

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

15 June 1945

Date

RUSSIAN
MUDATON, MAXIMSHAL

152 034

Mudatov, Maximshai

152034

Last Name

First

Initial

Rank

Serial No.

Unknown

Russian Soldier

Unit

Organization

Augs., Germany

7 June 1945

T.H.C. Pulmonary

Place of Death

Date of Death

Cause of Death

0900 15 Jun 1945

U.S. Mil. Cemetery, Margraten, Hol.

VI 645483

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

77

4

000

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

Not signed by:

SOCRA TEO O. GIAXI

2nd Lt. MAC

RAMP Hosp. #1

What means of identification were buried with the body?

170 Med. Bn.

One embossed tag

One for #1

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

Who is buried on:

Deceased's Right:

Constantino

Name

Serial No.

Rank

Organization

76

Grave No.

Deceased's Left:

Suchinin

Name

Serial No.

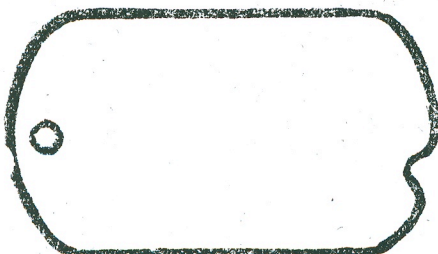
Rank

Organization

78

Grave No.

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



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

Emergency Addressee

Unknown

Name

Address

Unknown

Religion

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

Evacuated by 608 QM Gr. Reg. Co.

Edwin S. Miller

Signature of Officer or other person reporting burial

EDWIN S. MILLER, 1st Lt. QM

603rd QM Gr. Reg. Co.

Verified by G.R.S. Officer

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.:

Left Hand

Thumb

Right Hand

Thumb

TOOTH CHART

Deceased's Right																Deceased's Left																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Upper	Lower	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

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.