

V22776
BETEAU
HOWARD

GERAL

113-B-1497 8

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 HOWARD GERALD BETAUL (b) Reg'l. No. U22776
2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank OLD SEAMAN
3. (a) Date of birth OCT 7th 1919 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MIDLAND ONT
4. (a) Place of enlistment MIDLAND ONTARIO (b) Date of enlistment JAN 27th 1941

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (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.) 8 YEARS 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) WORKING (b) At time of enlistment of what trade union or professional society were you a member? CANADIAN SEAMANS UNION

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 CANADA STEAMSHIP LINES Address TORONTO ONTARIO
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) STEAMSHIP LINES
20. (a) Your specific occupation WATCHMAN (b) Number of years' experience at this occupation with any employer 3 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? NO

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? (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? NO
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 ELECTRICIAN

DATE APRIL 17th 1941 SIGNATURE H. G. Betaul



Copy To
VWD
ES

MAY 30 1947

Mrs. Joan E. Beteau.

325 Bay St. W.,

Midland. Ontario.

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 V22776 FD 302

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

4 Oct. 1945

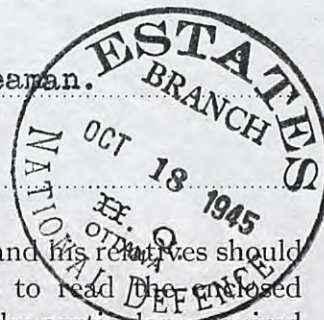
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

BETEAU.

Howard Gerald.

Able Seaman.

V22776 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.

Chas Smith Col.

HRW/IMF

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.....	<i>Joan Euphemia Beteau</i>	<i>21</i>	<i>325 Bay Street, Midland Ont.</i>
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	<i>Paul Beteau</i>	<i>55</i>	<i>18 Victoria St. Midland Ont</i>
4	Mother of the Deceased.....	<i>Agnes Beteau</i>	<i>53</i>	<i>18 Victoria St. Midland Ont</i>
5	Brothers of the Deceased	<i>Mark Beteau</i>	<i>32</i>	<i>222 Manning Ave Toronto Ont</i>
		<i>Basil Beteau</i>	<i>28</i>	<i>Owen Sound Ont</i>
		<i>Maurice Beteau</i>	<i>24</i>	<i>18 Victoria St. Midland Ont</i>
		<i>Bernard Beteau</i>	<i>20</i>	<i>R.C. AF Overseas</i>
6	Sisters of the Deceased			
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

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Howard Gerald Beteau
9	Date of his birth.	October 7 th 1919
10	Place and date of his marriage.	May 7 th Midland Ont. 1943
11	Place and date of his parents' marriage.	Pontanguichene Ont August 12, 1912

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Midland Ontario
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) Midland Ontario (c) (d)
14	Nature of employment before enlistment.	Can. Steamship Lines
15	State whether he owned the premises in which he lived, and, if so, where situated.	no.
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	no
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?	no
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	no
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	5.00 325 Bay Street Midland Ont.
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Ins. Co., 2 policies 1000. ea. Beneficiary Jan & Beteau
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.	no
----	--	----

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

* Widow 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.

Joan Euphemia Beteau

{Signature of Informant

325 Bay St. Highland Park

Address

CERTIFICATE

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

*See above.

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

Dated at

Medford this

16th

day of

October

1948

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

[Signature]

Qualification

a Notary Public

Address

Medford, Ont.

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



P 16987

N. V. 5

25M-9-40 (6793)
N.S. 815-11-5

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BETEAU OFFICIAL NO. V 22776
CHRISTIAN NAMES HOWARD GERALD MARRIED, SINGLE OR WIDOWER SINGLE

PERMANENT ADDRESS		RELIGION
18 Victoria St., Midland, Ont.		Roman Catholic.
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
7 Oct. '19	Town Midland,	Mother:
	County	Mrs. Agnes Beteau,
	Province Ontario.	As above.
*Original Nationality of:		
Father British		
Mother British		

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 38	Brown	Brown	Med.	Scar on left shoulder blade.
Inches 5 1/4	Deflated 35				Scar on left first finger.
	Mean 36 1/2				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
29 Jan. '41	Ord. Sea.	Watchman:			
R.C.N.V.R. Division (or other establishment) at which enrolled	Toronto, Ont.	Canada Steamship Lines, Queen's Quay, Toronto, Ont.			

