

CONNERS
CYRIL WINFIELD
N3644

P17
JAN - 6 1939
DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

000425
C.N.S. 2417
10M-9-38
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,
Department of National Defence,
OTTAWA.

Blackville, N.B.
(Place)
December 26th 1938
(Date)

Sir:-

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Boy seaman (Insert rating chosen)

I certify that the following particulars are in my own handwriting and are true in every respect:

1. Name (to be given in full in Block Letters) LYAIL, WINFIELD CONNERS.
2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) October 11th 1921.
3. Place of Birth. Town Blackville Province New Brunswick.
4. Permanent Place of Residence. No. Blackville Street New Brunswick.
Town Blackville Province New Brunswick.
5. Are you a British Subject? yes
6. How long have you resided in Canada? 17 years.
7. What is your Mother Tongue? English.
8. What other language do you speak? English.
9. Are you of the White Race? yes.
10. Are you Single, Married or a Widower? single.
11. How far advanced educationally are you? grade 8.

(Certificates of School Authorities must be attached)

12. What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)
school.
13. Do you belong to any Naval, Military, Air or Police Force? No.
14. If so, give details.
15. Have you ever served in such forces? no.
16. If so, give dates and details.
17. Have you ever been discharged from His Majesty's Forces as medically unfit? no.
18. Have you ever offered to serve in His Majesty's Forces and been rejected? no.
Why?

19. Have you ever been convicted of a criminal offence?
(Enclose two character references, one of which must confirm your answer to Question 19) no.
 20. What is your weight? 138 lbs. Height 5 ft 4 in. Chest Measurement (Not inflated) 34 in.
 21. Have you ever had fits? no.
 22. Do you suffer from any deformity? no.
 23. Have you suffered the loss of any fingers, toes, etc.? no.
 24. Do you suffer from any disease? no.
 25. Do you wear glasses? no.
 26. Are you subject to any disability which might cause your rejection?
no.
 27. Give details.
 28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? yes.
- Thomas J. MacDonald Signature of Witness
Cyril Connors. Signature of Applicant

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at Blackville

this 4 day of January, 1938, in the presence of
Thomas J. MacDonald Signature of Witness
Mrs Thomas Connors. Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within my own control.

Signed and Sealed at _____, this _____ day of _____, 19____, in the presence of _____
Signature of Witness Signature of Candidate

Enclosure 5
inc 13 Cul

BOY (SEAMAN CLASS)

No. Name CONNERS, Cyril W. Nationality Br.(Can) File F.D. 138

Date of Birth 11th October, 1921 Married Single Religion

Date of Application 6th January, 1938 Medically Examined 22

Address Blackville, N.B.

Education High School Entrance.

Previous Experience

Remarks 9-1-39 A/DNO&T Roster.

Directions Re Entry 10-1-39 Letter to Applicant. 27/1/39 he from applicant

working at Hords 1/12/39 he to report return to Blackville 20.12/40 he candidate
ret. to Blackville but made to late for the class

RCN Jan. 46 "SHAWINIGAN"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Mrs. Vera A. Carlson - Widow

ADDRESS:

1101 Lalbert St., S.E. # 3,
Anacostia, Washington, U.S.A. (21-9-51

(2) MEMORIAL CROSS

WIDOW

Mrs. V.A. Conners

ADDRESS:

210 - 20th St. N.E., Apt. 2,
Washington, D.C., USA

(3) MEMORIAL CROSS

MOTHER

Mrs. L. Conners

ADDRESS:

Blackville, Northumberland Co., N.B.

MEMORIAL BAR

DATE DESP

(1)

REGD. NO. **CANCELLED** 611

Hold Medals 17-1-52

(2)

26-3-45

(3)

26-3-45

D OF D 24-11-44

Navy

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

| | | | | |
|----------------------------|-----------------|----------|-------------------|----------|
| CONNERS | Cyril Winfield | N-3644 | C.P.O. | FILE No. |
| SURNAME (in block letters) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | UNIT |

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star

CVSM & Clasp

War Medal 1939-45

2247229-50
CANCELLED

272158

(The reverse to be used for estate purposes)

14/01/91

DVA 806 White

NAME.....CONNERS
(Surname)

Cyril Winfield.
(Given Names)

OFFICIAL NUMBER 3644

GENERAL REMARKS

Canadian Memorial Crosses issued
to Wife: Mrs.Vera A.CONNERS,
3720 Macomb St.N.W. Apt.106
Washington, D.C. U.S.A.
and to Mother:
Mrs. Lilas CONNERS,
Blackville,
Northumberland Co.,
N.B. - 26.3.45.

Checked with Service Certificate
on discharge.

W
7-4-44
Mrs. Vera Audrey CONNERS

3720 Macomb St., N.E.

Apt. 106

WASHINGTON, D.C. (2) USA

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 N-3644 FD 1011

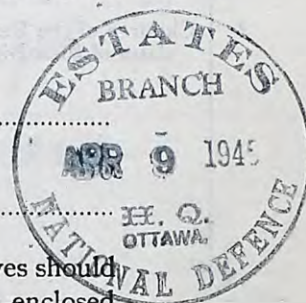
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

26th Febrary 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

CONNERS, Cyril Winfield C.P.O.

