

V34862
WOOD

JOHN

ALFRE

D OF D 29-4-44

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY 1

383540
D.D.
WAR SERVICE RECORDS

WOOD	John Alfred	V-34862	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	JAN 19 1978 8667
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

2/12/77

RCNVR Aug. 45 "ATHABASKA"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) <u>MEDALS</u> <u>PERSON</u> ENTITLED TO Mrs. Edna F. Wood - Widow ADDRESS: Central Greenwich, Kings Co., Hampstead , N.B.	(1)
(2) <u>MEMORIAL CROSS</u> WIDOW Mrs. Edna F. Wood ADDRESS: Hampstead, Queens Co., N.B.	(2) 6-3-45
(3) <u>MEMORIAL CROSS</u> MOTHER Mrs. Daniel E. Wood ADDRESS: Hampstead, Queens Co., N.B.	(3) ?
<div style="border: 2px solid red; padding: 10px; text-align: center;"><p>MEMORIAL BAR</p><p>DATE DESP</p><p>REGN. NO 520</p></div>	

Unemployment Insurance Card--None
Employer--
Nearest Claims Office;
80 Prince William Street,
Saint John, N.B.



N. V. 5
50M-10-41 (1994)
N.S. 815-11-5

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME WOOD OFFICIAL NO. V-34862
CHRISTIAN NAMES John Alfred MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS		RELIGION
<u>Hampstead, Kings Co. N.B.</u>		<u>Baptist</u>
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>May, 23/15</u>	Town <u>French Lake</u>	Wife: Mrs. Edna Wood, Hampstead, Kings Co. N.B.
*Original Nationality of: Father <u>English</u> Mother <u>English</u>	County <u>Sunbury</u> Province <u>N.B.</u>	

*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 <u>5</u>	Inflated <u>37 1/4</u>	<u>dark brown</u>	<u>blue</u>	<u>Fair</u>	<u>None</u>
Inches <u>7 1/2</u>	Deflated <u>36 3/8</u>				
Mean <u>35 1/2</u>					
EDUCATIONAL STANDING			TRADE OR CALLING AND IN WHOSE EMPLOY		
<u>Grade 7</u>			<u>laborer</u>		
DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED			
<u>21/4/42</u>	<u>Ord. Smn.</u>	<u>H.M.C.S. "Brunswicker"</u>			

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

(5) On being enrolled as a member of the H.M.C.S. "Brunswicker" 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 21st. day of April, 1942

Signature of applicant John Alfred Wood

(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 21st. day of April, 1942

R. D. Munro, Lieut.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

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

Signature of Applicant John Alfred Wood,

Witness R. D. Munro

Date 21/4/42 Rank Lieut. R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

John Alfred Wood 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 H.M.C.S. "Brunswicker" Division of the R.C.N.V.R. or in the appropriate official documents.

R. D. Munro, Lieut.
Attesting Officer.

21/4/42 194 R.C.N.V.R. Division
(or other establishment) H.M.C.S. "Brunswicker"

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.

John Alfred Wood.

Signature

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

V34862

OFFICIAL NUMBER

NAME WOOD
(Surname)

John Alfred
(Given Names)

OFFICIAL NUMBER

P.I.B. V34862

Ship or 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 Brunswicker	Ord. Smn.	21	4	42	St John Div. Str.	V.G.	Sat.	31	12	42							
Brunswicker	" "	6	5	42	Active Service.	V.G.	Sat.	31	12	43							
Cornwallis	" "	8	7	42	DL Ambler 4/9/42 V/O	V.G.	Sat.	29	4	44							
STADACONA	" "	9	9	42	(DRD)												
Nicobe (Athabasca)	" "	12	12	42	DRD #H-169.												
Athabaskan	" "	4	2	43	S.C.												
"	A/Able Seaman	6	5	43	Rated (249A #19584)												
DISCHARGED	"	29	4	44	Missing Presumed Dead Per C.I.												

GENERAL REMARKS

Awarded Canadian Memorial Cross to
Mother: Mrs. Daniel E. Wood,
Hampstead, Queen's Co., N.B. to date
17/3/45
Canadian Memorial Cross to wife:
Mrs. Edna Florence Wood,
Hampstead, Kings Co., N.B. 6/3/45.
Body recovered and buried in Santec,
Finistere, France. (Casualty List #94)

DATE OF BIRTH			PLACE	CIVIL OCCU.	REL. ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE				
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A.	BR.	RANK
23	5	15	15	900	0	60	0	5	69	00	0	02	0	08 95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP. CO.	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.		CAT.	DY.	MO.	YR.	ESTAB.	A.	BR.	RANK
21	04	42	06	05	42						9740	1	08 94	
SENIORITY			STR.	NON-SUB		M					CODED	CHECKED		
DY.	MO.	YR.	CAT.	A	B	ST.								
06	05	43	13	00	00		PS.				X	10	20	

