V23559
MANSON
JOHN LOVELL

S.C. [redacted]

113-M-1964

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full JOHN L. MANSON. (b) Reg'l. No. N.K.
2. (a) Arm of service NAVY (b) Unit RCNVR. (c) Rank A/CK.
3. (a) Date of birth Dec 5-17 (b) Have you any dependents? MOTHER (c) Place of residence at time of enlistment MONTREAL
4. (a) Place of enlistment MONTREAL (b) Date of enlistment FEB. 1st 41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 YEARS. (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) NO
7. If you attended a university, give name of university and standing or degree secured NO
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? BUTCHER. (c) Did you finish it? YES (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NO

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 JOHN. ZEGASSICK Address MONTREAL.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ARBATTOR.
20. (a) Your specific occupation BUTCHER. (b) Number of years' experience at this occupation with any employer 5 YEARS.
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? NO
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? NO

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) —
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form —

D.D.

DATE April 28 1941 SIGNATURE John Lord Manson

O.H.E. RECEIVED

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. A. Manson,
755 Greene Avenue,
Montreal, Quebec.

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

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

and the following number quoted:—

H.Q. NS V-23559 FD 877

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

ESTATES BRANCH
JAN 30 1945
H.Q. OTTAWA
NATIONAL DEFENCE

January 24 1945

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

MANSON, John Lovell Cook, V-23559

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.

L. H. K. Wade.
Commander (S) R.C.N.V.R.
for Director of Estates.

HRW/HO

M.F.W. 77
16M-10-44 (5854)
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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		ARCHIBALD.D.Y.MANSON.	69	DIED OCT. 13th 1944.
4	Mother of the Deceased.....		ANNIE. D. MANSON	63	755 Greene Ave Montreal
5	Brothers of the Deceased	Full Blood	PTE. LESLIE. D. MANSON	22	1.BTL.BLACK. WATCH. NO 4 PLATOON. SUPPORT COY. CANADIAN. ARMY. OVERSEAS. NO. D 82440.
		Half Blood			
6	Sisters of the Deceased	Full Blood	MRS. THELMA. D. PENNY	29	755 GREENE. AVE MONTREAL.
		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
	ANNIE MANSON STILLBORN. SISTER. APRIL 13th 1914.		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	JOHN. LOVELL. MANSON.
9	Date of his birth.	DECEMBER. 5th 1917.
10	Place and date of his marriage.	SINGLE.
11	Place and date of his parents' marriage.	IN MONTREAL. QUEBEC. ON FEBRUARY 22nd. 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	VERDUN. PROV. QUEBEC.
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) PROVINCE QUEBEC. (c) FROM BIRTH. (d)
14	Nature of employment before enlistment.	BUTCHER.
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.	MONTREAL.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	YES. IN NAVAL SERVICE NO. OTHER.
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?	NOT MARRIED.
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?	NO
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NONE.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$100. BOND. TAKEN OUT IN NAVY. AT HALIFAX.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	$1,000 IN. METROPOLITAN LIFE INSURANCE CO. MRS. ANNIE MANSON. MOTHER.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NONE

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.	NO.

(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

* Mother 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. Annie. D. Manson — Signature of Informant

755 Greene Ave. Montreal — Address

CERTIFICATE

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

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

Dated at Montreal this 29th day of January 19 45

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

H. O'Connor

Qualification Commissioner of The Superior Court for the District of Montreal.

Address 2401 St James - Montreal

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

John Manson had bought a suit in England. Was paid for. Not known if he recieved it. If not recieved please ~~donate~~ donate it to the Officers' Kit Replacement Bureau.

Mrs Annie D. Manson

N. V. 5

25M—9-40 (6793)
N.S. 815-11-5

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME MANSON OFFICIAL NO. V 23159

CHRISTIAN NAMES John Lovell MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
45 Selby Street, Westmount, P.Q.	C. of E.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
5th Dec., 1917	Town Verdun,	Archibald MANSON (Father) 45 Selby Street, Westmount, P.Q.
*Original Nationality of: Father English Mother English	County Province P.Q.	

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 5¾ 127	Inflated 36 Deflated 34 Mean 35	Light Brown	Grey	Fair	Scar on right knee

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
29th Jan. 1941.	Ass't Cook.	Butcher: Dominion Stores Ltd.
R.C.N.V.R. Division (or other establishment) at which enrolled Montreal.		

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

(1) That I am a British Subject domiciled in Canada.

(2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.

(3) That * (a) ~~I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.~~

Canadian Army

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
Grenadier Guards	Private	22nd November 1940	22nd December 1940

(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.

Montreal

(3) On being enrolled as a member of the.....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 29th day of January, 1941.

Signature of applicant John Lovell Manson

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 29th day of January, 1941.

W R Spinney

Signature of and rank of Attesting Officer.

Sub Lieut. R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, John Lovell MANSON 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 John Lovell Manson

Witness W R Spinney

Date 29th, January, 1941. Rank Sub Lieut. 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

John Lovell MANSON 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 Montreal. Division of the R.C.N.V.R. or in the appropriate official documents.

