

HENDERSON, HUGH
MALCOLM

O32330

ORIGINAL
DUPLICATE
TERMINATE

Grade: 12

7 years College

(For R.C.A.M.C. (Interne) Medical Student)

Occupation

M.F.M. 2

A.F.B. 271

500M-7-41 (1131)

H.Q. 1772-39-1645

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

No. 6. District depot, C.A.

Unit

Regimental Number F 30703

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname **HENDERSON**
2. Christian Names **Hugh Malcolm**
3. Present address **Halifax Infirmary, Halifax, Halifax County, Nova Scotia**
4. Date of birth **8 April, 1915**
5. Place of birth **Canada** **Hfx. Co., N.S.** **Halifax**
(Country) (County or Province) (Town or Township)
6. Religion (state denomination) **United Church of Canada**
7. Trade or Calling **Medical Interne**
8. Married, Widower or Single **Single**
9. Name of next of kin **Dougald Ronaldson Henderson**
10. Relationship **Father**
11. Address of next of kin **103 College Street, Halifax, Halifax County, Nova Scotia**
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? **YES**
C.O.T.C. Dalhousie Contingent 1940-1941 2 years C.O.T.C. at Kings College.
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) an Active Formation or Unit of The Canadian Army? **NO**
(Yes or No)
(b) Any other Naval, Military, or Air Force? **NO**
(If Yes, Give Regimental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? **NO**
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, **Hugh Malcolm HENDERSON**, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army 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.

Witness: **Hugh M. Henderson** **At home or abroad.**

Date **22nd May, 1942** **Hugh M. Henderson**
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, **Hugh Malcolm HENDERSON**, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Hugh M. Henderson (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 **Halifax, N.S.** this **22nd** day of **May**, 19**42**.

G. R. SAUNDERS Major
District Recruiting Officer, M.D. No. 6

(Signature of Magistrate, Justice or Attesting Officer.
Officer 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.....
(Surname) (Christian Names).....Regimental Number.....

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military.....	NIL	High School	} 4 (years completed)	Graduation	} Dr. Matriculation (specify)
Business or Professional.....	Medical student	or Collegiate		or Matriculation	
Trade or Civil.....	NIL	*College.....	2 Years Kings College		
Technical.....	NIL	*University.....	6 Years Dalhousie University		
Languages.....	English	NIL			
*(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.

[illegible]

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

Name
Place

l. 1
a. H
b. 7
c. H
d. H
e. 1
f. 8
g. H
h. 7
i. H
j. 1
Pm

2. []
4. []
6. []
7. []
9. []
10. []

and
Speed

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Hugh Malcolm HENDERSON Place Halifax, N.S.
Place Halifax Infirmary, Halifax, N.S. Date MAY 14 1942

Part 1. Information obtained from the recruit.

1. Age 27 2. Have you ever suffered from any of the following diseases?
- a. Rheumatism NO k. Ear disease NO
- b. Tuberculosis or pleurisy NO l. Eye disease NO
- c. Bronchitis or asthma NO m. Fits NO
- d. Heart disease NO n. Nervous or mental disease NO
- e. Kidney or bladder disease NO o. Syphilis NO
- f. Stomach or bowel trouble NO p. Gonorrhoea NO
- g. Rupture NO q. Have you ever worn glasses? YES
- h. Varicose veins NO r. Are you now or have you in the past received disability pension or compensation? If so, give details NO
- i. Foot trouble NO
- j. Nasal trouble YES
- Pneumonia** NO
- Hugh M. Henderson*
Signature of Applicant.

Part 2. Information obtained by medical examination.

THE RECRUIT MUST BE STRIPPED

1. Identification marks or scars. (If operative obtain history).

Birthmark Lt. thumb Numerous Pigmented Moles upper Chest & back

2. Height **5** feet **10 $\frac{1}{2}$** inches. 3. Weight **159** pounds. Good
4. Complexion **Medium** Eyes **Brown** 5. Development **Good** Fair
Hair **Brown** Poor
6. Chest measurement—Girth on full expansion **37 $\frac{1}{2}$** inches.
Range of expansion **3 $\frac{1}{2}$** inches.
7. Vision, right **20/40** left **20/40**
With Glasses— right **20/20** left **20/20** 8. Hearing, right **c.v. 20** left **c.v. 20**
9. Condition of mouth and teeth **Pass**

10. The abnormalities (congenital and pathological) found on examination are as follows.....

Had acute Sinusitis three years ago

no trouble since (2) Glasses for corection
of Vision

Ishihara..Normal.

