

V67835
CONN

JAMES

RALPH

Six copies to be rendered to Naval Service Headquarters

40

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. IMPREGNABLE at SEA

Name CAHN, James Ralph
(Christian names in full)

Rank of Rating Ldg. Pwvl. Official No. T-67035 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Willeton, Alberta Date of Birth 7th December, 1914

Occupation in Civil Life Miller Religion United Church

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 24th August, 1943 - 16th April, 1945

Date of Death 16th April, 1945 Place of Death At Sea

Cause of Death Lost at sea - enemy action
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Mrs. Rhoda Pedersen Relationship Sister
9te. Ann, de Bellene
Address 7 St. Joseph Street,
Montreal, Quebec.

Date on which the above was informed by Ship Not known

Date on which death was registered with local Officials Not known

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality *****

Place of Burial ***** (if known) Date of Burial ***** (if known)

Location, Number, etc., of grave ***** (if known)

Undertaker employed ***** (if any)

If borne for discipline only, date D.S.Q. or invalided *****

[Signature]
Commanding Officer,

194

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

*Noted on file
mmv
30.5.45*

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.



Department of National Defence

915424

Naval Service

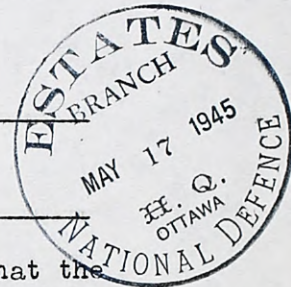
OTTAWA, ONT., 14th May, 1945

IN REPLY PLEASE QUOTE

N.S. V-67835 PERS(N)

FROM: Secretary, Naval Board,
Naval Service Headquarters,
Ottawa, Ont.

TO: Director of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.



Re: H.M.C.S. "ESQUIMALT" CASUALTIES

It is notified for your information that the following casualty in the Canadian Naval forces has been reported:

<u>NAME, RANK/RATING, OFFICIAL No., UNIT</u>	<u>PLACE, DATE & CAUSE OF DEATH</u>	<u>NAME & ADDRESS OF NEXT OF KIN</u>
James Ralph Conn, Leading Steward, O.N. V-67835, R.C.N.V.R.	Missing, presumed dead, to date 16 April, 1945, when H.M.C.S. "ESQUIMALT", was sunk by enemy action at sea.	Sister: Mrs. Rhoda Pederson, 7 St. Joseph Street, Ste. Anne de Bellevue, Que.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Nil	Nil	Nil	had



WILL: Attached.

H.B. Money

for SECRETARY, NAVAL BOARD.



TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

CR
ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.

C.R. D.P.R./5-2
P.A.
TREASURY OFFICE
DATE 16/5/45
INITIAL JRS

FORM "B"

FILE: N.S. V-67835 PERS(N)

45

15

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
OTTAWA, Canada.

14th May, 1945.
.....
(Date)

Sir:

The following casualty has been reported -

NAME CONN, James Ralph RANK or RATING Leading Steward NAVAL NO. V-67835 R.C.N.V.R.

DATE OF ENLISTMENT - 9 August, 1943 Active Service 27 September, 1943.

DATE OF DISCHARGE - 16 April, 1945.

HOSPITAL -
(If discharged in hospital under jurisdiction of D.P. & N.H.)

SERVICE - Canada & High Seas.
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere)

Reason for discharge and - DEAD. MISSING, Presumed Dead, when H.M.C.S.
when and where any disability "ESQUIMALT" was sunk by enemy action at sea.
was incurred, or where death occurred.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -
RELATIONSHIP Sister NAME - Mrs. Rhoda Pederson
ADDRESS - 7 St. Joseph St., STE. ANNE DE BELLEVUE, Que.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

P.A.'S CHECKED IN
C.R. BY JRS

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Nil		nil	

	<u>D. A.</u>	<u>A.P.</u>	<u>TOTAL</u>
Monthly rate: Nil	Nil	Nil	Nil

<u>TO Whom Paid:</u>	<u>Address</u>	
Nil		Nil

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: Nil

The final deduction of Assigned Pay for Nil has been made for the period from 1st to Nil of Nil 194

Remarks:

Computed by *[Signature]*
 Checked by *[Signature]*

Alec J. Roswell

for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

D OF D 16-4-45

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

CONN		James Ralph	V-67835	L. Stwd. (ty)	FILE No.
SURNAME (IN BLOCK LETTERS)		CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPATCHED:
---------	-----	------------------

