

A4891
BANKS
MERL ALEXA

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

Section A—GENERAL INFORMATION

1. (a) Print name in full MERL ALEXANDER BANKS (b) Reg'l. No. K37244
 2. (a) Arm of service ARMY (b) Unit BC REGT DCOR (CA) (c) Rank BCN
 3. (a) Date of birth APRIL 1904 (b) Have you any dependents? YES (c) Place of residence at time of enlistment VANCOUVER BC
 4. (a) Place of enlistment VANCOUVER BC (b) Date of enlistment SEPT 12 1939

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (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.) GRADE 8
 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? No (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
 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 H. P. CALLESON Address VANCOUVER BC
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) BUILDING CONTRACTORS
 20. (a) Your specific occupation LABOURER (b) Number of years' experience at this occupation with any employer 2 YRS
 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? NA (c) If so, in what kind of farming? NA
 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? NA (c) In what provinces did you have experience? NA

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.) No
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form No

DATE June 27 44

194

SIGNATURE M. A. Banks

MEMORANDUM FOR

P. 64

Mrs. Doris F. Banks,

c/o J.L. McGinnis,

R.R. #6 Kingston,

Kings Co. N.S.

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

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

and the following number quoted:—

H.Q. N.S. 123-B-511 FD 50

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

February 20 1943

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

BANKS, Merl Alexander, A/B A-4891

R.C.N.R.

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

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



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 inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Doris Frances Edith Banks June 25. 1917	25	409. J. Mac Ginnis R. R. no 6 Kington Kings Co. N. S.
2	Children of the Deceased and dates of their Births.....	Joan Estelle Banks Born June 19. 1937	5	409. J. Mac Ginnis Kington Kings Co. N. S. R. R. # 6.
3	Father of the Deceased.....	Joseph Demock Banks	66	Torbrook Mines Anna. Co. N. S.
4	Mother of the Deceased.....	Amy Banks. Died Oct. 1934.		
5	Brothers of the Deceased	Full Blood	Leon Demont Banks 36 Fus. Claude W. Banks. 33 Chester Longley Banks. 31 P.O. Jack Standish Banks. 25	Belfast. Maine. U. S. A. Canadian Army Overseas New Toronto R. C. A. F. On the boat
		Half Blood	none	
6	Sisters of the Deceased	Full Blood	none	
		Half Blood	none	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children

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

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Marl Alexander Banks
11	Give the month and year of his birth.	April 16. 1905
12	Where and when were his parents married?	Maltoro. Mass. U.S.A. Oct 15. 1904
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	married April 9. 1935 Vancouver. B.C. Canada
14	Did he leave a Will? If so, a copy should be attached hereto.	<i>If not what wanted. Please inform</i> copy of will attached copy of will attached Copy.
15	Did he leave a bank account? If so, give full particulars.	no.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	none
17	State your own postal address in full.	Kington. 40 J. L. MacGinnis Kings Co. N.S. RR# 6

PARTICULARS OF DOMICILE

18	Where was deceased born?	Torbrook Mines Annap. Co. N.S.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	U.S.A. Different parts around N.S. in childhood 10 years. British Columbia 1934 to 1941.
20	What was the nature of his employment?	Seaman.
21	Did he own the premises in which he lived? If so, where?	No.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Yes. Vancouver B.C.

OTHER PARTICULARS

23	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.	Not that I know of at present.
24	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, 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.)	no.

(PLEASE TURN OVER)

DECLARATION

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

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

* Widow of the deceased.

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

Mrs. Doris Frances Banks

{ Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Doris Frances

*See above

Banks { Name of Informant } is the* Widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Kingston this 27 day of February 19 43

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

} L. E. Egan Qualification Clergyman

Address Kingston N.S.

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 enquired after is stated in its proper place in the Statement opposite.

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

Mrs. Amy Banks, Mother of deceased Merl Alexander Banks, died in Victoria General Hospital. Halifax Oct. 1934. As the result of a goitre operation.

