V67835
CONN
JAMES RALPH

40

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. [illegible] at [illegible]

Name CAIN, James Ralph,
(Christian names in full)

Rank of Rating Lcg. Stwd. Official No. V-67035 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Millarville, Alberta Date of Birth 7th December, 1919

Occupation in Civil Life Waiter Religion United Church

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) 9th August, 1943 - 16th April, 1945

Date of Death 16th April, 1945 Place of Death At Sea

Cause of Death Lost at sea - enemy action
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.

Name Mrs. Rhoda Paturaud Relationship Sister

Address Ste. Ann de Bellevue
7 St. Joseph Street,
Montreal, Quebec.

Date on which the above was informed by Ship Not known

Date on which death was registered with local Officials Not known

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 - - - - -

Commanding Officer,

....., 194....

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

Noted Dnpa
mmd
30.5.45

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—7-40 (5849)
N.S. 815-9-1121

CANADA

Department of National Defence

Naval Service

915424

OTTAWA, ONT., 14th May, 1945

IN REPLY PLEASE QUOTE

N.S. V-67835 PERS(N)

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

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

ESTATES BRANCH MAY 17 1945 H.Q. OTTAWA NATIONAL DEFENCE

Re: H.M.C.S. "ESQUIMALT" CASUALTIES

It is notified for your information that the following casualty in the Canadian Naval forces has been reported:

NAME, RANK/RATING, OFFICIAL No., UNIT	PLACE, DATE & CAUSE OF DEATH	NAME & ADDRESS OF NEXT OF KIN
James Ralph Conn, Leading Steward, O.N. V-67835, R.C.N.V.R.	Missing, presumed dead, to date 16 April, 1945, when H.M.C.S."ESQUIMALT", was sunk by enemy action at sea.	Sister: Mrs. Rhoda Pederson, 7 St. Joseph Street, Ste. Anne de Bellevue, Que.

In favor of	ALLOTMENTS IN FORCE	Amount	Initials
Nil	Nil	Nil	[illegible]

WILL: Attached.

N.B. Money

for SECRETARY, NAVAL BOARD.

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

RECEIVED
MAY 17 1945
N. S. H. Q.
CENTRAL
REGISTRY
(Personnel Section)

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.

C.R. D.P.R./5-2
P.A.
TREASURY OFFICE
DATE 16/5/45
INITIAL

45

FORM "B"

FILE: N.S. V-67835 PERS(N)

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

Sir:

14th May, 1945.
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
CONN, James Ralph	Leading Steward	V-67835 R.C.N.V.R.

DATE OF ENLISTMENT - 9 August, 1943 Active Service 27 September, 1943.

DATE OF DISCHARGE - 16 April, 1945.

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

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

Reason for discharge and - when and where any disability was incurred, or where death occurred.

DEAD. MISSING, Presumed Dead, when H.M.C.S. "ESQUIMALT" was sunk by enemy action at sea.

(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. Rhoda Pederson

ADDRESS - 7 St. Joseph St., STE. ANNE DE BELLEVUE, Que.

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 separtion 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		

	D. A.	A.P.	TOTAL
Monthly rate:	Nil	Nil	Nil

TO Whom Paid: Address

Nil

Date of Enlistment: Nil

Date of Discharge:

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

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

Remarks:

Computed by .....

Checked by .....

Alec L. Boswell

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

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

D OF D 16-4-45

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
CONN	James Ralph	V-67835	L. Stwd.		(by)

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
Atlantic Star	3190
C.V.S.M. & Clasp	
War Medal	
M. IN D.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

VA 806

RCNVR Oct. 45 "ESQUIMALT"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) **MEDALS**
PE[redacted]ON
ENTITLED TO Mrs. Rhoda V. Pederson - Sister

ADDRESS: 7 St. Joseph St.,
STE. ANNE de BELLEVUE, Que.