AURISCOPIC *Normal*
REFLEXES *Normal*
URINALYSIS *Neg*
FIELD OF VISION *Normal*
CHEST X-RAY *Neg*

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-1**.
Special remarks when category lower than A.....

E. B. ... President *A. ...* Member *J. E. Walsh, Major* Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

[illegible]

Regtl. No. F30903. Rank Pte. Surname Henderson. Christian Name Hugh. Malcolm.

[illegible]

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



N. V. 4

10M-4-40 (4718)
N.S. 815-11-4

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

SURNAME..... HENDERSON	PERMANENT ADDRESS
CHRISTIAN NAME..... Hugh Malcolm	103 College St., Halifax, N. S.
RELIGION..... United Church of Canada	

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
8th April, 1915.	Town Halifax, County Halifax, Province N. S. Country	Mrs. Ada Henderson (Mother) 103 College St., Halifax, N. S.

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 39	Brown	Brown	Medium	Birth mark on l. thumb.
Inches..... 10 $\frac{1}{2}$	Deflated..... 35				
162	Mean..... 37				

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
23rd Feb. 1943. Active Service	Surg. Lieut. (Temp)	Single	Medical Student

(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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will 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..... RCAMC..... for the period shown, and attach my record of service.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
RCAMC	Private	22nd May, 1942.	22nd Feb. 1943.

- (c) I have never been rejected for 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.

(OVER)

Noted in Service
Records by. *[Signature]*

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 23rd day of February, 1943.

Hugh M Henderson
Signature of Applicant.

The above declaration was made and signed in my presence this 23rd day of February, 1943.

J P Boutin
Signature of Enrolling Officer.
Lieutenant, R.C.N.V.R.

(C) OATH OF ALLEGIANCE

I Hugh Malcolm Henderson 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 *Hugh M Henderson*

Signature of Witness *J P Boutin*

Date 23rd February, 1943.

Rank Lieutenant, R.C.N.V.R.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.

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

V.R.

OFFICIAL NUMBER

NAME HENDERSON
(Surname)

Hugh Malcolm
(Given Names)

OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Disqualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. Stadacona	Surg. Lieut. T.	23	2	43	addl. for training and disposal)		Per Appt.	25	3	43							
H.M.C.S. Captor	Surg. Lieut. T.	3	3	43													
" Brunswicker "	" " "	23	7	43	for duty as Divisional Medical Officer-Appt.			26	7	43							
H.M.C.S. Stadacona	Surg. Lieut. T.	22	6	44	addl. for passage to U.K												
H.M.C.S. Niobe	Surg. Lieut. T.	26	6	44	for disposal												
H.M.C.S. Alberni	Surg. Lieut. T.	6	7	44	per Appt. List 162-44												
DISCHARGED	Surg. Lieut. T	21	8	44	Missing on Active Service												
Per Casualty List of 24-8-44 - Presumed Dead-list 68/45																	

GENERAL REMARKS

Annual leave for 7 days
from 29-12-43
to 10-1-44
Halifax, N.S.

CANADIAN MEMORIAL CROSS sent to
Wife: Mrs. Marjorie J. Henderson,
"Lyon House," Avon St.,
HANTSPOUT, N.S.

sent 17-1-45
Memorial sent to Mother:
Mrs. D.R. Henderson,
Apt., 4, 103 College St.,
Halifax, N.S. 31-1-45

DATE OF BIRTH			PLACE		CIVIL OCCU.		REL.	ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION			CITY	TOWN	SERV.	DIV.	A	BR	RANK
08	4	15	14	XXX	0	410			11	08	02	9	19	0	03
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.			RANK OR RATE		
DY.	MO.	YR.	DY.	MO.	YR.		DY.	MO.	YR.	ESTAB.			A	BR	RANK
23	02	43	23	03	43					9520			03	09	
SENIORITY			STR.			NON-SUB	M	CODED			CHECKED				
DY.	MO.	YR.	CAT.	A	B										
23	02	43	13												

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

AWARDS NAVY

DECEASED 21 August 1944

D.D.

