

DEPARTURE MANIFEST

EASTPORT, IDAHO

Date **May 31, 1945** Serial No.

Family name **NYDEGGER** Given name **Geo. Raymond** Accompanied by

C.I.V. No. Place and date of issue Section and subdivision Quota country charged R.P. No.
 Act of 1924
 Place of birth (town, country, etc.) **St. Falls, Montana** Age **20** Yrs. Sex **M** M. S. Occupation Read
 Mos. W. D. Write
 Language or exemption Race Nationality **U.S.** Last permanent residence (town, country, etc.) **Spokane, Wash.**
 Name and address of nearest relative or friend in country whence applicant came

Ever in U.S. From To Where Passage paid by

Destination, and name and complete address of relative or friend to join there
Kimberley, B.C. visit to 6-3-45
 Money shown Ever arrested and deported, or excluded from admission Purpose in coming and time remaining

Head tax status Height Ft. In. Complexion Hair Eyes Distinguishing marks

Seaport and date of landing, and name of steamship Con. Im. identification card No.

Recorded by Previously examined at Date Previous disposition Present disposition, P. I. Arrived by **PUG**

DISPOSITION BEFORE U.S.I.

Deported for and date Rejected as and date Visitor 514 No. Transit 514 or S.S. Line and Ticket No.
 Date reported Decision and date Date admitted File No. Steamship Ticket issued at and date

MEDICAL CERTIFICATE

Affected with
 Part of body affected
 Surgeon, U.S. Public Health Service

REMARKS AND ENDORSEMENTS

Signature of applicant

James M. Squibb
 Investigator