(2) **MEMORIAL CROSS**
WIDOW

ADDRESS:

(3) **MEMORIAL CROSS**
MOTHER deceased

ADDRESS:

MEMORIAL B R
(1)
DATE DESP
REGN. NO 547

(2)

(3)

2

Can. B. 207
150M—9-42 (6269)
N.S. 815-2-207

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined CONN James Ralph

‡candidate for entry as Officers Steward

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	Yrs. 28	Mos. 9	(j) Date of last Vaccination	Childhood	
(b) Height with bare feet	Feet 5	In. 7½	(k) General Development	Good	
(c) Weight without clothes	149		(l) Nose, Throat and Tonsils	Tonsils atrophic	
(d) Ears and Hearing	Rt. Normal	Lt.	(m) Heart and Lungs	Normal	
(e) Chest Girth	Max. 39	Min. 36½	Mean 37¾	(n) Abdomen Hernia, etc.	Rt ring relaxed otherwise normal
(f) Teeth	Deficient 5	Defective 0	Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses Rt. 6-6	Lt. 6-6	Both 6-6	(p) Skin	Vitiligo
	with glasses where worn Rt.	Lt.	Both	(q) Anus Haemorrhoids	Normal
(h) Colour Vision	Ishihara R.C.N. Lantern Normal			(r) Testes Varicocele	Normal
(i) Chest x-ray ~~not taken~~ approved ~~positive~~ ~~doubtful~~	199693 D.R.W.H.			(s) Urine	Not taken

B.P. 135-80

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.

James Ralph Conn
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 VITILIGO

*{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 3rd of August 19 43

L Battersby
Examining Medical Officer

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

IN POSSESSION OF UNEMPLOYMENT INSURANCE BOOK
NATIONAL SELECTIVE SERVICE QUESTIONNAIRE COMPLETED

N. V. 5
100M—12-42 (7804)
N.S. 815-11-5

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

PWH

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME CONN OFFICIAL No. V 67835

CHRISTIAN NAMES James Ralph MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
2058 University Street, Montreal, Que.	United Church of Canada.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
7th Dec 1914	Town Hillcrest	Sister, Mrs. J. Pederson, St. Anne de Bellevue, Que.
*Original Nationality of: Father Irish Mother Fr. Candn	County	
	Province Alberta	

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5	Inflated 39	Dark Brown	Grey	Medium	None
Inches 7½	Deflated 36½				
149	Mean 37½				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
7th year Public School	Waiter, Canadian Pacific Railway Co., Montreal, Que.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
Divisional Strength 9th August 1943.	STEWARD	H.M.C.S. "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, Air Force, Reserve or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(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 Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as STEWARD by the prospect of being transferred at some future date to any other branch or rating.

Dated this 9th day of August 1943.

X Signature of applicant James Ralph Conn

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 9th day of August 1943

My authority for attestation is RD 7-58-7 C. 26 July 1943.

Thom. Benson

Signature and rank of Attesting Officer.

Sub-Lieutenant, RCNVR

(D) OATH OF ALLEGIANCE

I, James Ralph Conn 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.

X Signature of Applicant James Ralph Conn

Witness Thom. Benson

Date 9th August 1943. Rank Sub-Lieutenant, RCNVR

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner,.....**Montreal**

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

.....Ottawa,.....**May 26th, 1945**.....

V-67835 L.STWD. CONN, James R. ~~P~~H.D.V.A. 356-J

The Department of National Defence, **Naval Service**

officially reports that the marginally named was reported -

Dead, Missing, Presumed Dead, when H.M.C.S. "Esquimalt" was sunk by enemy action at sea

~~on the~~ Date of death **16th April, 1945** on service Canada & High Seas.

His next of kin is reported as - **Sister -**
Mrs. Rhoda Pederson,
7 St. Joseph St.,
Ste. Anne De Bellevue, Que.

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.

