V8662
WINDSOR
FRANK LOUIS

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at Sea

Name Frank Louis WILSON
(Christian names in full)

Rank of Rating Able Seaman Official No. V.6[illegible] RCNVR
(If unknown, date of first entry)

Place of Bir[illegible] Haileybury, Ont Date of Birth [illegible] July, [illegible] 1[illegible]

Occupation in Civil Life Labourer Religion United Church

37

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 4years 11 months

Date of Death 7th May, 1944 Place of Death At sea

Cause of Death Enemy action. Torpedoing of H.M.C.S. "VALLEYFIELD"
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.
Name Mrs. Rita [illegible] Relationship Sister
Address 150 17th St., New Toronto, Ont.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials Not registered

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

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

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

Undertaker employed (if any)

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

E. D. Lewis

Commanding Officer,
H.M.C.S. "AVALON" A/Captain RCN

17th May, 1944. 194

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

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

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

C.N.S. 1121
15M—6-41 (831)
N.S. 815-9-1121

Noted

TO: NCR

PLEASE MAKE OUT FALSE DOCKET AND FORWARD WITH ATTACHED LETTER TO ADMINISTRATOR OF ESTATES.

CANADA

Department of National Defence

Naval Service

1138362

AUG 30 1944 194

IN REPLY PLEASE QUOTE

N.S. V-8662 PERS.(N)

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:

ESTATES BRANCH SEP 5 1944 H.Q. OTTAWA. NATIONAL DEFENCE

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
WINDSOR, Frank Louis, Able Seaman, V-8662, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Sister: Mrs. Rita Spode, 136-17th Street, New Toronto, Ontario.

ALLOTMENTS IN FORCE

In favor of	Amount	Initials
NIL	NIL	NIL AMP.

Will: No Record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.

D 2258 A
1000M—4-42 (4259)
N.S. 815-5-2258

RECEIVED
SEP 1 1944
N. S. H. Q.
CENTRAL
REGISTRY
(Personnel Section)

C. R.
N.P.R./5-2.
P. A.
NAVAL TREASURY
DATE 31/8/44
INITIAL

FORM "B"

FILE: N.S. V-8662 PERS. (N)

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

#2614

Sir:

AUG 30 1944
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
WINDSOR, Frank Louis	Able Seaman	V-8662 R.C.N.V.R.

DATE OF ENLISTMENT - 28 January, 1941 Active Service: 12 June, 1941.

DATE OF DISCHARGE - 7 May, 1944.

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

SERVICE - CANADA & HIGH SEAS
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred. - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Sister NAME - Mrs. Rita Spode,

ADDRESS - 136 - 17th Street, New Toronto, Ontario.

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

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

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

REMARKS:.....

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

Names of Dependents	Relationship	Maiden name of wife	Date of marriage and/or date of birth of children
NIL	NIL	NIL	NIL

	D. A.	A. P.	TOTAL
Monthly rate:	NIL	NIL	NIL
To Whom Paid:	NIL	Address	NIL

Date of Enlistment: See other side.

Date of Discharge: See other side.

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

The final deduction of Assigned Pay for nil has been made for the period from 1st to nil of nil 194 4.

Remarks:

Computed by... L.D.....

Checked by.....a.....

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

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

DC

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Frank Louis (CHRISTIAN NAMES) WINDSOR (SURNAME)

REGISTER NO. 10164

FILE NO. NSV-8662

PAYEE: Director of Estates, for Service Estate of Frank L. WINDSOR, N.S.V-8662

DATE: 27 June '45

ADDRESS: 308 Sparks St., Ottawa, Ont.

SERVICE NO. V-8662

FINAL RANK OR RATING: A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE: 7 May '44

DATE OF DISCHARGE: 7 May '44

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1061/30 EQUAL TO 35 COMPLETE PERIODS AT $7.50	262.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 418 LESS 11 INELIGIBLE DAYS, EQUAL TO 407 DAYS @ 25C. PER DAY	101.75
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

PAY	$	1.85
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$	1.45
ADDITIONAL PAY H.L.M.	$	.13
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 3.43	×7 = $ 24.01
NO. OF DAYS 418/183		×$ 24.01 = 54.84

D. WAR SERVICE GRATUITY	419.09
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ / DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	NIL
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	419.09

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ _____ OF $ _____ =$ 419.09

Voucher Interim 1070 12/7/45

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
JM	

TREASURY	
CHECKED BY	DATE
R Ray Langevin	8-7-45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctng.

