REPORT OF INTERMENT

DATE OF REPORT: 24 August 1957

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No I.D. Tags
found on remains
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
BAYER, EREZ	47134

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TURKISH ARMED FORCE	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
TOKYO, HONSHU, JAPAN	Myeloid Metaplasia	19 August 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 2/Lt. Malik Danisman, Turkish Liaison Group. 47715.

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.
24 Aug 1957	1100	Sheet	Star & Cresent	45	8	4051

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: ABDUIGAFUR, KARAISMEILOGLU 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) [X] YES [ ] NO two

IDENTIFICATION TAG ATTACHED TO MARKER (1) [X] YES [ ] NO

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
TUNC, SIDDIK	PVT	46369	TAFC	4050

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 SP-3 QMC. Donald B. Moseley

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

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' 10	125	UTD	Brown	Tokyo, Honshu, Japan

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

TURKEY

DATE: 25 August 1957

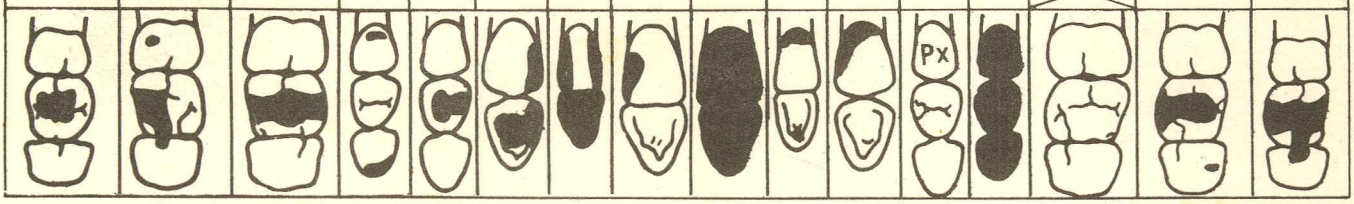
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
BAYER, EREZ	PVT	47134

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
TAF	TAF	Myeloid Metaplasia	19 August 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Tokyo, Honshu, Japan	U.N.MIL. CEMETERY, TANGGOK, KOREA	45	8	4051

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.

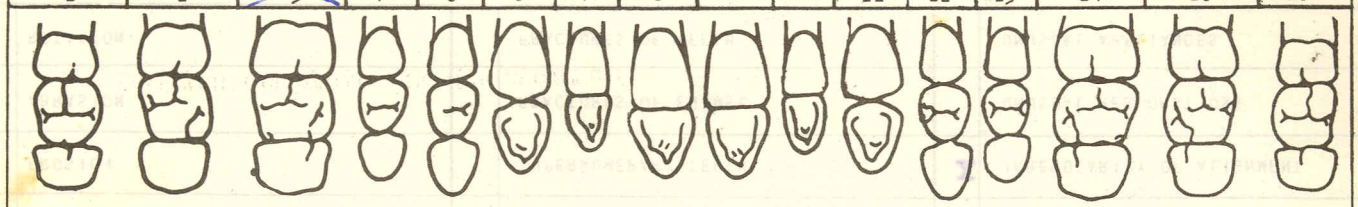
MARKING ABBREVIATIONS:
F - Facial; L - Lingual; O - Occlusal; M - Mesial; D - Distal; I - Incisal; Am - Amalgam; CR - Crown; FILL - Filling; PORC - Porcelain; BACK - Backing; FAC - Facing