/FD

E. Clewes,
for
Canadian Pension Commission.

C.P.C. - C.N. 2 25M-11-44 Req 1145

V67835 OFFICIAL NUMBER | FILE NUMBER 113-C-5069 | OFFICIAL NUMBER V67835

NAME CONN (Surname) James, Ralph. (Given Names) DATE OF BIRTH 7th December, 1914

PLACE OF BIRTH Hillcrest, Alberta. OCCUPATION Waiter

RELIGION United Church of Canada EDUCATION 7 year Public school.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 2058 University Street, Town Montreal, Province, etc Quebec.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
9	8	43	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'7½"	D.Brown	Grey	Medium	None.

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) Sister NAME (in pencil) Mrs Wm. Finnegan

ADDRESS (in pencil): Street and No. 7 St Joseph St. Town Montreal Province, etc. Quebec

24-4-45

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars
1	1	46	Posthumous Mention in Despatches.

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars
25	5	44	Failed Prof. for L/Stwd.
5	10	44	Qual. anti-gas 2 days
24	1	45	Qual. prof. for ldg. Steward.

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

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. received.
Last Will & Testament #9619 Rec.

4/10/45 W.S.C. APPLICATION 80400 RECEIVED

FILM NO. MMR6080-5 DATE

H.Q. 35—35M—2-43 (8309)
N.S. 815—7-35

V67835 OFFICIAL NUMBER | NAME CONN (Surname) James, Ralph. (Given Names) | OFFICIAL NUMBER V67835

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
HMCS Montreal	Steward.	9	8	43	Montreal Div. Str.	V.G.	Sat.	31	12	43							
" " "Est."	"	27	9	43	DL 28-9-43 queried VG SUP311244												
" Chippawa	"	30	9	43	DL 1-10-43	V.G.	Supr.	16	4	45							
" Carleton	"	15	8	44	D.L.15-8-55 #184 Pg.1												
" Stadacona	"	28	9	44	DRD #288 Pg.6												
" Esquimalt	"	17	10	44	DRD Sh.291 Pg.5												
	L STWD 010245ALT 33273																
DISCHARGED	"	16	4	45	"Dead" Sub. 22-5-45												

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
07	R	14	17	798	0	40	0	2	23	02	0	09	0	21	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
09	08	43								9610	0	21	94

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B	M ST.		CODED	CHECKED
27	09	43	13	00	00		[illegible]	[illegible]	[illegible]

VERIFICATIO

CAMPAIGN STARS, DEFENCE MEDAL, WAR

NAVAL GENERAL SERVICE M

NAME IN FULL Conn. James Ralph RANK/RATING Ldg. S

SHIP	SERVICE FROM	SERVICE TO	SERVICE DAYS	AREA	FROM	TO
	27-9-43					
Esquimalt	17-10-44	16-4-45	182	ad		
Disch: Dead"						
Sodate		16-4-45				

RIFIED BY [signature] VERIFIED BY .....

VERIFICATION FORM

DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

AL GENERAL SERVICE MEDAL (1915).

/RATING ..... OFF.NO. V.6.7.8.3.2. 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	2 Clasps
							" CLASP		
							WAR 1945	/	Medal
							WAR 1915		

VERIFIED BY .....

D BY .....

DIR. OF PERSONNEL RECORDS.

N.V. 17
60M—9-42 (5943)
N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

James Ralph Conn

in the Royal Canadian Naval Volunteer Reserve

I.C. # N-106 538

Training Headquarters	R.C.N.V.R. Division	Official Number V- 67835
	Hmcs Montreal	"
		"

Date of Birth 7 December 1914 O.H.F.

Place of Birth Hilderest Alberta

Place of Residence 2058 Mountain St. Montreal

Trade brought up to Waiter

Religion United Church

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

Sister

Mrs J. Pedeyour

Sulaine de Bellaire

Que

Can Swim:—P.P.T. (Good) Date 15th September 19 43 Signature A. R. Conn Rank SUB. LT. R.C.N.V.R.

