

# PORT OF BURIAL 44

7 October 1944.

TM 10-630 AND AR 30-1815

Date

AHMAD, Thomas O.

~~UNKNOWN (A-145)~~

2nd Lt.

0-533369

Last Name

First

Initial

Rank

Serial No.

Air Corps

Unit

Organization

France

Unk.

KTA

Place of Death

Date of Death

Cause of Death

1600 6 October 1944.

Blosville, France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

31

5

Y

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?

Body badly decomposed.

Officer's Identification Card Shows (Thomas O.) as first name and middle initial but last name is illegible. Serial number is 0-533369

What means of identification were buried with the body?

G.R. Form No. 1.

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

Who is buried on:

Deceased's Right: Unknown A-146 Name Serial No. Rank Organization Grave No. 88

Deceased's Left: Fuller, W. Name Serial No. Rank Organization Grave No. 86

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:

Signature of Officer or other person reporting burial

*Harold B. Pugh*  
HAROLD B. PUGH  
2ND LT., CMC  
Verified by G.R.S. Officer

File  
MAR 20 1945  
ASL

# REPORT OF BURIAL

TM 10-630 AND AR 30-1815

445 January 1945  
Date

AHMAD		Thomas O.	2nd Lt.	0-533369
Last Name		First	Initial	Rank
74 Troop Carrier Sq.		74 Troop Carrier Sq.		Serial No.
France		-6 June 1944		KIA
Place of Death		Date of Death		Cause of Death
1600 6 October 1944		Blosville		Blosville, France
Time and Date of Burial		Name of Cemetery		Name or Coordinates of Location
87		Y		Cross
Grave Number		Row 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? **Body badly decomposed. Originally buried as Unknown X-145. Identified by officer's identification card with first name, middle initial and serial number, plus the fact that Lt. Ahmad is carried as KIA, 6 June 1944 and no Report of Burial is on file under this name.**

What means of identification were buried with the body?

\*Per ltr dtd 23 Aug. '45 (314.6 T/O European, Corr. of Reports of BR)

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

Who is buried on:	Unknown X-146				88
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	Fuller, W.	34642287	Pfc	262 Port Co.	86
	Name	Serial No.	Rank	Organization	Grave No.

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: **None.**  
**This Corrected Copy of Report of Burial was prepared in the Office of the Chief Quartermaster, ETOUSA.**

Officer's identification card shows Thomas O. as first name and middle initial but last name is illegible. Serial number is 0-533369.

*Philip J. Wolf*  
PHILIP J. WOLF  
Captain M.C.

CR LOR 45  
8 APR 20 1945

Signature of Officer or other person reporting burial  
Verified by G.R.S. Officer

MAR 20 1945

Serial No. 0-533369 Name AHMAD, Thomas O.

Grade 2/4E Rank \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Nearest Relative \_\_\_\_\_

Address \_\_\_\_\_

Killed in Action \_\_\_\_\_ Died of Disease \_\_\_\_\_

Date \_\_\_\_\_ Hospital \_\_\_\_\_

Battle Area \_\_\_\_\_ Information \_\_\_\_\_

\_\_\_\_\_

Place of Burial Blossville Y-5-87

Point of Coordination \_\_\_\_\_

Description of Body \_\_\_\_\_

\_\_\_\_\_

Members Missing \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

# DISINTERMENT DIRECTIVE

# 1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER <b>3508 00031</b>		DATE <b>15 11 47</b> <small>DAY MONTH YEAR</small>		
NAME <b>AHMAD THOMAS O</b>				SERIAL NUMBER <b>0-533369</b>		RANK <b>2 LT</b>	ARM <b>1</b>	DATE OF DEATH  <small>DAY MONTH YEAR</small>
CEMETERY <b>BLOSVILLE - CARENTAN</b>							DISPOSITION OF REMAINS <b>1 6300 08</b> <small>CODE DIST. PT.</small>	CAUSE OF DEATH <b>1</b>
PLOT <b>Y</b>	ROW <b>5</b>	GRAVE <b>87</b>	COUNTRY <b>FRANCE</b>					

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE <b>ARLINE AHMAD</b> <del>810 NORTH 12TH STREET, APT. "N"</del> <b>MILWAUKEE, WISCONSIN 53114</b> <i>J. B. O. Ryder</i> <i>Wisconsin Ave</i>	NAME AND ADDRESS OF NEXT OF KIN <b>ARLINE AHMAD (WIFE)</b> <b>810 NORTH 12TH STREET, APT. "N"</b> <b>MILWAUKEE, WISCONSIN</b>

SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME <b>Ahmad, Thomas O.</b>		SERIAL NUMBER <b>0533369</b>	RANK <b>2d Lt</b>	DATE OF DEATH <b>11 June 1944</b>	DATE DISTINTERRED <b>23 January 1948</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>USAAF</b>		RELIGION <b>Mos.</b>	IDENTIFICATION VERIFIED BY <b>JOHN H. CLARK</b> <b>2d Lt, QMC</b> <small>NAME AND TITLE</small>	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL <b>Uniform</b>	CONDITION OF REMAINS <b>Advanced decomposition</b>
OTHER MEANS OF IDENTIFICATION <b>Burial report found.</b>	
MINOR DISCREPANCIES <b>None.</b>	

REMAINS PREPARED AND PLACED IN CASKET	
DATE <b>4 February 1948</b>	BY <b>H. F. Pergande</b>
CASKET SEALED BY <b>H. F. Pergande</b>	EMBALMER (Signature) <i>H. F. Pergande</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY <i>John Palyox Jr</i> <b>JOHN PALYOK JR, 1st Lt, FA</b>
DATE <b>4 Feb 48</b> BY <b>H. B. Ryder</b>	

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

*John Palyox Jr*  
**JOHN PALYOK JR, 1st Lt, FA**  
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# 3351

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM USMC Blosville, France		TO Casketing Point A, Cherbourg, France	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Michael Strange	
SIGNATURE OF SHIPPER <i>E N Ciampo</i> J. F. RANDALL, Capt, QMC	DATE 4 Feb 48	SIGNATURE OF RECEIVER <i>E N Ciampo</i> E. N. CIAMPO, 1st Lt, FA	DATE 4 Feb 48

## 2. SHIPPED

FROM Casketing Point A, Cherbourg, France		TO Port Unit, Cherbourg, France	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>E N Ciampo</i> E. N. CIAMPO, 1st Lt, FA	DATE	SIGNATURE OF RECEIVER <i>John E. Hendry Jr.</i> JOHN E. HENDRY JR, Maj, CAC	DATE

## 3. SHIPPED

FROM Port Unit - Cherbourg		TO NYPOE	
KIND OF CONVEYANCE US AT MC CARLEY		NAME OF CONVOYER ROBERT V. SCHNEIDER, 1st Lieut, TC	
SIGNATURE OF SHIPPER <i>John E. Hendry Jr.</i> JOHN E. HENDRY JR, Major, CAC	DATE 10 Mar 48	SIGNATURE OF RECEIVER <i>Robert V. Schneider</i>	DATE

## 4. SHIPPED

FROM		TO <i>NYPE</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>Balinski</i>	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i>	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON FOR COLONEL, T. C.	DATE APR 5 1948

## 5. SHIPPED PORT TRANSPORTATION OFFICER

FROM <i>NYPE</i>		TO <i>de # 8</i>	
KIND OF CONVEYANCE <i>WILSON'S AIRCRAFT</i>		NAME OF CONVOYER <i>Arthur W. Hoffmann P.Fc.</i>	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C.	DATE APR 1 01948	SIGNATURE OF RECEIVER <i>Arthur W. Hoffmann</i> ARTHUR W. HOFFMANN Capt, QMC	DATE APR 1 1948

## 6. SHIPPED

FROM PORT TRANSPORTATION OFFICER		TO Chief, Operations Br.	
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

15343

**WAR DEPARTMENT**  
**THE ADJUTANT GENERAL'S OFFICE**

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 11 January 1945

FULL NAME <p style="text-align: center;">Ahmad, Thomas O.</p>		ARMY SERIAL NUMBER <p style="text-align: center;">0533369</p>	GRADE <u>pmr 4627</u> <p style="text-align: center;">2nd Lt.</p>						
HOME ADDRESS <p style="text-align: center;">Milwaukee, Wisconsin</p>		ARM OR SERVICE <p style="text-align: center;">Air Corps</p>	DATE OF BIRTH <p style="text-align: center;">12 Oct 1919</p>						
PLACE OF DEATH <p style="text-align: center;">European Area</p>	CAUSE OF DEATH <p style="text-align: center;">Killed In Action</p>		DATE OF DEATH <p style="text-align: center;">6 Jun 1944</p>						
STATION OF DECEASED <p style="text-align: center;">European Area</p>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <p style="text-align: center;">5 Sep 1943</p>	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	YEARS	MONTHS	DAYS			
YEARS	MONTHS	DAYS							
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <p style="text-align: center;">Mrs. Thomas O. Ahmad, wife, 810 North 12th St., Apartment N, Milwaukee, Wisconsin.</p>									
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <p>Mrs. Arline Virginia Ahmad, wife, address shown above.          Mrs. Martha Ahmad, mother, 1421-A W. Vliet St., Milwaukee, Wisconsin.          Mr. Joseph Ahmad, father, 1421-A W. Vliet St., Milwaukee, Wisconsin.</p>									
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)		
YES	NO	YES	NO	YES	NO	YES	NO		
						X			

ADDITIONAL DATA AND/OR STATEMENT

F/O A.D. - 18 Feb 43.

BATTLE     NON-BATTLE

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 Jun 44 until such absence was terminated on 4 Jan 45 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

RECEIVED  
JAN 22 1945  
HEAD

BY ORDER OF THE SECRETARY OF WAR  
*James W. Reinhart*  
ADJUTANT GENERAL

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O. U. S. A.
2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE  
WASHINGTON 25, D. C.