HENDERSON

Hugh Malcolm

0-32330

Surg.Lt.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

Fr. Ger. Star

C.V.S.M. and Clasp

War Medal

1939-45 Star

REGISTRATION NUMBER AND DATE DESPATCHED

3695

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Marjorie J. Henderson - Widow

ADDRESS: ~~"Lyon House", Avon St.,~~ c/o Bank of Nova Scotia,
~~HANTSPORT, N.S.~~ Coburg & Robie Br.,
24-1-49 HALIFAX, N.S.

(2) MEMORIAL CROSS

WIDOW

Mrs. M. J. Henderson

"Lyon House"

Avon Street

HANTSPORT, N.S.

(3) MEMORIAL CROSS

MOTHER

Mrs. D. R. Henderson

Apt #4 - 103 College Street

HALIFAX, N.S.

ADDRESS:

MEMORIAL BAR

(1) DATE DESP

REGN NO

1043

(2) 17 January 1945

(3) 31 January 1945

To be made out in duplicate

M.F.M. 5
200M-7-40 (8098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR
R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer or Other Rank..... HENDERSON.....
(Surname first—Christian names in full—Block capitals)

..... Hugh Malcolm

(2) Regimental or Air Force Number and Rank..... F 30703..... Private.....

(3) Unit..... No Co. District Depot, C.B......

(4) Are you married?..... NO.....

(5) If married, state,

(a) Full name of your wife..... NA.....

..... NA

(b) Present postal address of wife..... NA.....

(6) If married, have you been regularly supporting your wife? If not—state reasons..... NA.....

(7) Are you a widower?..... NO.....

(8) Have you any children?..... NO..... Number of boys..... NA..... Girls..... NA.....

Names and ages..... NA.....

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... NA.....

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name..... NA.....

Postal Address..... NA.....

..... NA

[SEE OTHER SIDE]

- (10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....NO.....

If so, state her full name and Postal Address.....NA.....

- (11) Is your father alive?.....YES.....

If so, state name and address, occupation...~~Dougald Ronadson Henderson~~ (Salesman)
103 College Street, Halifax, Nova Scotia.....

- (12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NO.....

- (13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment. NA.....

.....N.A.....

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....NA.....

- (14) Is your mother alive?.....YES.....

If so, state name and address.....Mrs. Ada Henderson
103 College Street, Halifax, Nova Scotia.....

- (15) If your mother is a widow, are you her sole or partial support?.....NO.....

- (16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....NA.....

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?.....NA.....

- (17) Are you contributing to the support of any dependents, other than those shown above?.....NO.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship.....NA.....

Full Name.....NA.....

Postal Address.....NA.....

Amount contributed monthly during the past six months.....NA.....

- (18) Are you insured?.....YES.....

If so, in what Company? Sun Life, Insurance
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....YES.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Date 22nd May. 1942.....

Hugh M Henderson
(Signature of officer or man)

Date 22 May 1942.....

D. A. V. Stiller
Officer Commanding.....*Rs. 6 District Depot C.A.*

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

Mrs. Marjorie J. Henderson

"Lyon House" Avon St.,

HANTSPOET, N.S.

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 9-32330-FD-775

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

4 Jan 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

HENDERSON Hugh Malcolm Surg Lt.

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.

br

J. H. M. M. M.
Commander Ross
for 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.....	Marjorie Jessie Henderson	26	'Hyon House' Hantsport, N.S.
2	Children of the Deceased and dates of their Births.....	Hugh Dugald	6 months	"
3	Father of the Deceased.....	Dugald R. Henderson	58.	APT 4, 103 College St., Halifax, N.S.
4	Mother of the Deceased.....	Ada Henderson	56.	"
5	Brothers of the Deceased	Ronald Henderson	33	APT 7, 103 College St., Halifax, N.S.
		Oswald Henderson	24	APT 4, 103 College St., Halifax, N.S.
6	Sisters of the Deceased	Mrs. W. G. Foster	30	115 Wilmot Place, Winnipeg, Man.
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.	Hugh Malcolm Henderson
9	Date of his birth.	April 8 th 1915.
10	Place and date of his marriage.	Halifax, N.S. August 3 rd 1943.
11	Place and date of his parents' marriage.	Hagersville, Ont. March 7 th 1910.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Halifax, N.S.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Nova Scotia all his life. (b) (c) (d)
14	Nature of employment before enlistment.	Medical Student - Hospital interne.
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Nova Scotia.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
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?	X
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$10.00 Halifax.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$300.00 registered. Halifax.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Sun Life - \$2000.00 - wife. Excelsior Life - return of premiums only.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None.