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
	9 Aug '43	Duration of Hostilities	Stwd

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration
15 Apl '45		Provisionally awarded C.V.S.M. and clasp.

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	7½	37¾	149	Dark Brown	Grey	Med.	Nil
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	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF D[redacted]CHARGE
	Montreal		~~O/Smn~~ Stwd.	9 Aug '43	26 Sep '43	
	On Active Service 27 Sep '43					
	Montreal		Stwd	27 Sep '43	29 Sep '43	
	Chippawa		"	30 Sep '43	28 Nov 43	
	Naden		"	29 Nov 43	28 Nov 43	
	"Chippawa"		"	30 Sep '43	13 Aug 44	
	Carleton		"	14 Aug 44	26 Sep '44	
	Stadacona		"	27 Sep '44	16 Oct '44	
	Stadacona (Esquimalt)		"	17 Oct '44	31 Jan 45	
	"		Ldg Stwd	1 Feb 45	16 Apl '45	33223 D.D. 33957

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

Date	Details	Captain's Signature

Year

Date

5 De

24 Jan

[redacted] SCHARGE

.D. 33957

gnature

NAVAL TRAINING and ACTIVE SERVICE

Year [redacted]	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS		
Date	Particulars	Captain's Signature
5 Oct 44	Q. A/G (2 days) Issued A/G App A9527	R. Forbes
24 Jan 45	Passed Prof Ldg Stwd 33564	C. Bicknell

RECORD OF RATING		
Rated	Date	Authority for Advancement or Reason for Disrating to be stated

Name James Ralph CONN Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31ST DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		VG	Sals (Steward)	31 Dec 43	E P McCammon
		V G	Sups (Stwd)	31 Dec 44	J O McTyer
		V G	Sups (Ldg Stwd)	16 Apl 45	E P Bertram

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

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name: James Ralph CONN
(Christian Names) (Surname)

Payee: Director of Estates for service Estate of James Ralph CONN / N.S V 67835

Address: 308 Sparks St. Ottawa Ont

Register No. 80,400
File No. V67835
Date 7 Nov '45
Service No. V67835
Final Rank or Rating LDG-STWD
Date of Discharge 16 Apl '45

Date of termination of overseas service 16 Apl '45

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days 548/30 equal to 18 complete periods at $7.50	135.00
B. QUALIFYING OVERSEAS SERVICE No. of days 182 less 28 ineligible days equal to 154 days @ 25¢ per day	38.50
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE	
Pay $ 2.25 Subsistence or Lodging and Provision Allowance H.L.M 1.25 Additional Pay .25 Dependents' Allowance 1/30 of $ — Total 3.75 x 7 = $ 26.25	
No. of days 182/183 x $ 26.25	26.10
D. WAR SERVICE GRATUITY	199.60
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $ nil	
F. TOTAL AMOUNT PAYABLE	199.60

G. YOUR PORTION OF GRATUITY IS

Dependents' ~~Allowance in issue~~ to you $ _____ of $ = $199.60
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	M.O.AC	7	
3		8	
4		9	
5		10	

N.S. V-67835, H.M.C.S. "ESQUIMALT"

7 May, 1945.

Dear Mrs. Pederson:

Further to my letter of the 25th of April, 1945, I regret to inform you that in view of the length of time which has elapsed since your brother, James Ralph Conn, Leading Steward, Official Number V-67835, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ESQUIMALT", the ship in which he was serving, the fact that all circumstances surrounding his loss have been carefully reviewed, and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 16th of April, 1945.

H.M.C.S. "ESQUIMALT", a Royal Canadian Navy minesweeper, was torpedoed and sunk by an enemy submarine while on operational duty off the east coast of Canada. One Officer and fifteen ratings were killed at the time of the disaster, four Officers and twenty four ratings are missing and now presumed dead, while two Officers and twenty four ratings survived the sinking.

The above information is now being released for publication.

The following is an excerpt from the report of a Canadian Naval Press Relations Officer who was in contact with survivors of the ill-fated ship.