W R Spinney

Sub Lieut. R.C.N.V.R. Attesting Officer.

29th January, 1941. 194.....

R.C.N.V.R. Division (or other establishment) Montreal.

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.

Can. B. 207

100 M—11-40 (7881)
N.S. 815-2-207

DEPT. NATIONAL DEFENCE

P 15185 FEB -8 1941

N.S. 13-82-1964 CANADA

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

2

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

I, the undersigned, have examined ..... John Manson .....

‡candidate for entry as ..... Lieut. (S) RCNVR Assist. Cook .....

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	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	Mouth, Teeth (*No. deficient and No. defective, if any*), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum	right eye									
23 1/12	127	5'5-3/4	Good	36 (b) minimum 34 (c) mean 35	6/36 left eye 6/60 *colour vision N.	15 Aug 40 Chicken Pox	7/10/40 Lungs clear Bronchitis Sept 40	normal	normal	normal	normal	Sept 40 Varicocele	3 deficient 3 defective Teeth stained	Clear.

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

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

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.

John Manson .....

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 Montreal the 27 of January 19 41

A. B. McCleave .....

Examining Medical Officer

(*Rank*) Surg-Lt RCNVR

M.F.M. 16A
200M—11-40 (8110)
H.Q. 1772—39-1665

29

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(.....)

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

The names required by Questions 1, 2 & 12 must be shown in block capitals.

1. Surname of applicant ..... MANSON .....

2. Full Christian name or names ..... John Lovell .....

Answer required by question 4 is rank for which pay is issuable. When warrant rank, show Class I or II.

3. Official Number ..... V-23559 ..... 4. Rank ..... Cook (O) .....

5. Unit, Station, or Establishment ..... H.M.C.S. "ATHABASKAN" .....

Question 6: Should be taken on strength for pay on date of enlistment, or on reporting after being called out for duty. If granted leave of absence, Part II Orders should show record.

6. (If "other rank") Date of enlistment or called out for duty and taken on strength for pay ..... 3rd February, 1941. ..... D.O. No ..... d/.....

7. (If "Officer") (*a*) Date of appointment ..... D.O. No ..... d/.....

(*b*) Date reported for duty ..... D.O. No ..... d/.....

Question 7: In the case of officers the date of reporting for duty is the date pay commences, and dependents' allowances cannot commence prior to that date.

8. 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 9 and 10: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment ..... No .....

.....

10. (*a*) If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month .....

(*b*) "If you are in receipt of disability pension from any source, state amount per month, pension No., and name of Government paying pension ....."

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment ..... Butcher .....

Employed by Dominion Stores Limited, Montreal.

.....

12. Name of dependent ..... MANSON ..... Annie ..... Mrs. .....
Surname — Christian Name — Mr. Mrs. or Miss

Question 13: Give street name and number or post office box number, R.R. No., city, town or village and province.

13. Address ..... 755 Green Avenue, Montreal, P.Q. .....

3.2.41
Cook O 15.10.41
Mother for Athabaskan

14. Age of dependent 60 years 15. Relationship Mother

Questions 16 to 28: Have a bearing on the eligibility for the allowance and the amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

Her own home, Montreal.

State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter?

(State relationship) Her daughter.

18. 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

19. 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 Physical.

Dr. B.A. Convoy, Wellingston St., Montreal.

20. From what date have you been contributing to the support of this dependent?

February, 1941.

21. Are you the sole or partial support? Partial

State whether sole support or partial support

22. (*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 $21.00 per month. $126.00

(*b*) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? Yes, it entitled me to board and lodgings.

23. 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?

24. If dependent is your mother, is your father living? Yes

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.

Sickness and unable to work and also had a leg amputated September, 1942.

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

	Name	Address	Age	Occupation	Married or Single
Brother	MANSON, Leslie Davidson	Can. Army Overseas	21	Private	Single
Sister	Mrs. Thelma Penny	755 Green Ave., Montreal	29	Housewife	Married - 2 children

26. (*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.

Brother. Amount unknown.

(*b*) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: Yes, prior to his enlistment.

27. 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.

Dependent's Average Monthly Income from:		*Dependent's Average Monthly Allowances from:*	
Personal earnings	$ N.K.	Workmen's Compensation Award.	$
Contributions and allowances from other members of family.	$	Widow's Pension	$
Insurance	$	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority)	$
Dividends from shares, bonds, etc.	$		$
Interest on loans or mortgages.	$		$
Rentals.	$		$
Other	$	Total	$
Total	$		

Question 28: (If "SOLDIER") Fifteen days' pay for month must be assigned to **dependent.** If 15 days' pay per month has been assigned to dependent wife and child an additional 5 days' pay per month must be assigned to this dependent. (If "OFFICER") Five days' pay per month must be assigned to this dependent.

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

15 days' pay $30.00

29. Date assigned pay effective 1st June, 1943.

30. Have you made a prior assignment of pay. If so state number of days and to whom

11 days' pay $21.00 from 5th February, 1941.
Mother.