Can. B. 207

100 M—11-40 (7881)
N.S. 815-2-207

DEPT. NATIONAL DEFENCE
FEB 25 1941
N.S. CANADA

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

P 20826

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..... Frank Louis Windsor .....

‡candidate for entry as..... Ordinary Seaman RCNVR .....

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)
20 6/12	lbs. 167	ft. ins. 6'1"	Good	inches (a) maximum 39 (b) minimum 36 (c) mean 37½	right eye 20/30 left eye 20/25 *colour vision Normal	not vaccinated	Normal	Normal	Normal	Clear	Normal	Normal	5 deficient 2 defective Nose & throat	Normal

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

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

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.

Frank L. Windsor
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 Hamilton the 27 of January 19 41

George L. Gray M.D.
Examining Medical Officer

(*Rank*).....

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

CERTIFICATE of the SERVICE of

Frank Louis WINDSOR

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V. 8662
Halifax, N. S.	Hamilton.	"
		"

Date of Birth 20 July 1920.

Place of Birth Haileybury, Ont.

Place of Residence Dundas Ont.

Trade brought up to Labourer

Religion United.

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

Sister

Mrs Rita Spade

136-17th St

New Toronto, Ont.

Can Swim:—P.P.T. 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
23/1/41.	28/1/41.	Hostilities	Ord 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	6	1	37½	167	Brown	Blue.	Fair.	Mole-Right elbow inside.
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
	Discharged Strength						
1941	Hamilton Div.			O/Smn	Jan 28	11 June	
	Active Service						
1941	Hamilton Div			O/Smn 12 June	12 June	18 Aug.	
1941	Stadacona			O/Smn	19 Aug.	2 Oct 41.	
	Hochelaga II			---	3 Oct 41	24 Oct 41	
	Stadacona			---	25 Oct '41	11 June 42	
	Stadacona			*/AB	12 June 42	9 July 42	
	Stadacona (Q-078)			---	10 July '42	28 Aug '42	
	Avalon (Q-078)			---	29 Aug '42	1 Apl '43	
	Stadacona			—·—	2 Apl. '43	26 Nov. 43	
	Hochelaga II			—·—	27 Nov. '43	7 Dec '43	
	Stadacona (Kellyfield)			—"—	8 Dec 43	29 Feb 44	
	Avalon (— " —)			— " —	1 March 44	7 May 44	D. D.

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

Date	Details	Captain's Signature
8 June 42	Issued SCTW. 30909	Act 2080

NAVAL T

Year	SHIP OR ESTABLISHM

EXAMINATIONS, NOT

Date	Part
Jan 28/41	Joine
24 Sep '41	" TR
12 June 42	Rated Act
10 Nov 43	Night Vis

VICE

CAUSE OF DISCHARGE
D.D.

her Grants

Captain's Signature
2080

NAVAL TRAINING and ACTIVE SERVICE

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

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
Jan. 28/41	Ident card NS4727				
24 Sep '41	"TR"	J. O. Martin			
12 June 42	Rated Acting A.B. act. 2776.	G. F. Newell			
10 Nov. 43	Night Vision "Good"	L. Davis			

Name Frank Louis W I N D S O R Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)	
From	To

CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
V.G.	Sat. (O. Smn.)	31 Dec. '41	[illegible] Adams
V.G.	Sat (A/AB.)	31 Dec. '42	J [illegible]
V.G.	SAT (A/AB)	31 Dec '43	[illegible]
V.G.	Sat. (A.B.)	7 May 44	[illegible]

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	No. of Days Served

N. V. 5
50M—1-41 (8973)
N.S. 815-11-5

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME WINDSOR OFFICIAL NO. V8662

CHRISTIAN NAMES Frank Louis MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
Dundas, Ontario.	United

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
July 20th. 1920	Town Haileybury	(Brother) Gordon Windsor 17 Balsam Ave., Kirkland, Lake, Ontario.
*Original Nationality of: Father Irish Mother Irish	County Province Ontario.	

*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 6 Inches 1 167	Inflated 39 Deflated 36 Mean 37¼	Brown	Blue	Fair	Mole right elbow inside

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Entrance	Laborer: John Bertram & Sons, DUNDAS, Ontario.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
28th. Jan. 1941	Ord. Smn.	Hamilton, Ontario.