> "Struck by a torpedo on the starboard side, H.M.C.S. "ESQUIMALT" listed heavily, and sank stern first in a few minutes. The ship's list had the seaboat under water and flooded before it could be released from the davits, but carley floats were freed quickly before the ship went down, and those who escaped from the ship gathered on four of these floats.
>
> "It was from the four floats that a sister Bangor minesweeper, H.M.C.S. "SARNIA", picked up the survivors nearly six hours later. Many who had reached the floats safely had died of exposure on the floats, from the soaking in the cold sea water, and sixteen bodies were taken aboard the rescue craft.
>
> ""In spite of the rapidity with which the ship heeled over and slid under the surface there was no panic or confusion", a surviving Officer reported. Everyone he had seen had been calmly and quickly abandoning ship.
>
> "Many men had died in the floats, and their bodies were brought aboard H.M.C.S. "SARNIA" with the survivors.
>
> "Artificial respiration was given to some of the unconscious men for hours after they were picked up, but only two men were revived."

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

Yours sincerely,

LE.

Deputy SECRETARY, NAVAL BOARD.

Mrs. Rhoda Pederson,
7 St. Joseph Street,
Ste. Anne de Bellevue, Quebec.

N.S.....

Ottawa, Canada
19 April, 1945.

Dear Mrs. Pederson:

It is with deepest regret that I must confirm the telegram of the 18th of April, 1945, from the Minister of National Defence for Naval Services, informing you that your brother, James Ralph Conn, Leading Steward, Official Number V-67835, Royal Canadian Naval Volunteer Reserve, is missing at sea due to enemy action.

From information available, little hope can be held for his survival and there is no possibility of his having been taken prisoner. For security reasons, this is the only information which can be released at this time.

Should no information be received to the contrary, an official presumption of his death will be made at a later date, when you will be informed. Please be assured, however, that as soon as any further news is received or more details can be released, you will be informed immediately.

It is requested that you will regard the name of the ship in which Leading Steward Conn was serving, together with the fact that she has been in contact with the enemy, as secret until an official announcement is made.

Please allow me to express the sincere sympathy of the Department with you in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Rhoda Pederson,
7 St. Joseph Street,
MONTREAL, P. Q.

H.Q. 11
100M—3-43 (9298)
H.Q. 814-16-1

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: CONN

(*Block letters*)

Given names: James Ralph

Do not write in this space

4. RESIDENCE

Street: 2058 University Street No.

Official name of civil municipality or township: MONTREAL, Que.

Municipal county: Province:

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

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

10. BIRTHPLACE (Province or Country): Hillcrest, Alberta

11. DATE OF BIRTH: December (Month) 7, (Day) 1914 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	30	3		....hrs. or....min.

OCCUPATION

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

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

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) 16 (Day) 19 45 (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) DEAD. MISSING, Presumed

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b) dead, when H.M.C.S.

due to

(c) "ESQUIMALT" was sunk by

II

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

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.)

H.B. Money

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

Commander (S) R.C.N.R.

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)

Director of Personnel Records, NAVAL SERVICE HEADQUARTERS, Ottawa, Ont.

DISTRIBUTION OF SERVICE ESTATES

MLH

Estates Form "P. 4"

XXX SEA

Name: CONN James, Ralph No.: MSV67535
Surname Christian Names

L/Stwd O/S 15/4/45
Rank Unit Date of Death

AMOUNT W.S.G. 199.60
L.P.C. $ 60.07
17.62

Date: 25-1-46

Other Credits.....

Total..... 277.29
Prev. Dist. 77.69
This Dist. 199.60

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Sister	Mrs. Rhoda V. Pederson 7 St. Joseph St. St. Anne de Bellevue Quebec (Sole beneficiary under will)	199.60

P4. TO TREAS.
FEB 12 1946

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	199.60

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

75M—2-45 (6771)
H.Q. 1772-80-2

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date.....