[OVER]

31. Have you made a previous claim for dependent's allowance? Yes

If so give particulars of previous unit and official number under which applied for and date of application R.C.N.V.R. Division, Montreal, Que. 5th February, 1941.

Certified that authorization for assigned pay as stated has been received and that the answers to Questions 1, 2, 3, 4, 5, 6, 7, and 8 are in accordance with records.

James G. Dykes
(Paymaster) Lieut. R.C.N.V.R. (Rank)

Treasury Officer

I certify that the above is a true statement.

John L Manson
Signature of Applicant
(J.Manson, Cook (O), V-23559)

Date 15th May, 1943.

Establishment, unit or station

Place

NOTES.—Dependents' allowances may not be awarded to more than three dependents of any officer or man. Any special circumstances applying to the applicant and his service, which are not disclosed by above questions and answers, should be explained by additional necessary notations.

N.V. 17
15M—4-40 (4717)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

John Lovell MANSON

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V.23559
R.C.N.Barracks, Halifax	Montreal	"
		"

Date of Birth 5th December, 1917

Place of Birth Verdun, Quebec

Place of Residence 45 Selby St., Westmount, Quebec

Trade brought up to Butcher

Religion Church of England

O.H.F.

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

Mother Annie L.
755 Green Ave.
Montreal, Que.
13-2-45

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
29 Jan.'41	29 Jan.41	Duration of hostilities	Asst.Cook

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration
21 Nov 43		Awarded Ribbon for 1939-43 Star

PERSONAL DESCRIPTION

	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	5-3/4	35	127	Light Brown	Grey	Fair	Scar on right knee
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
1941	"Montreal Division"			Asst. Cook(S)	3 Feb. '41	26 Feb. '41	
	Stadacona			— " —	27 Feb 41	30 Sep '41	
	H.M.C.S. "Kings"			— . —	1 Oct 41	14 Oct 41	
1941	— — —			Cook (O)	15 Oct 41	21 Oct 41	
	Stadacona (Kings)			— —	22 Oct 41	11 Dec '42	
	Niobe			— .. —	12 Dec '42	3 Feb '43	Reported Missing (20135)
	Niobe (Athabaskan)			— " —	4 Feb '43	29 Apl. 44	Presumed dead (21063)
							C.N.M.O. sig. 13.2.109 Jan 45

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

Date	Details	Captain's Signature
7 May 42	S C T'd * 20695	1984

NAVAL TRAINING and ACTIVE SERVICE

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

Name John Lovell MANSON Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V. G.	Sat. (Ch. (O))	31 Dec. '41	A. H. Hodgens Lieut. R.N.
		V. G.	Sat. (Ch. (O))	31 Dec '42	
		V. G.	Sat. (Cook (O))	31 Dec. '43	E Brock
		V. G.	Sat. (Cook (O))	29 Apl. '44	D.S.O. mayne

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored

TIME FORFEITED

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

C. 11
E 83

M.F.M. 82
480M—8-40 (6652)
H.Q. 1772-39-1773

MILITIA ACT

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

E 22603 REGIMENTAL No. D 537009

467

Militia Unit taken On Strength R.M.R.

1. Surname (Block Letters) MANSON
2. Christian Names (In Full) John Lovell
3. Present Address 45 Selby St. Westmount
4. Place of Birth Montreal Date of Birth 5 Dec. 18
5. Religion C. E. 6. Occupation Butcher
7. Next-of-Kin Archibald Manson Father
   (NAME AND ADDRESS)
   45 Selby Street Montreal
8. Physical Description: Height 5' 7" Weight 135
   Color of Eyes Grey Color of Hair Fair
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

Navy

Dated this 22 day of Nov. 19 40

Training Centre No.

John Manson
(SIGNATURE OF MAN)

L Adams 2Lt.
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

TRAINING CERTIFICATE STAMP
NO. 40 CANADIAN MILITIA TRAINING CENTRE

A Howard
Lieut. Colonel
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

STAMP
N.P.A.M. TRAINING CENTRE
No. 40
COURSE 2
ENDING
DEC 21 1940

R C A volunteer.

A. Mulledge 2Lt.

ARMY TRAINEE

DEPARTMENT OF VETERANS AFFAIRS **AWARDS** M WAR SERVICE RECORDS

MANSON, John Lovell	D537009	Pte	FILE No. 320251
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
	30 Days Training

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

W. 130

REGISTRAIRE DE DIVISION
DIVISION ADMINISTRATIVE "E"
OCT 1 1940
Min. des Services Nationaux de Guerre
MONTREAL, QUE.

MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

Notice of Call Serial No:— E 22603

4

This form to be used by divisional registrars for copies of original medical examination and certificate forms.