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	3/90
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
M. IN D.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Oct. 45 "ESQUIMALT"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mrs. Rhoda V. Pederson - Sister

ADDRESS: 7 St. Joseph St.,
STE. ANNE de BELLEVUE, Que.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER deceased

ADDRESS:

MEMORIAL B R
DATE DESP.....
REGN. NO. 547

(2)

(3)



CANADA

2
Can. B. 207
150M-9-42 (6269)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined CONN James Ralph
candidate for entry as Officers Steward
and I believe him to be * $\left\{ \begin{array}{l} \text{in all respects fit for His Majesty's Service} \\ \text{unfit for His Majesty's Service for the reason stated below} \end{array} \right\}$ He has signed the Certificate given below in my presence.

†Strike out if inapplicable. *Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age	Yrs. 28 Mos. 9	(j) Date of last Vaccination	Childhood
(b) Height with bare feet	Feet 5 In. 7½	(k) General Development	Good
(c) Weight without clothes	149	(l) Nose, Throat and Tonsils	Tonsils atrophic
(d) Ears and Hearing	Rt. Lt. Normal	(m) Heart and Lungs	Normal
(e) Chest Girth	Max. 39 Min. 36½ Mean 37¾	(n) Abdomen Hernia, etc.	Rt ring relaxed otherwise normal
(f) Teeth	Deficient 5 Defective 0 Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses Rt. 6-6 Lt. 6-6 Both 6-6 with glasses where worn Rt. Lt. Both	(p) Skin	Vitiligo
(h) Colour Vision	Ishihara R.C.N. Lantern Normal	(q) Anus Haemorrhoids	Normal
(i) Chest x-ray	not taken approved positive doubtful 199693 D.P.M.H.	(r) Testes Varicocele	Normal
		(s) Urine	Not taken

B.P. 135-80

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

James Ralph Conn
Signature of Candidate

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

‡Strike out if inapplicable.

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of VITILIGO

* $\left\{ \begin{array}{l} \text{which renders him medically unfit for service,} \\ \text{not considered of sufficient importance to cause his rejection, he being desirable in other respects.} \end{array} \right.$

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Montreal the 3rd of August 19 43

L. Battersby
Examining Medical Officer
(Rank) Surg-Lieut. R.C.N.V.R.



CANADA

ATTESTATION FORM
 (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME CONN OFFICIAL No. V 67835
 CHRISTIAN NAMES James Ralph MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
2058 University Street, Montreal, Que.		United Church of Canada.
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
7th Dec 1914	Town Hillcrest	Sister, Mrs. J. Pederson, St. Anne de Bellevue, Que.
*Original Nationality of:		
Father Irish	County	
Mother Fr. Canadn	Province Alberta	

*If not the son of natural born British parents, particulars to be given at foot of next page.

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Fect. 5	Inflated 39	Dark Brown	Grey	Medium	None
Inches 7 1/2	Deflated 36 1/2				
149	Mean 37 1/2				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
7th year Public School	Waiter, Canadian Pacific Railway Co., Montreal, Que.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
Divisional Strength 9th August 1943.	STEWARD	H.M.C.S. "MONTREAL"

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Air Force, Reserve or Territorial Force.

* (b) I served in ~~XX~~ for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service when called and to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest naval establishment prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also, until called into active service, not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

(e) I have not been induced to enter as STEWARD by the prospect of being transferred at some future date to any other branch or rating.

Dated this 9th day of August 1943.

X Signature of applicant James Ralph Conn

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 9th

day of August 1943

My authority for attestation is RD 7-53-7 C, 26 July 1943.

Thom. Beuson
Signature and rank of Attesting Officer.
Sub-Lieutenant, RCNVR

(D) OATH OF ALLEGIANCE

I, James Ralph Conn do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

X Signature of Applicant James Ralph Conn

Witness Thom. Beuson

Date 9th August 1943 Rank Sub-Lieutenant, RCNVR

The Oath of Allegiance must be administered by a Commissioned Officer of the Naval Service.

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner,.....**Montreal**

.....Ottawa,.....**May 26th, 1945**

From.....Head Office.....

V-67835 L.STWD. CONN, James R.

~~Pxx&Nxx~~ H.D.V.A. 356-J

The Department of National Defence, **Naval Service**

officially reports that the marginally named was reported -
Dead, Missing, Presumed Dead, when H.M.C.S. "Esquimalt"
was sunk by enemy action at sea

on the ^{Date of death} **16th April, 1945** on service Canada & High Seas.

