

V2850  
KIRKPATRICK

STANLEY

MELBU



DEPARTMENT OF VETERANS AFFAIRS

## AWARDS NAVY

WAR SERVICE RECORDS

DECEASED 21 August 1944

D.D.

KIRKPATRICK Stanley Melburn

Tel.

V-2850

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON  
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

## CAMPAIGN MEDALS

1939-45 Star

Atlantic Star &amp; Clasp

C.V.S.M. &amp; Clasp

War Medal

## REGISTRATION NUMBER AND DATE DESPATCHED

2479

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Mar. 46 - "ALBERNI"

(1) MEDALS  
PERSON

ENTITLED TO Mr. Albert Kirkpatrick - Father

ADDRESS: 13 Richey St.,  
SAINT JOHN, N.B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. E. Kirkpatrick

ADDRESS: 13 Richey Street  
SAINT JOHN, N.B.

MEMORIAL BAR  
REGISTRATION NO. DATE OF DESPATCH

DATE DESP

(1) REGN. NO. 580

(2)

(3) 17 January 1945



Mr. Albert Kirkpatrick  
13 Richey St.,  
ST. JOHN. 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.N.S. V-2850-ED-778

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

FEB 7 1945

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

KIRKPATRICK Stanley Melbutn Ord. Smn.

V-2850 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/bwr

*M. Wade*  
Commander  
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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Albert Miles Kirkpatrick	49	13 Ritchey Street Saint John N.B.
4	Mother of the Deceased.....	Elizabeth Mary Kirkpatrick	49	13 Ritchey Street Saint John N.B.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	Helen Doreen Kirkpatrick 20	13 Ritchey Street Saint John N.B.
		Half Blood	Doris Audrey Kirkpatrick 19	13 Ritchey Street Saint John N.B.
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.	Stanley Melbourn Kirkpatrick
9	Date of his birth.	Feburary 3rd 1922
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Saint John N.B. June 30.1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Saint John N.B.
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) Saint John N.B. (c) (d)
14	Nature of employment before enlistment.	High School Student
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.	Saint John N.B.

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?	
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.	5 at 13 Ritchey Street Saint John N.B. ✓
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	1 --13 Ritchey Street ✓
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	PrudentialLife-Saint John N.B. \$1228- Beneficiary-Mother
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

\* 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.

Albert Miles Kirkpatrick { Signature of Informant  
13 Ritchie Street { Address  
Saint John N.B.

## CERTIFICATE

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

\*See above. { 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 Saint John N.B. this 1<sup>st</sup> day of February 1943  
 Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Henry D. H. H. H. Qualification Notary Public N.B.  
 Address C. J. Hall Saint John N.B.

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

Sixth Victory Bond—paid and has not been forwarded to the deceased's home---13 Ritchey Street Saint John N.B.



# DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HG

Name: KIRKPATRICK  
Surname

Stanley M.  
Christian Names

No.: V.2850

Telegraphist  
Rank

R.C.N.V.R. 9/5  
Unit

21-8-44  
Date of Death

Date: <u>4-3-46</u>	AMOUNT	W.S.G.	588.77
		L.P.C.	\$ 129.91
		Other Credits	21.63
	Total		740.31

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Albert M. Kirkpatrick, 13 Ritchey St., SAINT JOHN, N.B.	\$370.15
<del>1/2</del> 1/2	Mother	Mrs. Elizabeth M. Kirkpatrick, (as above)	370.16
		(as next of kin entitled)	
		P4. TO TREAS. 7-3-46, QW.	

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$740.51
CLASSIFIED BY <u>D</u>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer



BF

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

2  
NAVYDECEASED  
MEMBER'S  
NAMEStanley Melburn  
(CHRISTIAN NAMES)KIRKPATRICK  
(SURNAME)

REGISTER NO. 11716  
FILE NO. NS V-2850  
DATE 12 Dec./45  
SERVICE NO. V-2850  
FINAL RANK OR RATING TEL.  
DATE OF DISCHARGE 21 Aug./44

PAYEE Director of Estates  
ADDRESS 308 Sparks St.,  
Ottawa, Ont.

for service Estate of  
Stanley M. Kirkpatrick  
NS V-2850

DATE OF TERMINATION OF OVERSEAS SERVICE 21 Aug./44

DATE OF DISCHARGE

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1110 EQUAL TO 37 COMPLETE PERIODS AT \$7.50

277.50

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 795 LESS -- INELIGIBLE DAYS, EQUAL TO 795 DAYS @ 25c. PER DAY