PART I

Name in full (Print in block letters) MANSON (Surname) JOHN L. (Given Names)

Born: Place Verdun Canadian Province (or other country) Qué. Date Dec. 5, 1918

Permanent Postal Address Selby Ave. (Street and Number) 45 (Rural Route and Post Office) Westmount, (Town or City) Montréal, Qué. (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—

Rheumatism no Tuberculosis no Bronchitis or Asthma n Heart Disease no

Kidney or Bladder Disease no Stomach or Intestinal Trouble no Rupture no Varicose Veins no

Trouble with feet no Nasal Trouble no Ear Trouble no Eye Disease ? Fits no

Nervous or Mental Disease no Syphilis no Gonorrhoea no Have you ever worn Glasses? no

Have you ever been rejected for Military Service? no Are you in receipt of disability pension or compensation? no ("Yes" or "No") If so, from whom?

Place Montréal Province Qué. Date Sept. 30, 1940

(Signed): John Manson
Signature of man.

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"

** Difficult in reading by lamp light.

Physical examination (the man must be stripped)

1. Height 5 feet 7 inches. 2. Weight 155 pounds
3. Complexion fair Colour of eyes gray Colour of hair fair 4. Development good (good / fair / poor) — Strike out inapplicable words.
5. Chest measurement—Girth on full expansion 35 inches
   Range of expansion 2 inches
6. (*a*) Vision without glasses—Right eye 20-20 left eye 40-20
   (*b*) If in possession of glasses: Vision with glasses—Right eye left eye
7. Hearing, right ear O.K. left ear O.K.
8. Mouth and teeth Good.
   Describe dentures, if any ****
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—

PART III

I have examined the man in accordance with the physical standards and instructions for the medical examination of recruits and certify that he is fit for:—

Category "A" X
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

(Signed):
Signature B. A. Conroy, M. D. (Examining Physician)
Address 2177 Wellington St. Montréal
Date Sept, 30, 1940

The space below is reserved for Training Centre Medical Officer.

PART IV Record in detail any disease or disability not previously described:— V V X

Signature [illegible] Training Centre Medical

Training Centre No. or Name NO. 40 CANADIAN MILITIA TRAINING CENTRE

N.P.A.M. No.

(Important: See other side)

N.W.S. Form No. 1A

Station	Admission to Hospital			Discharged from Hospital			Disease	Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.
	Day	Month	Year	Day	Month	Year		

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an "examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.

2. The "examining physician" must examine the man and complete this form and certificate herein contained in accordance with the physical standards and instructions for the medical examination of recruits, copy of which will be supplied to each "examining physician" by the Department of National War Services.

3. The "examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The names and addresses of all Divisional Registrars will be brought to the attention of all appointed "examining physicians" by notices in the press or, if possible, by letter.

4. Payment for the examination of each man will be made monthly by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account.

5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

"(3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

"Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

I hereby certify this to be a true and correct copy.

.....

...ional Registrar will stamp the four copies showing his Administrative Division and the place and date where the copies were made and certified by him.

...ional War Services Regulations, 1940 (Recruits).)

VERIFICATION

CAMPAIGN STARS, DEFENCE MEDAL, WAR M

NAVAL GENERAL SERVICE ME

NAME IN FULL MANSON ... John Lovell ..... RANK/RATING Lk (O) ...

SHIP	SERVICE			AREA	Q	
	FROM	TO	DAYS		FROM	TO
	3.2.41					
NIOBE	12.12.42	2.3.43	} 505.			
ATHABASKAN	3.2.43	29.4.44.				
Disch. Dead						
to date 29/4/44.						

VERIFIED BY ... J Roe ...

VERIFIED BY ...

VERIFICATION FORM

NCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
ENERAL SERVICE MEDAL (1915).

ING ..bk (0)..... OFF.NO. V.-23559..... ADDRESS .....

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

VERIFIED BY ..J Roe.....

..... DIR. OF PERSONNEL RECORDS.

Form S.[illegible]246 K (Established—May, 1927)
2M—5-42 (4592) (Revised—June, 1942)
N.S. 815-9-1246 K

To be kept attached to the rating's Service Certificate and handed to him with it on final discharge from the Service

COOK RATING'S HISTORY SHEET

(See K.R. & A.I., Articles 609 and 610)

Full Name M A N S O N John Lovell

Port Division MONTREAL, P.Q.

Official Number V-23559

Examinations for Higher Rank or Rating and in Special Subjects

Date	Examined for	Result	Signature of Commanding Officer

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 From	Date To	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
	On Active Service					
MONTREAL	A/CK(S)	3 Feb 41	26 Feb 41			
STADACONA	-"-	27 Feb 41	30 Sep 41			
KINGS	-"-	1 Oct 41	14 Oct 41			
-"-	Cook(O)	15 Oct 41	21 Oct 41			
STADACONA	-"-	22 Oct 41	11 Dec 42	W.R. galley	Experienced & reliable. Capable of taking charge of a watch	Lt. G.L. Buchanan Pay Lt
NIOBE	-"-	12 Dec 42				

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

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‡—

.....Captain

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

.....Date

*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 not otherwise recorded. To be completed in the ship or establishment from which a man is discharged to shore, or to Depot as a preliminary for discharge to shore.

