

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

15 June 1945

Date

**Jerschejav, Mimitrij**

Last Name

First

Initial

Rank

Serial No.

Unit

Organization

**Halle, Germany**

**8 June 1945**

**73 para.**

Place of Death

Date of Death

Cause of Death

**1600 15 June 1945**

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

**VK 645482**

Time of Burial

Name of Cemetery

Name or Coordinates of Location

**82**

**4**

**000**

**Grass**

Grave Number

Row Number

Plot Number

Type of Marker

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

If No Identification Tags

How were remains identified?

**Certificate of Identification**

What means of identification were buried with the body?

**Grass embossed tag  
Grass form #1**

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

Who is buried on: **Kuzirkov**

**81**

Deceased's Right:

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

**Akulnikov**

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

Religion

**Unknown**

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

**Evacuated by 607 QM Gr. Reg. Co.**

*Edwin Miller*

Signature of Officer or other person reporting burial

**EDWIN H. MILLER, 1st Lt. QMO  
603rd QM Gr. Reg. Co.**

Verified by G.R.S. Officer



# IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain 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.:

This man was a patient of Ramp Hospital, # D- 969149, Halle Germany on 1 month. Dr. Prosser, a German doctor in this hospital treated this patient for HBC pulm. The patient gave his name as Jevschojew, Nimitrij.

Wayman Evans  
 T/3 38131999  
 Co C. 77 Med Bn.

## TOOTH CHART

Deceased's Left															
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
Upper								Lower							

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.