

6' — 6'

5'9" — 5'9"

5'6" — 5'6"

5'3" — 5'3"

5' — 5'

4'9" — 4'9"



7

3

0

2

3

9

8

NOTICE OF SEPARATION FROM THE U. S. NAVAL SERVICE

NAVPERS-553 (REV. 7-44)

1. NAME (Last) SCHREIBER	(First) Harry	(Middle) Allison	2. RATE AND CLASS HALC V6 USNR	3. NAVY SERVICE NO. 730 23 98
4. PERMANENT ADDRESS FOR MAILING PURPOSES New Salem, North Dakota, Box 304			5. RACE W	6. SEX M
8. ADDRESS FROM WHICH DISCHARGE WILL SEEK WORK (If different from item 4) Same.			7. DATE OF BIRTH 12/23/25	
			9. U.S. CITIZEN X YES NO	

RECORD OF NAVAL SERVICE

SELECTIVE SERVICE DATA <input checked="" type="checkbox"/>	10. REGISTERED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	11. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE Same.	12. LOCAL BOARD NO., COUNTY AND STATE Not registered.	
13. PLACE OF ENTRY INTO ACTIVE SERVICE BISMARCK, N. D.		MO. DAY YR. 1-11-43	14. PLACE OF SEPARATION FROM ACTIVE SERVICE USNH, SEATTLE, WASH.	
15. CHARACTER OF DISCHARGE HONORABLE		16. LENGTH OF FOREIGN AND/OR SEA SERVICE WORLD WAR II YES		
17. LAST RATING HELD HOSPITAL APPRENTICE FIRST CLASS		MONTHS 26	18. NEXT TO THE LAST RATING HELD HOSPITAL APPRENTICE SECOND CLASS	
19. SERVICE SCHOOLS ATTENDED FARRAGUT, IDAHO		COURSES HCS	WKS. 12	20. OFF-DUTY EDUCATIONAL COURSES NONE

EMPLOYMENT AND NON-SERVICE EDUCATIONAL DATA

21. LAST EMPLOYER BEFORE ENTRY INTO SERVICE (Give firm name and address) Student in high school.		DATE LEFT Aug. 1942
22. USUAL CIVILIAN OCCUPATION Student.		23. JOB FIELD PREFERENCE Education.
24. JOB AID DESIRED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. LOCALITY PREFERENCE (Give general area) New Salem, North Dakota.
26. NON-SERVICE EDUCATION	27. MAJOR COURSE OR FIELD General	
28. VOCATIONAL OR TRADE COURSES (Indicate nature and length of courses) Arch Welding(3 months).		
29. REMARKS		30.

I certify that all information on this form pertaining to the Naval Service of the above named individual is in accordance with the records of the Navy Department and that a copy of this form has been delivered to him in person.

31. *K. C. Mason*
(Signature of discharging officer)

K. C. MASON, Ensign (MC) USN
(Type in name and rank of discharging officer)

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON, D. C.

32. KIND OF INSURANCE NAT. SERV. LIFE INS. <input checked="" type="checkbox"/> U.S. GOVT. LIFE INS. <input type="checkbox"/> NONE <input type="checkbox"/>	33. HOW PAID Allotment <input checked="" type="checkbox"/> DIRECT TO VET. ADM. <input type="checkbox"/>	34. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE 9/45	35. MONTH NEXT PREMIUM DUE (One Month After 34) 10/45	36. AMOUNT OF PREMIUM DUE EACH MONTH 6.40	37. INTENTION OF VETERAN TO (a) CONTINUE INS. <input checked="" type="checkbox"/> (b) CONTINUE ONLY \$ <input type="checkbox"/> (c) DISCONTINUE INS. <input type="checkbox"/>
---	--	--	---	---	--

38. *Harry Allison Schreiber*
(Signature of discharged person)

9/28/45
(Date)

TO: BUREAU OF NAVAL PERSONNEL

Pers-68-emr
MM/385 98 54
MM/730 23 98

FINISHED FILE PERS 68-2

22 MAY 1945

From: Chief of Naval Personnel.
To : MOinC, USNH, Seattle, Washington.

Subj: Presidential Unit Citation - Award of.

Ref : (a) G.O. 187 of 3 Feb. 1943, amended by Alnavs 137-43 and 72-44,
and SecNav ltr 10 Jan. 1945 N.D. Bul. of 15 Jan. 1945, 45-7.

1. The Chief of Naval Personnel takes pleasure in forwarding with his congratulations ~~the~~ a facsimile of the Presidential Unit Citation awarded the ~~FOURTH MARINE DIVISION (REINFORCED)~~ for outstanding performance in combat during the seizure of the Japanese-held islands of Saipan and Tinian in the Marianas from 15 June to August 1, 1944.

2. In accordance with reference (a) the following men who served in that unit and who participated in the action for which cited are entitled to wear the enclosed ribbon bar with bronze star:

JACK CLEVELAND MCKINLEY
Pharmacist's Mate Second Class, United States Navy

HARRY ALLISON SCHREIBER
Hospital Apprentice First Class, U. S. Naval Reserve

3. A copy of this letter and citation have been made a part of the official record of the personnel concerned.

By direction of Chief of Naval Personnel.

R. J. HARDY
Commander, USN
Enlisted Performance Division

Encl:

- (A) Facsimile of Presidential Unit Citation (2)
(B) Ribbon Bar with Bronze Star
cc. BuPers.

THE SECRETARY OF THE NAVY

WASHINGTON

The President of the United States takes pleasure in presenting the PRESIDENTIAL UNIT CITATION to the

FOURTH MARINE DIVISION, REINFORCED

consisting of: Division Headquarters; Division Special Troops; Division Service Troops; 23rd, 24th, 25th Marines; 20th Marines (Engineers); 1st JASCO; 534th and 773rd Amphibian Tractor Battalions (Army); 10th Amphibian Tractor Battalion; Company "C" 11th Amphibian Tractor Battalion; 708th Amphibian Tank Battalion (Army); VMO-4; 2nd Amphibian Truck Company; 14th Marines (Artillery); 311th and 539th Port Companies (Army); Detachment 7th Field Depot; 1st Provisional Rocket Detachment, V Amphibious Corps; Detachment, Air Warning Squadron #5; 4th 105mm (Howitzer) Corps Artillery, V Amphibious Corps; 14th Marines (Artillery), (less 3rd and 4th Battalions); Headquarters, Provisional LVT Group, V Amphibious Corps; 2nd Armored Amphibian Battalion; 2nd and 5th Amphibian Tractor Battalions; 715th Amphibian Tractor Battalion (Army); 1341st Engineer Battalion (Army); 1st Amphibian Truck Company; 2nd Tank Battalion; 1st and 2nd Battalions, 10th Marines (Artillery) and the 1st Provisional Rocket Detachment, for service as set forth in the following

CITATION:

"For outstanding performance in combat during the seizure of the Japanese-held islands of Saipan and Tinian in the Marianas from June 15 to August 1, 1944. Valiantly storming the mighty fortifications of Saipan on June 15, the Fourth Division, Reinforced, blasted the stubborn defenses of the enemy in an undeviating advance over the perilously rugged terrain. Unflinching despite heavy casualties, this gallant group pursued the Japanese relentlessly across the entire length of the island, pressing on against bitter opposition for twenty-five days to crush all resistance in their zone of action. With but a brief rest period in which to reorganize and re-equip, the Division hurled its full fighting power against the dangerously narrow beaches of Tinian on July 24 and rapidly expanded the beachheads for the continued landing of troops, supplies and artillery. Unchecked by either natural obstacles or hostile fire, these indomitable men spearheaded a merciless attack which swept Japanese forces before it and ravaged all opposition within eight days to add Tinian to our record of conquests in these strategically vital islands."

For the President,

James Forrestal

Secretary of the Navy

AUG 30 1944

Pers - 5321

INITIAL ADVICE OF CASUALTY OR CHANGE OF STATUS TO CLOSE OUT GROUP

Schreier, Harry Allison

Log No. and No. of Casualties 10751-A-7-3

Notification made by Telegram

<input checked="" type="checkbox"/>

Date: 30 Aug. 1944

Notification to be made by Letter

<input checked="" type="checkbox"/>

3 men #2-0

Notification by local Activity

<input type="checkbox"/>

4 " LTR

Notification not required

<input type="checkbox"/>

AUG 30 1944

Logged _____

IBM released _____

SEP 12 1944

Closed Out _____

SEP 21 1944

CASUALTY
OCT 3 1944 FINISHED FILE

REPORT OF CASUALTY

NAVY - 2060 (REV. 8-44)

NAME (Last) (First) (Middle) SCHREIBER, Harry Allison			RANK OR RATING HALC V-6	BRANCH USNR	STATUS <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	FILE OR SERV. NO. 730 23 98
CASUALTY CONTROL NO. 10751-A-7-3	DUTY ATTACHMENT 1st Bn 24th Marines 4th Mar Div FMF		PREVIOUS DUTY Repl Bn TC VAC			
STATE CREDIT (Street) (City) (County) (State) New Salem Morton North Dakota			NAVAL DISTRICT			
DATE OF BIRTH 23 Dec 1925	PLACE OF BIRTH New Salem N. D.		RACE White			
DATE OF APPT. OR ENLIST. 11 Jan 1943	PLACE OF ENLISTMENT (City) (State) Fargo N. Dak.		MARITAL STATUS Single		DEPENDENTS Yes	
CASUALTY STATUS Wounded			CASUALTY CODE 0700		ENEMY ACTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CAUSE OF CASUALTY Enemy Action			PLACE OF CASUALTY		DATE OF CASUALTY 5 July 1944	
NOTIFICATION OF NEXT OF KIN <input type="checkbox"/> BY LOCAL ACTIVITY <input checked="" type="checkbox"/> BY LETTER <input type="checkbox"/> BY BUPERS BY TELEGRAM			AREA Pacific (Indicate number)			
NAME(S) OF NEXT OF KIN			RELATIONSHIP(S)	ADDRESS(ES)		
*Goldie Schreiber			Mother	New Salem North Dakota		
Paul Schreiber			Father	Same		

DATE **7 Sep 1944**

BY DIRECTION OF THE CHIEF OF NAVAL PERSONNEL

A.C. JACOBS
COMMANDER, U.S.N.R.
HEAD OF CASUALTIES AND
ALLOTMENTS SECTION

In reply address not the signer of this letter, but Bureau of Naval Personnel, Navy Department, Washington, D. C.

Refer to No.

Pers-5322

NAVY DEPARTMENT

BUREAU OF NAVAL PERSONNEL

WASHINGTON 25, D. C.



To: Addressee Indicated

Subj: Report of Casualty of Personnel Named on Reverse Side.

COPY TO:

CARDS:

- ☐ File BuPers (green for jacket)
- ☐ Pers-822 (Tab. R. Sec.) (yellow)
- ☐ S & A (Death Gratuity) (Tr.--CTF)
- ☐ Pers-3221 Asst. Registrar
- ☐ Vets. Admn. (S)
- ☐ Gen. Acct. Off. (Via S & A) (TR.-S)

- ☐ Pers-5321 (Analysis)
- ☐ Pers-5323 (Services) (pink)
- ☐ S & A (Master Accts.)
- ☐ Pers-31 Off. Dist. Div.
- ☐ P-11354 Forw. Personal Mail
- ☐ American Red Cross (Home Service)
- ☐ Chaplain via Comdt. _____ Nav. Dist. (where N.O.K. reside)

- ☐ Vets. Admn. (via S & A) (blue) (S)
- ☐ S & A (Allot. Div.) (blue)
- ☐ Bu M & S (Death Rec. Sec.)
- ☐ Bu M & S (Care of the Dead)
- ☐ Navy Relief Society
- ☐ P-505 P.O.W. Office
- ☐ War Dept. P.O.W. Info. Bureau
- ☐ P-3209 Fitness Rep. Div.
- ☐ P-321 Asst. Dir. Off. Per. Div.
- ☐ P-3212 Res. Off. Pro.
- ☐ P-3217 Appt. & Pro.
- ☐ P-325 Status Changes
- ☐ P-3253 Serv. Records (Reg. Nav.)
- ☐ P-328 Medals
- ☐ Navy Athletic Association
- ☐ Comdt. _____ Nav. Dist.

- ☐ Pers-5321 (Ship file)
- ☐ Pers-5322 (Alpha. file)
- ☐ Off. Pub. Rel.
- ☐ F.P.O. Directory

ADDITIONAL COPIES:

- ☐ Navy Mutual Aid Assoc.
- ☐ DCNO-Air-Op.-32 (Avi. Off. Pers)
- ☐ DCNO-Air-Op.-34h (Fl. Stat. Sec.)
- ☐ Bu _____ (Bu. conc. if not Avi.)
- ☐ S & A Officers Accts.
- ☐ S & A (Fidelity Bond Section)
- ☐ S & A (Off. Pers.)
- ☐ Dir. Nav. Int.
- ☐ P-7 Chap. Div.
- ☐ Sec. Treas. (A.A.) Nav. Acad.
- ☐ P-31161 (Mer. Mar.) via Pers-31
- ☐ P-17 Women's Reserve
- ☐ Pers-317 (Sub.)
- ☐ P-3638 MMR. Mid.
- ☐ P-3637 Res. Mid.
- ☐ Nav. Training School Indicated

TO BE DATED

Telegram	Am 9/6/44
Letter	Am Pink Sheet
I.B.M.	Str 12 1944
Transcript	

TO BE CHECKED

Reel and Tub Cards	<input type="checkbox"/>
White copies	<input checked="" type="checkbox"/> 8-12-44
Blue copies	<input type="checkbox"/>
P-3221	<input type="checkbox"/>

FINAL REVIEW

Initials	Date
Am	SEP 21 1944

B27497

(over)

NAVPER-2065
REPORT OF CASUALTY WORK SHEET

B-2

6 Sep 1944 N M H

NAME (Last) <i>Schreiber</i>		(First) <i>Harry</i>	(Middle) <i>Alison</i>	RANK OR RATING <i>NO VC-6</i>	BRANCH <i>USN</i>	STATUS <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	FILE OR SERV. NO. <i>730-2398</i>
CASUALTY CONTROL NO. <i>10751A7-3</i>		DUTY ATTACHMENT <i>Det Bn 24th Marines, 4th Mar Div 7 M 7</i>			PREVIOUS DUTY <i>Asst. Bn TC VAC</i>		
STATE CREDIT (Street) <i>New Salem</i>		(City) <i>Morton</i>	(County)	(Street)	NAVAL DISTRICT		
DATE OF BIRTH <i>23 Dec 1925</i>		PLACE OF BIRTH <i>New Salem, N.D.</i>			RACE <i>White</i>		
DATE OF APPT. OR ENLIST. <i>11 Jan 1943</i>		PLACE OF ENLISTMENT (City) <i>Fargo, N. Dak.</i>			MARITAL STATUS <i>single</i>		DEPENDENTS <i>yes</i>
CASUALTY STATUS <i>Wounded</i>		CASUALTY CODE <i>0700</i>		ENEMY ACTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF CASUALTY <i>5 Jul 1944</i>	
CAUSE OF CASUALTY <i>Enemy action</i>		PLACE OF CASUALTY		AREA <i>Pacific</i>		(Indicate No.)	
NOTIFICATION OF NEXT OF KIN <input type="checkbox"/> BY LOCAL ACTIVITY <input checked="" type="checkbox"/> BY LETTER <input type="checkbox"/> BY BUPERS BY TELEGRAM							
NAME(S) OF NEXT OF KIN		RELATIONSHIP(S)		ADDRESS(ES)			
<i>*Goldie Schreiber</i>		<i>Mother</i>		<i>New Salem, North Dakota</i>			
<i>Paul Schreiber</i>		<i>father</i>		<i>same</i>			
DATE							

*PG 1
SIC
and*

☐ P. 7 CHAPLAINS DIV.
☐ DIR. NAV. INT.
☐ SEC. TREAS. NAV. ACAD.

☐ P-505 P.O.W. OFFICE
☐ WAR DEPT. (POW)
☐ S&A (CAPT. ROYAR)
☐ BU S&A (OFF. PERS. DIV.)

☐ BUAER
☐ P-3126 MER. MAR.
☐ P-3638 MMR MID.
☐ P-3637 RES. MID.
☐ BU S&A OFF. ACCTS.

730 23 98
Pers-53231-rlk

6 September 1944

Mr. and Mrs. Paul Schreiber
New Salem, North Dakota

Dear Mr. and Mrs. Schreiber:

The Bureau regrets to inform you that your son, Harry Allison Schreiber, Hospital Apprentice first class, United States Naval Reserve, was wounded in action while in the performance of his duty and in the service of his country.

Due to the great volume of communications now required for essential fleet operations, the dispatch received concerning your son was necessarily brief and did not disclose the extent of his injuries. Past experience indicates that details are seldom forwarded if progress is favorable. You may be assured that the best medical care is provided for injured naval personnel.

Your anxiety is fully understood. It is hoped that your son will communicate with you in the near future advising you of his welfare, if he has not already done so.

By direction of the Chief of Naval Personnel.

Sincerely yours,

A. C. JACOBS
Commander, U. S. N. R.
Director of the Dependents Welfare Division

PERS-53211 MAM
30 AUGUST 1944

FROM: COM GEN 4TH MARDIV
ACTION: MARCORPS
INFO: MARADCOM...5TH PHIBCORPS

(PACIFIC)

THE FOLLOWING NAMED MEN WERE WOUNDED IN ACTION AND EVACUATED.

			DATE:	ATTACHED TO:
1- MOORE, Winifred Eugene	HA1c	641 51 04	5 July 1944	B 4THMED USNR
2- PRESTON, Franklin	PhM3c	860 69 78	5 July 1944	B 4THMED
3- <u>SCHREIBER, Harry Allison</u>	HA1c	<u>730 23 98</u>	5 July 1944	HQ 1 24 USNR
4- TELLIER, Maurice Arthur	PhM3c	205 41 19	5 July 1944	HQ 1 23 USNR

THE FOLLOWING NAMED MEN WERE KILLED IN ACTION.

5- BRAPCHAK, Joseph Albert	PhM2c	642 83 88	2 July 1944	HQ 2 23 USNR
6- RIORDAN, William Joseph	HA1c	726 54 33	4 July 1944	HQ-2 24-USNR
7- TITZE, Herbert Carl	HA1c	883 23 97	2 July 1944	HQ 2 23 USNR

CODE: WIA 0700
KIA 0121

NOK OF KIA NOTIFIED BY CASFORMTEL #2-0 *(Give Dates)* Telegrams sent 30 August 1944

NOK OF WIA NOTIFIED BY BUPERS BY LETTER

Log #10751 A 7

REPORT OF CASUALTY

NAVPER-2062

0917

NAME (Last) (First) (Middle)		RANK OR RATING	BRANCH	STATUS	FILE OR SERV. NO.
SCHREIBER, Harry Allison		HA1c V-6	USNR	<input checked="" type="checkbox"/> AC-TIVE <input type="checkbox"/> INAC-TIVE	730 23 98
CASUALTY CONTROL NO.	DUTY ATTACHMENT	PREVIOUS DUTY			
10751-A-7-3	1st Bn 24th Marines 4th Mar Div FMF	Repl Bn TC VAC			
STATE CREDIT (Street)	(City)	(County)	NAVAL DISTRICT		
New Salem	Morton	North Dakota			
DATE OF BIRTH	PLACE OF BIRTH	MARITAL STATUS		RACE	
23 Dec 1925	New Salem N. D.	Single		White	
DATE OF APPT. OR ENLIST.	PLACE OF ENLISTMENT (City) (State)	DEPENDENTS			
11 Jan 1943	Fargo N. Dak.	Yes			
CASUALTY STATUS	CASUALTY CODE	ENEMY ACTION		DATE OF CASUALTY	
Wounded	0700	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		5 July 1944	
CAUSE OF CASUALTY	PLACE OF CASUALTY	AREA			
Enemy Action		Pacific		(Indicate No.)	
NOTIFICATION OF NEXT OF KIN					
<input type="checkbox"/> BY LOCAL ACTIVITY <input checked="" type="checkbox"/> BY LETTER <input type="checkbox"/> BY BUPERS <input type="checkbox"/> BY TELEGRAM					
NAME(S) OF NEXT OF KIN		RELATIONSHIP(S)	ADDRESS(ES)		
Goldie Schreiber		Mother	New Salem North Dakota		
Paul Schreiber		Father	Same		

DATE 7 Sep 1944

TYPE OF FORM	MAILED TO:				
	(Name) (Address)				
AV (N)	(Name) (Address if different)				

FORM	DATE SENT	BY	REC'D.	SENT TO S&A	BY	CERTIFIED BENEFICIARY
ARREARS OF PAY						NAME
GRATUITY						RELATIONSHIP
AV (N) CLAIM						ADDRESS
REPORT OF DEATH						DESIGNATED— <input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL RELATIVES (FROM ARREARS OF PAY FORM)		
NAME	RELATIONSHIP	ADDRESS

DATE PAID

730 23 98
Pers-53231-rlk

6 September 1944

Mr. and Mrs. Paul Schreiber
New Salem, North Dakota

Dear Mr. and Mrs. Schreiber:

The Bureau regrets to inform you that your son, Harry Allison Schreiber, Hospital Apprentice first class, United States Naval Reserve, was wounded in action while in the performance of his duty and in the service of his country.

