DEATH TAG

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. ASN
ORAKCI FAHRI	45909
3. ORGANIZATION	**4. GRADE**
8th Turkish Brigade T A F C	Pvt
5. DIED (Hour, Month, Day, Year)	**6. WARD NUMBER**
1405 September 13, 1957	Emergency Room
7. PLACE	**8. SIGNATURE (Medical Officer in Attendance)**
121st Evac Hosp APO 971	Paul S. Crane

WD AGO FORM 8-219
1 OCT 1945

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 18 September 1957

TYPE OF REPORT: ☐ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No I.D. tag
found with
remains
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
ORAKCI, FAHRI	45 909

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TAFC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
121 Hospital APO 971	Injuries Multiple extreme	13 September 1957

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

WERE SUBSTITUTE TAGS PROVIDED? Three ☒ YES ☐ NO (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) Cert. of identity rec'd with remains signed by ISKENDER DAIAY, 1st Lt. NECDET SEHIRLIOGLU Maj. ASIM ULGENER Capt. Verified by BILLY J. CAPERTON Sp-3 US 53265035, 293rd QM CO (GRREG) APO 971

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.
18 September '57	1100	Sheet	Star & cresent	45	8	4053

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: 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.
BAYSA, HASAN EMINOGLU	PVT	47158	TAFC	4052

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
GENEL, MEHMET	PVT	46221	TAFC	4054

SIGNATURE OF PERSON PREPARING REPORT: Donald B Moseley
DONALD B. MOSELEY Sp-3

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

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

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)*
5'9	155	Brown	Black	121st Evacuation Hospital APO 971

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

TURKEY

DATE: 16 September 1957

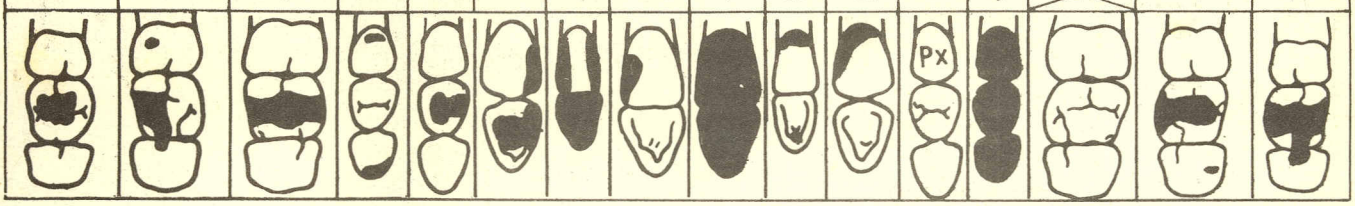
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
ORAKCI, FAHRI	PVT	45 909

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
8th Turkish Brigade	TAFC	MULTIPLE INJURIES	13 Sept 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
121 Evac Hosp	UNMC TANGGOK KOREA	45	8	4053

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.

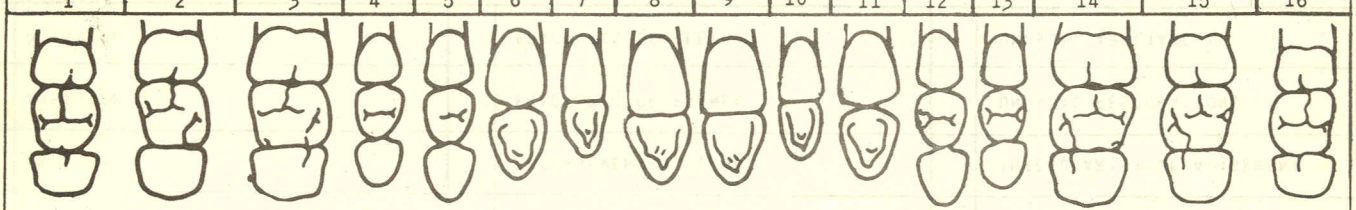
MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

CARIES

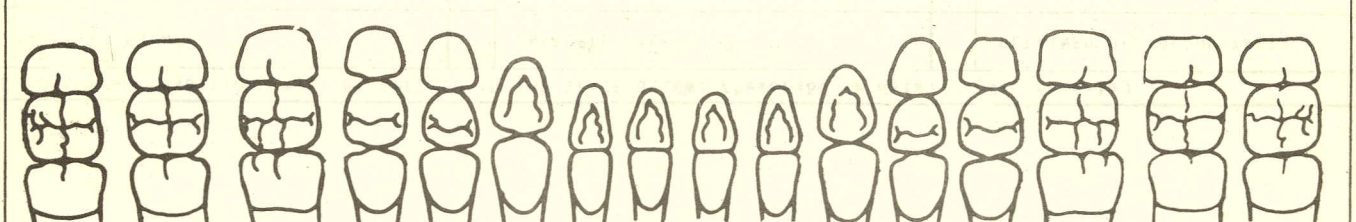
RESTORATIONS

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: Frank McCarthy

VERIFIED BY GRS OFFICER: John W Hannen Jr Capt

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)*

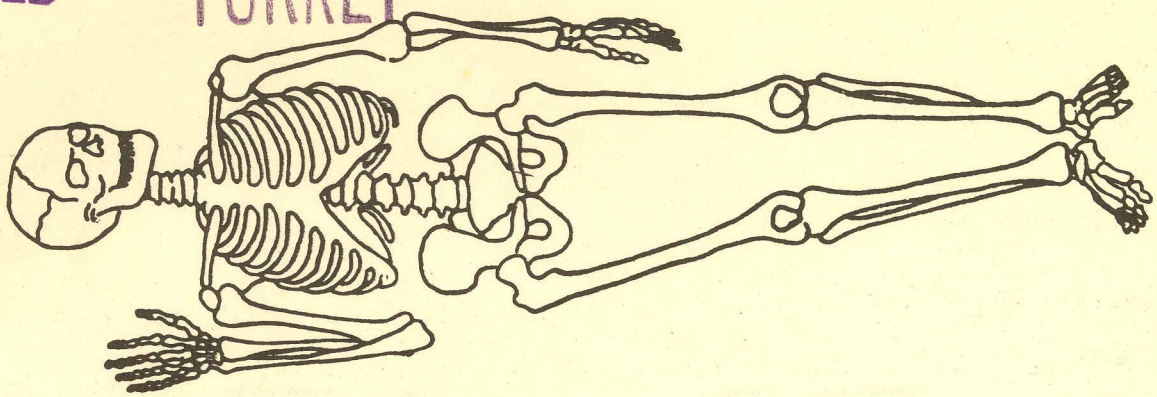
	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

All teeth were intact and in good shape.

19. BLACK OUT PARTS OF BODY 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)	Donald B Moseley

QMC FORM 18 MAR 47 1044b

4060—FEC P&PC—7/50—30M

ALLIED TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
ORAKCI, FAHRI PVT 45 909	18 September 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	4053		

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Five(5) cert. of identity rec'd with remains reads: ORAKCI, FAHRI, PVT, 45909

2. Six(6) cert. of death rec'd with remains reads: ORAKCI, FAHRI, PVT, 45909

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
Crabbe, Paul S. TURKEY	45909	Pvt	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
6th Turkish Brigade T A F C	TAPO 96271	Cau	

H. CATEGORY (SR 600-750-1)	*I. IF DEPENDENT (Name and address of individual upon whom dependent)
☐ ARMY ☐ DAC ☐ DEPENDENT* ☐ NAVY ☐ DNC ☐ OTHER (Specify) ☐ AIR FORCE ☐ DAFC** Turkish	

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

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

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
	☐ AG CASUALTY	Turkish Liaison officers
B. NOTIFIED ☐ YES ☐ NO	☒ OTHER (Specify) Liaison	E. ADDRESS (City or Town, County and State) 121st Evacuation Hospital, APO 971

III IDENTIFICATION OF PARENTS

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

IV MEDICAL CERTIFICATION

A. PLACE OF DEATH (City or Town, State or APO)	B. DATE OF DEATH HOUR	DAY	MONTH	YEAR	C. ATTENDED DECEASED FROM (Date)	TO (Date)	D. DECEASED LAST SEEN DATE
121st Evacuation Hospital APO 971	1105	13	Sep	57	13 Sep 57	13 Sep 57	13 Sep 57

E. NAME OF HOSPITAL	INTERVAL BETWEEN ONSET & DEATH
121st Evacuation Hospital (SMEL) APO 971	

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)	
Injuries multiple extreme	2 hours approx
G. DUE TO Trauma	
H. DUE TO	
I. ADDITIONAL DIAGNOSIS	
J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS	K. AUTOPSY PERFORMED ☐ YES ☐ NO

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

Crushed between two vehicles, time and place unknown.

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
13 Sep 57	Paul S. Crabbe, Major, MC	Paul S. Crabbe

V MORTICIAN REPORT (Final dispositions of remains)

A. (Check applicable box)	B. NAME OF CEMETERY
☐ BURIED LOCALLY ☐ REMAINS SHIPPED TO HOMELAND ☐ CREMATED LOCALLY ☐ ASHES SHIPPED TO HOMELAND	United Nations Memorial Cemetery in Korea C. ROW 8 D. PLOT 45 E. GRAVE 4053

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

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

Army-Admin Cen-Japan

AMERICAN GRAVES REGISTRATION SERVICE

FINGERPRINT FORM

TURKEY

ORAKCI, FAHRI PVT 45 909 Date: 14 September 1957

Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITARY CEMETERY (TANGGOK KOREA) Plot 45 Row 8 Grave 4053

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

LEFT HAND


10. Little Finger


9. Ring Finger


8. Middle Finger


7. Index Finger


6. Thumb

RIGHT HAND


5. Little Finger


4. Ring Finger


3. Middle Finger


2. Index Finger


1. Thumb

Impressions taken by:

Gerald F. McCaughey

2930 Q.M. Co. APO 971

Signature of Individual

Taking Prints

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

ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 18 September 1957

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
No I.D. tag
found with remains
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
ORAKCI, FAHRI	45 909

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TAFC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
121 Hospital APO 971	Injuries multiple extreme	13 September 1957

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): Cert. of identity rec'd with remains signed by ISKENDER DAIAY, 1st Lt. NECDET SEHIRLIOGLU Maj. ASIM ULGENER Capt. Verified by BILLY J. CAPERTON Sp-3 US 53265035, 293rd QM CO (GRREG) APO 971

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 FP-089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
18 September '57	1100	Sheet	Star & cresent	45	8	4053

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: 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 [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.
BAYSA, HASAN EMINOGLU	PVT	47158	TAFC	4052

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
GENEL, MEHMET	PVT	46221	TAFC	4054

SIGNATURE OF PERSON PREPARING REPORT: Donald E. Moseley
DONALD E. MOSELEY Sp-3

SIGNATURE OF GRS OFFICER VERIFYING REPORT: James C. Williamson
JAMES C. WILLIAMSON Capt. QMC OIC

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)*
5'8"	155	Brown	Black	121st Evacuation Hospital APO 971

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

TURKEY

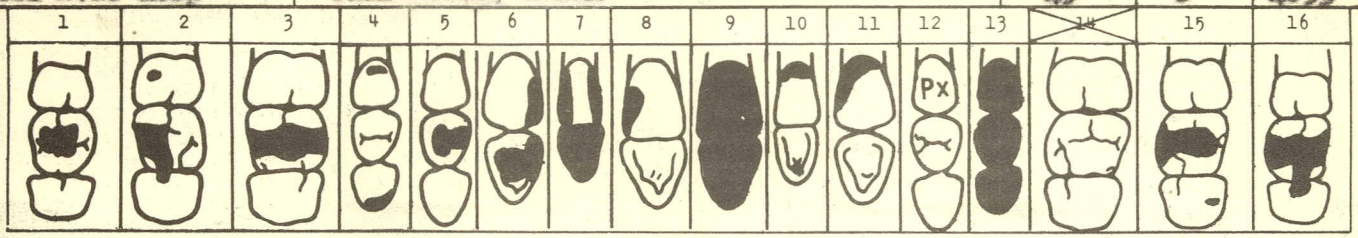
DATE: 16 September 1957

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
ORAKCI, FAHRI	PVT	45 909

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
8th Turkish Brigade	TAFC	MULTIPLE INJURIES	13 Sept 1957