3644 R.C.N.



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

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

HRW/MJ

H. Q. N. D.
Comm. under Person
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT | | |
|-------------------------|--|------------|--|-----------|---|
| | | | NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
| 1 | Widow of the Deceased..... | | Mrs. Vera Audrey (Hitchner) Connors | 26 | 210-20 th St NE apt. 2. Washington D.C. |
| 2 | Children of the Deceased and dates of their Births..... | | none | | |
| 3 | Father of the Deceased..... | | Thomas Connors | | Deceased March 5 th 1943 |
| 4 | Mother of the Deceased..... | | Lillas Connors | 53 | Blackville N.B. |
| 5 | Brothers of the Deceased | Full Blood | Arnold Connors Norman Connors | 18 24 | H.M.C.S Vancouver F.M.O. Halifax N.S. Fairville St John Co., N.B. |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | Thelma Connors (miss) Lillian MacDonald (Mrs) | 12. 24 | Blackville. N.B. Blackville N.B. |
| | | Half Blood | | | |
| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each. | | Names and ages of their children (if any) | | Address of their children |
| | | | | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

| | | |
|----|--|---|
| 8 | Full names of the deceased. | Cyril Winfield Connors |
| 9 | Date of his birth. | Oct. 11 th , 1921 |
| 10 | Place and date of his marriage. | March 1 st 1944 Arlington Virginia U.S.A. |
| 11 | Place and date of his parents' marriage. | Fairville, St. John Co. N. B. May 13, 1918 |

PARTICULARS OF DOMICILE

| | | |
|----|--|--|
| 12 | Place where deceased was born. | Barish? Derby + Blackville New Brunswick Canada |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) Blackville, N.B. (b) 18 yrs. (c) (d) |
| 14 | Nature of employment before enlistment. | Wood's work. |
| 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. | Canada. |

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? | no |
| 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. | No |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | — |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | — |
| 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. | 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

* wife widow of the deceased.

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

Mrs Vera Connors

{ Signature of Informant

210-20th St NE apt 2 Washington DC

Address

CERTIFICATE

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

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

Dated at 6th April this day of 1945

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

Black

Qualification

Major

Address

1205-15th Street NW, Washington D.C. U.S.A.

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

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.....
(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 Civil Parish where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. NAME OF DECEASED CONNERS Cyril Winfield
(Surname) (Given name or names)

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

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

8. BIRTHPLACE BLACKVILLE, N.B.
(Province or Country)

9. DATE OF BIRTH October 11, 1921.
(Month) (Day) (Year)

10. AGE in { Years 25 Months 1 Days If less than one day old
hrs. or min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Labourer
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc.
13. Date deceased last worked at this occupation..... 14. Total yrs. spent in this occupation.....

15. If married give name of wife or husband of deceased Mrs. Vera Audrey Connors

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

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

20. Name of informant Registrar
Address NAVY 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 November 24 19 44
(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, when H.M.C.S. "SHAWINIGAN" was lost while on operational duty at sea.
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
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,
TAKES 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.

TFH/HS

REGISTERED

AIR MAIL

FILE NO: N.S.N.-3644 PERS.(N)

29 November, 1944.

Dear Mrs. Conners:

It is with deepest regret that I must confirm the telegram of the 29th of November, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Cyril Winfield Conners, Chief Petty Officer, Official Number 3644, Royal Canadian Navy, 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. Please be assured, however, that as soon as further particulars can be released, you will be informed.

It is regretted that slight hope is held for your husband's survival. When it is considered, beyond all reasonable doubt, that no further hope exists and should no information be received to the contrary, an official presumption of death will be made by the Canadian Naval Authorities.

It is requested that, for security reasons, you regard the name of the ship in which your husband was serving, 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. Vera Audrey Conners,
3720 Macomb St. North West,
Apt. 106,
Washington, D.C.,
U.S.A.

With reference to

Form M.F.B. 227, Medical Board Proceedings ()

respecting

attached, approved Category " ".

For

SECRETARY, NAVAL BOARD.

E.R.M.

59
FEB 13 1945

N.S. N-3644 PERS. (N)

Sir:

Re: **Cyril Winfield Conners,**
Chief Petty Officer,
Official No. 3644, R.C.N.

It is notified for your information that the above named, previously reported as "missing" from H.M.C.S. "SHAWINIGAN" has been presumed dead to date the 24th of November, 1944.

His address at time of enlistment was:

Blackville,
N.B.

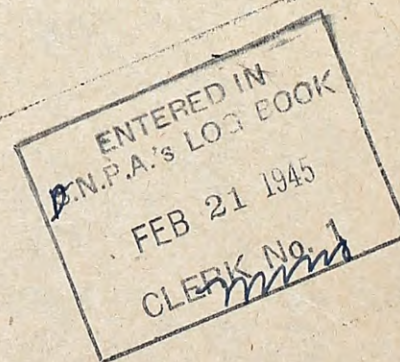
Yours truly,

H. B. Money

for SECRETARY, NAVAL BOARD. *g m c*

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

Royal ✓ Canadian ✓
Message Condolence
Date Sent FEB 13 1945 DPR 5 / c



REGISTERED

AIR MAIL

N.S. N-3644 PERS(N)

February, 1945.

