

FILE IDENTIFICATION TOPPER

FILE NUMBER

243 Wmk Guadalcanal X-338

SUBJECT

formerly Venetz, Harold Morris

GMC FORM 1121
1 Aug 45

1

DISINTERMENT DIRECTIVE

DUPLICATE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
8730 03442

DATE
15 05 49
DAY MONTH YEAR

NAME UNKNOWN ⁹⁴³ X-338 SERIAL NUMBER GRADE ARM Q RACE 0 RELIGION 6

CEMETERY GUADALCANAL SOLOMON ISLANDS PLOT F ROW 207 GRAVE 4 DISPOSITION OF REMAINS 0492 64
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII
NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION
MINOR DISCREPANCIES (Prepare Discrepancy Report for minor discrepancies.)

CHANGE

REMAINS PREPARED AND PLACED IN CASKET
DATE BY
CASKET SEALED BY EMBALMER (Signature)
CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE BY

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

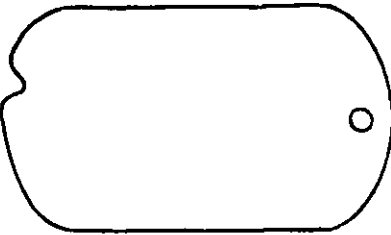
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS ARE UNIDENTIFIABLE. PERMANENTLY INTERRED IN NAT'L MEM CEM OF THE PACIFIC, PLOT Q, GRAVE 586.
File in Nat'l Mem Cem of the Pacific

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM:		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
2. SHIPPED			
FROM:		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
3. SHIPPED			
FROM:		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
4. SHIPPED			
FROM:		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
5. SHIPPED			
FROM:		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM:		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM:		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
8. SHIPPED			
FROM:		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
9. SHIPPED			
FROM:		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 19 July 1949
--	---	------------------------------------

Imprint Identification Tag If Possible DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) <i>243</i> UNKNOWN X-338	(GUADALCANAL (UNIDENTIFIABLE)		SERIAL No. UNKNOWN
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USN
	RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH Tulagi, B. S. I.		

CAUSE OF DEATH KIA	DATE OF DEATH 30 Nov 42
---------------------------	--------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

 Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) UNIDENTIFIABLE
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

 None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

 National Memorial Cemetery of the Pacific, Honolulu, T. H.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
21 June 1949	1000	Permanent Type Casket	Cross			586

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	ANM Cemetery, Guadalcanal BSI	F	207	4

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Catholic Protestant	Eugene L. A. Fisher, Chaplain Albert J. Click, Chaplain	

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
Cummings, Charles A	Pfc	20104916	USAGF	556

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.

SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E. Tarry</i> Margaret E. Tarry, Chief Clerk, LDC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James F. Harris</i> James F. Harris, Capt., LDC
---	--

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Section 3. UNIDENTIFIED REMAINS.


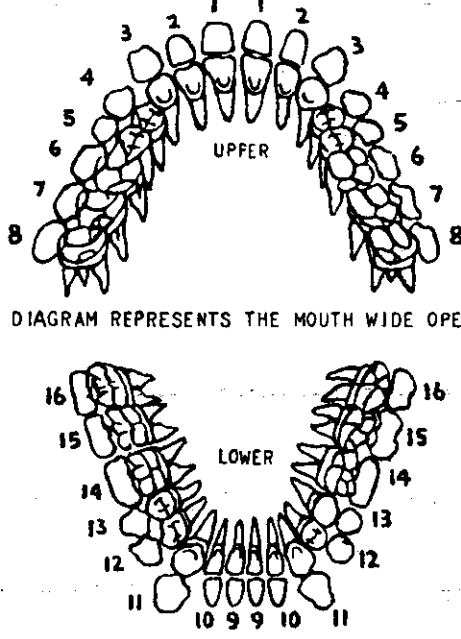




INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Unknown X-358, Guadalcanal BSI
Section 4, Grave No. 556

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

19 July 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-338		(GUADALCANAL (UNIDENTIFIABLE))	SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE USI
RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Talagi, N. S. I.	CAUSE OF DEATH KIA	DATE OF DEATH 30 Nov 42
---	------------------------------	-----------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) UNIDENTIFIABLE
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
National Memorial Cemetery of the Pacific, Honolulu, T. H.