(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, Reserve, or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Personnel Records Division.
-----	-----	-----	
(c) I have never been rejected for or discharged from any account of unfitness.			1. Noted in Records
(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.			2. Index Card
			3. Non-Sub Card
			4. His Majesty's Forces
			5. Reneo Strip
			6. Pension Card
			7. _____
			8. _____
			DATE 17-2-41

(3) On being enrolled as a member of the.....
Royal Canadian Naval Volunteer Reserve, I undertake to 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 if called upon in time of war or emergency, and, if called into active service, 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 Divisional Commanding Officer or to Training Headquarters 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 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.

Dated this..... 29th day of..... Jan. '41

Signature of applicant..... *Howard Gerald Beteau*

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this..... 29th day of..... Jan. '41

..... *Reid*
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I,..... HOWARD GERALD BETEAU 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.

Signature of Applicant..... *Howard Gerald Beteau*

Witness..... *Reid*

Date..... 29 Jan. '41

Rank..... *LIEUTENANT R.C.N.V.R.*

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

(E) CERTIFICATE OF ATTESTING OFFICER

..... HOWARD GERALD BETEAU having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the..... Division of the R.C.N.V.R. or in the appropriate official documents.

..... *Reid*
Attesting Officer.

29 Jan. '41 194.....

R.C.N.V.R. Division..... *LIEUTENANT R.C.N.V.R.*
(or other establishment).....

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

15. H. Q.

P631055

19

Can. B. 207B

100M-3-41 (9882)
H.Q. 815-2-207

CERTIFICATE OF MEDICAL EXAMINATION OF OFFICERS, MEN AND BOYS, NAVAL SERVICE OF CANADA, ON DISCHARGE

(R.C.N. or Reserve Forces)

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

I, the undersigned, have examined BETEAU HOWARD A.B. V. 22776
(Name, rating, Official No.)
on discharge from the Royal Canadian Naval Service.

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

Age (Years / Months)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or re-vaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Throat, etc. (o)	Anus, Hemorrhoids, etc. (p)
25 yrs. 10 mos.	146 lbs.	5' 6" ft. ins.	Good	inches (a) maximum 37 (b) minimum 34 (c) mean 35½	right eye 6/12 left eye 6/12 Normal		Normal B.P. 120/80 X-Ray	Normal	Normal	Clear	Normal	Normal	13 deficient 0 defective N & T Normal	Normal

* Insert "App." (If positive or doubtful, a report of medical board on Form S. 227 is necessary.)

Hahn - sug 6-8-45

CERTIFICATE TO BE SIGNED BY CANDIDATE

Urine - alb. neg.
sug. neg.

I hereby certify that I have been fully examined (unclothed), that the findings have been read to me, that I am satisfied with the thoroughness of this examination, and that I do not claim to suffer from any disability due to or aggravated by service.

H. J. Beteau
325 Bay St. W.,
Midland, Ontario.
Signature of Candidate

(N.B.—When the officer or rating is subject to a defect not already noted on his Medical Form B.207 on entry, Medical Board of Survey Form M.F.B. 227 will be required.)

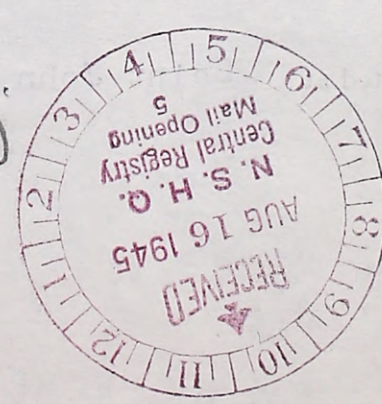
Dated at Saint John, N. B. the 1st of August 1945

Bruce Wells
Examining Medical Officer

P.A.'S CHECKED IN
C.R. BY [Signature]

(Rank) Surg. Lieut. R.C.N.V.R.