VERIFICATION FORM

NAME IN FULL WOOD, John Alfred RANK/RATING A.B. OFF. NO. V-34862 ADDRESS

[illegible]

CERTIFICATE of the SERVICE of

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V34862</i>
<i>Halifax, N.S. Loring John, N.B.</i>		" "
Date of Birth <i>23/5/15</i> Place of Birth <i>French Lake, N.B.</i> Place of Residence <i>Hampstead, Kings Co., N.B.</i> Trade brought up to <i>Laborer</i> Religion <i>Baptist</i>		Name and Address of Nearest Relative or Friend (in pencil) <i>Wife</i> <i>Edna</i> <i>Same address</i>
Can Swim:—P.P.T.	Date.....19.....	Signature.....Rank.....
P.S.T.	Date.....19.....	Signature.....Rank.....

[illegible]

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	7 1/2	38 1/2	142	Dark Brown	Blue	Fair	Nil
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	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1942	Brunswick			Ord. Comm.	21 Apr 42	5 May 42	Active Service
1942	Brunswick			— " —	6 May 42	7 July	
1942	Cornwallis			— " —	8 July	28 Aug 42	
	— (Amble)	✓		— " —	29 Aug 42	41 Sep 42	V/O
	Cornwallis			— " —	5 Sep 42	7 Sep 42	Rec'd. Comm. over
	Lexadacora			— " —	8 Sep 42	11 Dec 42	6 months - 2070-42 (19404)
1942	Niobe	✓		— " —	12 Dec	3 Feb 43	
	Niobe (Achabaskan)	✓		— " —	4 Feb 43	5 May 43	
	—			Act. A.B.	6 May 43	29 Apr 44	Report missing
	Presumed Dead			— " —	29 Apr 44	21060	Reported missing 29 Apr 44 Niobe 249A To date 29 Apr 44 No date 29 Apr 44 Capt. 30/11/41 J. 30/11/41 J. 30/11/41

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

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name John Alfred Wood

Conduct

[illegible]

SERVICE

NAME WOOD, John Alfred

O.N. V-34862

PRESENT RANK/RATING: A/Able Seaman

DATE TAKEN ON ACTIVE SERVICE: 6/5/42

SERVICE

SHIP OR ESTABLISHMENT

FROM

TO

HMCS Brunswicker D.S.
" A.S.
Cornwallis
Stadacona
Athabaskan
School Chatham
Niobe
Athabaskan

21/4/42
6/5/42
8/7/42
9/9/42
12/12/42
?
3/1/43
?

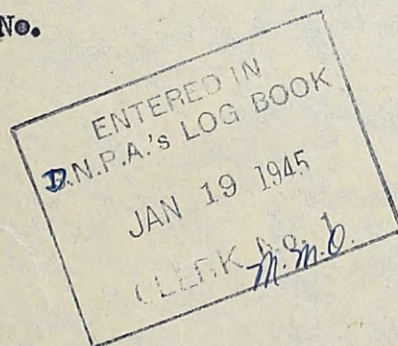
41

IMPORTANT

(WILL) No.

NAME & ADDRESS

OF NEXT OF KIN: Wife: Mrs. Edna Wood,
Hampstead, N.B.



HAS DISCHARGE FOR ANY REASON
BEEN PREVIOUSLY APPROVED? No.

REASON:

DATE:

INITIALLED

ccf

DATE 11/12/44

SECTION: 3 RCNVR

(TO BE COMPLETED IN INK.)



Department of National Defence
Naval Service

IN REPLY PLEASE QUOTE
NO. N.S. V-34862 PERS(N)

JAN 12 1945 194

408155

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.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
John Alfred WOOD, Able Seaman, Official Number V-34862, RCNVR.	"Missing," <u>presumed dead</u> , to date 29 April, 1944, when H.M.C.S. "ATHABASKAN" was tor- pedoed and sunk by enemy action in the English Channel.	Wife: Mrs. Edna Wood, Hampstead, N.B.

ALLOTMENTS IN FORCE

<u>In Favor Of</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Edna Wood (Wife) Hampstead, Kings Co., N.S.	D.A. \$51.12, A.P. \$30.00 - \$81.12	DMD <i>smal</i>

Above allotment stopped paid April 30th, 1944.