ORIGINAL
DUPLICATE
TRIPPLICATE

M.F.M. 2
A.F.B. 271
480 M-8-39 (1000)
H.Q. 1772-45-18

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit **British Columbia Regt D.C.O.R.** Regimental Number **K 37244**

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

1. Surname..... **BANKS**
2. Christian Names..... **Merle Alexander**
3. Present address..... **787 Cambie St, Vancouver B.C.**
4. Date of birth..... **16th April 1904**
5. Place of birth..... **Canada** **Nova Scotia** **Torbrook Mines**
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... **Church of England**
7. Trade or Calling..... **Seaman**
8. Married, Widower or Single..... **Married**
9. Name of next of kin..... **Mrs Doris Edith Banks**
10. Relationship..... **Wife**
11. Address of next of kin..... ~~913 Richards St.~~
~~787 Cambie St. Vancouver B.C.~~
745 D - CAMBIE ST. VANCOUVER B.C.
12. Have you served in any Naval, Military or Air Force?..... **No**
13. If previous war service, state arm, force and regimental particulars..... **No**
14. Do you now belong to or have you served in the Active Militia of Canada?..... **Yes**
British Columbia Regiment DCOR 31/8/39
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, **Merle Alexander Banks** do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date **11th December 1939.** *Ralph [unclear] witness*
M. A. Banks
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, **Merle Alexander Banks** do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
M. A. Banks (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at **Vancouver B.C.** this **11th** day of **December** 19 **39.**

[Signature]
British Columbia Regiment DCOR
{ Signature of Magistrate, Justice or Attesting Officer.
{ Office or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of BANKS (Surname) Merle Alexander (Christian Names)Regimental Number K 37244.....

QUALIFICATIONS

Military..... no
 Business or Professional..... no
 Trade or Civil..... no
 Technical..... no
 Languages..... English

EDUCATIONAL QUALIFICATIONS

High School } 2 years } Graduation } no
 or } (years completed) } or } (specify)
 Collegiate }
 *College..... no
 *University..... no

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment Called up under Sec. 63&4 Militia Act	Rfn.	11/12/39	B.C. Regt DCOR	Van.B.C.	#118	14/12/39
		Granted 14 days Furlough Amendment: TOS of the B.C. Regiment "DCOR" (C.A.S.F.)	"	4-3-40	" "	"	Pt. II. #65 (6)	5-3-40
		"DCOR" (C.A.S.F.)	"	1-9-39	"	"	Pt. II. #137 (1)	29-5-40
		Discharged Nanaimo Camp Hosp.	"	23/11/40	"	"	256 (2)	27/11/40
		Granted 6 days Xmas leave	"	22/12/40	"	"	267 (13)	21/12/40
		Returned from leave	"	27/12/40	"	"	269 (8)	29/12/40
		Granted 14 days Furl.	"	10-3-41	"	"	32 (11)	11-3-41
		Returned from Furl.	"	23-3-41	"	"	39(5)	25-3-41
		Change of District from MD XI TO MD II	"	5-5-41	"	Nanaimo	63 (3)	5-5-41
		C&P AWL from 0630 hrs 16-7-41 to 1800 hrs 17-7-41 A.A.15 A/F 2 days pay FRI 149 (1)(a) 5 days CB	"	18-7-41	"	Niagara	112 (6)	18-7-41

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Banks Merle Alexander Date 25th October 1939

Part 1. Information obtained from the recruit.

1. Age 35 2. Have you ever suffered from any of the following diseases?
- a. Rheumatism no j. Nasal trouble no
 - b. Tuberculosis no k. Ear disease no
 - c. Bronchitis or asthma no l. Eye disease no
 - d. Heart disease no m. Epilepsy no
 - e. Kidney or bladder disease no n. Nervous or mental disease no
 - f. Gastro-intestinal no o. Syphilis no
 - g. Rupture no p. Gonorrhoea no
 - h. Varicose veins no q. Have you ever worn glasses? no
 - i. Flat or deformed feet no

M A Banks
(Signature of Recruit)

Examiner's remarks re above Nik

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Tattoo right forearm -- Ship & crucifix
Tattoo left forearm -- 2 ladies and ship
2. Height 5k feet 10 inches. 3. Weight 160 pounds.
4. Complexion Dark Eyes Blue 5. Development Good Good
Fair
Poor
- Hair Dark
6. Chest measurement—Girth on full expansion 38 1/2 inches.
 Range of expansion 3 1/2 inches.
7. Vision, right 20/15 left 20/15 8. Hearing, right 20ft left 20ft W.V.
9. Condition of mouth and teeth Only 1 molar remains but has a grinding surface.
10. The abnormalities (congenital and pathological) found on examination are as follows NONE

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category "A"