Due to the great volume of communications now required for essential fleet operations, the dispatch received concerning your son was necessarily brief and did not disclose the extent of his injuries. Past experience indicates that details are seldom forwarded if progress is favorable. You may be assured that the best medical care is provided for injured naval personnel.

Your anxiety is fully understood. It is hoped that your son will communicate with you in the near future advising you of his welfare, if he has not already done so.

By direction of the Chief of Naval Personnel.

Sincerely yours,

A. C. JACOBS
Commander, U. S. N. R.
Director of the Dependents Welfare Division

236 REPORT OF MEDICAL SURVEY

Place U.S. NAVAL HOSPITAL, SEATTLE, WASHINGTON Date 28 August 1945
(Name of hospital, ship, or station where survey is held)From: Board of Medical Survey.To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name SCHREIBER, Harry Allison 730 23 98 Rank or rate HA1c V-6 USNR
(In full, surname first)
Born: Place New Salem, North Dakota Date 23 December 1925
(Name of place and State or county)
Enlisted or appointed: Date 11 January 1943 Place Fargo, North Dakota
Total service: Navy 2 years 7 months Marine Corps --- Army ---

PRESENT HISTORY OF CASE (Staff)

Admitted from U.S. Naval Hospital, Seattle, Washington Date 24 July 1945
Diagnosis Paralysis, Ulnar Nerve, Left #1751 Key letter 14
(From navy nomenclature, under which carried on sick list)
Disability is not the result of his own misconduct and was incurred in line of duty
(Is or is not) (Was or was not)
Existed prior to enlistment No If "Yes," was condition aggravated by service?
(Yes or No)
Present condition Unfit for service Probable future duration Permanent
(Yes or No)
Recommendation That he be discharged from the U.S.N.R.

FACTS ARE AS FOLLOWS: Attention is invited to Report of Medical Survey dated 9 January 1945 at U.S. Naval Hospital, Seattle, recommending limited duty. Since that time this patient has been on duty at this hospital. He was admitted to the sick list from staff on 12 March 1945 with diagnosis Osteomelitis, Distal Phalanx. Left Little Finger. A sequestrum was removed on 28 March 1945. He was discharged to duty on 14 May 1945 following an uneventful healing of the digit.

This patient was readmitted to the sick list on 24 July 1945 at this hospital with diagnosis Paralysis, Ulnar Nerve, Left complaining of weakness of the 4th and 5th finger, left hand and inability to completely extend the forearm.

On admission to this hospital the general physical examination was essentially negative except for the left upper extremity which revealed a well-healed operative scar over medial aspect of the elbow. There was slight restriction of flexion and extension at the elbow joint. The left hand showed a scarcely perceptible atrophy of the hyperthenar eminence and of the abductor digiti quinti. Sensation over peripheral distribution of the left ulnar nerve was impaired. The distal end of the little finger was deformed by loss of the nail. Routine laboratory examinations, including blood Kahn, were negative.

While in this hospital treatment consisted of general ward care, physiotherapy and participation in the physical rehabilitation program.

At the present time this patient is ambulatory. He continues to complain of pain in the left elbow joint relative to exercise or strain. Tinel's sign is present eight centimeters distal to the operative wound site.

According to the records at this hospital there is no disciplinary action pending. This Board is of the opinion that this patient has paralysis of the left ulnar nerve which renders him physically unfit for duties incidental to the naval service; consequently, his further retention in the U.S.N.R. is not justified. He has received maximum hospital benefits at this time.

A. M. FRENCH
Capt. (MC)

16-11593

U. S. Navy. R.
Senior Member of Board.FRANK H. WANAMAKER
Comdr. (MC)U. S. Navy. R.
Member.

HARRY D. VICKERS

Lt. Comdr. (MC), U. S. Navy. R.
Member.

1st Indorsement

Date _____

From: *Commanding Officer.*

To: _____

(Officer convening board)

(Signature)

1st

2d Indorsement

Date _____

SEP 13 1945

From: *Medical Officer in Command*

(Officer convening board)

To: *Bureau of Medicine and Surgery*

Forwarded approved. This man will be discharged

from the naval service by reason of "Medical Survey"
in accordance with par 3(b) BuPers-BuMed joint ltr
of 12 Jan. 1945.

F. C. HILL

(Signature)

Indorsement

(For use only by Commander-in-Chief, Asiatic Fleet)

Date _____

From: *Commander-in-Chief, Asiatic Fleet.*To: *Bureau of Medicine and Surgery.*

(Signature)

Indorsement

Date _____

18 SEP 1945

From: *Bureau of Medicine and Surgery.*

To: _____

1. Forwarded: *Recommendation of Board Approved.*To: *BuPers.*1. Forwarded. For
information and file.

BuMed

(Signature)

Indorsement

Date _____

From: _____

To: _____

(Signature)

CLAIM FOR REIMBURSEMENT IN KIND FOR LOSS OF ITEMS OF CLOTHING AND SMALL STORES

NAME SCHREIBER, Harry A. SERVICE NO. 730 23 98 RATE HALC U. S. N. R
CLAIM FOR CLOTHING LOST BY REASON OF Action on Saipan on 15 June 1944.

(Specify briefly date and circumstances of loss, and activity at which loss occurred)

ARTICLE	NO.	VALUE*	ARTICLE	NO.	VALUE*	ARTICLE	NO.	VALUE*
Aprons, cooks			Handkerchiefs			Shorts, khaki (pr.)		
Arctics (pr.)			Hats, white	1	65	Shorts, white (pr.)		
Belts, black			Jackets, StM.			Socks, cotton (pr.)	4	1 00
Belts, white			Jackknives			Socks, wool (pr.)		
Blankets, wool			Jerseys			Towels, large		
Brooms, whisk			Jumpers, dress	1	9 00	Towels, small		
Brushes, hair			Jumpers, blue undr			Trousers, blue (pr.)	1	7 25
Brushes, scrub			Jumpers, dungaree			Trousers, dungaree (pr.)		
Brushes, shaving set			Jumpers, wh. undr			Trousers, white (pr.)		
Cap ribbons			Leggings (pr.)			Trunks, bath (pr.)		
Caps, cloth, blue			Mattress, hair			Undershirts, cotton	4	1 40
Caps, cks. and bkrs.			Neckerchiefs	1	50	Undershirts, heavy		
Caps, combination			Overcoats					
Caps, watch			Overshoes, rubber					
Clothes stps. (pk.)			Pillows, feather					
Combs			Raincoats					
Covers, mattress			Shirts, cambric					
Covers, pillow			Shirts, flannel					
Drawers, nnsk. (pr.)	4	1 40	Shoes, gym (pr.)					
Drawers, heavy (pr.)			Shoes, low (pr.)	1	5 00			
Gloves, wool (pr.)			Shoes, high (pr.)					

*To be completed by adjudicating officer. The amount of each entry in this column may not exceed the value of the number of identical items required in a regulation full bag on the basis of issue prices in effect on date of approval of claim.

CLAIM APPROVED FOR,

25 20

1. I CERTIFY that the articles listed above were lost by me under the circumstances specified, and that no other claim covering this loss has been submitted; reimbursement for the loss of the articles listed is hereby claimed.

Harry A. Schreiber
Harry A. SCHREIBER, HALC USNR
(Signature of Claimant)

2. Sworn to before me on 7 September, 1944, I having authority to administer oaths.

CERTIFIED A TRUE COPY

J. W. O'Donnell
J. W. O'DONNELL, Lieut., (HC) USN
(Signature and Rank)

3. Claim approved 7 September, 1944, and any Supply Officer to whom this claim is presented is authorized to issue clothing and small stores within the limit of the amount approved hereon.

J. T. Boone
J. T. BOONE, Captain (MC) USN
(Signature and Rank) (Sign Original only)

ENDORSEMENTS OF ISSUES

NO.	DATE	ACTIVITY	C & SS ISSUED IN THE AMOUNT OF	BALANCE	SIGNATURE AND RANK
1.			\$	\$	
2.			\$	\$	
3.			\$	\$	
4.			\$	\$	
5.			\$	\$	
6.			\$	\$	

BE SURE TO ASK FOR RETURN OF ORIGINAL CLAIM UNTIL YOU HAVE DRAWN THE FULL VALUE.
NO CASH WILL BE PAID TO YOU ON THIS CLAIM. DO NOT LOSE YOUR CLAIM.
NO ADDITIONAL REIMBURSEMENT WILL BE MADE IF YOUR ORIGINAL CLAIM IS LOST.

IN REPLYING
REFER TO NO.
1740-55-65
020/138



UNITED STATES MARINE CORPS
HEADQUARTERS, ADMINISTRATIVE COMMAND,
FLEET MARINE FORCES, PACIFIC,
c/o FLEET POST OFFICE, SAN FRANCISCO.

25 July, 1944.

From: The Commanding General.
To : Harry Allison SCHRIEBER, (730 23 96), Hospital
Apprentice First Class, U. S. Naval Reserve.
Via : The Medical Officer in Command, U. S. Naval Hospital,
Navy No. 10 (ONE ZERO).
Subject: Purple Heart Medal - award of.
Enclosure: (A) Purple Heart Medal.

1. In the name of the President of the United States, and
by direction of the Secretary of the Navy, the Purple Heart Medal is
awarded by the Commanding General, Administrative Command, Fleet Marine
Forces, Pacific, to:

HARRY ALLISON SCHRIEBER, HOSPITAL APPRENTICE FIRST CLASS,
U. S. NAVAL RESERVE

for wounds received as a result of enemy action
in the Asiatic Pacific Area, on 5 July 1944.

JULIAN C. SMITH.

Copy to:
SecNav
CNO (2) BuPers
CinCPac
Jacket
File.

ENLISTMENT of

Harry Allison Schreiber

73 23 98

USNRS, Fargo, North Dakota

(Naval Reserve Class)

JAN 11 1943

(Date)

NOTE.—To be executed in duplicate. The original to be attached to the shipping articles and forwarded to the Bureau of Navigation, Navy Department. The duplicate to be filed in the service record.

CONSENT AND DECLARATION OF PARENT OR GUARDIAN IN THE ENLISTMENT
IN THE NAVAL RESERVE OF A MINOR UNDER TWENTY-ONE YEARS OF AGE

I, Paul Schreiber,

(Name of parent or legal guardian)

residing in the New Salem

(City or town)

county of Morton

and State of North Dakota

do hereby certify that I am the¹

Father

(Father, mother, or legal guardian)

of Harry Allison Schreiber

Dakota

that he was born in New Salem, North, on 23 day of December, 1925,

that he has no other legal guardian than me, and I do hereby consent to his enlistment in the Naval Reserve of the United States Navy as Apprentice Seaman to serve until date of enlistment

(Rating)

unless sooner discharged, subject to all the requirements and lawful commands of the officers who may, from time to time, be placed over him; and I hereby certify that no promise of any kind has been made to me concerning assignment to duty or promotion during his enlistment as an inducement to me to sign this consent; and if he is ordered to duty in time of war or national emergency, I do hereby relinquish all claim to his service, and to any wages or compensation for the same during the period of such active duty.

Paul Schreiber

(Signature of parent or guardian)

Address (street and number, if possible), _____

Witnessed: Subscribed and sworn to before me this 26th day of Dec. 1942

(Name)

Hermann Just Jr

(Rank or rating)

HERMANN JUST, JR.
Notary Public, Morton County, N. Dak.
My commission expires March 9th, 1943

¹ Fill in the words, "Father," "Mother," or "Legal guardian," as the case may be.
² This will be witnessed by an officer or petty officer detailed by the Recruiting Officer.

[OVER]

PARENT OR GUARDIAN WILL READ OR HAVE THE FOLLOWING EXPLAINED

Extracts from contract which applicant will be required to sign under oath at time of enlistment:

"I am of the legal age to enlist; I have never deserted from the United States Navy, Army, Marine Corps, or Coast Guard; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, Coast Guard Reserve, or Army Reserve.

"I understand that upon enlistment in the Naval Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist.

"I understand that if I become a candidate for the Naval Academy and fail to pass the entrance examination, I will be returned to general service.

"I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment."

I understand the foregoing.

Paul Schrubber

Parent.
Guardian.

VERIFICATION OF DATE AND PLACE OF BIRTH

Name in full Harry Allison Schrubber

Date of birth December 23, 1925

Place of birth New Salem, North Dakota

How verified Sighted Birth Certificate

W. H. Johnson

W. H. Johnson Y3c USNR

Recruiter.

THIS APPLICATION MUST BE MADE OUT IN APPLICANT'S OWN HANDWRITING.

APPLICATION FOR ENLISTMENT

-----Congressional District, County of-----State of-----
(This information to be supplied by Recruiter)

Having been informed that any false statements made by me would bar me from enlisting, I certify that the following statements are correct:

Last school grade completed: Tenth grade ----- Bismarck, North Dakota -----
Reason for enlistment: Prefer Navy ----- Recruiting Station
Language qualifications: English ----- January 8 -----, 19 43
What is your trade? Welder ----- (Date)
I desire to enlist for two ----- yearsName in full: Harry ----- Allison ----- SCHREIBER -----
(First) (Middle) (Last)
Date of birth: December 23, 1925 ----- Place of birth: New Salem, North Dakota -----
(Month) (Day) (Year) (City and State)What is your race? white ----- If you were born in foreign territory, how did you acquire citizenship?
----- Are you now a U. S. citizen? yes -----When did you acquire citizenship? At birth -----Have you anyone solely or partially dependent upon you for support? no -----Are you married? no ----- Have you ever been married? no -----

Status: (Married) (Divorced) (Legally separated) (Widowed)

Local Board # ----- Address -----

Address when registered Not registered ----- Selective Service Classification -----Home Address: ----- New Salem ----- North Dakota -----
(Street No.) (Name of Street) (City or Town) (State)Where was your father born? Nebraska ----- Where was your mother born? North Dakota -----Is your father living? yes ----- Is your mother living? yes -----
(Yes or no) (Yes or no)Are your parents divorced? no ----- Separated? no ----- Have you a stepfather? no ----- stepmother? no -----
(Yes or no) (Yes or no) (Yes or no) (Yes or no)Name and relationship of next of kin or legal guardian: Paul Schreiber -----
(Full name)Father ----- Home address of next of kin or legal guardian: -----
(Relationship)(House No.) (Name of Street) New Salem ----- Morton ----- North Dakota -----
(City or Town) (County) (State)

ATTENTION IS INVITED TO THE INVESTIGATION OF EACH APPLICANT BY THE FEDERAL BUREAU OF INVESTIGATION.

Have you ever been arrested or in the custody of police? no ----- If so, for what? -----

Have you ever been in a reform school, jail, or penitentiary, or have you ever been convicted of any crime? -----

----- no -----
Have you previously applied for enlistment in any branch of the armed services? no -----Have you ever served in the U. S. Navy no ----- Marine Corps, no ----- Army no ----- or Coast Guard? no -----

If so, how long? ----- What is the date of your last discharge? -----

Character of discharge ----- Are you now or have you been a member of the National

Guard, Naval Militia, Naval Reserve, or Marine Corps Reserve, or Civilian Conservation Corps? -----

no ----- If so, what company or unit? -----Sighted discharge (USMC) (CCC) (ARMY) (C.G.) (N.G.) Recruiter's Signature W.P. Buck, Jr.(Applicant sign full name here)X Harry Allison Schreiber

Consent ----- Fingerprints -----

Birth verification ----- Proof of divorce -----

Custody ----- Citizenship -----

Guardianship ----- Mother's Name Goldie Schreiber

Father's name -----

REMARKS:

Asthma	no
Heart trouble	no
Head injuries	no
Ear trouble	no
Trouble breathing	no
Hay fever	no
Fits	no
Dizzy or Fainting spells or walking in sleep	no
Lung trouble (any form)	no
Chronic tonsillitis (sore throat)	no
Are tonsils out	no
Rheumatism	no
Venereal diseases	no
Rupture or hernia—	no
Did you ever wear a truss	no
Piles	no
Spitting of blood	no
Urinated in bed in last five years	no
Broken bones	no
Stutter	no
Chronic rash or pimples	no
Do your legs or feet tire easily	no
Operations (kind)	no
Depressed arches or any indication of same or previous foot injuries	no
Have you ever worn arch supporters	no
Any insanity in family	no
Do you wear or have you ever worn glasses	yes
Have you ever had a serious illness or been in a hospital? If so, give particulars-----	no

Are you well	yes

Morton County,
Born: Place New Salem, N.D. Date Dec. 23, 1925
Nationality White, U.S. Religion Evangelical
(Denomination)

Next of kin or friend Father:
Paul Schreiber
Address New Salem, North Dakota

Complexion Ruddy Hair Brown
Eyes Blue, equal, reg. & react to L. & A.
(Color, condition of lids, anatomical or other defect)

Vision: Right ----- 12 /20. Left ----- 12 /20
 BiVis 15/20 Color perception Normal. 1940. Ed.

Ears: Right Normal Left Normal
(Condition of drum, discharge, etc.)

Hearing: Right 15/15. Left 15/15
Mouth, nose, throat Normal

(Condition of septum, tonsils, etc.)

Height 70 Weight 149

Chest at expiration $33\frac{1}{2}$, at inspiration 36
Spine and extremities Normal

(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)

Respiratory system Normal
Heart and blood vessels Normal

Pulse before exercise 84, after exercise 144, after rest 84
Blood pressure: Systolic 90 Diastolic 70

Genito-urinary system Normal
Urinalysis: Albumen Negative Sugar Negative

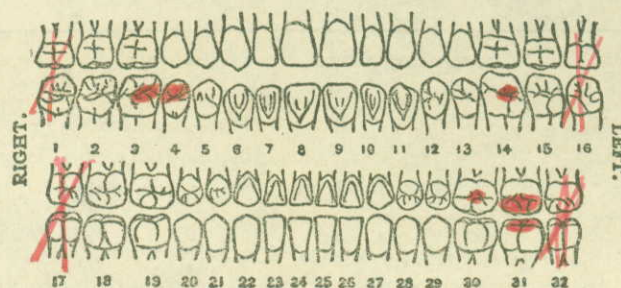
Spec. Gravity 1.015

OTHER INFORMATION:

Have you lost or gained weight during the past 6 months? Gained
If so, how much? Twenty pounds

I certify that, to the best of my knowledge, the information given hereon is correct.

X Harry Allison Schreiber
(Signature of Applicant)



REMARKS

None

 \overline{OK}

MARKS AND SCARS

Age: Years 17 Months 1

Accepted (yes or no) --Yes----

Signature of Medical Examiner

J. A. BUFFALO

LT. (JG) MC-V(G), USNR

C O P Y

1740-55-65
020/138

10815

HEADQUARTERS, ADMINISTRATIVE COMMAND
FLEET MARINE FORCES, PACIFIC
c/o FLEET POST OFFICE, SAN FRANCISCO

27 July 1944.

From: The Commanding General.
To: The Medical Officer in Command, U.S. Naval
Hospital, Navy No. 10 (ONE ZERO).