The Estates Branch has received the following personal effects of

Name.....V.67835. L/Stwd. CONN J.....

1 Shirt
3 Collars
4 Pr. socks
6 Handkerchiefs
2 Pr. undershorts
2 Flannels
3 Cotton sweaters

Received the effects as listed

SIGNATURE.....

JG DATE REC'D.....

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date March 22nd/46

The Estates Branch has received the following personal effects of

Name.....W.67835..L/Stwd....CONN. J.....

1 Shirt
3 Collars
4 Pr. socks
8 Handkerchiefs
2 Pr. undershorts
2 Flannels
3 Cotton sweaters

Received the effects as listed

SIGNATURE Mrs. R. Hoda V. Pedersen.

JG

DATE REC'D. March. 16.th/46.

W.S.G. Application No. 80,400

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

FILE NO. N.S. V-67835

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

CONN	JAMES RALPH	V-67835	LGD STWD
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DD

APPLICANT SISTER - MRS. RHODA VIVETTA PEDERSEN
1st Joseph St, St Anne de Bellevue
Quebec,

TOTAL SERVICE

Date of Active Service 27th Sept '43

Date of Discharge 16th April '45

Total No. of Days 568

Less non qualifying service —

2055
1488
567
568

Total Days 568

OVERSEAS SERVICE

% Total No. of Days 182

Less non qualifying service —

Total Days 182

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

& % Overleaf

Computed By E. Wright

Checked By H Poole

for (R.W. Underhill)
A/Captain (S) R.C.N.V.R.
Director of Naval Pay Accounting.

DATE: 19/07/45

NON QUALIFYING SERVICE

(#) Date	Reason	No. of Days	TOTAL SERVICE	OVERSEAS SERVICE
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
		Total days		

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
ESQUIMALT	17th Oct. '44	16th April '45	182

2055
1824
181
1
182

AVA

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

DECEASED MEMBER'S NAME James, Ralph (CHRISTIAN NAMES) CONN (SURNAME)

REGISTER NO. 80,400
FILE NO. NSV-67835
DATE 12 Nov '45
SERVICE NO. V-67835
FINAL RANK OR RATING L/Stwd
DATE OF DISCHARGE 16 Apl '45

PAYEE Director of Estates FOR service Estate of
ADDRESS 308 Sparks St. James, Ralph CONN
Ottawa, Ont. NSV-67835

DATE OF TERMINATION OF OVERSEAS SERVICE 16 Apl '45

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 568/30 EQUAL TO 18 COMPLETE PERIODS AT $7.50	135.00	
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 182 LESS 28 INELIGIBLE DAYS, EQUAL TO 154 DAYS @ 25c. PER DAY	38.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

PAY	$ 2.25	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY HLR	$ .25	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ NIL	$	
TOTAL	$ 3.75 ×7 = $ 26.25	
NO. OF DAYS 182/183	×$ 26.25	26.10
D. WAR SERVICE GRATUITY		199.60
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$ NIL	
F. TOTAL AMOUNT PAYABLE J.V. NPA 194 Nov 19/45.		199.60

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ =$ 199.60
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
DHJ	

TREASURY	
CHECKED BY	DATE
[illegible]	15.11.45

SERVICE REPRESENTATIVE
Naval Pay Acctng

△T

WILL

(1) I, James Ralph Conn, of His Majesty's Canadian Ship Montreal do hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH unto my Sister Mrs. J. Pederson of Ste Anne de Bellevue P.Q. my entire estate

Relationship, names and addresses of beneficiaries, and what each is to receive.

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

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint Mrs J Pederson (Name) Ste Anne de Bellevue (Address) House wife (Civil Occupation), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 9 day of August 1943

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

James Ralph Conn (Name)
Steward (Rank or Rating) V67835 Official No.

First witness sign here.

(5) Signature D M Hutchinson
Civil Address 3507 University St. Montreal, Que.
~~Civil~~ Occupation Writer, RCNVR

Second witness sign here.

Signature W. McNaught
Civil Address ~~1442 Sherbrooke St. W. Apt 5~~, Montreal.
~~Civ~~il Occupation Writer, RCNVR

(Beneficiaries are not to be Witnesses.)

[OVER]

Noted in Service Records by [illegible]

RECEIVED

9619

For Completion and Return by

Form P. 64

Mrs. Rhoda Pederson,
7 St. Joseph Street,
Ste. Anne de Bellevue, 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. 67835 FD 143

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

May 21 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

CONN, James Ralph, L/Stwd.

V.67835 R.C.N.V.R.

ESTATES BRANCH JUL 6 1945 DEPARTMENT OF NATIONAL DEFENCE OTTAWA ONT.

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.

R. Smith Col.

HRW/JL

Director of Estates.

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.....		John Robert Conn	56	died April 8th/1921
4	Mother of the Deceased.....		Lillian Maude Conn	36	died Jan. 4th/1916.
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs Annie Vaughan Mrs Violet Crocker Mrs Daphne MacGillivray Mrs Rhoda Pedersen	40 38 32 30	Sunny Brae, N.B. Weymouth, Mass Weymouth, Mass Ste Anne de Bellevue
		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
	Robert William Conn died at the age 7 three months. don't know the date. Mr Thomas Conn Died Aug. 3rd/1939	Thomas Jr. Conn. age eleven years.	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Ralph Brown.
9	Date of his birth.	December 7th/ 1910.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Cape Briton, Nova Scotia. (don't know date.)

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hillcrest, Alberta.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. Montreal, Que. 13 years.	(a) (b) (c) (d)
14	Nature of employment before enlistment.	Waiter on C. P. R. Dining Car.
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	
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?	Had started a bank account in the bank of Montreal, Montreal, (I have no knowledge of the amount) Due.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	2 Victory Bonds. Bearer?
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Insurance in the Brotherhood of Railroad Trainmen. Sum Benefit $2000.00 Beneficiary. Mrs R Soda Pedersen.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

2.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

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

(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 Rhoda Vivetta Pedersen — Signature of Informant

7 St. Joseph Street, Ste. Anne de Bellevue, Que. — Address

CERTIFICATE

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

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 Montreal this 4th day of July 19 45

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Kenneth L. Murray — Qualification Lieut. (S.B.) R.C.N.U.R.

Address 206 St. James St. London 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

The address of each of the four Sisters of the deceased.

Mrs ~~George~~ Annie A. Vaughan
Second St.,
Sunny Brae, N.B.

Mrs Violet Brocker,
85 Pleasant View Ave.,
Weymouth 88, Mass., U.S.A.

Mrs Daphne Mac Gillivray,
169 Pine St.,
Willaston 70, Mass., U.S.A.

Mrs Rhoda Pedersen,
7 St. Joseph St.,
Ste. Anne de Bellevue, Que.

Dear Sirs:-

I have answered these questions to the best of my knowledge. I don't know the date and town in which our Parents were married as they died when we were just small children. My late Brother James Ralph Conn just had two Bonds to my knowledge. One was sent to me to put in the bank for him. One he had sent to his Sister Mrs Annie Vaughan. He also had a C.P.R. Pension Trust Fund. I don't know the exact amount. I think it's around fifty dollars.

LA/CM

48

N.S. V-67835, PERS.(N)

9 June, 1945.

THIS IS TO CERTIFY that according to official information James Ralph Conn, Leading Steward, Official Number V-67835, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 16th of April, 1945, due to enemy action when his ship, H.M.C.S. "ESQUIMALT", was torpedoed and sunk while on operational duty at sea.

SECRETARY, NAVAL BOARD.

