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GRAVES REGISTRATION
FORM NO. 1
(Revised 1 Sept. 1943)

ALLIED**RUSSIAN

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

14 May 1945
Date

Markarkin,	Sachan	Unknown	Unknown
Last Name	First Initial	Rank	Serial No.

Russian Soldier
Unit Organization

Vic. Ludenscheid, Germany Est. 7 May 1945 Tuberculosis
Place of Death Date of Death Cause of Death

0930--14 May 1945-- U. S. Mil. Cem., Margraten, Holland-- VK 645482

40	2	CCC	Wooden Cross
Grave Number	Row Number	Plot Number	Type of Marker

Time and Date of Burial
Name of Cemetery
Name or Coordinates of Location

Disposition of Identification Tags: Buried with body Yes ☐ No ☒ Attached to Marker Yes ☐ No ☒

If No Identification Tags
How were remains identified?

By EMT

What means of identification were buried with the body?

GRS Embossed Plate

To determine Right or Left use **Deceased's** Right and Left.

Who is buried on:

Deceased's Right:	UNKNOWN	X-519	(RUSSIAN)	(Margraten)	POW	39
	Name	Serial No.	Rank	Organization		Grave No.
Deceased's Left:	UNKNOWN	X-521	(RUSSIAN)	(Margraten)	POW	41
	Name	Serial No.	Rank	Organization		Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.

MARKARKIN, SACHAN
(TYPED IN)

If print of identification tag is not affixed fill in below:

Emergency Addressee Unknown
Name

Address

Religion Unknown

List only Personal Effects **Found on Body** and disposition of same:

TRANSFERRED TO CUSTODY OF
NETHERLANDS GOVERNMENT NONE
REINTERRED IN ANERSPOORT CEMETERY
PLOT ROW
DATE NOV 47

Edwin J. Donovan
Signature of Officer or other person reporting burial

EDWIN J. DONOVAN
1st Lt., MC GRS Officer
611th QM Gr.
Verified by G.R.S. Officer

RESTRICTED

IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take Those You Can, and fill in the following:

Height:
Weight:
Color of Eyes:
Color of Hair:
Race:

Laundry Marks:
Number of Rifle:
Wear Glasses?
Is Tooth Chart Attached?

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Left Hand: 4 3 2 1 Thumb

Right Hand: 4 3 2 1 Thumb

TOOTH CHART

Deceased's Left / Deceased's Right

	8	7	6	5	4	3	2	1
Upper								
Lower								

Indicate: missing natural teeth by X; crowns by ○; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth X

Characteristics:

Other Data:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

AG P BR HQ SOS . /22560