

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

ALLIED RUSSIAN
REPORT OF BURIAL

TM 10-630 AND AR 30-1815

29 JUN 1945
29-APRIL-45
Date

PORTNOI, IRAN PVT.
Last Name First Initial Rank
INF.
Organization
ALLIED HOSPITAL BAD KOSEN, GER. 27-APRIL-45 MALNUTRITION
Place of Death Date of Death Cause of Death
1000-29-APRIL-45 0900 EISENACH #1
Time and Date of Burial Name of Cemetery Name or Coordinates of Location
29 (249) 1 (10) D GGG CROSS
Grave Number Row Number Plot Number 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?

Emt CAPT. MC. SIGNATURE NOT LEGIBLE
HOSPITAL AT BAD KOSEN, GERMANY

What means of identification were buried with the body?

embossed plate

REBURIAL

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

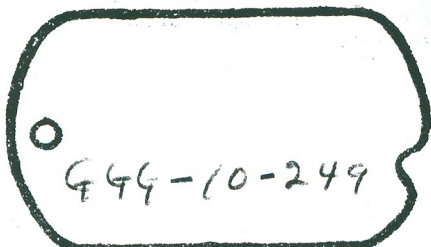
Who is buried on:

Deceased's Right: 1-14 Name Serial No. Rank Organization Grave No. 23

Deceased's Left: Name Serial No. Rank Organization Grave No. 25

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 Name

Address

Religion

List only Personal Effects Found on Body and disposition of same: Entry left MC - Sig not legible

no PE's

none

Moore

Signature of Officer or other person reporting burial

Verified by G.R.S. Officer