K.R.E

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 MANSON, John *Rating* Ck (o)

Official No. V-22559 *H.M.C.S.* "ATHABASKAN" *List* 5D/2-12

*Who**. DISCHARGED MISSING IN ACTION *on the* A.M. 29th April *1944*

	$	cts.
Net sum due on ledger on account of Wages	37.	73
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash debited in the Accountant Officer's Cash Acct		
If in debt in ledger, amount to be stated (in red ink)		
Rate of allotment (in words) SEE REVERSE charged to 30 Apl. 44		
Name of ship from which transferred H.M.C.S. "ATHABASKAN"		
Total† CREDITOR X.	37.	73

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. "NIOBE" PAY DIV. III amounting to a net balance† CREDITOR of Thirty seven dollars seventy three cents.

Dated on board H.M.C.S. NIOBE PAY DIV. III at Greenock Scotland. this First day of August. 19 44

Approved G. C. Buchanan Accountant Officer
Pay. Lieut. R.C.N.V.R.

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

Lieut. Cdr. R.C.N.R. (C.N.A.A. PLY) Commanding Officer.

ENTERED IN S.N.P.A.'s LOG BOOK JAN 29 1945 CLERK No. 1

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 X Credit Balance 37.73 taken on charge in H.M.C.SN"NIOBE PAY DIV.111 SUB. CASH ACCOUNT FOR AUGUST, 1944 Receipt Vr. P.R. 200

10M—10-40 (7450)
H.Q. N.S. 815-9-45

ACCOUNT OF SALE OF THE EFFECTS

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

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
	NO EFFECTS RECOVERED					
	ALLOTMENTS					
	Thirty Dollars (Assigned Pay.)					
		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.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY HG

Name MANSON John L. No. V.23559
Surname Christian Names

CK (o) R.C.N.V.R.O/S 29-4-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 217.60

Date 8-11-45

Other Credits

Total 217.60
Shares Retained 54.40
This Dist. 163.20

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/4		Estate of Father, Archibald D.Y. Manson, c/o Mrs. Annie D. Manson, 155 Greene Ave. MONTREAL, P.Q.	$54.40
1/4	Mother	Mrs. Annie D. Manson, (as above)	54.40
1/4	Sister	Mrs. Thelma D. Penny, (as above) (as next of kin entitled)	54.40
		SHARES RETAINED	
		For Service Personnel Overseas, D.82440, Pte. Leslie D. Manson. (Pending confirmation of address)	54.40

P4. TO TREAS. 23-11-45, qm.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$163.20

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

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY HG

Name MANSON John L. No. V.23559
Surname Christian Names

Cook (O) R.C.N.V.R.O/S 29-4-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 217.60

Date 10-1-46

Other Credits.....

Total..... 217.60
Prev.Dist. 163.20
This Dist. 54.40

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Brother	Leslie D. Manson, 755 Greene Ave., MONTREAL 30, Que. ~~his~~ (as next of kin entitled)	$54.40

P4. TO TREAS. 23-1-46 QM.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$54.40

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

V23559 OFFICIAL NUMBER | FILE NUMBER 113-M-1964 | OFFICIAL NUMBER V23559

NAME MANSON (Surname) John Lavell (Given Names) DATE OF BIRTH 5 December, 1917

PLACE OF BIRTH Verdun, Quebec. OCCUPATION Butcher

RELIGION Church of England EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 45 Selby Street Town Westmount, Province, etc Quebec.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
29	1	41	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 5¾"	L.Brown	Grey	Fair	Scar on rt. knee

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To
G.G.	Pte.	22-11-40	22-12-40

NEXT OF KIN. RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Annie Manson

ADDRESS (in pencil): Street and No. 155 Grand Ave Town Montreal 30 Province, etc. Quebec

3/12/44 confirm

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars
21	11	43	1939/43 Star. (20071)

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars

Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

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

FILM NO MMR5495-3 DATE

SECOND CLASS FOR CONDUCT

From	To

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

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

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

O.H.F. Rec.

W.S.G. APPLICATION 4462 RECEIVED

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

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

V23559 OFFICIAL NUMBER | NAME MANSON (Surname) John Lovell (Given Names) | P.I.B. OFFICIAL NUMBER V23559

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
Montreal Div. Str.	Asst. Cook	29	1	41		V.G.	Sat.	31	12	41							
Duty Div. Hdqs.	" "	3	2	41		V.G.	Sat.	31	12	42							
Stadacona	" "	26	2	41		V.G.	Sat.	31	12	43							
Kings	Asst. "	30	9	41		V.G.	Sat.	29	4	44							
"	Cook (O)	15	10	41													
Stadacona	"	21	10	41													
Niobe	"	12	12	42	T.D.												
Athabaskan	"	3	2	43	N.DRD #107												
DISCHARGED	"	29	4	44	"Missing" Per Casualty List.												
					PRESUMED DEAD 29/4/44 Per Casualty List Page #67.												

GENERAL REMARKS

X-ray #70108 App.
AWARDED CANADIAN MEMORIAL CROSS to:
Mother: Mrs. Annie D. Manson,
755 Greene Ave.,
MONTREAL, P.Q.
February 19, 1945.