Dear Mrs. Conners:

Further to my letter of the 7th of December, 1944, I regret to inform you that in view of the length of time which has elapsed since your husband, Cyril Winfield Conners, Chief Petty Officer, Official Number 3644, Royal Canadian Navy, was reported missing from H.M.C.S. "SHAWINIGAN", 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 24th of November, 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. Vera Audrey Conners,
3720 Macomb Street N.W.,
Apartment 106,
WASHINGTON, D.C.,
U.S.A.

Despatched by
Sec. N. B.

Date 15.2.45
Time 1630

N.S. N-3644, PERS.(N) "N"/5.

28 August, 1945.

Dear Mrs. Conners:

Further to my letter of the 15th of February, 1945, the Department is now able to release additional information regarding the loss of your husband's ship and I am accordingly passing on the following particulars which will, no doubt, be of interest to you.

H.M.C.S. "SHAWINIGAN" sailed from Sydney, N.S., on the 24th of November, 1944, to escort a merchant ship to Port Aux Basques, Newfoundland, and arrived off Port Aux Basques that night. In accordance with orders she was then to carry out a patrol in the area for the duration of the night, after which she was to meet the same merchant ship the next morning and return with her to Sydney.

The merchant ship arrived in Sydney unescorted on the night of the 25th of November and after it was ascertained that "Shawinigan" had not appeared at the designated rendezvous to provide escort as instructed, searches were instituted and "Shawinigan" was discovered to be missing.

It was the opinion of the Department at the time that the ship had been torpedoed by an enemy submarine during the night of the 24th/25th of November, 1944, as submarines were known to be operating in that area; and this has since been confirmed from German evidence. Although no survivors were found, a few bodies were recovered by later searches, due to tidal movements, some distance from the area in which "Shawinigan" was known to be operating. As a result, the position of the sinking can not be exactly ascertained, although from German evidence and the Department's computation, it is estimated to be in the vicinity of the three mile limit off Channel Head, near Port Aux Basques, Newfoundland.

Despatched by
Sec. N. B.

Yours sincerely,

Date 29.8.45

SECRETARY, NAVAL BOARD. *ENC*

A/A - DNPA (x1)
Mrs. Vera A. Conner
210 - 20th St. N.E.,
Apt. #2,
WASHINGTON, D.C., U.S.A.

28
8
me
(Approval NS 0-3690, F.D.76,
See also NSS 1156-331/93)

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "SHAWINIGAN" at Sea. 74

Name CONNERS, Cyril Winfield Dumont
(Christian names in full)

Rank of Rating Chief Petty Officer. Official No. 3644 R.C.N.
(If unknown, date of first entry)

Place of Birth Blackville, N.B. Date of Birth 11th October, 1921

Occupation in Civil Life Labourer Religion Presbyterian

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) 6th May, 1940 to 24th November, 1944

Date of Death 24th November, 1944 Place of Death At Sea.

Cause of Death Enemy action - lost at sea.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name Vera Audrey Connors Relationship Wife
Address 3720 Macomb St., N.W.
Apt. 106, WASHINGTON, D.C., U.S.A.

Date on which the above was informed by Ship Not known.

Date on which death was registered with local Officials Not known.

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

Place of Burial (if known) Date of Burial (if known)

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

Undertaker employed (if any)

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

H. S. P.
Commanding Officer,
11/4/45

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

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

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

C.N.S. 1121
15M-7-40 (5849)
N.S. 815-9-1121

Notes ONPA
mm
16/4/45

Passing Certificate

This is to Certify

that Cyril Winfield CONNERS,

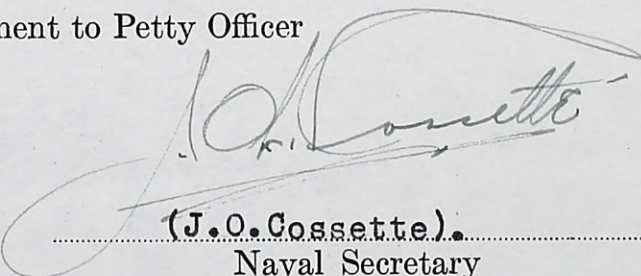
Rating Ordinary Seaman, RCN., Official Number 3644

has passed

THE EDUCATIONAL TEST, I

held on 2nd July, 1940.

For advancement to Petty Officer


(J.O. Cossette).

Naval Secretary

Department of National Defence,

Ottawa, this 1st day of August, 1940.

H. M. S. "NADEN"

DEFENCE
MAY 2 1940
622-405-3644
OFFICIAL No. IF KNOWN
Space to be left vacant
if not known

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

| | | |
|-------------------------------|--|---|
| CHRISTIAN AND SURNAME IN FULL | NEXT OF KIN | PRESENT RATING |
| Cyril Winfield CONNERS | Mother- Lillas Name- Blackville Address- New Brunswick | Ord. Smn. |
| DATE OF BIRTH* | PLACE OF BIRTH† | NAME, RANK AND STATION OF RECRUITING OFFICER |
| 11th October, 1921 | Town- Blackville County- Province- N. B. | R.I. ANNEW COMMANDER R.C.N. BARRACKS ESQUIMALT, B.C. |

Personal Description at the Date of this Document

| Height | Chest | Hair | Eyes | Complexion | WOUNDS, SCARS OR MARKS | Religious Denomination | TRADE OR OCCUPATION |
|--------|-------|------|------|------------|------------------------|------------------------|---------------------|
| 5'4½ | 33 | Fair | Blue | Fair | nil | Preys. | Labourer |

| | | | |
|--|---------------|---------------------------------------|----------------|
| Commencing date of Engagement or Re-engagement | 6th May, 1940 | Period of Engagement or Re-engagement | seven years |
| Date of actually volunteering to engage or re-engage | 6th May, 1940 | Date of entering present ship | 6th May, 1940. |

Particulars of former Continuous Service Engagements, if any; but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

First Entry.