OCCUPATIONAL HISTORY FORM

3

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 ..... CONN, James Ralph ..... (b) Reg'l. No. ..... V- 67835
2. (a) Arm of service ..... Navy ..... (b) Unit ..... RCNVR ..... (c) Rank ..... Steward
3. (a) Date of birth ..... 7 Dec 1914 ..... (b) Have you any dependents? ..... No ..... (c) Place of residence at time of enlistment ..... Montreal, Que.
4. (a) Place of enlistment ..... Montreal, Que. ..... (b) Date of enlistment ..... 9th Aug 1943

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school ..... 14 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.) ..... 7th year public school
7. If you attended a university, give name of university and standing or degree secured .....
8. (a) Did you ever enter upon a trade apprenticeship? ..... No ..... (b) If so, for what occupation? ..... - ..... (c) Did you finish it? ..... - ..... (d) If you did not finish it, how long did you serve at it? ..... -
9. (a) What languages do you speak fluently? ..... English ..... (b) What languages do you read well? ..... English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) ..... WORKING ..... (b) At time of enlistment of what trade union or professional society were you a member? ..... NONE

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 ..... Canadian Pacific Railway ..... Address ..... Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ..... Transportation
20. (a) Your specific occupation ..... Waiter ..... (b) Number of years' experience at this occupation with any employer ..... 8 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? ..... Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? ..... No ..... (b) Do you feel competent to operate a farm? ..... - ..... (c) If so, in what kind of farming? ..... -
25. (a) Were you born on a farm? ..... No ..... (b) How many years' actual farming experience have you had? ..... - ..... (c) In what provinces did you have experience? ..... -

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? ..... -
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 ..... Resume former occupation.

DATE ..... 9th August 1943. ..... 194..... SIGNATURE .....

O.H.F.

Copy To
VWD
ES

AUG 14 1943

SERVICE

NAME VONN James Ralph O.N. V-67835

PRESENT RANK/RATING: Ldg.Stwd.

DATE TAKEN ON ACTIVE SERVICE: 27-9-43

SERVICE

SHIP OR ESTABLISHMENT	FROM	TO
HMCS Montreal(Div.Str.Montreal)	9-8-43	
" " (Act.Serv. ")	27-9-43	
" Chippawa	30-9-43	
" Carleton	15-8-44	
" Stadacona	28-9-44	
" Esquimalt	17-10-44	

IMPORTANT

(WILL): #9619

NAME & ADDRESS
OF NEXT OF KIN: Sister: Mrs. Rhoda Pederson,
7 St Joseph St. ~~Ste.Anne de Bellevue,~~ O.K
Montreal, P.Q.

HAS DISCHARGE FOR ANY REASON BEEN PREVIOUSLY APPROVED?

REASON:

DATE:

INITIALLED

DATE 20-4-45

SECTION: 3 R.C.NV.R

(TO BE COMPLETED IN INK)

AIR MAIL

N.S. V-67835.

25 April, 1945.

Dear Mrs. Pederson:

It is with deepest regret that I must confirm the telegram of the 18th of April, 1945, from the Minister of National Defence for Naval Services, informing you that your brother, James Ralph Conn, Leading Steward, Official Number V-67835, Royal Canadian Naval Volunteer Reserve, is missing at sea due to enemy action.

From information available, little hope can be held for his survival and there is no possibility of his having been taken prisoner. For security reasons, this is the only information which can be released at this time.

Should no information be received to the contrary, an official presumption of his death will be made at a later date, when you will be informed. Please be assured, however, that as soon as any further news is received or more details can be released, you will be informed immediately.

It is requested that you will regard the name of the ship in which Leading Steward Conn was serving, together with the fact that she has been in contact with the enemy, as secret until an official announcement is made.

A Registered Air Mail letter dated the 19th of April, 1945, confirming my telegram of the 18th of April, and addressed to Montreal was returned by the Post Office Department as the address was incorrect.

Please allow me to express the sincere sympathy of the Department with you in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

A/A DPR

Mrs. Rhoda Pederson,
7 St. Joseph Street,
Ste. Anne de Bellevue, Quebec.