DATE OF BURIAL 21 June 1949	HOUR 1800	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. 9	ROW No. 207	GRAVE No. 506
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AM Cemetery, Guadalcanal USI	PLOT No. 7	ROW No. 207	GRAVE No. 4
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TYPE OF RELIGIOUS CEREMONY Catholic Protestant	PERSON CONDUCTING BURIAL RITES Reginald L. A. Fisher, Chaplain Albert V. Click, Chaplain	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	---

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) Cummings, Charles H	RANK Pfc	SERIAL NO. 20104918	ORGANIZATION USAF	GRAVE No. 686
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT <i>Margaret E. Barry</i> Margaret E. Barry, Chief Clerk, HSC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>James S. Harris</i> James S. Harris, Capt., GRS
--	---

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


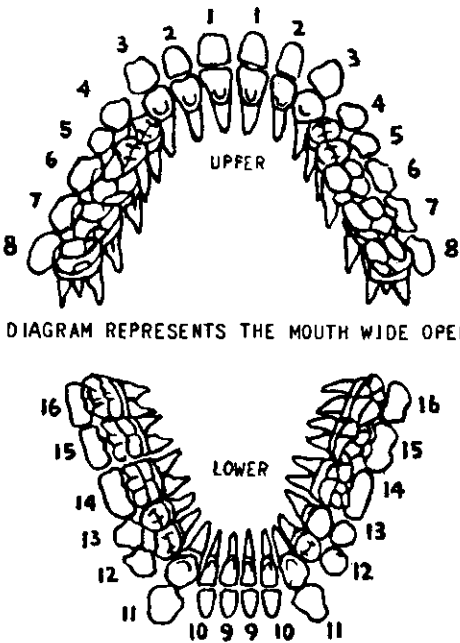




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

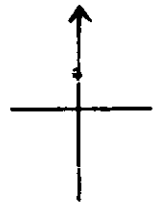
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

**Unknown X-338, Guadalcanal MHI
Section C, Grave No. 338**

JEM 2a.B

6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
1730 03442

DATE
17 03 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	UNKNOWN X-000034				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUADALCANA / SOLOMON IS				0409 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**NATIONAL MEMORIAL CEMETERY OF THE
TERRITORY OF HAWAII**

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE
CASKET SEALED BY

CHANGE

CASKET BOXED AND MAILED BY

DATE BY

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

REMARKS AND SPECIAL INSTRUCTIONS

UNIDENTIFIABLE

Handwritten signature and notes:
The...
The...
2 Aug 48

(MAJOR DISCREPANCY)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-338 Guadalcanal				2. DATE OF REPORT 12 November 1948		
3. NAME OF CEMETERY U. S. Army Mausoleum #2 Formerly of Guadalcanal		4. PLOT F	5. ROW K 207	6. GRAVE 51 4	7. DATE OF DISINTERMENT 10 Nov 48	REINTERMENT 12 Nov 48

PHYSICAL DESCRIPTION **Age: 25 to 27 years.**

8. ESTIMATED WEIGHT 128 to 150 lbs.	9. ESTIMATED HEIGHT K.5'6 1/8" - P.5'3 3/8"	10. COLOR OF HAIR UTD	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

13. GIVE DESCRIPTION OF TATTOOS OR MARKS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCE

None.

U N I D E N T I F I A B L E

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CYRIL C. DISNEY
1st. Lt., FA 0-1167395 *Cyril C. Disney* *1 Feb 1949*

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **Scapulae, Innominates fractured.**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None.