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Father 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.

W. P. Henderson { Signature
of
Informant
103 College St. Halifax N.S. Address

CERTIFICATE

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

*See above.

W. P. Henderson { Name of
informant } is the* Father of the Deceased
above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Halifax this 11 day of January 19 45

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

R. H. Kelley Qualification Com. & Supreme

Address 78 Granville St. Halifax 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 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

(Information extracted from Naval Service Headquarters' Records.)

Four copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name Surgeon Lieutenant Hugh Malcolm HENDERSON
(Christian names in full)

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

Place of Birth Halifax, N.S. Date of Birth 8th April 1915

Occupation in Civil Life Medical Student 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) 1 year and 6 months

Date of Death 21 August, 1944 Place of Death AT SEA

Cause of Death Missing, presumed dead when the ship in which he was serving
(If due to accident, violence, or enemy action, particulars to be stated briefly)
H.M.C.S. "ALBERT" was lost in the English Channel due to enemy action.

Nearest known relative or friend. { Name Mrs. Marjorie Henderson Relationship Wife
Address Lyon House, HANTSPOOT, N.S.

Date on which the above was informed by Ship Naval Service Headquarters: 23rd Aug. 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..... 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.....

*Noted
D. T. P. D.
7-3-45
C. L.*
The NAVAL SECRETARY, Naval Board.
Department of National Defence,
Ottawa, Canada.

Commanding Officer,
OTTAWA, Ont. 28 February 1945.
H. B. Money
for.....
SECRETARY, NAVAL BOARD. *C*

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.

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 MICHAEL MALCOLM HENDERSON (b) Reg'l. No. _____
2. (a) Arm of service NAVY (b) Unit R.E.N.V.R. (c) Rank 3RD LT.
3. (a) Date of birth APRIL 23, 1915 (b) Have you any dependents? NO. (c) Place of residence at time of enlistment HAMMERSLEY, N.S.
4. (a) Place of enlistment HA/1/FAX, N.S. (b) Date of enlistment 23/2/43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 YRS. (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.) 12 GRADE
7. If you attended a university, give name of university and standing or degree secured DR. HOUSE M.D. C.M.
8. (a) Did you ever enter upon a trade apprenticeship? NO. (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? ENGLISH. (b) What languages do you read well? ENGLISH.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) MEDICAL STUDENT (b) At time of enlistment of what trade union or professional society were you a member? —

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. — Address. —
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
20. (a) Your specific occupation. — (b) Number of years' experience at this occupation with any employer. —
21. (a) Did your employer promise definitely to give you employment on discharge? — (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? —

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? —
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) MEDICAL PRACTICE
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. —

DATE February 23 - 1943

SIGNATURE M. Henderson



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 NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of AT SEA Municipality of _____ Registered No. _____
 (For use of Registrar General only)
 If in City or Town _____ Street _____ House No. _____
 (Name) (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 Rural Division where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED HENDERSON Hugh Malcolm
 (Surname) (Given name or names)

RESIDENCE No. 130 Street College City, Town or Rural Division Halifax Province Nova Scotia
 (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	7. Single, Married, Widowed or Divorced (write the word) <u>Married</u>
-----------------------	--	------------------	--