Special remarks when category lower than A.....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
16/11/39	modified reaction Re-vaccination HRL Davis	APR 18 1940	Tetanus Toxoid 1.0 c.c. GC Page
DEC 23 1939	Normal urine, ears & reflexes Category <u>A</u> HRL Davis Capt. R.C.A.M.C.		
28/12/39	T.A.B. <u>B</u>		
4/1/40	<u>3</u> HRL Davis		
11/1/40			
FEB 8 1940	Tetanus Toxoid 1.0 c.c. HRL Davis		
22 Jan 40	X Ray 8676 Chest negative HRL Davis		

Regtl. No. **K 37244**

Rank **P72W**

Surname **BANKS**

Christian Name **Merle Alexander**

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Nan. Mil Cp.	14/11/40	14	11	40	23	11	40	Trench Mouth	10	Infection - cured	<i>[Signature]</i>

Called up under Sec. 63&4 Militia Act	RFN	11-12-39	1st Bn DCOR	Vancouver	118	14-12-39
C&P AWL 2200 hrs 2-2-40 to 1405 hrs 5-2-40	"	5-2-40	"	"	36	5-2-40
A/F 2 ds pay (FR&I 149(1)(a), 7 ds CB	"	4-3-40	"	"	65	5-3-40
Granted 14 ds. furlough	"	19-3-40	"	"	79	19-3-40
Returned from furlough	"					
C&P AWL 2330 hrs 2-5-40 to 0230 hrs 3-5-40	"	3-5-40	"	"	117	4-5-40
A/F 1 ds pay (FR&I 149(1)(a), 7 ds C.B.	"	1-9-39	"	"	137	29-5-40
Amdt. TOS BC REGT. "DCOR" (CA)	"	15-11-40	"	Nanaimo	252	15-11-40
Adm. Nanaimo Mil Hosp	"	23-11-40	"	"	256	27-11-40
Dis. " " "	"	22-12-40	"	"	267	21-12-40
Granted 6 ds Xmas leave	"	27-12-40	"	"	269	29-12-40
Returned from leave	"	5-5-41	"	"	63	5-5-41
Change of District from MD XI to MD II	"					
C&P AWL 0630 hrs 16-7-41 to 1800 hrs 17-7-41	"	18-7-41	"	Niagara	112	18-7-41
A/F 2 ds pay (FR&I 149(10)(a) 5 ds C.B	"	4-8-41	"	"	126	5-8-41
Change of address to 745A Cambie St., Vancouver, B.C.	"	4-8-41	"	"	126	5-8-41
SOS B.C. REGT. "DCOR" (CA) 1029(13) "For purpose of enlistment in another Force"	"	4-8-41	"	"	126	5-8-41



CANADA

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

AUG 10 1941

N.S. 123-10511

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

106827 11

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 M. A. BANKS

† candidate for entry as A.B. RCNR.

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 (lbs.)	(c) Height with Bare Feet (ft. / ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. defective and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
37 — 5	156	5 — 9 1/4	Good.	(a) maximum 40 (b) minimum 38 (c) mean 39	right eye 20/30 left eye 20/30 *colour vision	1939	NORMAL	NORMAL	NORMAL	stato on	NORMAL	NORMAL	NORMAL	NORMAL

*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.

Albumen neg

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.

M. A. Banks

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 Toronto, Ont. the 28th of July 1941

John A. M. Galloway
Examining Medical Officer
(Rank).....

ORIGINAL

B-520

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

REGT. No. 1564

What is your surname? (Block letters) BANKS

What are your Christian names? MERL ALEXANDER

What is your present address? 663 CAMBIE ST. Phone No. TR 2827M

Employer's name and address? - Phone No. -

Date of Birth 16/4/04 (a) Country of Birth CANADA (b) Nationality CANADIAN

Are you Single? - Married? YES Widower? -

What is your trade or calling? SEAMAN 9. Religious persuasion? PROTESTANT

Previous Naval, Military or Air Force Service.....
Give particulars, qualifications, etc. NONE

Name, Relationship and Address of Next of Kin MRS. DORIS BANKS,
WIFE, 663 CAMBIE ST. VANCOUVER B.C.

