

**GRAVES REGISTRATION
FORM No. 1
(Revised 1 Sept. 1943)**

Alfred Russen
REPORT OF BURIAL
TM 10-630 AND AR 30-1815
DECEASED UNIDENTIFIED

29 JUN 1945
27 APRIL 45
Date

Last Name AUYELL		First Name EDWARD		Rank Private		Serial No. 	
Organization MARINE		Place of Death OF BAD KOSEN, GERM		Date of Death 29 JUN 1945		Cause of Death DIARRHEA + MALNUTRITION	
Time and Date of Burial 1500-27 APRIL 1945		Name of Cemetery 300		Name or Coordinates of Location DIARRHEA + MALNUTRITION			
Grave Number 242		Row Number 10		Plot Number 499		Type of Marker 	
Disposition of Identification Tags: Buried with body Yes ☐ No ☒ Attached to Marker Yes ☐ No ☒							
If No Identification Tags How were remains identified? IDENTIFIED BY ENL BY ALLIED MILITARY HQSP OF BAD KOSEN, GERM (unsigned)							
What means of identification were buried with the body? REBURIAL							
To determine Right or Left use Deceased's Right and Left.							
Who is buried on:							
Deceased's Right:							
Name		Serial No.		Rank		Organization	
Deceased's Left:		Serial No.		Rank		Organization	

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

attach separate sheet. Indicate North. If this is not affixed in below: ~~_____~~ make a sketch of the location, and if possible, indicate the location of the site.

Emergency Addressee

Name _____

Address

Religion

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

Signature of Officer or other person reporting burial _____

Verified by G.R.S. Officer

RESTRICTED