

V26493
RISING

JACK

HUMPH

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RISING		Jack Humphrey	V-26493	O.A.4	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 AND DATE DESPATCHED
1939-45 Star	<p><i>Medals Ret'd. Under Award Ret'd to Stock</i></p> <p>CANCELLED 15/10/49</p> <p>2700. 17/4/50</p>
Atlantic Star	
Africa Star	
C.V.S.M. & Clasp	
War Medal	

05-20262 M



P

(THE REVER

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR May.44 "ST. CROIX"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

• PERSON

Humes (Re-married)

ENTITLED TO Mrs. Inez D. ~~Rising~~ - Widow

ADDRESS: ~~106 Weldon St.,~~ 86 Arlington St.,
~~MONCTON, N.B.~~ WINNIPEG, Man. 14-12-48

(2) MEMORIAL CROSS

WIDOW Mrs. Inez D. Rising

ADDRESS: 106 Weldon St., Moncton , N.B.

(3) MEMORIAL CROSS

MOTHER Mrs. Bessie H. Rising

ADDRESS: 412 Highfield St., Moncton, N.B.

MEMORIAL BAR

(1) DATE DESP

CANCELLED

REGN. NO

242

(2)

10-1-44

(3)

10-1-44

V26493

OFFICIAL NUMBER

NAME RISING
(Surname)

Jack Humphrey
(Given Names)

OFFICIAL NUMBER V26493

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
Stadacona	A/O.A. 4/c	24	3	42		V.G.	Sat.	31	12	42							
Cornwallis	"	1	5	42		V.G.		20	9	43							
St. Croix	"	8	11	42													
"	O.A. 4/c	24	3	43	Confirmed (249A #19489)												
DISCHARGED	"	20	9	43	Missing on Active Service (Per Casualty List)												

GENERAL REMARKS

Canadian Memorial Cross awarded to,
Wife: Mrs. Inez Dorothy Rising,
106 Weldon St., Moncton, N.B.
10 Jan., 1944.

DATE OF BIRTH	PLACE	CIVIL OCCU.	RESIDENCE	PREV. ENL.	RANK OR RATE
03 1 17 15	270 0 40	3514 0 1 0 19	1	36 95	
ENLIST. DATE	ACT. SERV. DATE	SHIP	ESTAB.	RANK OR RATE	
24 03 42	24 03 42			0380 0 36 95	
SENIORITY	STR.	NON-SUB	IN	CODED	CHECKED
24 03 42 09					ER
			20 20-09-43		

V26493

OFFICIAL NUMBER

FILE NUMBER

113-R-1412

OFFICIAL NUMBER

V26493

NAME RISING (Surname) Jack Humphrey (Given Names) DATE OF BIRTH 3 January, 1917
 PLACE OF BIRTH Moncton, N.B. OCCUPATION Machinist
 RELIGION United EDUCATION Grade 10
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 412 Highfield Street Town Moncton Province, etc. West. Co., N.B.

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
24	3	42	H.O.	5'10"	Black	Hazel	Med.	Nil				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Jess Dorothy Rising
 ADDRESS (in pencil): Street and No. 106 Waldon St. Town Moncton Province, etc. N.B.

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	
				21	8	42	Qual. O.A. 1/c. (247A = 116M)				

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. WSR 5520-4
 DATE

DAYS FORFEITED				SECOND CLASS FOR CONDUCT						
Date (in figures)			Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	From	To
Day	Month	Year								

O.A.F. Received.
 Ins. Book- 84 Hollis St., Halifax, N.S.



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

NAME IN FULL RISING Jack Humphrey RANK/RATING O.A. 4/c OFF. NO. V-26493 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
												1939-45	1	star
	24-3-42											ATLANTIC	1	Star
<i>St Croix</i>	7-11-42	20-9-43	318	<i>afuca</i>	8-3-43							FRANCE G.		
												AFRICA	1	star
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2 +	Clasp
												" CLASP		
												WAR 1945	1	medal
												WAR 1915		

Disch. Dead. 20-9-43

VERIFIED BY *R. Seguin*
me

VERIFIED BY *R. Seguin*

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

EMPLOYMENT RECORD

NOTE:—To be filled up on termination of service under a particular Accountant Officer. The record is not normally to be completed in respect of periods of less than three months. The A.O. may, however, at his discretion, make an entry for a shorter period if he has reasons for so doing.