CARIES

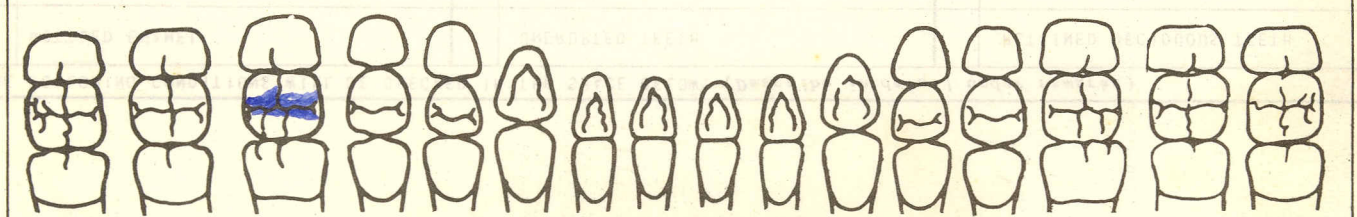
RESTORATIONS

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: SILVER AMALGAM

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: L. Bayer Lt DC

VERIFIED BY GRS OFFICER: JAMES C. WILLIAMSON Capt, QMC, OIC

DD FORM 1 SEP 51 569

PREVIOUS EDITIONS OF THIS FORM ARE 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)*

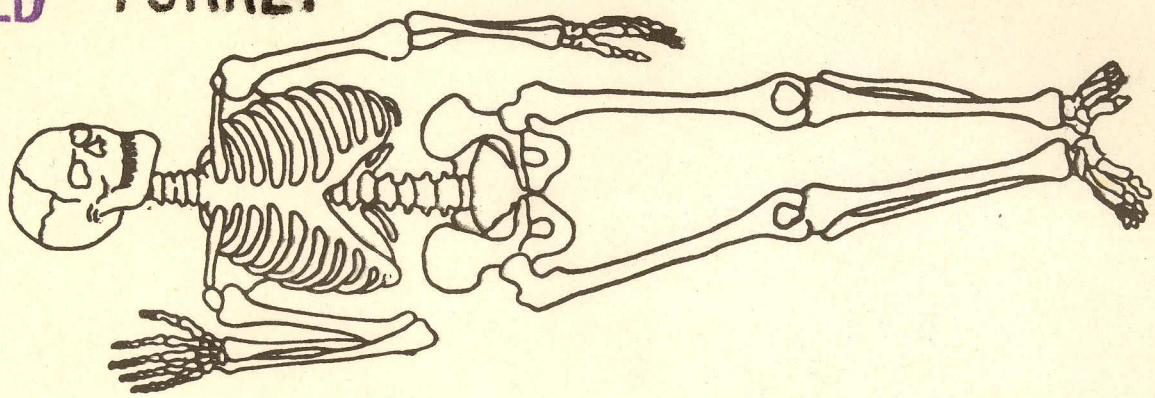
	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH	X	IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

#30 - irregularity of alignment - cross bite.

19. BLACK OUT PARTS OF BO[illegible] NOT RECOVERED

ALLIED TURKEY



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

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

NUMBER

_____

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains complete and in tact.

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE
DONALD B. MOSELEY SP-3 293rd QM CO(GRREG) APO 59	Donald B Moseley

IDENTIFICATION DATA

ALLIED TURKEY

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
BAYER, EREZ 47134 PVT.	24 August 1957

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
UNITED NATIONS MILITARY CEMETERY TANGGOK, KOREA	45	8	4951		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
125	5'10	Brown	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. One (1) Cert. of identity rec'd with remains reads:
   BAYER, EREZ, PVT, 47134
2. One (1) cert, of death rec'd with remains reads:
   BAYER, EREZ, PVT, 47134

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

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
BAYER, EREZ	TAF 47 134	PVT	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
TURKISH ARMED FORCE	TAPO 5401	Turkish/ Caucasian	Married

H. CATEGORY (SR 600-750-1)
☐ ARMY ☐ DAC ☐ DEPENDENT*
☐ NAVY ☐ DNC ☒ OTHER (Specify) TAF
☐ 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
1936	Alacam, 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)
Turkish Air Force	

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
UNKNOWN	☐ AG CASUALTY	BAKKAL ALI FIDAL
B. NOTIFIED ☐ YES ☐ NO	☒ OTHER (Specify) Turkish Liaison	E. ADDRESS (City or Town, County and State) ELIYLE ZEYTIN KOYU AIA TAM SAMSUN, TURKEY

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER ☒ LIVING ☐ DECEASED	BAYER, DURSUN	TURKEY
B. MOTHER ☒ LIVING ☐ DECEASED	UNKNOWN	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	2235	19	Aug.	57	12 Jul 57	19 Aug 57	19 Aug 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): Myeloid Metaplasia

G. DUE TO:

H. DUE TO:

I. ADDITIONAL DIAGNOSIS:

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS: AUTOPSY FINDINGS: 1. Marked myeloid metaplasia of liver associated with clinical hemolytic anemia and neutropenia 2. Bronchopneumonia, bilateral, predominately left. 3. Acute and chronic pul-

K. AUTOPSY PERFORMED ☒ YES ☐ NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)
monary congestion and edema. 4. Caseous granulomatous process, right upper lobe and tail of pancreas. 5. Necrosis, papillary muscle, left ventricle, heart.