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.—1243.

Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

- Are the particulars given above of your name and date and place of birth correct?..... Yes
- Are you a British subject?..... Yes
- Nationality of parents—Father..... English Mother..... English
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R. C. Mounted Police?..... No
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R. C. Mounted Police?..... No
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date..... No
- Have you ever been discharged from the Navy, Marines, Army or R. C. Mounted Police on account of misconduct?..... No
- Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- Can you swim?..... Yes

| | |
|-----------------------------|---------|
| Personnel Records Division. | |
| 1. Noted in Records | ✓ |
| 2. Index Card | ✓ |
| 3. Non-Sub. Card | ✓ |
| 4. Statistical Card | ✓ |
| 5. Roneo Strip | ✓ |
| 6. Pension Card | ✓ |
| 7. | ✓ |
| 8. | ✓ |
| DATE | 20.5.40 |

* When evidence of age is obtained on First Entry, it should be attached to this Form.

† Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."

‡ Particulars of service in the Navy, Army Reserve, Naval Reserve, Marines, Militia, or H. M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If a R. V. 2. man, state number of R.V. 2.

(OVER)

C.N.S. 55
2,500—3-38
N.S. 815—9—55

ESTIMATE CARD

Date 1. 6. 40.

Initial J.A.R.

LEDGERS

FAIR
ROUGH

52/2312

I.—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of their previous C. S. Engagement

I, Cyril Winfield CONNERS, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada* for term of seven years from 6th May, 1940 193....., provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this 7th day of May, 1940 193.....

Man's Signature in full
Cyril Winfield Connors
Witness to Signature.....

Attested before me this 7th day of May, 1940 193.....

[Signature] { Signature of a Commissioned
Lieut. Cdr. R.C.N.V.R. Officer of the Naval Service

Date 7th May, 1940 193.....

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

[Signature] COMMANDER.....Commanding Officer.....
[Signature] SURG. LT. CDR. Medical Officer

II.—Certificate and Declaration for Boys

Date.....193.....

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for.....years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

.....Commanding Officer
.....Lieutenant
.....Medical Officer

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for.....years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

.....Boy's Signature in full

Witness to Signature.....

Attested before me this.....day of.....193.....

..... { Signature of a Commissioned
..... Officer of the Naval Service

III.—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used.

I,....., now serving as a.....
on board H. M. C. S....., who on the.....of.....193.....

engaged to serve in the Naval Service of Canada for a period of §.....years, do hereby engage to serve for a further period**.....from ††.....193.....
provided my services should be so long required.

.....Man's Signature in full
.....193.....

Witness.....Commanding Officer

* Insert "for the term of (number in words) years," or "to complete (number) years for pension," or "until I attain the age of.....years."

† Insert the date from which the engagement actually commences.

‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)

§ To be written in words.

** Insert as follows:—"Of (number) years," or "to complete time for pension," or "until I attain the age of.....years," as the case may be.

†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.

SEAMAN BRANCH

Application for, and report of result of,
PROFESSIONAL EXAMINATION

for the rating of "LEADING SEAMAN".

I.—APPLICATION FOR EXAMINATION

H.M.C.S. "STADACONA".

Name of Candidate (in full) CONNORS, Cyril Winfield.

Present Rating Able Seaman. R.C.N. O.N. 3644.

Port Division Halifax, N.S.

Date of Application for Examination 21-7-41.

Date and Particulars of Previous Failures:—

..... NIL

- (i) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.
- (ii) He has carried out the duties of helmsman satisfactorily.
- (iii) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/Leading Seaman, and I consider that he has a reasonable chance of passing.

To President Examination Board.

H.M.C.S. "STADACONA".

Captain

NOTES—

(a) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, history sheet and Form S. 264 written up specially for the examination and signed by the Commanding Officer.

(b) On completion of the examination, Form S. 441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Depot. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S. 264 (Divisional Record Sheet).

II.—RESULT OF EXAMINATION

SECTION I

Whether "Passed" or "Failed" *Passed Fair*

(If passed state whether "V.G." (85% and above), "Good" (70% to 85%), or "Fair" (below 70%))

(See A.F.O. 9/39)

SECTION II

| Subject | Maximum Marks | | Marks Required to Pass | | Marks obtained | |
|--------------------------------------|---------------|---------|------------------------|---------|----------------|-------------------|
| | P.O. | L. Sea. | P.O. | L. Sea. | On Examination | On re-Examination |
| Rigging..... | 60 | 80 | 30 | 40 | 40 | |
| Anchor Work..... | 50 | 60 | 25 | 30 | 40 | |
| Rule of the Road..... | 30 | 30 | 15 | 15 | 18 | |
| Boat Work..... | 80 | 80 | 48 | 48 | 58 | |
| General Duties..... | 60 | 40 | 30 | 20 | 30 | |
| Organization..... | 40 | | 20 | | | |
| Signals..... | 30 | 30 | 15 | 15 | 16 | |
| Watertight Fittings..... | 10 | 10 | 5 | 5 | 8 | |
| Duties in Part of Ship and Mess..... | | 30 | | 15 | 21 | |

REMARKS—

The Candidate has:—

(i) Passed a ~~V.G./Good~~/Fair Examination.

