

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

REPORT OF BURIAL

TM 10-630 AND AR 30-1815

15 June 1945
Date

SUCHNIN

Suchnin, Boris

Last Name

First

Initial

Soldat

Rank

566

Serial No.

Russian Military

Unit

HAMP Hosp #1, Auna, Germany

7 June 1945

Organization

TBC Pulmonary

Place of Death

Date of Death

Cause of Death

1100 15 June 1945

U.S. Mil. Cemetery, Margraten, A.I.

VK 848482

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

78

4

600

Cross

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

Statement of Identity

What means of identification were buried with the body?

GRS embossed tag

GRS form #1

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

Who is buried on: Suchnin

77

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Suchnin

Deceased's Left:

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.



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 603rd Gr. A.G. Co.

Edwin H. Miller

Signature of Officer or other person reporting burial
EDWIN H. MILLER, 1st Lt. MC
603rd Gr. A.G. Co.

Verified by G.R.S. Officer

IF DECEASED UNIDENTIFIED

Take 10 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.:

I certify that name of the patient (Suchinin, Boris) was obtained before death.

SOCRATES O. GIANIS
2nd Lt. MAC

RAMP Hospital #1
Auma, Germany
170 Med. Bn.

Left Hand

2

1

Thumb

Right Hand

2

1

Thumb

TOOTH CHART

		Deceased's Left																Deceased's Right															
Upper	Lower	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
		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

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.