Q. 1



M-11-40 (7836)
N.S. 815-11-17

42

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-22776</i>
Halifax	Toronto	"
		"

Date of Birth 7 October 1919

Place of Birth Midland, Ont.

Place of Residence 18 Victoria St. Midland Ont

Trade brought up to Watchman

Religion Roman Catholic

Can Swim:—P.P.T. *Good* Date 24 Apr 1941

P.S.T. Date 19

Name and Address of Nearest Relative or Friend (in pencil)

Wife: Joan
32.5 Bay St. W.
Midland Ont
21-10-43

Signature *[Signature]* Rank *Sgt/Kent*

Signature *[Signature]* Rank

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	
	29 Jan. '41	Dur. Host.	Ord. Sea.		11 Mch. 44	Canadian Volunteer Service Medal 46 clasp - Provisional award. 1939-1943 "Star"
	\$100.00	P.C.G.	Paid			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	5 $\frac{1}{4}$	36 $\frac{1}{2}$	140 $\frac{1}{2}$	Brown	Brown	Med.	Scar on left shoulder blade. Scar on left first finger.
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

[illegible]

14 Jan. 44 - Granted 28-day Casual leave.
22 Sep. 44 S.C.D. H. B150997 21-2 Annual leave.

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)				CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature		
		VG	Sat. (A.B.)	31 Dec '41	Rymosher.		
		V.G.	Supr. (A.B.)	31 Dec '42	Rymosher.		
		V.G.	Supr. (A.B.)	31 Dec '43	J.R. Walker.		
		V.G.	Sat (AB)	31 Dec '44	W. H. H. H. H.		
		V.G.	Sat (AB)	23 Sep '45	S. M. H. H. H.		
R.C.N.V.R. GOOD CONDUCT AND GOOD SERVICE BADGES							
Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored				
9 Jan '44	G.C.B.	1st	Granted	A 2634			
TIME FORFEITED							
Date	P., D.C., C.P., or W.T.	No. of Days					
		Awarded	Served				

and this whole Form and Instructions
on other side before commencing to
complete. W I L L

C.N.S. 545
60M-7-43 (866)
N.S. 815-9-545

Address in
civil life

(1) I, HOWARD GERALD BETEAU, of the H.M.C.S. BARRIE of MIDLAND,
(Name in Full) (City, Town, Village, Township)
in the County of SIMCOE Province of ONTARIO, SAILOR. at pre-
District (Civil Occupation) X
sent serving in His Majesty's Canadian Ship BARRIE do hereby
revoke all former wills by me made and declare this to be my
LAST WILL.

Relationship,
names and
addresses of
beneficiaries
and what
each is to
received

(2) I GIVE, DEVISE AND BEQUEATH unto MY WIFE

MRS. JOAN E. BETEAU

325 BAY ST. W.

MIDLAND ONTARIO

ALL MY ESTATE

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

Relationship, situate unto

names and
addresses of
residuary

(4) I appoint MR. JAMES BATH 325 BAY ST. W. MIDLAND. ONT.
beneficiaries PLUMBER, to be the Executor of this my Last Will.
(Civil Occupation) ~~Executor~~

IN WITNESS WHEREOF I have hereunto set my hand this 16 day of
DECEMBER 1943

Signed, published and declared by the above-)
named testator as and for his last will and) sgd, "Howard Gerald Beteau"
testament in the presence of us both present) (Name)
at the same time, who at his request and in) Able Seaman V-22776
his presence have hereunto subscribed our) (Rank of Rating) (Official)
names as witnesses.) (No.)

First witness (5) Signature sgd. "N. Adams"
sign here.

Civil Address 121. Argyle St. Fredricton, N.B.

Civil Occupation Forestry Engineer.

Second witness Signature sgd. "D Metcalfe"
sign here.

Civil Address 62 Chestnut St Kingston Ontario

Civil Occupation Law Student

(Beneficiaries are not to be Witnesses.)

(over)



OTTAWA, November 24, 1945

972365

Mrs. Joan E. Beteau,
335 King Street,
Midland, Ontario.

A.S. (V-22776) Howard G. Beteau.