Ship	Rating	Date		Capacity in which employed	Remarks as to ability, charge of cooks, charge of watch, baker, etc. Any special knowledge and characteristics.	Signature and rank of A.O. if Pay'r Lieut's or above, otherwise Captain
		From	To			
<i>Stadacona</i>	<i>A/Ck (S)</i>	<i>23 Mar 42</i>	<i>30 Apr 42</i>			
<i> Cornwallis</i>	<i>—</i>	<i>1 May 42</i>	<i>18 Aug 42</i>			
<i>Stadacona</i>	<i>—</i>	<i>19 Aug 42</i>	<i>19 Aug 42</i>			
<i>Hochelaga SMS #5</i>	<i>—</i>	<i>20 Aug 42</i>	<i>25 Aug 42</i>			
<i>Port William</i>	<i>—</i>	<i>26 Aug 42</i>	<i>20 Dec 42</i>			
<i>—</i>	<i>book (S)</i>	<i>21 Dec 42</i>	<i>6 Oct 43</i>			
<i>Stadacona</i>	<i>—</i>	<i>7 Oct 43</i>	<i>3 Oct 44</i>	<i>Galley</i>	<i>Average intelligence, hard worker, is interested.</i>	
<i>Discharged & Demobilized 9 November 1945</i>						

TRADE CERTIFICATE

(For directions for completing this form, see Art. 610 K.R. & A.I.)

NAVAL COOK RATINGS

Erase parts that do not apply, or alter to suit case has been employed in preparing and cooking meals and baking bread for the officers and men of the R.C.N. from to and during the latter part of his career has been responsible for the manner in which the cooking etc., has been carried out by his subordinates.

His character during service was †

His general efficiency in carrying out his duties was †

His efficiency on discharge was assessed as*

Special Remarks †—

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

* Name and rating in full. † See Art. 610 K.R. & A.I., clauses 3 to 7.
‡ Include power of command, intelligence, initiative, energy, and any qualifications recorded. To be completed in the ship or establishment from which a man is discharged to Depot as a preliminary for discharge to shore.

*Specific notations should be made:—Galley, Oil or Coal (Admiral's, Wardroom, G.M.S.R., etc.), Bakery, Cookery School, etc.

IF DISCHARGE
IS REPATRIATED
PRISONER OF WAR
MARK "POW"

IN HOSPITAL

CONFIDENTIAL

ATTENTION

EMPLOYMENT

1.	SURNAME MOORE	FIRST NAME James	INITIALS C.	RANK Cook (Ships)	NUMBER V26492	SEX M.
2.	DATE OF COMMENCEMENT OF ACTIVE SERVICE:- 23 Feb. 1942.			PLACE Halifax, N.S.	YR. OF BIRTH 1914	
3.	SERVICE OUTSIDE CANADA:-	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	IN WHAT SERVICE? Naval.		
4.	CAUSE OF DISCHARGE:- Demobilized.					
5.	PRE-ENLISTMENT EDUCATION:- 1930 - Grade VII at 16 - Alexander McKay School, Halifax, N.S. - Started school at 8 - 9 years of age.					
6.	LANGUAGES:- English only.					
7.	OCCUPATIONAL HISTORY:- 1930 - 1935 - 5 yrs. - Worked as pressman for several Halifax printing companies. Cylinder pressman on termination of employment. 1935 - 1938 - 3 yrs. - C.N.R. Telegraph Co - Telegraph messenger. 1938 - 1939 - 1 yr. - City of Halifax - Laborer. 1940 - 1941 - 2 summers - Halifax Playgrounds - Assistant caretaker. 1941 - 1942 - Various low-paid employment.					
8.	IMMEDIATE PRE-ENLISTMENT EMPLOYMENT:- (WITH NAME AND ADDRESS OF EMPLOYER) 1942 - 3 mos. - ATLAS ASBESTOS CO., Insulating Contractors Montreal, P.Q. - laboring on local contract.					
9.	SHORT ACCOUNT OF SERVICE, TRAINING AND DUTIES:- ADVANCEMENT: Entered as Assistant Cook. One advancement and discharged as Cook (Ships). TRAINING: No training. DUTIES: 6 months service in Naval bakeries. 8 months in charge of shore establishment Seaman's Galleys. SERVICE: 20 months service in North Atlantic as Ship's Cook.					
10.	EDUCATIONAL COURSES WHILE IN SERVICE:- Nil.					
11.	MEDICAL OFFICER'S STATEMENT OF PHYSICAL LIMITATIONS (IF ANY):- Fit.					