(V.G.—85% and above, Good—70% to 85%, Fair—below 70%)

(ii) ~~Failed as indicated above.~~

~~He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A, Clause 8 (b):~~

Date.....*4-8-41*.....

K.W. Brooks
President of Board

Candidate's Signature (in full).....

Agil Windfield Crane

Basic date of passing professionally for....."Leading Seaman".

(K.R. and A.I. Appendix XII, Part 22A, Clauses 7 and 8)

is.....*21-7-41*.....

Re-examined by Ship's Officers in relevant subjects of Section II on board

H.M.C.S. "....." on.....193.....

Date.....

Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,
R.C.N. Barracks,

.....
Captain

H.M.C.S.....

Date.....

II.--- RESULT OF EXAMINATION

Section I

Whether "Passed" or "Failed" *Good*
 If passed state whether "V.G." (85% and above), "Good" (70% to 85%)
 or "Fair" (Below 70%)

Section II

| SUBJECT | Maximum Marks | | Marks Required to pass. | | Marks Obtained | Marks Obtained |
|-----------------------------------|---------------|-------|-------------------------|-------|----------------|-------------------|
| | P.O. | L.SEA | P.O. | L.SEA | On Examination | On Re-Examination |
| Rigging | 50 | 50 | 25 | 25 | 45 | |
| Anchor Work | 60 | 60 | 30 | 30 | 50 | |
| Boat Work | 80 | 80 | 40 | 40 | 50 | |
| General duties ... | 80 | 80 | 40 | 40 | 72 | |
| Organization | 40 | 20 | 20 | 10 | 36 | |
| Signals | 30 | 30 | 15 | 15 | 18 | |
| Watertight Fitt'gs | 20 | 20 | 10 | 10 | 18 | |
| Duties in Part of Ship & Mess ... | | 20 | | 10 | | |

REMARKS:--

The Candidate has:--

(1) Passed a ~~V.G.~~/GOOD/FAIR Examination.
 (V.G.-85% and above, Good 70% to 85%, Fair Below 70%)

(2) ~~Failed as indicated above.~~

~~He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A Clause 8 (b).~~

DATE...12th April 1943.

[Signature]
 President of Board.

Candidate's Signature (in Full) ... *Cumma Cyril Winfield*

Basic date of passing professionally for *Petty Officer*
 (K.R. & A.I. Appendix XII, Part 22A Clauses 7 & 8)

is *12th March 1943*

Re-examined by Ship's Officers in relevant subjects of Section II on board

H.M.C.S. On 19

Date

Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,
 R.C.N. Barracks,

..... CAPTAIN

H.M.C.S.

DATE

Alt#29052 of 15/4/43

COPY

SEAMAN BRANCH

APPLICATION FOR, AND REPORT OF RESULT OF
PROFESSIONAL EXAMINATION

Stadacona
12-3-43

FOR THE RATING OF....."PETTY OFFICER".....

I.-- APPLICATION FOR EXAMINATION

H.M.C.S."STADACONA".....

Name of Candidate (in full)CONNORS Cyril..Wilfred.....

Present Rating ..Leading Seaman..R.C.N.,... O.N.3644.....

Port DivisionHalifax, N.S.....

Date of Application for Examination12th March, 1943,.....

Date and Particulars of Previous Failures:-

..... NIL

(1) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.

(2) He has carried out the duties of helmsman satisfactorily.

(3) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/Leading Seaman, and I consider that he has a reasonable chance of passing.

To...PRESIDENT EXAMINATION BOARD.

.....H.M.C.S."STADACONA".....

Agnes C. White
.....
Captain

Notes---

(a) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, History Sheet and Form S.264 written up specially for the examination and signed by the Commanding Officer.

(b) On Completion of the examination, Form S.441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Depot. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S.264 (Divisional Record Sheet).

above

Da

Ship

[Signature]

| | | |
|------|-------|----------|
| Max. | _____ | Obtained |
|------|-------|----------|

| | | |
|------|-------|----------|
| Max. | _____ | Obtained |
|------|-------|----------|

| | | |
|------|-------|----------|
| Max. | _____ | Obtained |
|------|-------|----------|

| | | |
|------|-------|----------|
| Max. | _____ | Obtained |
|------|-------|----------|

| | | |
|------|-------|----------|
| Max. | _____ | Obtained |
|------|-------|----------|

| | | |
|------|-------|----------|
| Max. | _____ | Obtained |
|------|-------|----------|

| | | |
|------|-------|----------|
| Max. | _____ | Obtained |
|------|-------|----------|

| | | |
|------|-------|----------|
| Max. | _____ | Obtained |
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| | | |
|------|-------|----------|
| Max. | _____ | Obtained |
|------|-------|----------|

| | | |
|------|-------|----------|
| Max. | _____ | Obtained |
|------|-------|----------|

[illegible]

To be filled in on completion of a Vocational Training Course, other than a Correspondence Course.
(Vocational Training is Optional.)