18. MAJOR DISCREPANCY

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

X-338

TOP VIEW

SIDE VIEW



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Quadalcanal

Gold Crown, Porcelain Crown



BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed

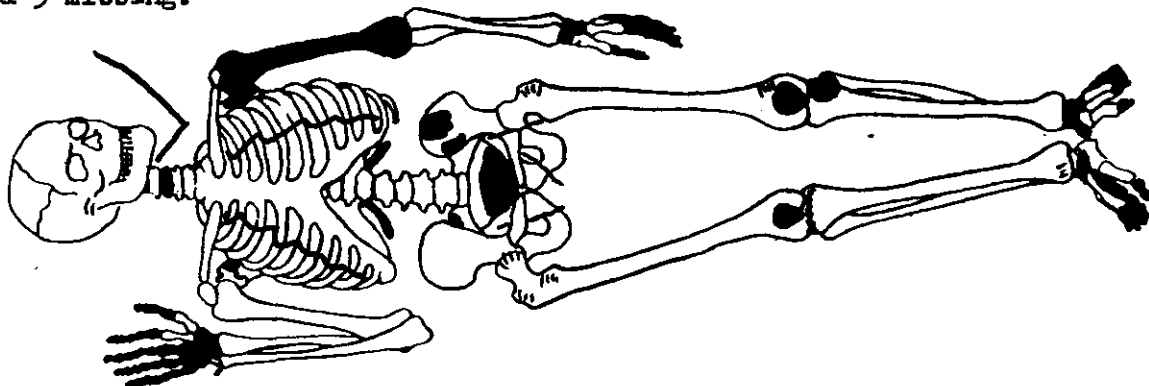


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
(F)		(M)				(D)	(D)							DRIFT	(A)
														←	(MFO)
Side View															Side View
Top View															Top View
Side View															Side View
(HFO)		DRIFT										(D)	(H)	(A)	(Fo, d, o)
FDeL		→											FMO	o	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

19. BLACK OUT PARTS OF BODY NOT RECORDED

Nos. 2 & 3 missing.



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 2 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

- One (1) extra left radius.
- One (1) extra right No. 5 Metatarsal.

/s/ M. Trotter
M. TROTTER SIGNATURE OF MEDICAL OFFICER ANTHROPOLOGIST

21. REMARKS AND ADDITIONAL INFORMATION

These are the remains of a man 25 to 27 years of age, short in height and of slight muscularity. The skull is medium elliptical in shape with slight browridges. The forehead is medium and slopes moderately. The vault is low. There is a moderate back-head projection with a beaked external occipital protuberance. The nasal bones are broad and indicate the possibility of a broad straight nose. The palate is deep and asymmetric. The lower jaw is medium in size and strength. The chin is pointed with a protruding form. The extra parts listed in Item 20 have been classified as CIL Unknown X-437.

Height estimate: R-161 - 63.39 - 5' 3 3/8"
K-168 - 66.14 - 5' 6 1/8"
P-162 - 63.78 - 5' 3 3/4"

Fluoroscopic examination negative.

Teeth charted.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

O. W. GREENWOOD, CAPT., QMC
CENTRAL IDENTIFICATION LABORATORY
AND MAUSOLEUM, APO 957

SIGNATURE

/s/ O. W. Greenwood
O. W. GREENWOOD

**FEDERAL BUREAU OF INVESTIGATION
CENTRAL IDENTIFICATION LABORATORY
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.1	
VERTEBRAE	CERVICAL	4		3 missing.
	THORACIC	10		2 missing.
	LUMBAR	5		
SACRUM		1		Eroded, part missing.
INNOMINATES	RIGHT	1	BI-ILIAC DIAM 24.5 approx.	Pubis fractured.
	LEFT	1		Pubis and ilium fractured.
RIBS		22		Fractured, eroded, 2 missing.
STERNUM		1		
CLAVICLES	RIGHT	1	15.5	
	LEFT	1	15.4	
SCAPULAE	RIGHT	1		Fractured, part missing.
	LEFT	1		Fractured, part missing.
HUMERI	RIGHT	1	30.1	
	LEFT	0		Missing.
RADII	RIGHT	1	24.1	
	LEFT	1	24.2	
ULNAE	RIGHT	1	(26.7)	Distal end fractured.
	LEFT	1	26.3	
HANDS	RIGHT	1		All missing except 2 metacarpals.
	LEFT	1		All missing except 3 metacarpals, 2 phalanges.
FEMORA 43.2 43.2	RIGHT	1	42.8	Eroded.
	LEFT	1	42.8	Eroded.
PATELLAE	RIGHT	0		Missing.
	LEFT	0		Missing.
TIBIAE	RIGHT	1	35.7	Eroded.
	LEFT	1		Eroded, and part of head missing.
FIBULAE	RIGHT	1	34.7 approx.	Eroded.
	LEFT	1		Eroded, head missing.
FEET	RIGHT	1		All missing except 2 tarsals, 3 metatarsals.
	LEFT	1		All missing except 1 tarsal, 3 metatarsals.
NUMERO-CLAVICULAR RATIO			APPROXIMATE AGE (in years) 25 to 27	
ESTIMATED HEIGHT See Item 21			LEG-HIP BR RATIO	
ESTIMATED WEIGHT 128 to 150 lbs.				
ENCLOSURE TO: X-338 Guadalcanal				/s/ M. Trotter M. TROTTER ANTHROPOLOGIST