CERTIFICATE OF MEDICAL EXAMINATION

20/20
20/20
Height 5'10" Weight 165 Chest max. 39" min. 36"

Descriptive marks tattoo marks both forearms including ship & crucifix right forearm

I have examined the above named man in accordance with instructions laid down in Regulations of the Canadian Medical Services and find him M Category A

31 Aug 39 Signature W. Daniels R.C.A.M.C.

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned MERL ALEXANDER BANKS do sincerely and solemnly declare to the best of my knowledge and belief, the above answers to the foregoing questions made and asked by me are true; that I am willing to be attested for the term of three years or until legally discharged, to understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address to myself, my employer or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, MERL ALEXANDER BANKS do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

W. Daniels Capt. Signature of Witness
Merl A. Banks Signature of Man

signed this 31 day of AUGUST 1939 at Vancouver B.C.

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

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Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from	31-8-39	Pt. II #15 31-8-39	<i>[Signature]</i> Officer Commanding B.C.R. "DCU" Unit.....
<p><i>Service</i></p> <p><i>a. w. O. T. Oct. 14-15, forfeits 2 days pay</i></p> <p>Transferred to CASF 11/12/39 k 37244</p>	<p>31-8-39</p> <p>OCT 16 '39</p>	<p>Pt. II 31-8-39</p> <p>PART II OCT 19 '39</p> <p>Pt. II. 118 14/12/39</p>	<p><i>[Signature]</i></p> <p><i>C. Errington,</i></p>
Medals and Decorations			

D OF D 6-2-43

(NAVY)

D.D.

DEPARTMENT OF VETERAN'S AFFAIRS

AWARDS

WAR SERVICE RECORDS

BANKS	Merl Alexander	A-4891 K-37244	A.B. Rfmm.	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:

Army card combined.

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	25. 30/9/49.
Atlantic Star	
Africa Star & Clasp <i>U.A.</i>	
C.F.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNR Aug. 43 "LOUISBURG"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Doris F. Banks - Widow

c/o J.L. McGinnis,

ADDRESS: R.R. # 6,

Kingston, KINGS Co., N.S.

(2) MEMORIAL CROSS

WIDOW

Mrs. Doris Banks

as above

(issued 19-3-43)

ADDRESS:

(3) MEMORIAL CROSS

deceased

MOTHER

ADDRESS:

(1)

MEMORIAL BAR

DATE DESP

REGN. NO

660

(3)

Statement of the Service of No. K 37244 Rank Rfm

Name Banks Merle Alexander

Sheet No.
 M.F.M. 1 & 2 (a)
 700 M-8-39 (1697)
 H.Q. 1772-45-18

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
Granted 14 days furlough	Serial no 932	10-3-41 to 23-3-41	Rfm	10-3-41	B.C. Regt.	Kanaimo	D0 #32	11-3-41
orders to move will proceed from this depot		D° 64-10-5-41 Having received	Rfm	5-5-41	"	Kanaimo	D0	63 5-5-41
Will draw R & P at Niagara Camp Lake Ontario		A.W.L. from 1800 hrs	Rfm	9-5-41	"	Niagara	D0	64 10-5-41
Perfects 2 days pay awarded 5 days C.B. for A.W.L.		0.630 16-7-41 to 1800 hrs 17-7-41	"	17-7-41	"	"	"	112 18-7-41
S.O.S. the B.C. Regt "DCOR" on discharge under R.O.		1029 (13) For purposes of enlistment in another Force"	Rfm	4-8-41	no 28 Brande Div	Niagara Camp	D0	126 5-8-41
Old Address: 717 Cambie St Vancouver B.C.			"	4-8-41	"	"	D0	126 5-8-41
New Address: 745 A-Cambie St Vancouver B.C.			"	4-8-41	"	"	D0	126 5-8-41
D° 126 Para 121 dated 5-8-41 amended to read		" For purposes of enlistment in "Royal Canadian	"	20-8-41	"	"	D0	138 20-8-41
Moral Volunteer Reserve			"					

CANADIAN ARMY (ACTIVE)
CANADIAN FIELD FORCE

M.F.M. 7
400 M-8-39 (1704)
H.Q. 1777-45-18

DISCHARGE CERTIFICATE

This is to Certify that No. K37244 (Rank) Rifleman
Name (in full) Merle Alexander BANKS enlisted in
the B.C. REGT. "DCOR" C.A.
CANADIAN ARMY (ACTIVE)
~~CANADIAN FIELD FORCE~~ at Vancouver B.C. on the 31st.
day of Aug., 1941 19 41
HE served in Canada
H.Q. M.D. 2 letter T.20-D-3601, dated 4-8-41
and is now discharged from the service by reason of C.A.R.O. 1029 (13)
"For purposes of enlistment in another branch of the service"