Subject: Purple Heart Awards - forwarding of.

Reference: (a) MCinC, USNH, Navy #10 Ltr. NH57/P15,
Serial 3704, dated 7 July 1944.

1. Forwarded herewith are one hundred seventy-nine (179)
Purple Heart Medals, together with appropriate citations.

JULIAN C. SMITH

Copy to:
SecNav
CMC (MC & MCR only)
BuPers (USN & USNR only)
CinCPac
File

FINISHED FILE PERS 68-9

C O P Y

IN REPLYING
REFER TO NO.
1740-55-65
020/138



UNITED STATES MARINE CORPS
HEADQUARTERS, ADMINISTRATIVE COMMAND,
FLEET MARINE FORCES, PACIFIC,
c/o FLEET POST OFFICE, SAN FRANCISCO.

25 July, 1944.

From: The Commanding General.
To : Harry Allison SCHRIEBER, (730 23 98), Hospital
Apprentice First Class, U. S. Naval Reserve.
Via : The Medical Officer in Command, U. S. Naval Hospital,
Navy No. 10 (ONE ZERO).
Subject: Purple Heart Medal - award of.
Enclosure: (A) Purple Heart Medal.

1. In the name of the President of the United States, and
by direction of the Secretary of the Navy, the Purple Heart Medal is
awarded by the Commanding General, Administrative Command, Fleet Marine
Forces, Pacific, to:

HARRY ALLISON SCHRIEBER, HOSPITAL APPRENTICE FIRST CLASS,
U. S. NAVAL RESERVE

for wounds received as a result of enemy action
in the Asiatic Pacific Area, on 5 July 1944.

JULIAN C. SMITH.

Copy to:
SecNav
CNC (2) BuPers
Cincpac
Jacket
File.

STANDARD TRANSFER ORDER

U.S. NAVAL HOSPITAL, SEATTLE, WASHINGTON
(Ship or Station)

1-19-45
(date)

AUTHORITY: BuPers ltr Pers 6303 DW 12 P16-3/MM dated 5-27-44.

TO: SCHREIBER, Harry Allison HALC, 730 23 98, V-6, USN
(Name, rate, service number, class, etc.)

(If in charge of draft, indicate names, etc., or specify number in draft whose names and other data are listed on separate page.)

1. Proceed, as your transportation may direct, and report as indicated below:
ULTIMATE DESTINATION AND NATURE OF DUTY

U.S. NAVAL HOSPITAL, SEATTLE, WASHINGTON FURAS to limited duty ashore within the
continental limits of the United States in a billet not requiring use of left
upper extremity.

INTERMEDIATE REPORTINGS AND DEPARTURES (Indicate hour and date)

Report to: _____	Signature: _____
Reported: _____	Signature: _____
Departed: _____	Signature: _____

Report to: _____	Signature: _____
Reported: _____	Signature: _____
Departed: _____	Signature: _____

Report to: _____	Signature: _____
Reported: _____	Signature: _____
Departed: _____	Signature: _____

CC: USNH, SEATTLE, WN.

BuMAS

BuPers

File

ULTIMATE DESTINATION REPORTING

Reported: _____ Signature: _____

2. You will be governed by general, special, and supplemental instructions, as applicable, shown on reverse of transfer order.

3. Records and accounts are handed you herewith, for delivery to ultimate destination, in accordance with Article D-7008, Bupers Manual. Missing papers, if any are listed on separate page, indicating when, from where, and by what means, they will be forwarded.

4. Copy of transfer order is being mailed by this command direct to Ultimate Destination.

(OVER)

Address reply to
Commandant
(DistPersOffice)
and refer to: (C-ms)
ND13/L16-8/MM

HEADQUARTERS
THIRTEENTH NAVAL DISTRICT
SEATTLE, WASHINGTON

JUN 30 1943

374

25 June 1943

To:

Subj:

Prospective Medical Officer in Command, U. S. Naval
Convalescent Hospital, Sun Valley, Ketchum, Idaho.
SCHREIBER, Harry A., 730 23 98, HA2c, V-6, USNR.
Authority for payment of allowances in the absence of
messing facilities while on duty at U. S. Naval Convalescent
Hospital, Sun Valley, Ketchum, Idaho.

Ref:

- (a) Prospective Med. Officer in Command ltr of 17 June 1943.
- (b) BuNav ltr Nav-65-GL L16-8(A) (4344) of 16 Dec. 1941.
- (c) Article D-10101 of BuPers Manual.
- (d) Article D-10102 of BuPers Manual.
- (e) Article D-10106 of BuPers Manual.
- (f) Article D-10107 of BuPers Manual.
- (g) Com 13 Circular Letter #125-42.

1. In compliance with the above references, payment of cash allowance in lieu of messing facilities or quarters or both is authorized as checked below:

- () Authority is hereby granted for the payment of \$2.75 per diem for subject named man in the absence of quarters and messing facilities effective as requested in ref (a).
- (X) Authority is hereby granted for the payment of \$1.50 per diem for subject named man in the absence of messing facilities effective 16 June 1943 as requested in ref (a).
- () Authority is hereby granted for the payment of \$1.20 per diem for subject named man

()

2. As soon as messing facilities or quarters or both become available, it is directed that this payment be immediately discontinued.

3. Commanding Officers are directed to familiarize themselves with references (c) to (g) inclusive.

4. Include this payment in Monthly Subsistence Report required by the instructions contained in reference (e).

By direction of the Commandant,

H. B. Berry
District Personnel Officer

730-23-98

NAME SCHREIBER, Harry Allison

AS

\$50.00

(RATE)

(PAY PER MONTH)

DATE 11 January 1943, A FIRST ENLISTMENT ☒ REENLISTMENT ☐ IN THE UNITED STATES NAVY;
 AS REGULAR ☐ RESERVE ☒ CLASS V-6 FOR two YEARS; MINORITY ☐
 ACCEPTED AT Bismarck, N. D., ENLISTED AT NRS FARGO, N.D.
 TRANSFERRED TO ACTIVE DUTY ☒ OR INACTIVE DUTY ☐ USNTS, Farragut, Idaho
 OCCUPATION Welder *CITIZENSHIP US
 PLACE OF BIRTH New Salem, N. D. DATE OF BIRTH December 23, 1925 AGE 17 YRS. 1 MOS.

HOME ADDRESS New Salem Morton North Dakota
 (STREET AND NUMBER) (TOWN) (COUNTY) (STATE)
 NAME OF NEXT KIN OR LEGAL GUARDIAN Paul Schreiber Father
 ADDRESS New Salem, N. D. (RELATIONSHIP)
 CREDITED TO None CONGRESSIONAL DISTRICT, STATE OF North Dakota MARRIED ☐ SINGLE ☒

PREVIOUS SERVICE - If none, check here ☒

**Continuous Service Certificate No. _____ First enlisted in Regular Navy ☐ Navy Reserve ☐
 Date _____ Place _____ Last Enlistment or Extension: Regular Navy ☐ Navy Reserve ☐
 Date _____ Term _____ Was last discharged _____ From _____
 With _____ Discharged as _____ Service in Regular Navy _____
 Navy Reserve _____ Marine Corps _____ Coast Guard _____ Army _____
 (YEARS) (MONTHS) (DAYS) (YEARS) (MONTHS) (DAYS) (YEARS) (MONTHS) (DAYS) (YEARS) (MONTHS) (DAYS)

PHYSICAL CHARACTERISTICS

Height 5 Feet 10 Inches; Weight 149; Eyes Blue; Sex Male; Hair Brown; Complexion Ruddy Color White.
 MARKS: ANT: M. L. chin, $\frac{1}{2}$ " s. tip rt. index finger, 1" s. (c.) rt. knee, 1" s. & $\frac{1}{2}$ " c. s. L. knee. POS: s. $\frac{1}{2}$ " D. lower center head, Bmk. mid-scap. reg., $\frac{1}{2}$ " s. L. mid-lumbar, $\frac{1}{2}$ " s. lower L. lumbar, $\frac{1}{2}$ " s. 2nd. joint L. 2nd. finger, 1" s. 2nd. joint L. 4th. finger, $\frac{1}{2}$ " s. tip rt. 2nd. finger.

I CERTIFY that I have carefully examined, agreeably to the Regulations of the Navy, the above-named recruit, and find that, in my opinion, he is free from all bodily defects and mental infirmity which would, in any way, disqualify him from performing the duties of his rating, and that he has stated to me that he has no disease concealed or likely to be inherited.

J. A. DUFFALO

LT.(JG) MC-V(G), USNR

For and in consideration of the pay or wages due to the ratings which may from time to time be assigned me during the continuance of my service, I agree to and with Lt. M.C. PETERS, D-V(S), USNR of the United States Navy, as follows:

(NAME OF COMMANDING OFFICER)

First: To enter the service of the Navy of the United States and to report to such station or vessel of the Navy as I may be ordered to join, and to the utmost of my power and ability discharge my several services or duties and be in everything conformable and obedient to the several requirements and lawful commands of the officers who may be placed over me.

Second: I oblige and subject myself to serve two years from January 11th, 1943, during minority until _____, 19____, unless sooner discharged by proper authority, and on the conditions provided by the act of Congress of March 3, 1875, as follows:

SEC. 1422. That it shall be the duty of the commanding officer of any fleet, squadron, or vessel acting singly, when on service, to send to an Atlantic or to a Pacific port of the United States as their enlistment may have occurred on either the Atlantic or Pacific Coast of the United States, in some public or other vessel, all petty officers and persons of inferior ratings desiring to go there at the expiration of their terms of enlistment, or as soon thereafter as may be, unless, in his opinion, the detention of such persons for a longer period should be essential to the public interests, in which case he may detain them, or any of them until the vessel to which they belong shall return to such Atlantic or Pacific port. All persons enlisted without the limits of the United States may be discharged, on the expiration of their enlistment, either in a foreign port or in a port of the United States, or they may be detained as above provided beyond the term of their enlistment; and that all persons sent home, or detained by a commanding officer, according to the provisions of this act, shall be subject in all respects to the laws and regulations for the government of the Navy until their return to an Atlantic or Pacific port and their regular discharge; and all persons so detained by such officer, or reentering to serve until the return to an Atlantic or Pacific port of the vessel to which they belong shall in no case be held in the service more than thirty days after their arrival in said port; and that all persons who shall be so detained beyond their terms of enlistment, or who shall after the termination of their enlistment, voluntarily reenter to serve until the return to an Atlantic or Pacific port of the vessel to which they belong and their regular discharge therefrom, shall receive for the time during which they are so detained or shall so serve beyond their original terms of enlistment, an addition of one-fourth of their former pay: *Provided*, That the shipping articles shall hereafter contain the substance of this section.

In the event of war or National emergency declared by the President to exist during my term of service, I oblige and subject myself to serve until six months after the end of the war or National emergency if so required by the Secretary of the Navy unless I voluntarily reenlist or extend my enlistment. I understand that when so detained the addition of one-quarter pay as specified in Section 1422, Revised Statutes, is not applicable.

I also oblige myself, during such service, to comply with and be subject to such laws, regulations, and articles for the government of the Navy as are or shall be established by the Congress of the United States or other competent authority, and to submit to treatment for the prevention of smallpox, typhoid (typhoid prophylaxis), and to such other preventive measures as may be considered necessary by naval authorities.

Third: I am of the legal age to enlist; I have never deserted from the United States Navy, Army, Marine Corps, or Coast Guard; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, or Army Reserve.

Fourth: I understand that upon enlistment in the Naval Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist.

Fifth: I understand that if I become a candidate for the Naval Academy and fail to pass the entrance examination, I will be returned to general service.

Sixth: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment.

Oath of Allegiance: I, Harry Allison SCHREIBER do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies whomsoever, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to the rules and articles for the government of the Navy.

And I do further swear (or affirm) that all statements made by me as now given in this record are correct.

Harry Allison Schreiber
 Harry Allison SCHREIBER

(SIGNATURE IN OWN HANDWRITING, SURNAME TO RIGHT)

Subscribed and sworn to before me this 11th day of January, A. D. 1943 and contract perfected.
 United States citizenship substantiated.

LT. M.C. PETERS, D-V(S), USNR

Commanding, U. S. S. NRS FARGO, N.D.

*CITIZENSHIP.—Native born, use initials U. S.; Naturalized, N. U. S.; Alien, intention declared, A. D. I.; Alien, A; Guam, Guam; Philippine Islands, P. I.; Samoa, Samoa; and Virgin Islands, V. I.

**For reenlistments with continuous service note Art. D-1002, Bureau of Navigation Manual.

REPORT OF MEDICAL SURVEY

Place U. S. NAVAL HOSPITAL, SEATTLE, WASHINGTON Date 9 January 1945
(Name of hospital, ship, or station where survey is held)

From: Board of Medical Survey.

To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name SCHMIDT, Harry Allison 730-23-98 Rank or rate HALO V-6 USNR
(In full, surname first)
Born: Place New Salem, North Dakota Date 23 December 1925
(Name of place and State or county)
Enlisted or appointed: Date 11 January 1943 Place Fargo, North Dakota
Total service: Navy 1 year 11 months Marine Corps - - - Army - - -

PRESENT HISTORY OF CASE

Admitted from U.S. Naval Hospital, Aiea Heights, T.H. Date 26 August 1944

Diagnosis Paralysis, Ulnar Nerve, Left #1751 Key letter _____ Specialty letter _____
(From navy nomenclature, under which carried on sick list)

Disability is not the result of his own misconduct and was incurred in line of duty
(Is or is not) (Was or was not)

Existed prior to enlistment No If "Yes," was condition aggravated by service? _____
(Yes or No) (Yes or No)

Present condition Fit for limited duty Probable future duration _____

Recommendation That he be retained in the U.S.N.R. and assigned limited duty, within the continental limits of the United States, in a billet not requiring the full use of the left upper extremity.

FACTS ARE AS FOLLOWS: This patient was admitted to the sick list on 5 July 1944 at Company "A", Medical Battalion, Corps Hospital, In the Field, Beyond the Seas, with the diagnosis Wound, Gunshot, Left Elbow. The circumstances of occurrence were as follows: 1. Within command. 2. Work. 3. Negligence not apparent. 4. Wounded in action against an organized enemy on Saipan Island. He was received at this hospital on 26 August 1944 with the diagnosis of Fracture, Compound, Left Ulna and Humerus, complaining of lack of sensation in the 5th finger, left hand.

The Health Record showed that the patient was wounded on the afternoon of 5 July 1944 in the left elbow and after receiving emergency treatment in the field was evacuated by air transport to U.S. Naval Hospital, Aiea Heights. On 8 July 1944 x-ray examination of the left elbow reportedly showed a badly comminuted fracture through the proximal end of the olecranon process of the left ulna. There was some separation of the fragments. There was also what appeared to be a fracture through the medial condyle of the humerus without marked displacement or deformity. On 8 July 1944 the diagnosis was changed to Fracture, Compound, Left Ulna and Humerus.

On admission to this hospital the general physical examination was essentially negative except for the left upper extremity which was immobilized in plaster. On 4 September 1944 the cast was removed and x-ray examinations showed an old injury about the medial epicondyle of the humerus which had healed in good position but with a large bony protuberance at this point. There was an ununited transverse fracture extending across the posterior and superior tip of the olecranon process of the ulna. Routine laboratory examinations, including blood Kahn, were negative.

While in this hospital treatment consisted of dressings to the wound and physiotherapy to the left upper extremity. On 21 September 1944 the wound was healed and

Sheet #2
REPORT OF MEDICAL SURVEY

Place U. S. NAVAL HOSPITAL, SEATTLE, WASHINGTON Date 9 January 1945
(Name of hospital, ship, or station where survey is held)

From: *Board of Medical Survey.*

To: *Commanding Officer.*

For Transmission to the Bureau of Medicine and Surgery

Name SCHREIBER, Harry Allison 730-23-98 Rank or rate HALC V-6 USNR
(In full, surname first)

Born: Place _____ Date _____
(Name of place and State or county)

Enlisted or appointed: Date _____ Place _____

Total service: Navy _____ Marine Corps _____ Army _____

PRESENT HISTORY OF CASE

Admitted from _____ Date _____

Diagnosis Paralysis, Ulnar Nerve, Left #1751 Key letter _____ Specialty letter _____
(From navy nomenclature, under which carried on sick list)

Disability _____ the result of his own misconduct and _____ incurred in line of duty
(Is or is not) (Was or was not)

Existed prior to enlistment _____ If "Yes," was condition aggravated by service? _____
(Yes or No) (Yes or No)

Present condition _____ Probable future duration _____

Recommendation _____

FACTS ARE AS FOLLOWS:

the patient was examined for a partial ulnar nerve lesion. Neurosurgical examination revealed an almost complete sensory loss in the left ulnar distribution and partial involvement of muscles supplied by the ulnar nerve. The diagnosis was changed on 1 October 1944 to Paralysis, Ulnar Nerve, Left. On 18 October 1944 surgery was performed which included excision of cicatrix of the left elbow, removal of fracture fragments of the left olecranon and a neurolysis of the ulnar nerve. An uneventful convalescence followed surgery.

At the present time this patient is ambulatory and voices few complaints. His surgical wound is healed. He has almost full extension of his left arm and use of the muscles of ulnar distribution. There is a residual sensory loss in part of the area subserved by the left ulnar nerve.

This Board is of the opinion that this patient has a left ulnar nerve paralysis which renders him physically unfit for full duty ashore or afloat but that he is physically fit for limited duty, consistent with his existing disability, and that such duty will not aggravate his condition. He has received maximum hospital benefits at this time.

A. M. FRENCH
Commander (MC) _____, U. S. Navy. R
16-11583 Senior Member of Board.

EDWARD LE COCQ
Commander (MC) _____, U. S. Navy. R
Member.

H. A. HAVEN
Lt. Comdr. (MC) _____, U. S. Navy. R
Member.

N. Nav. 1
(Feb. 1943)

RESERVE

SCHREIBER

(Surname.)

Harry Allison

(Christian name.)

730-23-98

(Service number.)

US

(Citizenship.)

AS V-6

(Enlisted as.)

Jan. 11, 1943

(Date.)

NRS, Fargo, N.D.

(Enlisted at.)

U. S. NAVY RECRUITING STATION
FARGO, NORTH DAKOTA

Years

Months

Days

(Previous Naval Service.)

SERVICE RECORD

C. S. C. No.

HA/1 USNR

(Discharged as.)

28 Sept. 1945

(Date discharged.)

Honorable

(Character of discharge.)

HONORABLE DISCHARGE CERTIFICATE

No. C 610511 Issued 28 Sept. 45

(Date.)



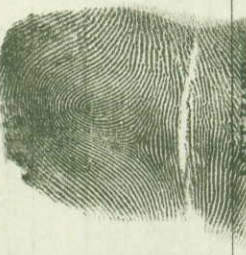







U.S.N.H. - Seattle, Wn.

7-5111

(Place of discharge.)

U. S. GOVERNMENT PRINTING OFFICE

Finished File Date 12/11/45

RIGHT HAND		LEFT HAND		
1. Thumb	2. Index	3. Middle	4. Ring	5. Little
				
				

IDENTIFICATION RECORD

16-30510-1

Name **SCHREIBER, Harry Allison**
(Name in full, surname to the left)

No. **730-23-98** C. S. C. **None**

Accepted for enlistment **Bismarck, N.D.**

Enlisted **January 11, 1943**
~~Assigned~~
~~Transferred~~

Rate **AS** A. A. Class **V-6**
U. S. NAVY RECRUITING STATION,
FARGO, NORTH DAKOTA

At _____

For **Two** years from date.

Credited to Congressional District **None**

State of **North Dakota**

PRIOR SERVICE: (Army, Navy, Marine Corps, Coast Guard, Coast and Geodetic Survey, Public Health Service, Naval Reserve, Marine Corps Reserve, Coast Guard Reserve and Active National Guard.)