(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 Algonquin Regiment 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
Algonquin Regiment	L. Corp.	18-7-40	27-1-41

(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.

(5) On being enrolled as a member of the Hamilton 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.....day of.....

Signature of applicant.....

(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.....

day of.....

.....

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I,.....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.....

Witness.....

Date..... Rank.....

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

(E) CERTIFICATE OF ATTESTING OFFICER

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

.....

Attesting Officer.

.....194..... R.C.N.V.R. Division
(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.

VERIFICATION FORM

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

NAME IN FULL WINDSOR, Frank Louis ....RANK/RATING ....A/B.....OFF.NO. V.866

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	C
Hamilton Div.	12.6.41	18.8.41	68							
D.078	10.7.42	1.4.43.	266	Atlantic						
Valley field	8.12.43	7.5.44.	152	Atlantic						
Deschya. Dead										
To Date. 7.5.44.										

VERIFIED BY D. Gadbois

VERIFIED BY .....

VERIFICATION FORM

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

Louis .....RANK/RATING ....A.B.....OFF.NO. V.8662.....ADDRESS .....

S	AREA	QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
									1939-45	/	Star
6	Atlantic								ATLANTIC	/	Star
2	Atlantic								FRANCE G.		
									AFRICA		
									PACIFIC		
									BURMA		
									ITALY		
									DEFENCE		
									C.V.S.M.	2	Clasp
									" CLASP		
									WAR 1945	/	Medal
									WAR 1915		

VERIFIED BY .....

..

VERIFIED BY .....

.....
DIR. OF PERSONNEL RECORDS.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, TORONTO

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

.....Ottawa, Sept. 13th, 1944.

V-8662 A.B. WINDSOR, Frank L. P. & N. H. 1950-F

The Department of National Defence, Naval Service,

officially reports that the marginally named was reported -
Missing, presumed dead, 7 May, 1944 when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic,

~~on the~~ ~~on~~ service CANADA & HIGH SEAS.

His next of kin is reported as - Sister -
Mrs. Rita Spode,
136 - 17th St.,
New Toronto, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

$ Nil a month to -

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

/AS

E. Clewes,
for
Canadian Pension Commission.

Central Registry will arrange to transfer the file from HALIFAX District Office.

C.P.C. - C.N. 2 15M-8-43 Req. 741

DEPARTMENT OF VETERANS AFFAIRS

D OF D 7-5-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WINDSOR	Frank Louis	V-8662	A.B.	FILE No.

WAR SERVICE BADGE CLASS) No. Nil DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	
	8256 16-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 056

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR 47 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mr. Gordon K.R. Windsor - Brother

ADDRESS: 17 Balsam Avenue,
Kirkland Lake, Ont.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER deceased

ADDRESS:

MEMORIAL BAR
(1) DATE DESP
REGN. NO 32

(2)

(3)

V8662 OFFICIAL NUMBER | FILE NUMBER 113-W-943 | OFFICIAL NUMBER V8662

NAME WINDSOR (Surname) Frank Louis (Given Names) DATE OF BIRTH 20th July, 1920.

PLACE OF BIRTH Haileybury, Ontario. OCCUPATION Labourer

RELIGION United EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Dundas, Province, etc Ontario.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
28	1	41	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
6' 1	Brown	Blue	Fair	Mole inside right elbow.

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To
Algonquin Regt.	L/Cpl.	18/7 40	27/1 41

NEXT OF KIN RELATIONSHIP (in pencil) Sister NAME (in pencil) Mrs. Rita Spode

ADDRESS (in pencil): Street and No. 136 - 12th St Town New Toronto Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars
17	5	44	C.V.S.M.(R.&C.) & 1939-1943 Star

EXAMINATIONS, CERTIFICATES, ETC. Ont 16/2/44

Date (in figures) Day	Month	Year	Particulars
14	6	43	Qualified Anti-Gas 1 day 1st issue
24	9	41	Marked "TR"
10	11	43	Night Vision "Good"

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

F.S.S. No. W/17-529655 DATE

App. to count 194 days previous N. P.A.M. Service towards award of G. S.Badges. 3/3/41.

