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UNITED STATES ARMY
DISINTERMENT DIRECTIVE
RECEIVED ROW 26 GRAVE 16
DATE OF BURIAL: 27/10/55
PREPARED BY: Arthur E. Davis

PREPARED BY:
DATE: 13 OCT 1955

SECTION A — NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER
DATE 13 OCT 1955

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

CEMETERY: FRANKFORD SOCIETY PLOT: [Blank] ROW: [Blank] GRAVE: 105 DISPOSITION OF REMAINS: 1200 CODE 00 DIST. CTR. 00

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: [Blank] 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

DATE 13 Oct 1955 BY [Blank]

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

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

DATE 13 Oct 55 BY [Blank] [Signature]

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

[Signature]
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: [Blank]