His next of kin is reported as - **Sister -**

**Mrs. Rhoda Pederson,
7 St. Joseph St.,
Ste. Anne De Bellevue, Que.**

The Addressograph Stencil shows payment of Assigned Pay of

\$ **Nil** a month to -

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/FD

E. Clewes,
for
Canadian Pension Commission.

CH

V67835

OFFICIAL NUMBER

FILE NUMBER

113-C-5069

OFFICIAL NUMBER

V67835

NAME CONN James, Ralph. DATE OF BIRTH 7th December, 1914
(Surname) (Given Names)PLACE OF BIRTH Hillcrest, Alberta. OCCUPATION WaiterRELIGION United Church of Canada EDUCATION 7 year Public school.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 2058 University Street, Town Montreal, Province, etc. Quebec.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
9	8	43	H.O.	5'7½"	D. Brown	Grey	Medium	None.				

NEXT OF KIN RELATIONSHIP (in pencil) Sister NAME (in pencil) Mrs. W. J. FergusonADDRESS (in pencil): Street and No. 7 St. Joseph St. Town Montreal Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
1	1	46	Posthumous Mention in Despatches.	25	5	44	Failed Prof. for I/Stwd.				
				5	10	44	Qual. anti-gas 2 days				
				24	1	45	Qual. prof. for ldg. Steward.				

BADGES, G.C. OR G.S.

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

FILM
NO. WAR 6080-5
DATE

Date (in figures)			DAYS FORFEITED					In diff. Char.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	

O.H.F. received.
Last Will & Testament #9619 Rec.

V67835 OFFICIAL NUMBER

NAME **CONN**
(Surname)

James, Ralph.
(Given Names)

OFFICIAL NUMBER **V67835**

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualif.			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS Montreal	Steward.	9	8	43	Montreal Div. Str.	V.G.	Sat.	31	12	43							
" " "Est."	"	27	9	43	DL 28-9-43 <i>quered</i>	V.G.	SUP 3	11	24	44							
" Chippawa	"	30	9	43	DL 1-10-43												
" Carleton	"	15	8	44	D.L. 15-8-55 #184 Pg. 1	V.G.	Supr.	16	4	45							
" Stadacona	"	28	9	44	DRD #288 Pg. 6												
" Esquimalt	"	17	10	44	DRD Sh. 291 Pg. 5												
DISCHARGED	"	16	4	45	"Dead" Sub. 22-5-45												

L STWD 010245 ALT 33273

GENERAL REMARKS

DATE OF BIRTH	PLACE OF BIRTH	CIVIL	OCCU.	RELI.	ED.	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE
DY. MO. YR.	BIRTH	MAIN	SUB.	GION		P. CTY. TOWN SECT.	DIV.	A BR. RSN
07 R 14	17	798	0	40	0	2 23 02	0 09	0 21 95
ACT. SERV. DATE	STR.	ACT. SERV. DATE	SHIP OR ESTAB.	RANK OR RATE				
DY. MO. YR.	DY. MO. YR. CAT.	DY. MO. YR.	A BR. RSN	A BR. RSN				
09 08 43			96 10	0 21 94				
GENIORITY	STR.	NON-SUB.	M.	CODED	CHECKED			
DY. MO. YR.	CAT.	A B ST.						
27 09 43	13 00 DD			63	63			

VERIFICATION FORM
 DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
 AL GENERAL SERVICE MEDAL (1915).

RATING *F. G. J. Smith* OFF. NO. *V. 6. 7832* ADDRESS

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	/	<i>None</i>
							ATLANTIC	/	<i>None</i>
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>Clasp</i>
							" CLASP		
							WAR 1945		<i>Medal</i>
							WAR 1915		

VERIFIED BY *[Signature]*
[Signature]

N.V. 17
GOM-9-42 (5943)
N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

James Ralph Conn

in the Royal Canadian Naval Volunteer Reserve

I.C.#N=106538

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>James Montreal</i>	<i>V-67835</i>

Date of Birth..... *7 December 1914* **O.H.F.**

Place of Birth..... *Hillcrest Alberta*

Place of Residence..... *2058 University St. Montreal*

Trade brought up to..... *Waiter*

Religion..... *United Church*

Can Swim:—P.P.T. Date *15th September 1943* Signature *J.R. Conn* Rank *SUB. LT. R.C.N.V.R.*

P.S.T. Date..... 19..... Signature..... Rank.....

