

3

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

43 11th Airborne Div #1 X90

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 6910 81787
DATE: 08 09 50

NAME: UNKNOWN X-90
SERIAL NUMBER: [blank]
GRADE: [blank]
ARM: [blank]
RACE: [blank]
RELIGION: [blank]

CEMETERY: USAF CEMETERY FINSCHAFFEN NO. 1, N. G.
PLOT: [blank] ROW: [blank] GRAVE: [blank]
DISPOSITION OF REMAINS: 7701 80
CODE: [blank] DIST. CTR.: [blank]

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE:
UNITED STATES MILITARY CEMETERY
FT. W. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN:
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: [blank] SERIAL NUMBER: [blank] GRADE: [blank] DATE OF DEATH: [blank] DATE DISTINTERRED: [blank]

IDENTIFICATION TAG ON: [] REMAINS [] MARKER [] ORGANIZATION: [blank] RELIGION: [blank] IDENTIFICATION VERIFIED BY: [blank] NAME AND TITLE: [blank]

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [blank] CONDITION OF REMAINS: [blank]

OTHER MEANS OF IDENTIFICATION: [blank]

MINOR DISCREPANCIES (Prepare Discrepancy Report OMC Form 1194a for major discrepancies):
U-2475
28 Sept 50

REMAINS PREPARED AND PLACED IN CASKET: [blank]

DATE: [blank] BY: [blank]

CASKET SEALED BY: [blank] EMBALMER (Signature): [blank]

CASKET BOXED AND MARKED: [blank] SHIPPING ADDRESS VERIFIED BY: [blank]

DATE: [blank] BY: [blank]

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR: [Signature]
Remarks: file, NAI, Philcom, 11/22/50, 15

REMARKS AND SPECIAL INSTRUCTIONS: [blank]

Incl #1

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

CRW/AFS/fmc

APO 928
7 September 1950

C E R T I F I C A T E

I certify that the following listed extra portions of remains (CIL Unknowns), segregated during the processing of remains from USAF Cemetery Finschhafen No. 1, have been placed in a casket and assigned UNKNOWN X-90, Finschhafen No. 1, in accordance with the provisions of OQMG letter, file QMGMP 293, dated 9 November 1948, subject: Disinterment Discrepancies:

Right Humerus - - - - -	2
Left Humerus - - - - -	9
Right Radius - - - - -	10
Left Radius - - - - -	3
Right Ulnae - - - - -	8
Left Ulnae - - - - -	3
Right Femur - - - - -	1
Left Femur - - - - -	5
Right Tibiae - - - - -	3
Left Tibiae - - - - -	3
Right Fibulae - - - - -	7
Left Fibulae - - - - -	8
Calcaneus - - - - -	5
Metatarsal - - - - -	6
Phalanges - - - - -	9
Bone Fragments	

Charles R. Whylen
CHARLES R. WHYLEN

2d Lt., QMC

Actg. Chief, Records Branch