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE PR.	CTY.	TOWN	PREV. ENL. SERV.	DIV.	RANK OR RATE ON ENLISTMENT A	BR.	RANK
25	R	17	12	247	0	30	X	2	23	10	9	01	0	18	95

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
29	01	41	03	02	41						9830	0	19	74

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B	M. ST.		CODED	CHECKED
15	10	41	13	00	00	20			FB

DECEASED 29 April 1944

DEPARTMENT OF VETERANS AFFAIRS **AWARDS** (NAVY) WAR SERVICE RECORDS

P. D.D.

MANSON John Lovell	V-23559	Ck.(0)	FILE No.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star, Atlantic Star, C.V.S.M. & Clasp, War Medal.	7517

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

HMCS "ATHABASKAN" Nov./45 R.C.N.V.R. (From Correction Sheet)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP (1)

REGN. NO 909

(1) MEDALS PERSON ENTITLED TO	Mr. Archibald Manson - Father	
ADDRESS:	755 Green Ave., Montreal, Que.	
(2) MEMORIAL CROSS WIDOW		(2)
ADDRESS:		
(3) MEMORIAL CROSS MOTHER	Mrs. A. D. Manson	(3) 19 February 1945
ADDRESS:	755 Greene Avenue MONTREAL, Que.	

H.Q. 1000
15M (ENGLISH)-9-44
N.S. 7570-H.Q. 100

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
NAVY

BJ

STATEMENT OF WAR SERVICE GRATUITY

1 Deceased Member's NAME: John L. (CHRISTIAN NAMES) MANSON (SURNAME)

4 Payee ADDRESS: Mrs. Annie D. MANSON
755 Greene Avenue
Montreal, P.Q.

REGISTER NO. 4462
FILE NO. V23559
DATE 26 Feb 45
SERVICE NO. V23559
FINAL RANK OR RATING Cook (O)
DATE OF DISCHARGE 29 Apl 44

DATE OF TERMINATION OF OVERSEAS SERVICE 29 Apl 44

			$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1182/30 EQUAL TO 39	COMPLETE PERIODS AT $7.50		292.50
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 505 LESS 12 INELIGIBLE DAYS, EQUAL TO 493	DAYS @ 25c. PER DAY		123.25
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	SUB TOTAL		
C. SUPPLEMENT FOR OVERSEAS SERVICE	DAILY RATES AT DISCHARGE			
	PAY	$ 1.95		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.45		
	ADDITIONAL PAY 10.0.	$ .05		
		$		
		$		
	DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00	$ .85		
	TOTAL	$ 4.30 X7 = $	30:10	
	NO. OF DAYS 493/183	X$	30.10	81.09
D. WAR SERVICE GRATUITY				496.84
E. DEDUCTIONS	OVERPAYMENT OF	PAY AND ALLOWANCES $	N11	
		DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS	$		
F. AMOUNT PAYABLE				496.84

(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF $ EACH)

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS AFFAIRS.

SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES $ X30 $

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	496.84								
CHEQUE No.	111879								
DATE	10/3/45								

INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

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
SJD	

TREASURY

CHECKED BY	DATE
V McConnell	5/3/45

A/Director
Dir of Naval Pay Accting.
SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name: John. L. MANSON
(Christian Names) (Surname)

Payee: Mrs. Annie. D. MANSON.

Address: 455. Greene Ave, Montreal. P.Q.

Register No. 4462
File No. V23559
Date 19.1.45
Service No. V23559
Final Rank or Rating COOK(O)
Date of Discharge 29 Apl 44.

Date of termination of overseas service 29 Apl 44

	$	¢
A. TOTAL QUALIFYING SERVICE No. of days 1182/30 equal to 39 complete periods at $7.50	292.	50
B. QUALIFYING OVERSEAS SERVICE No. of days 505 less 12 ineligible days equal to 493 days @ 25¢ per day	123.	25
~~C. SUPPLEMENT FOR OVERSEAS SERVICE~~	~~15~~	~~75~~

DAILY RATES AT DISCHARGE

Pay	1.95	Rates from file
Subsistence or Lodging and Provision Allowance	1.45	
Additional Pay 1 GCB	.05	
Dependents' Allowance 1/30 of $ 75.00	.85	
Total	4.30 x 7 = $	30.10
No. of days 493/183 x $	30.10	81. 09
D. WAR SERVICE GRATUITY		496. 84
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		496. 84

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance ~~in issue~~ to you $ _____ of $ = $ 496.84
Total Dependents' Allowance in issue $

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

Prepared by	Checked by	Treasury Checked by	Treasury Date

Service Representative

D.N.P.A. CHECK

1		6	
2		7	
3		8	
4		9	
5		10	

DEPENDENTS ALLOWANCE BOARD

DECISION OF THE BOARD IN RESPECT OF THE APPLICATION FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

87

Official No. V-23559 Rank or Rating Cook (O)

MANSON (Surname) John Lovell (Christian Names)

Military Unit

Air Force Establishment or Station

Naval Ship or Establishment

DECISION OF THE BOARD

1. Casualty Death Date April 29, 1944. Authority Off.i/c Naval Personnel Records

Dependents' Allowance previously in pay for ...Mother.....$ 25.00

Assigned Pay .....(Amount of 15 days' pay $ 30.00) in issue.....$ 30.00

2. Effective May 1, 1944, vacate previous award and pay for a period of

Six months to Mrs. Annie Manson,
755 Green Ave., #37,
MONTREAL, P.Q.