198.75

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY \$ 2.00  
SUBSISTENCE OR LODGING \$ 1.45  
AND PROVISION ALLOWANCE  
ADDITIONAL PAY HLM \$ .25

DEPENDENTS' ALLOWANCE 1/30 OF \$

Nil

TOTAL \$ 3.70 X7 = \$ 25.90  
NO. OF DAYS 795 X\$ 25.90

112.52

## D. WAR SERVICE GRATUITY

588.77

## E. DEDUCTIONS

## OVERPAYMENT OF

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

## OTHER DEDUCTIONS

\$ Nil

## F. TOTAL AMOUNT PAYABLE

588.77

## G. YOUR PORTION OF GRATUITY IS—

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

OF \$

= \$ 588.77

## 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

EP

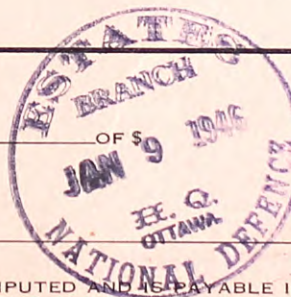
CHECKED BY

TREASURY  
CHECKED BY

DATE

17-12-45

for Dir. Naval Pay Accts. REPRESENTATIVE





Four copies to be rendered to Naval Service Headquarters

## REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

---

Name **KIRKPATRICK Stanley Melburn**  
(Christian names in full)  
Rank of Rating **Telegraphist** Official No. **V-2850 R.C.N.V.R.**  
(If unknown, date of first entry)  
Place of Birth **Saint John, N.B.** Date of Birth **February 3, 1922**  
Occupation in Civil Life **Student** 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) **3 years and 2 months**  
Date of Death **21 August, 1944** Place of Death **AT SEA**  
Cause of Death **Missing, presumed killed 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. "ALBERNI" was lost in the English Channel due to enemy action.**

Nearest known relative or friend. { Name **Mr. Albert Kirkpatrick** Relationship **Father**  
Address **13 Richey Street, SAINT JOHN, N.B.**

Date on which the above was informed by Ship **xxxx Naval Service Headquarters: 23 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 **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.....

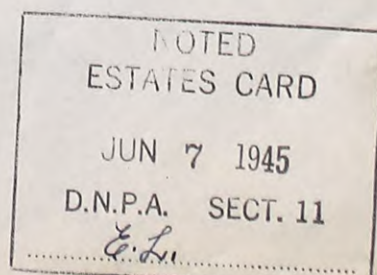
XXXX Naval Board.  
The NAVAL SECRETARY,  
Department of National Defence,  
Ottawa, Canada.

OTTAWA, Ont. 28 February 1944  
Commanding Officer,  
for **H.B. Money**  
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.

C.N.S. 1121  
2M-5-40 (4893)  
N.S. 815-9-1121





ESTATES BRANCH

HQ NS V.2850 FD778

April 24, 1945.

The Manager,  
The Prudential  
Insurance Company of America,  
Newark, New Jersey,  
U. S. A.

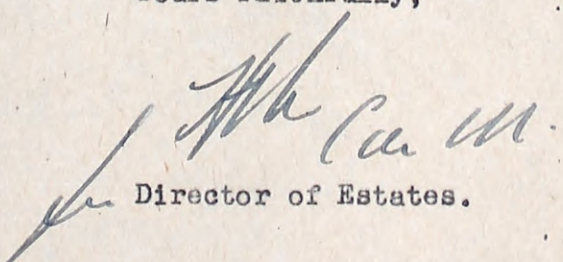
KIRKPATRICK, Stanley M., O/S (Deceased)  
No. V.2850 R.C.N.V.R.

Dear Sir:

In reply to your recent letter asking for information as to whether the above named deceased left any Service Will, I have to inform you that according to the Casualty Notice received at this Directorate, there is no record of any Service Will on file at Naval Service Headquarters and the father, the next of kin, Mr. Albert Kirkpatrick of 13 Richey Street, St. John, N.B., advises that he knows of none.

We do not anticipate receiving any personal effects from any of the casualties of H.M.C.S. "Albani" in which this deceased was lost, so no Will may be expected from that source and in all probability any available Service estate will be distributed as an intestacy for the province of domicile of this deceased which is understood to be New Brunswick. The Intestacy Law of New Brunswick provides that the amount be divided equally between the father and mother.

Yours faithfully,

  
Director of Estates.

HRW/MK



# 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 KIRKPATRICK, Stanley Rating Tel.  
Official No. V 2850 H.M.C.S. NIOBE for ALBERNI List 12.II/11  
Who\* Discharged Dead on the 21st August 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)..... charged to.....		
Name of ship from which transferred.....		
Total†.....	Creditor	
	93	69

Note:

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 Niobe for Alberni amounting to a net balance†..... creditor of Ninety-Three dollars Sixty-nine cents.

Dated on board H.M.C.S. Niobe at Greenock Scotland this seventee nth day of May 1945

Approved A/Commander(S) RCNVR Accountant Officer  
Lieutenant(S) RCNVR { Initials of the Assistant Accountant Officer  
Commanding Officer.

For Use at Headquarters. \$.....cts..... 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

10M-3-43 (8719)  
H.Q. N.S. 815-9-45

Note: The above sum has been recovered by Niobe  
March cash acct. Receipt voucher N-R-1535.



## 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.\*

.....Signature

.....Rank

.....Signature

.....Rank

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.



## STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " NIOBE for ALBERNI " ending 31 MARCH 19 45

List. 12-2 No. 11 (Name) KIRKPATRICK, Stanley Rank Rating Tel. No. V-2850

When entered.....F.B.....Date of appearance - - - - - Whither discharged.....D.D.....

						\$	c.	
CREDIT from former account.....						Former	Book	93.69
Pay as..... from..... to..... (..... days at \$..... a day)								
“ (Rank Rating) “ “ “ “ “ )								
“ “ “ “ “ “ )								
“ “ “ “ “ “ )								
“ “ “ “ “ “ )								
Kit Upkeep Allowance.....								
OTHER CREDITS: .....								
.....								
Total credits.....						93.69		
DEBT from former account.....								
PAYMENTS:—								
	1st	2nd	3rd	4th	5th			
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
1st month.....	Niobe March Cash Acct. Receipt Vr. NR-1535					Total.....	93.69	
2nd month.....						Total.....		
3rd month.....						Total.....		
Allotment.....								
Pension deduction (Officers) charged to..... of.....								
Hospital stoppages.....								
Mullets.....								
OTHER CHARGES: .....								
.....								
.....								
Total debits.....						93.69		
Balance Cr. or Dr.						Nil		
(Balance Dr. to be shown in red)								

Number of days actually victualled during period mentioned above.....Nil.....

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date.....18 May.....1945

C.N.S. 2426  
25M-8-43 (1408)  
N.S. 815-9-2426

## Ledgers

**Lieut(S) RCNVR. for ACCOUNTANT OFFICER**

F. R



ESTATES BRANCH

HQ NS V-2850 FD

778

March 5, 1946.

Mr. and Mrs. Albert M. Kirkpatrick,  
13 Ritchey Street,  
Saint John, N.B.

KIRKPATRICK, Stanley M. Telegraphist (Deceased)  
No. V-2850 - R.C.N.V.R.

Dear Mr. and Mrs. Kirkpatrick:

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

The total amount available to this Branch for distribution is the  
sum of \$740.31, made up as follows:

Balance of Pay and Allowances	\$ 93.69
Recredit Instalments Sixth Victory Loan Bond	33.60
Credit for Kit Upkeep Allowance and Hard Lying Money	2.62
War Service Gratuity as per award attached	588.77
Redemption Value of five \$5.00 War Saving Certificates	21.63
	<u>\$740.31</u>

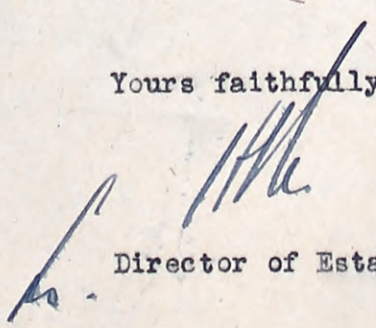
Since your son left no Will, his estate is distributed in accord-  
ance with the Intestacy Laws of his province of domicile, and as such,  
is equally divided between you as next-of-kin entitled.

Cheques in the sum of \$370.15 and \$370.16 respectively, have been  
requisitioned from the Treasury Department, and on receipt of the same,  
would you kindly sign and return the enclosed forms of acknowledgement  
to the Director of Estates, Department of National Defence, 308 Sparks  
Street, Ottawa, Ontario.

Yours faithfully,

HRW/JB

Encls. 2. ✓

  
Director of Estates.



