

V16777
HENRY

ROBERT

JOHN

EMC

46

N.S. V-16777. F.D. 173 PERS(N)

2 February, 1945.

THIS IS TO CERTIFY that according to official information Robert John Henry, Able Seaman, Official Number V-16777, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 29th of April, 1944, when the ship in which he was serving, H.M.C.S. "ATHABASKAN", was torpedoed and sunk by enemy action in the English Channel.

SECRETARY, NAVAL BOARD.

28

10th October, 1944.

Dear Mr. Henry:

I must regretfully inform you that since your son was reported missing no further information has been received of his survival or that he is a prisoner of war.

I wish to assure you, however, that the Department makes every endeavour to discover the fate of missing men and draws upon all likely sources of information about them.

In the case of men who are believed to be prisoners of war continuous efforts are made to speed up the machinery whereby their names and camp addresses can reach this country. The official means is by lists of names prepared by the enemy government. These lists take some time to compile, especially if there is a long journey from the place of capture to a prisoners of war camp. Consequently "capture cards", filled in by the prisoners themselves soon after capture and sent home to their relatives, are often the first news received in this country that a man is a prisoner of war.

Very slight hope is now held, however, that your son is a prisoner of war as the total number of names of men who are known to be prisoners from H.M.C.S. "ATHABASKAN" coincides with the number which the Germans claim to have captured from this ship.

Even if no news is received that a missing man is a prisoner of war, endeavours to trace him do not cease. Enquiries are pursued, not only among those who were serving with him, but also through diplomatic channels and the International Red Cross Committee at Geneva. The moment reliable news is obtained from any of these sources it is sent to the Department and is immediately passed on to the next of kin.

Should no information be received to the contrary your son will be presumed dead by the Canadian Naval Authorities at a later date.

May I extend my sincere sympathy in this time of anxiety.

Yours sincerely,

Despatched by
Sec. N. B.

SECRETARY, NAVAL BOARD.

Date 10/10/44
Time 1830

Mr. John Henry,
134 Dease St.,
FORT WILLIAM, Ont.

A.S.

TFH/MD

REGISTERED
AIR MAIL
N.S. V-16777 Pers.(N)

gm

20

1 May, 1944.

Dear Mr. Henry:

It is with deepest regret that I must confirm the telegram of the 1st of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Robert John Henry, Able Seaman, Royal Canadian Naval Volunteer Reserve, Official Number V-16777, is missing from H.M.C.S. "Athabaskan".

According to the report received from overseas, your son's loss occurred when H.M.C.S. "Athabaskan" was torpedoed and sunk by enemy action on the 29th of April, 1944, in the English Channel. Further particulars of this Naval disaster are being published in the newspapers.

While Able Seaman Henry is reported as "missing", there is a possibility of his survival. It is understood that a number of the crew have been taken prisoners of war by the enemy. The Red Cross have been informed and are attempting to obtain from the German Government a list of those taken. Please be assured that as soon as any further information respecting your son has been received you will be informed.

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

Yours sincerely, dispatched by
PERSONNEL NAVAL

MAY 2 1944

SECRETARY, NAVAL BOARD.

Mr. John Henry,
134 Dease St.,
FORT WILLIAM, Ont.



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

NO. N.S. V-16777 pers. (N)

JAN 12 1945 194

408109

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:



NAME, RANK/RATING
NO.

HENRY, Robert John
Able Seaman,
Official Number
V-16777, R.C.N.V.R.

PLACE, DATE & CAUSE
of DEATH

Missing, presumed dead,
to date 29th April, 1944,
when H.M.C.S. "ATHABASKAN"
was torpedoed and sunk by
enemy action in the English
Channel.

NEXT OF KIN

Father:
Mr. John Henry,
134 Dease St.,
Fort William,
Ontario.

IN FAVOUR OF

ALLOTMENTS IN FORCE

INITIALS

AMOUNT

Mrs. Alberta Henry,
134 Dease St.,
Fort William, Ontario

\$20.00 A.P.
for Mother.