A. A sum equal to Dependents' Allowance .....$

and an assignment of days' pay of rank.....$

Total.....$

(ONLY A OR B TO BE FILLED IN)

OR

B. A sum equal to Pension Rates, which in this case are higher.....$ 60.00

3. At the expiration of this six months, if notification re Pension has not been received, pay at Pension Rates $ 60.00 and continue until advice is received of Canadian Pension Commission's decision.

4. If and when Pension is granted, an amount equal to retroactive Pension only is to be recovered from the Canadian Pension Commission.

5. If a decision to grant Pension has been made before the allowance has been in effect for six months, the difference between the unpaid balance as provided in Paragraph 2 above and Pension for the same period is to be paid to the dependent in a lump sum.

6. In cases where the Pension Rates are less than $3.00 greater than the D.A. and A.P. in pay, no change will be made until the end of the six months when the account will be adjusted.

Noted D.N.P.A. Cards. Mmd. H.R.H.'s

(Chairman)

Reviewer L. Farrell

(Member)

Date February 6, 1945

K. Beardsley /BO'H

(Member)

KB

D.A.B. 20C
50M—7-44 (5154)
H.Q. 1772-45-20

K.R.E.

STATEMENT OF ACCOUNT

76

True extract from the ledger of H.M.C.S. "MOOSE PAY DIV.111 for ATHABASKAN" ending 30th. June. 1944

List 5 D/2 No. 12 (Name) MAWSON, John ~~Rank~~ Rating Clk(o) No. V-23559

When entered P.D. Date of appearance Whither discharged Sep. Quarter Ledgers

	$	c.
CREDIT from former account 37.79. V.A. 15.00	52.	79
Pay as Clk (o) (Rank Rating) from 1 Apl. to 30 Apl. (30 days at $1.95 a day)	58.	50
" " " (" " ")		
" " " (" " ")		
" " " (" " ")		
" " " (" " ")		
Kit Upkeep Allowance Adjusted to 30th. April. 1944	5.	40
OTHER CREDITS: G.M. 1 Apl. to 30 Apl. 1944	1.	80
V.A. from 1 Apl. to 28 Apl. 28 days 0.50 per diem	14.	00
Total credits	132.	49

DEBT from former account

PAYMENTS:—

	1st	2nd	3rd	4th	5th		$	c.
	$ c.	$ c.	$ c.	$ c.	$ c.			
1st month	35.76					Total	35.	76
2nd month						Total		
3rd month	29.00 V.A. Mch and Apl.					Total	29.	00
Allotment A/P. 30.00 Stop Paid 30 th. Apl. 1944							30.	00
Pension deduction (Officers) charged to of								
Hospital stoppages								
Mulcts								
OTHER CHARGES:								
						Total debits	94.	76
LEDGERS: R. Ent. F. 3						Balance Cr. ~~or Dr.~~	37.	73
						(Balance Dr. to be shown in red)		

Number of days actually victualled during period mentioned above 28

NOT VICTUALLED

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

Date 16th. August. 1944

G.L. Buchanan
Pay. Lieut. R.C.N.V.R. ACCOUNTANT OFFICER

C.N.S. 2426
25M—4-44 (543)
N.S. 815-9-2426

K.R.E.

STATEMENT OF ACCOUNT

77

True extract from the ledger of H.M.C.S. "ATHABASKAN" NIOBE PAY DIV.111 for ending 30th. June, 1944

List 5 D/2 No. 12 (Name) MANSON, John ~~Rank~~ Rating Ck(o) No. V-23559

When entered F.B. Date of appearance Whither discharged Sep. Quarter Ledgers

	$	c.
CREDIT from former account 37.79, V.A. 15.00	52.	79
Pay as Ck (o) (Rank Rating) from 1 Apl. to 30 Apl. (30 days at $1.95 a day)	58.	50
" " " " (" " ")		
" " " " (" " ")		
" " " " (" " ")		
" " " " (" " ")		
Kit Upkeep Allowance Adjusted to 30th. April, 1944	5.	40
OTHER CREDITS: G.M. 1 Apl. to 30 Apl. 1944	1.	80
V.A. from 1 Apl. to 28 Apl. 28 days @.50 per diem	14.	00
Total credits	132.	49
DEBT from former account		

PAYMENTS:—

	1st	2nd	3rd	4th	5th			
	$ c.	$ c.	$ c.	$ c.	$ c.			
1st month	35.76					Total	35.	76
2nd month						Total		
3rd month	29.00 V.A. Mch and Apl.					Total	29.	00
Allotment A/P. 30.00 Stop Paid 30 th. Apl. 1944							30.	00
Pension deduction (Officers) charged to of								
Hospital stoppages								
Mulcts								
OTHER CHARGES:								
						Total debits	94.	76
						Balance Cr. ~~or Dr.~~	37.	73