Dear Madam:

The Canadian Pension Commission has considered your application for pension and has authorized an award, effective from the date following your husband's death. This award has been granted in accordance with the provisions of the Pension Act, and the schedule provides for the following rates:

Widow: \$60.00 a month.

The records indicate that you have been receiving temporary payments of Dependents' Allowance which are subject to recovery from the pension award. Consequently the first cheque covering payment for the period from the first of the month following the casualty to the end of the current month will be sent to the Dependents' Allowance Board for adjustment.

If the temporary monthly payments were less than the pension rates you will receive an explanation and adjustment cheque from the Dependents' Allowance Board.

Commencing from the first of next month the Commission will assume responsibility for the issuance of your cheques, which are payable in arrears.

At or about the end of next month you will receive a statement of account with cheque for the monthly payment, plus any adjustment which may be due in respect of the month in which the casualty occurred.

If at any time you require information concerning pension matters, please do not hesitate to write to your district office of the Commission, which is situated at Prudential Building, 55 York Street, Toronto 1, Ontario.

May I be permitted to offer you the sincere sympathy of the Commission in your bereavement.

Yours faithfully,

Copy/Toronto D.O.
Copy/D.A.B.
EMCK

Copy/For the information of the Director
of Naval Pay Accounting.

W. E. Dexter,
Secretary.

NOTED
ESTATES CARD

NOV 29 1945

D.N.P.A. SECT. 11

NOTED
FBI
NOV 11 1945
ONLY

NOV 11 1945
N.S.H.D.
Central Registry
Mail Opening
3



Department of National Defence
Naval Service

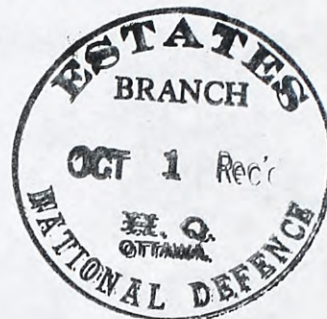
IN REPLY PLEASE QUOTE
N.S.V-22776, PERS(N)
NO. N°5

OTTAWA, Ontario, 25 September 1945.

1192865

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

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



In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

NAME, RANK/RATING, OFFICIAL NO., UNIT	PARTICULARS RE DEATH	NAME & ADDRESS OF NEXT OF KIN
BETEAU, Howard Gerald Able Seaman, V-22776, R.C.N.V.R. ✓	Passed away in Midland Hospital, Midland, Ontario, to date the 23rd of September, 1945, due to intestinal obstruction (post operative).	Wife: Mrs. Joan E. Beteau, 325 Bay St. W., MIDLAND, Ontario. ✓

IN FAVOR OF	ALLOTMENTS IN FORCE	AMOUNT	INITIALS
Mrs. Joan C. Beteau, 325 Bay St. W., Toronto, Ont.	D.A. \$37.20 A.P. 41.00 <u>78.20</u>		<i>hol</i>
Miss Pearl Forester, 197 Charlotte St., Sydney, N.S.	A.P. 10.00		

WILL: Attached. ✓

H.B. Money

for SECRETARY, NAVAL BOARD.



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Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. **"YORK"** at **TORONTO, Ontario**

Name **Howard Gerald BETEAU**
(Christian names in full)

Rank of Rating **Able Seaman** Official No. **V-22776**
(If unknown, date of first entry)

Place of Birth **Midland, Ontario** Date of Birth **7th October, 1919**

Occupation in Civil Life **Watchman** Religion **Roman Catholic**

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) **4 years, 7 months**

Date of Death **23rd September, 1945** Place of Death **St. Andrew's Hospital,
Midland, Ontario.**

Cause of Death **Acute Intestinal Obstruction with Gangrene of Bowel**
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name **Joan BETEAU** Relationship **Wife**
Address **325 Bay Street West,
MIDLAND, Ontario.**

Date on which the above was informed by Ship **Present at Death**

Date on which death was registered with local Officials **24th September, 1945**

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 **Lakeview Cemetery
MIDLAND, Ontario** Date of Burial **25th September, 1945**
(if known) (if known)

Location, Number, etc., of grave **Plot # 1, Section 16**
(if known)

Undertaker employed **R. E. Simpson, Limited**
(if any)

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

R. E. Simpson
Commanding Officer,
COMMANDER R.C.N.V.R.

10th October, 1945.