155343

*ly* - BATTLE CASUALTY REPORT

NAME				SERIAL NUMBER		GRADE		ARM OR SERVICE		REPORTING THEATRE	
AHMAD THOMAS O				0-533369		2 LT		AC		ETO	
PLACE OF CASUALTY			DATE OF CASUALTY			FLYING OR JUMPING STAT	TYPE OF CASUALTY	SHIPMENT NUMBER			
			DAY	MONTH	YEAR						
FRANCE			07	JUN	44	A	MIA	122			

NAME AND ADDRESS OF EMERGENCY ADDRESSEE

THE INDIVIDUAL NAMED ABOVE DESIGNATED THE FOLLOWING PERSON AS THE ONE TO BE NOTIFIED IN CASE OF EMERGENCY, AND THE OFFICIAL TELEGRAPHIC AND LETTER NOTIFICATIONS WILL BE SENT TO THIS PERSON. THE RELATIONSHIP, IF ANY, IS SHOWN BELOW. IT SHOULD BE NOTED THAT THIS PERSON IS NOT NECESSARILY THE NEXT-OF-KIN OR RELATIVE DESIGNATED TO BE PAID SIX MONTHS' PAY GRATUITY IN CASE OF DEATH.

MR.-MRS.-MISS	FIRST NAME	MIDDLE INITIAL	LAST NAME		RELATIONSHIP
	MRS THOMAS O AHMAD				WIFE
NO. AND NAME OF STREET		CITY	COUNTY		STATE
1421-A WEST ILIET STREET		MILWAUKEE	WISCONSIN		

REMARKS:

CORRECTED COPY 12 July 1944 FMC



ACTION BY PROCESSING AND VERIFICATION SECTION: REPORT VERIFIED  FORM 43  AG 201 REQ \_\_\_\_\_

CASUALTY BRANCH FILE ATTACHED \_\_\_\_\_ OR CHARGED TO \_\_\_\_\_ DATE \_\_\_\_\_

PREVIOUSLY REPORTED NO  YES \_\_\_\_\_ (AS INDICATED BELOW):

FILE NO.	MESSAGE NO.	TYPE	DATE AND AREA	E. A. NOTIFIED

REPORT NOT VERIFIED \_\_\_\_\_ NO FORM 43 \_\_\_\_\_ NO CAS. BR. FILE \_\_\_\_\_ CHECKED BY \_\_\_\_\_ REVIEWED BY \_\_\_\_\_

THIS SPACE FOR USE OF MACHINE RECORDS BRANCH, A.G.O.

ACCT. AREA	CASUALTY STATUS	ORIGINAL CAS. DATE			MESSAGE NO.	LATEST CAS. DATE			REFERENCE AREA	CREW POS.	RESIDENCE		CMP	RACE											
		DAY	MO.	YR.		DAY	MO.	YR.			STATE	COUNTY													
34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59

DISTRIBUTION 36

COPIES FURNISHED:

- AIR ADJUTANT GENERAL     
 CHIEF, WAR BOND DIVISION     
 OFFICERS BRANCH, A.G.O.  
 AMERICAN RED CROSS     
 CHIEF, WAR BOND OFFICE

HEADQUARTERS  
BASE AIR DEPOT AREA  
AIR SERVICE COMMAND  
UNITED STATES STRATEGIC AIR FORCES IN EUROPE  
APO 635

AAF 590

4 December 1944

293.

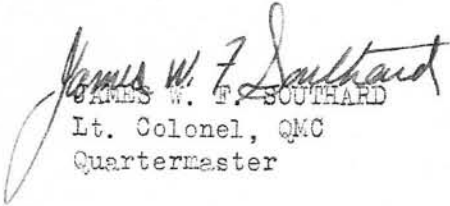
SUBJECT: GRS Form #1, (Report of Burial)

TO : Commanding General, Hq. Ninth Troop Carrier Command, APO 133, US Army. (Attention: Graves Registration Officer)

1. Inclosed GRS Form #1 of Unknown X-145 is forwarded for your records.
2. Information obtained by this headquarters reveals that the name of the deceased is 2nd Lt. Thomas O. Ahmad, O-533369, who was assigned to the 434th Troop Carrier Group.
3. Request investigation be made to verify the identity of Unknown X-145, and this headquarters be notified of any information found.

For the Commanding General:

Incl: GRS Form #1.

  
JAMES W. F. SOUTHARD  
Lt. Colonel, QMC  
Quartermaster

REC'D



22711

AG 293 (4 Dec 44) 1st Ind.  
HEADQUARTERS, IX TROOP CARRIER COMMAND, APO 133, US ARMY, 16 December 1944

C-DK

To: Commanding General, Base Air Depot Area, Air Service Command, US Strategic Air Forces in Europe, APO 635, US Army.

1. This headquarters has no information, other than that appearing on the GRS Form #1, by which to identify Unknown X-145.

2. In view of the fact that 2nd Lt THOMAS O. AHMAD, 0533369 became MIA 6 June 1944 while piloting a glider to a landing zone in the lower Cherbourg Peninsula area, it is reasonable to conclude that Unknown X-145 is the body of subject officer.

3. Corrected battle casualty report, changing status from MIA to KIA 6 June 1944, is being sent to theater headquarters.

For the Commanding General:

*O. W. Howland*

O W HOWLAND  
Colonel A G D  
Adjutant General



Incl w/d.

40854

293. 2nd Ind.  
Hq, Base Air Depot Area, ASC, US Strategic Air Forces in Europe, AAF 590, APO 635, US Army. 20 December 1944.

TO: Commanding General, Hq, Com Z, (Fwd), European Theater of Operations, APO 887, US Army.  
(Attention: Office of the Chief Quartermaster)

1. For your information and records.

2. Unknown X-145 referred to in basic communication and preceding indorsement was buried at Blasville, France, Plot Y, Row 5, Grave No. 87, 6 October 1944.

3. GRS Form # 1 cites officers identification card showing THOMAS O. as first name and middle initial, last name illegible, Serial Number O-533369.

For the Commanding General:



*J. W. F. Southard*  
JAMES W. F. SOUTHARD  
Colonel, QMC  
Quartermaster

HEADQUARTERS  
COMMUNICATIONS ZONE  
EUROPEAN THEATER OF OPERATIONS  
UNITED STATES ARMY  
Office of the Chief Quartermaster  
APO 887

COF/rdc.

Q-GRE (Blosville Y-5-87).

(S: 21 January 1945)

6 January 1945.

SUBJECT: Identification of Unknown X-145 (Blosville). ✓

TO : Graves Registration Officer, 56th QM Base Depot, APO 562, U.S. Army.

1. Reference is made to Report of Burial received at this headquarters for Unknown X-145 buried at Blosville American Military Cemetery in Plot Y, Row 5, Grave 87.

2. With information from Headquarters, 9th Troop Carrier Command and records at this headquarters, Unknown X-145 has been identified as AHMAD, Thomas O., 2nd Lt., 533369, 74th Troop Carrier Sq. The date of death was 6 June 1944. Identification was established by an officer's identification card showing first name, middle initial, and serial number, plus the fact that Lt. Ahmad is carried as KIA, 6 June 1944 and no Report of Burial is on file at this headquarters under this name.

3. Corrected copy of Report of Burial for Lt. Ahmad is inclosed.

4. It is requested that your records and the marking of the grave be adjusted accordingly and this headquarters notified by indorsement hereon when this has been accomplished.

Incl. a/s

*J. P. Smith*  
*H. Col. QMC*  
BENY ROSALER,  
Colonel, QMC,  
Chief, GR&E Div.

N-2-539  
N-2-YS-1-913  
1-414

Q-GRE (Blosville Y-5-87) 1st Ind.

GAC/gac

HQ, 3046 QM GRAVES REGISTRATION CO., APO 562, U. S. ARMY, 22 January 1945

TO: O. C., 1st Quartermaster Group, APO 562, U. S. Army/

Basic communication complied with. ~~CORRECTED Report of Burial, in quadruplicate, is attached.~~



*Geo. A. Carlson*

Geo. A. CARLSON  
2nd Lt. QMC  
GRS Officer

Incl: w/d

GRE-293. (Blosville Y-5-87) 2nd Ind.

MW/cjm

Hq., 1st Quartermaster Group, Com Z ETO, APO 562, U S Army, 27 Jan., 1945

TO: Commanding General, Com Zone ETO, APO 887, U. S. Army  
ATTN: Graves Registration and Effects Division, OCOM  
THRU: GRO., Normandy Base Section, APO 562, U. S. Army

1. Attention invited to 1st indorsement.
2. All records in this office have been corrected.



*Maurice Whitney*

MAURICE WHITNEY  
Lt. Col., QMC  
Commanding

GRE-295 (Blosville Y-5-87) 3rd Ind.

EAL/k

OCM, HQ, NORMANDY BASE SECTION, APO 562, U.S. Army, 5 Feb. 1945

TO: Commanding General, Com Zone ETO, APO 887, U.S. Army  
ATTN: Graves Registration and Effects Division, OCOM



For the Base Section Quartermaster:



*Edwin A. Llwyd*

EDWIN A. LLWYD  
2d Lt., QMC  
Assistant

HEADQUARTERS  
COMMUNICATIONS ZONE  
EUROPEAN THEATER OF OPERATIONS  
UNITED STATES ARMY  
Office of the Chief Quartermaster  
APO 887

1107  
OUT  
6 JANV 1945  
OCOM. APO 887

COF/rdc

Q-GRE (Blosville Y-5-87).

(S: 21 January 1945)  
6 January 1945.

SUBJECT: Identification of Unknown X-145 (Blosville).

TO : Graves Registration Officer, QM Section, BADA, ASC, USSTAF, AAF  
Station #590, APO 635, U.S. Army.

1. Reference is made to Report of Burial received at this Headquarters for Unknown X-145 buried at Blosville American Military Cemetery in Plot Y, Row 5, Grave 87.
2. With information from Headquarters, 9th Troop Carrier Command and records at this headquarters, Unknown X-145 has been identified as AHMAD, Thomas O., 2nd Lt., O-533369, 74th Troop Carrier Sq. The date of death was 6 June 1944. Identification was established by an officer's identification card showing first name, middle initial, and serial number, plus the fact that Lt. Ahmad is carried as KIA, 6 June 1944 and no report of burial is on file at this headquarters under this name.
3. Corrected copy of Report of Burial for Lt. Ahmad is inclosed.
4. It is requested that your records be adjusted accordingly and this headquarters notified by indorsement hereon when this has been accomplished.