Name and Address of Nearest Relative or Friend (in pencil)
Sister Mrs. J. Pedemore Ste-Anne de Belleme Que

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>9 Aug '43</i>	<i>DURATION of Hostilities</i>	<i>Stwd</i>	<i>15 April 45</i>		<i>Presumably awarded C.V.S.M. and clasps.</i>

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>7 1/2</i>	<i>37 3/4</i>	<i>149</i>	<i>Dark Brown</i>	<i>Grey</i>	<i>Med.</i>	<i>Nil</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	Montreal		<i>stud</i> <i>for</i>	<i>9 Aug '43</i>	<i>26 Sep '43</i>	
				<i>On Active Service</i>		
	Montreal		<i>Stud.</i>	<i>27 Sep '43</i>	<i>29 Sep '43</i>	
	Chippawa		<i>- - -</i>	<i>30 Sep '43</i>	<i>28 Nov '43</i>	
	Naden		<i>- - -</i>	<i>29 Nov '43</i>	<i>28 Nov '43</i>	
	"Chippawa"		<i>- - -</i>	<i>30 Sep '43</i>	<i>13 Aug '44</i>	
	Carleton		<i>- - -</i>	<i>14 Aug '44</i>	<i>26 Sept '44</i>	
	Stadacona		<i>- - -</i>	<i>27 Sep '44</i>	<i>16 Oct '44</i>	
	Stadacona (Esquimaux)		<i>- - -</i>	<i>17 Oct '44</i>	<i>31 Jan '45</i>	
			<i>Leg. Stud.</i>	<i>1 Feb '45</i>	<i>16 Apr '45</i>	<i>D.D. 33957</i>

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature

Year

Date
24 Jan

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name **James Ralph CONN**
 (Christian Names) (Surname)

Payee **Director of Estates for service estate of James Ralph CONN**
 Address **308 Sparks St. Ottawa, Ont. N.S.V. 67835**

Register No. **80,400**
 File No. **V67835**
 Date **7/7/45**
 Service No. **V67835**
 Final Rank or Rating **LDC-STWO**

Date of termination of overseas service **16 Apr '45** Date of Discharge **16 Apr '45**

A. TOTAL QUALIFYING SERVICE
 No. of days **568** equal to **18** complete periods at **7.50** 135.00 -

B. QUALIFYING OVERSEAS SERVICE
 No. of days **182** less **28** ineligible days equal to **154** days @ **25¢** per day 38.50 -

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	2.25 -	
Subsistence or Lodging and Provision Allowance	\$	1.25 -	
Additional Pay	\$.25 -	
Dependents' Allowance 1/30 of \$			
Total	\$	3.75 -	x 7 = \$ 26.25 -
No. of days		182	x \$ 26.25 = 26.10 -
		183	

D. WAR SERVICE GRATUITY 199.60 -

E. DEDUCTIONS
 OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
 OTHER DEDUCTIONS \$ *nil*

F. TOTAL AMOUNT PAYABLE 199.60

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ **199.60**
 Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<i>[Signature]</i>	6	<i>[Signature]</i>
2	<i>[Signature]</i>	7	
3	<i>[Signature]</i>	8	
4	<i>[Signature]</i>	9	
5	<i>[Signature]</i>	10	

N.S. V-67835, 12
71
7 May, 1945.

Dear Mrs. Pederson:

Further to my letter of the 25th of April, 1945, I regret to inform you that in view of the length of time which has elapsed since your brother, James Ralph Conn, Leading Steward, Official Number V-67835, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ESQUIMALT", the ship in which he was serving, the fact that all circumstances surrounding his loss have been carefully reviewed, and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 16th of April, 1945.

H.M.C.S. "ESQUIMALT", a Royal Canadian Navy minesweeper, was torpedoed and sunk by an enemy submarine while on operational duty off the east coast of Canada. One Officer and fifteen ratings were killed at the time of the disaster, four Officers and twenty four ratings are missing and now presumed dead, while two Officers and twenty four ratings survived the sinking.

The above information is now being released for publication.

The following is an excerpt from the report of a Canadian Naval Press Relations Officer who was in contact with survivors of the ill-fated ship.

"Struck by a torpedo on the starboard side, H.M.C.S. "ESQUIMALT" listed heavily, and sank stern first in a few minutes. The ship's list had the seaboard under water and flooded before it could be released from the davits, but carley floats were freed quickly before the ship went down, and those who escaped from the ship gathered on four of these floats.