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

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.

C.N.S. 1121
15M-641 (831)
N.S. 815-9-1121

CNS. 249A. # 33376
DATED 7/Nov. '45

LA/YB

D.P.R., 5-2

FORM "B"

FILE: N.S. V-22776, PERS(N) 'N'5

DEPARTMENT OF NATIONAL DEFENCE

- Naval Service -

OTTAWA, Canada.

Sir:

.....25 September, 1945......
(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>BETEAU, Howard Gerald</u>	<u>Able Seaman</u>	<u>V-22776, R.C.N.V.R.</u>

DATE OF ENLISTMENT - 29 January, 1941 Active Service: 3 February, 1941.DATE OF DISCHARGE - 23 September, 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 - Died in Midland Hospital, Midland, Ontario, of
when and where any disability Intestinal Obstruction (Post Operative)(MC0926).
was incurred, or where death occurred.
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 - Wife NAME - Mrs. Joan E. BeteauADDRESS - 325 Bay St. W., Midland, Ontario.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.

C. R.

P. A.

TREASURY OFFICE

DATE 3/1/45INITIAL EP

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>
----------------------------	---------------------	----------------------------	--

Mrs Joan C. Beteau	wife		
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Mrs Pearl Forester	mother		
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	<u>D.A.</u>	<u>A.P.</u>	<u>TOTAL</u>
<u>wife</u>			
Month <u>rate</u> :	37.20	41.00	78.20
	Nil	10.00	10.00

<u>To Whom Paid:</u>	<u>Address</u>
Mrs Joan C. Beteau	325 Bay St. W. Toronto, Ont.
<u>Date of Enlistment</u> Mrs Pearl C. Forester	197 Charlotte St. Sydney N.S.

Date of Discharge:

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

September 30th, 1945.

The final deduction of Assigned Pay for 41.00 10.00 has been made for the

period from 1st to _____ of September 194

5.

REMARKS:

Computed by HW

Checked by R. Labouchere

for

Alec L. Boswell
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

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

27

OTTAWA, Ontario, 25 September, 5.

N.S. V-22776-PERS.(N)'N'5

Dear Sir:

The undermentioned Canadian Naval Casualty
is forwarded to you for transmission to the Inspector of
Income Tax concerned:

Name BETEAU Howard Gerald
BETEAU (name) Howard (Christian Names)

Rank/Rating Able Seaman

Official No. V-22776 Unit H.C.N.V.R.

Nature of Casualty Died of natural causes, in Midland Hospital,
Midland, Ontario.

Date of Casualty 23 September, 1945

Address at time of Enlistment 18 Victoria St., Midland, Ont.
.....

Marital Status at time of Enlistment Single

Occupation Watchman: Canada Steamship Lines, Queen's Quay, Toronto, Ont.

Name, Relationship, Address of Next-of-kin Wife: Mrs. Joan E. Beteau,
325 Bay St., W., MIDLAND, Ontario:

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

10 F-25-1/10/45
YB
DPR/5

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

4
NAVY

DECEASED
MEMBER'S
NAME

Howard Gerald
(CHRISTIAN NAMES)

BETEAU
(SURNAME)

REGISTER NO. 55182
FILE NO. V-22776
DATE 16 Dec/46
SERVICE NO. V-22776
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE 23 Sept/45

PAYEE
ADDRESS

Mrs. Joan E. Beteau,
325 Bay Street West,
MIDLAND, Ontario.

DATE OF TERMINATION OF OVERSEAS SERVICE 3 June/45
A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1694 EQUAL TO 56 COMPLETE PERIODS AT \$7.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1246 LESS N11 INELIGIBLE DAYS, EQUAL TO 1246 DAYS @ 25C. PER DAY

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 1.85
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45
ADDITIONAL PAY	1 G.C.B. \$.05
	A/L RIII \$.10
	\$

DEPENDENTS' ALLOWANCE 1/30 OF \$	<u>37.20</u>	\$ 1.24	
TOTAL	\$ 4.69	X7 = \$	32.83
NO. OF DAYS	<u>1246</u>	X\$	32.83

D. WAR SERVICE GRATUITY

E. DEDUCTIONS	OVERPAYMENT OF	PAY AND ALLOWANCES \$
		DEPENDENTS' ALLOWANCE \$
		AND ASSIGNED PAY \$
	OTHER DEDUCTIONS	\$ <u>N11</u>

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS—

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

Cheque No. 61629
Dec. 27/46 - Paid in full - \$955.03

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

Dir. of Naval Pay Accounting.