1 Incl. a/s.



0025834

*J. Rosaler*  
*H. Col.*  
for BENY ROSALER  
Colonel, QMC  
Chief, GR&E DIV



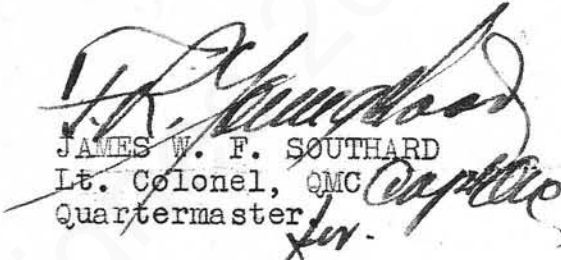
293. 1st Ind. L/MB/rhs  
HQ BASE AIR DEPOT AREA, ASC, US STRATEGIC AIR FORCES IN EUROPE,  
AAF 590, APO 635, US ARMY. 11 January 1945.

TO: Commanding General, Hq., Ninth Troop Carrier Command, APO 133,  
U.S. Army. (Attn: QM Section, Graves Registration Officer)

1. For your information and records.

2. It is requested that requirements of par 4., be complied with  
and this headquarters be notified by indorsement hereon when this has  
been accomplished.

For the Commanding General:

  
JAMES W. F. SOUTHARD  
Lt. Colonel, QMC  
Quartermaster

1 Incl: n/c

x 200.2

AG 293. (6 Jan 45)

2nd Ind.


C-DK

HEADQUARTERS, IX TROOP CARRIER COMMAND, APO 133, US ARMY 20 January 1945

TO: Commanding General, Base Air Depot Area, Air Service Command,  
US Strategic Air Forces in Europe, APO 635, US Army.

Paragraph 4, basic communication, complied with.

For the Commanding General:

  
PHIL PORTER, JR  
Captain, AGD  
Acting Adjutant General

1 Incl w/d.



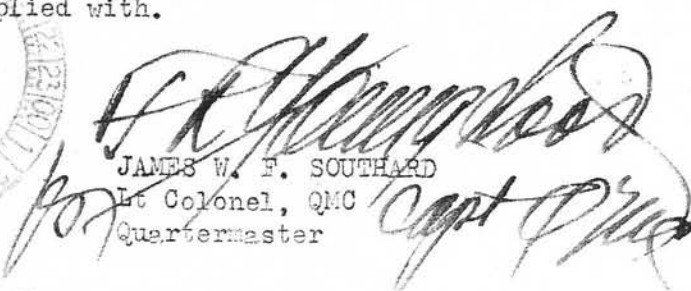
293. 3rd Ind  
HQ, BASE AIR DEPOT AREA, ASC, US STRATEGIC AIR FORCES IN EUROPE, APO 635, US Army  
25 January 1945.

TO: Commanding General, Hq, Com Z, European T of Opns, USA, APO 887, US Army.  
(Attn: Office of the Chief Quartermaster)

Paragraph 4, basic communication complied with.

For the Commanding General:



  
JAMES W. F. SOUTHARD  
Lt Colonel, QMC  
Quartermaster

# REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

(Read Explanation on Reverse Side before completing form)

1. DATE

January 20, 1948

2. NAME OF DECEDENT (Last, First, Middle Initial)

**AHMAD, THOMAS O.**

3. BRANCH OF SERVICE

**USIAF**

6. A.  INTERMENT EXPENSES  
(Civilian or Private Cemetery)  
B.  TRANSPORTATION EXPENSES  
(National or Post Cemetery)

4. RANK OR GRADE

**2ND LT.**

5. SERIAL NO.

**0-533369**

- IF WORLD WAR II DECEASED, CHECK BOX.  
IF CURRENT DECEASED, ENTER DATE OF DEATH.

### INSTRUCTIONS TO INITIATING INSTALLATION

Fill in items 1 through 7 and item 10.

Cross out item 8 or item 9, whichever is not applicable.

Stamp "Ribbon" copy "ORIGINAL."

Stamp carbon copies "COPY."

FORWARD COPY  
QUARTERMASTER GENERAL, WASHINGTON 25, D. C.  
ATTN: HDQRS. A. G. R. S.

### INSTRUCTIONS TO PERSONS SIGNING THIS FORM

This form is to be signed by the claimant and NOT by the funeral director.

Complete the original and three copies.

SIGN ORIGINAL ONLY.

CLAIM VALID REPATRIATION

2009 31 MAR 50

8. FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

I certify that the sum of \$ **85.00** was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

NAME: **Wisconsin Memorial Park**

CITY OR COUNTY: **Milwaukee**

STATE: **Wisconsin**

9. FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ \_\_\_\_\_ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

TO: (Name and location of National or Post Cemetery)

10. RETURN THE ORIGINAL AND THREE COPIES TO:

**Commanding Officer  
Chicago Quartermaster Depot  
Department of the Army  
1819 West Pershing Road  
Chicago 9, Illinois**

Attn: **AGR**

11. SIGNATURE OF CLAIMANT

**ARLINE MARTINCIC**

12. ADDRESS (Street number or RFD, City and State)

**Apt. 4, 759 North 11th Street  
Milwaukee, Wisconsin**

13. RELATIONSHIP TO DECEDENT

**REMARIED WIDOW**

REMARKS:

COPY

CAUTION: THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED. RETURN THEM PROMPTLY.

# TRANSFER SLIP

No. A3 672203

DATE OF REQUEST

17 Aug. 59

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293 Ahmad Thomas									REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE <i>Strong</i>				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER Departmental Records Branch, AGO					
RETURN TO	219 North Lee Street Alexandria, Virginia				DATE RETURNED		TO RETURN FILE, INITIAL HERE			
INSTRUCTIONS	When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

No. A3672203	<b>TRANSFER COUPON</b>	
	TO:	
	NOTE THAT FILE OF:	
	HAS BEEN TRANSFERRED TO: (Name)	
	DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.	
DATE	SIGNATURE	

WD AGO FORM 543 1 MAY 1946 Replaces WD AGO Form 06-33 which may be used until exhausted.

No. A3672203	<b>TRANSFER COUPON</b>	
	TO:	
	NOTE THAT FILE OF:	
	HAS BEEN TRANSFERRED TO: (Name) <i>Strong</i>	
	DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO. <i>219 North Lee Street Alexandria, Virginia</i>	
DATE <i>8/21/59</i>	SIGNATURE <i>AS</i>	

*Storage*

1. FILE UNDER NO. 293 = AHMAD, Thomas O. O-533369

**SYNOPSIS**

2. TYPE OF DOCUMENT: TML

3. DATE: 23 Mar 50

4. FROM: CHICAGO QMD CHICAGO ILL

5. TO: TQMG, WASH DC

6. SUBJECT:

ATTN: LT COL ALLEN WHE DIV. INFORMATION REQ'D REGARDING POSSIBLE PAYMENT OF INTERMENT EXPENSES FOR FOLLOWING DECEDENTS: AHMAD, THOMAS O. 2D LT O-533369AAF DAVIS, RAYMOND F PVT 36699806 ARMY, DELFINO, LOUIS A PFC 36777040 ARMY, . . . . . INFORMATION REQ'D AS TO POSSIBLE PAYMENT OF TRANS EXPENSES FOR REMAINS OF PVT CHAS ROSEN LEGGETT 816514 AND PFC SHIRLEY J WATTEH 36889268 FROM PT HURON TO SANDUSKY MICH IN FAVOR OF HENRY B HACKER MORTICIAN 162 . . . . . SANILAC AVE SANDUSKY MICHIGAN WND QMDTF 52 ARNDT.

7. DOCUMENT FILED UNDER NO. 293.5 - Chicago

(Interment Expenses)

mf's

- INSTRUCTIONS.—Enter after the above headings information as follows:
1. File classification under which this cross-index sheet is to be filed.
  2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
  3. Date of Document.
  - 4 and 5. Enter either or both, as applicable.
  6. Brief and comprehensive synopsis of the content or subject matter.
  7. File classification under which the document is filed.



Storage

1. FILE UNDER NO. 293 - AHMAD, Thomas O. 0-533369

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 28 Mar 50

4. FROM: OQMG, Mem Div

5. TO: CO, Chicago Q/D, Chicago, Ill.

6. SUBJECT: Interment and Transportation Expense Claims - WW II Deceased  
 2nd Lt Thomas O. Ahmad 0-533369  
 \* \* \* \* \*

7. DOCUMENT FILED UNDER NO. 293.5 - Chicago (Interment Expenses)

mfs

- INSTRUCTIONS.—Enter after the above headings information as follows:
1. File classification under which this cross-index sheet is to be filed.
  2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
  3. Date of Document.
  - 4 and 5. Enter either or both, as applicable.
  6. Brief and comprehensive synopsis of the content or subject matter.
  7. File classification under which the document is filed.

QMGOD 293, **Ahmad, Thomas D., 2/Lt.** 1st Ind.  
SN O 533 369

Department of the Army, OQMG, Washington 25, D. C., 26 July 1949

TO: Commanding Officer, Quartermaster Activities  
Kansas City Records Center (AGO), Missouri  
ATTENTION: Effects Quartermaster

Information requested has been entered on basic form.

BY COMMAND OF MAJOR GENERAL ~~EDDIE~~ MIDDLESWART:

WILLIAM F. CONLON  
Major, QMC  
Field Service Division

for

ORIGIN COPY

# QUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

2nd Lt. Thomas O. Ahmad, O-533 369  
 Plot Y, Row 5, Grave 87,  
 United States Military Cemetery  
 Bloisville France

15 September 1947

A		C	
B		D	

**DO NOT WRITE ABOVE THIS LINE**

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.