BD

\$20.00

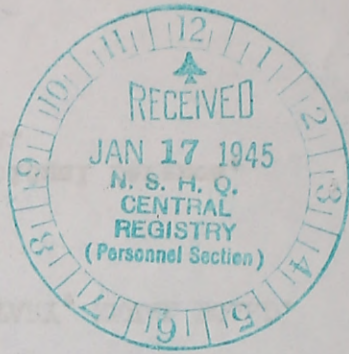
WILL: No Record

Yours truly,

for

SECRETARY, NAVAL BOARD.

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



TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]

[illegible text block]

[illegible text block]

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name.....HENRY, Robert J.....Rating.....A.E.
Official No. V-16777.....H.M.C.S. ATHABASKAN.....List.....5/2-111
Who* Discharged missing in action on the A.M. 29th April 19 44

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side	-	-
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....	-	-
Debts collected \$.....	-	-
Cash deposited by official Receipt No.....	-	-
Cash debited in the Accountant Officer's Cash Acct.....	-	-
If in debt in ledger, amount to be stated (in red ink).....	-	-
Rate of allotment (in words).....TWENTY DOLLARS.....charged to 30 Apl. 1944		
Name of ship from which transferred.....H.M.C.S. ATHABASKAN		
Total†.....Creditor.....@	85	50

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of.....H.M.C.S. Niobe Div. III.....amounting to a net balance†.....Creditor of Eighty-five dollars fifty cents.

Dated on board H.M.C.S. Niobe Pay Div. III.....at Greenock Scotland this Seventh day of June 19 44

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

Commander, RCNVR, C.N.A.A.(P).....Commanding Officer.

For Use at Headquarters.....D.N.P.A.'s LOG BOOK.....credited on Inspector's certificate No.....to.....

Signature.....Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 @ Credit Balance 85.50 taken on charge in H.M.C.S. Niobe Sub
10M-3-43 (8719)
H.Q. N.S. 815-9-45
Cash Account for June, 1944. Receipt Voucher No. P.R. 69

ACCOUNT OF SALE OF THE EFFECTS

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

[illegible]

{ Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....SignatureSignature
RankRank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

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

Sir:

6 May, 1944,

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
HENRY, Robert John	Able Seaman,	V-16777 R.C.N.V.R.

DATE OF ENLISTMENT - 16 February, 1942 Active Service: 16 March, 1942.

DATE OF DISCHARGE - Will be reported later.

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 - "Missing" from H.M.C.S. "ATHABASKAN" which was tor-
when and where any disability pedoed and sunk by enemy action in the English Channel
was incurred, or where death occurred.
on the 29 April, 1944. While this casualty is listed as missing, it is impossible

to make an estimate as to his chances of survival. Should no information be
received to the contrary, you will be notified when official presumption of death
with date has been set.

(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 -

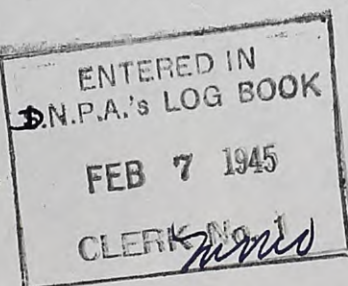
RELATIONSHIP- Father: NAME- Mr. John Henry.

ADDRESS- 134 Dease St., Fort William, Ont.

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

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R./5.



H.B. Money
for
SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

BF

B2 6/8/44 N.P.R./5
e

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the
Chief Treasury Officer (Allotment Section), Department of National
Defence, Naval Service, for completion respecting the details of
Marriage Allowance, Dependents Allowance, etc., and subsequent
transmission to you.

(See reverse side for further instructions)

ESTATES BRANCH

HQ NS V.16777 FD944

July 28, 1945.

Mr. John Henry,
134 Dease Street,
Fort William, Ontario.

HENRY, Robert J., A.B. (Deceased)
No. V.16777' R.C.N.V.R.

Dear Mr. Henry:

Distribution can now be made of the amount of money at credit to your late son.