"It was from the four floats that a sister Bangor minesweeper, H.M.C.S. "SARNIA", picked up the survivors nearly six hours later. Many who had reached the floats safely had died of exposure on the floats, from the soaking in the cold sea water, and sixteen bodies were taken aboard the rescue craft.

"In spite of the rapidity with which the ship heeled over and slid under the surface there was no panic or confusion", a surviving Officer reported. Everyone he had seen had been calmly and quickly abandoning ship.

"Many men had died in the floats, and their bodies were brought aboard H.M.C.S. "SARNIA" with the survivors.

"Artificial respiration was given to some of the unconscious men for hours after they were picked up, but only two men were revived."

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your brother has helped to maintain.

Yours sincerely,

RE
Deputy SECRETARY, NAVAL BOARD.

Mrs. Rhoda Pederson,
7 St. Joseph Street,
Ste. Anne de Bellevue, Quebec.

[Handwritten initials]

Ottawa, Canada

19 April, 1945.

Dear Mrs. Pederson:

It is with deepest regret that I must confirm the telegram of the 18th of April, 1945, from the Minister of National Defence for Naval Services, informing you that your brother, James Ralph Conn, Leading Steward, Official Number V-67835, Royal Canadian Naval Volunteer Reserve, is missing at sea due to enemy action.

From information available, little hope can be held for his survival and there is no possibility of his having been taken prisoner. For security reasons, this is the only information which can be released at this time.

Should no information be received to the contrary, an official presumption of his death will be made at a later date, when you will be informed. Please be assured, however, that as soon as any further news is received or more details can be released, you will be informed immediately.

It is requested that you will regard the name of the ship in which Leading Steward Conn was serving, together with the fact that she has been in contact with the enemy, as secret until an official announcement is made.

Please allow me to express the sincere sympathy of the Department with you in your anxiety.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Rhoda Pederson,
7 St. Joseph Street,
MONTREAL, P. Q.

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	AT SEA		Official name of civil municipality or township				Place an X over the word which applies to this municipality or this territory City Town Village Parish Township								
	Street	No.			Hospital or Institution											
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
	3. NAME OF DECEASED															
Surname		CONN														
(Block letters)																
Given names		James Ralph														
4. RESIDENCE	Street	2055 University Street No.														
	Official name of civil municipality or township	MONTREAL, Que.														
	Municipal county	Province														
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
Male	Canadian	Irish	Single													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country)		Hillcrest, Alberta														
11. DATE OF BIRTH		December	7,	1914												
		(Month)	(Day)	(Year)												
12. AGE OF DECEASED	Years	Months	Days	If less than one day old												
	30	3		hrs. or min.												
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.															
	Waiter, R.															
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.															
15. Date deceased last worked at this occupation																
16. Total years spent in this occupation																
17. NAME																
18. BIRTHPLACE (Province or Country)																
FATHER																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal																
No burial																
20. Date of burial																
19																
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church															
	(b) Civil municipality of															
(c) Municipal county																
(d) Date																
(Month)																
(Day)																
(Year)																
CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH																
22. Date of death																
April 16 1945																
(Month) (Day) (Year)																
23. I HEREBY CERTIFY that I attended deceased from																
19 to 19																
and last saw him alive on 19																
24. CAUSE OF DEATH																
I																
Immediate cause																
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.																
(a) DEAD, MISSING, Presumed																
due to																
dead, when H.M.C.S.																
(b) due to																
"ESQUIDALT" was sunk by																
(c) enemy action at sea.																
II																
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.																
III																
If a communicable disease is mentioned on this certificate, give																
(a) Date of appearance																
19																
(b) Duration of disease																
days																
25. If a woman, was there a puerperal condition?																
26. Was there a surgical operation? Date of																
19																
State findings																
Was there an autopsy?																
27. If death was due to external causes (violence) fill in also the following:—																
Accident, suicide or homicide																
Date																
19																
(State which)																
Manner of injury																
(How sustained)																
Nature of injury																
Specify whether injury occurred in industry, in home, or in public place																
Signed																
M.D.																
Address																
Date																
19																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)																
H.B. Money																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																
This signature authorizes the collector to accept this form as authentic.																
Commander (S) R.C.N.R. Director of Personnel Records, ICE HEADQUARTERS, Ottawa, Ont.																
(Voir l'autre côté pour le français)																
NAVAL SERV.																