12. MARITAL STATUS:- **Widower** NUMBER OF DEPENDENTS, OTHER THAN WIFE **3 (2 children & Mother).**

13. DISCHARGEES OWN STATEMENT OF FUTURE PLANS (IF ANY):-

Wishes to obtain employment with Marine Section RCMP as Ships Cook or in Civil Service as Cook.

Undecided as to use of Benefits.

14. POST-DISCHARGE MAILING ADDRESS:-

451, Agricola St., Halifax, N.S.

15. BASIS FOR COUNSELLOR'S RECOMMENDATIONS:-

A heavy-set rating - rather corpulent.

Friendly manner and good sense of humor. He has developed a strong liking for cooking since enlisting and his officers report him as a good cook.

In view of his experience and interest, his plan as outlined in (13) would appear to afford good re-establishment, security of employment being important in view of his family obligations.

Alternatively, his experience in the printing trade could be fallen back on if suitable employment as cook is unobtainable.

16. ACTION RECOMMENDED:-

New employment as indicated in (13).

17. OTHER POSSIBILITIES SUGGESTED BY COUNSELLOR:-

New employment in printing trade as pressman.

18. REFERRED TO:-

National Employment Service, 84 Hollis St., Halifax, N.S.

19. PLACE

HALIFAX, N.S.

DATE

8 Nov. 1945.

SIGNATURE OF COUNSELLOR

RANK OR APPOINTMENT

**W. J. SMITH, Lieut., (SB) VR.
PERSONNEL SELECTION OFFICER.**

NOTE:- COUNSELLOR WILL CHECK TO SEE THAT THIS FORM HAS BEEN COMPLETED AS REQUIRED.

EMPLOYMENT INSURANCE BOOK
forwarded to the
Unemployment Commission,
84 Hollis St., Halifax, N.S.

QH.

I.C. NS 40231
issued.

N. V. 5

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



CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

R *3967*
F *Stadacona*
Div 2 Sec 7 SD 2 - 2696
Spark
FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME MOORE OFFICIAL NO. V-26492

CHRISTIAN NAMES James Calvin MARRIED, SINGLE OR WIDOWER Widower.

PERMANENT ADDRESS	RELIGION
451 Agricola St., Halifax, N.S.	Baptist.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
10th October, 1914.	Town Halifax. County Halifax. Province N.S.	Mrs. Bessie Moore, (mother) 451 Agricola St., Halifax, N.S.
*Original Nationality of: Father <u>British</u> Mother <u>British.</u>		

*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 <u>5</u> Inches <u>2½</u> <u>146½</u>	Inflated..... Deflated..... Mean <u>38</u>	<u>Brown.</u>	<u>Blue</u>	<u>Fair</u>	<u>Tattooes: five on r. arm. Four l. arm. Scar on r. leg.</u>

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>23rd March, 1942.</u> <u>Active Service.</u>	<u>Asst. Cook (s)</u> <u>(temp)</u> <u>Stadacona.</u>	<u>Labourer, Mayor Donovan,</u> <u>Halifax, N.S.</u>
R.C.N.V.R. Division (or other establishment) at which enrolled.....		