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age..... <u>37 years 4 months</u>	Marks or Scars..... <u>Tattoo rt. fore arm</u>
Height..... <u>5' 10"</u>	<u>"Ships & Crucifix"</u>
Complexion..... <u>Dark</u>	
Eyes..... <u>Blue</u>	
Hair..... <u>Dark</u>	

Merle Alexander Banks
Signature of Soldier

G. H. [Signature]
Issuing Officer

Lieut. & Adjutant
Rank

Date.....4th Aug., 19 41

Date of Discharge
4th Aug., 1941
Chi ppawa Barracks,
Niagara Military Camp,
Ontario.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

DISCHARGE CERTIFICATE

- 1.—That discharge certificate must be carried when wearing uniform;
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing; and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

ORIGINAL FILED

CANADIAN ARMY ACTIVE
~~CANADIAN ACTIVE SERVICE FORCE~~

PROCEEDINGS ON DISCHARGE

T-20-B-3601

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. K37244	Rank Rifleman
Surname BANKS	
Christian name MERLE ALEXANDER <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Unit or Corps B.C. REGT. "DCOR" C.A.	
Date of discharge 4th Aug., 1941	
Place of discharge Chippawa Barracks, Niagara Falls, Ont. No. 2	
1. DESCRIPTION AT DATE OF DISCHARGE	
Age 37 years 4 months	Descriptive marks Tattoo rt. forearm "Ships & Crucifix"
Height 5 feet 10 inches	
Complexion Dark	
Eyes Blue	
Hair Dark	
Trade Seaman	
Intended place of residence } R.C.N.	Street and Number
(To be given as fully as practicable; i.e., mailing address)	P.O., City or Town, etc.
Province	
2. The above-named man is discharged in consequence of "For purposes of enlistment in another branch of the service" Authority H.Q. M.D. 2 letter T.20-D-3601, dated 4-8-41 Authority for discharge CARO 1029 (13)	
<small>N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.	3. Conduct while in the service has been, according to the records, etc. Good
	<small>N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>
4. Special qualifications for employment in civil life, (Vide 384, K.R. Can.) None	



(OVER)

5. He is in possession of the following number of G.C. Badges:

Nil

5A. Service Button (Class and number Nil)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations Nil

To be copied by the Commanding Officer on to the permanent Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place) Niagara Falls, Ont

S. J. ...

(Date) 4th Aug., 1941

Commanding B.C. REGT. "DCOR" C.A.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Niagara Falls, Ont.

M. A. Banks

(Signature of Soldier)

(Date) 4th Aug., 1941

A. E. Taylor

(Signature of Witness)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Statement of Service

(Date of enlistment—C.A.S.F.)

31st. Aug., 1939

(Date of discharge—C.A.S.F.)

4th Aug., 1941

(Total Service—C.A.S.F.)

1

years

338

days

10. Confirmation of Discharge

The discharge of the above-named man is hereby confirmed.

(Place) Niagara Falls, Ont.

(Signature)

S. J. ...

(Date) 4th Aug., 1941

Commanding

B.C. REGT. "DCOR" C.A.

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None

(Date)..... 4th Aug., 1941

M. A. Banks

(Signature of Soldier)

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6). ✓

~~Certified Copies of Convictions by Civil Power.~~

Casualty Form (M.F.M. 4). ✓

Proceedings Medical Board (2 copies).
Not Returned from D.M.O., will be forwarded.

Medical Case History Sheet. 1 copy. ✓

Dental History Sheet. ✓

Last Pay Certificate. ✓

Duplicate Discharge Certificate (M.F.M. 7). ✓

Form of Will (M.F.M. 10 or 10A).
At NDHQ Ottawa

~~Certified Copy of Record of Declaration of
Court of Inquiry (K.R. Can. 1513).~~

Attestation (Duplicate and Triplicate M.F.M. 2). ✓

Particulars of Family (M.F.M. 5). ✓

Proceedings on Discharge. ✓

M.F.M. 2x (2 copies) ✓

M.F.M. 68 (2 copies) ✓

M.F.M. 30 (2 copies) will be forwarded
on receipt.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.
M.F.M. 88 Retained in error by Banks, M.X.*

[Signature]
.....
Officer Commanding

B.C. REGT. "DCOR" C.A.