The total amount available to this Branch for this purpose is \$102.56, made up as follows:

Balance of pay and allowances.....	\$ 85.50
Redemption of War Savings Certificates, 2 x 5 and 1 x 10.....	<u>17.06</u>
Total	\$102.56

As your son did not leave a Will, his estate will be distributed in accordance with the Intestacy Laws of his province of domicile and in this case will be divided equally among your wife, yourself and your five children.

A cheque for \$14.66 payable to your order will be requisitioned from Treasury in the course of the next few days. When the cheque has been received, will you kindly sign and return the enclosed form of receipt.

Yours faithfully,

CSS/MK
Encl.

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

DISTRIBUTION OF SERVICE ESTATES
NAVY

JMS

Estates Form "P. 4"

Name: HENRY Surname Robert J. Christian Names No. V 16777

A B Rank R.C.N.V.R. O/S Unit 29-4-44 Date of Death

Date: August 14/45

AMOUNT	W.S.G.	\$372.93
	L.P.C.	\$ 85.50
	Other Credits	\$ 17.06
	Total	\$475.49
	Prev. Dist.	\$102.56
	This Dist.	\$372.93

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/7	Father	John Henry 134 Dease Street Fort William, Ontario	\$53.27
6/7	Mother	Mrs. Alberta Henry (as above)	\$319.66
		(1/7 as next of kin 5/7 for benefit of 5 minors)	
		(as next-of-kin-entitled)	
			WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$372.93
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, WINNIPEG

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

Ottawa, Jan. 24th, 1945.

V-16777 A.SMN. HENRY, Robert J.

P. & N. H.

844-R

The Department of National Defence,
officially reports that the marginally named was reported -
Missing, presumed

on the 29th, April, 1944 on service

CANADA & HIGH SEAS.

His next of kin is reported as - **Father -**

**Mr. John Henry,
134 Dease St.,
Fort William, Ont.**

The Addressograph Stencil shows payment of Assigned Pay of

\$ **20.00**

a month to - **Mrs. Alberta Henry,
134 Dease St.,
Fort William, Ont.**

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

/AS

E. Clewes,

for
Canadian Pension Commission.

c. l.

Tau 16 yrs ago
Pneumonia 6 yrs ago
Inflammation Rt ear when infant



34053

NATIONAL DEFENCE
FEB 21 1942
N.S. 113H/850
CANADA

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

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined.....HENRY, R. J......
‡ candidate for entry as.....ORD/SEA.....
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.

URINE Normal

(a) Age (Years Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vac- cinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Ventricles, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Throat, etc.	(p) Anus, Hemorrhoids, etc.
18 2	124 lbs.	5-5 ft. ins.	Fair Slight	34 inches (a) maximum 32 (b) minimum (c) mean	right eye 20/20 left eye 20/20 *colour vision ISHI N	1936	120/70 normal	normal	normal	normal	normal	normal	8 deficient 50 defective normal	normal Reflexes

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

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

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, ‡Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

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

R. J. Henry
Signature of Candidate

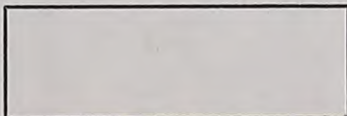
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

* (which renders him medically unfit for service,
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters



Dated at.....PORT ARTHUR.....the.....9.....of.....FEBRUARY.....1942.....

E. W. H. L.
Examining Medical Officer
(Rank) Lt. Col. R. C. M. V. R.

NATIONAL DEFENCE

FEB 23 1942

N. V. 3

50M-1-41 (8973)
N.S. 815-11-5N. 134-1853
CANADA

CANADA

ATTESTATION FORM
(HOSTILITIES FORM)

34051 9

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....HENRY.....OFFICIAL NO. V16 277CHRISTIAN NAMES.....ROBERT JOHN.....MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
134 Dease St., Fort William, Ontario.	Baptist

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
26th November 1923	Town Port Arthur, County Province Ontario.	Father: Mr. John Henry, 134 Dease Street, Fort William, Ontario.
*Original Nationality of: Father Scotch Mother Welsh		

