ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 4 September 19

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
I.D. tags unable to print
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)		SERVICE NUMBER
SEL, CELAL		T-48232
GRADE	**ORGANIZATION**	**BRANCH OF SERVICE**
PVT.	HQTRS. COMPANY, T.A.F.C.	ARMY
RACE	**RELIGION**	**COUNTRY (If not U.S.)**
CAUCASIAN	ISLAM	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
121st. Evac. Hosp. ASEOM CITY, KOREA	BRAIN DAMAGE, EXTENSIVE	29 Aug. 1958

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 KILICTAS TALIP, USUWTU SEVKI, ASKIN AHMET, TAFC, TAPO-5401. Verified by TREZ NEZTH, 2/Lt, T-48118, TAFC, Medical Co.

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.

NONE

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.
4 September 1958	1100	SHEET	Star & Cresent	45	9	4066

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: TEVFIK, SAHIN 2/Lt, 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: 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.
KINIK, SULEYMAN	SGT	49053	TAFC	4065
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: Terry C. Potter
TERRY C. POTTER, PFC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Albert C. Fong
ALBERT C. FONG, 2/Lt, QMC, OIC, UNMC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

37230-Army-AG Admin Cen-FEC-2/53-61M

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)*
EST 5'8"	EST 165	UTD	Black	None Noted

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

N/A

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

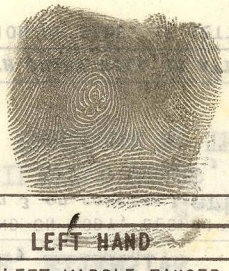
OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

No clothing or PE'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

The remains is buried at a 45 degree angle. With the head pointing to the north, so that the remains lay in a north-south direction.

ALLIED

IDENTIFICATION DENTAL CHART

TURKEY

DATE: September 1, 1958

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
Sol Ceial	PVT	T 48232

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
	HQ. CO. T.A.F.C.	Brain Damage, Extensive	29 August 1958

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
121 EVAC. HOSP.	UN MILITARY CEMETARY (TANGGOK, KOREA)	45	9	4066

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: GOLD CR. (7) GOLD CR. (8) GOLD CR. (9) GOLD CR. (10)

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

RESTORATIONS

CARIES: MF

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Roy E Limbock

~~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

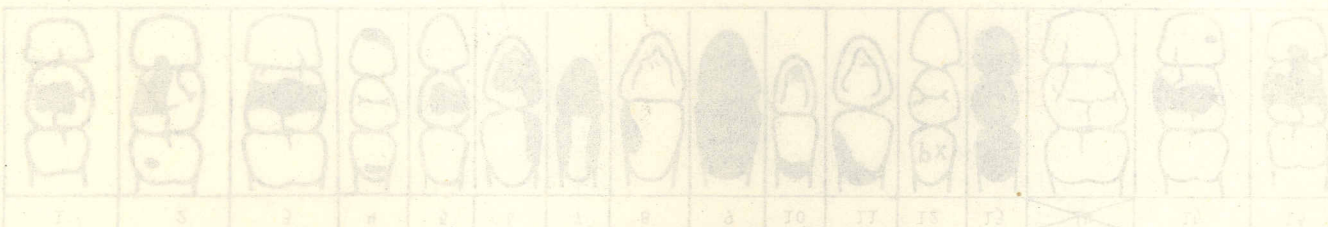
DENTURES *(Plates):* DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. *(For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.)* SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

N O. 7,8,9,10, Has Gold Crown. NO. 7,8,10, Full Crown, NO. 9, Half Gold Crown NO. 7,8,9,10, Hooked together.

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)*



ALLIED TURKEY

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
SEL, CEIAL PVT T-48232				4 September 1953	
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF**	
				DISINTERMENT	REINTERMENT
United Nations Military Cemetery, Tanggok, Korea	45	9	4066		

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) cert. of identity rec'd with remains reads: SEL CEIAL, PVT, T-48232.