Branch service _____ Years _____ Months _____ Days _____

1st Enlistment

Completed _____ years' net service for pay purposes on _____ (Date) Total time lost and deducted for pay purposes thereafter to date of discharge as follows:

Years _____ Months _____ Days _____

Last enlisted _____ (Date) at _____ (Place) as _____ (Rate) for _____ (Term) years, Extended enlistment for aggregate of _____ years, effective from _____ (Date)

Last discharged _____ (Date) from _____ (Ship or station) as _____ with _____ (Character of discharge) _____ (Reason for discharge)

16-30510-1

SERVICE SCHOOL RECORD

(Upon separation from school, place original in service record and send copy to (1) Bureau of Naval Personnel, (2) ship or station from which record was received.)

Name of man SCHREIBER, Harry Allison
Service No. 730-23-98 Rate HALC NR
Date 2-4-44 *
Name and location of service school
FLD. MED. SCH. Bn. T.C. CAMP
ELLIOTT SAN DIEGO, CALIFORNIA
Ship or station from which sent to school

Entered class 12-20-43
Length of course 7-Weeks
Date of separation from school 2-4-44
Graduated number 44 in class of 85
Final mark 91 (0-100)—(62.5 is passing).

Did not graduate. REASON:

- ☐ Lack of educational foundation.
☐ Lack of ability to do practical work of specialty.
☐ Lack of application.
☐ Desire for other duty not based on demonstrated lack of ability.
☐ Disciplinary action.

Qualified (as ~~striker for~~) (for duty as)

ASSISTANT IN MEDICAL FIELD
SERVICE

MARKS FOR COURSE
(To be filled in at school)

SUBJECT	MARK (0-100)
<u>MED. ORGAN.</u>	<u>98</u>
<u>MED. FLD. TACTICS</u>	<u>95</u>
<u>MED. FLD. EQUIP.</u>	<u>84</u>
<u>FLD. SANITATION</u>	<u>100</u>
<u>MILT. 1st AID</u>	<u>88</u>
<u>CHEM. WARFARE</u>	<u>80</u>
<u>MILT. POPO.</u>	<u>89</u>

*If Naval Reserve, state class.

H.M. MAVEETY, Capt. (MC) U. S. N.,
Officer in Charge.

SERVICE SCHOOL RECORD

(Upon separation from school, place original in service record and send copy to (1) Bureau of Naval Personnel, (2) ship or station from which record was received.)

Name of man SCHREIBER, Harry Allison
Service No. 730 23 98 Rate S2c V6 USNR
Date March 27, 1943 *
Name and location of service school
USN. HCS. Farragut, Idaho
Ship or station from which sent to school
U. S. N. T. S. FARRAGUT, IDAHO

Entered class MAR 29 1943
Length of course 6 weeks
Date of separation from school MAY 7 '43
Graduated number 122 in class of 309
Final mark 87.57 (0-100)—(62.5 is passing).

Did not graduate. REASON:

- ☐ Lack of educational foundation.
☐ Lack of ability to do practical work of specialty.
☐ Lack of application.
☐ Desire for other duty not based on demonstrated lack of ability.
☐ Disciplinary action.

Qualified (as striker for) (for duty as)

MARKS FOR COURSE
(To be filled in at school)

SUBJECT	MARK (0-100)
<u>A. & P.</u>	<u>87</u>
<u>F. A. & M. S.</u>	<u>90</u>
<u>W. & M.</u>	<u>86</u>
<u>CHEM WARFARE</u>	<u>79</u>
<u>H. & S.</u>	<u>97</u>
<u>M. M.</u>	<u>83</u>
<u>NURSING</u>	<u>91</u>

*If Naval Reserve, state class.

C. W. VIRTUE U. S. N.,
Comdr. (MC) USN Officer in Charge.

7

Service number 730-23-98

Station FEDERAL BUILDING
(Name.)

Jan. 11, 1943

(Place.)

(Date.)

Not Married

(Full name of wife; if not married, so state.)

(Address of wife.)

none

(Full name of child ; if none, so state.)

(Address of child.)

(Full name of child ; if none, so state.)

(Address of child.)

(Full name of child; if none, so state.)

(Address of child.)

Mother

(Relationship.)

Goldie Schreiber

(Name in full.)

New Salem, N.D.

(Address.)

4 {

(OVER.)

16—26357-1

730-23-98

Number -

SCHREIBER, Harry Allison

(Name in full, surname to the left.)

AUTHORIZED LEAVE

[illegible]

5

4-0111

Name SCHREIBER, Harry Allison
NAME IN FULL, SURNAME TO THE LEFT
730 23 98 Rate AS V-6
SERVICE No.
Date Reported Aboard: January 12, 1943
USNTS, Farragut, Idaho
PRESENT SHIP OR STATION
NRS, Fargo, N. D.
SHIP OR STATION RECEIVED FROM

Application for National Service Life Insurance has been submitted by this man and was forwarded with letter of transmittal.

The substance of the contents of the Soldiers Sailors Civil Relief Act of 1940 and of Public Resolution No. 96, 76th Congress has been explained to this man.

Qualified as marksman on indoor range.

Qualified swimmer.

19 MAR 1943
Rating changed this date
to S2c, Auth: BuPers C/L 92-42

Date Transferred L. J. MURPHY, Ensign, D.V.S.

To

SIGNATURE AND RANK OF COMMANDING OFFICER

Date Received Aboard:

NEW SHIP OR STATION

LAST SHIP OR STATION

SIGNATURE AND RANK OF COMMANDING OFFICER

ORIGINAL
FOR SERVICE RECORD

BNP 952 (Reserve)
(Revised August 1942)

Name SCHREIBER, Harry Allison

(Name in full, surname to the left)

730-23-98 rate AS V-6
(Service number) (USNR Class)

Date reported aboard January 21, 1943

U.S. NAVY RECRUITING STATION
FARGO, NORTH DAKOTA

(Present ship or station)
1st Enlistment

(Ship or station received from)

Enlisted this date in Class V-6
U.S. Naval Reserve for two (2)
years and placed on active duty.
Transferred to USNTS, Farragut, Idaho
for training.

M.C. PETERS, Lt. D-V(S), USNR.,
Officer-in-Charge.

Date transferred January 11, 1943

To USNTS, Farragut, Idaho

M.C. PETERS, Lt. D-V(S), USNR.
Signature and rank of Commanding Officer.

Date received aboard

12 JAN 1943

USNTS, Farragut, Idaho

(New ship or station)

NRS Fargo, N. D.

(Last ship or station)

CLYDE R. NAIL

Lieut., (jg), D.V. USNR

Signature and rank of Commanding Officer.

ORIGINAL

FOR SERVICE RECORD

16-30510-1

M. D. MacGregor, Commander, USN

730 23 98 SCHREIBER, Harry Allison
(Service No.) (Name in Full, Surname to the Left)

Rate S2c USN ☐ RET. ☐ USNR ☒ V6
(Class)

Date Reported Aboard: March 27, 1943.

USN, HCS. Farragut, Idaho
(Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: HA2c V6
(Rate Abbreviation) (USNR Class)

FROM: S2c V6
(Rate Abbreviation) (USNR Class)

Date Change Effected: May 7, 1943.

Authority and Remarks: AUTH: BuPers. Ltr. PERS-
67Mt over P17-2/MM of 1-22-43.

Date Authority Received: _____

☐ Qualified in all respects as required by current BuPers instructions.

☐ Examination Report (Form B.N.P. 624) submitted (if required).

☐ For Petty Officers, Article 1275 NR read and appointment accepted.

CHANGE IN LONGEVITY FOR PAY PURPOSES

(Years)	(Mos.)	(Days)	Other Service*	} (Date)
(Years)	(Mos.)	(Days)	Naval Service to include	
(Years)	(Mos.)	(Days)	Net Service completed on	

*Act 6-16-42 & BuPers Statement of service filed in service record.

1419-43

C. W. Virtue

By direction of the Commanding Officer
(Name and Signature of Commanding Officer)

PART 2—This Copy For Service Record

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate S2c V6
(Service No.)

Date Reported Aboard: Jan. 12, 1943

USNTS FARRAGUT, IDAHO
(Present Ship or Station)

NRS FARGO, NORTH DAKOTA
(Ship or Station Received From)

AUTH: BuPers ltr Pers 6330
JC/NC(843) of Dec 17, 1942

BuPers ltr Pers-6333-LOC
NC (843) of Jan 15, 1943

Date Transferred March 25, 1943

To HC Sch. Farragut, Idaho

M. D. MacGREGOR, Commander
Signature and Rank of Commanding Officer, USN

Date Received Aboard: MAR 27 1943

USN, HCS. Farragut, Idaho
(New Ship or Station)

U. S. N. T. S. FARRAGUT, IDAHO
(Last Ship or Station)

H. S. HARDING, CAPTAIN (MC) USN
Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

Name SCHREIBER, Harry Allison
 (Name in Full, Surname to the Left)
 730 23 98 HA2c, V6 USNR
 (Service No.) Rate

Date Reported Aboard:

5 8 43

US NAVAL HOSPITAL, PSNY, WN.

(Present Ship or Station)

USN HCS, FARRAGUT, IDAHO.

(Ship or Station Received From)

6-14-43: Transferred this date to U.S. Naval Convalescent Hospital, Sun Valley, Idaho, for duty. Auth. Coml3 Ltr. Serial 266973-2 dated June 7, 1943.

Date Transferred June 14, 1943

To U.S. Naval Hospital, Sun Valley, Idaho.

E.D. McMorries, CAPT, (MC), USN.

Signature and Rank of Commanding Officer.

Date Received Aboard: June 15, 1943.

U.S. NAVAL CONVALESCENT HOSPITAL
 SUN VALLEY, KETCHUM, IDAHO.

(New Ship or Station)

USNH., SEATTLE, WASHINGTON.

(Last Ship or Station)

J. T. O'CONNELL

Signature and Rank of Commanding Officer.
 Captain (MC), U.S.N.

ORIGINAL
 FOR SERVICE RECORD

Name SCHREIBER, Harry Allison
 (Name in Full, Surname to the Left)
 730 23 98 S2c V6 USNR
 (Service No.) Rate

Date Reported Aboard: March 27, 1943

USN HCS, Farragut, Idaho

(Present Ship or Station)

USNTS Farragut, Idaho

(Ship or Station Received From)

Received for instruction.

5-7-43: Transferred this date.
 AUTH: BuPers. Ltr. PERS-630-PKF-34
 over NC 203 of April 23, 1943.

Date Transferred May 7, 1943.

To USNH, Bremerton, Washington

H.S. HARDING Captain, (MC) USN.

Signature and Rank of Commanding Officer.

Date Received Aboard: MAY 8 1943

U.S. Naval Hospital, Puget Sound, Wash.

(New Ship or Station)

USN HCS, FARRAGUT, IDAHO.

(Last Ship or Station)

E. D. McMorries,
 CAPTAIN (MC), U. S. N.
 COMMANDING OFFICER

Signature and Rank of Commanding Officer.

ORIGINAL
 FOR SERVICE RECORD

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HA1/c V6 USNR
(Service No.)

Date Reported Aboard: June 15, 1943.
U.S. NAVAL CONVALESCENT HOSPITAL
Sun Valley, Ketchum, Idaho.
(Present Ship or Station)

USNH, PSNY, Washington.
(Ship or Station Received From)

11-29-43:

Transferred this date to
CG, FMF San Diego Area, Camp Elliott
San Diego for tra. and further
assignment to an FMF Unit for duty.

Authority: BuPers ltr. Pers 630-pkf;7
dated 13, November 1943.

Date Transferred 29 November 1943
CG, FMF San Diego Area, Camp Elliott
To San Diego Flet to FMF Unit.

F.M. ROHOW, Captain, (MC) USN
Executive Officer
(Signature and Rank of Commanding Officer)

Date Received Aboard: 12-2-43
Trng Detach., Fld Med Schl Bn., FMF TC.,
CAMP ELLIOTT, SAN DIEGO, CALIF.
(New Ship or Station)

USNCH, SUNVALLEY, KETCHUM, IDAHO.
(Last Ship or Station)

J.W. COLLINS, Lt. (jg) (HC) USN.
Signature and Rank of Commanding Officer

By direction.
ORIGINAL

FOR SERVICE RECORD

730-23-98 SCHREIBER, Harry Allison
(Service No.) (Name in Full, Surname to the Left)

Rate HA2/c USN ☐ RET. ☐ USNR ☒ V-6
(Class)

Date Reported Aboard: 15 June 1943
U. S. Naval Convalescent Hospital
Sun Valley, Ketchum, Idaho
(Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: HA1/c V-6
(Rate Abbreviation) (USNR Class)

FROM: HA2/c V-6
(Rate Abbreviation) (USNR Class)

Date Change Effected: 1 September 1943

Authority and Remarks: BuPers Ltr. 110-43,
dated 26 June 1943.

Date Authority Received: _____

☒ Qualified in all respects as required by current BuPers instructions.

☐ Examination Report (Form B.N.P. 624) submitted (if required).

☐ For Petty Officers, Article 1275 NR read and appointment accepted.

CHANGE IN LONGEVITY FOR PAY PURPOSES

(Years) (Mos.) (Days) Other Service*

(Years) (Mos.) (Days) Naval Service

(Years) (Mos.) (Days) Net Service completed on (Date)

*Act 6-16-42 & BuPers Statement of service filed in service record.

21

A. L. CLIFTON, Captain (MC), USN
(Name and Signature of Commanding Officer)

PART 2—This Copy For Service Record

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALc V6 USNR
(Service No.)

Date Reported Aboard: 2-15-44

44th Rep Bn, TC, Camp Elliott, Calif
(Present Ship or Station)

Fld Med Sch Bn, TC, Camp Elliott, Calif
(Ship or Station Received From)

AUTH: TCTO 147-44

Date Transferred 3-13-44

To REPL. BN., T.C., V A.C.

John K. Lynch
JOHN K. LYNCH, MAJOR, USMCR
Signature and Rank of Commanding Officer.

Date Received Aboard: 3-13-44

REPL. BN. TC. FIFTH A.C.
(New Ship or Station)

44TH REPL. BN.

(Last Ship or Station)

(GLA) J.T. Irwin
J.T. IRWIN, MAJ. USMCR.
Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALc. V6 USNR.
(Service No.)

Date Reported Aboard: 12-243

Trng Detach., Fld Med Sch Bn., FMFTC.,
CAMP ELLIOTT, SAN DIEGO, CALIF.
(Present Ship or Station)

USNCH, SUN VALLEY, KETCHUM, IDAHO.
(Ship or Station Received From)

FEB 4 1944 Completed prescribed
course of training in Field Medical
Service this date, and designated a
"Qualified Assistant—Medical Field
Service". BuM&S Certificate issued

AUTH: TOTO # 41-44 of 2-1044.

Date Transferred 2-14-44

To 44th Repl. Bn., FMFTC, Camp Elliott,
San Diego, Calif

J.W. COLLINS Lt. (jg) (HC) USN
By direction: Signature and Rank of Commanding Officer.

Date Received Aboard: 2-15-44

44th Rep Bn, TC, Camp Elliott, Calif
(New Ship or Station)

Fld Med Sch Bn, TC, Camp Elliott, Calif
(Last Ship or Station)

L. M. Roach Lt. (jg) (MC) USNR
Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

Name SCHREIBER, Harry Allison
(Name in full, surname to the left)

730 23 98 Rate HALC V6 NR
(Service number)

Date reported aboard 4-29-44
1st Bn., 24th Marines, 4th Mar.Div., FMF.
C/O FPO., San Francisco, Calif.
(Present ship or station)

Repl.Bn., TC., V Amph. Corps.
(Ship or station received from)

Participated in the Battle of Saipan,
Marianas Islands from 15 June, 1944 until
evacuated for wounds sustained in action
26 June, 1944.

Embarked aboard the U.S.S. CALVERT at
Maui, T.H. on 10 May, 1944 and sailed
therefrom on 11 May, 1944. 11-13 May at
Honolulu, T.H. Sailed therefrom on 14
May. 14-19 May at sea on Maneuvers in
Hawaiian Area. 20-28 May at Pearl Harbor,
T.H. Sailed therefrom 29 May and arrived
at Eniwetok, Marshall Islands on 8 June,
1944. 8-10 June, 1944 at Eniwetok,
Marshall Islands. Sailed therefrom 11 June,
and arrived and disembarked at Saipan,
Marianas Islands on 15 June, 1944.

Date transferred _____

To _____

R.N. FRICKE Major USMCR (H1H)
Signature and rank of Commanding Officer.

Date received aboard _____

(New ship or station)

(Last ship or station)

Signature and rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

16-22321-2

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALC V6 USNR
(Service No.)

Date Reported Aboard: 3-13-44

REPL. BN., T.C., V A.C.
(Present Ship or Station)

44th REPL. BN.
(Ship or Station Received From)

3-13-44:

"Serving outside continental United
States this date."

AUTH: ALNAV 32

J.T. Irwin
J.T. IRWIN,
MAJOR, USMCR.,
COMMANDING.

TRAN: _____

AUTH: TCTO 248-44

Date Transferred 4-28-44

To 4th MAR. DIV., FMF.

(GLA) G.L. ANDERSON, CAPTAIN, USMCR.
Signature and Rank of Commanding Officer.

Date Received Aboard: 4-29-44

1st Bn, 24th Marines, 4th Mar.Div., FMF.
(New Ship or Station)

REPL. BN., T.C., VAC.
(Last Ship or Station)

M.C. SCHULTZ, LT.COL., USMC. (H1H)
Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALC V6
(Service No.)

Date Reported Aboard: 7-8-44

USNH AIEA HEIGHTS, T.H.
(Present Ship or Station)

Hdq. Co. 1st Bn. 24th Mar
(Ship or Station Received From)

AUG 18 1944

Transferred this date to a U.S. Government Transport for further transfer to a U.S. Naval Hospital on the mainland, without formal medical survey in accordance with BuPers Circular Letter 99-44 of March 31 1944.

Date Transferred 8-18-44

To USGT FFT NAVAL HOSPITAL MAINLAND
W COMBS, Lt. (HC), USN,
Personnel Officer,
By direction of the Commanding Officer.
Signature and Rank of Commanding Officer.

Date Received Aboard: 8-26-44

USNH, SEATTLE, WN.
(New Ship or Station)

USNH, AIEA HTS, T.H.
(Last Ship or Station)

J.T. BOONE
Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD
By direction

NAVPERS-601 (9-43)

Name SCHREIBER, Harry Allison
(Name in full, surname to the left)

730-23-98 rate HALC V6 NR
(Service number)

Date reported aboard 4-29-44
1st Bn., 24th Marines, 4th Mar. Div., FMF
C/O FPO, San Francisco, Calif.
(Present ship or station)

Repl. Bn. TC, V Amph. Corps.
(Ship or station received from)

14 August, 1944:

Recommended this date for the Award of the Bronze Star for "distinguishing himself by Meritorious achievement while serving with a Marine Rifle Company."

10-31-44:

Transferred to USNH #10 as patient as of 18 August, 1944.
AUTH: Div. Trans. Order #378-44, dated 30 October, 1944.

Date transferred 10-30-44

To USNH #10
PAUL S. TREETEL, Major USMC
Signature and rank of Commanding Officer.

Date received aboard 7 8 44
U.S. NAVAL HOSPITAL
AIEA HEIGHTS, T.H.
(New ship or station)

1st, Bn. 24th Marines, 4th Mar. Div., FMF
(Last ship or station)

W. HARGRAVE, CAPT. (MC), USN
Signature and rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HA1c, V-6, USN
(Service No.)

Date Reported Aboard: 8-26-44

U.S. NAVAL HOSPITAL, SEATTLE, WN.
(Present Ship or Station)

AIEA HEIGHTS, T.H.
(Ship or Station Received From)

1-19-45: Treatment completed. Transferred this date to the UNITED STATES NAVAL HOSPITAL, SEATTLE, WASHINGTON FURAS to limited duty ashore within the continental limits of the United States, in a billet not requiring use of left upper extremity, in accordance with BuPers ltr Pers 6303 DW 12 P16-3/MM dated 5-27-44. Sickness is not result of own misconduct.