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
19 Aug 1957	/T/ VINCENT K. CUTSHALL, CAPTAIN, MC	/s/ Vincent K. Cutshall

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: UN Military Cemetery, Tanggok, Korea, APO 59
C. ROW 8 45 D. PLOT 4051 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

TRUE COPY BY

James C. Williamson

JAMES C. WILLIAMSON
CAPT. OIC UNMC.

RECORD OF PREPARATION AND DISPOSITION OF REMAINS

(DEATHS OCCURRING OVERSEAS)
(SR 600-570-1)

REPORTS CONTROL SYMBOL
OMG - 128

INSTRUCTIONS AND DISTRIBUTION

1. USE: This form will be completed for remains prepared in Department of Army Mortuaries or in contract mortuaries overseas.

2. COMPLETION OF ITEMS: Item 32 will be completed by the preparing and central mortuary when applicable. Item 50 will be completed by all concerned when applicable, or when additional space is required for answering other items. Item 45 will be omitted on copy furnished the receiving funeral director.

a. PREPARING MORTUARY:

(1) Prepares original and 5 copies *(6 when applicable - See Note)* and completes Items 1 thru 31. Retains copy and forwards original and 4 copies *(or 5)* to central mortuary.

(2) When remains are shipped directly to POE, preparing mortuary prepares original and 4 copies *(or 5)*, completing Items 1 thru 39. Retains one copy and forwards remainder to POE.

b. CENTRAL MORTUARY:

(1) When receiving remains from preparing mortuary, completes Items 32 thru 39 on original and 4 copies *(or 5)*. Retains one copy and forwards remaining to POE.

(2) When remains are initially prepared in central mortuary, same procedure applies as in Item a(2) above.

c. PORT OF ENTRY:

(1) Completes Items 40 thru 49 on original and 3 copies *(or 4)*. Leaves Item 45 blank on copy for receiving Funeral Director.

(2) Retains one copy.

(3) Forwards copy with remains to receiving Funeral Director.

(4) Forwards copy to Office of The Quartermaster General.

(5) Returns original to oversea command

NOTE: Additional distribution to be made by port of entry or by overseas mortuary for burial overseas:

COPY TO: Air Materiel Command, Wright Patterson Air Force Base, Ohio *(for Air Force Personnel)**

COPY TO: Bureau of Medicine and Surgery, Department of the Navy, Washington 25, D. C. *(for Navy, Marine and MSTS Personnel)**

**Distribution to be made by installation making last entry on form.*

1. REMAINS OF *(Last Name - First Name - Middle Initial)* BAYER, Erez	2. GRADE Pvt	3. SERVICE NUMBER TAF 47 134
4. BRANCH OF SERVICE *(Include civilian employees)* ☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE ☒ OTHER *(Specify)* Turkish Armed Force	5. UNIT DESIGNATION Armed Force Turkish ~~Army/Forces~~, TAPO 5401	
6. CAUSE OF DEATH *(As stated on Death Certificate)* Myeloid Metaplasia	7. PLACE OF DEATH Tokyo, Honshu, Japan	
8. DATE OF DEATH 19 August 1957	9. DATE OF RECOVERY Received 20 August 1957	10. DATE OF EMBALMING 20 August 1957
11. CONDITION OF REMAINS *(Prior to embalming)* Fair	12. HOW IDENTIFIED *(Personal recognition, Finger Prints, Identification Tags, etc.)* Personal recognition	
13. TYPE OF CASE ☐ NORMAL ☒ AUTOPSIED ☐ MUTILATED	14. PRE-EMBALMING PROCEDURES COMPLETED *(Note Items 42e thru 42i)* ☒ YES ☐ NO *(Explain)*	
15. TOTAL OUNCES CONCENTRATED FLUID USED ARTERIAL: 80 CAVITY: 92	16. NAME POINTS OF INJECTION R & L Carotids, Axillaries, and Iliacs	
17. AMOUNT HARDENING COMPOUND USED *(Lbs)* 8	18. AREAS HYPODERMICALLY EMBALMED Trunk walls and Buttocks	
19. POST-EMBALMING PROCEDURES COMPLETED *(Note Items 42j thru 42l)* ☒ YES ☐ NO *(Explain)*	20. IF REMAINS PREPARED ON REIMBURSABLE BASIS *(Check one)* ☐ CROSS SERVICE ☐ DEPENDENT Armed Force ☒ OTHER *(Specify)* Turkish ~~Army/Forces~~	
21. SPONSOR *(Person, Firm or Agency responsible for reimbursement)* T.A.F.C., TAPO 5401	22. TOTAL AMOUNT OF REIMBURSEMENT $21.60	
23. DATE REIMBURSEMENT EFFECTED *(If not effected, state action being taken to effect collection)* Payment made on 22 August 1957 to Finance Office, APO 503 (See Item 50)		
24. DATE SHIPPED FROM PREPARING MORTUARY 23 August 1957	25. METHOD OF SHIPMENT ☐ WATER ☐ OVERLAND ☒ AIR	26. INTERIM DESTINATION K-9, Korea
27. PREPARING MORTUARY US Army Mortuary, Far East	28. LOCATION OF PREPARING MORTUARY Yokohama, Japan	
29. PREPARING EMBALMER *(Name)* LeRoy J. Schindler	30. LICENSE NO. AND STATE 4175 Mo.	31. SIGNATURE OF EMBALMER LeRoy J. Schindler
32. SUBSEQUENT TREATMENT *(Remains will be inspected daily prior to shipment and record of treatment entered here)* No additional treatment necessary.		
33. SHIPPING PROCEDURES COMPLETED *(Note Items 42a thru 42d)* ☒ YES ☐ NO *(Explain)*	34. DATE OF DEPARTURE FROM *(Or release in)* PREPARING COMMAND 23 August 1957	
35. CHECK ONE IF RELEASED IN PREPARING COMMAND *(Releases will be fully dressed & cosmetized)* N/A ☐ FOR LOCAL INTERMENT ☐ PRIVATE COMMERCIAL SHIPMENT	36. METHOD OF SHIPMENT IF DEPARTURE FROM COMMAND ☐ WATER ☐ OVERLAND ☒ AIR	
37. POE DESTINATION *(Place of final destination if not to a U.S. Port)* UN Military Cemetery, Tanggok, Korea, APO 59		
38. MORTUARY OFFICER *(or Person Responsible for Shipment)* William D. Legg	39. SIGNATURE William D. Legg	

DA FORM 1 NOV 54 10-33 REPLACES DA AGO FORM 10-33, 1 MAR 49, WHICH IS OBSOLETE.