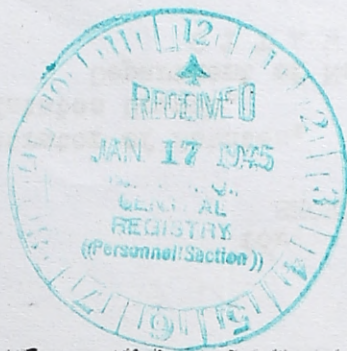
WILL: No Record

Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

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



RECEIVED

JAN 17 1945

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Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

XXXXXX NAVAL SERVICE HEADQUARTERS at OTTAWA, Ont.
H.M.C.S. 45

Name WOOD, John Alfred
(Christian names in full)

Rank of Rating Able Seaman Official No. V-34862 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth French Lake, N.B. Date of Birth 23rd May, 1915

Occupation in Civil Life Labourer Religion Baptist

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) From 21st April, 1942 to 29th April, 1944

Date of Death 29th April, 1944 Place of Death At Sea

Cause of Death Missing, presumed dead, when H.M.C.S. "ATHABASKAN" was torpedoed
(If due to accident, violence, or enemy action, particulars to be stated briefly)
and sunk by enemy action in the English Channel.

Nearest known relative or friend. { Name Mrs. Edna Florence Wood Relationship Wife
Address HAMPSTEAD, Kings Co., N.B.

Date on which the above was informed by Ship xxxx Naval Service Headquarters: 1 May, 1944

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 No burial Date of Burial ---
(if known) (if known)

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

Undertaker employed ---
(if any)

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

ENTERED IN
D.N.P.A.'s LOG BOOK
JAN 19 1945
CLERK No. 1
m.m.o.
XXXXXX Naval Board,
The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

XXXXXXXXXXXXXXXXXXXX
Commanding Officer,
OTTAWA, Ont., 12 January, 1945.
H.B. Money
for SECRETARY, NAVAL BOARD.

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.

FORM C-3

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG.
No.

1. PLACE OF DEATH { Sub-Health District AT SEA Area (City, Town or Civil Parish) _____
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 Civil Parish where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED WOOD (Surname) John Alfred (Given name or names)

RESIDENCE No. _____ Street _____ City, Town, Village or Civil Parish HAMPSTEAD Province N.B.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE New Brunswick (Province or Country)
9. DATE OF BIRTH May 23 1915
(Month) (Day) (Year)

10. AGE in { Years 28 Months 11 Days _____ If less than one day old _____ hrs. or _____ min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Labourer
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.
13. Date deceased last worked at this occupation _____ 14. Total yrs. spent in this occupation _____
15. If married give name of wife or husband of deceased Mrs. Edna Wood

16. NAME _____
17. BIRTHPLACE _____ (Province or Country)

18. MAIDEN NAME _____
19. BIRTHPLACE _____ (Province or Country)

20. Name of informant Payal Chandra, R.S.M.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. UNDERTAKER _____ (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

24. I HEREBY CERTIFY that I attended deceased from: _____ 19 _____ to _____ 19 _____
and last saw him _____ alive on _____ 19 _____

CAUSE OF DEATH

I
Immediate cause
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) "Missing", presumed dead when H.M.C.S. "ATHABASKAN" was torpedoed and sunk by enemy action in the English Channel.
due to _____
(b) _____ due to _____
(c) _____
Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
II
Other morbidity conditions (if important) contributing to death but not causally related to immediate cause. _____

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

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

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? _____ Date 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 _____

28. S.D.R. No. _____

29. Filed _____ 19 _____ (Sub-Deputy Registrar)

VITAL STATISTICS, REGULATION 210,
MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL
THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE
THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT.
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.
(See reverse side for instructions.)

.....Mrs. Edna Wood,.....
.....Hampstead, N.B......
.....
.....

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-34862.....FD 864.....

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.



.....January 24 1945.....

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

.....WOOD, John Alfred, A.S......

.....V.34862 RCNVR.....

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.

W/CF

A. A. Wachs
Commander Royal Canadian Mounted Police
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.....	Mrs Edna F Wood	21	Hampstead Queens Co. N.B.
2	Children of the Deceased and dates of their Births.....	Thomas Edward Wood February 9th 1942	3	Hampstead Queens Co. N.B.
3	Father of the Deceased.....	Daniel E Wood	70	Hampstead Queens Co. N.B.
4	Mother of the Deceased.....	Etta May Wood	57	Hampstead Queens Co. N.B.
5	Brothers of the Deceased	William Allen Wood	35	Fairville N.B.
		Fred Robinson Wood	31	RR #2 George H. Hampstead Queens Co. N.B.
		Full Blood		
		Half Blood		
6	Sisters of the Deceased	Mrs C B		
		Mrs C V Wilby	32	138 Carmarthen St St John N.B.
		Full Blood		
		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	

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 WOOD, John Rating A/A.B.
Official No. V-34862 H.M.C.S. ATHABASKAN List 5/2-137
Who *Discharged missing in action on the A.M. 29th April 1944

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)..... <u>See reverse side</u> charged to <u>30 Apl. 44</u>		
Name of ship from which transferred..... <u>H.M.C.S. ATHABASKAN</u>		
Total†..... <u>Creditor</u> @	43	72

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

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

Approved [Signature] Accountant Officer
Pay Lieut. R.C.N.V.R.
Commander, RCNVR, C.N.A.A. (P) [Signature] Commanding Officer.