.....

..Vocational Training Committee.

§ Special notations as applicable.

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

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.

R.C.N.

Official No. 3644.....

Religion...Presby.....

MEDICAL HISTORY SHEET FOR MEN IN NAVAL SERVICE OF CANADA

When entered...6-5-40
 Where entered...Esquimalt, B.C.
 Date of Birth...10-11-21
 Age at Entry...18 yrs, 6 mos.

NAME

Where Born.....Blackville, N.B.,.....

Previous Occupation...Labourer,.....

CONNERS: Cyril Winfield

| RATING | SHIP'S NAME | No. on Ship's Books | Date of Admission on Sick List | Date of Discharge from S.L. | No. of Days Sick | DISEASE OR HURT | HOW DISPOSED OF | Surg. Intls. | No. of Days in Hospital | If inval- id, where? & when? | M.O.'s Intls. |
|-----------|-----------------|---------------------------|--------------------------------------|-----------------------------------|------------------------|--------------------|--------------------|-----------------|-------------------------------|------------------------------------|------------------|
| Ord. Sea. | | | | | | | | | | | |
| O. Sea | M.M.C.S. Macken | | | 25-11-40 | | | Prmie David. | | | | |
| Apra | R. David | | | 11-6-41 | | | R. David | | | | |
| A/B | Burlington | | 10-10-41 | 10-10-41 | | Obs. Upper Reg 2/ | Cay Hill. Jnr. | | | | |
| A/B. | Camp Hill | | 10-10-41 | 21-10-41 | | Influenza | S. Bay | | | | |

Wt. On entry: 132

CHEST X-RAY #1949

NEGATIVE MAY 1940

Vaccinated 17-5-40

T.A.B. Completed 31-5-40

X-RAY SURVEY ? ?

SATISFACTORY 1949

Schick Test Neg. Jnr.

12

24. 1941

N.S.A.Q
L.H.



P027333

Can. B. 207

20M-11-39 (3063)
N.S. 815-2-207

MAY 2, 1940

23

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 CONNERS CYRIL WINFIELD
candidate for entry as Ord. Seaman R.C.N.
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.

Dated at Esquimaut B.C. the 6th of May 1940

white X-ray radiolucency of 4-6-7-8 negative G.M. Kuck
Examining Medical Officer

*Delete one None - Neg. (Rank) Sg. Lint. RCNVR.

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, Hæmorrhoids, etc. |
|--------------------------|---------------------------|--------------------------|------------------------|---|--|--|------------------------|--------------------------|------------------|------|------------------|-----------------------------|--|----------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (k) | (l) | (m) | (n) | (o) | (p) |
| 1 Yrs 6 months | lbs. 132 | ft. ins. 5.4 1/4 | Good. | inches (a) maximum 34 (b) minimum 32 (c) mean 33 | right eye 6/6 left eye 6/6 colour vision N | Childhood | N B.P. 120 80 | N | N | N | N | N | 0 deficient 2 defective Normal | N |

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 as may be authorized.

Cyril W. Conners.

Signature of Candidate

When a Candidate is subject to a defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

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

*Delete one

Examining Medical Officer

(Rank).....

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



M 12658

MAR 20 1940

62-214C

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 Cyril Winfield Corners
candidate for entry as Ordinary Seaman
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.

Dated at Bluelville the 18 of March 1940.

John Beaton, M.D.
Examining Medical Officer

(Rank).....

This examination has been made in accordance with the Instructions for Recruiting.

| (a) Age { Years Months | (b) Weight without Clothes | (c) Height with Bare Feet | (d) General Development | (e) Chest Cirth | (f) Vision by— (i) Snellen's Type (ii) Colour Vision | (g) Vaccinated or re- vaccinated for Small Pox (Date) | (h) Lungs, Heart, etc. | (i) Abdomen, Hernia, etc. | (j) Limbs and Joints | (k) Skin | (l) Ears and Hearing | (m) Testes, Varicocele, etc. | (n) Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc. | (o) Anus, Hæmorrhoids, etc. |
|------------------------------|-------------------------------|------------------------------|----------------------------|---|---|--|------------------------|------------------------------|----------------------|----------|----------------------|---------------------------------|--|--------------------------------|
| 18 yrs 8 mos | 130 | 5' 4" | normal | inches (a) maximum 37 (b) minimum 34 (c) mean 35' | right eye 6/6 left eye 6/6 colour vision D.K. | yes 1923 | normal | normal | normal | clear | normal | normal | 2 defective teeth | normal |

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

Cyril Winfield Corners
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects

Examining Medical Officer

(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

David

(See K.R. & A.I., Article 609.)

Surname CONNERS Christian Names Cyril Winfield Port Division Western R.C.N. Official Number 3664

Information is to be inserted when a rating qualifies in torpedo for A.B. and as regards examinations for acting as well as confirmed torpedo ratings.

Marks obtained in each subject are to be shown as a fraction of the possible total, thus $\frac{115}{150}$.

Sta. 118/37

To be filled up by Ships when a man is discharged or the Torpedo Officer superseded: by Schools, on discharge after service as part complement. The insertion of entries in ships is left to the discretion of the Torpedo Officer when his own or the man's period of service in the ship has been less than 3 months.