RESTRICTED

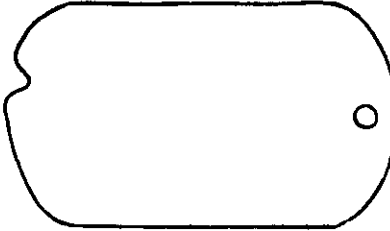
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

13 April 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unidentified (Formerly Venetz, Harold Morris) UNKNOWN X-338		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USN
RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Tulagi, F.S.I.	CAUSE OF DEATH MIA	DATE OF DEATH 30 Nov 42
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EMERGENCY ADDRESSEE (Name, relationship, and address)

None

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See OCMG ltr OCMG 293, VENETZ, Harold Morris 368 74 13 - USN, 4 April 1949, Subj: Board Proceedings No. 782
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

US Army Mausoleum, Schofield Barracks, T.H.

Casket

DATE OF BURIAL 14 Jan 48	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No. K	GRAVE No. 51
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal, B.S.I.	PLOT No. F	ROW No. 207	GRAVE No. 4
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TYPE OF RELIGIOUS CEREMONY -	PERSON CONDUCTING BURIAL RITES -	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) -	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) -
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to manner of	RANK -	SERIAL NO. -	ORGANIZATION -	GRAVE NO. -
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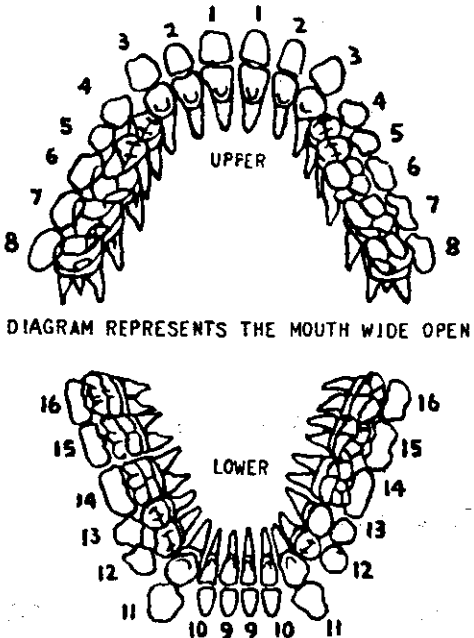





BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) storing caskets.	RANK -	SERIAL NO. -	ORGANIZATION -	GRAVE NO. -
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SIGNATURE OF PERSON PREPARING REPORT
I. K. Usher
I. K. USHER - Clerk

SIGNATURE OF GRS OFFICER VERIFYING REPORT
Earl E. Yank
EARL E. YANK, CWO, USA

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

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LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.			
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart not to be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	BIRTHMARKS, SCARS, OR TATTOOS			
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
				
	REMARKS:			

RESTRICTED

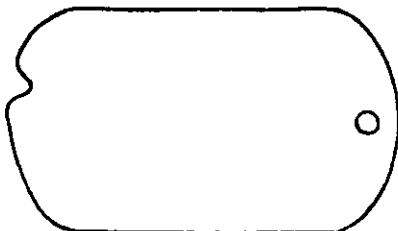
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
~~IDENTIFICATION~~ STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

13 April 1949

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unidentified (Formerly Venets, Harold Morris) UNKNOWN I-338		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE USN
RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Falaga, B.S.I.	CAUSE OF DEATH KIA	DATE OF DEATH 30 Nov 42
---	------------------------------	-----------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See OGM 1tr QMGM 293, VENETS, Harold Morris 368 74 13 - USN, 4 April 1949, Subj: Board Proceedings No. 782
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
US Army Mausoleum, Schofield Barracks, T.H.