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

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

W.S.G. APPLICATION 10164 RECEIVED 9/1/45

H.Q. 35—35M—2-43 (8309)
N.S. 815—7-35

V8662 OFFICIAL NUMBER | NAME WINDSOR (Surname) Frank Louis (Given Names) | P.I.B. OFFICIAL NUMBER V8662

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
Hamilton Div. Str.	Ord. Smn.	28	1	41		V.G.	Sat.	31	12	41							
Duty Div. Hdqtrs.	" "	12	6	41		V.G.	Sat.	31	12	42							
Stadacona	" "	18	8	41		V.G.	Sat.	31	12	43							
Hochelaga 11	" "	3	10	41		V.G.	Sat.	7	5	44							
Stadacona	" "	25	10	41													
"	A/Able Smn.	12	6	42	Rated (249A/2776) Confirmed (249A-A13870)												
Q-078	" "	10	7	42	DRD												
Stadacona	" "	3	4	43	DRD H-1090.												
York	" "	11	7	43	DRD H-2025												
Stadacona	" "	9	11	43	DRD H-3161												
Hochelaga (Frigate 8)	" "	27	11	43	DRD H-3346 (Valleyfield)												
DISCHARGED	" "	7	5	44	MISSING (Casualty List)												
					Presumed "DEAD" (memo 20-9-44)												

GENERAL REMARKS

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
20	7	20	11	900	0	40	X	1	55	01	9	20	0	08	05

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR	RANK
28	01	41	12	06	41						9680	1	08	04

SENIORITY DY	MO.	YR.	STR. CAT.	NON-SUB A	B	M ST.		CODED	CHECKED
12	06	42	13	00	00				

J.G.

ESTATES BRANCH

H.Q.V-8662
FD.592

27th February, 1946.

Mrs. Edith A.M.S. Stoltz,
c/o R-26688,
LAC. Windsor, Gordon K.R.,
308 Sparks Street,
O T T A W A.

WINDSOR, Frank L., A.B. (Deceased)
No. V-8662, R.C.N.V.R.

Dear Mrs. Stoltz:

This is a further distribution in the estate of your late brother amounting to $55.73, and representing the redemption value of one $50.00 Victory Loan Bond and sale of coupons.

Your brother died without having made a Will and this amount is therefore distributable equally among his two brothers and two sisters, in accordance with the Intestacy Laws of his province of domicile.

Treasury has been requested to forward to you a cheque in the amount of $13.93, and on receipt of same would you kindly sign and return the enclosed form to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

HRW:MS
Encl.1

(L.M.Firth) Colonel,
Director of Estates.

10164

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member Frank Louis WINDSOR Rank or Rating A-B. O.No. V8662

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. —

A.P. —

D.A. —

A.P. —

2. Pension awarded or being awarded to: No record

3. War Service Gratuity Application(s) received from: Mrs Rita SPODE (sister and N.O.K)
263 - 7th Street
New Toronto, Ont

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

(X) To be paid to: Director of Estates; as per application. In the proportion of: /

- and -

to: In the proportion of: /

( ) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 20 June 45

for D.N.P.A. (G) DHJ

NON QUALIFYING SERVICE

(#)

Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
	Total days		

(%)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Q-078 "	10 July 42 "	1 Apr 43 "	266 "
Valleyfield "	8 Dec 43 "	7 May 44 "	152 "
			418 "

Q-078 Valleyfield

365	24
29 Less 1 apl	31
31	29
30	31
9	30
	7
266	152

W.S.G. Application No. 10164"

TO: D.N.P.A. "G"

FILE NO. N.S. V 8662"

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
WINDSOR"	Frank" Louis"	V 8662"	A.B."

CAUSE OF DISCHARGE: DEAD (AMES VALLEY FIELD)"

Applicant - Sister - No RECORD OF A.F. DA OR PENSION"

12 June 41 - 11 June 44 - 1096
Less 7 May 44 - 24
June 11
1061

TOTAL SERVICE

Date of Active Service 12 JUNE '41"

Date of Discharge 7 MAY '44"

Total No. of Days 1061"

Less non qualifying service —

Total Days 1061"

OVERSEAS SERVICE

% Total No. of Days 418"

Less non qualifying service /

Total Days 418"

Record of Service in other Forces (per Naval Records)

Branch of Service /

Date of Active Service /

Date of Discharge /

& % Overleaf

Computed By [illegible]

Checked By [illegible]

for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: JUN 15 1945

N.D.A.

