V24916
RASMUSSEN
CLIFFORD JOHN

RCNVR Oct.45 "OTTAWA"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mr. John G. Rasmussen - Father

ADDRESS: 321 Berry St.,
ST.JAMES, MAN.

MEMORIAL BAR

(1) DATE DESP.

REGN. NO 253

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Gladys Rasmussen

ADDRESS: 321 Berry St. St. James, Man.

(3) 25-11-42

DEPARTMENT OF VETERANS AFFAIRS
D OF D 13-9-42

AWARDS NAVY

WAR SERVICE RECORDS
D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
RASMUSSEN	Clifford John	V-24916	O/S.	FILE No.

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star C.V.S.M. & Clasp War Medal	7647

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

V24916 OFFICIAL NUMBER | FILE NUMBER 113-R-1049 | OFFICIAL NUMBER V24916

NAME RASMUSSEN (Surname) Clifford John (Given Names) DATE OF BIRTH 12 July, 1922

PLACE OF BIRTH Portage La prairie OCCUPATION Student

RELIGION C. of E. EDUCATION Gradde 10

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 321 Berry St. Town St. James Province, etc Manitoba

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
31	7	41	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'11	brown	brown	fair	Three boil scars on right wrist

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Gladys

ADDRESS (in pencil): Street and No. 321 Berry St. Town St. James Province, etc. Man

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars
14	3	42	"Tr."

Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

FILM NO. WSR-5389-5
DATE

SECOND CLASS FOR CONDUCT

From	To

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

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

DAYS FORFEITED

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

O.H.F. Rec.

W.S.G. APPLICATION 12754 RECEIVED

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

V24916 OFFICIAL NUMBER | NAME N RASMUSSEN (Surname) Clifford John (Given Names) | OFFICIAL NUMBER V24916

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
Div. Str. Winnipeg	Ord. Smn	31	7	41		V.G.	Sat.	31	12	41	A.A.I.C.	14	5	42			
Duty Div. Hdqtrs	" "	1	10	41		V.G.		13	9	42							
Naden	" "	31	12	41													
Stadacona	" "	11	4	42	[illegible]												
Cornwallis	" "	1	5	42	[illegible]												
Stadacona	" "	15	5	42	[illegible]												
Ottawa	" "	16	5	42	[illegible]												
DISCHARG D	" "	13	9	42	"Missing, believed killed in action" Casualty List												

GENERAL REMARKS

X-ray app.
Can. Memorial Cross Awarded to
Mother: Mrs. Gladys Rasmussen
321 Berry St.,
St. James,
Man.
24 November, 1942

DATE OF BIRTH DY.	MO.	YR.	PLACE BIRTH	CIVIL OCCU. MAIN										RANK OR RATE ON ENLISTMENT A	BR	RANK
12	7	22	16	XXX		0	3	0	X	6	06	06	0	06	0	08	9S

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR	RANK
31	07	41	01	10	41	0350	0	08	9S

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B			CODED	CHECKED
01	10	41	09	18	00	30	13.09.42		HK

MEMORANDUM FOR

Mrs. Gladys Rasmussen,
321 Berry Street,
St. James, Man.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—
H.Q. 113-R-1049 FD.131

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 13, 1942. 194

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

RASMUS SEN, Clifford J. Ord.Smn.

No. V-24916, R.C.N.V.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(H.R. Wade (Lt.-Cdr.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

ESTATES BRANCH OCT 27 1942 H.Q. OTTAWA. NATIONAL DEFENCE

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

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 inquired for	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.....		John Christopher Rasmussen	52	321 Berry St St James Winnipeg
4	Mother of the Deceased.....		Gladys Rasmussen	46	"
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	Ruby Victoria Rasmussen	14	"
		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

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Clifford John Rasmussen
11	Give the month and year of his birth.	July 12th 1922.
12	Where and when were his parents married?	Oct. 2nd 1917 at Portage La Prairie
13	Was he ever married? If so, state exact place and date of marriage.	No
14	Did he leave a (later) Will? If so, it should be forwarded.	No
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	

PARTICULARS OF DOMICILE

16	Where was deceased born?	Portage La Prairie Manitoba
17	In what Province, Country or State did he reside, and in which last?	St James, Winnipeg Manitoba.
18	How long in each?	Resided in Manitoba until Dec 31st 1941 when he left for Vancouver with the Navy.
19	What was the nature of his employment?	No regular employment after he left school until he joined the Navy.
20	Did he own the house or homestead in which he lived? If so, where?	No
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	
22	State your postal address in full.	321 Berry St St James Winnipeg Manitoba

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Mother of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

Gladys Rasmussen — Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief (Mrs) Gladys Rasmussen {Name of Informant} is the * Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

*See above

Dated at St James Rectory, 191 College St. St James, Man. this 21st day of October 19 42

Signature of Clergyman, Priest or Magistrate ..... Qualification Clergyman.

Address 191 College St., St James, Manitoba.

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

1 0 7 2 1 9

N. V. 5
50M—1-41 (8973)
N.S. 815-11-5

NATIONAL DEFENCE
AUG 10 1941
N.S. 113 R1049
CANADA

CANADA

ATTESTATION FORM
(HOSTILITIES FORM)
FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME RASMUSSEN OFFICIAL NO. V. 24916

CHRISTIAN NAMES Clifford John MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
321 Berry St., ST. JAMES, Manitoba.	C. of E.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
12th July, 1922 *Original Nationality of: Father American Mother English	Town PORTAGE LA PRAIRIE County Province Manitoba.	Mother (Gladys RASMUSSEN) 321 Berry St., ST. JAMES, Manitoba.

*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
Feet 5' Inches 11"	Inflated 40 Deflated 36 Mean 37	Brown	Brown	Fair	Three boil scars on right wrist.

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade 10	Student.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
Divisional Strength 31st July, 1941.	O'Smn.	WINNIPEG DIVISION.

(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	TO

Personnel Records Division.
1. Noted in Records
2. Index Card
3. Non Sub. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE 20/8/41

(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.

R 37 817

(5) On being enrolled as a member of the WINNIPEG, MAN. Division 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 31st day of July, 1941.

Signature of applicant Clifford John Rasmussen

(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 31st day of July, 1941.

D.B. Mackenzie

Signature of and rank of Attesting Officer.
LIEUTENANT R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I, Clifford John RASMUSSEN 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 Clifford John Rasmussen

Witness D.B. Mackenzie

Date 31st July, 1941. 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

Clifford John RASMUSSEN 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 WINNIPEG, MAN. Division of the R.C.N.V.R. or in the appropriate official documents.

D.B. Mackenzie

LIEUTENANT R. C. N. V. R. Attesting Officer.

31st July, 1941. R.C.N.V.R. Division (or other establishment) WINNIPEG, MAN.

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.

N.V. 17
60M—11-40 (7836)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

Clifford John RASMUSSEN

in the Royal Canadian Naval Volunteer Reserve

I.C.N.S. - ~~37657~~

Training Headquarters	R.C.N.V.R. Division	Official Number V-24916
Esquimalt	WINNIPEG	"
		"

Date of Birth 12th July, 1922

Place of Birth PORTAGE LA PRAIRIE

Place of Residence 321 Berry St., St. James, Manitoba

Trade brought up to Student.

Religion C. of E.

O.H.F.

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

(Mother) Gladys Rasmussen, 321 Berry St., St. James, Manitoba.

Can Swim:—P.P.T. No Date ..... 19..... Signature ..... Rank .....

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

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
31st July'41	Hostil.		O'Smn.

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration

PERSONAL DESCRIPTION

	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	11	37	182	Brown	Brown	Fair	Three boil scars on right wrist.
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER List	LEDGER No.	RATING	FROM	TO	CAUSE OF DISCHARGE
				Active Service			
1941	Winnipeg Division			A/Smn.	1st Oct.	30 Dec. '41.	~~Active Service~~ C.D.
	~~Winnipeg Div~~ Naden (N.S.H.Q.)			—"—	31 Dec. '41	2 Jan. '42	
	~~Naden H.M.S.H.Q.~~			—"—	3 Jan. '42	10 Apl. '42	
	Stadacona			~~O/S~~	11 Apl. '42	30 Apl. '42.	
	Cornwallis			~~A/B~~	1 May 42	14 May	
	Stadacona			—"—	15 May 42	15 May 42	
	Ottawa			—"—	16 May 42	13 Sep. 42	D.D.

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

Date	Details	Captain's Signature

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
7th Oct. '41	Identity Card #37657	[illegible signature]			
7 Jan. '42	Q. H/G 2 days	[illegible signature] for C.O.			
14 Mch. '42	"T R"	[illegible signature]			
14 May '42	Q. R. A.A.L.G. (aet 20 [illegible]	[illegible signature]			

Name Clifford John RASMUSSEN 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'bmn.)	31st Dec. '41.	W.C. Orde
		VG	— (—" —)	13 Sep 42.	[signature]

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

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

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

NAME IN FULL RASMUSSEN..CLIFFORD..JOHN..RANK/RATING ..A/S.M.N.....OFF.NO. V-24916.....ADDRESS .....

SHIP	SERVICE FROM	SERVICE TO	SERVICE DAYS	AREA	QUALIFYING PERIODS IN DAYS FROM	QUALIFYING PERIODS IN DAYS TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL
	1-10-41										
Ottawa	16-5-42	13-9-42	121	Atlantic							
Discharged "Dead" to date		13-9-42									

STARS MEDALS	✓ 1	✓ 2	ELIGIBLE FOR AWARDS OF
1939-45	/		Star
ATLANTIC			
FRANCE G.			
AFRICA			
PACIFIC			
BURMA			
ITALY			
DEFENCE			
C.V.S.M.		2	@ clasp
" CLASP			
WAR 1945	/		Medal
WAR 1915			

VERIFIED BY L.L.Lachet.....

VERIFIED BY .....

VERIFIED BY L.L.Lachet...

.....
DIR.OF PERSONNEL RECORDS.

107221 NATIONAL ARCHIVES 113-B-1049 AUG 15 1941 CANADA

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full RASMUSSEN, C.J. (b) Reg'l. No. V-34916
2. (a) Arm of service NAVAL (b) Unit R.C.N.V.R. (c) Rank C.P.O.
3. (a) Date of birth 12/7/22 (b) Have you any dependents? No (c) Place of residence at time of enlistment Steveston
4. (a) Place of enlistment WINNIPEG DIVISION (b) Date of enlistment 31/7/41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? YES
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.) 2 years
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) No (b) At time of enlistment of what trade union or professional society were you a member? —

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

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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?
25. (a) Were you born on a farm? Yes (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 P.A.
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 Continue on Page

O.H.F. RECEIVED

DATE July 31 1941 SIGNATURE

163859

ORIGINAL

A. 1910....

H.Q. File No.....

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTTOR	Rank or Rating	Official No.	Daily Rate of Pay
H.M.C.S. "OTTAWA" 5:5:42	Surname RASMUSSEN, Christian Names Clifford, J.	O.Smn.	V24916	$1.50

Section A — **ALLOTMENT NOW DECLARED**

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname RASMUSSEN Christian Names Mrs. Gladys,	Mother	321 Berry St. St.James,Manitoba	$20.00 D	~~June~~ JULY

Section B — **DISPOSAL OF EXISTING ALLOTMENTS** (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
Nil.			

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges Clifford J. Rasmussen
Ord.Smn. R.C.N.V.R.
(Rank or Rating)

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

COMMANDING OFFICER No..... MAY 30 1942 Init..... H.M.C.S. "OTTAWA"

H. Wright
Paymaster Lieutenant, R.C.N.V.R.
for Accountant Officer

THE NAVAL SECRETARY,
Department of National Defence,
(Naval Service)
Ottawa, Ont.

H.M.C.S. "AVALON"

JUL 10 1942
Forwarded.....

Assigned Pay to Wives	111	$
Assigned Pay to other Dependents	113	
Marriage Allowance	116	
Dependent Allowance	119	
Other Allotments	128	20.00
Total		$ 20.00

S. 63
40M—4-40 (4787)
N.S. 815-9-63

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters		
Declaration examined		
Approved		
Index card made		
Allotment ledger sheet made		
Allotment ledger sheet checked		
Type plate made		

TWENTY * *20.00

RASMUSSEN,CLIFFORD JOHN V-24916

MRS.GLADYS RASMUSSEN,

321 BERRY ST.,

ST.JAMES,MAN.

DJM/RM NS.113-R-1049

19th September, 1942.

AIR MAIL

Dear Madam:

9

It is with deep regret that I must confirm the telegram of the 18th September from the Minister of National Defence for Naval Services informing you that your son, Clifford John Rasmussen, Ordinary Seaman, R.C.N.V.R., O.N.V.24916, is missing believed killed in action.

It is in the public interest that the name of his ship and the fact that she has been in action should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your son is missing, may be treated as confidential.

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

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

Mrs. Gladys Rasmussen,
321 Berry Street,
ST. JAMES, Man.

LA:MK File: 113-R-1049

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

1 October, 1942.
(Date)

13

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
RASMUSSEN, Clifford John	Ordinary Seaman,	V-24916, R.C.N.V.R.

DATE OF ENLISTMENT - 31 July, 1941. Active Service 1 October 1941.

DATE OF DISCHARGE - 13 September, 1942.

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

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

Reason for discharge and - when and where any disability was incurred, or where death occurred. "DEAD". Missing, believed killed in action. He was on board H.M.C.S. "OTTAWA"

(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 Mother NAME Mrs. Gladys Rasmussen,

ADDRESS 321 Berry Street, ST. JAMES, Man.

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.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT

$ $20.00 PAID TO Stillwell Trees

MARRIAGE ALLOWANCE AT $ Nil PER DIEM PAID TO - Nil

X DEPENDENTS ALLOWANCE AT $ Nil PAID TO Nil

TOTAL MONTHLY PAYMENT TO - WIFE $ Nil

Computed by Lwd 6/10/42. DEPENDENTS $ $20.00
Checked by MK

R. Armitage
SECRETARY,
NAVAL BOARD.

The Secretary,
The Canadian Pension Commission.

Copy to: D.P. & N.H.

(See reverse side for further instructions.)

X Not in receipt of Dependents' allowance.

C.N.S. 536d. Revised—Nov., 1936.
15M—4-41 (188)
N.S. 815-9-536D.

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME	OFFICIAL No.	Date of Birth
RASMUSSEN, Clifford John	V-24916	12th Jul. 1922

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School	Mod.	G.C.I. Maths. Av. – 28 % Eng. Av – 87 %	L.S.R.
Seamanship—	Sat	64% - 75% Has made excellent progress	H.H.
Boat work:			
(a) Pulling			
(b) Sailing			
Gunnery and Disciplinary Training	Sat		H.H.
Shooting	Inferior	47/100 22 Indoor range of in sights	H.H.
Swimming—P. P. T. N.O.	Non-Swim	Date qualified 2-2-42	
Physical and Recreational Training	Sat		H.H.
Special qualifications			
Call Boy			
Bugler (Sea Service)			
Special Remarks		2 DAYS ANTI/GAS 7/1/42	
e.g., C. W. Candidate			

On joining:— Weight 182 Height 5' 11" Date 31st Jul. 1941. D/S

On leaving:— Weight 183 Height 5' 10 3/4" Date

* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.C.S. "Chippawa". Date 30 Dec "41 E.H.Cordeaux Captain.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

	Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally	Accelerated Advancement			
	For Able Seaman (if G.C. III)			
	Educational Test I			
	Rated Ordinary Seaman			

SEAMANSHIP

Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Hours											
%	69/100	70/100	70/100 70/100		69/100	73/100		N.R.	701/1000	10-2-42	J. Blaxton S.B. V.R. H.M.C.S. Naden
%	70.1 %										

GUNNERY

Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	LOOKOUTS.	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Hours											
%	215/250	149/200	106/125	120/150	76/100	82/100	60/75	SAT.	808/1000	27-1-42	H. Freeman Lieut.
%	80.8 %										

TORPEDO

Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes			TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
Hours											W. H. Jackson Lieut. R.N. H.M.C.S. Naden
%		69 %									
%									14-3542		

* In the event of failure to pass any examination, the percentage is to be noted in RED. and the word "FAILED" noted.

† The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks	Recommendation for non-sub. rate†

Ordinary Seaman (Special Service).

Qualified for advancement to Able Seaman (S.S.)

on.....Date.

.....Commodore

.....Depot .....Date.

Rated Able Seaman and Recommendations inserted on History Sheet

H.M.C.S.....

.....Date

.....Captain.

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name RASMUSSEN (Surname) Clifford J. (Christian Names) No. V24916

O/Smn (Rank) HMCS Ottawa (Unit) 13-9-42 (Date of Death)

AMOUNT W.S.G. 122.37
L.P.C. $ 68.22

Date 13-10-45

Other Credits

Total 190.59
Prev.dist. 68.22
This dist. 122.37

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	father	John C. Rasmussen, 321 Berry St., St. James, WINNIPEG, Manitoba.	61.19
1/2	mother	Mrs. Gladys Rasmussen, (as above) (as next of kin entitled)	61.18

OCT 25 1945

P4. TO TREAS.

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$122.37

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

MG

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

DECEASED MEMBER'S NAME: Clifford John RASMUSSEN
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. 12954
FILE NO. NSV-24916
DATE 30 July/45
SERVICE NO. V-24916
FINAL RANK OR RATING O/SMN
DATE OF DISCHARGE 13 Sep/42

PAYEE: Director of Estates, for Service Estate of
ADDRESS: 308 Sparks St., Clifford J. Rasmussen,
Ottawa, Ont. NSV/24916

DATE OF TERMINATION OF OVERSEAS SERVICE: 13 Sep/42

		$	¢
A. TOTAL QUALIFYING SERVICE			
NO. OF DAYS 348/30 EQUAL TO 11 COMPLETE PERIODS AT $7.50		82.50	
B. QUALIFYING OVERSEAS SERVICE			
NO. OF DAYS 121 LESS 18 INELIGIBLE DAYS, EQUAL TO 103 DAYS @ 25c. PER DAY		25.75	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY	$ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.45		
ADDITIONAL PAY H L M	$ .10		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ NIL	$		
TOTAL	$ 3.05 ×7 = $ 21.35		
NO. OF DAYS 121/183	×$ 21.35	14.12	
D. WAR SERVICE GRATUITY		122.37	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$ NIL		
F. TOTAL AMOUNT PAYABLE		122.37	

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ _____ = $122.37
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Voucher 1456 Aug 4/45.

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
YN			1-8-45

for Dir. Naval Pay Accting.
SERVICE REPRESENTATIVE

ΔT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name: Clifford John RASMUSSEN
(Christian Names) (Surname)

Payee: Director of Estates (for service estate of Clifford J. RASMUSSEN N.S. V-24916)

Address: 308 Sparks St. Ottawa, Ont.

Register No. 12954
File No. V-24916
Date 20/7/45
Service No. V-24916
Final Rank or Rating O.S. RN
Date of Discharge 13 Sep '42

Date of termination of overseas service 13 Sep '42

	$	¢
A. TOTAL QUALIFYING SERVICE No. of days 348/30 equal to 11 complete periods at $7.50		82.50
B. QUALIFYING OVERSEAS SERVICE No. of days 121 less 18 ineligible days equal to 103 days @ 25¢ per day		25.75
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE		
Pay $ 1.50		
Subsistence or Lodging and Provision Allowance $ 1.45		
Additional Pay A.L.M $ .10		
Dependents' Allowance 1/30 of $ N/L		
Total 3.05 x 7 = $ 21.35		
No. of days 121/183 x $21.35		14.12
D. WAR SERVICE GRATUITY		122.37
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $ Nil		
F. TOTAL AMOUNT PAYABLE		122.37

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance ~~in issue~~ to you $_____ of $ = $ 122.37
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	Treasury Date

Service Representative

D.N.P.A. CHECK

1 ___ 6 ___
2 ___ 7 ___
3 ___ 8 ___
4 ___ 9 ___
5 ___ 10 ___

S.A

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "OTTAWA" ending 30 Sep 19 42

List 5-2 No. 549 (Name) RASMUSSEN, Clifford Rank Rating O.Smn. No. V-24916

When entered F.B. Date of appearance Whither discharged D.D. 13 Sep '42

	$	c.
CREDIT from former account		.55
Pay as O.Smn. (Rank Rating) from 1 July to 30 Sep (92 days at $ 1.50 a day)	138	.00
" H.L.M. " " " 13 Sep (75 " .10 ")	7	.50
" G.M. " 12 July " 13 Sep (64- " .06 ")	3	.84
" " " " (" " ")		
" " " " (" " ")		
Kit Upkeep Allowance Sep	3	.33
OTHER CREDITS:		
Total credits	153	.22
DEBT from former account		

PAYMENTS:—

	1st	2nd	3rd	4th	5th			
	$ c.	$ c.	$ c.	$ c.	$ c.			
1st month		25.00				Total	25	.00
2nd month						Total		
3rd month						Total		
Allotment 20.00 Charged July Aug Sep							60	.90
Pension deduction (Officers) charged to of								
Hospital stoppages								
Mulcts								
OTHER CHARGES:								
Total debits							85	.00
Balance Cr. or ~~Dr.~~							68	.22

(Balance Dr. to be shown in red)

Posted 30/7/42 LEDGERS R F

Number of days actually victualled during period mentioned above 75

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE FROM	INCLUSIVE DATE TO	No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE

Date 13 Nov 19 42

x PAY LIEUT RCNVR for ACCOUNTANT OFFICER

C.N.S. 2426
25M—10-40 (7514)
N.S. 815-9-2426

P239535 113-R. 1049

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name Rasmussen, Clifford *Rating* O/Smn.

Official No. V-24916 *H.M.C.S.* "OTTAWA" *List* 5/2/549

*Who** Discharged Dead *on the* 13th September *19* 42

	$	cts.
Net sum due on ledger on account of Wages	68	22
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash debited in the Accountant Officer's Cash Acct		
If in debt in ledger, amount to be stated (in red ink)		
Rate of allotment (in words) Twenty dollars charged to 30 Sep.		
Name of ship from which transferred OTTAWA		
Total† Creditor	68	22

noted DNPA(G) 19/7/45

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. "OTTAWA" amounting to a net balance† Creditor of Sixty eight dollars twenty two cents.

Dated on board H.M.C.S. "AVALON" at St. John's Newfoundland this Thirteenth day of November 19 42.

Approved ..... for Accountant Officer

A/Pay, Lieutenant, R.C.N.V.R.

..... { Initials of the Assistant Accountant Officer

PAY. LIEUTENANT R.C.N.V.R.

Lieut. Commander, R.C.N. Commanding Officer.

For Use at Headquarters. $.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run.

†State whether "debtor" or "creditor".

§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46

10M—10-40 (7450)
H.Q. N.S. 815-9-45

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

.....{Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature | .....Signature

.....Rank | .....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

DOMINION OF CANADA

NATIONAL REGISTRATION REGULATIONS, 1940

REGISTRATION CERTIFICATE

This certificate must always be carried upon the person of the registrant.

Electoral District No. 188 (Area - West End)

Polling Division No. 33 (Name if any)

THIS IS TO CERTIFY THAT

Clifford J. Baumgarten

residing at 324 Berry St.

has been duly registered under the above-mentioned Regulations this 19 day of August 1940.

Eileen F. McAdam

Deputy Registrar.

Signature of Registrant Clifford J. Baumgarten

IN REPLY PLEASE QUOTE

No. 113-R-1049

CANADA

Department of National Defence

Naval Service

Ottawa, Canada.