V22776

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 18 Victoria St. Town Midland Province, etc Ont.

DESCRIPTION

PREVIOUS SERVICE

ADDRESS (in pencil): Street and No. 325-34th St. N. Town Midland Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC

BADGES, G.C. OR G.S.

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

O.H.F. Received.
LAST WILL & TESTAMENT DATED 12-2-41-RECEIVED.
Last Will & Testament number 8575 received.
Last Will & Testament No. 17301.

SECOND CLASS FOR CONDUCT

From

To

W.S.C.
APPLICATION
55182
RECEIVED
F.L.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V22776

OFFICIAL NUMBER

NAME BETEAU
(Surname)

Howard, Gerald
(Given Names)

OFFICIAL NUMBER V22776

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Toronto	Ord. Smn.	29	1	41							L.R. III	10	7	41			
Duty Div. Hdqts.	" "	3	2	41													
"Stad"	" "	13	3	41		V.G.	Supr.	31	12	43							
"Barrie"	" "	10	8	41		V.G.	Sat.	31	12	44							
	Able Smn.	9	12	41	Rated. (249A/21470)												
Chambly	" "	4	4	42	5161 (217/92)												
Barrie	" "	13	5	42	Via Avalon 5161 (208333)												
Stadacona	" "	19	8	42	H.A.O. 87334 V.O. 00114-57												
Barrie	" "	29	11	42	DRD H-72												
Stadacona	" "	6	4	44	No. 118:P#7												
Hochelaga 11	" "	17	5	44	S#165:P#13												
Middlesex	" "	8	6	44	DRD #955												
(Stadacona)	" "	1	10	44	DRO #1200) CANCELLED 2010/06/22												
(Peregrine)	" "	8	6	44	DRO #1200:P#622												
Middlesex	" "	04	06	45	H.O. 6902 (Captor 11	1-8-45	H.D.O. #	17122)									
PEREGRINE	" "	04	08	45	H.O. 45107												
YORK	" "	23	9	45	"Dead" W/T 242201Z/9/45.												
DISCHARGED	" "																

GENERAL REMARKS

R.C.N.Hosp. 22-2-42 to
To Hosp. -1-13/5/42.
Canadian Memorial Cross Awarded to
Mother: Mrs. Mary A. Beteau,
18 Victoria St.,
MIDLAND, Ontario. 20-4-46.
Canadian Memorial Cross Awarded to
Wife: Mrs. Joan E. Beteau,
325 Bay St., W.,
MIDLAND, Ontario. 20-4-46.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK		
07	0	19	11	52	2	0	10	X	1	46	08	0	23	0		
ENLIST. DATE			ACT. SERV. DATE			ACT. SERV. DATE			SHIP OR			RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK				
27	01	41	03	02	41				16	0	0	08				
SENIORITY			STR.		NON-SUB		M		CODED			CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.										
09	12	41	13	08	00											

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR July 46

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Joan E. Beteau - Widow

ADDRESS: ~~325 Bay St., West,~~ 335 King St.,
MIDLAND, Ont.

(2) MEMORIAL CROSS

WIDOW Mrs. Joan E. Beteau

ADDRESS: 325 Bay St. West,
Midland, Ont.

(3) MEMORIAL CROSS

MOTHER Mrs. Mary A. Beteau

ADDRESS: 18 Victoria St.,
Midland, Ont.

MEMORIAL B.R.

(1)

DATE DESP

1950

REGN. NO.

(2) 20-4-46

(3) 20-4-46

DEPARTMENT OF VETERANS AFFAIRS

DOD 23-9-45

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

BETEAU	Howard Gerald	V-22776	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	7638
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)