For Use at Headquarters. ENTERED IN LOG BOOK
No. 241 to 242 \$..... cts..... credited on Inspector's certificate
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 43.72 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. 79

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
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

DECEASED
MEMBER'S
NAME

John Alfred
(CHRISTIAN NAMES)

WOOD
(SURNAME)

REGISTER NO. **7880**
FILE NO. **NSV-34862**
DATE **30 Apr/45**
SERVICE NO. **V-34862**
FINAL RANK OR RATING **A/A.B.**
DATE OF DISCHARGE **29 Apr/44**

PAYEE **Mrs. Edna F. Wood,**
ADDRESS **Hampstead, Queens Co., N.B.**

DATE OF TERMINATION OF OVERSEAS SERVICE

29 Apr/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **725** EQUAL TO **24** COMPLETE PERIODS AT \$7.50

\$ **180.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **505** LESS **5** INELIGIBLE DAYS, EQUAL TO **500** DAYS @ 25c. PER DAY

\$ **125.00**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **1.85**
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ **1.45**
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ **51.12** \$ **1.70**

TOTAL \$ **5.00** X7 = \$ **35.00**
NO. OF DAYS **500** X \$ **35.00**
183

\$ **95.63**

D. WAR SERVICE GRATUITY

\$ **400.63**

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS

NIL

F. TOTAL AMOUNT PAYABLE

\$ **400.63**

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

= \$ **400.63**

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 **SJD** CHECKED BY **AA 16**

TREASURY
CHECKED BY **RS. Hoblyn** DATE **1/5/45**

for Dir. Naval Pay. Accting. **Katterman**
SERVICE REPRESENTATIVE

ORIGINAL

MAY 18 1942
113
H.Q. File No. 8

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
	Surname.....WOOD	Ord. Smn	V-ONNK	\$1.25 ✓
	Christian } John Alfred		V34862	MA 1.55 ✓
	Names }			MA 1.00

Section A

ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname.....WOOD	Wife	Hampstead Kings County, N. B.	67.00 ✓ \$50.00	Increased New June 1942
Christian } Edna Florence				
Names }				

Section B

DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
57.00 \$42.00	Edna Florence WOOD	Hampstead, Kings Co. N. B.	Increased as shown in section "A" above.

Stamp: Allotment Declarations
Entered on Index Card
Entered on Allotment Ledgers
MAY 18 1942

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

R. Bartlett
Witness

Allotor's Signature authorizing charges.

John Alfred Wood
Ord. Smn.

Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)

Ottawa, Ont.

S. 63

100M-2-41 (9291)
H.Q. 815-9-63

Paymaster-Lieut. Col. R. C. N. V. R.

Accountant Officer

H.M.C.S.

Forwarded MAY 15 1942

Noted for SNPA
24-6-42
Noted in Service
Records by

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

SIXTY SEVEN *
WOOD, JOHN ALFRED
MRS. EDNA FLORENCE WOOD,
HAMPSTEAD,
KINGS CO., N.Y.
* 6 7 . 0 0
V-34862

DISTRIBUTION OF SERVICE ESTATES

IM

Estates Form "P. 4"

NAVY

Name: WOOD Surname JOHN A. Christian Names No.: 7-34862Rank A/S. Unit R.C.N.V.R. 3/S. Date of Death 29-1-44

AMOUNT

L.P.C.....\$ 43.72Date: 13-7-45

Other Credits.....

Total..... 43.72

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<u>All</u>	<u>Widow</u>	<u>Mrs. Edna F. Wood,</u> <u>Hanstead,</u> <u>QUEENS CO. N.B.</u> <u>(1/2 as next of kin entitled)</u> <u>(1/2 for benefit of 1 minor)</u>	<u>43.72</u>

P4. TO TREAS.

11/8/45 fw

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
<u>9999</u>	<u>831</u>	<u>00</u>	<u>50</u>	<u>000</u>	<u>43.72</u>
CLASSIFIED BY <u>[Signature]</u>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
(E. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer