ALLIED REPORT OF INTERMENT TURKEY

DATE OF REPORT: 22 July 1958

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

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY I.D. tags unable to print

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
BICAKCIGIL, MUHARREM	52876

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TAFC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Turkey Brigade Artillery Bn	COD State: Loss of Blood	17 July 1958

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

WERE SUBSTITUTE TAGS PROVIDED? [ ] YES [ ] NO ThreeX (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 ERKAN YILMAZ, GULER CELIK, ERHAN KIZILKAYA, TAFC TAPO-5401. Verified by IREZ NEZIH, 2nd Lt, TAFC, TAPO-5401.

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 PE'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.
22 July 1958	1100	SHEET	Star & Cresent	45	9	4064

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, 2nd 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.
OSMA, MEHMET	PVT	45692	TAFC	4063

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: Roland R. Swanson
ROLAND R. SWANSON 1st 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 5'11	EST 173	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: 18 July 1958

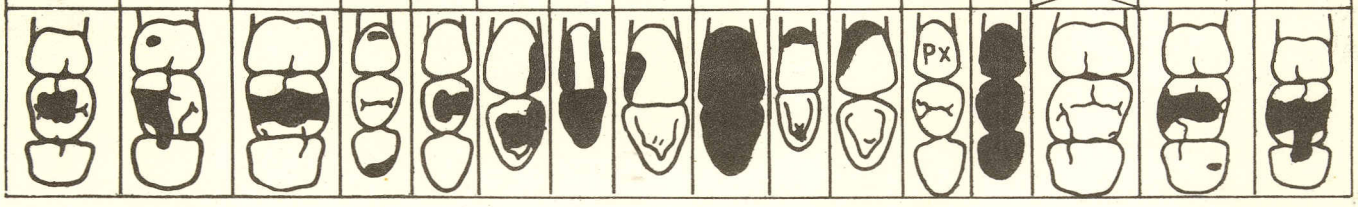
NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
BICAKCIGIL, Muharrem	PVT	52876

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
Artillery Bn	TAFC	Lost of Blood	17 July 1958

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
Turkey Brigade	United Nations Military Cemetery, Pusan	45	9	4064

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.

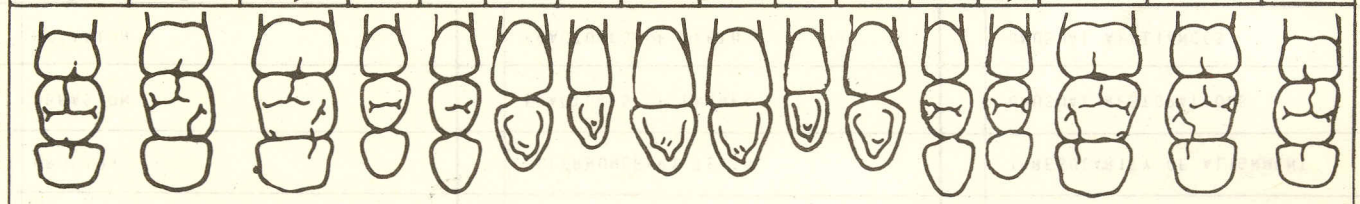
MARKING ABBREVIATIONS:
F - Facial, L - Lingual, O - Occlusal, M - Mesial, D - Distal, I - Incisal, Am - Amalgam, CR - Crown, FILL - Filling, PORC - Porcelain, BACK - Backing, FAC - Facing

CARIES

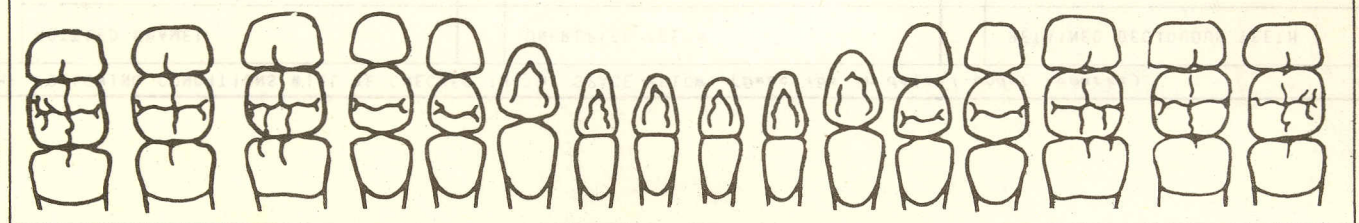
RESTORATIONS

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

UPPER RIGHT — UPPER LEFT



LOWER RIGHT — LOWER LEFT



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

RESTORATIONS

CARIES

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

VERIFIED BY GRS OFFICER: Thomas G Blakemore

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)*

No. 15, 17, 30 Missing.