If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

## PART I

I, Mrs. Arline Ahmad. *(Please indicate relationship to the deceased by placing an "X" in the proper box.)*  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- |   |                                  |  |   |
|---|----------------------------------|--|---|
| <input checked="" type="checkbox"/> WIDOW                                     | <input type="checkbox"/> WIDOWER | <input type="checkbox"/> SON OVER 21 YEARS OLD     | <input type="checkbox"/> DAUGHTER OVER 21 YEARS OLD |
| <input type="checkbox"/> FATHER   | <input type="checkbox"/> MOTHER  | <input type="checkbox"/> BROTHER OVER 21 YEARS OLD | <input type="checkbox"/> SISTER OVER 21 YEARS OLD   |
| <input type="checkbox"/> RELATIONSHIP OTHER THAN ABOVE <i>(Specify)</i> _____ |                                  |  |   |

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: *(Please place an "X" in the box opposite the option you have selected.)*

1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

Arlington Park, Milwaukee Wis  
(NAME AND LOCATION OF CEMETERY)

3. BE RETURNED TO \_\_\_\_\_, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A

PRIVATE CEMETERY LOCATED AT \_\_\_\_\_  
(LOCATION OF CEMETERY SELECTED)

4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_  
(LOCATION OF NATIONAL CEMETERY SELECTED)

*(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)*

YES  NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: *(If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)*

O R "NONE"

*DB Processed 22 Nov 47 Burt  
 coded 11/6/47 Mitchell*

**PART I (Continued)**

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME <i>Ahmad.</i>		FIRST NAME <i>Mrs Arline</i>		MIDDLE INITIAL <i>V.</i>
NUMBER AND STREET <i>810 No 12 St apt. N.</i>		CITY OR TOWN <i>Milwaukee</i>	COUNTY OR PROVINCE <i>WIS.</i>	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Wis</i>
EXPRESS OFFICE (Nearest railroad passenger station) <i>Milwaukee</i>		TELEGRAPH ADDRESS		TELEPHONE No. <i>Mar 3962</i>

OR

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR <i>J H Becker</i>				
NUMBER AND STREET <i>1545 No 12 St</i>		CITY OR TOWN <i>Milwaukee</i>	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY <i>Wis</i>
EXPRESS OFFICE (Nearest railroad passenger station)		TELEGRAPH ADDRESS		TELEPHONE No.

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)\*

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

*Mrs. Arline Ahmad* (SIGNATURE OF NEXT OF KIN)      *810 No. 12th St. apt. N.* (STREET AND NUMBER)  
                    
**Mrs. Arline Ahmad** (NAME PRINTED OR TYPED)      **Milwaukee, 3, Wis.** (CITY AND STATE)

Subscribed and duly sworn to before me, according to law by the above-named applicant this 16th day of October, 1949, at city (or town) of Milwaukee, county of Milwaukee, and State (or Territory or District) of Wisconsin

*notary signature*  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)  
 My Commission expires March 13, 1949  
 (OFFICIAL TITLE)

\*NOTE.—Page 4 is part of the notarial attestation.

RECEIPT OF REMAINS  
DAY LETTER

DISTRIBUTION CENTER AGR DIV., CHICAGO QUARTERMASTER DEPOT  
1819 W. PERSHING RD., CHICAGO, ILLINOIS

J. N. OBOYLE CO.  
FUNERAL DIRECTOR  
1214 W. WISCONSIN AVENUE  
MILWAUKEE, WISCONSIN

ROUTINE

REMAINS CONSIGNED TO:

REMAINS OF THE LATE 2 LT. THOMAS O. AHMAD 0522369

BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT. ON TRAIN NUMBER 29,  
C. M. ST. P. & P. RR.

LEAVING CHICAGO 9:10 AM., FRIDAY 23 APRIL 1948

AND DUE TO ARRIVE MILWAUKEE, WIS., 10:30 AM., FRIDAY 23 APRIL 1948

REQUEST THAT YOU IMMEDIATELY INFORM THE NEXT OF KIN AND MAKE ARRANGEMENTS

TO ACCEPT REMAINS AT STATION UPON ARRIVAL. REFER TO CONTROL NUMBER 3351.

REPAIR DIVISION  
RECORDS BRANCH  
JUN 14 10 16 AM '48  
MEMORIAL DIVISION

CARROLL J. GRINNELL  
LT. COL. Q.M.C.

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 23 DAY OF APRIL, 1948

*Edw B O'Brien*  
WITNESS (Escort) *John J. O'Brien* CONSIGNEE  
1st Lt USAF by Edw B O'Brien

REV. 18B

VEB

*File  
nat  
Bando Annals  
16 June 48  
M. D. ...*

## INSPECTION CHECKLIST

NAME <b>Ahmad, Thomas O.</b>		RANK <b>2 Lt</b>	SERIAL NUMBER <b>0-533369</b>		
NEXT OF KIN		ADDRESS			
SHIPPING CASE - General Appearance (Check ONLY Discrepancies)		CONDITION OF SHIPPING CASE (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)		REMARKS			
FINISH (Interior)					
HANDLES					
HANDLE BOLTS					
STENCILING - NAMEPLATE					
		INSPECTED BY: <i>J. W. Malinowski</i>			
CASKET - General Appearance (Check ONLY Discrepancies)		CONDITION OF CASKET (Check One) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (Exterior)		REMARKS			
HANDLES AND FASTENINGS					
STENCILING - NAMEPLATE					
CAM LOCKS (Sealing)					
ODOR OR MOISTURE					
		INSPECTED BY:			
ROUTED THROUGH					
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input checked="" type="checkbox"/> MORTUARY REPAIR SHOP			
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRED <i>Touch up paint &amp; trim</i> <input checked="" type="checkbox"/>			
NECESSARY DISINFECTION (Explain)		CASKET EXCHANGED <input type="checkbox"/>			
		SHIPPING CASE REPAIRED <input type="checkbox"/>			
		SHIPPING CASE EXCHANGED <input type="checkbox"/>			
		REMARKS			
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTING OFFICER
					<i>J. W. Malinowski</i>
REMARKS					
STORAGE LOCATION				PASS LIST NUMBER	
FLOOR	SECTION	BAY	STORAGE NUMBER	<b>005</b>	
<b>3</b>	<b>N</b>		<b>108</b>		
STAMP INCOMING OR OUTGOING				CONTROL NUMBER	
<b>OUTGOING</b>				<b>3351</b>	

# MESSAGEFORM

MESSAGE CENTER No. TRANSMITTING MEANS CRYPTOGRAPH OR CLEAR TEXT

CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE TIME GROUP
------------	---------------------	------------	---------------------------	------------	-----------------

ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT GR
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SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator) AGR DIV., CHICAGO QUARTERMASTER DEPOT  
1819 W. PERSHING RD., CHICAGO, ILL.

SECURITY CLASSIFICATION

ACTION TO:

**ARLINE AHMAD**

**810 N. 12TH ST., APT. "N"**

**MILWAUKEE, WISCONSIN**

DEL. & REPORT ANY CHARGES

PRECEDENCE FOR ACTION INFORMATION	
<input type="checkbox"/> ORIGINAL MESSAGE	REFERS TO ANOTHER MESSAGE IDENTIFICATION CLASSIFICATION

INFORMATION TO:

THIS HEADQUARTERS ADVISED REMAINS OF LATE **2ND LT. THOMAS O. AHMAD** ARE ENROUTE TO UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH REMAINS DELIVERED TO YOU AT ABOVE ADDRESS. PLEASE CONFIRM ABOVE DELIVERY INSTRUCTIONS WITHIN 48 HOURS WITH NAME AND ADDRESS OF FUNERAL DIRECTOR OF YOUR CHOICE OR SUBMIT NEW DELIVERY INSTRUCTIONS BY TELEGRAM COLLECT TO CHICAGO QUARTERMASTER DEPOT CHICAGO ILLINOIS. THIS IS YOUR FINAL OPPORTUNITY TO CHANGE DELIVERY INSTRUCTIONS AT GOVERNMENT EXPENSE. IMPOSSIBLE TO GIVE YOU DEFINITE DELIVERY DATE. THREE DAYS PRIOR TO SHIPMENT FROM THIS DEPOT YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME OF ARRIVAL AT RAILROAD STATION WHERE HE WILL BE REQUESTED TO ACCEPT REMAINS ACCOMPANIED BY MILITARY ESCORT AND TO INFORM YOU TO COMPLETE FUNERAL ARRANGEMENTS. YOUR COOPERATION WILL GREATLY ASSIST THIS OFFICE. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD REQUEST LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. IN TELEGRAM REPLY REFER TO CONTROL NUMBER **3351** AND NAME OF DECEASED.

**ADV. TELEG. TO NOK**

J. GRINNELL  
COLONEL, QMG  
CHIEF, AGR DIV.

REV. 4F

SECURITY CLASSIFICATION	SIGNATURE	AUTHORIZATION
ORIGINATING AGENCY	OFFICIAL TITLE	PAGE OF
SYMBOL	DATE-TIME GROUP <b>MAR 29 1945</b>	

3351

WJ B14 36 COLLECT 6 EXTRA

MILWAUKEE WIS MAR 29 1948 805P

CARROLL J GRINNELL

LT COL QUARTERMASTER CORP CHIEF AGR DIV

CHICAGO QUARTERMASTER DEPT

REPLYING RE LATE 2ND LT THOMAS O AHMAD CONTROL NUMBER 3351

ADVISE J N B//OBOYLE COMPANY FUNERAL DIRECTORS AT 1214 WEST

WISCONSIN AVENUE MILWAUKEE DATE OF DELIVERY OF REMAINS

ARLINE AHMAD 810 NORTH 12ST APT N.

824A MAR 30.

2 3351 1214 810 12 N.

*an copy  
file*

RECEIVED  
SIGNAL CENTER

MAR 30 8 29 AM '48

1160

© EQS PRESS





ARMY SERVICE FORCES  
 KANSAS CITY QUARTERMASTER DEPOT  
 ARMY EFFECTS BUREAU  
 601 HARDESTY AVENUE  
 KANSAS CITY 1, MISSOURI

S: 14 August 49  
 HOC/DF/ojr  
 14 July 1949

IN REPLY REFER TO 155343

REQUEST FOR INFORMATION

293 Ahmad, Thomas O. 2nd Lt. 0-533369  
 (Name) (Rank) (ASN)

AC 74TH TC SQ 434TH GP  
 (Branch of service and/or Organization)

(Following to be filled in by OQMG)

NEXT OF KIN MRS. ARLINE V. AHMAD WIDOW  
 (Name) (Relationship)

ADDRESS 810 NORTH 12TH STREET, APT "N", MILWAUKEE, WISCONSIN

PREVIOUS SHIPMENT  YES  NO (Check one)

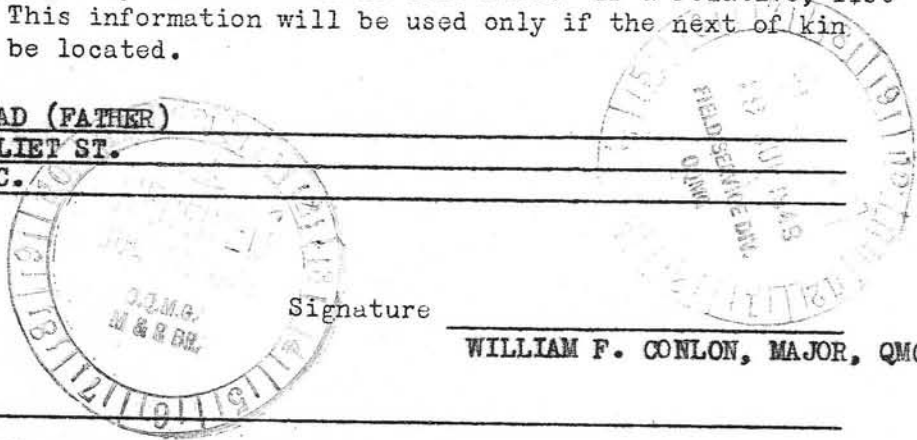
DATE OF LAST PREVIOUS SHIPMENT (If any) 22 JUNE 45

SUMMARY COURT MADE (Eff QM Form 75)  Yes  No (Check one)

TO WHOM (If made) NAME  
 (If same as NOK, write same)

Write below the name and address of an alternate beneficiary or an individual we have previously contacted in the case file. If a relative, list his relationship. This information will be used only if the next of kin noted above cannot be located.