N. R. 5
 NAT 15M-2-40 (4149) NCE
 N.S. 815-12-5
 AUG 10 1941
 123 B 511
 N.S. CANADA

P 106826

12

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME BANKS OFFICIAL No. A4891
 CHRISTIAN NAMES Merl Alexander MARRIED, SINGLE OR WIDOWER Married (1)

PERMANENT ADDRESS		RELIGION
745 Cambie St., Vancouver, B.C.		United
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
16 April, 1904.	Town Tobrook Mines, County Annapolis, Province Nova Scotia.	Wife: Mrs. Doris Banks, same address.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>40</u>	Black	Blue	Dark	3 tattoos on left forearm. 2 tattoos on right forearm.
Inches..... <u>9 1/4</u>	Deflated..... <u>38</u>				
.....	Mean..... <u>39</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
5th August, 1941.	Able Seaman	Active Service: B.C. Regiment, "DCOR" C.A. Chippawa Barracks, Niagara Falls, Ont.			

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) That it is my intention to follow the sea for a period of at least five years from this date.
- ~~(b) That it is my intention to follow the calling of a fireman, either at sea or on shore, for a period of five years from this date.~~
- ~~(c) That it is my intention to follow the sea in an Engine room capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.
 Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.
 Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.
 Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

ENTERED IN PAY LEDGERS
 H. M. C. S. "BYTOWN"
 ROUGH *[Signature]*

Division.	
1. Note in Fee r/s	<i>E.M.</i>
2. Infor Card	<i>E.M.</i>
3. Non S. h. Card	
4. Statistical Card	<i>E.M.</i>
5. R. nee Str p.	
6. Pension Card	
7.	
8.	
DATE <u>22-8-41</u>	

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

*Cross out clause not applicable.

~~(5) That I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.~~

(b)* I served in B.C. Regiment, "DCOR" C.A. for the period shown.

Served in	Rank	From	To
B.C. Reg't. "DCOR" C.A.	Rfn.	30th Aug. '39	4th Aug. '41.

(6) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

AND OR DURATION OF HOSTILITIES

- (a) To serve from the date thereof for five consecutive years, 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 5th day of August, 1941.

M. A. Banks
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

I, Merl Alexander Banks do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant *M. A. Banks*

Witness *C. W. Skerton*

Date 5th August, 1941. Rank **LIEUTENANT R. C. N. V. R.**

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this 5th day of August, 1941.

C. W. Skerton
(Signature of Officer and rank)
LIEUTENANT R. C. N. V. R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

A 4891

OFFICIAL NUMBER

FILE NUMBER 123-B-511

OFFICIAL NUMBER A 4891

NAME BANKS

(Surname)

Merl Alexander

(Given Names)

DATE OF BIRTH 16 April, 1904.

PLACE OF BIRTH Tobrook Mines, Annapolis Co., N.S.

OCCUPATION Active Service: B.C. Regiment, Niagara Falls, Ont.

RELIGION United Church

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 745 Cambie St.,

Town Vancouver

Province, etc B.C.

ENGAGEMENTS

DESCRIPTION

PREVIOUS SERVICE

Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
5	8	41	Hostilities Only	5'9 1/2"	Black	Blue	Dark	Tatoos: 3 L. Forearm 2 R. "	B.C. Reg't "DCOR"	Rfn. 30	8-39	4-8-41

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	

BADGES, G.C. OR G.S.

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

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

FILM
 NO. NSR-4655-2
 DATE

O.H.F. received
 Last Will & Testament dated 5-8-41 received.

App. To count 359 Days Army (A.F.)
 time towards award G. Conduct B.

SECOND CLASS FOR CONDUCT
 From To

W.S.G.
 APPLICATION
 10920
 RECEIVED
 1945

A 4891 OFFICIAL NUMBER

NAME BANKS
(Surname)

Merl Alexander
(Given Names)

OFFICIAL NUMBER A 4891

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qual		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Toronto D.H.Q. Duty.	A.B.	5	8	41	(D)												
HMCS Stadacona	"	19	8	41	(T.L.)												
Hochelaga II Manning Pool	"	10	9	41													
HMCS "Louisburg"	"	2	10	41	(N.L.)												
DISCHARGED	"	6	2	43	Dead "Missing, presumed killed in action" (Louisburg Casualty List)	V.G.	Sat.	6	2	43							

Handwritten: Given V.G. SUPN on 24th 19331
to check with S.C.

GENERAL REMARKS

Canadian Memorial Cross sent to
Wife: Mrs. Doris Banks,
c/o J.L. McGinnis, R.R. 6, Kingston
Kings Co., N.S.