DATE OF BURIAL 14 Jan 48	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No. K	GRAVE No. 51
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal, B.S.I.	PLOT No. F	ROW No. 207	GRAVE No. 4
--	---	----------------------	-----------------------	-----------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)		

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to manner of storing caskets.	RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. -
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. -

SIGNATURE OF PERSON PREPARING REPORT I. K. BEHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT KARL B. TANCY, CWO, USA
--	---

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Section 3. UNIDENTIFIED REMAINS.


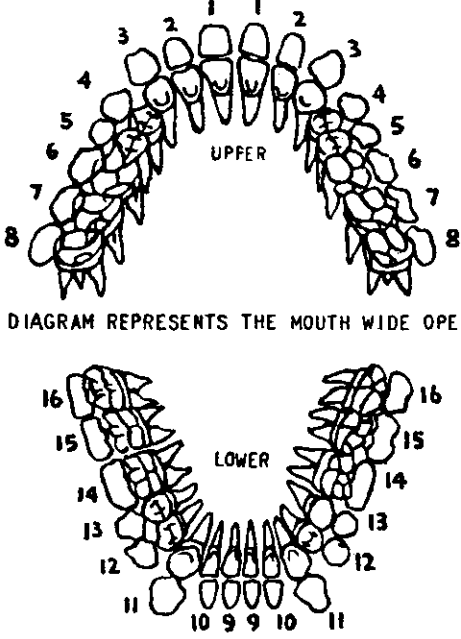




INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

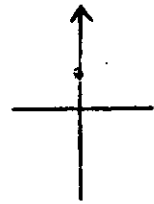
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

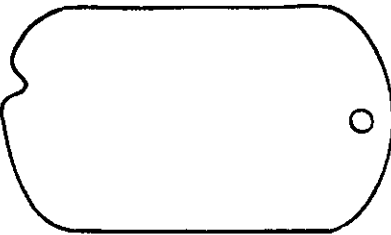


FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 21 Jan. 1949				
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.								
		NAME (Last, first, middle initial) Unidentified (Formerly Venetz, Harold Morris) UNKNOWN X-338				SERIAL No. Unknown				
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE USM				
		RACE White		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
PLACE OF DEATH Tulagi, B.S.I.		CAUSE OF DEATH KIA			DATE OF DEATH 30 Nov. 42					
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">None</p>										
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)								
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes		Board Proceedings (782) Hq. AGRS (PAZ) APO 958 dtd 12 Jan. 1949.								
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>										
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.										
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">US Army Mausoleum, Schofield Barracks, T. H.</p>										
DATE OF BURIAL 14 Jan. 48		HOUR		BURIED IN (Shroud, blanket, or name of other) Final type casket		TYPE OF GRAVE MARKER		PLOT No.	ROW No.	GRAVE No.
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery, Guadalcanal, B.S.I.					PLOT No. F	ROW No. 207	GRAVE No. 4	
TYPE OF RELIGIOUS CEREMONY --		PERSON CONDUCTING BURIAL RITES --		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY						
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) --		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --								
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to				RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.				RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --			
SIGNATURE OF PERSON PREPARING REPORT  I. K. USHER - Clerk				SIGNATURE OF GRS OFFICER VERIFYING REPORT  EARL B. FAWCETT, CWO, USA						
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Section 3 UNIDENTIFIED REMAINS.