(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) ~~XXXXXX~~ Nil. 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
		<u>...Nil....</u>	

(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.

(3) On being enrolled as a member of the Special Service 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 23rd day of March, 1942.

Signature of applicant James Moore

(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 23rd day of March, 1942.

H. Plummer
Signature of and rank of Attesting Officer.

Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, James Calvin MOORE, 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 James Moore

Witness H. Plummer

Date 23rd March, 1942 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

James Calvin MOORE, 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 Special Service Division of the R.C.N.V.R. or in the appropriate official documents.

H. Plummer
Lieutenant, R.C.N.V.R. Attesting Officer.

23rd March, 1942. R.C.N.V.R. Division Stadacona
(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.

This is to acknowledge that I have not been induced to enter the Cook Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

James Moore
Signature



CANADA

NATIONAL DEFENCE

63073
MAR 28 1942

NS/13 R1412

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 Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined Rising Jack
candidate for entry as Q. Oa. Ac. V.P.
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.

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- cinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
	lbs.	ft. ins.		inches (a) maximum (b) minimum (c) mean	right eye left eye colour vision									
25 yrs 3 mos	139	5-10	good	35-2 33 34	6/6 6/9 N	1935	B.P. 132/88 *X-Ray app	N (relaxed ring)	N	N	N	N	Pharyngitis Pharyngitis Chronic	N

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

†The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡Strike out if inapplicable.

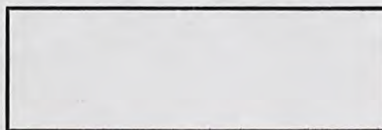
Jack Rising
Signature of Candidate

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 Halifax N.S. the 2 of March 1942

Rt. E.
Lt. E.
(S)

V. Rain
Examining Medical Officer
SURGEON LIEUT.
(Rank)

Medical Department
R.C.N. BARRACKS
HALIF X, N. S.
MAR 27 1942

N.V. 17
60M-11 0 (7836)
N.S. 81 17

CERTIFICATE of the SERVICE of

Jack Humphrey RISING
in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>Y-26493</i>
<i>Halifax, N.S.</i>	<i>Special Service</i>	"
		"

Date of Birth *3 January, 1917.* Name and Address of Nearest Relative or Friend (in pencil) *Wife Mrs Inez Dorothy*

Place of Birth *Moncton, Westmoreland Co., N.B.* *106 Weldon Street*

Place of Residence *412 Highfield St., Moncton, N.B.* *Moncton, N.B.*

Trade brought up to *Machinist*

Religion *United Church of Canada*

Can Swim:—P.P.T. Date 19 Signature Rank

P.S.T. Date 19 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	
	<i>24 mch 42</i>	<i>Host. only</i>	<i>ALOA-4/c</i>			
	<i>Oct. 50.</i>					

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>10.</i>	<i>34.</i>	<i>139.</i>	<i>Black Hazel</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

MEMORANDUM FOR

P. 64

Mrs. Inez Dorothy Rising,

106 Weldon St.,

Moncton, N. B.

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

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

and the following number quoted:—

H.Q. NS-113/R/1412 F.D.372

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Jan. 12, 1944

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

RISING, Jack Humphrey, O.A. 4/c

V-26493 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, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

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

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

HRW/MK



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.....	Mrs Inez Dorothy Rising	24	106 Weldon St Moncton N.B.
2	Children of the Deceased and dates of their Births.....	—		
3	Father of the Deceased.....	Died 1921		
4	Mother of the Deceased.....	Mrs. Bessie Rising	54	412 Highfield St. Moncton N.B.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	32	412 Highfield St. Moncton N.B.
		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	

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ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	John Humphrey Rising
9	Date of his birth	Jan. 3 rd 1917
10	Place and date of his marriage.	Moncton, N.B. June 14 th 1943
11	Place and date of his parents' marriage.	Moncton N.B. June 6 th 1918

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Moncton, N.B.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) New Brunswick, Canada (b) all of his life. (c) (d)
14	Nature of employment before enlistment.	Machinist, Canadian National Railway.
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 he leave a Will?	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?	_____
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.	_____
20	Amount of War Savings Certificates held by deceased.	2 - \$5.00 Certificates
21	Amount of Victory Loan Bonds held by deceased.	_____
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	2000 - London Life - Jessie H. Rising 100 - Mutual Life - do -
23	Is application for Probate or Letters of Administration necessary (see page 1)?	no.