8. BIRTHPLACE Nova Scotia, Canada
 (Province or Country)

9. DATE OF BIRTH April 8 1915
 (Month) (Day) (Year)

10. AGE in	Years	Months	Days	If less than one day old
	<u>29</u>	<u>4</u>		hrs. or min.

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

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

16. NAME

17. BIRTHPLACE (Province or Country)

18. MAIDEN NAME

19. BIRTHPLACE (Province or Country)

20. Signature of informant Major, Cdr. R.C.M.C.,
Naval Service Headquarters, Ottawa, Ont.
Director of Personnel Records

Address _____

Relationship to deceased No Burial

21. Place of burial, cremation or removal

Date of burial or removal

22. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August 21 1915
 (Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from:

_____ 19 _____ to _____ 19 _____

and last saw h. _____ alive on _____ 19 _____

CAUSE OF DEATH

I
 Immediate cause (a) Missing, presumed dead.
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. He was serving in H.M.C.S.
 due to "ALBERNI" which was sunk in
the English Channel.

II
 Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
 due to (b) _____
 due to (c) _____

III
 Other morbid 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. Registrar's Record Number _____

29. Filed _____ 19 _____ (Division Registrar)

SEC. 46—VITAL STATISTICS ACT 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 DIVISION 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.)

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT B Coy. Dal COTC REGT. No. 1078

1. What is your surname? (Block letters) Henderson
2. What are your Christian names? Hugh Malcolm
3. What is your present address? King's College Residence Phone No.
4. Employer's name and address? None Phone No.
5. Date of Birth Feb. 1916 (a) Country of Birth Canada (b) Nationality British
7. Are you Single? Yes Married? No Widower? No
8. What is your trade or calling? Student 9. Religious persuasion? United
10. Previous Naval, Military or Air Force Service
Give particulars, qualifications, etc.

11. Name, Relationship and Address of Next of Kin P.R. Henderson
25 Smith Ave. New N.B. Father

CERTIFICATE OF MEDICAL EXAMINATION

Height 5-10 1/2 Weight 140 Chest max. 35' min. 31 1/2
Descriptive marks Nil

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him fit Category A
Date Nov. 30/33 Signature [Signature]

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned H.M. Henderson do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do 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 of myself, my employer or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, H.M. Henderson do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

V.M. Regan 4/5 Hugh M. Henderson
Signature of Witness Signature of Man
Dated this 16th day of Oct. 1933 at H'fax

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.

M.F.B. 235d.

100M-6-30

H.Q. 1772-39-545

A.D. Walker Capt.
Signature of Magistrate, Justice of Peace, or
Attesting Officer

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.....	4/10/33	D.O. #1 II No 6/1933.	<i>A. H. Griffin Major</i> Officer Commanding Unit <i>Det 1st Cav Co 7c</i>
Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

ATTESTATION

NON PERMANENT ACTIVE MILITIA OF CANADA

Te Housie and King's Universities
UNIT C.O.T.C.

REGTL. No. 426579 732

1. Surname (Block letters) HALIFAX N.S. HENDERSON
2. Christian names? Hugh Malcolm
3. Present address? 106 College St. Halifax N.S.
Phone No.
4. Date of Birth? April 5th 1915
5. British subject? Yes
6. Occupation? Medical Student
7. Religion? United Church of Canada
8. Next of Kin D.R. Henderson
9. Relationship? Father
Address 95 Smithville Truro N.S.
10. Previous Naval, Military or Air Force Service 2 years
(Give particulars, qualifications, etc.) C.O.T.C. at Kings College

CERTIFICATE OF MEDICAL EXAMINATION

Height 5' 10 1/2" Weight 138 Chest max 38 min 34
Descriptive marks.....
I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him..... Category A
Date 18-9-40 Signature [Signature]

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Hugh Malcolm Henderson do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do 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 of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, Hugh Malcolm Henderson do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

J.H. White, Lieut. Signature of Witness
Hugh M. Henderson Signature of Man
Dated this 18th day of Oct 1940 at Halifax

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.

Signature of Magistrate, Justice of Peace, or Attesting Officer

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.....	14-10-40	Part II Orders No. 24 18-11-40	Officer Commanding Unit.....
S.O.S.	1-10-42	Part II Orders No. 23 21-10-42	
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc

CANADIAN FIELD FORCE
DISCHARGE CERTIFICATE

This is to Certify that No. P-30703 (Rank) Private
Name (in full) HENDERSON, Hugh Malcolm enlisted in
the No. 6 District Depot, C.A.
CANADIAN FIELD FORCE at Halifax, Nova Scotia on the 22nd
day of May 1943
He served in C A H A D A
and is now discharged from the service by reason of For enlistment in other service.
Routine Order No. 1029(13) R.C.N.V.R.