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
121 Evac Hosp	UNMC TANGGOK KOREA	45	8	4053

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.

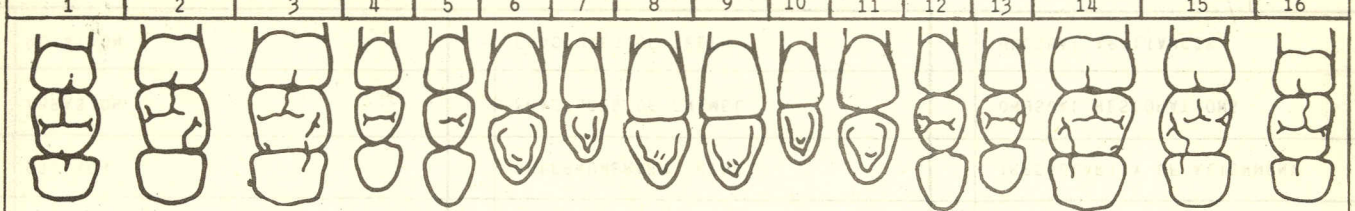
MARKING ABBREVIATIONS:

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

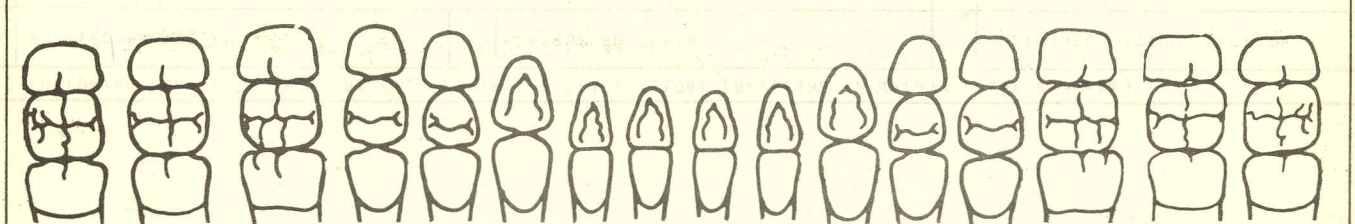
RESTORATIONS

UPPER RIGHT



UPPER LEFT

LOWER RIGHT



LOWER LEFT

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Gerald L McCarthy

VERIFIED BY GRS OFFICER: Jerald W. Hansen for Lge

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)*

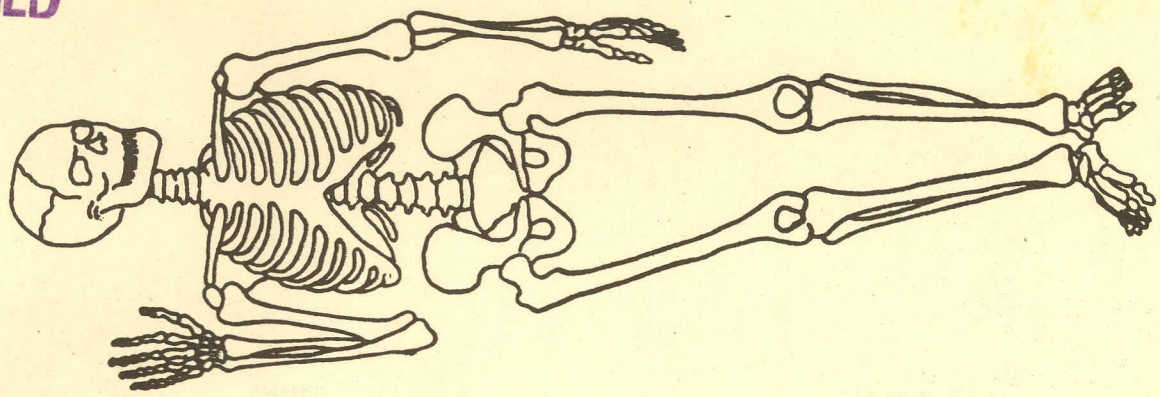
	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

All teeth were intact and in good shape.