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 _____
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.)

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 wife widow of the deceased.

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

Mrs. Lucy Dorothy Rising Signature of Informant
1064 Dean Street, Moncton N.B. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs. Lucy Dorothy Rising is the wife widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Moncton N.B. this 8th day of February 1947
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: P. Murphy Qualification: Notary Public in and for the Province of New Brunswick, residing and practicing at the City of Moncton in the said Province.
Address: 200 St. Charles Blvd. Moncton N.B.

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

OTHER PARTICULARS

Table with 2 columns: Question/Topic and Answer. Questions include: 'Did the deceased after settlement from any debts for...?', 'Have you or any other relative paid the funeral expenses or any part thereof...?', 'The Government pays funeral expenses within the amount authorized in the Regulations...'

198789

113-R-1412 64

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 **5B** RISING, Jack.H. Rating O.A.4
 Official No V-26493 H.M.C.S. St. Croix List 5B/1- 30
 Who* D. D. on the 20th September 19 43

Net sum due on ledger on account of Wages.....	\$ 63.62	cts. 62
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
(AP) Forty six dollars and (AP) Fifteen dollars		
Rate of allotment (in words) and Five Dollars. charged to 30 Sep '43		
Name of ship from which transferred St. Croix		
Total†.....	63.	62
	Creditor	

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 **HMCS "AVALON"** for **HMCS "St. Croix"** amounting to a net balance†..... **Creditor** of **Sixty three** dollars **Sixty two** cents.

Dated on board H.M.C.S. **AVALON** at **St. John's,** Newfoundland this **26th** day of **October** 19 **43**

Approved *[Signature]* **A/Pay. Lieut. Cmdr. R.C.N.V.R.** Accountant Officer
[Signature] { Initials of the Assistant Accountant Officer
COMMANDER, R.C.N. (Temp) 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.

STATEMENT OF ACCOUNT

63

True extract from the ledger of H.M.C.S. "St. Croix" ending 30
Sept 1943.

List 5B-1.. No. 3.....(Name) RISING, Jack. H.....Rank Rating (A.4) c.....No V.26493

When entered.....F.B......Date of appearance...1 Julywhither discharged
.....D.P......

CREDIT from former account.....\$.....79.91.

Pay as....O.A....4...from...1 July...to...30 Sep(92 days @ 3.05 per day)\$.....280.60

Pay as....D.A......from...1 July...to...31 July(31 days @ .80 per day)\$.....24.80

Pay as....M.A......from...14 June...to...31 July(48 days @ 1.15 per day)\$.....55.20

Pay as....H.L.M......from...25 July...to...20 Sep(58 days @ .30 per day)\$.....17.40

Kit Upkeep Allowance.....1 July.....\$.....15.00.

OTHER CREDITS...Ciphering Allowance.....\$.....6.00

Total Credits.....\$.....478.91.

DEBT from former account.....\$.....

PAYMENTS 1st 2nd 3rd 4th 5th

1st Month ..39.00..... Total.....\$.....

2nd Month ..40.00..... Total.....\$.....110.29

3rd Month ..31.29..... Total.....\$.....

Allotment. \$1.00, 40.00, 5.00 July, 46.00, 15.00, 5.00 Aug & Sep.....\$.....238.00

Pension deduction (Officers) charged to.....of.....\$.....

Hospital stoppages.....\$.....

Mulcts.....\$.....

OTHER CHARGES....."Avalon" July. Cash A/c. 1056.....\$.....47.00

Total debits.....\$.....415.29

Note: Balance Dr. to be shown in RED.

Balance Cr. or ~~Dr.~~ \$ 63.62

Number of days actually victualled during period mentioned above.. 82.....

Not Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
		From	To		
.....
.....

Date: Oct. 26 '43for Accountant Officer.



Department of National Defence
Naval Service

IN REPLY PLEASE QUOTE
No. N.S. 113-R-1412
PERS. (N)

Ottawa, Canada.

DEC 29 1943

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:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
RISING, Jack Humphrey Ordnance Artificer 4/c V-26493, R.C.N.V.R.	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "St. Croix" which was lost while on Convoy duty in the Atlantic, due to enemy action.	Wife: Mrs. Inez Dorothy Rising, 106 Weldon St., MONCTON, N.B.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
(Wife)	1. Mrs. Inez Dorothy Rising, 106 Weldon Street, Moncton, N. B. D.A. A.P. \$35.00 \$46.00 =	\$81.00	
(Mother)	2. Mrs. Bessie H. Rising, 412 Highfield St., Moncton, N. B. D.A. A.P. \$25.00 \$15.00 =	\$40.00	
	3. Mutual Life Ass. Co., Head Office, Waterloo, Ont. WILL: No Record	\$ 5.00 ✓	



Allotments stopped paid Sept. 30, 1943.

Yours truly,

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

N.S. 113-R-1412, F.D. 5562.
PERS. (N)

23 February, 1944.

THIS IS TO CERTIFY that according to official information Jack Humphrey Rising, Ordnance Artificer Fourth Class, Official Number V-26493, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 20th of September, 1943. He was serving in H.M.C.S. "St. Croix" which was sunk by enemy action whilst on Convoy duty in the Atlantic.

Deputy SECRETARY, NAVAL BOARD.

Two originals typed.

Checked by *[Signature]*
23-2-44.

[Signature]
H. B. MURPHY
PAY LIQUIDATOR
OFFICER IN CHARGE
NAVAL PERSONNEL RECORDS
R. C. N. R.

DC

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

4
NAVY

DECEASED MEMBER'S NAME **Jack Humphrey** (CHRISTIAN NAMES) **RISING** (SURNAME)
 PAYEE **Mrs. Bessie Rising,**
 ADDRESS **412 Highfield Street,**
Moncton, N.B.
 REGISTER NO. **4460 (2)**
 FILE NO. **NSV-26493**
 DATE **16 Mch/45**
 SERVICE NO. **V-26493**
 FINAL RANK OR RATING **O.A.4/c**
 DATE OF TERMINATION OF OVERSEAS SERVICE **20 Sep/43** DATE OF DISCHARGE **20 Sep/43**

A. TOTAL QUALIFYING SERVICE		\$	\$
NO. OF DAYS	546	EQUAL TO	18 COMPLETE PERIODS AT \$7.50
	<small>30</small>		
B. QUALIFYING OVERSEAS SERVICE		\$	\$
NO. OF DAYS	318	LESS	6 INELIGIBLE DAYS, EQUAL TO 312 DAYS @ 25C. PER DAY
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
	PAY	\$	3.05
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45
	ADDITIONAL PAY H.L.M.	\$.30
		\$	
	35.00)	\$	
	25.00)	\$	2.00
DEPENDENTS' ALLOWANCE 1/30 OF \$		\$	
TOTAL		\$	6.80
NO. OF DAYS		312	X7 = \$ 47.60
		<small>183</small>	X\$ 47.60
			81.15
D. WAR SERVICE GRATUITY			294.15
E. DEDUCTIONS			
OVERPAYMENT OF	PAY AND ALLOWANCES	\$	
	DEPENDENTS' ALLOWANCE	\$	
	AND ASSIGNED PAY	\$	NIL
OTHER DEDUCTIONS		\$	
F. TOTAL AMOUNT PAYABLE			294.15

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ **25.00** OF \$ **294.15** = \$ **122.56**
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ **60.00**

cheque # 120045- 29/3/45.

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.