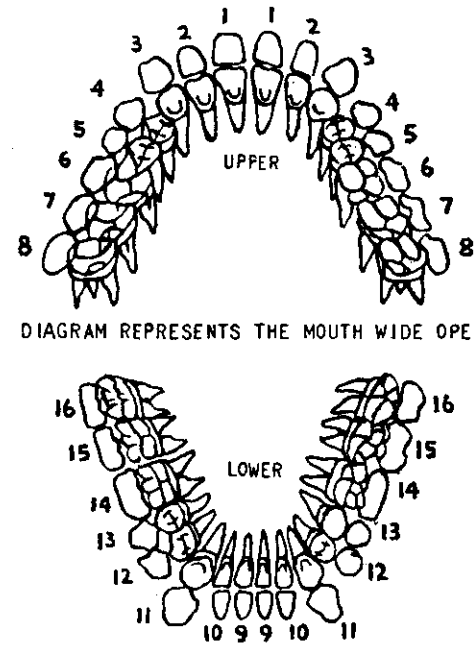




INSTRUCTIONS:

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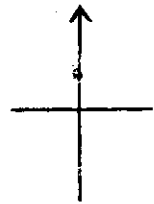
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

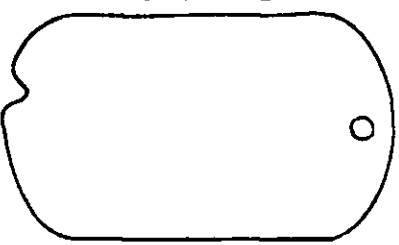


LEFT LITTLE FINGER	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>					 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>				
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>									
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>									
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>									
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>									

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center">21 Jan. 1949</p>
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) Unidentified (Formerly Venetz, Harold Morris) UNKNOWN X-338	
	GRADE <p align="center">Unknown</p>	ORGANIZATION <p align="center">Unknown</p>
	RACE <p align="center">White</p>	RELIGION <p align="center">Unknown</p>
	SERIAL NO. <p align="center">Unknown</p>	
	BRANCH OF SERVICE <p align="center">USN</p>	
PLACE OF DEATH <p align="center">Tulagi, B.S.I.</p>	CAUSE OF DEATH <p align="center">KIA</p>	DATE OF DEATH <p align="center">30 Nov. 42</p>
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">None</p>		
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center">Board Proceedings (782) Hq. AGRS (PAZ) APO 958 dtd 12 Jan. 1949.</p>	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center">Yes</p>		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>		
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.		
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">US Army Mausoleum, Schofield Barracks, T. H.</p>		
DATE OF BURIAL <p align="center">14 Jan. 48</p>	HOUR 	BURIED IN (Shroud, blanket, or name of other) <p align="center">Final type casket</p>
TYPE OF GRAVE MARKER 	PLOT No. 	ROW No.
GRAVE No. 		
WAS THIS A REBURIAL? (Yes or no) <p align="center">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">ANM Cemetery, Guadalcanal, B.S.I.</p>	
PLOT No. <p align="center">F</p>	ROW No. <p align="center">207</p>	GRAVE No. <p align="center">4</p>
TYPE OF RELIGIOUS CEREMONY <p align="center">---</p>	PERSON CONDUCTING BURIAL RITES <p align="center">---</p>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center">---</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">---</p>	
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center">Not applicable due to</p>	RANK <p align="center">---</p>	SERIAL No. <p align="center">---</p>
ORGANIZATION <p align="center">---</p>	GRAVE No. <p align="center">---</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center">manner of storing caskets.</p>	RANK <p align="center">---</p>	SERIAL No. <p align="center">---</p>
ORGANIZATION <p align="center">---</p>	GRAVE No. <p align="center">---</p>	
SIGNATURE OF PERSON PREPARING REPORT  I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT  EARL B. YANCY, CWO, USA	
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Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


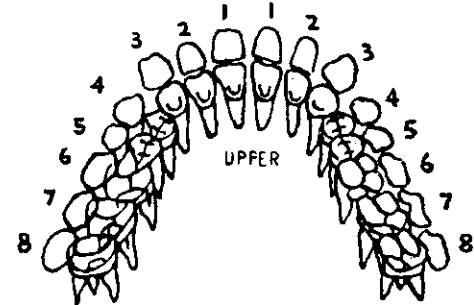




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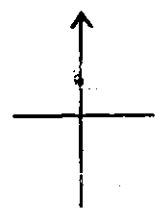
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS  SILVER FILLING GOLD FILLING	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY	



REMARKS: