

REPORT OF INTERMENT				DATE OF REPORT 26 Jan 54	
TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENTAL (Reason)					
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 10px auto;"> TURKEY No ID tags found on remains </div>		SECTION 1. - IDENTIFICATION. NAME (Last, First, Middle Initial) AK EMRULLAH			
		GRADE Pvt		ORGANIZATION T AFC 10th Com	
		SERVICE NUMBER 20803		BRANCH OF SERVICE Army	
		RACE Caucasian		RELIGION Unk	
				COUNTRY (If not U.S.) Turkey	
PLACE OF DEATH Nor. MASH CT-295020, Korea		CAUSE OF DEATH EMT states; gunshot wound through and through head		DATE OF DEATH 15 Jan 54	
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) One (1) certificate of identity signed by Ustundag, Nevit Pvt 20521 T AFC H.O. verified by Bur Nazmi Capt 20519 Rine T AFC G-1.			
WERE SUBSTITUTE TAGS PROVIDED? Three <input checked="" type="checkbox"/> YES 3 <input type="checkbox"/> NO		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 Personnel Effects 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 UNMC Tanggok, Korea EP 089368					
DATE OF BURIAL 26 Jan 54	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Canvas Square	TYPE OF GRAVE MARKER Star & Crescent	PLOT NO. 45	ROW NO. 3
WAS THIS A REBURIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <div style="display: flex; justify-content: space-between;"> <div>PLOT NO.</div> <div>ROW NO.</div> <div>GRAVE NO.</div> </div>		
TYPE OF RELIGIOUS CEREMONY General	PERSON CONDUCTING BURIAL RITES GEORGE M. CARRALL Rev M.M.		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 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO	IDENTIFICATION TAG ATTACHED TO MARKER One <input checked="" type="checkbox"/> YES 1 <input type="checkbox"/> NO				
REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial) KARATAY N.			GRADE Pvt	SERVICE NUMBER 20733	GRAVE NO. 3985
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) OZCAN SEDAT			GRADE Cpl	SERVICE NUMBER 24911	GRAVE NO. 3987
SIGNATURE OF PERSON PREPARING REPORT James L. Wilkinson PFC QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT ROBERT S. ROBBINS Captain QMC		

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 Est 5'7"	WEIGHT Est 130	COLOR OF EYES Undet	COLOR OF HAIR Black	WHERE BODY WAS FOUND (Grid Coordinates) CT-295-020 Korea
BIRTHMARKS, SCARS, OR TATTOOS None Noted			LAUNDRY MARKS None	
WEAPON(S) WITH SERIAL NUMBER(S) 				

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

No clothing found on or with remains.

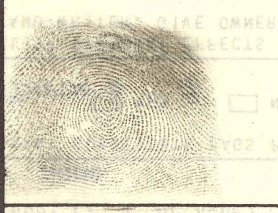




REMARKS

1. Remains received from YongDung Po Collecting Point Korea evac # A109131 293rd Grs Reg Co. Tagged at Nor. MASH CT295020.
2. Name, rank, SN and org, taken from Cert. of Identity.
3. Cause of death, DOD and POD taken from EMT signed by Arne Weber Laumann LtM M.C.
4. Cert of Identity attached.

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

See above

REPORT OF INTERMENT		DATE OF REPORT																			
TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENTAL (Reason)																					
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; margin: 10px; width: fit-content;"> TURKEY NO ID TAGS FOUND ON REMAINS </div>		SECTION 1. - IDENTIFICATION. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">NAME (Last, First, Middle Initial)</td> <td>SERVICE NUMBER</td> </tr> <tr> <td colspan="2">AK, EMRULLAH</td> <td>20803</td> </tr> <tr> <td>GRADE</td> <td>ORGANIZATION</td> <td>BRANCH OF SERVICE</td> </tr> <tr> <td>PVT.</td> <td>TAFCL 10TH COM.</td> <td>ARMY</td> </tr> <tr> <td>RACE</td> <td>RELIGION</td> <td>COUNTRY (If not U.S.)</td> </tr> <tr> <td>CAUCASIAN</td> <td>UNK.</td> <td>TURKEY</td> </tr> </table>		NAME (Last, First, Middle Initial)		SERVICE NUMBER	AK, EMRULLAH		20803	GRADE	ORGANIZATION	BRANCH OF SERVICE	PVT.	TAFCL 10TH COM.	ARMY	RACE	RELIGION	COUNTRY (If not U.S.)	CAUCASIAN	UNK.	TURKEY
NAME (Last, First, Middle Initial)		SERVICE NUMBER																			
AK, EMRULLAH		20803																			
GRADE	ORGANIZATION	BRANCH OF SERVICE																			
PVT.	TAFCL 10TH COM.	ARMY																			
RACE	RELIGION	COUNTRY (If not U.S.)																			
CAUCASIAN	UNK.	TURKEY																			
PLACE OF DEATH NOR. MASH CT-295020, KOREA		CAUSE OF DEATH EMT STATES GUNSHOT WOUND THROUGH HAND THROUGH HEAD 15 JAN 54																			
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) NONE		IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) <u>ONEID CERT OF IDENTITY</u> SIGNED BY USTUNDAG, NEVIT PVT 20521 TAFCL H.O. VERIFIED BY BUR NAZMI CAPT 20519 RINE TAFCL G-1.																			
WERE SUBSTITUTE TAGS PROVIDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO THREE (3) GRS		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 PERSONAL EFFECTS FOUND ON REMAINS																					
SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)																					
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY UNMC TANGGOK KOPER EP089868																					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER																		
26 JAN 54	1000	CANVAS SQUARE	STAR AND CRESCENT																		
WAS THIS A REBURIAL?	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE.																				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																					
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY																			
GENERAL	GEORGE M. CARRALL REV. M.M.	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																				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO																				
REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	GRAVE NO.																		
KARATAY, N.	PVT.	20733	3985																		
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	GRAVE NO.																		
OZCAN, SEDAT	CPL	24911	3987																		
SIGNATURE OF PERSON PREPARING REPORT		SIGNATURE OF GRS OFFICER VERIFYING REPORT																			
James S. Wilkinson OFC		Charles E. Fouts Cpl.																			