*True Copy - Captain's Office*

**TRUE COPY**  
OF THE  
**CERTIFICATE of the Service of**

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

*Stanley Melburn KIRKPATRICK*  
**IN THE ROYAL CANADIAN NAVY AL VOLUNTEER RESERVE**

<i>Halifax, N.S. St. John, N.B.</i>		Official Number <i>V2850</i>
Date of Birth <i>7</i>		Nearest known Relative or Friend (To be noted in pencil)
Where born	Province <i>3 February 1922</i>	Name: <i>Albert</i>
	Town or County <i>Saint John New Brunswick</i>	Relationship: <i>Father</i>
Trade brought up to <i>Student</i>		Address: <i>13 Richey St.</i>
Religious denomination <i>Baptist</i>		<i>St. John, N.B.</i>
Date passed swimming test		
Man's signature on discharge to pension		

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1.	<i>24 June '41</i>	<i>duration</i>			
2.					
3.					
4.					

Medals, Clasps, Etc.

Date received or forfeited	Nature of Decoration	Date received or forfeited	Nature of Decoration
<i>3 Feb '44</i>	<i>C15M &amp; Clasp</i>		
<i>3 Feb '44</i>	<i>1989-43 Star</i>		

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy .....							
On Advancement to man's rating or on entry under 28 years .....	<i>5</i>	<i>10</i>	<i>37</i>	<i>Blonde</i>	<i>Blue</i>	<i>Fair</i>	<i>Scar on right side of back</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years .....							
Further description if necessary .....							



[illegible]



[illegible]

## Examinations passed and Notations or Qualifications other than those entered on History Sheets

[illegible]



[illegible]



# HOSTILITIES

KIRKPATRICK, Stanley M.

## WEEKLY TEST AND FINAL RESULTS

NAME \_\_\_\_\_

O. N. V-2850.

CLASS "ZW".

WEEK ENDING	SBX	P&O	COD- ING	THE- ORY	TECH	AV'G	REMARKS
MAR 7 1942	79			75	(10   3   42)		
MAR 14 1942	78.6						
MAR 21 1942	87.2				90	(24.3 42)	
MAR 28 1942	89.2						
APR 4 1942	82	<u>61</u>	(18.4 42)				
APR 11 1942	84.2						
APR 18 1942	86.8	<u>41</u>	APR 22 1942				
APR 18 1942							
APR 25 1942	82						
MAY 2 1942	83.8	<u>68</u>					
MAY 9 1942	73.4						

[illegible]



S.—1246H  
2M—8-41 (1435)  
N.S. 815-9-1246H  
T.S.—93

To be kept attached to the Service Certificate until final discharge from the Service

# WIRELESS HISTORY SHEET

ORIGINAL

(Revised—May, 1938.)

Name.....**KIRKPATRICK? Stanley M.**

## I. EXAMINATION RECORD

Official No.....**V-2850.**

To be filled up according to the result obtained after examination

Date	Nature of Examination Qualifying or Requalifying		Technical		Theory	School	Procedure and Organization		Coding		V/S Paper	Flashing	Sema- phore	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
			Paper	Practical			Paper	Practical	Paper	Practical				Trans- mitting	Re- ceiving			
	FOR T.O. (W/T)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
	(PROVISIONAL)	% Obtained																
		% Obtained																
	FOR T.O. (W/T)	% Required	—	80	—	—	—	80	—	80	—	85	86	85	95	—	—	—
	(FINAL)	% Obtained																
		% Obtained																
<b>25/3/43</b> <b>10 Aug '43</b>																		
	FOR W/T 3	% Required	75	80	*	*	80	80	80	80	75	85	86	85	95	—	—	—
	State whether after a qualifying course	% Obtained																
	FOR W/T 2	% Required	75	80	70	70	80	80	80	80	75	85	86	85	95	—	—	—
		% Obtained																
	FOR W/T 1	% Required	75	85	70	70	80	85	80	80	80	85	86	90	95	—	—	—
		% Obtained																
		% Obtained																

\* Insert either (a) the examination marks obtained during the qualifying course, or (b) the marks obtained after a separate School course, these being initialled by the Schoolmaster.