DISTRIBUTION OF SERVICE ESTATES

MLH

Estates Form "P. 4"

KLE SEA

Name: CONN Surname James, Ralph Christian Names No.: NSV67835

L/Stwd Rank 0/S Unit 15/1/45 Date of Death

Date: 25-1-46

<u>AMOUNT</u>	<u>W.S.G.</u>	<u>199.60</u>
	L.P.C.....\$	<u>60.07</u>
		<u>17.62</u>
	Other Credits.....	
	Total.....	<u>277.29</u>
	Prev. Dist.	<u>77.69</u>
	This Dist.	<u>199.60</u>

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Sister	Mrs. Rhoda V. Pederson 7 St. Joseph St. St. Anne de Bellevue Quebec	199.60
		(Sole beneficiary under will)	

WSG

P4 TO TREAS.
FEB 12 1946

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	001	00	50	000	199.60
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(Signature)
.....
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date.....

The Estates Branch has received the following personal effects of

Name..... **V. 67835, L/stwr. COMM. S.**.....

1 Shirt
3 Collars
4 Pr. socks
8 Handkerchiefs
2 Pr. undershorts
2 Flannels
3 Cotton sweaters



Received the effects as listed

SIGNATURE.....

JG

DATE REC'D.....

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date *March 22nd/46*

The Estates Branch has received the following personal effects of

Name.....*V. 67835, L/Stwd, ...CONN. J.*.....

- 1 Shirt
- 3 Collars
- 4 Pr. socks
- 8 Handkerchiefs
- 2 Pr. undershorts
- 2 Flannels
- 3 Cotton sweaters



Received the effects as listed

SIGNATURE *Mrs. R. Loda. V. Pedersen.*

DATE REC'D. *March 16th/46.*

JG

NON QUALIFYING SERVICE

(#) Date	Reason	No. of Days	TOTAL	OVERSEAS
			SERVICE	SERVICE
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
Total days				

(%)
OVERSEAS SERVICE:

Where Serving ✓ From ✓ To ✓ No. of Days ✓
 ESQUIMALT ✓ 17th Oct. '44 ✓ 16th April '45 ✓ 182 ✓

2055
 1824
 181
 182

DEPARTMENT OF NATIONAL DEFENCE
 NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
 NAVY

DECEASED
 MEMBER'S
 NAME

AVA
 James, Ralph
 (CHRISTIAN NAMES)

CONN
 (SURNAME)

REGISTER NO. 80,400
 FILE NO. NSV-67835
 DATE 12 Nov 145
 SERVICE NO. V-67835
 FINAL RANK OR RATING L/stwd
 DATE OF TERMINATION OF OVERSEAS SERVICE 16 Apr 145
 DATE OF DISCHARGE 16 Apr 145

PAYEE Director of Estates FOR service Estate of
 ADDRESS 308 Sparks St. James, Ralph CONN
 Ottawa, Ont. NSV-67835

DATE OF TERMINATION OF OVERSEAS SERVICE 16 Apr 145 DATE OF DISCHARGE 16 Apr 145

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 568 EQUAL TO 18 COMPLETE PERIODS AT \$7.50

\$ 135.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 182 LESS 28 INELIGIBLE DAYS, EQUAL TO 154 DAYS @ 25C. PER DAY

38.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.25
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.25
 ADDITIONAL PAY HLM \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$ NIL

TOTAL \$ 3.75 X7 = \$ 26.25
 NO. OF DAYS 182 X \$ 26.25

26.10

D. WAR SERVICE GRATUITY

199.60

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
 OTHER DEDUCTIONS \$ NIL

F. TOTAL AMOUNT PAYABLE

J.V. NPA 194 Nov 19/45.

199.60

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 199.60

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH
 THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY		CHECKED BY		TREASURY	
DHJ		[Signature]		DATE	
				15.11.45	

SERVICE REPRESENTATIVE

Naval Pay Accounting

WILL

(1) I, James Ralph Conn, of His Majesty's Canadian Ship Montreal do hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH unto my Sister Mrs. J. Pedersen of St Ann's de Belleme Sub my entire estate

Relationship, names and addresses of beneficiaries, and what each is to receive.

9619

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto~~

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint Mrs J Pedersen St Ann's de Belleme House wife to be the Executor of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 9 day of August 1943

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

James Ralph Conn (Name)
Steward (Rank or Rating) V67835 (Official No.)