DATE OF BIRTH	PLACE	CIVIL	OCCU.	RELI.	ED	PERM. RESIDENCE	PROV. ENL.	EXEMPT									
DAY MO. YR.	BIRTH	MAIN	SUB	GRON	R	CTV	ICW	SRV	DIV.								
16	4	04	14	754	0	40	X	9	04	10	6	23	0	08	94		
ENLIST. DATE	ACT. SERV. DATE	CTR.	ACT. SERV. DATE	SHIP OR	RANK OR RATE												
DAY MO. YR.	DAY MO. YR.	CAT.	DAY MO. YR.	ESTAB	A	BR.	RANK										
6	5	08	41	6	5	08	41			2160	0	08	94				
SENIORITY	STR.	NON-SUB	M	CODED			CHECKED										
DAY MO. YR.	CAT.	A	B	ST.													
6	5	08	41	19				20	06	-	02	-	43	44			

DEPT. NATIONAL DEFENCE
51406
JUN 10 1961
N.S. 62-21572
CANADA

Officer Commanding,
The B.C. Regt. "DCOR" C.A.
Allanburg Barracks,

Sir:

I hereby tender my application for discharge from the B.C. Regt. "DCOR" of the Canadian Army for the purpose of enlistment in the Royal Canadian Navy.

I sincerely feel that with my civilian and commercial qualifications that I can be infinitely more valuable in some capacity in the Naval Service, than I can ever be in the army.

I hold Certificate of Service to Able Seaman serial No. 153567, and Certificate of Efficiency to Life boat man, serial No. 156110.

In addition to the foregoing certificates of qualification I hold Certificate of Honorable Discharge from ships I have been employed on since 1922.

I have the honor to be Sir.
Your obedient servant.

K.37244 Rfn. Med. A. Banks.

①

27

1st February, 1943.

Dear Mrs. Banks:

I deeply regret that I must confirm the telegram of the 11th of February, 1943, from the Minister of National Defence for Naval Services informing you that your husband, Merl Alexander Banks, Able Seaman, Official Number A-4891, Royal Canadian Naval Reserve, is missing, presumed killed in action.

I regret that I have no further information at present other than a report from Overseas that your husband is missing, presumed killed when the ship in which he was serving was sunk by enemy action. I can assure you, however, that immediately further details are available you will be informed.

It is for the public interest that the name of the ship and the fact that she has been lost should not find its way to the enemy until such time as it is decided to publish this information in a Naval Casualty List. For this reason it is requested that you will regard as confidential anything beyond the fact of your husband's death on war service until such time as an official announcement is made.

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

Yours sincerely,

[Signature]
DEPUTY SECRETARY, NAVAL BOARD.

Mrs. Doris Banks,
c/o J.L. McGinnis,
R.R. #6, KINGSTON,
King's County, N.S.

[Signature]
(SGD) J. W. C. BARCLAY
DEPUTY SECRETARY PERSONNEL

REPS (NAVAL)		
REFER.	INIT	DATE
CNP		
DCNP		
DMNA		
DTNA		
PDG		
MDG		
DWS		
DNE		
C&W		
MPR	✓	
S.P.A		
F.P.		
DEP		
P.A.		
B.F.		

Despatched by
Sec. N. B.
[Signature]
Date
Time

[Signature]

Six copies to be rendered to Naval Service Headquarters

123-B-511
#653
94124

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "NIOBE" (LOUISBURG) at

Name **BANKS, Merl Alexander**
(Christian names in full)

Rank of Rating **Able Seaman** Official No. **A-4891**
(If unknown, date of first entry)

Place of Birth **Tobrook Mines, Annapolis, N.S.** Date of Birth **16th April, 1904.**

Occupation in Civil Life **Not known** 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) **One year - 6 months.**

Date of Death **6th February, 1943** Place of Death **At Sea.**

Cause of Death **Loss of ship due to enemy action.**
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name **Dora BANKS** Relationship **Wife**
Address **335 Smyth Street, Vancouver, British Columbia.**

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

Date on which death was registered with local Officials

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

H. Rungley **Commander, R.C.N.,
Commanding Officer,**

10th March, 1943.

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

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

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

C.N.S. 1121 *Duplicates on*
15M-7-40 (5849) *file NFA.*
N.S. 815-9-1121 *20 N PR/5*
12/5.