[illegible]

JCU

TORPEDO COXSWAIN'S PASSING CERTIFICATE

This is to certify that C.W. CONNERS, P.O. 3644
has completed FIVE weeks' training in H.M.C.S. "STADACONA" Seamanship
Training School for the non-substantive rate of Torpedo Coxswain, as
laid down in the Torpedo Training Manual and a special course in
Regulating Duties with the undermentioned results.

| MARKS | MAXIMUM | REQUIRED TO PASS | OBTAINED |
|------------------------------|---------|---------------------|-----------|
| <u>H.3.</u> School Work | 100 | 70 | 84 |
| <u>K.6.</u> Pilotage | 100 | 65 | 70 |
| Signals | 100 | 65 | 90 |
| Organization | 100 | 65 | 65 |
| Rudder and Rules of the Road | 100 | 65 | 67 |
| <u>K.7.</u> Victualling | 50 | 25 | 45 |
| First Aid | 50 | 25 | 35 |
| Regulating Duties | 100 | 65 | 66 |
| TOTAL | 700 | 65% of Total 455 | 522 74.5% |

H.M.C.S. "STADACONA"
HALIFAX, N.S.

DATE..... 12th June 1944......

Signed: _____

E. H. Armstrong
CAPTAIN, R.C.N.
COMMANDING OFFICER,
H.M.C.S. "STADACONA".

Noted on "STADACONA" 249a

folio No. A5502 dated 19/6/44

If a copy of this Form is required, Form C.N.S. 1243 is to be used

CERTIFICATE of the Service of
Cyril Winfield CONNERS.
IN THE ROYAL CANADIAN NAVY

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.

Esquimalt. B.C.

I.C. N.S. 25041 22886

Official Number... *3644*

Date of birth *11th Oct. 1921.*

Where born { Province *New Brunswick.*
Town or county *Blackville.*

Trade brought up to *Labourer.*

Religious denomination *Presbyterian.*

Date passed swimming test *7 May '40 - P.P.T. (Good) [Signature]*

Man's signature on discharge to pension }

Nearest known Relative or Friend
(To be noted in pencil)

Name *Mrs Vera Audrey Connors.*

Relationship: *Wife*

Address: *3720 McComb St., NW,*

Apt. 6, (Washington, D.C.)

6-4-44

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>6th May 1940</i> | | <i>Seven years.</i> | 5. | | |
| 2. | | | 6. | | |
| 3. | | | 7. | | |
| 4. | | | 8. | | |

Medals, Clasps, Etc.

| Date received or forfeited | Nature of decoration | Date received or forfeited | Nature of decoration |
|----------------------------|----------------------|----------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| 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>4 1/2</i> | <i>33</i> | <i>Fair</i> | <i>Blue</i> | <i>Fair</i> | |
| On re-entry for C.S. or for Non-C.S. after attaining 28 years..... | | | | | | | |
| Further description if necessary..... | | | | | | | |

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

| Date | Particulars | Captain's Signature | Date | Particulars | Captain's Signature |
|-------------|---|---------------------|------------|---------------------------|---------------------|
| 25 Aug '40 | Supp ^d A/Q.R. | M. Falcon | 1940 | Issued Ident. Card 25041 | |
| 2 July '40 | Passed E.T.I. | M. Falcon | 29 Nov '41 | Re-issued T.B. NS. 19206. | |
| 7 Apr. '41 | "In" | H. H. H. | 15 Feb '44 | Conf. P.O. | C. H. B. Act. 204 |
| 19 July '41 | R. & R. "L.R. III" | H. H. H. | 12 Jun '44 | R. & R. "T.C" Assol | H. H. H. |
| 21 July '41 | Passed prof. for hdy. | H. H. H. | | | |
| 12 Feb '43 | Passed prof. for P.O. | H. H. H. | | | |
| 15 Feb '43 | Rated P.O. (STANDARD FORM 4779 DATED 16/4/43) | H. H. H. | | | |

Conduct

Efficiency in Rating—ARTICLE 607—K.R.

Superior.....A man who performs his duties with more than average
to be written Supr. efficiency.

SatisfactoryA man who performs his duties with average efficiency.

“ Sat.

Moderate.....A man who performs his duties in an efficient manner

“ Mod. but with less than average efficiency.

Inferior..... A man who performs his duties in an inefficient manner.

“ Inferior.

Note.—In these definitions "duties" means the general duties of the substantive rating held, and "average efficiency" means the average efficiency of all men in the Service holding the same substantive rating.

The substantive rating held by the man at the time is to be noted in brackets after each assessment thus: Supr. (A.B.).

Character

Whether
R.M.G.
or not

Date _____

Captain's Signature

Date _____

1st, 2nd,
3rd

Granted, Deprived, Restored

✓C

Sat (Ord. Smm)

31 Dec. '40

W. B. Carmichael

6th May '33

1st

Granted

 V_L

Sub^d (Act. Idg/Sec)

31 Dec 41

W. J. Fuchs

V. 1

Super. (A/H'smnty)

31 Dec 42

Th. Karsell

VG

Supr. (A/P.O. Ty.)

31 Dec '13

J. W. Gear

VG

Suyat (P.O. 177)

24 Nov. 44

Sgt Bentzen

Time forfeited

Date _____

P., D.,
C.,
C.P.,
W.T.