19. BLACK OUT PARTS OF BODY 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)	Donald B Moseley

QMC FORM 18 MAR 47 1044b

4060—FEC P&PC—7/50—30M

ALLIED TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
ORAKCI, FAHRI PVT 45 909	18 September 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	4053		

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Five(5) cert. of identity rec'd with remains reads: ORAKCI, FAHRI, PVT, 45909

2. Six(6) cert. of death rec'd with remains reads: ORAKCI, FAHRI, PVT, 45909

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
Orakci, Fahri TURKEY	45909	Pvt	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
8th Turkish Brigade T A F C	TAPO 5401	Cau	

H. CATEGORY (SR 600-750-1)
☐ ARMY ☐ DAC ☐ DEPENDENT*
☐ NAVY ☐ DNC ☒ OTHER (Specify) Turkish
☐ 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
		NATURALIZED ☐ YES ☐ NO

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

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
B. NOTIFIED ☒ YES ☐ NO	☐ AG CASUALTY ☒ OTHER (Specify) Liaison	Turkish Liaison Officer
		E. ADDRESS (City or Town, County and State) 121st Evacuation Hospital, APO 971

III IDENTIFICATION OF PARENTS

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

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
121st Evacuation Hospital APO 971	1405	13	Sep	57	13 Sep 57	13 Sep 57	13 Sep 57

E. NAME OF HOSPITAL: 121st Evacuation Hospital (SMBL) APO 971

INTERVAL BETWEEN ONSET & DEATH

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below): Injuries multiple extreme — 2 hours approx

G. DUE TO: Trauma

H. DUE TO:

I. ADDITIONAL DIAGNOSIS:

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS:

K. AUTOPSY PERFORMED ☐ YES ☐ NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)
Crushed between two vehicles, time and place unknown.

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
13 Sep 57	Paul S. Crane, Major, MC	Paul S. Crane

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

C. ROW D. PLOT E. GRAVE

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

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

Army-Admin Cen-Japan

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

TURKEY

DATE: 14 September 1957

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

ORAKCI, FAHRI (NMI) PVT 45 909
Last Name, First Name, MI, Rank, ASN.

8th Turkish Brigade TAFC 5401.
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of: 1. 2 Months. 2. 2 Months. 3. 2 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: ISKENDER, DAIAY (NMI)
1st Lt. 42 774
RANK ASN
Judge Advocate Section APO 5401
ORGANIZATION

2. signed: [signature]
typed: NECDET SEHIRLIOGLU (NMI)
MAJOR 42 588
RANK ASN
Judge Advocate Section APO 5401
ORGANIZATION

3. signed: [signature]
typed: ASIM ULGENER (NMI)
CAPT 42 589
RANK ASN
Judge Advocate Section APO 5401
ORGANIZATION

VERIFIED:
Billy J. Caperton
(signed)
BILLY J. CAPERTON
(typed)
SP/3 US 53 265 035
(rank) (ASN)
293D QM Co (GRREG) APO 971
(organization)

(293 Opns 0.12)

AMERICAN GRAVES REGISTRATION SERVICE

FINGERPRINT FORM

TURKEY

CORAKCI, FAHRI PVT 45 909 Date: 14 September 1957

Name and Service No. or Unknown No.

Cemetery UNITED NATIONS MILITARY CEMETERY (TANGGOK KOREA) Plot 45 Row 8 Grave 4053

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:

Signature of Individual
Taking Prints

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