2. Six(6) cert. of death rec'd with remains reads: SEL CEIAL, PVT, T-48232.

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	

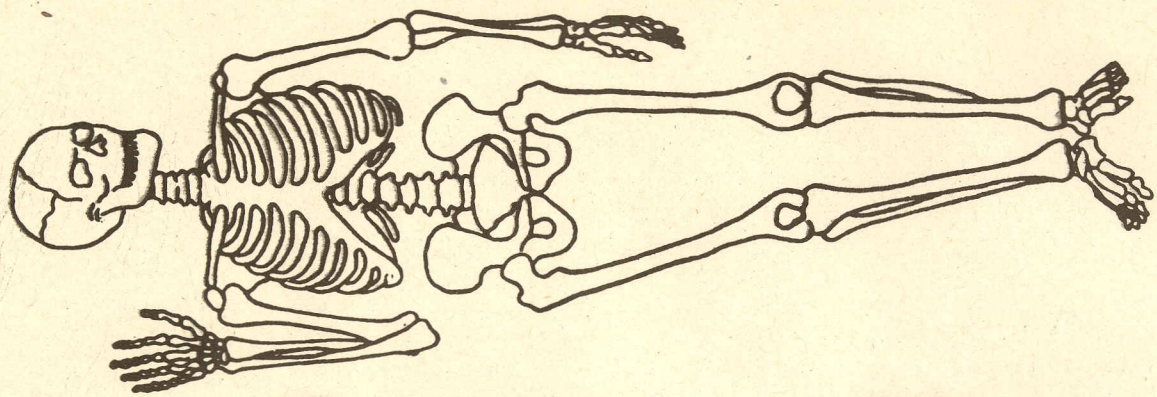
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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 PE's found on or with remains

19. BLACK OUT PARTS OF BODY NOT COVERED



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 intact

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
TERRY C. POTTER, PFC, US-55569936, 28th QM (Gr Reg)	Terry C Potter

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

ALLIED

CERTIFICATE OF DEATH

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
GEL GELAL TURKEY	12232	PVT	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
Tyler Company, T.A.F.F.C.	APO 7401	Caucasian	Single

H. CATEGORY *(SR 600-750-1)*
☐ ARMY ☐ DAC ☐ DEPENDENT*
☐ NAVY ☐ DNC ☒ OTHER *(Specify)* Turkish A.F.F.
☐ 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	Kaydi Hayu Julth, Erzurum, 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)*
Soldier	Same as Item "K"

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
Father	☐ AG CASUALTY	Selin, Sel
B. NOTIFIED ☒ YES ☐ NO	☒ OTHER *(Specify)* United Nation	E. ADDRESS *(City or Town, County and State)* Same as Item "K"

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER ☒ LIVING ☐ DECEASED	Selin, Sel	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
Seoul City, Korea, APO 20	1700	29	Aug	50	27 Aug	29 Aug	29 Aug 50

E. NAME OF HOSPITAL: 121st Evacuation Hospital (SMHL)(FWD) APO 20, SF, California (Korea) — INTERVAL BETWEEN ONSET & DEATH

F. IMMEDIATE CAUSE OF DEATH *(If external cause fill in Item IV L below)*: Brain damage, extensive — 3 days

G. DUE TO: Skull fracture, basal

H. DUE TO:

I. ADDITIONAL DIAGNOSIS: None

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)*: Patient fell from moving truck.

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
29 Aug 50	[illegible] Captain, MC	Bert G Lange

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 Military Cemetery
C. ROW 9 45 D. PLOT 4066 E. GRAVE

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

USF FORM 1 APR 54 89 REPLACES FEC FORM 89, 1 APR 54, WHICH MAY BE USED.

Army-Admin Cen-Japan

293D QUARTERMASTER COMPANY (GRAVES REGISTRATION)
APO 20

CERTIFICATE OF IDENTITY

CURRENT DEATH

ALLIED TURKEY DATE: 30 August 1958

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

SGT SERIAL PVT T-48232
Last Name First Name MI Rank ASN

T.A.F.C. HEADQUARTERS COMPANY TAPO 5403
Organization APO

2. My identification is based upon personal acquaintence covering a period of:

1. 6 Months. 2. 6 Months. 3. 6 Months.
(specified in weeks, months or years)

3. I recognized the deceased because of the following; ( ) Facial Feature, ( ) Scars, ( ) Birtmarks, or as listed below:

_____

_____.

1. signed: _____

typed: KILICT AS, TALIP

SGT T-78224
Rank ASN

T.A.F.C. HEADQUARTERS
Organization

VERIFIED:

_____
(signed)

IZZ MEZH
(typed)

S/SE T-48118
(rank) (ASN)

T.A.F.C. MEDICAL COMAPNY INT.
(organization)

2. signed: _____

typed: USLUTU, SEVKI

PFC T-78235
Rank ASN

T.A.F.C. HEADQUARTERS
Organization

3. signed: _____

typed: ASKIN, AHMET

PVT T-48289
Rank ASN

T.A.F.C. HEADQUARTERS
Organization

(293-Opns-0.12)

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

ALLIED

SEL, CELAL T-48232 Date: 4 September 1958
Name and Service No. or Unknown No.

Cemetery UNITED NATION MILITARY CEMETERY, TANGGOK, KOREA Plot 45 Row 9 Grave 4066

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:

Roy E Limbock
Signature of Individual
Taking Prints

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

19037

REPORT OF INTERMENT

DATE OF REPORT: 4 September

TYPE OF REPORT: ☑ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
SGL, CELAL	T-48232

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	HQTRS, Co. TAFC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
121st Evac Hosp ASCom City, Korea	Brain Damage, Extensive.	29 Aug, 1952

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 recd with remains Signed by KILICTAS, TALIP, USUWTU SEVKI, ASKIN AHMET, TAFC, TAPO-5401, Verified by TREZ NEZTH, 2/Lt. T-48118 TAFC, Medical Co.

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.

NONE

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY: EP-089868 United Nations Military Cemetery, Tanggok Korea.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
4 Sept. 52	1100	Sheet	Star Crescent	45	9	4066

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:

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.
KINIK, SULEYMAN	SGT	49053	TAFC	4065

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

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

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)*
EST 5'8"	EST 165	UTD	Black	None Noted

BIRTHMARKS, SCARS, OR TATTOOS: None Noted

LAUNDRY MARKS: N/A

WEAPON(S) WITH SERIAL NUMBER(S): N/A

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

No clothing or PE'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

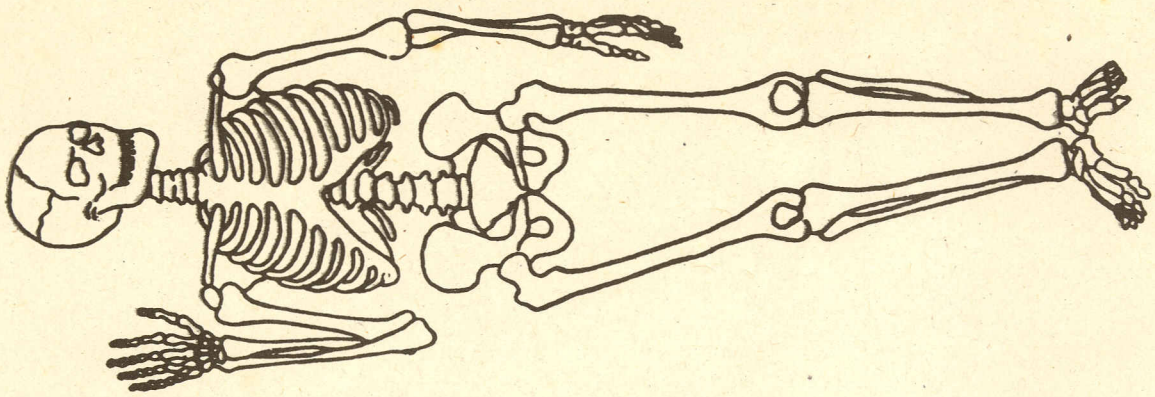
6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER

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

REMARKS: The remains is buried at a 45 degree angle, with the head pointing to the North, So that the remains lay in a North-South direction.

19037

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 intact

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

19037

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
SEL. CELAL PVT T-48232					
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
U.N. MIL. CEMETERY/TANGLOK, KOREA	4	9	4066		

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six (6) cert. of identity rec'd with remains reads: SEL CELAL, T-48232 PVT

2. Six (6) cert. of death rec'd with remains reads: SEL CELAL, T-48232 PVT

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 PE's found on or with remains