MR. JOSEPH AHMAD (FATHER)  
1421-A WEST VILLET ST.  
MILWAUKEE, WISC.



Signature WILLIAM F. CONLON, MAJOR, QMC

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RRE Form #39  
13 Jul 48

---

Attached hereto correspondence and/or other identifying media of possible archival value, pertaining to:

<u>AHMAD</u>	<u>THOMAS</u>	<u>O</u>	<u>2/LT</u>	<u>0-533369</u>
(Last Name)	(First Name)	(Initial)	(Rank)	(ASN)

Repatriated to the United States: 18 March 1948

Incl # 2

STAMP FILE

**WAR DEPARTMENT**  
 THE ADJUTANT GENERAL'S OFFICE  
 WASHINGTON 25, D. C.

Corr. Rpt.  
 REPORT OF DEATH Orig. issued 11 Jan. 45

DATE 25 May 45 glm/2831

FULL NAME <b>Ahmad, Thomas O.</b>				ARMY SERIAL NUMBER <b>0533369</b>				GRADE <b>2nd Lt.</b>																		
HOME ADDRESS <b>Milwaukee, Wisconsin</b>				ARM OR SERVICE <b>Air Corps</b>				DATE OF BIRTH <b>12 Oct. 1919</b>																		
PLACE OF DEATH <b>European Area</b>				CAUSE OF DEATH <b>Killed in action</b>				DATE OF DEATH <b>#11 8 Jun 44</b>																		
STATION OF DECEASED <b>European Area</b>				DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>5 Sep 43</b>				LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				YEARS	MONTHS	DAYS												
YEARS	MONTHS	DAYS																								
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Thomas O. Ahmad, wife, 810 No. 12th St., Apt. N, Milwaukee, Wisconsin</b>																										
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Arline Virginia Ahmad, wife, address shown above.</b> <b>Martha Ahmad, mother, 1421-A W. Vliet St., Milwaukee, Wis.</b> <b>Joseph Ahmad, father, address same as above.</b>																										
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)														
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO													
												<b>X</b>														
ADDITIONAL DATA AND/OR STATEMENT																										
										<input checked="" type="checkbox"/> BATTLE	<input type="checkbox"/> NON-BATTLE															
<p>F/O A.D. 18 Feb. 43.</p> <p>* Change in Date of Death. Previously reported KIA 6 June 44 .</p> <p>The individual named in this report of death is held by the War Dept. to have been in a missing in action status on 6 June 44, and was subsequently reported killed in action on 11 June 44, such absence was terminated on 4 Jan. 45, when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.</p> <p align="center" style="font-size: 2em; font-family: cursive;"><i>Corrected Report</i></p>																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">COPIES FURNISHED:</th> </tr> <tr> <td>S. G. O.</td> <td>F. B. I.</td> <td>F. O., U. S. A.</td> </tr> <tr> <td>2. O. Q. M. G.</td> <td>O. F. D.</td> <td>ARMY EFFECTS BUREAU</td> </tr> <tr> <td>G. A. O.</td> <td>VET. ADMIN.</td> <td>CASUALTY BRANCH FILE</td> </tr> <tr> <td></td> <td></td> <td>A. G. 201 FILE</td> </tr> </table>												COPIES FURNISHED:			S. G. O.	F. B. I.	F. O., U. S. A.	2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU	G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE			A. G. 201 FILE
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G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE																								
		A. G. 201 FILE																								
BY ORDER OF THE SECRETARY OF WAR <i>James Rinkhart</i> ADJUTANT GENERAL																										

163

**WAR DEPARTMENT**  
**THE ADJUTANT GENERAL'S OFFICE**

WASHINGTON 25, D. C.

REPORT OF DEATH

DATE 11 January 1945

FULL NAME <p style="text-align: center;">Ahmad, Thomas O.</p>		ARMY SERIAL NUMBER <p style="text-align: center;">0533369</p>	GRADE <u>PMT 4627</u> <p style="text-align: center;">2nd Lt.</p>						
HOME ADDRESS <p style="text-align: center;">Milwaukee, Wisconsin</p>		ARM OR SERVICE <p style="text-align: center;">Air Corps</p>	DATE OF BIRTH <p style="text-align: center;">12 Oct 1919</p>						
PLACE OF DEATH <p style="text-align: center;">European Area</p>	CAUSE OF DEATH <p style="text-align: center;">Killed In Action</p>		DATE OF DEATH <p style="text-align: center;">6 Jun 1944</p>						
STATION OF DECEASED <p style="text-align: center;">European Area</p>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <p style="text-align: center;">5 Sep 1943</p>	LENGTH OF SERVICE FOR PAY PURPOSES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YEARS</td> <td>MONTHS</td> <td>DAYS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	YEARS	MONTHS	DAYS			
YEARS	MONTHS	DAYS							
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS) <p style="text-align: center;">Mrs. Thomas O. Ahmad, wife, 810 North 12th St., Apartment N, Milwaukee, Wisconsin.</p>									
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <p style="text-align: center;">Mrs. Arline Virginia Ahmad, wife, address shown above.                  Mrs. Martha Ahmad, mother, 1421-A W. Vliet St., Milwaukee, Wisconsin.                  Mr. Joseph Ahmad, father, 1421-A W. Vliet St., Milwaukee, Wisconsin.</p>									
INVESTIGATION MADE?		IN LINE OF DUTY	OWN MISCONDUCT	WAS DECEASED ON DUTY STATUS	AUTHORIZED ABSENCE	IN FLYING PAY STATUS	OTHER PAY STATUS (SPECIFY BELOW)		
YES	NO	YES	NO	YES	NO	YES	NO		
						X			

ADDITIONAL DATA AND/OR STATEMENT

BATTLE     NON-BATTLE

F/O A.D. = 18 Feb 43.

The individual named in this report of death is held by the War Department to have been in a missing in action status from 6 Jun 44 until such absence was terminated on 4 Jan 45 when evidence considered sufficient to establish the fact of death was received by the Secretary of War from the Commanding General, European Area.

**FILE**

**JAN 23 1945**

BY ORDER OF THE SECRETARY OF WAR  
*James Rinkart*  
ADJUTANT GENERAL

COPIES FURNISHED:		
1. S. G. O.	F. B. I.	F. O., U. S. A.
2. O. O. M. G.	O. F. D.	ARMY EFFECTS BUREAU
3. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE



~~ARMY EFFECTS BUREAU~~  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

S: 14 August 49  
HOC/DF/ojr  
14 July 1949

IN REPLY REFER TO 155343

REQUEST FOR INFORMATION

993

Ahmad, Thomas O. 2nd Lt. 0-533369  
(Name) (Rank) (ASN)

AC 74TH TC SQ 434TH GP  
(Branch of service and/or Organization)

(Following to be filled in by OQMG)

NEXT OF KIN MRS. ARLINE V. AHMAD WIDOW  
(Name) (Relationship)

ADDRESS 810 NORTH 12TH STREET, APT "N", MILWAUKEE, WISCONSIN

PREVIOUS SHIPMENT X YES NO (Check one)

DATE OF LAST PREVIOUS SHIPMENT (If any) 22 JUNE 45

SUMMARY COURT MADE (Eff QM Form 75) X Yes No (Check one)

TO WHOM (If made) SAME  
(If same as NOK, write same)

Write below the name and address of an alternate beneficiary or an individual we have previously contacted in the case file. If a relative, list his relationship. This information will be used only if the next of kin noted above cannot be located.

MR. JOSEPH AHMAD (FATHER)  
1421-A WEST VILLET ST.  
MILWAUKEE, WISC.

Signature William F. Conlon  
WILLIAM F. CONLON, MAJOR, QMC

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QMGOD 293, Ahmad, Thomas O., 2/Lt.  
SN O 533 369


1st Ind.

Department of the Army, OQMG, Washington 25, D. C., 26 July 1949

TO: Commanding Officer, Quartermaster Activities  
Kansas City Records Center (AGO), Missouri  
ATTENTION: Effects Quartermaster

Information requested has been entered on basic form.

BY COMMAND OF MAJOR GENERAL ~~XXXXXXXX~~ MIDDLESWART:



WILLIAM F. CONLON

Major, QMC

Field Service Division

AMOUNT OF CHECK	NOTE DISCREPANCY IN	INCLUDE VALUABLES	RECIPIENT FROM
	NAME	SHIP VALUABLES	CASUALTY REPORT
ACCOUNT NUMBER	SERIAL NUMBER	VALUABLES SHIPPED BY (clerk)	INVENTORY
	RANK		FORM 20
<p>Mrs. Arline V. Ahmad ✓</p> <p>810 North 12th Street, Apt "N" ✓</p> <p>2/Lt Thomas O. Ahmad ✓</p> <p>Milwaukee, Wisconsin ✓</p> <p>0-533369 ✓</p> <p>155343 D ✓</p>			LETTER ✓
			NO. & TYPE OF CONTAINER
			ENVELOPE
			CARTONS
			PACKAGE ✓
			FOOT LOCKER
			SPECIAL INSTRUCTIONS
			REMOVE 31
			SHIP BLOODSTAINED
			SHIP DAMAGED
REMOVE BLOODSTAINED			
REMOVE DAMAGED			
FILMS REMOVED			
DIARIES REMOVED			
HOC/AID/mjo'c ✓		SUMMARY COURT DATA	DATE ACTION TAKEN
DATE OF FINDING	APPLICANT		9-22-49
REMARKS Code A			MAIL REVIEWER (initials)
			SHIP'D
			1 RANKED
			EXPRESS
			FREIGHT
			DATE SHIPPED
			SEP 26 1949
			SHIPPING CLERK
			ROUTING
			ACCOUNTING BRANCH
WAREHOUSE			
FILE			
ORDER FOR ACTION			

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Arline Virginia Ahmad  
810 North 12th Street  
Apartment N  
Milwaukee, Wisconsin

SHIP TO:  
2nd Lt. Thomas O. Ahmad

Effects of:  
Name: 0-533369  
ASN: 155343 D  
Case No.  
Wt.

DATE 16 June 1945  
GHG:VJ:ih

*A. O'Brien*  
FOR: Effects Quartermaster

REMARKS:

- |   |  |
|---|--|
| <input type="checkbox"/> Inclose Bureau Check     | <input type="checkbox"/> Remove G.I.               |
| Acct. No. _____                                   | <input type="checkbox"/> Note discrepancy in _____ |
| Amount _____                                      | <input type="checkbox"/> Films removed             |
| <input type="checkbox"/> Inclose "Valuables" item | <input type="checkbox"/> Diary removed             |
| <input type="checkbox"/> Ship "Valuables" item(s) | <input type="checkbox"/> Laundry removed           |

ROUTING:

- Accounting Branch
- 1  Warehouse Division
- 2  Files Branch, Adm. Div.

*no/ Carton inv, 4-26-45*  
*✓ 2 ✓ 4-27-45*

REMARKS:

SHIP DAMAGED PROPERTY

Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt. Chgs. \_\_\_\_\_  
No. of packages 12

*Cec*  
Shipping Co. *PL*



ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

SHIP TO:

Mrs. Arline Virginia Ahmad  
810 North 12th Street  
Apartment N  
Milwaukee, Wisconsin

Effects of:  
Name 2nd Lt. Thomas O. Ahmad  
ASN O-533369  
Case No. 155343 D  
Wt.

DATE 31 May 1945  
GHG:VJ:ih

FOR: Effects Quartermaster

REMARKS:

Inclose Bureau Check  
Acct. No. 72176 *me*  
Amount \$38.12  
 Inclose "Valuables" item  
 Ship "Valuables" item(s)

Remove G.I.  
 Note discrepancy in \_\_\_\_\_  
 Films removed  
 Diary removed  
 Laundry removed

ROUTING:

1 Accounting Branch *ev*  
       Warehouse Division  
2 Files Branch, Adm. Div.

76520 emh

72176

155343

May 30

45

Arline Virginia Ahmad

38.12

Thirty-Eight and 12/100

REMARKS:

Franked \_\_\_\_\_  
Est. Exp. Chgs. \_\_\_\_\_  
Est. Frt Chgs. \_\_\_\_\_  
No. of packages \_\_\_\_\_

Shipping Clerk

*Gile*  
*dev*

NAME

AHMAD, THOMAS O. LT 3369

2 of 2

(2)

BAY	PALLET	BOX	TALLY
52	71		7496
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG			

Eff. QM Form 48

NAME

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~  
 AHMAD, THOMAS O. LT 3369

1 of 2

(2)

BAY	PALLET	BOX	TALLY
52	71		7496
TYPE OF PKG.	WHSE. SPACE	INVENTORIED	
PKG			

Eff. QM Form 48

# INVENTORY OF EFFL TS

(See AR 600-550)

Ahmad Thomas O. O 533 369  
 (Last name) (First name) (Middle initial) (Army serial number)

late a 2nd Lt 74th T C Sq.  
 (Grade) (Organization or arm or service)

missing  
 who died on the 7th day of June, 1944

**CLASS I**—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
1	Spread Eagle Insignia ✓	
1	9th AF Shoulder Insignia	
1	Pen & Pencil Set ✓	
1	Fountain Pen ✓	
1	AC Shoulder Insignia	
8	Officer's Insignia ✓	
1	AC Insignia	
2	Marksmanship Medals ✓	
1	Service Ribbon ✓	
2	Pen Knives ✓	
1	Brief Case containing ltrs, papers, pictures ✓	
1	Knife w/holder ✓	
1	Cigarette Lighter ✓	
1	Leather Wallet w/keys ✓ papers & silver dollar ✓	
1	Bracelet ○	

\*To be filled out only in case of shipment to The Adjutant General.

## CLASS II—Other effects

NUMBER	ARTICLES
2	Prs Shoes, GI ✓
1	Pink Shirt
1	Green Shirt ✓
4	Khaki Shirts ✓
3	Pink Trousers ✓
1	Web Belt ✓
2	Mufflers, Wool ✓
1	Pr Bedroom slippers ✓
4	Towels, bath ②
3	Prs Shoes, low-cut ✓

CLASS II—Continued

NUMBER	ARTICLES						
1	Bag Soiled Clothing ✓						
1	<del>Green Blouse</del> ✓						
1	Green Trousers ✓						
1	<del>Short Overcoat</del> ✓						
2	Prs Leather Gloves						
2	<del>Trousers, OD</del> ✓						
2	Clothes Covers ✓						
1	<del>Service Cap, Green</del> ✓						
1	Book, (fiction)						
1	<del>Box Stationery</del>						
7	Pipes						
1	<del>Toilet Kit, leather</del> ✓						
5	Boxes Misc Items ✓						
9	<del>Drawers, cotton</del> ⑨						
1	Face Towel ①						
1	<del>Garrison Cap, OD</del> ✓						
23	Prs Cotton Socks						
5	Neckties ✓						
11	Handkerchiefs ⑨						
(CONT'D ON SHEET NO. 2)							
Money { <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding-right: 10px;">Specie</td> <td>\$</td> <td>_____</td> </tr> <tr> <td style="padding-right: 10px;">Notes</td> <td>\$</td> <td>_____</td> </tr> </table>		Specie	\$	_____	Notes	\$	_____
Specie	\$	_____					
Notes	\$	_____					

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that \*the effects were delivered

to \_\_\_\_\_  
 (Give name and degree of relationship; if legal representative

or beneficiary named by the deceased, so state)

\*the effects of class I have been forwarded to The Adjutant General and those of class II have been sold.

\_\_\_\_\_  
 (Station)

\_\_\_\_\_, 19\_\_\_\_  
 (Date)

\*Strike out words not applicable.

CLASS II—Continued

Currency converted into US money order in the amount of \$58.12.

NUMBER	ARTICLES						
	BENEFICIARY:						
	Mrs Arline Virginia Ahmad (Wife) 1421-A West Vliet St, Milwaukee, Wisconsin.						
	CREDITORS: None.						
	DEBTORS: None.						
	BANK ACCOUNTS IN UK: None.						
	MONEY ORDER: \$38.12 (sent to Effects QM)						
	<table border="0"> <tr> <td rowspan="2">Money</td> <td rowspan="2">{</td> <td>Specie</td> <td>\$ 0.12</td> </tr> <tr> <td>Notes</td> <td>\$38.00</td> </tr> </table>	Money	{	Specie	\$ 0.12	Notes	\$38.00
Money	{			Specie	\$ 0.12		
		Notes	\$38.00				

I CERTIFY that the foregoing inventory comprises all the effects of the deceased whose name appears on the first page hereof, and that \*the effects were delivered to Effects QM Whse Division,

(Give name and degree of relationship; if legal representative

Stanley Whse, US Forces, Liverpool.  
or beneficiary named by the deceased, so state)

~~\*The effects of class I have been forwarded to The Adjutant General and those of class II have been sold~~

*Theodore R. Walter*

THEODORE R. WALTER,  
1st Lt, AC, Adjutant.

USAAF Sta 467  
(Station)

3 July, 1944  
(Date)

\*Strike out words not applicable.

## INVENTORY OF EFFECTS

(See AR 600-550)

Ahmad Thomas O. 0 533 369  
 (Last name) (First name) (Middle initial) (Army serial number)

late a 2nd Lt 74th T C Sq.  
 (Grade) (Organization or arm or service)

missing  
 who died on the 7th day of June, 1944

**CLASS I**—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER

\*To be filled out only in case of shipment to The Adjutant General.

### CLASS II—Other effects

NUMBER	ARTICLES
5	Undershirts, Cotton (D)
2	Undershirts, Wool (D)
2	Sheets (O)

AHMAD, Thomas O. Lt. O-533369.

1 Ctn. 28003. *Boxed in care No. 585.*  
1 Ctn. 28017. *Boxed in care No. 586.*

Rec'd July 4th, 1944.

SHIPPED TO PORT QM, APO 507  
LIST EF. *185* CHECK NO. ....  
*17* OCT 1944 TALLY OUT NO. *1297*.

AHMAD, THOMAS O

2nd Lt

O-533369

23586

NAME

RANK

ARMY SERIAL NO.

CONTROL NO.

## FUNDS AND DISPOSITION

ORGANISATION	DATE	PARTICULARS	AMOUNT REC'D	CLAIMS			BALANCE
				Amount	Voucher	Date Paid	
74th Troop Carrier Sq.			\$38. 12 -				\$ 38. 12
DATE OF REPORT							
8/7/44							
DECEASED OR MISSING							
MIA							
REMARKS							

CLOSED



R E S T R I C T E D

SUBJECT: Inventory of Personal Effects of: Date \_\_\_\_\_

AHMAD, Thomas O., 2/Lt., 0-533369  
(Last Name) (First Name) (MI) (Rank) (ASN)

TO: EFFECTS QUARTERMASTER, Army Effects Bureau, Kansas City, Missouri.

The above individual of \_\_\_\_\_  
(Unit) (Organization)

was reported \_\_\_\_\_ about \_\_\_\_\_ 194  
(Deceased, Missing, etc.)

Designated beneficiary if information readily accessible:

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

I N V E N T O R Y O F E F F E C T S

Sterling identification bracelet with Pilot wings:

Thomas O. Ahmad'

On reverse side: T-121299

0-533369

////////////////////////////////////Last Item////////////////////////////////////

Forwarded to Personal Effects Depot

Money in the amount of \_\_\_\_\_ has been exchanged  
(here identify currency)  
for US Treasury check No. \_\_\_\_\_ amounting to \$ \_\_\_\_\_

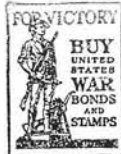
Known bank account in European Theater: \_\_\_\_\_  
(List name of bank account No.)

I certify that the above items constitute all effects secured by me, belonging to the above named individual and that they were forwarded to the Army Effects Bureau Kansas City, Missouri,

on \_\_\_\_\_ 194 through \_\_\_\_\_  
(forwarding agency)

Signed: JOSEPH F. GEOGHEGAN 1st Lt CMC Depot Quartermaster  
(Name) (Rank & ASN) (Organization)

(List any additional information on reverse side)



~~XXXXXXXXXXXXXXXXXXXX~~  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
801 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

HOC/LL/ojr  
6 September 1949

IN REPLY REFER TO 155343

Mrs. Arline V. Ahmad  
810 North 12th Street, Apt "N"  
Milwaukee, Wisconsin

Dear Mrs. Ahmad:

Reference is made to letter of the Army Effects Bureau dated 1 August 1949, requesting information to enable disposal of one identification bracelet which belonged to your husband, the late Lieutenant Thomas O. Ahmad.

I shall appreciate it if you will indicate your preference in the disposition of the property by checking one of the following:

- a. I wish the property forwarded to me. X
- b. I do not wish the property.

For your convenience in returning this letter, and to aid this Bureau in the prompt disposal of the property, there is inclosed a self-addressed envelope which requires no postage.

Sincerely yours,

*H. O. Caldwell*  
H. O. CALDWELL  
Effects Quartermaster

1 Incl  
Envelope

BAY	PALLET	BOX	TALLY	TYPE PKG
			8966	G/B

6-28-49  
AGRC APO 58

EFF QM FORM 43  
5 JULY 1945

---

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INBOUND INVENTORY
G. R. OR SUB GR LABEL
WILL OR POWER OF ATTY.
TALLY IN FORM 43 <input checked="" type="checkbox"/>

## EFFECTS INVENTORY

### ARMY EFFECTS BUREAU

DECEASED
MISSING
P. O. W.
ABANDONED
UNKNOWN

BAGS, CLOTH OR TRAVEL BELT, MONEY (NO MONEY) BILLFOLD (NO MONEY) BOOKS BRACELET, IDENT. CAMERAS CLOTHING MISC. ARTICLES RELIGIOUS ARTICLES RIBBONS, DECORATION SHORT SNORTER SOUVENIR MONEY SOUVENIRS TESTAMENTS TOWELS & WASHCLOTHS U. S. MONEY (AMOUNT) WATCH WINGS	BELT BOOKS, ADDRESS BOOKS, PILOT LOG BRUSHES CASE CLOTH, WASH COATS FOOTLOCKER FOOTWEAR, PR. GLASSES GLOVES, PR. HANDKERCHIEFS HEADWEAR JACKETS KITS KNIVES LETTERS LIGHTERS	OVERCOATS PAPERS, PERSONAL PENCIL, MECHANICAL PEN, FOUNTAIN PHOTOS PIPES RINGS SCARFS SHIRTS SOCKS, PR. STATIONERY TIES TOBACCO TOILET ARTICLES TOWELS TROUSERS, PR. TRUNKS, PR. UNDERWEAR	<div style="font-size: 2em; font-family: cursive;">           1 m. italy            Pilot Wings            Thomas A. H. Adl            7-121299            0-5 33369         </div>
--	---	---	---

CONTAINERS ADDRESSED TO <div style="font-size: 2em; font-family: cursive; text-align: center;">None</div>	INFORMATION <div style="font-size: 2em; font-family: cursive; text-align: center;">None</div>
NAME AND STATUS VARIATIONS	CROSS REFERENCE

CHECK	REC'D BY	NUMBER	BUREAU CHECK
MONEY ORDER		SYMBOL	TRANSMIT ORIGINAL
BOND		AMOUNT	ORIG. REG. MAIL
TRAV. CHECK		DATE	TO G. A. O.
FOREIGN CURRENCY		BANK OR PLACE OF ISSUE	MUTILATED
U. S. CURRENCY		PAYEE	TO ISSUING AGENCY

TALLY NO. <i>7766</i>	ORIG. NO. OF PKGS.	EXAMINING DATE <i>29 June 59</i>	BOX NO.
NAME <i>THOMAS O A H. ADL</i>		SHEET _____ OF _____ SHEETS	

ORGANIZATION	RANK <i>1st Lt</i>	A. S. N. <i>0-5 33369</i>	CASE NO.
--------------	--------------------	---------------------------	----------

8 July 1944  
Date

74th Troop Carrier Squadron, 434th Troop Carrier Group, APO 135  
(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO: Effects Quartermaster, ETOUSA, Depot G-14, APO 507, U.S. Army.

Transmitted herewith in accordance with Adm. Cir. #80, dated 25 Oct. 1943, Hq. SOS, ETOUSA, in inventory of Effects concerning subject named below.

23566

<u>Ahmad,</u>	<u>Thomas</u>	<u>O.</u>	<u>2nd Lt</u>	<u>0-533369</u>	
(Last Name)	(First Name)	(MI)	Rank	(A.S.N.)	(Control No.)
					(For use of Effects QM. ETOUSA)

Organization 74th Troop Carrier Squadron  
(UNIT----- Not Branch of Service)

\*Status. (~~Deceased~~, Missing in Action, ~~Prisoner of War~~) on the 7th day  
June 1944

Designated Beneficiary (With Address)

Mrs Arline Virginia Ahmad (wife) 1421-A West Vliet St, Milwaukee, Wis.  
Cl. II Assets: Cash found in effects, less cost of money order inclosed herewith

U.S.M.O. # 524 Amt \$ 38.12 U.S.M.O. # ----- Amt \$ -----

U.S.M.O. # ----- Amt \$ ----- U.S.M.O. # ----- Amt \$ -----

U.S. Official Check # ----- Amt ----- Bank -----  
(Name and Branch)

#Bank Accounts None

#DEBTORS None

#Creditors None

#Inclosed is -----  
(Will, Power of Attorney, War Bond, Travelers Checks, Describe Fully)

\*REMARKS (if any)



*file 83*

Date <u>11.8.1944</u>
Receipt is acknowledged of Class II Assets as shown on basic communication.
EFFECTS QM. ETOUSA.

See attached Form No.54 for Inventory of Effects.

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects Cl. ETOUSA, A.P.O. 507, G-14, U.S.Army by delivering to US Motor Transport on 4 July 1944

*Theodore T. Walter*

Signature - (In ink)

THEODORE T. WALTER )

Name

)(Block letters)

1st Lt, AC, 74th TC Sq. )

Rank and organization

DEC ~~X~~

MTA x 7/6/44

POW \_\_\_\_\_

INT \_\_\_\_\_

CASH ACCOUNT

NAME Ahmad, Thomas O. RANK 2nd Lt EN 0-533369 CONTROL NO. 23566

RECEIVED

DISBURSED

Date 194	SOURCE	AMOUNT	DOLLARS	Date 194	PAYEE	VOU NO.	AMOUNT
8/7/44	USPMO # 524	38.	12	9 JAN 1945	EQM UK check Payee Finance Officer in exchange for U.S. Treasury check	2004	
		388					
		CLOSED					
				amt. \$			
				payee EQM, Kansas City, MO.			
							\$ 38 12

STERLING

Date 194	SOURCE	AMOUNT	Date 194	PAYEE	VOU NO.	AMOUNT
		CLOSED				

ACCOUNTS RECEIVABLE

NAME	DESCRIPTION	AMOUNT	DATE RECD	IF UNCOLLECTIBLE STATE REASON

ACCOUNTS PAYABLE

CREDITORS NAME AND ADDRESS	DESCRIPTION OF ACCOUNT	AMOUNT	DATE CERT FOR PMT	REASON NOT CERTIFIED FOR PAYMENT DATE AND INITIAL

SUBJECT: Report of transaction in disposing of the effects of

Thomas O. Ahmad late  
(Name of deceased) O-533369  
(Army Serial Number)

Second Lieutenant who died  
(Grade) Air Corps  
(Organization, Army or Service)

on the 6 day of June, 1944, at European Area

TO : The Adjutant General, War Department, Washington 25, D.C.

1. Complying with A.W. 112, a Summary Court-Martial, convened at Kansas City Mo. Pursuant to S.O., 228 Hq., KCCM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedent's camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate \$ none, of which the sum of \$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl. \_\_\_\_\_)

c. Decedent owed undisputed local creditors the sum of none which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt \_\_\_\_\_, Incl. \_\_\_\_\_)

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

#### FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 18 May 1945, pursuant to Special Orders 228, Headquarters KCCM Depot, dated 25 September 1943, the application or affidavit of \_\_\_\_\_

Mrs. Arline Virginia Ahmad for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Arline Virginia Ahmad of \_\_\_\_\_ (Name of person found entitled)

810 North 12th Street \_\_\_\_\_ of \_\_\_\_\_ State of \_\_\_\_\_  
Apartment N \_\_\_\_\_ (City, Town or Village)

Wisconsin, is the widow of the \_\_\_\_\_ (Relationship or Capacity)

above-named decedent and appears to be entitled to receive his or her effects.



159343

TALLY NO.