First witness sign here.

(5) Signature J. M. Hutchinson
Civil Address 3507 University St. Montreal, Que.
Civil Occupation Writer, RCNVR

Second witness sign here.

Signature W. C. Meares
Civil Address 1442 Sherbrooke St. W. Apt 5, Montreal.
Civil Occupation Writer, RCNVR

(Beneficiaries are not to be Witnesses.)

[OVER]

Noted in Service
Records by [Signature]
RECEIVED

Mrs. Rhoda Pederson,
7 St. Joseph Street,
Ste. Anne de Bellevue, Quebec.

Any further communication on this subject should
be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. NS V. 67835 FD 143

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

May 21 1945

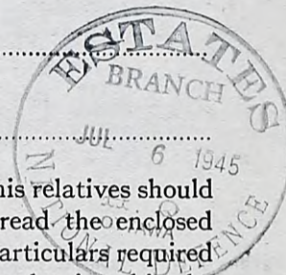
For the purpose of record and in the event of there being any Service estate
available for distribution (according to law) on account of the late

CONN, James Ralph, L/Stwd.

V.67835 R.C.N.V.R.

it is necessary that certain information regarding the deceased and his relatives should
be furnished the Estates Branch. You are asked therefore to read the enclosed
memorandum before completing pages 2 and 3 of this form. The particulars required
are to be carefully filled in and the Declaration on page 4 should then be signed in the
presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary
Public or a Commissioned Officer of any of His Majesty's Forces who should be asked
to complete and sign the Certificate. This form should then be returned to the above
address.

If there is insufficient space for complete particulars to be given opposite any
question on pages 2 and 3 of this form, the space under "additional remarks" on
page 4 should be used.



W. H. Smith Col.

HRW/JL

Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	<i>John Robert Conn</i>	<i>56</i>	<i>died April 8th/1921</i>
4	Mother of the Deceased.....	<i>Lillian Maude Conn</i>	<i>36</i>	<i>died Jan. 4th/1916.</i>
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	<i>Mrs Annie Vaughan 40</i> <i>Mrs Violet Crocker 38</i> <i>Mrs Daphne Mac Gillroy 32</i> <i>Mrs Rhoda Pedersen 30</i>	<i>Sunny Brae, N. B. Weymouth, Mass</i> <i>Weymouth, Mass</i> <i>Ste Anne de Belleme</i>
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	<i>Robert William Conn died at the age of three months. don't know the date.</i> <i>Mr Thomas Conn died Aug 3rd/1939</i>	<i>Thomas Jr. Conn. age eleven years.</i>		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	<i>James Ralph Brown.</i>
9	Date of his birth.	<i>December 7th 1910.</i>
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	<i>Cape Breton, Nova Scotia. (Don't know date.)</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Hillcrest, Alberta.</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) <i>Montreal, Que. 13 years.</i> (c) (d)
14	Nature of employment before enlistment.	<i>Waiter on C.P.R. Dining Car.</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<i>no</i>
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	<i>Had started a bank account in the bank of Montreal, Montreal, (I have no knowledge of) the amount.</i>
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	<i>2 Victory Bonds. Bearer?</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	<i>Insurance in the Brotherhood of Railroad Trainmen. Sum Benefit Beneficiary Mrs R. Joda Pedersen. \$2000.00</i>
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	<i>no.</i>
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Sister of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Rhoda Viretta Pedersen

{ Signature of Informant

7 St. Joseph Street, Ste. Anne de Bellevue, Que. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....

See above. { Name of informant } is the SISTER of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 4th day of July 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Kenneth Murray

Qualification West. (S.B.) R.C.N.U.R.

Address 206 St. James St. London Ontario.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

The address of each of the four Sisters of the deceased.

Mrs ~~George~~ Annie A. Vaughan
Second St.,

Sunny Ridge, N.B.

Mrs Violet Crocker,

85 Pleasant View Ave.,

Weymouth 88, Mass., U.S.A.

Mrs Daphne Mac Gillivray,
169 Pine St.,

Williston 70, Mass., U.S.A.

Mrs Rhoda Pedersen,

7 St. Joseph St.,

Ste. Anne de Bellevue, Que.

Dear Sirs:—

I have answered these questions to the best of my knowledge. I don't know the date and town in which our Parents were married as they died when we were just small children. My late Brother James Ralph Conn just had two Bonds to my knowledge. One was sent to me to put in the bank for him. One he had sent to his Sister Mrs Annie Vaughan. He also had a C.P.R. Pension Trust Fund. I don't know the exact amount. I think it's around fifty dollars.