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 EST 5'7"	WEIGHT EST 130	COLOR OF EYES UNDET.	COLOR OF HAIR BLACK	WHERE BODY WAS FOUND (Grid Coordinates) CT-295-020, KOREA
BIRTHMARKS, SCARS, OR TATTOOS NONE NOTED			LAUNDRY MARKS NONE	
WEAPON(S) WITH SERIAL NUMBER(S)				

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

NO CLOTHING FOUND ON OR WIRE 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
NO FINGER PRINTS TAKEN				

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
NO FINGER PRINTS TAKEN				

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

REMARKS

1 REMAINS REC. FROM YONGDUNG PO. COLLECT KOREA EVAL #40913/

2 293RD GRS. TAGGED AT NORMASH CT-295020

3 NAME, RANK, SN AND ORG. TAKEN FROM CERT OF IDENTITY.

4 CAUSE OF DEATH, DOD AND POD TAKEN FROM EMT SIGNED BY ARNE WEBER LAUMANN LTJN MC.

5 CERT OF IDENTITY ATTACHED

ALLIED

16454-4

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN AK EMRULLAH Pvt 20803				2. DATE OF REPORT 26 Jan 54	
3. NAME OF CEMETERY UNMC Tangkok, Korea		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
		45	3	3986	DISINTERMENT N/A REINTERMENT N/A
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT 130	9. ESTIMATED HEIGHT 5'7"	10. COLOR OF HAIR Black		11. RACE Caucasian	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) EMT found on remains reads AK EMRULLAH 20803 One (1) Cert of Identity received with remains reads AK EMRULLAH 20803					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None Noted					
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?			
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 personnel effects or clothing found on or with remains.					

ALLIED

16454-4

IDENTIFICATION DENTAL CHART

DATE

26 Jan 54

NAME (Last, First, Middle Initial)

AK EMRULLAH

GRADE

Pvt

SERVICE NUMBER

20803

UNIT

ORGANIZATION

TAFC 10th Com

CAUSE OF DEATH

See DD Form 551

DATE OF DEATH

15 Jan 54

PLACE OF DEATH Nor MASH
CT-295020, Korea

PLACE OF BURIAL

UNMC Tangkok Korea

PLOT

45

ROW

3

GRAVE

3986

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

O - Occlusal
M - Mesial

D - Distal
I - Incisal

Am - Amalgam
CR - Crown

FILL - Filling
PORC - Porcelain

BACK - Backing
FAC - Facing

CARIES				O, O, M														CARIES
RESTORATIONS																		RESTORATIONS
UPPER RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	UPPER LEFT	
				DRIFT	SEE REMARKS									DRIFT	SEE REMARKS			
LOWER RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LOWER LEFT	
RESTORATIONS																	RESTORATIONS	
CARIES																	CARIES	

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

JAMES L. WILKINSON PFC QMC

VERIFIED BY ORS OFFICER

ROBERT S. ROBBINS Captain QMC

DD FORM 1 SEP 51 569

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

SEE REVERSE SIDE

20803

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
X	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

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

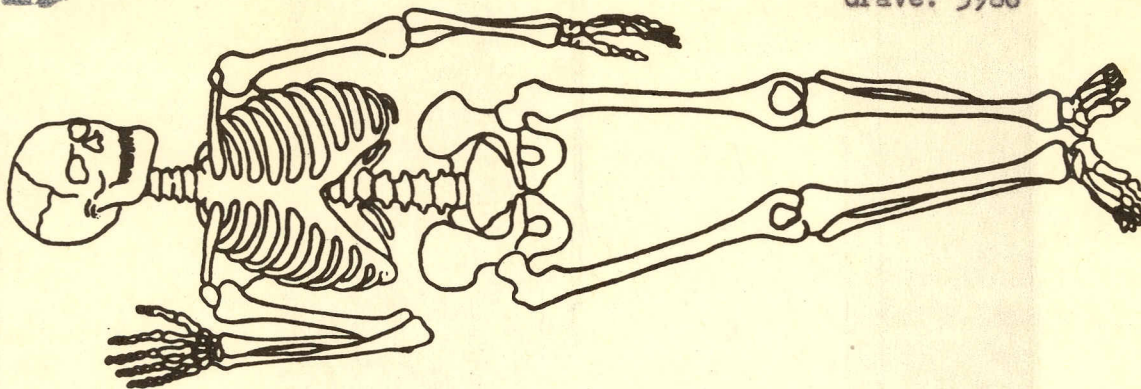
1. Wear on all teeth
2. # 4 appears to be a recent extraction
3. # 15 is small and mal-formed

19. BLACK OUT PARTS OF BODY NOT RECOVERED

AK EMRULLAH Pvt 200
UNMC Tangkok, Korea

Plot: 45
Row: 3
Grave: 3986

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

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

RONALD S. CRAIL PFC QMC
114th Gr Reg Co.

SIGNATURE

Ronald S. Crail
AK EMRULLAH