40. PORT OF ENTRY	41. DATE RECEIVED AT PORT OF ENTRY

42. CHECK APPROPRIATE BLOCK FOR ITEMS LISTED BELOW. IF BLOCK CHECKED INDICATES AN IRREGULAR CONDITION, GIVE REASON FOR SUCH IN EXPLANATION SECTION AT END OF THIS ITEM. *(Sub-Items a thru l refer to condition of remains upon receipt)*		YES	NO
a	CONDITION OF TRANSFER CASE OR SHIPPING CASE AND CASKET SATISFACTORY		
b	REMAINS PROPERLY WRAPPED		
c	PROPER AMOUNT OF MILDEW PREVENTATIVE ADDED TO CASKET OR TRANSFER CASE		
d	CLOTHING, DECORATIONS AND PERTINENT DOCUMENTS COMPLETE		
e	BODY BATHED TO PRESENT A CLEAN APPEARANCE		
f	FACE SHAVEN		
g	MUSTACHE, IF ANY, AND HAIRS PROTRUDING FROM EARS AND NOSE TRIMMED		
h	FACIAL FEATURES AND HANDS ARRANGED TO PRESENT A NATURAL APPEARANCE		
i	FINGERNAILS CLEAN AND TRIMMED		
j	ALL ORIFICES, ABRASIONS, MUTILATIONS, AND INCISIONS SEALED TO PREVENT DRAINAGE AND LEAKAGE		
k	REMAINS ADEQUATELY EMBALMED		
l	IDENTIFICATION TAGS WITH REMAINS		
m	IDENTIFICATION TAGS PLACED AROUND NECK OF REMAINS		
n	COSMETICS APPLIED TO PRESENT A NATURAL APPEARANCE TO HANDS AND FACE		
o	EYELIDS, EYEBROWS AND HAIR FREE OF COSMETICS		
p	RESTORATIVE WORK APPEARS NATURAL		
q	PROPER UNDERCLOTHING PLACED ON REMAINS		
r	ENTIRE UNIFORM CLEAN, PRESSED AND SATISFACTORY IN APPEARANCE AND FIT		
s	EPAULET ENDS UNDER COLLAR, TIE IN PLACE, BUTTONS AND BELT PROPERLY FASTENED AND DECORATIONS CORRECTLY PLACED		
t	REMAINS PRESENT AN APPEARANCE OF REPOSE IN CASKET		
u	MUTILATED REMAINS PROPERLY WRAPPED AND SECURED IN POSITION		
v	RECOMMEND THAT FAMILY BE ALLOWED TO VIEW REMAINS		

EXPLANATION OF IRREGULAR CONDITIONS, IF ANY *(Refer to Item reference letter)*

43. DESCRIBE RESTORATIVE TREATMENT *(State reason if features not restored)*

44. REMARKS AND RECOMMENDATIONS TO RECEIVING FUNERAL DIRECTOR *(Whether remains are viewable or non-viewable, etc.)*

45. COMMENTS TO OVERSEA COMMAND CONCERNING INITIAL EMBALMING *(Cite deficiencies, recommendations for corrective action, and/or favorable comments on condition of remains)*

46. DATE SHIPPED TO RECEIVING FUNERAL DIRECTOR	47. PORT EMBALMER OR CONTRACT FUNERAL DIRECTOR *(Name)*
48. LICENSE NUMBER AND STATE	49. SIGNATURE

50. REMARKS *(Indicate item reference number when applicable)*

These autopsied remains received in a jaundiced condition.
Consigned to: Officer-In-Charge
UN Military Cemetery
Tanggok, Korea
APO 59

Item 23 - Appropriation credited: 2182020 91-C-629 P2500-99 S92-584 L-250

Request for Air Shipment initiated 22 August 1957.

- Schindler - - - - - - - - - - - - - - - - - -

UNITED STATES ARMY MORTUARY FAR EAST
APO 503

22 August 1957

Request that the remains of BAYER, Erez, Pvt, TAF 47 134, Turkish Armed Force, TAPO 5401, be shipped to the UN Military Cemetery, Tanggok, Korea, APO 59, by MATS on or about 23 August 1957, for final disposition, consigned to:

Officer-in-charge
UN Military Cemetery
Tanggok, Korea
APO 59

MALIK DANISMAN
2nd Lt, 47715
Turkish Liaison Group

UNITED STATES ARMY MORTUARY FAR EAST
APO 503

22 August 1957

C E R T I F I C A T E

I, the undersigned, certify to the identity of BAYER, Erez, Pvt, TAF 47134.

s/ MALIK DANISMAN
t/ MALIK DANISMAN
2nd Lt, 47715
Turkish Liaison Group

TRUE COPY BY

JAMES C WILLIAMSON
Capt OIC UNMC

TURKEY

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

BAYER, EREZ PVT 47134 Date: 24 August 1957

Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITARY CEMETERY (PUSAN, KOREA) Plot 45 Row 8 Grave 4051

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 E. Bailey

Signature of Individual Taking Prints

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