ALLIED IDENTIFICATION DATA TURKEY

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
BIGAKCIGIL, MUHARREM PVT 52876				22 July 1958	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	DATE OF REINTERMENT
UNITED NATIONS MILITARY CEMETERY, PUSAN, KOREA	45	9	4064		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 173	EST 5'11"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) Cert. of identity rec'd with remains reads: BIGAKCIGIL, MUHARREM PVT 52876

2. Five(5) cert. of death rec'd with remains reads: BIGAKCIGIL, MUHARREM PVT 52876

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

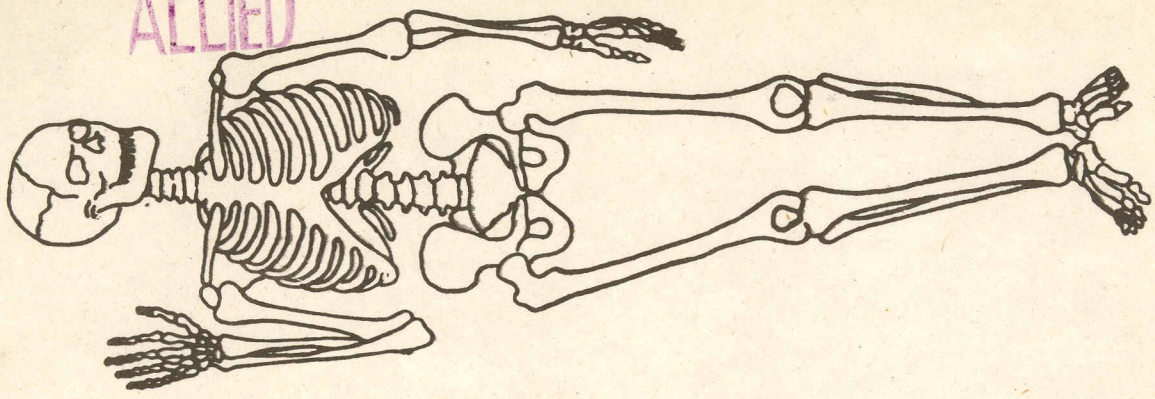
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

No clothing or PE's found on or with remains.

19. BLACK OUT PARTS OF BODY N[illegible] RECOVERED

TURKEY

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 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, US55569936, 20th QM(QM Reg)	Terry C. Potter

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

ALLIED

CERTIFICATE OF DEATH

TURKEY

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
Bicakcigil Muharrem	52876	Pvt	M

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

H. CATEGORY (SR 600-750-1): ☐ ARMY ☐ NAVY ☐ 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
1937	Bursa 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)

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)	Bicakcigil Abdullah
		E. ADDRESS (City or Town, County and State): Kahveci Irfan eliyle Yenikapi Kumsal Sok

III IDENTIFICATION OF PARENTS

A. FATHER ☒ LIVING ☐ DECEASED	LAST NAME - FIRST NAME - MIDDLE INITIAL: Bicakcigil Abdullah	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
Turkish Brigade Artillery Battalion	19	17	7	58			

E. NAME OF HOSPITAL: Medical Company of Turkish Brigade — INTERVAL BETWEEN ONSET & DEATH

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below): Lost of Blood

G. DUE TO

H. DUE TO

A CERTIFY TRUE COPY

I. ADDITIONAL DIAGNOSIS

s/Major Med. Dr. Galip Dincer
t/MAJOR MED. DR. GALIP DINCER

THOMAS G. BLAKENEY
CAPT QMC
MORTUARY OFFICER

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)

He was killed by his friend, Evrenos Coskun, accidently by a carbine cartritge

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
17 7 1958	Major Med. Dr. Galip Dincer	

V MORTICIAN REPORT (Final dispositions of remains)

A. (Check applicable box)
☒ BURIED LOCALLY ☐ CREMATED LOCALLY ☐ REMAINS SHIPPED TO HOMELAND ☐ ASHES SHIPPED TO HOMELAND

B. NAME OF CEMETERY: U.N.MIL. CEMETERY, TANGGOK, KOREA

C. ROW 9 45 D. PLOT 4064 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

ALLIED

TURKEY

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

BICAKCIGIL, Muharrem, 52876
Name and Service No. or Unknown No.