TREASURY	
PREPARED BY	CHECKED BY
SJD	<i>[Signature]</i>
DATE	
	<i>[Signature]</i>

for Dir. Naval Pay Accting. SERVICE REPRESENTATIVE

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

45

30 September, 1943.

(Date.)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>RISING, Jack Humphrey</u>	<u>Ordnance Artificer Fourth Class</u>	<u>V-26493, R.C.N.V.R.</u>

DATE OF ENLISTMENT - 24 March, 1942.

DATE OF DISCHARGE - _____

HOSPITAL - _____
(If discharged in hospital under jurisdiction of D.F. & N.H.)SERVICE - Canada & High Seas.
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)Reason for discharge and - "Missing" on War Service. This rating is listed as
when and where any disability
was incurred, or where death missing due to enemy action, while serving on
occurred.Convoy duty in the Atlantic. When official presumption of death has been
made, you will be notified further.(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. Inez Dorothy Rising,ADDRESS 106 Weldon St., Moncton, N.B.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.*H.B. Money*for
SECRETARY, NAVAL BOARD.Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.NOTE: Duplicate copies of this Form (Form "B") have been
forwarded to the Chief Treasury Officer (Allotment Section)
Department of National Defence, Naval Service, for
completion respecting the details of Marriage Allowance,
Dependents Allowance, etc., and subsequent transmission
to you.

(See reverse side for further instructions.)

AIR MAIL

FILE: N.S. 113-R-1412. (Pers. (N))

42

27 September, 1943.

Dear Mrs. Rising:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services informing you that your husband, Jack Humphrey Rising, Ordnance Artificer Fourth Class, Royal Canadian Naval Volunteer Reserve, Official Number V-26493, is missing on war service.


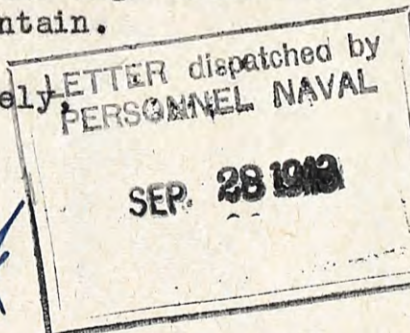
According to the report received, your husband is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

It is requested that you will regard as confidential anything beyond the fact of your husband's loss on war service until such time as an official announcement is made, as this information might prove useful to the enemy.

While your husband is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you 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 husband has helped to maintain.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Inez Dorothy Rising,
106 Weldon Street,
MONCTON, N.B.

A.J.B.

No. 221...B

37

~~20~~

NATIONAL DEFENCE

M.F.M. 16A

100M-6-40 (5692)

H.Q. 1772-39-1665

MAY -1 1942

NS 113-R-1412
CANADA

89537

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(... NAVAL ...)

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

The names required by Questions 1, 2 & 3 must be shown in black capitals.

- 1. Surname of applicant RISING
- 2. Full Christian name or names JACK HUMPHREY 3. Age 25
- 4. Official Number N.K. R.C.N.V.R. 5. Rank A/O.A. 4
- 6. Unit, Station, or Establishment H.M.C.S. "STADACONA"
- 7. Date appointment or enlistment 24th March, 1942.

Question 8: In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

- 8. Date reported for duty 24th March, 1942.
- 9. Are you a member of the permanent forces, military or air? No.
If so (a) State permanent establishment, unit or station
..... (b) Are you receiving permanent force rates of pay and allowances? Yes.

Questions 10 & 11: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

- 10. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment.....
- 11. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....
- 12. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment Machinist Apprentice with Canadian National Railways. Earnings approximately \$800.00 in the six months.

- 13. Name of dependent RISING BESSIE MRS.
Surname Christian Name Mr. Mrs. or Miss

Question 14: Give street name and number or post office box number, R.R. No. city, town or village and province.

- 14. Address 412 Highfields St., Moncton, New Brunswick.

PAY OFFICE
DIVISION II
APR 29 1942
HALIFAX, N. S.
R. C. N. BARRACKS

15. Age of dependent 51 Years. 16. Relationship Mother.

Questions 17 to 30
Have a bearing on
the eligibility for
allowance and the
amount payable.