*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.....34	Brown	Hazel	Med.	1" XXXX scars in form of cross on left cheek.
Inches.....5	Deflated.....32				
	Mean.....33				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade IX	Inspector: Canadian Car & Foundry, Fort William, Ontario.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
16th February 1942	ENTERED IN PAY LEDGERS Ord. Sea. Port Arthur, Ontario. H. M. C. S. "EVAN"	

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Personnel Records TO Division
			1. Noted in Records 2. Index Card 3. Non-Sub. Card 4. Statistical Card 5. His Majesty's Forces on 6. Pension Card 7. ... 8. ... DATE 28/2/42

- (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.....Port Arthur.....Division of the
Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this.....16th.....day of.....February.....1942.....

Signature of applicant.....Robert Henry.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....16th.....day of.....February.....1942.....

Albert G. Seysmith Sub-Lieut
Signature of and rank of Attesting Officer. R.C.N.V.R.
(Temp.)

(D) OATH OF ALLEGIANCE

I,.....Robert John Henry.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant.....Robert Henry.....

Witness.....Albert G. Seysmith.....

Date.....16th.....February.....1942..... Rank.....Sub-Lieut VR (Temp.).....

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

(E) CERTIFICATE OF ATTESTING OFFICER

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

Albert G. Seysmith Sub-Lieut
Attesting Officer. R.C.N.V.R.
(Temp.)

.....16th.....February.....1942..... R.C.N.V.R. Division
(or other establishment).....Port Arthur, Ont.....

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

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

Robert Henry
Signature



VERIFICATION FORM

NAME IN FULL HENRY, Robert John RANK/RATING A B OFF. NO. V-16777 ADDRESS

[illegible]

CERTIFICATE of the SERVICE of *C.N.S. 46284*

John Robert HENRY
in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division <i>Griffon</i>	Official Number <i>16777</i>
		"
		"

Date of Birth <i>26th November 1923</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Alberta Henry</i> <i>(Mother)</i> <i>134 Deane St</i> <i>Port William Ont.</i>
Place of Birth <i>Port Arthur Ontario</i>	
Place of Residence <i>same address</i>	
Trade brought up to <i>Inspector (Can Can. Friends)</i>	
Religion <i>Baptist</i>	
Can Swim:—P.P.T. (GOOD) Date <i>14 September</i> 19 <i>42</i> Signature <i>Green</i> Rank <i>Lieut for co</i>	
P.S.T. Date _____ 19 _____ Signature _____ Rank _____	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>16th Feb 1942</i>	<i>Hostilities</i>	<i>Q. S. 21 Nov 43</i>				<i>Awarded Ribbon for 1939-43 Star</i>

PERSONAL DESCRIPTION							
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion
	Feet	Inches					
On Entry	<i>5</i>	<i>5</i>	<i>33</i>	<i>124</i>	<i>brn hazel</i>	<i>med</i>	<i>1/2" scar in form of cross on left cheek</i>
On re-enrolment—6 years' Service							
On re-enrolment—12 years' Service							
Further Description if necessary							

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
1942	Griffon Naval		O.S.	16 Feb '42	15 Mar '42	
1942	Active Service		O.S.	16 Mar '42		
1942	Griffon		O.S.	16 Mar '42	19 July '42	
1942	Naden		O.S.	20 July '42	13 Nov '42	
	Stadacona		— " —	14 Nov '42	11 Dec '42	
	Nisibe		— " —	17 Dec '42	3 Feb '43	
	Nisibe (Achabaskan)		— " —	4 Feb '43	15 Mar '43	
	— " — (— " —)		A.F.B.	16 Mar '43	27 Apr '44	1944: reported missing (12) presumed dead (12) CNMD's sig 132109 Ja

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

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name John Robert HENRY

...Conduct

[illegible]

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

V16777

OFFICIAL NUMBER

NAME

HENRY

(Surname)

Robert John

(Given Names)