## II. DATE OF GRANTING OF NON-SUBSTANTIVE RATE

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (W/T)	<b>10 Aug '43</b>	✓	W/T 3			W/T 2			W/T 1		

S. 1246H  
T.S. 93



### III. BOYS EXAMINATIONS

#### (I) ON PASSING OUT OF TRAINING ESTABLISHMENT

Date		Paper	Oral	School	Procedure Practical	Buzzer		Passed or Failed	Training Establishment	Initials of Examining Officer
						Trans- mitting	Receiving			
	% Required	75	65	40	75	80	85	—	—	—
	% Obtained									

#### (II) FOR ACCELERATED ADVANCEMENT TO ORDINARY TELEGRAPHIST

Date			Technical Practical	Procedure Practical	Coding Practical	Buzzer		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
						Trans- mitting	Receiving			
	% Required		Good Ability	65	70	85	95	—	—	—
	% Obtained									
	% Obtained									

#### IV. EXAMINATION FOR ORDINARY TELEGRAPHIST (S.S.)

Date		Techni- cal Practical	School	Procedure		Coding Practical	V/S Paper	Flash- ing	Sema- phore	Buzzer		Passed or Failed	Initials of Examining Officer
				*Paper	Pract.					Trans.	Recg.		
28 <sup>th</sup> March 1942	% Required	65	50	65	65	10 <del>85</del>	75	85	86	85	90	P	J.P.W.
	% Obtained	88			67	10				85	90		
	% Obtained												

#### V. TRAINING CLASS CERTIFICATE

No Ordinary Telegraphist is eligible for advancement to the rating of Telegraphist until this Certificate has been obtained.

Ordinary Telegraphists (S.S.) are not required to undergo the Training Class in V/S or Electricity and Mag. unless they have failed to obtain the requisite percentages in the V/S Paper and School in Section IV.

Date of Completion	Subject	% Required	% Obtained	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	Seamanship	75				
	Field Training	70				
	V/S	75				
	Electricity & Mag.	50				

#### VI. EXAMINATION FOR TELEGRAPHIST

Date		Tech. Prac.	Procedure		Cod- ing Prac.	Flash- ing	Sema- phore	Buzzer		Passed or Failed	Ship or Establishment	Initials of Examining Officer
			Paper	Prac.				Trans.	Recng.			
23 <sup>rd</sup> May 1942	% Required	65	75	75	75	85	65 <del>85</del>	80	95	P	H.M.C.S. "St. Hyacinthe"	J.P.W.
	% Obtained	90	75	87	75	97	75	80	98			
	% Obtained											
	% Obtained											



## VII. EXAMINATION FOR WARRANT TELEGRAPHIST

[illegible]

### VIII. RECORD OF EXPERIENCE

To be filled in on discharge from a Ship or Establishment

[illegible]

## IX. RECOMMENDATIONS FOR NON-SUBSTANTIVE RATES

To be filled in as soon as the rating is eligible; considered deserving of a recommendation and Form S. 1303A has been rendered

[illegible]



THE

[illegible]

*For Directions for completing this part of the Form, see Article 610, K.R. & A.I.*

## XI. VOCATIONAL TRAINING CERTIFICATE

(To be filled up on completion of a Vocational Training Course, other than a Correspondence Course)

Vocation.....

We certify that (name).....

(residence).....

has satisfied us that he possesses a\*.....knowledge of the vocation

mentioned, and we consider that †.....

Examiners.....

Business and Business Address.....

Date of Examination (Signed).....*President*

19 ..... Vocational Training

\*Here insert qualification. †Special notation as applicable. ‡Vocational Training is optional.

Committee†

To be filled up by Ship or Establishment, from which rating is sent to Depot for final discharge

## XII. SPECIAL REMARKS

Include power of command, intelligence, initiative, energy, and any qualification not otherwise recorded

### XIII. TO BE FILLED IN ONLY ON FINAL DISCHARGE

His character during service was\*.....

His general efficiency in carrying out his duties was\*.....

His efficiency on discharge was assessed as\*.....

\*See Art. 610, K.R. & A.I., clauses 3 to 7

..Captain

For Record of Experience see Section VIII, on p. 3.

Date \_\_\_\_\_





N. V. 5  
25M-9-40 (6793)  
N.S. 815-11-5

1 07332

3  
NATIONAL DEFENCE

AUG 10 1941

N.S. 1137495  
CANADA

## ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Kirkpatrick OFFICIAL NO. 12850

CHRISTIAN NAMES Stanley Melburn MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>13 Richey Street Saint John N.B.</u>	<u>Baptist</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>Feb 3/12</u>	Town <u>Saint John</u> County <u>Saint John</u> Province <u>N.B.</u>	<u>Mr. Albert M. Kirkpatrick</u> <u>Father</u> <u>13 Richey Street</u> <u>Saint John, N.B.</u>

\*Original Nationality of:  
Father Scotch  
Mother Scotch

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

### PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>38</u>	<u>Blonde</u>	<u>Blue</u>	<u>Fair</u>	<u>Scar on right</u> <u>side of Back</u>
Inches <u>10</u>	Deflated <u>35.5</u>				
Mean <u>37</u>					