LA/CM

48

N.S. V-67835, PERS.(N)

9 June, 1945.

THIS IS TO CERTIFY that according to official information James Ralph Conn, Leading Steward, Official Number V-67835, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 16th of April, 1945, due to enemy action when his ship, H.M.C.S. "ESQUIMALT", was torpedoed and sunk while on operational duty at sea.

SECRETARY, NAVAL BOARD.

Jms 3/9/45 *LA*

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full..... **CONN, James Ralph**..... (b) Reg'l. No. **67835**
2. (a) Arm of service..... **Navy**..... (b) Unit..... **ROWA**..... (c) Rank..... **Steward**
3. (a) Date of birth..... **7 Dec 1914**..... any dependents?..... **No**..... (c) Place of residence at time of enlistment..... **Montreal, Que.**
4. (a) Place of enlistment..... **Montreal, Que.**..... (b) Date of enlistment..... **9th Aug 1943**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... **14 years**..... (b) Were you attending school or college up to the time of enlistment?..... **No**
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)..... **7th year public school**
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... **No**..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?..... **English**..... (b) What languages do you read well?..... **English**

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were **WORKING** or **NOT WORKING** at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... (b) At time of enlistment of what trade union or professional society were you a member?..... **None**

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?.....
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
15. Give details of last employer, if any: Name..... Address.....
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer..... **Canadian Pacific Railway**..... Address..... **Montreal, Que.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... **Steam navigation**
20. (a) Your specific occupation..... **Waiter**..... (b) Number of years' experience at this occupation with any employer..... **8 years**
21. (a) Did your employer promise definitely to give you employment on discharge?..... **No**..... (b) Did your employer refuse to promise you employment on discharge?..... **No**..... (c) Do you wish to return to your former employment?..... **Yes**

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... **No**..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... **Resume former occupation.**

DATE..... **9th August 1943**..... 194..... SIGNATURE.....



Copy To
VWD
ES

AUG 14 1943

SERVICE

NAME *W* Wonn James Ralph

O.N.

V-67835

PRESENT RANK/RATING: Ldg.Stwd.

DATE TAKEN ON ACTIVE SERVICE: 27-9-43

SERVICE

SHIP OR ESTABLISHMENT

FROM

TO

HMC S Montreal (Div.Str.Montreal)	9-8-43	
" " (Act.Serv. ")	27-9-43	
" Chippawa	30-9-43	
" Carleton	15-8-44	
" Stadacona	28-9-44	
" Esquimalt	17-10-44	

IMPORTANT

(WILL): #9619

NAME & ADDRESS

OF NEXT OF KIN: Sister: Mrs. Rhoda Pederson,
7 St Joseph St. Ste. Anne de Bellevue, P.Q. O.K.
~~Montreal,~~

HAS DISCHARGE FOR ANY REASON
BEEN PREVIOUSLY APPROVED?

REASON:

DATE:

INITIALLED *MW*

DATE 20-4-45

SECTION: 3 R.C.NV.R

(TO BE COMPLETED IN INK)

AIR MAIL

N.S. V-67835.

25 April, 1945.

Dear Mrs. Pederson:

It is with deepest regret that I must confirm the telegram of the 18th of April, 1945, from the Minister of National Defence for Naval Services, informing you that your brother, James Ralph Conn, Leading Steward, Official Number V-67835, Royal Canadian Naval Volunteer Reserve, is missing at sea due to enemy action.

From information available, little hope can be held for his survival and there is no possibility of his having been taken prisoner. For security reasons, this is the only information which can be released at this time.

Should no information be received to the contrary, an official presumption of his death will be made at a later date, when you will be informed. Please be assured, however, that as soon as any further news is received or more details can be released, you will be informed immediately.

It is requested that you will regard the name of the ship in which Leading Steward Conn was serving, together with the fact that she has been in contact with the enemy, as secret until an official announcement is made.

A Registered Air Mail letter dated the 19th of April, 1945, confirming my telegram of the 18th of April, and addressed to Montreal was returned by the Post Office Department as the address was incorrect.

Please allow me to express the sincere sympathy of the Department with you in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

A/A DPR ✓
Mrs. Rhoda Pederson,
7 St. Joseph Street,
Ste. Anne de Bellevue, Quebec.