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WORLD HEADQUARTERS OF AMERICANS
ROOM 3 ROW 24
DATE OF BIRTH: 26/10/55

DISINTERMENT DIRECTIVE

RECEIVED AT:
SARREUR QUARTERS
375 324, 777-PT-AM,
29 757, 75 757

Arthur S. Karais

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE
17 00 1955
DAY MONTH YEAR

NAME: [blank] SERIAL NUMBER: [blank] GRADE: [blank] ARM: [blank] RACE: [blank] RELIGION: [blank]

CEMETERY: [blank] PLOT: [blank] ROW: [blank] GRAVE: 253 DISPOSITION OF REMAINS: [blank] CODE: [blank] DIST. CTR.: [blank]

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
[blank]

NAME AND ADDRESS OF NEXT OF KIN
[blank]

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 QMC Form 1194a for major discrepancies.): [blank]

REMAINS PREPARED AND PLACED IN CASKET: [blank]

DATE 17 00 55 BY [blank]

EMBALMER (Signature) [Signature]

CASKET SEALED BY [blank]

SHIPPING ADDRESS VERIFIED BY [blank]

DATE 17 00 55 BY [blank]

[Signature]
[blank]
SIGNATURE OF AGRS INSPECTOR

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

REMARKS AND SPECIAL INSTRUCTIONS: [blank]