

ALLIED

# REPORT OF BURIAL

Graves Registration  
Form No. 1  
(Revised 1 Sept. 1943)

18 June 1945

Take fingerprints of both hands. If unable to obtain a complete set of fingerprints, take those you can and fill in the following:

Last Name: Kornjew, Nikolai First: Nikolai Initial: N Rank: Private Height: 5' 10" Weight: 150 lbs Eyes: Blue Hair: Dark Organization: U.S. Army Unit: 603rd Gr. Reg. Co. Place of Death: Eisenach, Germany Date of Death: 18 June 1945 Cause of Death: U.S. Mil. Cemetery, Margraten, Hol. Color of Hair: Dark Color of Eyes: Blue Time and Date of Burial: 18 June 1945 Name of Cemetery: U.S. Mil. Cemetery, Margraten, Hol. Name of Coordinates of Location: Grave 294 Grave Number: 295 Row Number: 13 Plot Number: 295 Type of Marker: Cross

Disposition of Identification Tags: Buried with body Yes ☐ No ☒ Attached to Marker Yes ☐ No ☒ If No Identification Tags: How were remains identified? Statement of Identification

Statement of Identification

What means of identification were buried with the body? embossed tag form #1

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

Who is buried on:

Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
	<u>Herzamlor</u>				<u>294</u>

Deceased's Left:	Name	Serial No.	Rank	Organization	Grave No.
	<u>Sartorelli</u>				<u>296</u>

Signature of Name, Rank and if possible Organization of person furnishing above data when other than officer reporting burial. Edwin H. Miller

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

Emergency Addressee: Unknown Name: Unknown Address: Unknown Religion: Unknown

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

Evacuated by 607 Gr. Reg. Co.

Signature of Officer or other person reporting burial: Edwin H. Miller

EDWIN H. MILLER, 1st Lt. QMC

603rd Gr. Reg. Co.

Verified by G.R.S. Officer: Edwin H. Miller

Graves Registration Form No. 1 (Revised 1 Sept. 1943)



18 Jan 1945	Date
	Serial No.
	Place of Death
	Type of Marker
	Attached to Marker Yes <input type="checkbox"/> No <input type="checkbox"/>
	How were remains identified?
	Disposition of Identification Tags: Buried with body Yes <input type="checkbox"/> No <input type="checkbox"/>
	Grave Number
	Time and Date of Burial
	Place of Burial
	Unit
	Number of Rifle
	Wear Glasses?
	Is Tooth Chart Attached?
	Color of Hair
	Color of Eyes
	Weight
	Height
	Laundry Marks
	Race
	Notes

**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 : \_\_\_\_\_ Laundry Marks : \_\_\_\_\_  
 Weight : \_\_\_\_\_ Number of Rifle : \_\_\_\_\_  
 Color of Eyes : \_\_\_\_\_ Wear Glasses ? \_\_\_\_\_  
 Color of Hair : \_\_\_\_\_ Is Tooth Chart Attached ? \_\_\_\_\_  
 Race : \_\_\_\_\_  
 (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.:

1. I, the undersigned, do certify that the remains of **KORNJEV NIKOLAI**, Russian, was a patient in RAMP hospital number D-969149, Halle, Germany one month. Dr. **Wessner**, German doctor in this hospital treated this patient form **10/1/44** to **11/1/44**. This patient gave his name as **KORNJEV NIKOLAI**.

Deceased's Name: **Wessner, C. Evans**  
 Deceased's Rank: **1/1**  
 Deceased's Organization: **66912188/3**  
 Deceased's Grade: **CoC 77 Med Bn Armd.**

### TOOTH CHART

Deceased's Left																Deceased's Right															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth X																															

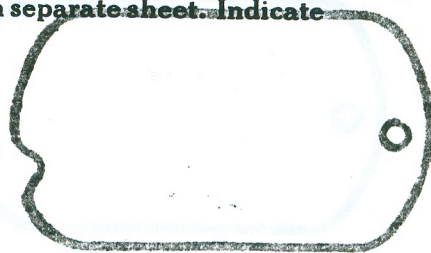
Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ○ linking anchor teeth; replacements by artificial teeth X

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.

**TRUE COPY**  
**Edwin Miller**  
**EDWIN A. MILLER, Lt. Col. MC**  
**303rd Cr. Reg. Co.**





NINTH UNITED STATES ARM  
GRAVES REGISTRATION SERVICE  
APO 339 US ARMY

--- 4 June 1945 ---  
(Date)

1. I, THE UNDERSIGNED, DO CERTIFY THAT THE REMAINS OF

----- KORNJEV NIKOLAI ----- Russian  
(Name) (Rank) (ASN)  
(Unit) (Organization)  
WERE IDENTIFIED BY -----  
(Name, Rank, ASN & Orgn)  
WHO WAS PERSONALLY ACQUAINTED WITH THE DECEASED FOR A PERIOD OF one MONTHS.

2. IDENTIFICATION WAS ACCOMPLISHED BY:

- a. Visual Recognition -----  
b. Other (describe) -----  
-----  
-----  
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3. REMARKS: This man was a patient in RAMP-HOSPITAL, number D-969149,  
Halle, Germany one month. Dr. PRESBER a german doctor in this hospital  
treated this patient for Tbc pulm. The patient gave his name as  
KORNJEV NIKOLAI.

I, certify that this is a true copy.

*Kenneth I. Duffer*  
KENNETH I. DUFR  
1st Lt., QMC  
Commanding

(Name signed) s/ Waymon C. Evans

(Name printed) T/3

(Rank & ASN) 38131999

(Organization) Co. C 77th Med. Bn. Armd.

(To be filled in at cemetery)

REMAINS OF -----  
(Name, Rank, ASN, & Orgn of Deceased)

ARE BURIED IN PLOT \_\_\_\_\_, ROW \_\_\_\_\_, GRAVE \_\_\_\_\_, AT U. S. MILITARY CEMETERY #1,

-----  
(Location of Cemetery)

(signed) -----

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GRS officer