1 October, 1942.

Sir:

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 NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
RASMUSSEN, Clifford John Ordinary Seaman, V-24916, R.C.N.V.R.	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA"	Mrs. Gladys Rasmussen, 321 Berry Street, ST. JAMES, Man.

In favour of	ALLOTMENTS IN FORCE.	Amount	Initials
Mrs. Gladys Rasmussen ~~321 Berry Street~~ ~~St. James, Manitoba~~	321 Berry Street St. James, Manitoba	$20.00	A.V.L.

ESTATES BRANCH OCT 8 1942 H. Q. OTTAWA NATIONAL DEFENCE

WILL: No Record

Yours truly,

R a [illegible]

SECRETARY, NAVAL BOARD.

per LCA

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

H.Q. 1010A
500M-1-42 (2970)
N.S. 815-7-1010

Six copies to be rendered to Naval Service Headquarters

[illegible] OF THE [illegible] OF H.M.C.S. "OTTAWA", [illegible]

H.M.C.S. "[illegible]" at St. John's, Newfoundland.

113-R-1049

21

Name (Christian names in full) ..Clifford John RASMUSSEN.....

Rank or Rating....Ordinary Seaman. Official number....V-24916.....
(If unknown, date of first entry)

Place of Birth...Portage la Prairie. Date of Birth...12th July, 1924.....

Occupation in civil life...Student.....Religion...C. of E. .....

Number of years service in the Navy (Long Service R.C.N. or Mobilized service in the case of R.C.N. (Temp.) Reserve Ratings)

.....348 days on Active Service.....

Date of Death...13th September 1942.....Place of Death ...At Sea.....

Cause of Death ....Enemy action...Loss of H.M.C.S. "OTTAWA".....

.....

(Nearest known relative or friend.) Name.....Gladys RASMUSSEN.....Relationship ...Mother.
Address ...321 Berry St., St. James, Manitoba.....

Date on which the above was informed by ship..Not known.....

Date on which death was registered with local Officials.....
in the case of Imperial Service men, Mother Active Service, Engineer 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..No burial.....Date of Burial.....
(If known) (If known)

Location, Number etc, of Grave.....
(If known)

Undertaker employed.....
(If any)

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

Lieutenant Commander, R.C.N.
[illegible] OTTAWA

The Secretary
Naval Board, Ottawa, Canada. 9th October .....19.42.

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

Distribution: File, N.S. H.Q. Com. Dom. Stat., Register.

C.F.S. 1141

File No. 113-R-1049

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:-

Mrs. Gladys Rasmussen,
321 Berry Street,
ST. JAMES, Man.

Date forwarded:- NOV 25 1942

Registered Mail No:- 4204

WS

Can. B. 207
100 M—11-40 (7881)
N.S. 815-2-207

CANADA

107220 N.S. 1/3 1649

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

2

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 C.J. Rasmussen

‡candidate for entry as O/Sea.

and I believe him to be *{in all respects fit for His Majesty's Service. / ~~unfit for His Majesty's Service for the reason stated below.~~} 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.

Age {Years Months (a)	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 revaccinated 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, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
19 0	lbs. 182	ft. ins. 5 11	Good.	inches (a) maximum 40 (b) minimum 36 (c) mean 37	right eye 20/20 left eye 20/20 *colour vision N.	Never	Normal	Normal	Normal	Normal	Normal	Normal	2 deficient 0 defective N&T Normal	Normal

*If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

Pupils react to L & A. Reflexes Normal.

X-ray { Not taken. / Approved. / Positive. / Doubtful.

X-RAY APPROVED JUL 31 1941 FILM No. A-6975

Write in the appropriate notation, and any remarks necessary.

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.

Clifford John Rasmussen
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.....

.....

*{which renders him medically unfit for service, / not considered of sufficient importance to cause his rejection, he being desirable in other respects.

* Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at WINNIPEG, MAN. the 29th of July 1941 19.....

L D Jacks
Examining Medical Officer

(*Rank*) SURGEON LIEUT. R. C. N. V. R.