(Balance Dr. to be shown in red)

LEDGERS: R. E.R.C.
F. 13

Number of days actually victualled during period mentioned above 28

NOT VICTUALLED

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

Date 16th. August, 1944

G. L. Buchanan
Pay. Lieut. R.C.N.V.R. ACCOUNTANT OFFICER

C.N.S. 2426
M—4-44 (543)
815-9-2426

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: At sea

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory
City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: MANSON (*Block letters*)

Given names: John Lovell

Do not write in this space

4. RESIDENCE

Street: 45 Selby Street No. 45

Official name of civil municipality or township: WESTMOUNT

Municipal county: Province: Quebec

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
Male	Canadian	English	Single

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): Verdun, P.Q.

11. DATE OF BIRTH: December (Month) 5 (Day) 1917 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
26	26	4	24	....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Butcher

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: Dominion Stores Ltd.

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: No burial

20. Date of burial....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: April (Month) 29 (Day) 1944 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Missing, presumed dead.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b) when H.M.C.S. "ATHABASKAN"

due to

(c) was torpedoed and sunk

II

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

by enemy action in the English Channel.

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?....Date of....19....

State findings....Was there an autopsy?....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide....Date....19.... (State which)

Manner of injury.... (How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

Signed....**M.D.**

Address....**Date**....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

[signature]

Paymaster Commander, RCNR

This signature authorizes the collector to accept this form as authentic.

Director Personnel Records.
Naval Service Headquarters, Ottawa, Ontario.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

SURVIVOR'S CLAIM AND AWARD OF COMPENSATION

NAME J. MANSON ..... RATING LK (O) ..... O.N. V 22571 ..... SHIP Athabaskan ....

UNIFORM KIT, CLASS III, PETTY OFFICERS AND MEN NOT DRESSED AS SEAMEN

Compulsory Kit	Price (Each)	Claimed	Issued	Amount Claimed
2 Jackets, single breasted, serge	$12.60			
2 Prs. Trousers, serge	5.76			
2 Tunics, drill	3.20			
2 Prs. Trousers, drill	2.75			
2 Caps, with peak	1.95			
3 Cap Covers	.18			
3 Cook's Caps (Cook Ratings only)	.20			
3 Aprons (only)	.50			
2 Vests, summer	.20			
2 Vests, Winter	1.30			
2 Prs. Drawers	~~1.15~~ .41			~~1.15~~ .82
5 Shirts, White	1.20			
12 Collars, White	.14			
2 Neckties, Black Silk	.22			
2 Prs. Socks	.36			
2 Prs. Boots, half, or 1 Pr. Boots and 1 Pr. Shoes, B.L.	6.00 - 4.90			
2 Towels	.40			
1 Type	-			
1 Soap Bag	.11			
1 Comb	.03			
1 Hair Brush	.37			
1 Tooth Brush	.12			
2 Boot Brushes	.10 - .20			
2 Overall Suits (Artificer, Artisan and ER ratings only)	2.50			
Overall Suit (Supply Ratings below P.O)	2.50			
1 Waterproof Coat	16.00			
1 Pr. Braces	.33			
Badges as necessary				
2 Prs. Stockings	.60			
1 Clothes Brush	.18			
1 Overcoat	20.15			
1 Pr. Gym Shoes	.75			
2 Prs. Shorts, drill	1.20			
2 Sports Jerseys	.65			
1 Bed	2.20			
2 Blankets	6.40			
2 Bed Covers	.90			
2 Hammocks	4.00			
OPTIONAL				
1 Jacket, single breasted, serge	12.60			
1 Waistcoat, serge	2.45			
1 Pr. Trousers, serge	5.76			
1 Oilskin Coat	4.00			
1 Pr. Black Leather Slippers	2.20			
2 Suits Pyjamas	1.55			
2 Handkerchiefs, White cotton	.07			
1 Razor	.40			
1 Pr. Scissors	.50			
1 Shaving Brush	.40			
1 Blue Comforter	.60			
1 Pr. Woollen Gloves	.65			
1 Suit Case	7.~~70~~ 30			7.30
1 Attache Case	1.50			
1 Scarf, white	.25			
1 Pillow	.78			.78
2 Pillow Cases	.67			1.34
2 Cholera Belts	.85			.85
1 Cap Box	1.15			1.15

Total (Issued) 176.03

+ Cost 25.00

+ Pillow 201.03

This is to certify that an investigation was made of the claim on the reverse side and it is considered correct.

These losses being due to enemy action, therefore unavoidable, every exertion being made by the rating concerned to prevent the loss.

J.G. Dykes
Pay/Lieut RCNVR
DIVISIONAL OFFICER

James G. Dykes
(J.G. Dykes)
Paymaster Lieutenant, R.C.N.V.R.
OFFICER SUPERVISING ACCOUNTS

RECEIVED
NOV 14 1944
N. S. H. Q.
CENTRAL
REGISTRY
(Personnel Section)