Date: 18 July 1958

Cemetery UNITED NATIONS MILITARY CEMETERY, TA NGGOK, KOREA Plot 45 Row 9 Grave 4064

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 Limbocker

Signature of Individual
Taking Prints

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

ALLIED TURKEY

293D QUARTERMASTER COMPANY GRAVES REGISTRATION
APO 971

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: _____

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

_____
Last Name, First Name, MI, Rank, ASN.

_____.
Organization. APO.

2. My identification is based upon personal acquaintence covering a period of: 1._____. 2._____. 3._____.
(specified in weeks, months or years)

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

_____

_____.

1. signed: _____

typed: _____

_____
RANK ASN

_____
ORGANIZATION

VERIFIED: _____ (Tercüman)
(signed)

_____ (Interpreter)
(typed)

_____
(rank) (ASN)

_____
(organization)

2. signed: _____

typed: _____

_____
RANK ASN

_____
ORGANIZATION

3. signed: _____

typed: _____

_____
RANK ASN

_____
ORGANIZATION

(293 Opns 0.12)

REPORT OF INTERMENT

DATE OF REPORT: 22 July 1958

TYPE OF REPORT: ☒ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY I.D. tags Unable to Print

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
BICAKCIGIL, MUHARREM	52876

GRADE	ORGANIZATION	BRANCH OF SERVICE
PVT	TAFC	ARMY

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

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Turkey Brigade Artillery BN	GSW Stated Loss of Blood	17 July 1958

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 ERKAN YILMAZ, GULER CELIK, ERHAN KIZILKAYA, TAFC. TAPO-5401. Verified by IREZ NEZIH, 2nd Lt, TAPO-5401, TAFC.

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 PE'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: EP-089888 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.
22 July 1958	1100	Sheet	Star & Cresent	45	9	4064

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	PERSON CONDUCTING BURIAL RITES
General	TEVFIK SAHIN 2nd 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	IDENTIFICATION TAG ATTACHED TO MARKER
TWO ☒ YES ☐ NO (2)	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.
OSMA, MEHMET	PVT	45692	TAFC	4063
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.

BICAKCIGIL.

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 5'11	EST 173	UTD	Black	

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 PES 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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
BICAKCIGIL, MUHARREM PVT. 52876				22 July 1958	
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF**	
				DISINTERMENT.	REINTERMENT
TANGGOK, KOREA. United Nations Military Cemetery	45	9	4064		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 173	EST 5'11"	Black	Caucasian

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) Cert. of identity recd with remains reads: BICAKCIGIL MUHARREM. PVT. 52876
2. five(5) cert. of Death recd with remains reads: BICAKCIGIL, MUHARREM, PVT. 52876

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	

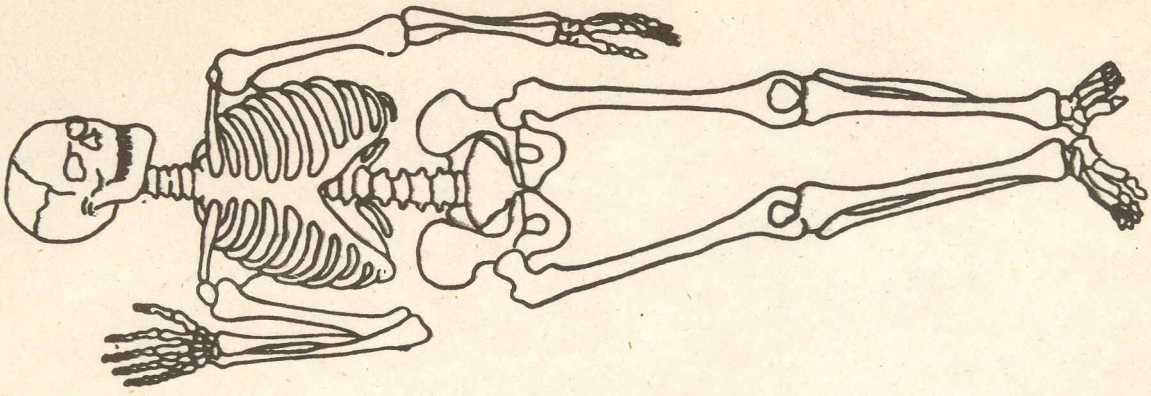
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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 PES found on or with remains.

19. BLACK OUT PARTS OF BODY N[illegible] 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

5762—FEC P&PC—9 50—250M