Date Transferred 1-19-45

To U.S. NAVAL HOSPITAL, SEATTLE, WN.

M.T. BOONE
M.E. KEIZUR, JR.
Signature and Rank of Commanding Officer
by direction

Date Received Aboard: 19 January 1945

USNH SEATTLE, WASHINGTON
(New Ship or Station)

USNH SEATTLE, WASHINGTON (PATIENT STATUS)
(Last Ship or Station)

J. T. BOONE, Capt. (MC) USN (LPT)
Signature and Rank of Officer Authorized to Sign

ORIGINAL
FOR SERVICE RECORD

C. O. Order No. P-472-45

INDIVIDUAL ORDER TO ADJUST PAY ACCOUNT FOR ABSENCE OR SENTENCE OF COURT, OR BOTH

730 23 98 SCHREIBER Harry A.
(SERVICE NUMBER) (SURNAME) (FIRST NAME) (MIDDLE NAME)

HA.1/c. USN ☐ RET ☐ USNR ☒ USN(I) ☐
(RATING) (CLASS)

U. S. NAVAL HOSPITAL SEATTLE, WASHINGTON
(SHIP OR STATION)

ABSENCE: Leave extended to 12/27/44. WITH LEAVE ☒ WITHOUT LEAVE ☐
OVER LEAVE ☐ OVER LIBERTY ☐
Overleave excused
at Executive Officer's Mast. 0800 12 November 1944
Departure (HOUR) (DATE)

Leave or Liberty expired 0800 12 December 1944
(HOUR) (DATE)

Returned to Naval Jurisdiction 0930 29 December 1944
(HOUR) (DATE)

CREDIT LEAVE RATINGS ☒: Leave granted; NOT AOL or AOL excused as unavoidable.
DO NOT CREDIT LEAVE RATINGS ☐: No leave granted or AOL NOT excused.

DECK COURT ☐ SUMMARY COURT MARTIAL ☐
GENERAL COURT MARTIAL ☐

Sentence approved / / / total loss of pay /
(DATE)

\$ / to be checked \$ / for /
(TOTAL AMOUNT) (AMT. PER MO.) (NUMBER)

months. For information not affecting pay, see reverse. /
M.E. Keizur

M. E. KEIZUR, Jr., Lieut. (HC) USN.
(NAME AND SIGNATURE)

Personnel _____ Officer (See Art. 205(2) N. R.)
(All sections which do not apply shall be lined out before signature is affixed.)

PART 1 - FOR SERVICE RECORD

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALC V6 USNR
(Service No.)

Date Reported Aboard: 1-19-45

USNH, Seattle, Washington
(Present Ship or Station)

USNH, Seattle, Washington (Patient Status)
(Ship or Station Received From)

3-5-45: Semi-annual examination in accordance with BuPers - BuMed. joint letter 44-405 of 30 March 1944.

Examined and found physically qualified for continuation of limited duty ashore only.

F. C. Hill
F. C. HILL
Captain (MC) USN
Acting MedOff in Command.

Date Transferred _____

To _____

Signature and Rank of Commanding Officer.

Date Received Aboard: _____

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALC V6 USNR
(Service No.)

Date Reported Aboard: 19 January 1945

USNH SEATTLE, WASHINGTON
(Present Ship or Station)

USNH SEATTLE, WASHINGTON. (PATIENT STATUS)
(Ship or Station Received From)

21 February 1945 CAPTAIN'S MAST

OFFENSE: A.O.L. from 2200, 20 February, 1945 until 0645 21 February, 1945, a total period of ten (10) hours and 45 minutes.
PUNISHMENT: Awarded ten days confinement and ten days extra police duties.

J. T. Boone
J. T. BOONE,
Captain (MC) USN,
Medical Officer in Command.

Date Transferred _____

To _____

Signature and Rank of Commanding Officer.

Date Received Aboard: _____

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

ORIGINAL
FOR SERVICE RECORD

C. O. Order No. P1131-46

730 23 98 SCHREIBER, Harry Allison

(SERVICE NUMBER) (SURNAME) (FIRST NAME) (MIDDLE NAME)
 HALc USN ☐ RET ☐ USNR ☒ V-6 USN (I) ☐
 (RATING) (CLASS)

USNH, SEATTLE, WASH.

(SHIP OR STATION)

Enlisted on 1-11-43 and is this date, 9-28-45
 (DATE) (DATE)

1. Discharged with Hon. Disch. Med. Sur.
 (CHARACTER OF AND REASON FOR DISCHARGE)

2. Transferred to Fleet Reserve / / / / / (CLASS) (at expiration of enlistment) ☒
 (at other than expiration of enlistment) ☐ and (is ☐) (is NOT ☐) immediately released from active duty. / / / / /

3. Released from active duty ☐

Completed / / / / / years service on / / / / / (DATE)
 (NUMBER)

If enlistment NOT extended, or extended only 1 year, net time served in enlistment and extension if any. (YRS.) (MOS.) (I)

If enlistment extended 2 or more years, net time served in extension only. (YRS.) (MOS.) (I)

Time (was ☐) (was NOT ☒) lost during this enlistment or extension because of AWOL, AOL, or NPDI.

Permission (was ☐) (was NOT ☐) granted to make up time lost.

Other Service (Act 6-16-42) (YRS.) (MOS.) (I)

Net Service completed on date of last discharge. (YRS.) (MOS.) (I)

Naval Service to include date of last discharge. 2 8
 (YRS.) (MOS.) (I)

Medals Awarded:

None

Accepted for enlistment at ☒ Inducted at ☐
 Ordered to Active duty from ☐ Bismarck, N. D.
 (PLACE)

Discharged ~~XXXXXXXX~~ USNH, SEATTLE, WASH.
 (PLACE)

The above named individual (is ☐) (is NOT ☒) recommended for reenlistment.

The above named individual (is ☐) (is NOT ☒) recommended for Good Conduct.

\$66.00

Payment of Discharge Gratuity

Due at Discharge \$ 76.12(is ☐) (is NOT ☒) directed.

Personal Funds \$

Gratuity Credited

531017 K. C. MASON, Ensign (HC) USN Ass't. Pers.

By direction of MOINC (AND SIGNATURE)Officer (See Art. 2025 (2) N. R.)
 (All sections which do not apply to this order shall be lined out before signature)

To be entered by the Disbursing Officer:

Travel Allowance \$ 72.90

PART 1 - FOR SERVICE RECORD

Name SCHREIBER, Harry Allison
 (Name in Full, Surname to the Left)

730 23 98 Rate HALc V6 USNR
 (Service No.)

Date Reported Aboard: 19 January 1945

USNH SEATTLE, WASHINGTON

(Present Ship or Station)

USNH SEATTLE, WASHINGTON (PATIENT STATUS)

(Ship or Station Received From)

30 May 1945

Awarded Presidential Unit Citation this date for outstanding performance with the FOURTH MARINE DIVISION (REINFORCED) in combat during the seizure of the Japanese-held islands of Saipan and Tinian in the Marianas from 15 June to August 1, 1944.

Auth: BuPersLtr Pers-68-emr of 22 May, 1945.

F. C. Hill
 F. C. HILL
 Captain (MC) USN
 Medical Officer in Command.

Date Transferred

To

Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

ORIGINAL
 FOR SERVICE RECORD

SUMMARY OF SERVICE

Vessel or Station	From—	To—	Rate
USNCS, FARRAGUT, IDAHO	1-12-43	3-27-43	AS
USN HCS, FARRAGUT, IDAHO	3-27-43	5-8-43	S2c
USNH, PUGET SOUND, WN	5-8-43	6-16-43	HA2c
USHCH, SUN VALLEY, IDAHO	6-16-43	12-2-43	HALc
FLD MED SCH, FMF CAMP ELLIOTT, CALIF.	12-2-43	2-15-44	HALc
22 44th REP BN, TC, CAMP ELLIOTT, CALIF.	2-15-44	3-13-44	HALc
REPL, BN, TC, FIETHA, C.	3-13-44	4-29-44	HALc
1st Bn 24th Mar. 4th Mar Div.	4-29-44	7-8-44	HALc
USNH, AIEA HTS, T.H.	7-8-44	8-26-44	HALc
USNH, SEATTLE, WASH.	8-26-44	1-19-45	HALc
USNH, SEATTLE, WASH. (STAFF)	1-19-45	9-28-45	HALc USNR

Permanent address after discharge

NewSalem, N. D.

Final average in all marks upon discharge

3.68

K. C. MASON, Ensign (HC) USN Ass't. PersOff.

(SIGNATURE AND RANK OF COMMANDING OFFICER)

By direction of MOIRc

Name SCHREIBER, Harry Allison

(Name in Full, Surname to the Left)

730 23 98

(Service No.)

Rate HALC V-6 USNRDate Reported Aboard: 7-24-45USNH, SEATTLE, WASH.

(Present Ship or Station)

USNH, SEATTLE, WASH. (STAFF)

(Ship or Station Received From)

9-28-45: Discharged this date from the U. S. Naval Service with an Honorable Discharge in accordance with the Commanding Officer's first endorsement on report of board of Medical Survey dated 9-13-45.

9-28-45: Received Honorable Service Lapel Button and Honorable Discharge Emblems this date.

NAME

Harry Allison Schreiber

Disch.

Date Transferred 9-28-45To Home: New Salem, N. D.K. C. MASON, Ensign (HC) USN

By direction and Rank of Officer Authorized to Sign

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Officer Authorized to Sign

ORIGINAL

FOR SERVICE RECORD

REPORT OF MEDICAL SURVEY

Place U.S. NAVAL HOSPITAL, SEATTLE, WASHINGTON Date 28 August 1945
(Name of hospital, ship, or station where survey is held)

From: Board of Medical Survey.

To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name SCHNEIDER, Harry Allison 730 23 98 Rank or rate Male Y-6 USNR
(In full, surname first)
Born: Place New Salem, North Dakota Date 23 December 1925
(Name of place and State or county)
Enlisted or appointed: Date 11 January 1943 Place Fargo, North Dakota
Total service: Navy 2 years 7 months Marine Corps --- Army ---

PRESENT HISTORY OF CASE (Staff)

Admitted from U.S. Naval Hospital, Seattle, Washington/ Date 24 July 1945
Diagnosis Paralysis, Ulnar Nerve, Left #1751 Key letter _____ Specialty letter _____
(From navy nomenclature, under which carried on sick list)
Disability is not the result of his own misconduct and was incurred in line of duty
(Is or is not) (Was or was not)
Existed prior to enlistment No If "Yes," was condition aggravated by service? _____
(Yes or No) (Yes or No)
Present condition Unfit for service Probable future duration Permanent
Recommendation That he be discharged from the U.S.N.R.

FACTS ARE AS FOLLOWS: Attention is invited to Report of Medical Survey dated 9 January 1945 at U.S. Naval Hospital, Seattle, recommending limited duty. Since that time this patient has been on duty at this hospital. He was admitted to the sick list from staff on 12 March 1945 with diagnosis Osteomyelitis, Distal Phalanx, Left Little Finger. A sequestrum was removed on 28 March 1945. He was discharged to duty on 14 May 1945 following an uneventful healing of the digit.

This patient was readmitted to the sick list on 24 July 1945 at this hospital with diagnosis Paralysis, Ulnar Nerve, Left complaining of weakness of the 4th and 5th finger, left hand and inability to completely extend the forearm.

On admission to this hospital the general physical examination was essentially negative except for the left upper extremity which revealed a well-healed operative scar over medial aspect of the elbow. There was slight restriction of flexion and extension at the elbow joint. The left hand showed a scarcely perceptible atrophy of the hyperthenar eminence and of the abductor digiti quinti. Sensation over peripheral distribution of the left ulnar nerve was impaired. The distal end of the little finger was deformed by loss of the nail. Routine laboratory examinations, including blood Kahn, were negative.

While in this hospital treatment consisted of general ward care, physiotherapy and participation in the physical rehabilitation program.

At the present time this patient is ambulatory. He continues to complain of pain in the left elbow joint relative to exercise or strain. Pinel's sign is present eight centimeters distal to the operative wound site.

According to the records at this hospital there is no disciplinary action pending.

This Board is of the opinion that this patient has paralysis of the left ulnar nerve which renders him physically unfit for duties incidental to the naval service; consequently, his further retention in the U.S.N.R. is not justified. He has received maximum hospital benefits at this time.

A. H. FRENCH
Capt. (MC)

16-11583

U. S. Navy.
Senior Member of Board.

FRANK H. MANANAKIS
Cond. (MC)

U. S. Navy.
Member.

HARRY D. VICKERS
Lt. Cond. (MC)

U. S. Navy.
Member.

REPORT OF MEDICAL SURVEY

Place U. S. NAVAL HOSPITAL, SEATTLE, WASHINGTON
(Name of hospital, ship, or station where survey is held)Date 9 January 1945From: Board of Medical Survey.To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name SCHREIBER, Harry Allison 730-23-98
(In full, surname first)Rank or rate Male V-6 USNRBorn: Place New Salem, North Dakota
(Name of place and State or county)Date 23 December 1925Enlisted or appointed: Date 11 January 1943Place Fargo, North DakotaTotal service: Navy 1 year 11 months Marine Corps ---Army ---

PRESENT HISTORY OF CASE

Admitted from U.S. Naval Hospital, Alca Heights, T.E.Date 26 August 1944Diagnosis Paralysis, Ulnar Nerve, Left #1751
(From navy nomenclature, under which carried on sick list)Key letter ---Specialty letter ---Disability is not the result of his own misconduct and was incurred in line of duty
(Is or is not) (Was or was not)Existed prior to enlistment No
(Yes or No)

If "Yes," was condition aggravated by service?

(Yes or No)

Present condition Fit for limited dutyProbable future duration ---

Recommendation That he be retained in the U.S.N.R. and assigned limited duty, within the continental limits of the United States, in a billet not requiring the full use of the left upper extremity.

FACTS ARE AS FOLLOWS: This patient was admitted to the sick list on 5 July 1944 at Company "A", Medical Battalion, ^{VAC} Corps Hospital, In the Field, Beyond the Seas, with the diagnosis Wound, Gunshot, Left Elbow. The circumstances of occurrence were as follows: 1. Within command. 2. Work. 3. Negligence not apparent. 4. Wounded in action against an organized enemy on Saipan Island. He was received at this hospital on 26 August 1944 with the diagnosis of Fracture, Compound, Left Ulna and Humerus, complaining of lack of sensation in the 5th finger, left hand.

The Health Record showed that the patient was wounded on the afternoon of 5 July 1944 in the left elbow and after receiving emergency treatment in the field was evacuated by air transport to U.S. Naval Hospital, Alca Heights. On 8 July 1944 x-ray examination of the elbow showed a fracture through the proximal end of the olecranon process of the left ulna. There was some separation of the fragments. There was also what appeared to be a fracture through the medial condyle of the humerus without marked displacement or deformity. On 8 July 1944 the diagnosis was changed to Fracture, Compound, Left Ulna and Humerus.

On admission to this hospital the general physical examination was essentially negative except for the left upper extremity which was immobilized in plaster. On 4 September 1944 the cast was removed and x-ray examinations showed an old injury about the medial epicondyle of the humerus which had healed in good position but with a large bony protuberance at this point. There was an ununited transverse fracture extending across the posterior and superior tip of the olecranon process of the ulna. Routine laboratory examinations, including blood Kahn, were negative.

While in this hospital treatment consisted of dressings to the wound and physiotherapy to the left upper extremity. On 21 September 1944 the wound was healed and

REPORT OF MEDICAL SURVEY

Place U. S. NAVAL HOSPITAL, SEATTLE, WASHINGTON
(Name of hospital, ship, or station where survey is held)

Date 9 January 1945

From: Board of Medical Survey.

To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name SCHNEIDER, Harry Allison 730-23-95
(In full, surname first)

Rank or rate Male Y-6 USNR

Born: Place _____
(Name of place and State or county)

Date _____

Enlisted or appointed: Date _____ Place _____

Total service: Navy _____ Marine Corps _____ Army _____

PRESENT HISTORY OF CASE

Admitted from _____ Date _____

Diagnosis Paralysis, Ulnar Nerve, Left #1751 Key letter _____ Specialty letter _____
(From navy nomenclature, under which carried on sick list)

Disability _____ the result of his own misconduct and _____ incurred in line of duty
(Is or is not) (Was or was not)

Existed prior to enlistment _____ If "Yes," was condition aggravated by service? _____
(Yes or No) (Yes or No)

Present condition _____ Probable future duration _____

Recommendation _____

FACTS ARE AS FOLLOWS:

the patient was examined for a partial ulnar nerve lesion. Neurosurgical examination revealed an almost complete sensory loss in the left ulnar distribution and partial involvement of muscles supplied by the ulnar nerve. The diagnosis was changed on 1 October 1944 to Paralysis, Ulnar Nerve, Left. On 15 October 1944 surgery was performed which included excision of cleatrix of the left elbow, removal of fracture fragments of the left olecranon and a neurolysis of the ulnar nerve. An uneventful convalescence followed surgery.

At the present time this patient is ambulatory and voices few complaints. His surgical wound is healed. He has almost full extension of his left arm and use of

This Board is of the opinion that this patient has a left ulnar nerve paralysis which renders him physically unfit for full duty ashore as a _____ such duty will _____ file at this time.

A. W. FRENCH
Commander (MC)

U. S. Navy.

Senior Member of Board.

EDWARD L. COCO
Commander (MC)

U. S. Navy.
Member.

H. A. BIVEN
Lt. Comdr. (MC)

U. S. Navy.
Member.

From: *Commanding Officer.*

1st Indorsement

To: _____

Date _____

(Officer convening board)

From: *Medical Officer in Command*
(Officer convening board)

1st Ind.

man will be retained on the staff
awaiting assignment in accordance with BuPers
Letter Pers 6303-DW-12 P16-3/MM of 27 May 1944.

J. V. MOORE
(Signature)

Indorsement
(For use only by Commander-in-Chief, Asiatic Fleet)

Date _____

From: *Commander-in-Chief, Asiatic Fleet.*

To: *Bureau of Medicine and Surgery.*

(Signature)

2nd Indorsement

Date *7 Feb. 1945*

From: *Bureau of Medicine and Surgery.*

To: *Bureau of Naval Personnel*

1. Forwarded: *Recommendation of Board Approved.*

ROSS T. MCINTIRE
Chief of Bureau

J.R. BL HUTCHINSON
By direction

(Signature)

Pers-6630-hew

3rd

Indorsement

Date *10 Feb. 1945*

MM 730 23 98

From: *BuPers*

To: *MedOfCom, NavHosp, Seattle, Wash.*

1. Returned, approved.

2. Subject's retention in the Naval Service

and assignment to duty in accordance with
BuPers ltr. 6303-DW-12 P16-3/MM of 1 Feb. 1945
are authorized.

E.A. FIGG
Ensign, USNR
Discharge Section
Enl Perform, Div.

By direction of Chief of Naval Personnel:

(Signature)

REPORT OF MEDICAL SURVEY

Place U. S. NAVAL HOSPITAL, SEATTLE, WASHINGTON Date 9 January 1945
(Name of hospital, ship, or station where survey is held)

From: Board of Medical Survey.

To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name SCHREIBER, Harry Allison 730-23-98 Rank or rate File 1-6 USNR
(In full, surname first)

Born: Place New Salem, North Dakota Date 23 December 1925
(Name of place and State or county)

Enlisted or appointed: Date 11 January 1943 Place Fargo, North Dakota

Total service: Navy 1 year 11 months Marine Corps --- Army ---

PRESENT HISTORY OF CASE

Admitted from U.S. Naval Hospital, Alca Heights, P.R. Date 26 August 1944

Diagnosis Paralysis, Ulnar Nerve, Left #1751 Key letter --- Specialty letter ---
(From navy nomenclature, under which carried on sick list)

Disability is not the result of his own misconduct and was incurred in line of duty
(Is or is not) (Was or was not)

Existed prior to enlistment No If "Yes," was condition aggravated by service? ---
(Yes or No) (Yes or No)

Present condition Fit for limited duty Probable future duration ---

Recommendation That he be retained in the U.S.N.R. and assigned limited duty, within the continental limits of the United States, in a billet not requiring the full use of the left upper extremity.