Number of
days

Award
ed

Served

H. M. C. S. "NADEN"

OFFICIAL No. IF KNOWN
Space to be left vacant
if not known

3644

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

| | | |
|-------------------------------|--|---|
| CHRISTIAN AND SURNAME IN FULL | NEXT OF KIN | PRESENT RATING |
| Cyril Winfield CONNERS | Mother- Lillas Name.....Blackville Address.....New Brunswick | Ord. Smn. |
| DATE OF BIRTH* | PLACE OF BIRTH† | NAME, RANK AND STATION OF RECRUITING OFFICER |
| 11th October, 1921 | Town.....Blackville County..... Province.....N. B. | R. I. ANNEW COMMANDER R. C. N. BARRACKS ESQUIMALT, B. C. |

Personal Description at the Date of this Document

| Height | Chest | Hair | Eyes | Complexion | WOUNDS, SCARS OR MARKS | Religious Denomination | TRADE OR OCCUPATION |
|--------|-------|------|------|------------|------------------------|---------------------------|------------------------|
| 5'4½ | 33 | Fair | Blue | Fair | nil | Preys. | Labourer |

| | | | |
|--|---------------|--|----------------|
| Commencing date of Engagement or Re-engagement | 6th May, 1940 | Period of Engage- ment or Re- engagement | seven years |
| Date of actually vol- unteering to en- gage or re-engage | 6th May, 1940 | Date of entering present ship | 6th May, 1940. |

Particulars of former Continuous Service Engagements, if any; but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

First Entry.

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.—1243.

Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

- Are the particulars given above of your name and date and place of birth correct?.....Yes
- Are you a British subject?.....Yes
- Nationality of parents—Father.....English Mother.....English
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R. C. Mounted Police?.....No
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R. C. Mounted Police?.....No
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date.....No
- Have you ever been discharged from the Navy, Marines, Army or R. C. Mounted Police on account of misconduct?.....No
- Are you willing to be vaccinated or re-vaccinated and inoculated?.....Yes
- Can you swim?.....Yes

* When evidence of age is obtained on First Entry, it should be attached to this Form.

† Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."

‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, or H. M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.V. 2.

(OVER)

C.N.S. 55

2,500—3-38
N.S. 815—9—55

I.—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of their previous C. S. Engagement

I, Cyril Winfield CONNERS, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada* for term of seven years from 6th May, 1940 193....., provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this 7th day of May, 1940 193.....

Witness to Signature.....
Man's Signature in full

Attested before me this 7th day of May, 1940 193.....

Signature of a Commissioned Officer of the Naval Service

Date 7th May, 1940 193.....

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

COMMANDER..... Commanding Officer.....

SURG. LT. CDR. Medical Officer

II.—Certificate and Declaration for Boys

Date..... 193.....

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for..... years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

Commanding Officer

Lieutenant

Medical Officer

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for..... years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Boy's Signature in full

Witness to Signature.....

Attested before me this..... day of..... 193.....

Signature of a Commissioned Officer of the Naval Service

III.—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used.

I,....., now serving as a..... on board H. M. C. S....., who on the..... of..... 193.....

engaged to serve in the Naval Service of Canada for a period of \$..... years, do hereby engage to serve for a further period**..... from ††..... 193..... provided my services should be so long required.

Man's Signature in full

Witness..... Commanding Officer

* Insert "for the term of (number in words) years," or "to complete (number) years for pension," or "until I attain the age of..... years."

† Insert the date from which the engagement actually commences.

‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)

§ To be written in words.

** Insert as follows:—"Of (number) years," or "to complete time for pension," or "until I attain the age of..... years," as the case may be.

†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.

DEPARTMENT OF NATIONAL DEFENCE

ID NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

DECEASED
MEMBER'S
NAME

Cyril Winfield
(CHRISTIAN NAMES)

CONNERS
(SURNAME)

REGISTER NO.

8188

FILE NO.

N8N-3644
16 APR 45

DATE

PAYEE

Mrs. Vera Conners,

ADDRESS

Acct. #1144, Bank of Montreal,
2526 Granville St., 1-7th Vancouver, B.C.

SERVICE NO.

3644

FINAL RANK OR RATING

C.P.O.

DATE OF TERMINATION OF OVERSEAS SERVICE

24 Nov/44

DATE OF DISCHARGE

24 Nov/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1664 EQUAL TO 55 COMPLETE PERIODS AT \$7.50

\$ 412.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 887 LESS 14 INELIGIBLE DAYS, EQUAL TO 873 DAYS @ 25C. PER DAY

218.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

| | |
|--|------------------------|
| PAY | \$ 2.80 |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | \$ 1.45 |
| ADDITIONAL PAY | \$.30 |
| H.L.M. | \$.25 |
| T.C. | \$.05 |
| 1 B. | \$.05 |
| DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20 | \$ 1.24 |
| TOTAL | \$ 6.09 X 7 = \$ 42.63 |
| NO. OF DAYS 873 | X \$ 42.63 |

203.37

D. WAR SERVICE GRATUITY

834.12

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ NIL

F. TOTAL AMOUNT PAYABLE

834.12

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 834.12

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 11748-21/5-45

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

16

TREASURY

CHECKED BY

DATE

1/5/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay. Accting.