OFFICIAL NUMBER

V16777

For Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "GRIFTON"	Ord. Smn.	16	2	42	Div. Str. Port Arthur	V.G.	Sat.	31	12	42	Q&R A/L.R.3	7	11	42			
"	"	16	3	42	Duty Div. Hdqts. Pt. Arthur	V.G.	Sat.	31	12	43							
Naden	"	20	7	42	D	V.G.	Sat.	29	4	44							
Gornwallis	"	21	11	42	DRB H.C. 60												
Stadacona	"	14	11	42	S.C.												
Athabaskan	"	4	2	43	T.L. via Niobe												
"	A/A.B.	16	3	43	Rated. 249A(19487)												
"	A.B.	16	3	44	Conf. 249A(19615)												
DISCHARGED	"	29	4	44	"Missing" Casualty List.												
					"Presumed Dead" per Casualty List. P.#66.												

GENERAL REMARKS

Canadian Memorial Cross Awarded to
Mother: Mrs. Alberta Henry,
134 Dease St.,
Fort William, Ont. 19-2-45.

DATE OF BIRTH			PLACE		CIVIL		OCCU		RELI		ED		PERM RESIDENCE			PREV ENL		RANK OR RATE		
DY	MO	YR	BIRTH	MAIN	SUB	GION			P	CTV	TOWN	SERV	DIV			A	BR	RANK		
26	X	73	11	PRR	0	60	21	49	01	0	10	0	08	95						
ENLIST. DATE			ACT. SERV. DATE		STR		ACT. SERV. DATE		SHIP OR		RANK OR RATE									
DY	MO	YR	DY	MO	YR	CAT	DY	MO	YR	ESTAB	A	BR	RANK							
16	02	42	16	03	42					9740	0	08	74							
SENIORITY			STR		NON-SUB		M		CODED		CHECKED									
DY	MO	YR	CAT	A	B	ST														
7603	43	13	08	00	20	24	04	44	AL		318									

Mr. John Henry

134 Dease St.,

Fort William, Ont.

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-16777 FD 944

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

24th January 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

HENRY, Robert John

ABLE STAMAN

V-16777

R.C.N.V.R.

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

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

HRW/MJ

[Signature]
Director 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 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 Henry	49	134 Deane St. St. William
4	Mother of the Deceased.....	Alberta Henry	46	134 Deane St. St. William
5	Brothers of the Deceased	Full Blood		
		Yes. Frank Henry Reginald Henry	16 13	134 Deane St. St. William 134 Deane St. St. William
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Yes. Horeen Henry Kehnae Henry Elizabeth Ann Henry	19 17 8	134 Deane St. St. William 134 Deane St. St. William 134 Deane St. St. William
		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	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert John Hayter Henry
9	Date of his birth.	November 26 - 1923.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Port Arthur, Ont. March 17 - 1921

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Port Arthur Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) - (b) - (c) - (d) -
14	Nature of employment before enlistment.	Canadian Bar and Foundry.
15	State whether he owned the premises in which he lived, and, if so, where situated.	
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.	None other than Henry.
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?	-
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Twenty Dollars Dominion Bank
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	-
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Mrs. Alberta Henry Prudential - One Thousand
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.	- - - -
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

* Mother of the deceased.

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

Mrs Alberta Henry

Signature of Informant
Out.
Address

134 Dease St. Fort William

CERTIFICATE

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

*See above.

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

Dated at

Port Arthur

this

27th

day of

January

19

45

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

Rev. Macdonald

Qualification

Minister (P.)

Address

322 Van Norman St. Port Arthur, Ont.

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

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Robert John HENRY
(Christian Names) (Surname)

Payee Director of Estates for service estate of
Address 308 Sparks St. Robert J. HENRY
Attomout. N.S. V-16777

Register No. 11234File No. V16777Date 4-7-45Service No. V16777Final Rank or Rating A-1

Date of termination of overseas service 29 apr. 44 Date of Discharge 29 apr. 44
A. TOTAL QUALIFYING SERVICE

No. of days 776 equal to 25 complete periods at \$7.50
30

187.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 505 less 26 ineligible days equal to 479 days @ 25¢ per day

119.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 1.85
Subsistence or Lodging \$ 1.45
and Provision Allowance
Additional Pay L.R. III \$.10