17. With whom did the dependent reside in the 6 months' period preceding your enlistment?
J.H. RISING, 412 Highfield St., Moncton, N.B. Son.
State name, address and relationship to dependent

18. With whom will the dependent make his or her home hereafter? Mrs. Ruth Rising.
(State relationship) Daughter of Dependant.

19. Is dependent being maintained in a Public Institution at the public's expense? No.
Yes or no
If yes, give name and location of institution

20. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any.
Full health
Under Daughter's care
~~Not under Doctor's care~~

21. From what date have you been contributing to the support of this dependent?
Since September, 1935.

22. Are you the sole or partial support? Sole.
State whether sole support or partial support

23. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months Paid rent. This amounted to \$300.00

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? Applicant supplied his own board and lodging.

24. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you? Death of father

25. Is the dependent your mother, step mother or foster mother? Mother.
state which

26. Is your father, step father or foster father living? No.
Yes or No
If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons, and give his age.

30. Fifteen per month assigned to obtain alimony. If 15 day month has signed to wife and child additional 5 per month assigned to dependent.

27. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Miss. Ruth Rising, 412 Highfield St., Montton, N.B.				
30 years of age. No occupation other than keeping house at the above address.				

28. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

No.

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain:

No.

(c) Did any of the above relatives serve during the South African War 1899-1902 or during the First Great War?

No.

Yes or No

If "yes" give name and unit or regimental number

29. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

	REMARKS
Insurance Annuity	\$
Dividends or Interest on Bonds and Shares	\$
Interest on Mortgages or Loans.....	\$
Rentals	\$
Workmen's Compensation*.....	\$
Old Age Pension*.....	\$
Mother's Allowance	\$
War Pension No.*.....	\$
War Veterans Allowance No.*.....	\$
Applicant's Assigned Pay.....	\$ 46.00
Other Assigned Pay	\$
Other Family Contributions.....	\$
Other Income.....	\$
Total.....	\$ 46.00

*Give Pension No. if in receipt of Pension.

30. Fifteen days' pay per month must be assigned to dependent to obtain allowance. If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days' pay per month must be assigned to this dependent.

30. What amount of pay have you assigned per month on behalf of this dependent?
 FIFTEEN (15) days' pay. \$ 46.00

[OVER]

31. Date assigned pay effective..... 1st April, 1942.

32. Have you made a prior assignment of pay. If so state number of days and to whom
No.

33. Have you made a previous claim for dependent's allowance?..... No.

If so give particulars of previous unit and official number under which applied for and date of application.....

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

[Signature]
Paymaster Sub.Lieutenant Rank
R.C.N.V.R.

[Signature]
Signature of Applicant
Date 2nd April, 1942.

Establishment, unit or station
..... H.M.C.S. "STADACONA."
Place HALIFAX, N.S.

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

Applicant's Assigned Pay	45.00
Other Assigned Pay	
Other Family Contributions	
Other Income	
Total	45.00

What amount of pay have you assigned per month on behalf of the dependent?
.....

COPY TO
VWDJ
ES

APR 11 1942

63074

113 R 4125

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 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..... (b) Reg'l. No. V26493
- 2. (a) Arm of service..... (b) Unit RCMP (c) Rank 1
- 3. (a) Date of birth 3/19/19 (b) Have you any dependents? no (c) Place of residence at time of enlistment Montreal
- 4. (a) Place of enlistment Montreal (b) Date of enlistment 1942

PLEASE LEAVE BLANK

#

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 17 (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.) 6 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? no (d) If you did not finish it, how long did you serve at it? 6 yrs
- 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? 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 CNR Address Montreal
- 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 mechanic (b) Number of years' experience at this occupation with any employer.....
- 21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge?..... (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? 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? no (b) How many years' actual farming experience have you had? no (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? YES
- 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.) back to CNR
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....

DATE MARCH 24 194..... SIGNATURE J. H. [unclear]