33 02

TALLY NO. 7496

A-3369E  
 THOMAS O. AHMAD  
 0-533369

26 April '45  
 A-3369E

Hilton

DRY CLEANING		do not use	LAUNDRY		do not use
3	SHIRTS, WOOL		2	SHIRTS, DRESS, COTTON	
	TROUSERS, WOOL	63	4	HANDKERCHIEFS	08
	COAT, SERVICE, WOOL			TROUSERS, COTTON	
	JACKET, FIELD			TIE, COTTON	
	OVERCOAT, LONG		3	UNDERSHIRTS, COTTON	123
	OVERCOAT, SHORT, WOOL		3	DRAWERS, COTTON	123
	CAP, GARRISON, WOOL		1	SWEATSHIRTS, COTTON OR WOOL	1
	CAP, GARRISON, W/LEATHER COTTON			DRAWERS, WOOL	
	CAP, SERVICE WOOL		2	SOCKS, COTTON, PR	08
3	CAP, SERVICE, W/LEATHER COTTON			SOCKS, WOOL, PR.	
	TIES, WOOL	30		PAJAMA TOPS	
	GLOVES, LEATHER OR WOOL			PAJAMA BOTTOMS	
	SCARFS		1	FATIGUES, I FC. COTTON	50
	SWEATERS			FATIGUES, TOPS, COTTON	
	TRUNKS, SWIM			FATIGUES, TROUSERS, COTTON	
				CAP, FATIGUE, COTTON	
				BELT, COTTON	
			2	TOWEL	09
				CLOTH, WASH	
				CAP, GARRISON, "NO LEATHER" COTTON	
				CAP, SERVICE, "NO LEATHER", COTTON	
				GLOVES, COTTON	
				LEGGINGS	
				SUPPORTERS, ATHLETIC	
				SCARFS	
				TRUNKS, GYM	
				BAGS, BARRACKS	

93

104

WEIGHT

*(Handwritten signature)*

155,343

NAME

THOMAS O. AHMAD

A.S.N.

0-533 369

RANK

2nd Lt

BELT		TOWELS & WASHCLOTHS		WINGS
BELT, MONEY (NO MONEY)	X	CLOTHING		BAGS, CLOTH OR TRAVEL
CLOTH, WASH		BRACELET IDENT.		BILLFOLD, (NO MONEY) <i>W/K</i>
COATS		BRUSHES		CASE
FOOTWEAR, PR.		CAMERAS		FOOTLOCKER <i>W/K</i>
GLOVES, PR.	* /	GLASSES		KIT, SEW, TLT, OR WRITING
HANDKERCHIEFS		KNIVES	X	BOOKS
HEADWEAR		LIGHTERS		BOOKS, ADDRESS
JACKETS	X	MISC. INSIGNIA		BOOKS, PILOT LOG
OVERCOATS		PEN, FOUNTAIN		DIARY (REMOVED FOR DUP)
SCARFS		PENCIL, MECHANICAL		FILMS
SHIRTS		PIPES		LETTERS
SOCKS, PR.		RELIGIOUS ARTICLES		PAPERS, PERSONAL
TIES	X	RIBBONS, DECORATION		PHOTOS
TOWELS		RINGS		SHOE SHINE ARTICLES
TROUSERS, PR.		TOBACCO	2	SHORT SNORTER
TRUNKS, PR.		TOILET ARTICLES	X	SOUVENIRS <i>U.S. Silver Dollar</i>
UNDERWEAR		WATCH		SOUVENIR MONEY
				STATIONERY
				TESTAMENTS
				U.S. MONEY (AMOUNT)

REMARKS Mrs Arline Virginia Ahmad  
 1421-A West Vliet St  
 Milwaukee Wisconsin  
 \* 1 PR Glasses Lens Broken  
 Mrs Arline Virginia Ahmad  
 1421-A West Vliet St

FRAGMENTS X FORM #54 FORM #100

Inventory

WEIGHT	G.I. REMOVED
	X SHORTAGE ON REVERSE
	IDENT. TAGS REMOVED

LIBRARY

SHORTAGES

U.S. GOVT. CHECK SHORT

- 1 Bracelet
- 2 Bath Towels
- 7 PR cotton drawers
- 9 Handkerchiefs
- 1 face Towel
- 1 cotton under shirt
- 1 wool under shirts
- 2 Sheets

NUMBER

DATE

SYMBOL

AMOUNT

Money order \$88.12

\$38.12

5 Pine 0, 12

Notes \$ 38.00

USMO # 524

AMT \$ 38.12

I certify that the above listed items were not in the containers inventoried by me:

*William*

INVENTORY CLERK

*Smart*

SUPERVISOR

3 July 1944

Date

74th Troop Carrier Squadron, 434th Troop Carrier Group, APO 133  
(Organization and A.P.O. Number)

SUBJECT: Transmittal of Inventory of Personal Effects.

TO: Effects Quartermaster, ETOUSA, Depot G-14, APO 507, U.S. Army.

Transmitted herewith in accordance with Adm. Cir. #80, dated 25 Oct. 1943, Hq SOS. ETOUSA, in inventory of Effects concerning subject named below.

<u>Ahmad,</u>	<u>Thomas</u>	<u>O.</u>	<u>2nd Lt</u>	<u>O-555369</u>	
(Last Name)	(First Name)	(MI)	Rank	(A.S.N.)	(Control No.) (For use of Effects QM. ETOUSA)

Organization 74th Troop Carrier Squadron  
(UNIT----- Not Branch of Service)

\*Status, (~~Deceased~~, Missing in Action, ~~Prisoner of War~~) on the 7th day  
June 1944

Designated Beneficiary (With Address)

Mrs Arline Virginia Ahmad (wife) 1421-A West Vliet St, Milwaukee, Wis.

Cl. II Assets: Cash found in effects, less cost of money order inclosed herewith

U.S.M.O. # 524 Amt \$ 38.12 U.S.M.O. # ----- Amt \$ -----

U.S.M.O. # ----- Amt \$ ----- U.S.M.O. # ----- Amt \$ -----

U.S. Official Check # ----- Amt ----- Bank -----  
(Name and Branch)

#Bank Accounts None

#DEBTORS None

#Creditors None

#Inclosed is -----  
(Will, Power of Attorney, War Bond, Travelers Checks, Describe Fully)

REMARKS (if any)

INVENTORY OF EFFECTS  
(Attach extra sheets if necessary)

See attached Form No.54 for Inventory of Effects.

I certify that the foregoing inventory comprises all of subject's effects and that effects were shipped to Effects QM. ETCUSA, A.P.O. 507, G-14, U.S. Army by delivering to US Motor Transport on 4 July 1944

*Theodore T. Walter*  
Signature - (In ink)

THEODORE T. WALTER )  
Name ) (Block  
 ) letters)  
1st Lt, AC, 74th TC Sq. )  
Rank and organization



~~XXXXXXXXXXXXXXXXXXXX~~  
155343 ✓

HCC/LL/ojr  
1 August 1949

Mrs. Arline V. Ahmad  
810 North 12th Street, Apt "N"  
Milwaukee, Wisconsin

Dear Mrs. Ahmad:

The Army Effects Bureau has received from a Graves Registration Officer overseas one identification bracelet which belonged to your husband, the late Lieutenant Thomas O. Ahmad.

In view of the lapse of time since our previous correspondence, I shall appreciate it if you will indicate whether you wish this item sent you. If so, the property will be forwarded promptly upon receipt of the confirmation of your address.

Your reply may be made on the reverse of this letter, if you desire, and mailed in the inclosed self-addressed envelope which requires no postage.

Sincerely yours,

1 Incl  
Envelope

H. O. CALDWELL  
Effects Quartermaster

XXXXXXXXXXXXXXXXXXXX

155343 ✓

HOC/AID/vlm ✓  
26 September 1949 ✓

Mrs. Arline V. Ahmad ✓  
810 North 12th Street, Apt "N" ✓  
Milwaukee, Wisconsin ✓

Dear Mrs. Ahmad: ✓

Thank you for the information recently given the Army Effects Bureau in connection with the disposal of personal property belonging to your husband, the late Lieutenant Thomas O. Ahmad. ✓

This property, consisting of one identification bracelet, was sent you under separate cover 26 September 1949. ✓

If, for some reason, the property has not reached you within thirty days, please notify this Bureau so tracer can be instituted. ✓

Sincerely yours,

H. O. CALDWELL  
Effects Quartermaster





ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO 155343

GHG:VJ:dn  
June 1, 1945

Mrs. Arline Virginia Ahmad  
810 North 12th Street  
Apartment N  
Milwaukee, Wisconsin

Dear Mrs. Ahmad:

I am inclosing a check for \$38.12, representing funds of your husband, Second Lieutenant Thomas O. Ahmad.

No other property belonging to him has been received at the Army Effects Bureau to date.

Our action in transmitting funds does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of decedent's legal residence.

Money ordinarily is sent from overseas by mail in advance of other effects; therefore, it is probable that additional belongings of decedent will reach this Bureau at a later date. As it is intended to forward any such property to you promptly upon receipt here, I ask that you please notify this Bureau if there is a change in your address within the next few months.

I wish to express my sympathy in the loss of your husband.

Sincerely,

A. G. SCHUMACHER  
1st Lt., Q.M.C.  
Asst. Chief, Admin. Division

1 Incl--Check



ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT

601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO 150415

CHD:W:pjj  
June 18, 1945

Mrs. Arline Virginia Ahmad  
210 North 12th Street  
Apartment B  
Milwaukee, Wisconsin

Dear Mrs. Ahmad:

The Army Effects Bureau has received some additional property of your husband, Second Lieutenant Thomas G. Ahmad.

These effects, contained in two ~~boxes~~ <sup>boxes</sup>, are being forwarded to you. If delivery is not made within thirty days from this date, please notify me so that tracer action may be instituted.

As previously indicated, personal property is transmitted by this Bureau for distribution according to the laws of the state of the officer's legal residence.

Extending every sympathy, I am

Sincerely yours,

P. L. KOOB  
2nd Lt. Q.M.C.  
Officer-in-Charge  
SJ Unit

83

SPQYG 293

Ahmad, Thomas O. 0-533,369 CU

1 April 1946

Mrs. Thomas O. Ahmad  
810 No. 12th Street  
Apartment N  
Milwaukee, Wisconsin

Dear Mrs. Ahmad:

The War Department is most desirous that you be furnished the burial location of your husband, the late Second Lieutenant Thomas O. Ahmad, A.S.N. 0-533 369.

The records of this office disclose that his remains are interred in the U. S. Military Cemetery, Blosville, France, plot Y, row 5, grave 87.

This cemetery is located approximately twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France, and is under the constant care and supervision of United States military personnel.

Please accept my sincere sympathy in the loss of your husband.

Sincerely yours,

T. B. LARKIN  
Major General  
The Quartermaster General

as

1183

2nd Lt. Thomas O. Ahmad, O-533 369  
Plot Y, Row 5, Grave 87,  
United States Military Cemetery  
Blosville France

15 September 1947

Mrs. Arline V. Ahmad  
810 North 12th Street  
Apartment E  
Milwaukee, Wisconsin

Dear Mrs. Ahmad:

The people of the United States through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

Incls.

fbj

SEP 18 1947  
MAIL ROOM  
CO. 100  
BRANCH