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

Age..... <u>27 years 10 months</u>	Marks or Scars..... <u>Birthmark lt. thumb.</u>
Height..... <u>5 feet 10 1/2 inches</u>	<u>Numerous pigmented moles upper</u>
Complexion..... <u>Medium</u>	<u>chest and neck.</u>
Eyes..... <u>Brown</u>	
Hair..... <u>Brown</u>	

Hugh M Henderson
Signature of Soldier

Date of Discharge

22 February, 1943
Halifax, Nova Scotia

22 21 1943

209 mg/ls/1943
Issuing Officer

(F.I. Andrew) Lt. Col.
Officer Commanding Rank
No. 6 District Depot, C.A.

Date 22 February 1943

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.)



CANADA

Can. B. 207

60M-4-40 (4636)
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 HENDERSON Hugh
candidate for entry as Surg Lieut VR
and I believe him to be * in all respects fit for His Majesty's Service. He has signed
the Certificate given below in my presence.
~~unfit for His Majesty's Service for the reason stated below.~~

†Strike out if inapplicable.

* Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revac- cinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Haemorrhoids, etc. (p)
27 9	162 lbs.	5' 10 1/2" ft. ins.	Good	inches (a) maximum 39 (b) minimum 35 (c) mean 37	right eye 6/9 left eye 6/6 colour vision N- dash	1957	135/80 *X-Ray app	N	N	N	N	N	2. Deficient Defective Throat	N

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

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

unanalysed
Sugar neg
Albumen neg

Dated at Halifax the 12 of January 19 43

Examining Medical Officer

(Rank)

SURGEON LIEUT.

MEDICALLY *fit*

Dr. McCallum
SURGEON LIEUT.

MEDICAL RECRUITING
DEPARTMENT

Reuss
FEB 22 1943

R. C. N. BARRACKS
HALIFAX, N. S.

OFFICERS RECORD FORM

DATE:

SURNAME: *Henderson* CHRISTIAN NAMES: *Hugh Malcolm*

RANK: *Surgeon Lieutenant*

HOME ADDRESS: *103 College St, Halifax N.S.*

DATE OF BIRTH: *April 8th 1915*

PLACE OF BIRTH: *Halifax N.S.*

EDUCATION: Matriculation, Senior:

Junior:

University Degrees: *MP., C.M.*

Jan 5th 1943

MERCANTILE MARINE CERTIFICATES:

None

No: *—*

PRECIS MERCANTILE OR YACHTING EXPERIENCE:

Amateur Sailing.

PRECIS OF BUSINESS EXPERIENCE:

—

SPORTS:

Football, Hockey, Boxing

OTHER HOBBIES OR INTERESTS:

PREVIOUS NAVAL OR MILITARY TRAINING:

C.O.T.C. - 3 yrs.
R.C.A.M.C. - 9 months.

LANGUAGES SPOKEN FLUENTLY:

LANGUAGES UNDERSTOOD:

English

BIRTH PLACE OF FATHER:

Hamilton Ont

BIRTH PLACE OF MOTHER:

Peterborough Ont.

FATHERS OCCUPATION:

Manufacturer's Agent.

NEXT OF KIN:

Mother

Surname: *Henderson* Christian Names: *Ada.*

Full Address:

103 College St.

Halifax, N.S.

HAVE YOU BEEN REJECTED BY ANY OTHER OF THE ARMED FORCES?
IF SO GIVE DETAILS:-

no

RELIGION:

United Church of Canada

NAVAL IDENTITY CARD NO:

NS 41308

MARRIED OR SINGLE:

Single

DEPENDENTS:

none

HEIGHT:

5'10 1/2"

WEIGHT:

162 lbs.

NOTE:

HALIFAX ADDRESS:-

103 College St.

TELEPHONE NUMBER:-

2-3372.

