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CITTLE. I ADECEASED OUNIDERTIFIE raves Registration 18 Jan rm No. Date Take Fingerprints of Both Hands. MIf unable to obtain Cevised | Sept. 1943) a complete set of Fingerprints, Take Those You Can, TTON and fill in the following Serial No. First Last Name Height: Laundry Marks : Number of Rifle : moils Weight : tin [] Color of Eyes : Wear Glasses ? Color of Hair : Deal Blace of Deal Place of Deal ? Itached ? Itached ? f Death S21.533 Race . This action of the . . . . . 33.22 SET. inates of Location (If possible, have medical personnel take a tooth chart, if no medical struct Time and Date of 2 1 personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc. Type of Maiker Row Number Grave Number 10% Disposition of Identification Tags : Buried with body Yes 🗖 No 🚰 Attached to Marker Yes D Left H No Identification Tags How were remains identified? Hand Right a is piritia. I Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. at this beind are more distribution of deceased, etc. 1. I, the undersigned, do certify that the remains of RDREJEW SIN TAI Russian Thisman was a p tien in RAMP hospital number D-959149, Halle, Germany one month Dr Jerman doctor in this hospital treated this patient form TRC Tega 310 NISOI AND The patient gave his name as KORNAL pulm. o determine Right or Left use Deceased Right a Waymon C. Lyans Tho is buried on : Grave No. Organization T/8L38121999 Jeceased's Right : Rank \ame/ CoC 77 Med Bri Armd. Grave No. Serial No. Organization Rank Yame. Deceased's Loft : TOOTH CHART If this is an Isolated Burial, make a Sketch of the than officer repor when other Location, oriented with Permanent Landmarks. If 00 00 h by □; Bridges more space needed attach separate sheet. Indicate Ilit bazifta ton North. bellow Deceased's Left 9 9 Emergency Addr 12 UN <u>CO</u>P 20 10 by O; fillings by r artificial teeth 4 4 DOINA. 'R., MI st ŝ 3 Soard ." Gr. Reg. Co. Religion. 2 by X ; crowns b eplacements by a 2 List only Personal Effects Found on Body and disposition of same: anchor teeth ; replacements -. 2 --2 2 teeth Right 3 3 natural t Deceased's 4 \* missing 1 10 10 lics Signature of Officer or Ther Charaeteni Leb 9 [sin 9 repor Indicate: J C.F. S. et C" 76992 - 887 M - 3-45 Other . -. X. 2. Verified b 67203 00 00 Upper Lower

NINTH UNITED STATES ARM GRAVES REGISTRATION SERVICE APO 339 US ARMY

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4 June 1945 (Date)

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1. I, THE UNDERSIGNED, DO CERTIFY	THAT THE REMAINS OF
KORNJEW NIKOLAI (Name)	(Rank) (ASN)
	(Organization)
ERE IDENTIFIED BY (Name, R	ank, ASN & Orgn)
WHO WAS PERSONALLY ACQUAINTED WITH THE :	DECEASED FOR A PERIOD OF OIN C. MONTHS
2. IDENTIFICATION WAS ACCOMPLISHED	D BY:
a. Visual Recognition	ng ann ann ann ann ann ann ann ann ann a
b. Other (describe)	
	na dala fana dina pata dana dana dana dana pada bila tana dana dana dana dana dana dana dan
	nt in RAMP-HOSPITAL, number D-969149,
Halle, Germany one month. Dr. PR	ESBER a german doctor in this hospital m. The patient gave his name as
I. certify that this is a true copy.	
/ funder of Dure	(Name Signed) s/ Waymon C. Evans
KENNETH I. DUFR 1st Lt., QMC	(Name Printed) T/3
	(Rank & ASN) _ 38131999
and the second faire a beautiful and the second second	(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)
Ĩ	GRS Officer