Dependents' Allowance 1/30 of \$ 3.40

Total 3.40 x 7 = \$ 23.80

No. of days 505 x \$ 23.80
183

65.68

D. WAR SERVICE GRATUITY

372.93

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$ nil

F. TOTAL AMOUNT PAYABLE

372.93

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 372.93
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	
				Date	

Service Representative

D.N.P.A. CHECK

1 W
2 W
3 W
4 W
5 W
6 W
7 W
8 W
9 W
10 W

W.S.G. Application No. 11237

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

FILE NO. N.S. V-16777

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>SURNAME</u>	<u>CHRISTIAN NAMES IN FULL</u>	<u>OFFICIAL NUMBER</u>	<u>RANK OR RATING ON DISCHARGE</u>
<u>HENRY</u>	<u>ROBERT JOHN</u>	<u>V16777</u>	<u>A.B.</u>

CAUSE OF DISCHARGE: DEAD (ATNAHASKIAN)
APPLICANT MOTHER - A.P. \$20.00
(Father - on behalf of mother)

	<u>TOTAL SERVICE</u>	
Date of Active Service	<u>16 MAR 42</u>	<u>43-365</u>
Date of Discharge	<u>29 APR 44</u>	<u>44-366</u>
Total No. of Days	<u>776</u>	<u>16</u>
# Less non qualifying service	<u>Nin</u>	<u>29</u>
		<u>776</u>
		Total Days <u>776</u>

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>505</u>	
# Less non qualifying service	<u>Nin</u>	
		Total Days <u>505</u>

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf

Computed By G. dewol

Checked By J. B. Sawyer

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

DATE: JUN 28 1945

00F

NON QUALIFYING SERVICE

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

(%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
N. O. B. E. ATHABASKAN	12 DEC 42	29 APR 43	505

43- 365
20
31
29
31
29
505

NAME OF DISCHARGE

IN PART OR DISCHARGE
REASON FOR DISCHARGE

COMMISSIONER OF SERVICE

DATE SERVICE COMPLETED

SIDE NO. 1-2

DATE OF DISCHARGE

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

Name of Deceased Member Robert John HENRY Rank or Rating AB. O. No. V16777

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

D.A.	<u>NIL</u>	<u>Mrs. Alberta HENRY</u> (mother)
A.P.	<u>20.00</u>	<u>134 Deane Street,</u>
		<u>Fort William, Ont.</u>
D.A.	<u>-</u>	
A.P.	<u>-</u>	

2. Pension awarded or being awarded to: no record.

3. War Service Gratuity Application(s) received from: Mr. John J. HENRY - father
134 Deane Street,
Fort William, Ontario

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

(✓) To be paid to: Director of Estates
308 Sparks St.
Ottawa, Ont. - and -

In the proportion of: /

to: In the proportion of: /

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

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 5 July 1945

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

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

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

WRITE PLAINLY WITH
UNFADING INK
THIS IS A PERMANENT
RECORD

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of
{ If in City, Town or Village..... (Name) Street..... House No.
(If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED HENRY, Robert John
(Family name) (Given name or names in usual order)

RESIDENCE No. 134 Street Dease Street City, Town, Village or Township Fort William Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>Scotch</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
-----------------------	--	-----------------------------------	---

8. BIRTHPLACE Port Arthur, Ontario
(Province or Country)

9. DATE OF BIRTH November 26 1923
(Month) (Day) (Year)

10. AGE in { Years 20 Months 5 Days If less than one day old
hrs. or min.

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

12. Kind of industry or business, as Canada Car & Foundry
mill, lumbering, bank, etc. Port William, Ont.

13. Date deceased last worked at this occupation..... 14. Total years spent in this occupation.....

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

16. NAME.....

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

18. MAIDEN NAME.....

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

20. Person giving information sign here H.B. Money
Paymaster Commander, R.C.N.R.
Address NAVAL SERVICE HEADQUARTERS, Ottawa, Ont.
Relationship to deceased Director of Personnel Records

21. Place of Burial, Cremation or Removal No burial.
Date of burial or removal.....

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

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

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH April 29 1944
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:

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

CAUSE OF DEATH

I. Immediate cause
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.

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

(a) Missing, presumed dead, when H.M.C.S. "ATHABASKAN" was torpedoed and sunk by enemy action in the English Channel.