By command of the Honourable the Minister of National Defence
for Naval Services of the Dominion of Canada

39

To Surgeon Lieutenant Hugh M. Henderson, R.C.N.V.R., (Temporary),--

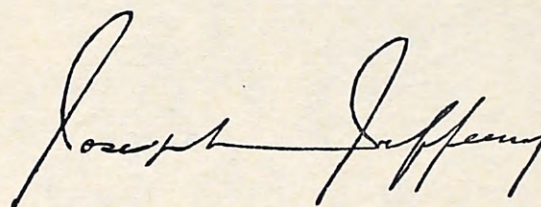
110033

You are hereby appointed

Surgeon Lieutenant, R.C.N.V.R.,

of His Majesty's Canadian Ship ALBERNI.

Your appointment is to take effect from Date of joining.



Secretary, Naval Board

JN
Department of National Defence
Naval Service

Ottawa. 12th July, 194 4.

DC DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

BASED
NUMBER'S
NAME

Hugh Malcolm
(CHRISTIAN NAMES)

HENDERSON
(SURNAME)

REGISTER NO. 3947
FILE NO. N80-32330
DATE 22 Moh/45
SERVICE NO. RCNVR
FINAL RANK OR RATING Surg. Lieut
DATE OF DISCHARGE 21 Aug/44

PAYEE Mrs. Marjorie Henderson,
ADDRESS Lyon House,
Hantsport, N.S.

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug/44

DATE OF DISCHARGE

21 Aug/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 823 EQUAL TO 27 COMPLETE PERIODS AT \$7.50

\$ 202.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 61 LESS 13 INELIGIBLE DAYS, EQUAL TO 48 DAYS @ 25c. PER DAY

12.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 7.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.70
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ 66.12 \$ 2.20

TOTAL 11.40 X7 = \$ 79.80
NO. OF DAYS 48 X\$ 79.80
183

20.93

D. WAR SERVICE GRATUITY

235.43

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

235.43

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 235.43

Cheque 120803- 1/4-45

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

CHECKED BY

DATE

TREASURY

23/3/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

3

October 31st. 1942,
103 College Street,
Halifax, N. S.

Surgeon Captain A. McCallum,
Medical Director General,
Elgin Building,
Ottawa, Ontario.

24-1-10

R 2678

Dear Sir:-

Upon the recommendations of Surgeon Commander Johnson and Surgeon Lieutenant Commander MacLeod of H. M. C. Dockyard, Halifax, I wish to make formal application to enter the Medical Service of the Royal Canadian Navy.

Surgeon Commander Johnson has my qualifications on file here at Halifax, but advised me to write directly to you at Ottawa.. At present I am completing a years internship and will receive my degree from Dalhousie University in January 1943. While at the Halifax Infirmary I was intern for Dr. W. Alan Curry who is the surgeon for the Mariners Service, and gained considerable experience under him.

I wish to volunteer for active service as soon as I receive my degree, but if there are no immediate openings available I would be glad to take a post-graduate internship provided I was granted a provisional standing in the service.

In June of this year I volunteered for active service under the Army Medical Students Scheme, and was granted leave of absence with privates' pay until I c

2

have completed my course. Under this scheme upon graduation I have the choice of entering one of the three Services, and have already filed my preference for the Navy.

I would appreciate it very much if you would supply me with further details concerning my enlistment in the Navy, as I would like to commence duty as soon as possible after graduation in early January. If you wish I can supply recommendations from the various doctors with whom I have worked in Halifax.

Thanking you for your kind consideration of this matter, I am

Yours very truly

Hugh M. Henderson

AMcC/VB

NS 24-1-104

November 17th, 1942.

R 2678

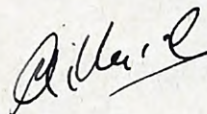
Dr. Hugh M. Henderson,
103 College Street,
HALIFAX, N.S.

Dear Doctor:

With reference to your letter of October 31st, I notice that you have enlisted as a Private in the R.C.A.M.C. and presume you have signed a pro forma which expressed a preference for the Navy when you complete your internship.

Having done this, nothing more can be accomplished until you have finished your graduation and internship as it is not possible to transfer while you are still in uniform. Neither is it possible for us to predict what vacancies may exist in the Medical Branch of the R.C.N. when you are ready for service. At that time it will be necessary for you to again draw attention to the fact that you have expressed preference for the Navy, and the matter will be given consideration in the light of what vacancies may exist.

Yours very truly,



(A. McCallum, M.D., V.D.)
Surgeon Captain,
Medical Director General, R.C.N.

7D 1-43
8
Apartment 4.
103 College Street,
Halifax, N.S.
January 11th. 1943.

Surgeon Captain A. McCallum, M.D., V.D.
Medical Director General, R.C.N.
Ottawa, Ont.

Dear Sir:

Referring to your letter of November 17th. 1942
under file number N.S.24-1-10.

I wish to make my formal application to join the Medical
Service of the Royal Canadian Navy as Surgeon Lieutenant.
I am forwarding my papers from H.M.C. Dockyard.

I am very sorry I was unable to get in touch with you while
you were in Halifax this past week. I phoned the Nova Scotian
Hotel several times, and left a message.

While writing one of my Dominion Council Examinations, I
received a note from Dr. Alan Curry asking me to come to the
Victoria General Hospital to meet you, but I was unable to
leave. Dr. Curry told me that he had spoken to you about me
and that I might hope for an appointment at Halifax within
the near future.

Trusting you will give my application your consideration,
and thanking you for your kindness, I am

Yours very truly,

Hugh M. Henderson
Hugh M. Henderson, M.D.

MWM/TFH

REGISTERED
AIR MAIL

N.S. 0-32330 Pers. (N)

23 August, 1944.

47

Dear Mrs. Henderson:

It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Surgeon Lieutenant Hugh Malcolm Henderson, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your husband is missing at sea when the ship in which he was serving was lost by enemy action in the English Channel. As soon as further particulars can be released, you will be informed.

Should you know the name of the ship in which he was serving, it is requested that, for security reasons, you will regard this information as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,

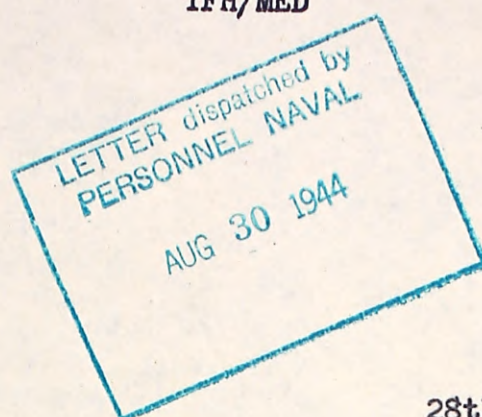

SECRETARY, NAVAL BOARD.

Mrs. Marjorie J. Henderson,
"Lyon House" Avon St.,
HANTSPOUT, N. S.

7 8 9

TFH/MED

AIR MAIL



0-32330 Pers. (N).

123559

28th August, 1944.

Dear Mrs. Henderson:

Further to my letter of the 23rd August, details of the disaster in which your husband has been reported missing are now being released.

H.M.C.S. "ALBERNI" was sunk while on invasion duties in the English Channel. Four officers and fifty-five ratings are missing, with three officers and twenty-eight ratings having survived.

It is regretted that the position of the loss cannot be given, but it is considered unlikely that prisoners of war will be taken.

It is requested that you will keep this information in confidence until an official announcement is made.

May I again express sincere sympathy with you in your anxiety.

Yours sincerely,

P.A.'S CHECKED IN
C.R. BY *L*

SECRETARY, NAVAL BOARD.

FILE
ACTION TAKEN

Mrs. Marjorie J. Henderson,
"Lyon House", Avon Street,
HANTSPOOT, N. S.

a 2 3

LA/CM

REGISTERED

AIR MAIL

N.S. 0-32330. PERS.(N)

68

26 December, 1944.

Dear Mrs. Henderson:

Further to my letter of the 28th of August, 1944, I regret to inform you that in view of the length of time which has elapsed since your husband, Surgeon Lieutenant Hugh Malcolm Henderson, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

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,

SECRETARY, NAVAL BOARD.

Mrs. Marjorie J. Henderson,
"Lyon House", Avon Street,
HANTSPOUT, N.S.

Despatched by
Sec. N. B.

Date 26.12.44
Time 1600

Noted D.M. P. a
29-12-44
L.P.