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>24/6/41</u>	<u>OD/WT</u>	<u>Student</u>

R.C.N.V.R. Division (or other establishment) at which enrolled Saint John  
118 8.8.41

### (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	TO
ENTERED IN PAY LEDGERS H. M. C. S. "BYTOWN"			Personnel Records Division.
FAIR			1. Noted in Records <u>M.M.</u>
			2. Index Card <u>J.B.</u>
			3. Non-Sub Card <u>J.B.</u>
			4. Statistical Card <u>J.B.</u>
			5. Roneo Strip <u>J.B.</u>
			6. Pension Card <u>J.B.</u>
			7. ....
			8. ....
			9. ....
			10. ....
			DATE <u>20/6/41</u>

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief 1.9.41



(3) On being enrolled as a member of the Saint John 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 24 day of June / 41

Signature of applicant Stanley M. Kirkpatrick

(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 24

day of June / 41

R. D. Munro G.T.  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Stanley M. Kirkpatrick 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 Stanley M. Kirkpatrick

Witness R. D. Munro

Date 24/6/41 Rank Lieut R.C.N.V.R. Temp.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Stanley M. Kirkpatrick 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 Saint John Division of the R.C.N.V.R. or in the appropriate official documents.

R. D. Munro  
Attesting Officer.

24/6/41 194 R.C.N.V.R. Division (or other establishment) Saint John

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.



VERIFICATION FORM  
CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.  
NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL KIRKPATRICK Stanley Bell RANK/RATING Tel OFF. NO. 12850 ADDRESS .....

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
<i>St. John's</i>	<i>8.8.41</i>	<i>19.1.42</i>	<i>165</i>									<i>1939-45</i>	<i>1</i>	<i>Star</i>
<i>Ville de Quebec</i>	<i>19.6.42</i>	<i>14.10.42</i>	<i>118</i>	<i>Atlantic</i>								<i>ATLANTIC</i>	<i>1</i>	<i>@ Clasp</i>
<i>Antwerp</i>	<i>15.10.42</i>	<i>21.8.44</i>	<i>677</i>	<i>Africa</i>								<i>FRANCE G.</i>	<i>2</i>	
<i>Since "Dead" to date</i>	<i>21.8.44</i>			<i>Fr. Germany</i>								<i>AFRICA</i>	<i>2</i>	<i>@ Clasp</i>
												<i>PACIFIC</i>		
												<i>BURMA</i>		
												<i>ITALY</i>		
												<i>DEFENCE</i>		
												<i>C.V.S.M.</i>	<i>2</i>	<i>@ Clasp</i>
												<i>" CLASP</i>		
												<i>WAR 1945</i>	<i>1</i>	<i>Medal</i>
												<i>WAR 1915</i>		

VERIFIED BY *C. D. Hayne*

VERIFIED BY *Therese Potvin*

VERIFIED BY ..... DIR. OF PERSONNEL RECORDS.





1 07334

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 Stanley M. Kirkpatrick  
candidate for entry as 00/W1  
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.

Age (Years Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revac- cinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
14 4.	156.0 lbs.	5' 10. ft. ins.	Good	inches (a) maximum 38 (b) minimum 35.5 (c) mean 37.0	right eye 6/45 left eye 6/45 *colour vision N.	1428 11/20/28 11/20/28 11/20/28	Normal	Normal	Normal	Normal	Normal	Normal	Healthy 25' teeth 1 crown 1 crown	Normal

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

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

Stanley M. Kirkpatrick  
Signature of Candidate

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

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

This Candidate is the subject of Rt. Erythema drainage  
scar.

\*~~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 San Juan the 23 of June 1941  
John R. Hughes  
Examining Medical Officer  
(Rank) Surgeon



KIRKPATRICK S.M.

NAME (Print)

TEL.

RANK OR RATING

V. 2850

O.N.

HMCS ALBERNI

SHIP

**QUALIFICATIONS FOR AWARD****CANADIAN VOLUNTEER MEDAL AND CLASP (N.O. 3275)**

(a) **MEDAL** Persons of any rank or rating who have voluntarily served on Active Service and have honourably completed eighteen months' total voluntary Service, whether in the Navy, Army or Air Forces of CANADA and whether continuous or not. *Time for which pay is not allowed will not be reckonable.*

(b) **CLASP** A minimum of sixty days voluntary Service on duty beyond the territorial boundaries of Canada. Such period need not be continuous. Duty outside the boundaries of Canada in transit from one Canadian point to another Canadian point will not count as qualifying Service.