(b) due to.....

(c) due to.....

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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

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

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

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

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

Manner of injury.....
(How sustained)

Nature of injury.....

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

Signed by.....M.D.

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

30. Division Registrar's Record No.

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

SERVICE

NAME HENRY, Robert John

O.N. V-16777

PRESENT RANK/RATING: Able Smn.

36

DATE TAKEN ON ACTIVE SERVICE: 16-3-42

SERVICE

SHIP OR ESTABLISHMENT

FROM

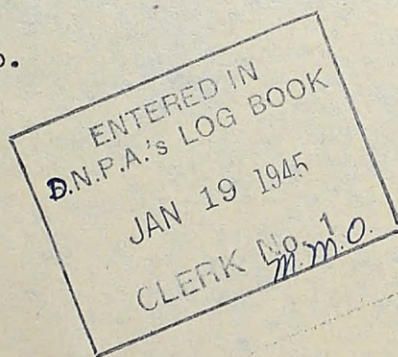
TO

Duty Div. Hdqtrs. (Port Arthur)
Naden
Cornwallis
Stadacona
Athabaskan

16-3-42
20-7-42
21-11-42
12-12-43

IMPORTANT

(WILL): No.



NAME & ADDRESS
OF NEXT OF KIN:

Father:
Mr. John Henry,
134 Dease St.,
Fort William, Ontario.

HAS DISCHARGE FOR ANY REASON
BEEN PREVIOUSLY APPROVED? No.

REASON:

DATE:

INITIALLED

N.B.

DATE 11/12/44

SECTION: *R.C.N.V.R.*

(TO BE COMPLETED IN INK)

DECEASED 29 April 1944

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

Navy

D.D.
WAR SERVICE RECORDS

HENRY

Robert John

V-16777

A.B.

FILE No.

V 13935

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

~~1966~~

02-96651

M



P

APR 21 1999

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Jul.45 "ATHABASKAN"
 MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. John Henry - Father

ADDRESS: 134 Dease St.,
 FORT WILLIAM, Ont.

MEMORIAL BAR

(1) DATE DESP

REGN. NO. 1806

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. A. Henry

ADDRESS: 134 Dease Street
 FORT WILLIAM, Ontario

(3) 19 February 1945

OCCUPATIONAL HISTORY FORM

NATIONAL DEFENCE

34052

FEB 17 1942
N/1341853

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 Robert John HENRY (b) Reg'l. No. V. NK
2. (a) Arm of service Navy (b) Unit Port Arthur Div., R.C.N.V.R. (c) Rank Ord. Sea.
3. (a) Date of birth 26 Nov. 1923 (b) Have you any dependents? no (c) Place of residence at time of enlistment Fort William, Ont.
4. (a) Place of enlistment Port Arthur, Ontario. (b) Date of enlistment 16th Feb. 1942

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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 IX
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? none (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? no
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? no
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked no (b) State how long you had worked at this trade or occupation no
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified no
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment no
15. Give details of last employer, if any: Name no Address no
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) no
17. (a) If your last employment was in a business of your own, state nature and address of business no (b) Date of discontinuing it no

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 Car & Foundry Ltd. Address Fort William, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Aeroplane Production.
20. (a) Your specific occupation Inspector (b) Number of years' experience at this occupation with any employer 1 yr.
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 no (b) Where was it located? no
23. (a) Number of years engaged in this business no (b) Have you made, or will you make plans to return to the same or a similar business on discharge? no

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? yes (b) Do you feel competent to operate a farm? no (c) If so, in what kind of farming? no
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? none (c) In what provinces did you have experience? no

Section G—MISCELLANEOUS

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

DATE 16th February 194 2

SIGNATURE Robert Henry



COPY TO
VWD
ES

FEB 28 1942