☒ Navy
☐ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

1159359

Application for War Service Gratuity

(*Canadian Armed Forces*)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service WINDSOR (Print)

2. Christian Names FRANK LOUIS (Print)

3. Service No. V. 8662 4. Paid rank or rating at date of termination of Service ABLE-SEAMAN

5. Address, in full, to which payments of gratuity are to be forwarded

DECEASED MEMBERS SERVICE ESTATE

no birth Cert. encl. Noted DN

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
NOT KNOWN				

NAVAL PERSONNEL RECORDS
10164
JUN 14 1945
WAR SERVICE GRATUITY SECTION

7. Have you during the present War, while a member of the Canadian Forces, ~~been attached, loaned, or~~ seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? If so, state name of Force or Forces NOT KNOWN

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? If so, state the Force or Forces, with dates of commencement and termination of service.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

June 12th 1945. (Date)

Mrs. Rita Spode (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

Next-of-Kin
263-7th St
New Toronto Ont

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.) no enc. G
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

RECEIVED
JUN 13 1945
N. S. H. Q.
Central Registry
Mail Operations
2

ESTATES BRANCH

HQ.NS. V-8662 FD.592

March 15, 1945.

Mrs. Edith A.M. Stoltz,
2 Rowan Avenue,
Kirkland Lake, Ontario.

WINDSOR, Frank L., A/B (Deceased)
No. V.8662, R.C.N.V.R.

Dear Mrs. Stoltz:

Distribution can now be made of the amount of money here at credit of your late brother.

The total amount available for distribution is made up as follows:

Balance of pay and allowances.....	$ 91.20
Post Office Savings Account, Halifax....	5.33
Total.....	$ 96.53

Your brother died without having made a Will and his Service estate is, therefore, distributable equally among his brothers and sisters in accordance with the Intestacy Laws of his province of domicile.

Treasury has been requested to send you direct a cheque payable to your order in the amount of $24.13, representing your share of the estate, and on receipt of same will you kindly sign and return the enclosed form of acknowledgment to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa.

Yours faithfully,

(L.M.Firth) Colonel,
Director of Estates.

HRW/JN
Encl.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY GL

Name WINDSOR Frank L No. 28662
Surname Christian Names

A.B. R.C.N.V.R. O/S 7-5-44
Rank Unit Date of Death

AMOUNT W.S.G. 419.09
L.P.C. $ 91.20
Other Credits 61.06

Date 18-2-46

Total 571.35
Prev dist. 410.85
Shares Ret. 118.70
This dist. 41.80

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/4	Brother	R.26688 AC. Windsor Gordon K.R. 308 Sparks Street, Ottawa, Ont.	13.94
1/4	Sister	Mrs Rita I.M. Spode 263 - 7th St., Can. Legion Bldg., New Toronto, Ont.	13.93
1/4	Sister	Mrs Edith A.M.S. Stoltz c/o R.26688 AC. Windsor Gordon K.R. 308 Sparks St., Ottawa, Ont.	13.93
		(As next of kin entitled)	
		SHARES RETAINED	
1/4 & shares Retained (104-77)	Brother	B.55029 L/Cpl. Windsor, W.T.A. C.A. O/S	118.70

P4. TO TREAS. 28-2-46, Ott.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	41.80

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

Pers(n) 12/9/44 142572

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 WINDSOR. Frank L. *Rating* A.B.

Official No. V.8662 *H.M.C.S.* AVALON " VALLEYFIELD *List* 12²/18

*Who** DISCHARGED DEAD *on the* 7 May, *19* 44

	$	cts.
Net sum due on ledger on account of Wages	N I	L
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH— Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash deposited by official Receipt No 25181 Adm. Naval Estates (Present War)	92	16
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) Nil charged to —		
Name of ship from which transferred HMCS. "VALLEYFIELD"		
Total† CREDITOR	92	16

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 AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of NINETY-TWO dollars SIXTEEN cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S NFLD. this FIFTH day of JUNE 19 44

Approved ..... PAY LIEUT. CDR. R.C.N.V.R. Accountant Officer

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

..... Commanding Officer.

A/CAPTAIN. RCN.

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

5M—2-42 (3601)
H.Q. N.S. 815-9-45

AUTHORITY: AVALON'S CNS 249A #A13928 dated 19 May, 1944

LEDGER:

AUDIT:

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.