FACTS ARE AS FOLLOWS: This patient was admitted to the sick list on 5 July 1944 at Company "A", Medical Battalion, Corps Hospital, in the Field, Beyond the Seas, with the diagnosis wound, gunshot, left elbow. The circumstances of occurrence were as follows: 1. Within command. 2. Work. 3. Negligence not apparent. 4. Wounded in action against an organized enemy on Saipan Island. He was received at this hospital on 26 August 1944 with the diagnosis of Fracture, Compound, Left Ulna and Humerus, complaining of lack of sensation in the 5th finger, left hand.

The Health Record showed that the patient was wounded on the afternoon of 5 July 1944 in the left elbow and after receiving emergency treatment in the field was evacuated by air transport to U.S. Naval Hospital, Alca Heights. On 5 July 1944 x-ray examination of the left elbow reportedly showed a badly comminuted fracture through the proximal end of the olecranon process of the left ulna. There was some separation of the fragments. There was also what appeared to be a fracture through the medial condyle of the humerus without marked displacement or deformity. On 8 July 1944 the diagnosis was changed to Fracture, Compound, Left Ulna and Humerus.

On admission to this hospital the general physical examination was essentially negative except for the left upper extremity which was immobilized in plaster. On 4 September 1944 the cast was removed and x-ray examinations showed an old injury about the medial epicondyle of the humerus which had healed in good position but with a large bony protuberance at this point. There was an ununited transverse fracture extending across the posterior and superior tip of the olecranon process of the ulna. Routine laboratory examinations, including blood tests, were negative.

While in this hospital treatment consisted of dressings to the wound and physiotherapy to the left upper extremity. On 21 September 1944 the wound was healed and

Sheet #2
REPORT OF MEDICAL SURVEYPlace U. S. NAVAL HOSPITAL, SEATTLE, WASHINGTON Date 9 January 1945
(Name of hospital, ship, or station where survey is held)From: Board of Medical Survey.To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name SCHREINER, Harry Allison DSO-21-28 Rank or rate PA1c E-6 USNR
(In full, surname first)Born: Place _____ Date _____
(Name of place and State or county)

Enlisted or appointed: Date _____ Place _____

Total service: Navy _____ Marine Corps _____ Army _____

PRESENT HISTORY OF CASE

Admitted from _____ Date _____

Diagnosis Paralysis, Ulnar Nerve, Left #1751 Key letter _____ Specialty letter _____
(From navy nomenclature, under which carried on sick list)Disability _____ the result of his own misconduct and _____ incurred in line of duty
(Is or is not) (Was or was not)Existed prior to enlistment _____ If "Yes," was condition aggravated by service? _____
(Yes or No) (Yes or No)

Present condition _____ Probable future duration _____

Recommendation _____

FACTS ARE AS FOLLOWS:

the patient was examined for a partial ulnar nerve lesion. Neurosurgical examination revealed an almost complete sensory loss in the left ulnar distribution and partial involvement of muscles supplied by the ulnar nerve. The diagnosis was changed on 1 October 1944 to Paralysis, Ulnar Nerve, Left. On 18 October 1944 surgery was performed which included excision of cicatrix of the left elbow, removal of fracture fragments of the left olecranon and a neurolysis of the ulnar nerve. An uneventful convalescence followed surgery.

At the present time this patient is ambulatory and voices few complaints. His surgical wound is healed. He has almost full extension of his left arm and use of the muscles of ulnar distribution. There is a residual sensory loss in part of the arm subserved by the left ulnar nerve.

This Board is of the opinion that this patient has a left ulnar nerve paralysis which renders him physically unfit for full duty ashore or afloat but that he is physically fit for limited duty, consistent with his existing disability, and that such duty will not aggravate his condition. He has received maximum hospital benefits at this time.

A. H. FENNER
Commander (MC)
U. S. Navy.
16-11583 Senior Member of Board.

EDWARD L. COOK
Commander (MC)
U. S. Navy.
Member.

H. A. PAVES
Lt. Comdr. (MC)
U. S. Navy.
Member.

1st Indorsement

Date

From: *Commanding Officer.*

To:

(Officer convening board)

(Signature)

1st 2d Indorsement

Date

January 31 1946

From: *Medical Officer in Command*

(Officer convening board)

To: *Bureau of Medicine and Surgery*

(To Bureau of Medicine and Surgery or to Commander-in-Chief, Asiatic Fleet)

Man will be retained on the staff of this hospital awaiting assignment in accordance with BuPers Letter Pers 6503-De-12 P16-3/AM of 27 May 1944.

(Signature)

Indorsement

(For use only by Commander-in-Chief, Asiatic Fleet)

Date

From: *Commander-in-Chief, Asiatic Fleet.*

To: *Bureau of Medicine and Surgery.*

(Signature)

Indorsement

Date

From: *Bureau of Medicine and Surgery.*

To:

1. Forwarded: *Recommendation of Board Approved.*

(Signature)

Indorsement

Date

From:

To:

(Signature)

U. S. NAVY RECRUITING STATION

Bismarck, North DakotaJanuary 8, 1943STATEMENT OF RECRUIT

The answers made by me to questions on D.S.S. Form 221 are true to the best of my knowledge and belief.

This particularly applies to date of birth, home address, next of kin, police record, previous military service in any of the armed forces or state guard and C.C.C. camps.

It is further stated that no promise has been made to me as to assignment of duty, either regarding place of duty or nature of that duty; the OPPORTUNITY for schooling has been explained as available subject to qualifying for entry to the school of my choice.

It is also understood that in case of failure to pass the prescribed course of the school that may be approved as my first course of instruction, that by reason of such failure, I will be subject to general duty as may be assigned.

It is further understood that should any of the above statement be found false or misleading, my application for enlistment can be cancelled, or that after enlistment I may be discharged with a Special Order Discharge for fraudulent enlistment, or that in serious cases of police record for criminal conviction, I may be subject to disciplinary action.

Harry Allison Schröder
Applicant for Enlistment

WITNESSED:

W.P. Buck
W.P. Buck, Y3c, USNR.
Recruiter

Embarked aboard U.S.S. SANTA MONICA on 5 March, 1944, at
San Diego, California, and sailed therefrom on 5 March, 1944.
11 March, 1944, Arrived and disembarked at Pearl Harbor, T.H.

John K. Lynch
JOHN K. LYNCH,
Major, U.S. Marine Corps Reserve,
Commanding.

730 23 98

ENLISTMENT of

Harry Allison Schreiber

USNRS, Fargo, North Dakota

JAN 11 1943

(Naval Reserve Class)

(Date)

NOTE.—To be executed in duplicate. The original to be attached to the shipping articles and forwarded to the Bureau of Navigation, Navy Department. The duplicate to be filed in the service record.

CONSENT AND DECLARATION OF PARENT OR GUARDIAN IN THE ENLISTMENT
IN THE NAVAL RESERVE OF A MINOR UNDER TWENTY-ONE YEARS OF AGE

I,

Paul Schreiber

(Name of parent or legal guardian)

, residing in the

New Salem

(City or town)

county of

Morton

, and State of

North Dakota

do hereby certify that I am the¹

Father

(Father, mother, or legal guardian)

of

Harry Allison Schreiber

that he was born in New Salem, North Dakota, on 23 day of December, 1925,

that he has no other legal guardian than me, and I do hereby consent to his enlistment in the Naval Reserve of the United States Navy as Apprentice Seaman to serve until Two years from date of enlistment,
(Rating)

unless sooner discharged, subject to all the requirements and lawful commands of the officers who may, from time to time, be placed over him; and I hereby certify that no promise of any kind has been made to me concerning assignment to duty or promotion during his enlistment as an inducement to me to sign this consent; and if he is ordered to duty in time of war or national emergency, I do hereby relinquish all claim to his service, and to any wages or compensation for the same during the period of such active duty.

Paul Schreiber

(Signature of parent or guardian)

Address (street and number, if possible), _____

Witnessed and sworn to before me this 26th day of Dec. 1942

(Name)

(Rank or rating)

HERMANN JUST, JR.
Notary Public, Morton County, N. Dak.
My commission expires March 9th, 1947

¹ Fill in the words, "Father," "Mother," or "Legal guardian," as the case may be.
² This will be witnessed by an officer or petty officer detailed by the Recruiting Officer.

[OVER]

PARENT OR GUARDIAN WILL READ OR HAVE THE FOLLOWING EXPLAINED

Extracts from contract which applicant will be required to sign under oath at time of enlistment:

"I am of the legal age to enlist; I have never deserted from the United States Navy, Army, Marine Corps, or Coast Guard; I have never been discharged from the United States Service or other service on account of disability or through sentence of either civilian or military court; and I have never been discharged from any service, civil or military, except with good character and for the reasons given by me to the recruiting officer prior to enlistment. I am not a member of the Naval Reserve, Naval Militia, Marine Corps Reserve, National Guard, Coast Guard Reserve, or Army Reserve.

"I understand that upon enlistment in the Naval Reserve, or upon transfer or assignment thereto, I may be ordered to active duty in time of war or when in the opinion of the President a National emergency exists, and that I may be required to perform active duty throughout the war or until the National emergency ceases to exist.

"I understand that if I become a candidate for the Naval Academy and fail to pass the entrance examination, I will be returned to general service.

"I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, or promotion during my enlistment."

I understand the foregoing.

x Paul Schreiber

Parent.
Guardian.

VERIFICATION OF DATE AND PLACE OF BIRTH

Name in full Harry Allison Schruber

Date of birth December 23, 1925

Place of birth New Salem, North Dakota

How verified Sighted Birth Certificate

W. H. Johnson

W. H. Johnson Y3c USNR

Recruiter.

County of Meriden PLACE OF BIRTH
 Township of _____
 Village of _____
 City of New Salem N.D.

STATE OF NORTH DAKOTA
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

State File No. _____
 Local Registered No. _____

FULL NAME OF CHILD Narry Allison Schreiber No. _____ St. _____ Ward _____

Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Legitimate? Yes 7. DATE OF BIRTH Dec 25 1925 Month Day Year

FATHER
 8. Full Name Paul Schreiber
 9. Permanent Postoffice address New Salem N.D.
 10. Color or Race White 11. Age at Last Birthday 32 Years
 12. Birthplace Ind.
 13. Occupation Nature of Industry Working in mine

MOTHER
 14. Full Maiden Name Goldie Olson
 15. Permanent Postoffice address New Salem N.D.
 16. Color or Race White 17. Age at Last Birthday 24 Years
 18. Birthplace N.D.
 19. Occupation Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

21. Were precautions Taken Against Ophthalmia Neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of above child, who was, alive (Born Yes Still born) If premature give period of gestation _____
 at 11 A.M., on date stated above.
 Given or Christian name added from a supplemental report _____
 Signature H. C. Gable
 Date Dec 24 1925
 Address New Salem N.D.
 Filed Dec 26 1925

STATE OF NORTH DAKOTA } ss.
 COUNTY OF BURLEIGH }

I, F. J. HILL, ACTING STATE HEALTH OFFICER AND STATE REGISTRAR, DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT PHOTOCOPY OF THE ORIGINAL RECORD OF BIRTH FILED, KEPT AND PRESERVED IN THE OFFICE OF THE DIVISION OF VITAL STATISTICS, STATE DEPARTMENT OF HEALTH, BISMARCK, NORTH DAKOTA.

F. J. Hill, M.D.
 ACTING STATE HEALTH OFFICER AND STATE REGISTRAR
Margaret O. Lang
 DEPUTY STATE REGISTRAR

DATE Nov. 4, 1942

AFFIDAVIT

The below affidavit is required to be executed prior to any member of the Naval Reserve being taken up for pay, allowances or travel expense. It may be sworn to before any notary public, any naval officer authorized to administer oaths for purposes of naval administration, or any commanding officer of a squadron, battalion or division of the Naval Reserve.

U.S. NAVY RECRUITING STATION

FEDERAL BUILDING

FARGO, N. D.

} ss

I, Harry Allison SCHREIBER,AS V-6

(Rank or Rating)

, U. S. Naval Reserve, being first duly sworn,
upon oath depose and say that I am not drawing, nor have I a claim pending for, a pension,
disability allowance, disability compensation, or retired pay (*) from the Government of the
United States.

Harry Allison Schreiber

Subscribed and sworn to before me this 11th
day of January, A.D., 1943

M.C. Peters
M.C. PETERS, Lt. D-V(S), USNR.,
Officer-in-Charge.

(Signature and Official Title)

To be executed in triplicate.

Disposition: 1-BuNAV
1-To Comdt.
1-To service record.

(*) 'Retired Pay' does not include pay of members of the Fleet Reserve or members of the Honorary Retired List

VETERANS ADMINISTRATION

Insurance Form 350

Rev. Sept. 1942

\$ 6.40

FOR INDEFINITE MONTHS TO PAY PREMIUMS

REGISTERED ON USNTS, FARRAGUT, IDAHO.

FIRST PAYMENT

January 1943.

APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION

WITHOUT REPORT OF PHYSICAL EXAMINATION H. R. FAHLBUSCH, Lieut. (SC), USNR

EX ics

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

1. NAME IN FULL: (Please print or type)

First	Middle	Last name
Harry	Allison	SCHREIBER

2. HOME ADDRESS: Number _____ Street or rural route _____ County, city, town, or post office _____ State _____

3. I WAS BORN AT _____ City, town, or post office _____ State _____ Day of month _____ Month _____ Year _____ Age nearest birthday _____

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY _____ 5. PRESENT ORGANIZATION _____ 6. SERIAL NUMBER _____

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") _____ 8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS _____

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ _____

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") _____ IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ _____ POLICY No. _____

(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of \$10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)

	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL	Goldie Olson SCHREIBER Mother	10,000	Same as above
CONTINGENT			

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)

Beneficiary _____ (Full name) _____ (Address) _____

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the _____ day of _____, 19____

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by _____ in the amount of \$ _____ in payment of the first _____ premium on the insurance, or (Check, draft, or money order)

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of \$ _____ on the insurance, or

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$ _____ on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:

(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.

(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
\$ 6.40	\$ _____	\$ _____	\$ _____	\$ _____

SIGNED AT USNTS, Farragut, Idaho ON THE 20 DAY OF January 1943.

WITNESSED BY: F. D. BROSNAN, Lt. USNR

INFORMATION AS TO SERVICE CERTIFIED BY:

C. R. NAIL, Lt. (jg) USNR (Rank and organization. See reverse side, paragraph 4.)

(Applicant sign here. Do not print signature)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: \$1,000 to \$5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date _____ Age _____ Amt., \$ _____ Premium: Mo. \$ _____ Qr. \$ _____ S. A. \$ _____ A. \$ _____

Beneficiary _____

Action taken _____

Examiner _____ Reviewer _____

Certificate issued _____ Policy issued _____

NATIONAL SERVICE LIFE INSURANCE - - THIS APPLICATION TO BE PRINTED

1. Full name HARRY ALLISON Schreiber (Per \$1,000)
 (First) (Middle) (Last) Monthly
 2. Home Address New Salem N. Dak.
 (Number) (Street or Route) (City) (State)
 3. I was born at New Salem N. Dak. 23 Dec. 1925
 (City) (State) (Day) (Mo.) (Year)
 4. Company or Unit 22-43 Rate 2.5 16 USNR
 (Cross out one)
 5. AMOUNT OF INSURANCE DESIRED \$ 10,000 Ten THOUSAND
 (Figures) (Words)
 6. Are you now carrying Government Life Insurance? NO Amount NONE
 7. Full name of Beneficiary (In case of married woman give first, middle, and married name)
MOLIE OLSON Schreiber Relationship MOTHER
New Salem N. Dak.
 (Address) (Number - Street - City - State)
 8. I hereby apply for National Service Life Insurance in the above amount:
 Date: 20 Jan. 1943 Signature: Harry Allison Schreiber
 (Day) (Mo.) (Yr.) (Sign FULL Name - do NOT print)

WAIVER

I certify that I have been given an opportunity to submit an application for National Service Life Insurance and that I do not now desire this insurance. I understand that I can still apply for this insurance during the first 120 days of service in the Navy without a physical examination, and that any details of this insurance will be explained to me upon request. I assume full personal responsibility for delay or failure to apply for National Service Life Insurance.

Date: _____ Signature _____ Company _____
 (Day) (Mo.) (Yr.)

DO NOT WRITE IN THIS SPACE

Enl. Date 1/1/42 Eff. Date _____ Ins. Age 17
 Ser. No. 73023-98 Allotment _____ Month _____ Premium 6.40

Ins. Form 1

New. Bur.

REPORT OF EXAMINATION {ADVANCEMENT
CHANGE} IN RATING

Bureau of Naval Personnel Manual, Part D, Chapter 5. Examination for rating of HALc
Name SCHREIBER, Harry Allison Service No. 730-23-98 Present rate HA2c, V-6, USNR
(Last, first, middle) (See instructions No. 2)
U. S. N. CONVALESCENT HOSPITAL Continuous active service in present rate dates from 6-7-43
Sun Valley, Ketchum, Idaho (See instructions No. 3)
Reenlisted after broken-service/current-active duty commenced 1-11-43 as AS V-6, USNR
(Cross out as applicable, neither applies to regular Navy men with continuous service.) (Date) (Rate)

Following service computed as of _____ (Date) (See instructions No. 4)

	U. S. N.	Current Active—U. S. N. R.	Inactive—U. S. N. R.
Total service	_____ years, _____ months	<u>6</u> years, <u>7</u> months	_____ years, _____ months
In present rate	_____ years, _____ months	<u>0</u> years, <u>4</u> months	_____ years, _____ months
In present pay grade	_____ years, _____ months	<u>0</u> years, <u>5</u> months	_____ years, _____ months
Sea service (for C. P. O.)	_____ years, _____ months	_____ years, _____ months	_____ years, _____ months

Column one above used for Regular Naval Service. Column two for service on current active duty in Naval Reserve. Column three for inactive service.

Following requirements for advancement fulfilled as noted (art. D-5104 (1)): (See instructions No. 5)

Practical factors completed—For rating _____ For P. O. class (D-5202) _____
Training course(s) _____ Service school _____
Service requirements were fulfilled on _____ (Date)

Conduct and proficiency in rating marks for period specified by Article D-5107:

Quarter ending	6-43															Average	Meet requirements
Conduct	<u>4.0</u>																(Yes) (No)
Proficiency in rate	<u>3.5</u>																(Yes) (No)

Entries derived from service record certified correct _____

EXAMINATION MARKS (Reference Art. D-5105)

Article D-5201 A-N (average mark) 3.90 Article D-5202 for petty officers (average mark) _____
NOTE.—Examination marks for neither Article D-5201 nor D-5202 used as factor in multiple.

Article D-52 _____ () (B) (a) () —Qualifications for individual rating.

Subjects	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	Average
Marks	<u>3.6</u>	<u>3.8</u>	<u>3.7</u>													<u>3.70</u>

MULTIPLE COMPUTATION (See instructions No. 7)

(Use applicable table)	Table 1.—To ratings of pay grades 1-A, 2, and 3 except MM2c, Pmk2c, Bmk2c, Mldr2c, Msmth2c.	Table 2.—To ratings of pay grades 4, 5, and 6 and to MM2c, Pmk2c, Bmk2c, Mldr2c, Msmth2c.	Maximum
A. Examination (in qualifications for rating)	Mark _____ × 20.0 (3 decimals)	Mark _____ × 20.0	80.00
B. Total service (For multiple purposes)	Years _____ × 1.0 (2 decimals)	Years _____ × 4.0	20.00
C. Service present rate (For multiple purposes)	Months _____ × 0.2	x x x x x x x x x x	12.00
D. Service present pay grade (Same as C unless rate changed)	Months _____ × 0.1	x x x x x x x x x x	6.00
E. Good conduct awards	Number _____ × 1.0	_____ × 1.0	
F. Bonus (see instructions)			
	Final multiple—	Final multiple—	

Date of examination August 18, 1943 U. S. N. CONVALESCENT HOSPITAL, Sun Valley, Idaho
(Ship, station, or activity of board)

The candidate was examined in accordance with requirements of the Bureau of Naval Personnel Manual and existing instructions.

