES COMMAND
APO 5401

20 July 1957

SUBJECT: REQUEST FOR AUTOPSY

TO : COMMANDING OFFICER
121st Evac. Hosp.
APO 971

It is requested that autopsy be performed on Pvt SIDDIK TUNC, 46369, 8th TAFC, APO 5401, to determined the cause of death.

GALIP BOZALIOGLU,
MAJ MD

19013

REPORT OF INTERMENT

DATE OF REPORT: 25 July 1957

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY I.D. Tags unable to imprint

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
TUNC, SIDDIK	46369

GRADE	ORGANIZATION	BRANCH OF SERVICE
Pvt	TAFC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
TAFC 3rd BN APO 5401	UNK	20 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 recid with remains. Signed by Capt, Nazim Cambolat O/Lt Erhan Erdem, Pvt Huseyin Turan, 6th TAFC. Verified by Sgt John Caldwell Jr., RA 14 378 750

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	PLOT NO.	ROW NO.	GRAVE NO.
25 July	1030	SHEET	Star, Indecresent	45	8	4050

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): CIMEN, MAHIR

GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
Pvt	39305	TAFC	4049

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial): Vacant Grave

GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
—	—	—	—

SIGNATURE OF PERSON PREPARING REPORT: Donald B Mosley

SIGNATURE OF GRS OFFICER VERIFYING REPORT:

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

TUNC, SIDDIK 46369

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)
5' 7"	175	~~UNK~~ Brown	Black	TAFC 3rd Bn APO 5451

BIRTHMARKS, SCARS, OR TATTOOS

~~Not Noted~~ 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 PFS 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

19013

ALLIED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN: TUNC, SIDDIK 46369 Pvt

2. DATE OF REPORT: 25 July 1957

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNMC, Tanggok, Korea	45	8	4050		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
175	5' 7"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
1. Seven (7) Cert. of Identity rec'd with remains reads: TUNC, SIDDIK, Pvt., 46369.
2. Five (5) Cert. of Death rec'd with remains reads: TUNC, SIDDIK, Pvt., 46369.

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

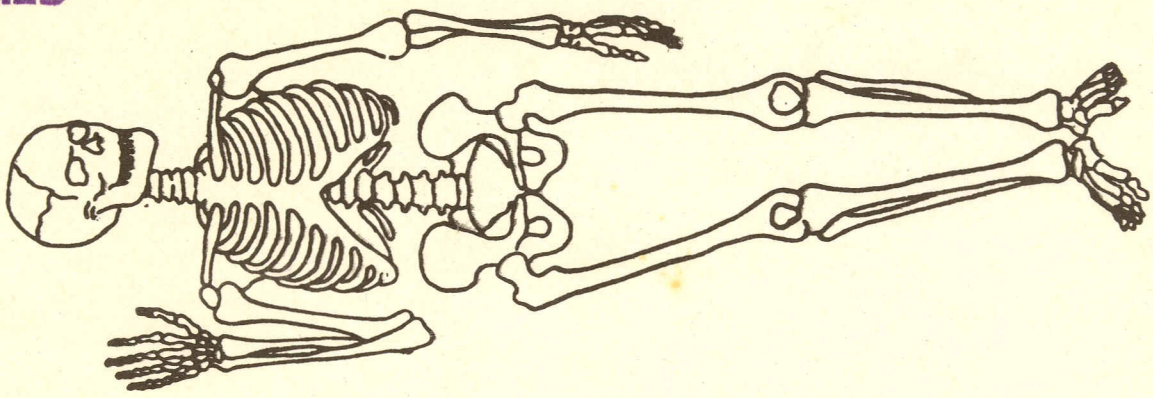
None Noted

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. QMC 293rd QM. Co. (GRREG) APO 59	Donald B Moseley

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

19013

ALLIED

IDENTIFICATION DENTAL CHART

DATE: 25 July 1957

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
TUNC, SIDDIK	Pvt	46369

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TAFC	TAFC	UNK	20 July 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
TAFC 3rd Bn	UNMC Pusan Korea	45	8	4050

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

CARIES

RESTORATIONS

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

UPPER RIGHT — 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

VERIFIED BY GRS OFFICER

DD FORM 1 SEP 51 569

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

~~TUNC~~ TUNC, SIDDIK ~~AFC~~ 46369

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)*

Tooth #15 is missing