RECEIVED SEP 19 1944 N.S. HALIFAX CENTRAL REGISTRY (Personnel)

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON "VALLEYFIELD"," ending 30 June 1944

List 12[2] No. 18 (Name) WINDSOR. Frank L. Rank Rating A.B. No. V.8662

When entered F.B. Date of appearance F.B. Whither discharged DEAD

	$	c.
CREDIT from former account	52	25
Pay as A.B. (Rank Rating) from 1 Apl to 31 May (61 days at $1.85 a day)	112	85
" " " " " (" " ")		
" " " " " (" " ")		
" " " " " (" " ")		
" " " " " (" " ")		
Kit Upkeep Allowance Adjustment March, 1944 1 Apl - 7 May	4	33 47
OTHER CREDITS:		
Total credits	169	90
DEBT from former account	NIL	

PAYMENTS:—

	1st	2nd	3rd	4th	5th			
	$ c.	$ c.	$ c.	$ c.	$ c.			
1st month	52.00	8.94				Total	60	94
2nd month						Total		
3rd month						Total		
Allotment 16.80 chged Apl.							16	80
Pension deduction (Officers) charged to of								
Hospital stoppages								
Mulcts								
OTHER CHARGES: O.R. No. 25181 payable Adm. Naval Estates (Present War)							92	16
LEDGER:						Total debits	169	90
AUDIT:						Balance Cr. or Dr.	NIL	
						(Balance Dr. to be shown in red)		

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED

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

Date 5 June 1944

PAY LIEUT. CDR., R.C.N.V.R. ACCOUNTANT OFFICER

C.N.S. 2426
25M—5-42 (4545)
N.S. 815-9-2426

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Rita Spode,
136-17th Street,
New Toronto, Ontario.

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

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

and the following number quoted:—

H.Q. V-8652 FD.592

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

November 3, 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

WINDSOR, Frank Louis., A.B.

No. V.8662, R.C.N.V.R.

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

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

ESTATES BRANCH NOV 20 1944 H.Q. OTTAWA NATIONAL DEFENCE

H. W. Wade
Commissioner
Director of Estates.

HRW/JN

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

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		NONE		
2	Children of the Deceased and dates of their Births		NONE		
3	Father of the Deceased		FREDERICK WINDSOR		DECEASED NOV. 11, 1937
4	Mother of the Deceased		MARY E. WINDSOR		DECEASED JULY 20, 1938
5	Brothers of the Deceased	Full Blood	R266888 AC, WINDSOR GORDON KENNETH RUSSELL	30	17 BALSAM AVE., KIRKLAND LAKE NO. 1 EQUIPMENT DEP RCAF., TORONTO
			B55029 L/CPL. WINDSOR WM. THOS. ALFRED	23	22nd SPEC. EMPLO CO'Y C.A. O/S
		Half Blood	NONE		
6	Sisters of the Deceased	Full Blood	RITA I.M. SPODE	32	CANADIAN LEGIO 263 SEVENTH S NEW TORONTO, O
			EDITH A.M. STOLTZ	28	2 ROWAN AVE., KIRKLAND LAK ONT.
		Half Blood	NONE		
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
	ELMER WINDSOR DIED as BABY APPROX. 1908		NONE		—

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	WINDSOR, FRANK LOUIS
9	Date of his birth.	20th. JULY 1920
10	Place and date of his marriage.	UNMARRIED
11	Place and date of his parents' marriage.	CALLENDER (BEFORE 1908 EXACT DATE NOT KNOWN

PARTICULARS OF DOMICILE

12	Place where deceased was born.	HAILEYBURY, ONT.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) ONTARIO, (c) (d) CANADA
14	Nature of employment before enlistment.	GOLD MINING
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.	NOT KNOWN

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	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. Do you wish it administered with the pay account? YES	POST OFFICE SAVINGS BANK PASSBOOK NO. 85555 HALIFAX N.P.O. 605
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NOT KNOWN
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NOT KNOWN
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	METROPOLITAN LIFE INS.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NONE KNOWN OF

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 DEBTS KNOWN OF, BELIEVED TO BE FREE FROM DEBTS
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.	NO FUNERAL

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

(PLEASE TURN OVER)

DECLARATION

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

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

*Sister of the deceased.