We consider him to be fully qualified and do so recommend him for the rating of HAL/c V-6, USNR

Examination marks and multiple shown above certified correct.

C. P. TODD
Ch. Pharm., V-(G)

U. S. N. R.
Pharm.
SUPERVISORY BOARD (if applicable)

W. R. STANMEYER
H. A. FERGUSON
Lt. Comdr. (DC) S. O. Senior Member.
U. S. N.

U. S. N.

U. S. N.

U. S. N.

U. S. NAVAL HOSPITAL
SEATTLE, WASHINGTON

STANDARD LEAVE FORM

SCHREIBER

11 November 1944
Date

To: SCHREIBER (Name) RATE 4 PAY/G 700 22 25 1143 (Rate) (Service number)

Subject: Leave.

1. You are hereby granted 12 days leave and 0 days travel time,

Commencing: 0000 (Hour) 11 November 1944 (Date)

Expiring: 0000 (Hour) 11 November 1944 (Date)

to report upon expiration to this command, or such other point as may be specifically designated below:

None
(Insert "none" if appropriate. Otherwise indicate where to report, with specific instructions as to disposition upon returning from leave.)

2. It is understood that your address while on leave will be:

Box Three Zero Four (304) New Salem, North Dakota.

3. Comply with instructions on reverse hereof:

H. L. LAIBER, Jr.

(Authenticating signature)

Lieut. (SG) USN Personnel Officer

(Rank and title)

DEPARTED: (Hour) (Date) (Signature of OOD)

RETURNED: (Hour) (Date) (Signature of OOD)

(READ INSTRUCTIONS ON REVERSE SIDE)

INSTRUCTIONS FOR ENLISTED PERSONNEL ON LEAVE

1. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep papers in your possession at all times.
2. It is understood you have sufficient funds to defray your expenses on leave, including round-trip transportation or necessary funds therefor. Each case of transportation obtained from recruiting stations, or other naval activities, by personnel on leave, will be investigated, and where no urgent necessity was apparent in applying for transportation request, disciplinary action will be taken. HITCHHIKING BY NAVAL PERSONNEL ON LEAVE IS FORBIDDEN.
3. You are directed not to participate in press conferences, talk to reporters or other individuals, or talk over the radio, on matters pertaining to the naval service, except after consultation with, and clearance by, a Naval Public Relations Officer. You are accountable for censored information which you may communicate in any form. Do not talk to anyone concerning the questioning of prisoners of war, ship movements, or other vital information pertaining to the naval or military services.
4. Inform yourself of train schedules and make allowances for delays. Missing train connections is not an excuse for overleave. Train and bus schedules and connections are frequently unreliable. DO NOT BE A. O.L.
5. Cooperate with Shore Patrol and Military Police at all times, particularly on trains. Misconduct will be cause for disciplinary action. You are subject to orders of your superior officers in all branches of the armed services.
6. Requests for extension of leave will be granted only for emergency reasons. If necessary to request an extension, communicate with your commanding officer by telegram or letter. IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.
7. In case of serious illness or injury incurred while on leave, requiring medical attention or hospitalization, report facts to your commanding officer by telegram, and request instructions.
8. Correct telegraphic address of your ship or station is:

I have _____ and understand the foregoing instructions.

U. S. Naval Hospital

Seattle, Washington

(Rate)

Harry A. Schreiber

HA.1/c. USNR.

HF:#86 U.S. NAVAL HOSPITAL NAVY NO. 10 (one zero) INFORMATION FOR MAIL DESK
Jacket# 32177 % FLEET POST OFFICE SAN FRANCISCO, CALIF.

1. SEND TO: U.S. NAVAL HOSPITAL, SEATTLE, WASHINGTON
2. RECORDS OF THIS COMMAND INDICATE SUBJECT NAMED MAN RECEIVED ON(7 8 44)
3. TRANSFERRED TO THE ACTIVITY UNDER YOUR COMMAND ON (8 18 44)
4. FOR FURTHER TRANSFER TO _____
5. RECORDS SENT TO THIS ACTIVITY IN ERROR. ()
6. SUBJECT NAMED MAN NEVER RECEIVED AT THIS ACTIVITY. ()

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

1204

SYMBOLS

DL=Day Letter
NT=Overnight Telegram
LC=Deferred Cable
NLT=Cable Night Letter
Ship Radiogram

A. N. WILLIAMS
PRESIDENT

NEWCOMB CARLTON
CHAIRMAN OF THE BOARD

J. C. WILLEVER
FIRST VICE-PRESIDENT

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

F J B 6 COLLECT

SEATTLE WASH 515PM

HARRY A SCHREIBER

NEW SALEM N D

LEAVE EXTENDED TO DECEMBER 27TH

C O USNAVAL HOSPITAL SEATTLE

640PM

THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

U. S. NAVAL HOSPITAL
SEATTLE, WASHINGTON

STANDARD LEAVE FORM

P. 477-45

12 November 1944

Date

To: SCHREIBER Harry A. Ha.1/c. 730 23 98 USNR
(Name) (Rate) (Service number)

Subject: Leave.

1. You are hereby granted 30 days leave and 0 days travel time,

Commencing: 0800 12 November 1944
(Hour) (Date)

Expiring: 0800 12 December 1944
(Hour) (Date)

to report upon expiration to this command, or such other point as may be specifically designated below:

None

(Insert "none" if appropriate. Otherwise indicate where to report, with specific instructions as to disposition upon returning from leave.)

2. It is understood that your address while on leave will be:

Box Three Zero Four (304) New Salem, North Dakota.

3. Comply with instructions on reverse hereof:

M. E. KEMUR, Jr.

(Authenticating signature)

Lieut. (HC) USN Personnel Officer
(Rank and title)

DEPARTED: 1000
(Hour)

11-12-44
(Date)

[Signature]
(Signature of OOD)

RETURNED: 0930
(Hour)

12-29-44
(Date)

[Signature]
(Signature of OOD)

(READ INSTRUCTIONS ON REVERSE SIDE)

Aug 7

INSTRUCTIONS FOR ENLISTED PERSONNEL ON LEAVE

1. Leave is granted subject to immediate recall; therefore, maintain communication with your leave address. Keep papers in your possession at all times.
2. It is understood you have sufficient funds to defray your expenses on leave, including round-trip transportation or necessary funds therefor. Each case of transportation obtained from recruiting stations, or other naval activities, by personnel on leave, will be investigated, and where no urgent necessity was apparent in applying for transportation request, disciplinary action will be taken. HITCHHIKING BY NAVAL PERSONNEL ON LEAVE IS FORBIDDEN.
3. You are directed not to participate in press conferences, talk to reporters or other individuals, or talk over the radio, on matters pertaining to the naval service, except after consultation with, and clearance by, a Naval Public Relations Officer. You are accountable for censored information which you may communicate in any form. Do not talk to anyone concerning the questioning of prisoners of war, ship movements, or other vital information pertaining to the naval or military services.
4. Inform yourself of train schedules and make allowances for delays. Missing train connections is not an excuse for overleave. Train and bus schedules and connections are frequently unreliable. DO NOT BE A. O.L.
5. Cooperate with Shore Patrol and Military Police at all times, particularly on trains. Misconduct will be cause for disciplinary action. You are subject to orders of your superior officers in all branches of the armed services.
6. Requests for extension of leave will be granted only for emergency reasons. If necessary to request an extension, communicate with your commanding officer by telegram or letter. IF NO REPLY IS RECEIVED, YOU WILL CONSIDER YOUR REQUEST NOT GRANTED.
7. In case of serious illness or injury incurred while on leave, requiring medical attention or hospitalization, report facts to your commanding officer by telegram, and request instructions.
8. Correct telegraphic address of your ship or station is:

U. S. Naval Hospital Seattle, Washington

I have _____ and understand the foregoing instructions.

Harry A. Schreiber
Harry A. Schreiber
(Name)

HA.1/c. USNR.
(Rate)

Departed on leave 12 November 1944.

Returned from leave 0930 29 December 1944.

Leave extended to 27 December 1944. Overleave excused at Executive Officer's Mast.

M. E. Elizur, Jr.
M. E. ELIZUR, Jr.
Lieut. (RC) USN
Personnel Officer

1/19/45 1320

STANDARD TRANSFER ORDER

U.S. NAVAL HOSPITAL, SEATTLE, WASHINGTON
(Ship or Station)

1-19-45
(date)

AUTHORITY: BuPers ltr Pers 6303 DW 12 P16-3/MM dated 5-27-44.

TO: SCHREIBER, Harry Allison HAlc, 730 23 98, V-6, USN
(Name, rate, service number, class, etc.)

Belonging Officer

FF (HC) 024

(If in charge of draft, indicate names, etc., or specify number in draft whose names and other data are listed on separate page.)

1. Proceed, as your transportation may direct, and report as indicated below:
ULTIMATE DESTINATION AND NATURE OF DUTY

U.S. NAVAL HOSPITAL, SEATTLE, WASHINGTON FURAS to limited duty ashore within the continental limits of the United States in a billet not requiring use of left upper extremity.

INTERMEDIATE REPORTINGS AND DEPARTURES
(Indicate hour and date)

Report to: _____
Reported: _____ Signature: _____
Departed: _____ Signature: _____

Report to: _____
Reported: _____ Signature: _____
Departed: _____ Signature: _____

Report to: _____ CC: USNH, SEATTLE, WN.
Reported: _____ Signature: BuM&S
Departed: _____ Signature: BuPers
File

ULTIMATE DESTINATION REPORTING

Reported: (1320) 19 January 1945 Signature: L. B. TRACY, Chief Pharm., U.S.N.
By direction

2. You will be governed by general, special, and supplemental instructions, as applicable, shown on reverse of transfer order.

3. Records and accounts are handed you herewith, for delivery to ultimate destination, in accordance with Article D-7008, Bupers Manual. Missing papers, if any are listed on separate page, indicating when, from where, and by what means, they will be forwarded.

4. Copy of transfer order is being mailed by this command direct to Ultimate Destination.

(OVER)

NAVAL RESERVE

SCHREIBER

HARRY ALLISON

(C. S. C. Number)

REPORT OF CASUALTY
NAVPER-2063

B-2 9/11/44

NAME (Last) (First) (Middle)		RANK OR RATING	BRANCH	STATUS	FILE OR SERV. NO.
SCHREIBER, Harry Allison		HALC V-6	USNR	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	730 23 98
CASUALTY CONTROL NO.	DUTY ATTACHMENT		PREVIOUS DUTY		
10751-A-7-3	1st Bn 24th Marines 4th Mar Div FMF		Repl Bn TC VAC		
STATE CREDIT (Street) (City) (County) (State)		NAVAL DISTRICT			
New Salem Morton North Dakota		+			
DATE OF BIRTH	PLACE OF BIRTH	RACE			
23 Dec 1925	New Salem N. D.	White			
DATE OF APPT. OR ENLIST.	PLACE OF ENLISTMENT (City) (State)	MARITAL STATUS	DEPENDENTS		
11 Jan 1943	Fargo N. Dak.	Single	Yes		
CASUALTY STATUS	CASUALTY CODE	ENEMY ACTION	DATE OF CASUALTY		
Wounded	0700	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	5 July 1944		
CAUSE OF CASUALTY	PLACE OF CASUALTY	AREA			
Enemy Action	Galapagos, Ecuador	Pacific			
NOTIFICATION OF NEXT OF KIN		(Indicate No.)			
<input type="checkbox"/> BY LOCAL ACTIVITY		<input checked="" type="checkbox"/> BY LETTER <input type="checkbox"/> BY BUPERS BY TELEGRAM			
NAME(S) OF NEXT OF KIN		RELATIONSHIP(S)	ADDRESS(ES)		
*Goldie Schreiber		Mother	New Salem North Dakota		
Paul Schreiber		Father	Same		

DATE 7 Sep 1944

SCHREIBER, Harry Allison HALC V-6 USNR X 730 23 98
10751-A-7-3 1st Bn 24th Marines
4th Mar Div FMF
New Salem Morton North Dakota
23 Dec 1925 New Salem N. D.
11 Jan 1943 Fargo N. Dak.
Wounded
Enemy Action
0700
Single
Yes
5 July 1944
Pacific
*Goldie Schreiber
Mother
New Salem North Dakota
Paul Schreiber
Father
Same

Name SCHREIBER, Harry Allison

(Name in Full, Surname to the Left)

730 23 98

(Service No.)

Rate

HALC V6 USNR

Date Reported Aboard:

1-19-45

USNH, Seattle, Washington

(Present Ship or Station)

USNH, Seattle, Washington (Patient Status)

(Ship or Station Received From)

3-5-45: Semi-annual examination in accordance with BuPers - BuMed. joint letter 44-405 of 30 March 1944.

Examined and found physically qualified for continuation of limited duty ashore only.

F. C. Hill

F. C. HILL

Captain (MC) USN

Acting MedOff in Command.

Date Transferred

To

Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

DUPLICATE

FOR BuPers ENLISTED MAN'S JACKET

Name SCHREIBER, Harry Allison

(Name in Full, Surname to the Left)

730 23 98

(Service No.)

Rate

HALC V6 USNR

Date Reported Aboard:

19 January 1945

USNH SEATTLE, WASHINGTON

(Present Ship or Station)

USNH SEATTLE, WASHINGTON (PATIENT STATUS)

(Ship or Station Received From)

30 May 1945

Awarded Presidential Unit Citation this date for outstanding performance with the FOURTH MARINE DIVISION (REINFORCED) in combat during the seizure of the Japanese-held islands of Saipan and Tinian in the Marianas from 15 June to August 1, 1944.

Auth: BuPersLtr Pers-68-emr of 22 May, 1945.

F. C. Hill

F. C. HILL

Captain (MC) USN

Medical Officer in Command.

Date Transferred

To

Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

DUPLICATE

FOR BuPers ENLISTED MAN'S JACKET

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALC, V-6, USN
(Service No.)

Date Reported Aboard: 8-26-44

U.S. NAVAL HOSPITAL, SEATTLE, WN.
(Present Ship or Station)

AIEA HEIGHTS, T.H.
(Ship or Station Received From)

1-19-45: Treatment completed. Transferred this date to the UNITED STATES NAVAL HOSPITAL, SEATTLE, WASHINGTON FURAS to limited duty ashore within the continental limits of the United States, in a billet not requiring use of left upper extremity, in accordance with BuPers ltr Pers 6303 DW 12 P16-3/MM dated 5-27-44. Sickness is not result of own misconduct.

Date Transferred 1-19-45

To U.S. NAVAL HOSPITAL, SEATTLE, WN.
M.T. BOONE
M.E. KEIZUR, JR.
Signature and Rank of Commanding Officer.
by direction

Date Received Aboard: 19 January 1945

USNH S EATTLE, WASHINGTON
(New Ship or Station)

USNH SEATTLE, WASHINGTON (PATIENT STATUS)
(Last Ship or Station)

J. T. BOONE, Capt. (MC) USN (LBT)
Signature and Rank of Officer Authorized to Sign

DUPLICATE
 FOR BuPers ENLISTED MAN'S JACKET

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALC V6 USNR
(Service No.)

Date Reported Aboard: 19 January 1945

USNH SEATTLE, WASHINGTON
(Present Ship or Station)

USNH SEATTLE, WASHINGTON, (PATIENT STATUS)
(Ship or Station Received From)

21 February 1945 CAPTAIN'S MAST

OFFENSE: A.O.L. from 2200, 20 February, 1945 until 0645 21 February, 1945, a total period of ten (10) hours and 45 minutes.
 PUNISHMENT: Awarded ten days confinement and ten days extra police duties.

J. T. BOONE,
 Captain (MC) USN,
 Medical Officer in Command.

Date Transferred _____

To _____

Signature and Rank of Commanding Officer.

Date Received Aboard: _____

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

DUPLICATE
 FOR BuPers ENLISTED MAN'S JACKET

Name SCHREIBER, Harry Allison
(Name in full, surname to the left)730-23-98 rate HAle V6 NR
(Service number)Date reported aboard 4-29-441st Bn., 24th Marines, 4th Mar. Div., FMF.C/O FPO., San Francisco, Calif.
(Present ship or station)Repl. Bn. TC..V Amph. Corps.
(Ship or station received from)

14 August, 1944:

Recommended this date for the award of the Bronze Star for "distinguishing himself by Meritorious achievement while serving with a Marine Rifle Company."

10-31-44:

Transferred to USNH #10 as patient as of 18 August, 1944.

AUTH: Div. Trans. Order #378-44, dated 30 October, 1944.

Date transferred 10-30-44To USNH #10

PAUL S. FREITEL, Major USMC
Signature and rank of Commanding Officer.

Date received aboard _____

(New ship or station)

(Last ship or station)

Signature and rank of Commanding Officer.

TRIPLICATE

FORWARD TO BuPers IMMEDIATELY UPON TRANSFER

16-22321-2

Name SCHREIBER, Harry Allison
(Name in full, surname to the left)730-23-98 rate HAle V6 NR
(Service number)Date reported aboard 4-29-441st Bn., 24th Marines, 4th Mar. Div., FMF.C/O FPO., San Francisco, Calif.
(Present ship or station)Repl. Bn. TC..V Amph. Corps.
(Ship or station received from)

14 August, 1944:

Recommended this date for the award of the Bronze Star for "distinguishing himself by Meritorious achievement while serving with a Marine Rifle Company."

10-31-44:

Transferred to USNH #10 as patient as of 18 August, 1944.

AUTH: Div. Trans. Order #378-44, dated 30 October, 1944.

Date transferred 10-30-44To USNH #10

Paul S. Freitel, Major USMC
Signature and rank of Commanding Officer.

Date received aboard 7.8.44

NAVAL HOSPITAL,
41EA HEIGHTS, T. H.

(New ship or station)

1st, Bn. 24th Marines, 4th Mar. Div., FMF

(Last ship or station)

W. HARGRAVE, CAPT. (Maj.) USMC
Signature and rank of Commanding Officer.

DUPLICATE

FOR BuPers ENLISTED MAN'S JACKET

16-22321-2

Name **SCHREIBER, Harry Allison**
(Name in Full, Surname to the Left)

730 23 98 Rate **HALC V6**
(Service No.)

Date Reported Aboard: **7-8-44**

USNH AIEA HEIGHTS, T.H.
(Present Ship or Station)

Hdq. Co. 1st Bn. 24th Mar
(Ship or Station Received From)

AUG 18 10AM

Transferred the date to a U.S. Government Transport for further transfer to a U.S. Naval Hospital on the mainland, without formal medical survey in accordance with E. Pers Circular Letter 99-44 of March 31 1944.

Date Transferred **8-18-44**

To **USGT FFT NAVAL HOSPITAL MAINLAND**

J. W. COMBS, LL (HC), USN,
Personnel Officer,
By direction of the Commanding Officer.

Signature and Rank of Commanding Officer.

Date Received Aboard: **8-26-44**

USNH, SEATTLE, WN.

(New Ship or Station)

USNH, AIEA HTS, T.H.

J.T. BOONE

Signature and Rank of Commanding Officer.

DUPLICATE

J.W. O'DONNELL
By direction

Name **SCHREIBER, Harry Allison**
(Name in full, surname to the left)

730 23 98 Rate **HALC V6 NR**
(Service number)

Date reported aboard **4-29-44**

1st Bn., 24th Marines, 4th Mar. Div., FMF.
C/O FPO., San Francisco, Calif.

(Present ship or station)

Repl. Bn., TC., V Amph. Corps.

(Ship or station received from)

Participated in the Battle of Saipan, Marianas Islands from 15 June, 1944 until evacuated for wounds sustained in action 26 June, 1944.

Embarked aboard the U.S.S. CALVERT at Maui, T.H. on 10 May, 1944 and sailed therefrom on 11 May, 1944. 11-13 May at Honolulu, T.H. Sailed therefrom on 14 May. 14-19 May at sea on Maneuvers in Hawaiian Area. 20-28 May at Pearl Harbor, T.H. Sailed therefrom 29 May and arrived at Eniwetok, Marshall Islands on 8 June, 1944. 8-10 June, 1944 at Eniwetok, Marshall Islands. Sailed therefrom 11 June, and arrived and disembarked at Saipan, Marianas Islands on 15 June, 1944.

Date transferred

To

R.N. FRICKE Major USMCR (RH)
Signature and rank of Commanding Officer.

Date received aboard

(New ship or station)

(Last ship or station)

Signature and rank of Commanding Officer.

TRIPlicate DUPLICATE

FORWARD TO BuPers IMMEDIATELY UPON TRANSFER

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALC V6 USNR
(Service No.)

Date Reported Aboard: 3-13-44

REPL. BN., T.C., V A.C.
(Present Ship or Station)

44th REPL. BN.
(Ship or Station Received From)

3-13-44:

"Serving outside continental United States this date."

AUTH: ALNAV 32

J.T. IRWIN,
MAJOR, USMCR.,
COMMANDING.

TRAN: -----
AUTH: TCTO 248-44

Date Transferred 4-28-44

To 4th MAR. DIV., FMF.

(GLA) G.L. ANDERSON, CAPTAIN, USMCR.
Signature and Rank of Commanding Officer.

Date Received Aboard: 4-29-44

1st Bn, 24th Marines, 4th Mar. Div., FMF.
(New Ship or Station)

REPL. BN., T.C., VAC.
(Last Ship or Station)

M.C. SCHULTZ, LT. COL., USMC. (RH)
Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

Name SCHREIDER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALC V6
(Service No.)

Date Reported Aboard: 7-8-44

USNI AIEA HEIGHTS, T.H.
(Present Ship or Station)

Hdq. Co. 1st Bn. 24th Mar
(Ship or Station Received From)

AUG 18 1944

date to a U.S. Government Transport for further transfer to a U.S. Naval Hospital on the mainland, without formal medical survey in accordance with BuPers Circular Letter 99-44 of March 31 1944.

Date Transferred 8-18-44

To USGT PFT NAVAL HOSPITAL MAINLAND

W COMBS, LT (MC), USN,
Personnel Officer,
By direction of the Commanding Officer
Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer

TRIPLICATE

FORWARD TO BuPers IMMEDIATELY UPON TRANSFER

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALC. V6 USNR.
(Service No.)

Date Reported Aboard: 12-24-43
Trng Detach., Fld Med Sch Bn., FMFTC.,
CAMP ELLIOTT, SAN DIEGO, CALIF.
(Present Ship or Station)

USNCH, SUN VALLEY, KETCHUM, IDAHO.
(Ship or Station Received From)

FEB 4 1944

Completed prescribed course of training in Field Medical Service this date, and designated a "Qualified Assistant—Medical Field Service". BuM&S Certificate issued

AUTH: TOTO # 41-44 of 2-1044.

Date Transferred 2-14-44
44th Repl. Bn., FMFTC, Camp Elliott,
San Diego, Calif.
To
J.W. COLLINS Lt.(jg)(HC) USN
By direction: Signature and Rank of Commanding Officer.

Date Received Aboard: 2-15-44
44th Rep Bn, TC, Camp Elliott, Calif
(New Ship or Station)
Fld Med Sch Bn, TC, Camp Elliott, Calif
(Last Ship or Station)
L. H. Roach Lt. (jg)(MC) USNR
Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HALC V6 USNR
(Service No.)

Date Reported Aboard: 2-15-44

44th Rep Bn, TC, Camp Elliott, Calif
(Present Ship or Station)

Fld Med Sch Bn, TC, Camp Elliott, Calif
(Ship or Station Received From)

AUTH: TOTO 147-44

Date Transferred 3-13-44
To REPL. BN., T.C., V A.C.
JOHN K. LYNCH, MAJOR, USMC
Signature and Rank of Commanding Officer.

Date Received Aboard: 3-13-44
REPL. BN. TC. FIFTH A.C.
(New Ship or Station)
44TH REPL. BN.
(Last Ship or Station)
(GLA) J.T. IRWIN, MAJ. USM
Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

SERVICE SCHOOL RECORD

(Upon separation from school, place original in service record and send copy to (1) Bureau of Naval Personnel, (2) ship or station from which record was received.)

Name of man SCHREIBER, Harry Allison
Service No. 730-23-98 Rate HA1c NR
Date 2-4-44 *
Name and location of service school
FLD. MED. SCH. Bn. T.C. CAMP
ELLIOTT SAN DIEGO, CALIFORNIA
Ship or station from which sent to school

Entered class 12-20-43
Length of course 7-Weeks
Date of separation from school 2-4-44
Graduated number 44 in class of 85
Final mark 91 (0-100)—(62.5 is passing).

Did not graduate. REASON:

- ☐ Lack of educational foundation.
☐ Lack of ability to do practical work of specialty.
☐ Lack of application.
☐ Desire for other duty not based on demonstrated lack of ability.
☐ Disciplinary action.

Qualified (as ~~striker~~) (for duty as)

ASSISTANT IN MEDICAL FIELD
SERVICE

MARKS FOR COURSE
(To be filled in at school)

SUBJECT	MARK (0-100)
<u>MED. ORGAN.</u>	<u>98</u>
<u>MED. FLD. TACTICS</u>	<u>95</u>
<u>MED. FLD. EQUIP.</u>	<u>84</u>
<u>FLD. SANITATION</u>	<u>100</u>
<u>MILT. 1st AID</u>	<u>88</u>
<u>GEN. WARFARE</u>	<u>80</u>
<u>MILT. TOPO.</u>	<u>89</u>

*If Naval Reserve, state class.

H.M. MAVEETY, Capt. (MC) U. S. N.,
10 officer in Charge.

Name SCHREIBER, Harry Allison
(Name, Full, Surname to the last)
730 23 98 Rate HA2c V6 USNR
(Service No.)

Date Reported Aboard: June 15, 1943.
U.S. NAVAL CONVALESCENT HOSPITAL
Sun Valley, Ketchum, Idaho.
(Present Ship or Station)

USNH, PSNY, Washington.
(Ship or Station Received From)

11-29-43:

Transferred this date to
CG, FMF San Diego Area, Camp Elliot
San Diego for tra. and further
assignment to an FMF Unit for duty

Authority: BuPers ltr. Pers 630-pkf
dated 13, November 1943.

Date Transferred 29 November 1943
CG, FMF San Diego Area, Camp Elliot
To San Diego FRT to FMF Unit.

P.H. ROYCE, Captain (MC) USN
Executive Officer
(Signature and Rank of Commanding Officer)

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

TRIPPLICATE

FORWARD TO BuPers IMMEDIATELY UPON TRANSFER

9

Name **SCHREIBER, Harry Allison**
 (Name in Full, Surname to the Left)
 730 23 98 Rate **HA2c, V6 USNR**
 (Service No.)
 Date Reported Aboard: **5 8 43**
 US NAVAL HOSPITAL, PSNY, WN.
 (Present Ship or Station)
 USN HCS, FARRAGUT, IDAHO.
 (Ship or Station Received From)

6-14-43: Transferred this date to U.S. Naval Convalescent Hospital, Sun Valley, Idaho, for duty. Auth. Coml3 Ltr. Serial 266973-2 dated June 7, 1943.

Date Transferred **June 14, 1943**
 To **U.S. Naval Hospital, Sun Valley, Idaho.**
E.D. McMorries, CAPT, (MC), USN.
 Signature and Rank of Commanding Officer.

Date Received Aboard: **June 15, 1943.**
U.S. NAVAL CONVALESCENT HOSPITAL
SUN VALLEY, KETCHUM, IDAHO.
 (New Ship or Station)
USNH., SEATTLE, WASHINGTON.
 (Last Ship or Station)
E.T. O'CONNELL.
 Signature and Rank of Commanding Officer.

DUPLICATE
 FOR BuPers ENLISTED MAN'S JACKET

730-23-98 **SCHREIBER, Harry Allison**
 (Service No.) (Name in Full, Surname to the Left)
 Rate **HA2/c** USN ☐ RET. ☐ USNR ☒ **V-6**
 (Class)

Date Reported Aboard: **15 June 1943**
U. S. Naval Convalescent Hospital
Sun Valley, Ketchum, Idaho
 (Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: **HA1/c** **V-6**
 (Rate Abbreviation) (USNR Class)
 FROM: **HA2/c** **V-6**
 (Rate Abbreviation) (USNR Class)

Date Change Effected: **1 September 1943**

Authority and Remarks: **BuPers Ltr. 110-43,**
dated 26 June 1943.

Date Authority Received: _____

- ☒ Qualified in all respects as required by current BuPers instructions.
☐ Examination Report (Form B.N.P. 624) submitted (if required).
☐ For Petty Officers, Article 1275 NR read and appointment accepted.

CHANGE IN LONGEVITY FOR PAY PURPOSES

(Years)	(Mos.)	(Days)	Other Service*
(Years)	(Mos.)	(Days)	Naval Service
(Years)	(Mos.)	(Days)	Net Service completed on (Date)

*Act 6-16-42 & BuPers Statement of service filed in service record.

21

A. L. CLIFTON, Captain (MC), USN
 (Name and Signature of Commanding Officer)
 PART 3—Forward to BuPers Immediately
 For Enlisted Man's Jacket

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate S2c V6 USNR
(Service No.)

Date Reported Aboard: March 27, 1943

USN HCS, Farragut, Idaho
(Present Ship or Station)

USNTS Farragut, Idaho
(Ship or Station Received From)

Received for instruction.

5-7-43: Transferred this date.
AUTH: BuPers.Ltr.PERS-630-PKF-34
over NC 203 of April 23, 1943.

Date Transferred May 7, 1943.

To USNH, Bremerton, Washington

H.S. HARDING, Captain, (MC) USN.
Signature and Rank of Commanding Officer.

Date Received Aboard:

MAY 8 1943

U.S. Naval Hospital, Puget Sound, Wash.
(New Ship or Station)

USN HCS, FARRAGUT, IDAHO.
(Last Ship or Station)

E.D. McMorries,
CAPTAIN (MC), U.S.N.
Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

Name SCHREIBER, Harry Allison
(Name in Full, Surname to the Left)

730 23 98 Rate HA2c, V6 USNR
(Service No.)

Date Reported Aboard: 5 8 43

US NAVAL HOSPITAL, PSNY, WN.
(Present Ship or Station)

USN HCS, FARRAGUT, IDAHO.
(Ship or Station Received From)

6-14-43: Transferred this date to U.S. Naval
Convalescent Hospital, Sun Valley, Idaho,
for duty. Auth. Coml3 Ltr. Serial 266973-2
dated June 7, 1943.

Date Transferred June 14, 1943

To U.S. Naval Hospital, Sun Valley, Idaho.

E.D. McMorries, CAPT, (MC), USN. JWO'D
Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

TRIPLICATE
FORWARD TO BuPers IMMEDIATELY UPON TRANSFER

730 23 98

(Service No.)

SCHREIBER, Harry Allison

(Name in Full, Surname to the Left)

Rate S2c

USN

RET.

USNR

V6

(Class)

Date Reported Aboard: March 27, 1943.

USN, HCS. Farragut, Idaho

(Present Ship or Station)

CHANGE IN RATE OR RESERVE CLASS

TO: HA2c

(Rate Abbreviation)

V6

(USNR Class)

FROM: S2c

(Rate Abbreviation)

V6

(USNR Class)

Date Change Effected: May 7, 1943.

Authority and Remarks: AUTH: BuPers. Ltr. PERS-

67Mt over P17-2/MM of 1-22-43.

Date Authority Received:

☐ Qualified in all respects as required by current BuPers instructions.☐ Examination Report (Form B.N.P. 624) submitted (if required)☐ For Petty Officers, Article 1275 NR read and appointment accepted

CHANGE IN LONGEVITY FOR PAY PURPOSES

(Years) (Mos.) (Days) Other Service*

(Years) (Mos.) (Days) Naval Service to include

(Years) (Mos.) (Days) Net Service completed on

(Date)

*Act 6-16-42 & BuPers Statement of service filed in service record.

1419-43

C. W. Virtue

By direction of the Commanding
(Name and Signature of Commanding Officer)PART 3—Forward to BuPers Immediate
For Enlisted Man's Jacket

Name SCHREIBER, Harry Allison

(Name in Full, Surname to the Left)

730 23 98

(Service No.)

Rate

S2c V6 USNR

Date Reported Aboard: March 27, 1943

USN HCS, Farragut, Idaho

(Present Ship or Station)

USNTS, Farragut, Idaho

(Ship or Station Received From)

Received for instruction.

5-7-43: Transferred this date.

AUTH: BuPers. Ltr. PERS-630-PKF-34
over NC 203 of April 23, 1943.

Date Transferred May 7, 1943.

To USNH, Bremerton, Washington

H.S. HARDING, Captain, (MC) USN.

Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

TRIPLICATE

FORWARD TO BuPers IMMEDIATELY UPON TRANSFER

Name **SCHREIBER, Harry Allison**
(Name in Full, Surname to the Left)

730 23 98 Rate **S2c V6**
(Service No.)

Date Reported Aboard: **Jan. 12, 1943**

USNTS FARRAGUT, IDAHO
(Present Ship or Station)

NRS FARGO, NORTH DAKOTA
(Ship or Station Received From)

AUTH: BuPers ltr Pers 6330
JC/NC(843) of Dec 17, 1942

BuPers ltr Pers-6333-LOC
NC (843) of Jan. 15, 1943

Date Transferred **March 25, 1943**

To **HC Sch. Farragut, Idaho**

M. D. MacGREGOR, Commander
Signature and Rank of Commanding Officer. **USN**

Date Received Aboard: **MAR 27 '43**

USN.HCS.Farragut, Idaho
(New Ship or Station)

U. S. N. T. S. FARRAGUT, IDAHO
(Last Ship or Station)

H. S. HARDING, CAPTAIN (MC) USN
Signature and Rank of Commanding Officer.

DUPLICATE
FOR BuPers ENLISTED MAN'S JACKET

SERVICE SCHOOL RECORD

(Upon separation from school, place original in service record and send copy to (1) Bureau of Naval Personnel, (2) ship or station from which record was received.)

Name of man **SCHREIBER, Harry Allison**

Service No. **730 23 98** Rate **S2c V6 USNR**

Date **March 27, 1943** *

Name and location of service school
USN.HCS.Farragut, Idaho

Ship or station from which sent to school
U. S. N. T. S. FARRAGUT, IDAHO

Entered class **MAR 29 1943**

Length of course **6 weeks**

Date of separation from school **MAY 7 '43**

Graduated number **122** in class of **309**

Final mark **87.57** (0-100) (62.5 is passing).

Did not graduate. REASON:

- ☐ Lack of educational foundation.
- ☐ Lack of ability to do practical work of specialty.
- ☐ Lack of application.
- ☐ Desire for other duty not based on demonstrated lack of ability.
- ☐ Disciplinary action.

Qualified (as striker for) (for duty as) _____

MARKS FOR COURSE (To be filled in at school)

SUBJECT	MARK (0-100)
A. & P.	87
F. A. & M. S.	90
W. & M.	86
CHEM WARFARE	79
H. & S.	97
M. M.	83
NURSING	91

*If Naval Reserve, state class.

C. W. VIRTUE

Comdr. (MC) USN

U. S. N.,
Officer in Charge.

Name **SCHREIBER, Harry Allison**

NAME IN FULL, SURNAME TO THE LEFT

730 23 98 Rate **AS V-6**

SERVICE No.

Date Reported Aboard: **January 12, 1943**

USNTS, Farragut, Idaho

PRESENT SHIP OR STATION

NRS, Fargo, N. D.

SHIP OR STATION RECEIVED FROM

Application for National Service Life Insurance has been submitted by this man and was forward with letter of transmittal.

The substance of the contents of the Soldiers Sailors Civil Relief Act of 1940 and of Public Resolution No. 96, 76th congress has been explained to this man

Qualified as marksman on indoor range.

Qualified swimmer.

19 MAR 1943
Rating changed this date
to S2c, Auth: BuPers C/L 9

Date Transferred

To

J. J. MURPHY, Ensign, D-V S., U

SIGNATURE AND RANK OF COMMANDING

Date Received Aboard:

NEW SHIP OR STATION

LAST SHIP OR STATION

SIGNATURE AND RANK OF COMMANDING

ORIGINAL
FOR SERVICE RECORD

Name **SCHREIBER, Harry Allison**

(Name in Full, Surname to the Left)

730 23 98 Rate **S2c V8**

(Service No.)

Rate

Date Reported Aboard: **Jan. 12, 1943**

USNTS FARRAGUT, IDAHO

(Present Ship or Station)

NRS FARGO, NORTH DAKOTA

(Ship or Station Received From)

AUTH: BuPers ltr Pers 6330
JC/NC(843) of Dec 17, 1942

BuPers ltr Pers-6333-LOC
NC (843) of Jan. 15, 1943

March 25, 1943

Date Transferred

To

HC Sch. Farragut, Idaho

M. D. MacGREGOR, Commander
USN

Signature and Rank of Commanding Officer.

Date Received Aboard:

(New Ship or Station)

(Last Ship or Station)

Signature and Rank of Commanding Officer.

TRIPPLICATE

FORWARD TO BuPers IMMEDIATELY UPON TRANSFER

SERVICE SCHOOL RECORD

(Upon separation from school, place original in service record and send copy to (1) Bureau of Naval Personnel, (2) ship or station from which record was received.)

Name of man _____

Service No. _____ Rate _____

Date _____ Rate _____
*

Name and location of service school

Ship or station from which sent to school -----

Entered class _____

Length of course _____

Date of separation from school

Graduated number _____ in class of _____

Final mark ----- (0-100)—(62.5 is passing).

Did not graduate. REASON:

- ☐ Lack of educational foundation.
- ☐ Lack of ability to do practical work of specialty.
- ☐ Lack of application.
- ☐ Desire for other duty not based on demonstrated lack of ability.
- ☐ Disciplinary action.

Qualified (as striker for) (for duty as) _____

MARKS FOR COURSE
(To be filled in at school)

[illegible]

*If Naval Reserve, state class.

U. S. N.,
Officer in Charge.

16—9733-1

Name SCHREIBER, Harry Allison
(Name in full, surname to the left)

730-23-98 rate A5 V-6 --
(Service number) (USNR Class)

Date reported aboard January 21, 1943

U. S. NAVY RECRUITING STATION
FARGO, NORTH DAKOTA

(Present ship or station)

1st Enlistment

(Ship or station received from)

Enlisted this date in Class V-6
U.S. Naval Reserve for two (2)
years and placed on active duty.
Transferred to USNTS, Farragut, Wash
for training.

M.C. PETERS, Lt. (jg), USNR,
Officer-in-Charge.

Date transferred January 11, 1943

To USNTS, Farragut, Idaho

M.C. PETERS, Lt. D-V(S), USNR.
Signature and rank of Commanding Officer.

Date received aboard

USNTS, Farragut, Idaho

(New ship or station)

NRS Fargo, N. D.

(Last ship or station)

CLYDE R. NAIL

Lieut., (ig).

Signature and rank of Commanding Officer.

DUPLICATE

FOR BuPers ENLISTED MAN'S JACKET

16—30510-1

M. D. MacGregor, Commander, USM

Name SCHREIBER, Harry Allison
(Name in full, surname to the left)

730-23-98 rate AS V-6
(Service number) (USNR Class)

Date reported aboard January 11, 1943

U.S. NAVY RECRUITING STATION
FARGO, NORTH DAKOTA
(Present ship or station)

1st Enlistment
(Ship or station received from)

Enlisted this date in Class V-6
U.S. Naval Reserve for two (2)
years and placed on active duty.
Transferred to USNTS, Farragut, Idaho
for training.

M.C. PETERS, Lt. D.V(S), USNR.,
Officer-in-Charge.

Date transferred January 11, 1943

To USNTS, Farragut, Idaho

M.C. PETERS, Lt. D.V(S), USNR.
Signature and rank of Commanding Officer.

Date received aboard _____

(New ship or station)

(Last ship or station)

Signature and rank of Commanding Officer.

DUPLICATE

FOR BuPers ENLISTED MAN'S JACKET

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