**QUALIFICATIONS FOR AWARD****1939-1943 STAR (N.O. 3287)**

1. Six months' service afloat in areas of active operations during the period from the 3rd of September, 1939, to the 31st of December, 1943, inclusive. Service after the 31st of December, 1943, will not be reckoned.

These areas are:

(a) From the 3rd of September, 1939, the Atlantic Ocean, including the United Kingdom waters and the North Sea; the Baltic; the Arctic Ocean between Greenland and longitude 70° E., and that part of the Indian Ocean lying South of 15° S., and West of 55° E.

(b) From the 1st of June, 1940, as in (1) above with the addition of the Pacific Ocean and the rest of the Indian Ocean.

(c) From the 10th of June, 1940, anywhere at sea.

2. Personnel granted an Honour, Decoration or Mention in Despatches for Service afloat prior to the 31st of December, 1943, will be eligible for the 1939-43 Star irrespective of the length of sea service.

I Herby Declare That I Qualify For:

- ✓ (a) Canadian Volunteer Service Medal Ribbon.  
 ✓ (b) Canadian Volunteer Service Medal Clasp.  
 ✓ (c) 1939-1943 Star.

To be struck  
out if not  
applicable.

Details of my qualifications are as follows:

SHIP OR PLACE	DAY, MONTH, YEAR		AREA
	FROM	TO	
Saint John Div.	8 Aug '41	19 Jan '42	North Atlantic, Mediterranean
St. Hyacinthe	20 Jan '42	9 June '42	
Stadacona	10 June '42	17 June '42	
Ville de Quebec	18 June '42	16 Oct '42	
Alberni	17 Oct '42	31 Dec '43	

S. M. Kirkpatrick

Signature of Officer or Rating making Declaration

Noted on "STADACONA" 2492

File No. 18515 dated 3-2-44



11716

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

NAME of Deceased Member Stanley Kirkpatrick Rank or Rating TEL O.No. V2850

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

D.A. —

A.P. 30.00

D.A. —

A.P. —

Mr Betty KIRKPATRICK  
13 Richey Street  
St John N.B.

(Mother)

2. Pension awarded or being awarded to:

no record

3. War Service Gratuity Application(s) received from:

Elizabeth  
Mr Betty KIRKPATRICK  
13 Richey Street  
St John N.B.

(Mother)

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:

In the proportion of:

- and -

to:

In the proportion of:

(X) 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:

X Group "B" (11)

~~Group "C"~~ of the above mentioned Directive.

Date 14 Sep' 45

Ronald J. Thorne, C.P.O. W.R.  
for D.M.P.A. (G) DNJ.



W.S.G. Application No. 11716

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

FILE NO. N.S. 11-2850

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

KIRKPATRICK. STANLEY MELBURN V-2850 Tel.  
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING  
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead (allergic)

(Applicant - Mother - in receipt of A.P. \$30.00)

8 Aug 41 to 7 Aug 44 1096  
14  
1110

TOTAL SERVICE

Date of Active Service 8 AUG 41

Date of Discharge 21 AUG 44

Total No. of Days 1110

# Less non qualifying  
service

NIL

Total Days 1110

OVERSEAS SERVICE

% Total No. of Days 795

# Less non qualifying  
service

NIL

Total Days 795

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

# & % Overleaf

Computed By M. Williams

Checked By J. Williams

**JUL 6 1945**

DATE: \_\_\_\_\_

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

Computed from M.C. and Ledgers



# NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
"	N/16		
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
Total days			

## (%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Ville de Quebec	19 JUNE/42	14 OCT/42	118
Albemi	15 Oct/42	21 Aug/44	677
			795

12	365
31	17
31	30
30	31
14	31
118	29
	31
	30
	31
	30
	31
	21
	677



CC

33

N.S. V-2850, F.D.584, PERS.(N)

19 March, 1945.

THIS IS TO CERTIFY THAT according to official information Stanley Melburn Kirkpatrick, Telegraphist, Official Number V-2850, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERTA" was lost in the English Channel due to enemy action.