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

Mrs. Reta Spode — Signature of Informant

263-7th St. New Toronto Ont. — Address

CERTIFICATE

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

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

Dated at New Toronto this 16 day of November 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. John Field — Qualification Relief officer

Address 5 Church St. Mimico Ontario.

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

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

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

Dear Sirs—

May I be advised of any service gratuities forthcoming, of the deceased Frank Louis Windsor

signed Mrs. Reta Spode

The property of the late Mr. & Mrs. Frederick Windsor (his parents) was sold creating an amount of $1400.00 to be divided amongst the deceased F.L. Windsor, his 2 brothers and 2 sisters. This money will automatically be divided amongst the remaining 4 as it is being paid by the purchaser as monthly payments.

signed Mrs. Reta Spode

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of AT SEA Township of .....

If in City, Town or Village ..... (Name) Street ..... House No .....
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred ..... (b) In Province ..... (c) In Canada (if immigrant) .....

3. PRINT FULL NAME OF DECEASED WINDSOR, (Family name) Frank Louis (Given name or names in usual order)

RESIDENCE No. ..... Street ..... City, Town, Village or Township Dundas Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian	British	Single

8. BIRTHPLACE Ontario (Province or Country)

9. DATE OF BIRTH July (Month) 20th (Day) 1920 (Year)

10. AGE in

Years	Months	Days	If less than one day old
23	10		hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Labourer

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. John Bertram & Sons, Dundas, Ontario.

13. Date deceased last worked at this occupation .....

14. Total years spent in this occupation .....

15. If married give name of wife or husband of deceased .....

FATHER

16. NAME .....

17. BIRTHPLACE ..... (Province or Country)

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE ..... (Province or Country)

20. Person giving information sign here R.S. Money.

Address Paymr. Cdr., R.C.N.R., Officier i/c Naval Personnel Records,

Relationship to deceased Naval Service Headquarters, Ottawa, Ontario.

21. Place of Burial, Cremation or Removal Body not recovered.

Date of burial or removal .....

22. Burial Permit was issued by .....

Address .....

23. UNDERTAKER ..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH May (Month) 7th (Day) 1944. (Year)

25. I HEREBY CERTIFY that I attended deceased from:

..... 19.... to ..... 19.....

and last saw h..... alive on ..... 19.....

CAUSE OF DEATH

I.
Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) "MISSING" persumed dead when H.M.C.S. "VALLEYFIELD" was

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
due to (b) torpedoed and sunk by enemy
due to (c) action in the Atlantic.

II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

PHYSICIAN
Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give
(a) Date of appearance ..... 19.....
(b) Duration of disease ..... days

27. If a woman, was the death associated with pregnancy? .....

28. Was there a surgical operation? ..... Date of operation ..... 19.....
State findings ..... Was there an autopsy? .....

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? ..... (State which) Date of injury ..... 19.....
Manner of injury ..... (How sustained)
Nature of injury .....
Specify whether injury occurred in **industry,** in **home,** or in **public place** .....

Signed by ..... **M.D.**
Address ..... **Date** ..... 19.....

30. Division Registrar's Record No. .....

31. Filed ..... 19..... ..... (Division Registrar)

TFH/MC

REGISTERED

AIR MAIL

N.S. V-8662 Pers. (N)

11th, May, 1944.

24

Dear Mrs. Spode:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your brother has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D. T. English, of Halifax, Nova Scotia, are missing.

May I again express the sincere sympathy of the Department in your sad loss.

LETTER dispatched by PERSONNEL NAVAL MAY 12 1944

Yours sincerely,

SECRETARY, NAVAL BOARD

Mrs. Rita Spode,
136 - 17th Street,
New Toronto, Ontario.

CANADA

IN REPLY PLEASE QUOTE

No.....

Department of National Defence
Naval Service

Ottawa, Canada.

MEMORANDUM:

With reference to your

of the it is approved

to transfer

to

BY ORDER

H.S. Money

SECRETARY, NAVAL BOARD.

H.Q. 1010

500M-1-41 (9038)
N.S. 815-7-1010

TFH/JLB

REGIST

AIR MAIL

N.S. V-8662 (Pers N)

8 May, 1944.

Dear Mrs. Spode:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your brother, Frank Louis Windsor, Able Seaman, Official Number V-8662, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your brother is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

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

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Rita Spode,
136 - 17th Street,
New Toronto, Ontario.