SECRETARY, NAVAL BOARD. c

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*



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 \_\_\_\_\_ 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 KIRKPATRICK Stanley Melburn  
(Surname) (Given name or names)

RESIDENCE No. 13 Street Richey Street City, Town, Village or Civil Parish Saint John 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 Scottish 7. Single, Married, Widowed or Divorced (write the word) Single

8. BIRTHPLACE Saint John, N. B.  
(Province or Country)

9. DATE OF BIRTH February 3 1922  
(Month) (Day) (Year)

10. AGE in { Years 22 Months 6 Days \_\_\_\_\_ If less than one day old \_\_\_\_\_  
hrs. or \_\_\_\_\_ min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. 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. Name of informant Paymaster Commander, RCNR  
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 August 21 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 (a) \_\_\_\_\_  
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.  
due to  
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) Missing, presumed dead.  
due to He was serving in H.M.C.S.  
(c) "ALBERNI" which was sunk in the English Channel.

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





144437 18

F.M.O., Halifax, N.S.,  
August 26th, 1944.

N.S. V-2850. PERS.(N)

My dear Mrs. Kirkpatrick:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Stanley was an excellent telegraphist rating. He has been with me for two years and we have become more friends than officer and rating. He was very well liked by all the officers and men and appeared to be very happy aboard.

The only minor comfort I can give you is that he was down below at the time the ship was hit and as the ship sank instantly I am sure he did not suffer any pain.

I hope that if I am ever in St. John you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"

Lieutenant Commander, R.C.N.V.R.

Mr. Albert Kirkpatrick,  
13 Richey St.,  
SAINT JOHN, N.B.

P.A.'S CHECKED IN

C.R. BY.....h.....



A.J.B. NO. 61379 18th June, 1942  
ORIGINAL P169164

H.Q. File No. 113-K-495

## DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA DIVISION I SECTION I SUB. B. 5/2-650	Surname..... KIRKPATRICK  Christian } Names } STANLEY	O/TEL.	V2850 R.C.N.V.R.	1.60

### 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..... KIRKPATRICK  Christian } Names } MRS. BETTY	MOTHER  NON/DEPENDANT	13 RICHIEY STREET, St. John, N.S.	20.00 D	NEW JULY

### 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):—
		NIL	

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.

Allotter's Signature authorizing charges

Stan Kirkpatrick  
O/TEL. Rank or Rating

R.C.N.V.R.

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:—

128-----20.00  
\$20.00

THE NAVAL SECRETARY,  
Department of National Defence,  
(Naval Service)  
Ottawa, Ont.

S. 63

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

Paymaster Sub-Lieutenant, R.C.N.V.R.  
FOR Accountant Officer

H.M.C.S. STADACONA

Forwarded

HALIFAX, N.S.  
R.C.N. BARRACKS  
JUL 13 1942



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.....		

ST. JOHN, N.B.  
13 RICHIEY ST.  
MRS. BETTY KIRKPATRICK,  
KIRKPATRICK, STANLEY MELBURN V-2850  
TWENTY \*  
\* 20.00



# Passing Certificate

This is to Certify

that Stanley Melburn KIRKPATRICK,

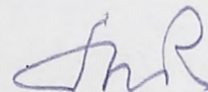
Rating Ordinary Seaman, Official Number V.2850  
R.C.N.V.R.

has passed

THE EDUCATIONAL TEST, I, R.C.N.V.R.

held on 4th-5th November, 1941.

For advancement to Petty Officer

  
 Naval Secretary  
 Director of Education.

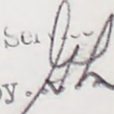
Department of National Defence,

Ottawa, this 1st day of December 19 41.

C.N.S. 2431

10M-7-40 (6232)

N.S. 815-9-2431

Noted in Ser  
 Records by 



# OCCUPATIONAL HISTORY FORM

NATIONAL DEFENCE  
606 1 07333

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 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..... (b) Reg'l. No.....
2. (a) Arm of service..... (b) Unit..... (c) Rank.....
3. (a) Date of birth..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment.....
4. (a) Place of enlistment..... (b) Date of enlistment.....

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... (b) Were you attending school or college up to the time of enlistment?.....
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.).....
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... (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?..... (b) What languages do you read well?.....

## 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)..... (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?..... (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?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

## Section G—MISCELLANEOUS

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

DATE..... 194.....

SIGNATURE.....





AUG 22 1941

COPY TO  
VWD  
ES



AWARDED Canadian Memorial Cross,  
MOTHER: Mrs. Elizabeth KIRKPATRICK  
13 Richey St.,  
SAINT JOHN, N.B.

MM



.....V2850

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 13 Richey St. Town Saint John Province, etc. N. B.

ADDRESS (in pencil): Street and No. 13 Ratchakul St. Town Saint John Province, etc. 2013

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

From	To
------	----

H.Q. 35—30M—5-41 (337)  
N.S. 815—7-35

8/6/45