



BARRY

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N.S. 113-P-405

- NAVAL SERVICE -

September 24th, 1942.

Sir:

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

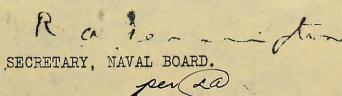
Mrs. Iva M. Palmer,	191 Furby St., Winnipeg Man.	\$76.00	Lom.	
In favour of:		Amount.	Initials.	
PALMER, Ralph Barry Nelson A/Able Seaman, O.N. V-9785, R.C.N.V.R.	Missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA". <u>ALLOTMENTS IN FORCE</u>			
NAME, RANK/RATING	PLACE, DATE & CAUSE of DEATH	· <u>NEXT OF KI</u> Wife:	N	

Great West Life Assurance Co., Lombard Ave., Winnipeg, Man.

5.00

WILL; Attached.

.Yours truly,



.Administrator of Estates, .Estates Branch, Department of National Defence, OTTAWA,

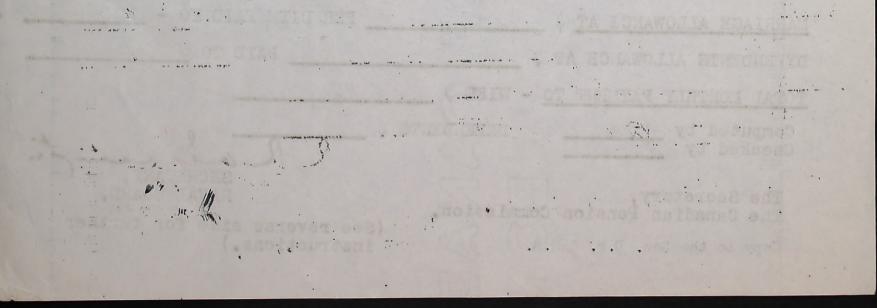
	LA: RK	
· · · · · · · · · · · · · · · · · · ·	File	N.S. 113-P-405
DEPARTMENT	OF NATIONAL DEFENCE Naval Service -	
• _ •	Ottawa, Car	nada,
	••••••	(Date)
Sir:		20
The following ca	asualty has been repor-	ted -
NAME	RANK or RATING	NAVAL NO.
PALMER, Ralph Barry Nelson	Acting Able Seaman,	V-9785, R.C.N.V.R.
DATE OF ENLISTMENT -	March 13th, 1940. (Active	Service 14th May. 1940.)
DATE OF DISCHARGE -	13th September, 1942.	
HOSPITAL -		
(If d	ischarged in hospital .P. & N.H.)	under jurisdiction
SERVICE -	"Canada & High Seas."	· · · · · · · · · · · · · · · · · · ·
(Indicate wh	ether in Canada only; r elsewhere).	or in Canada and On
Reason for discharge and when and where any disab	T BINDAMB BEF	ing, believed killed in action
was incurred; or where d	eath We was an bas	rd H.H.C.S. "OTTAVA".
occurred.	and all all and y like	
101410000 00 0000.0000		
(Show clearly whether d accident or disease, and high seas or elsewhere o	whether it occurred i	to enemy action, n Canada, or on the
NEXT OF KIN & RELATIONSH	IP -	
RELATIONSHIP Wife.	NAME Mrs.	Iva Mabel Palmer.
The second s	by Street, WINNIPEG, Manit	oba.
NOTE: If records indica	te that rating was ser ise, details to be fur the Separation Agreeme	ent, etc., to be
OFFICER'S OR RATING'S MC	NTHLY PAY ALLOTTED TO	WIFE AND/ OR DEPENDENT
	PATD TO Still i	a lorce

4 PER DIEM PAID TO - Sta MARRIAGE ALLOWANCE AT \$ 1.15 Til PAID TO DEPENDENTS ALLOWANCE AT \$ 76.00 TOTAL MONTHLY PAYMENT TO - WIFE \$ Computed by ADM 34/9/42 DEPENDENTS \$ Checked by 24/9/42 hi SECRETARY, (See reverse side for further The Secretary, The Canadian Pension Commission. instructions.) Copy to the Sec. D.P. & N.H.

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States 1 Ma DUULAND . ORMAND. REMARKS: 5. 18 A W * - betroder need sed virneed s with the start of a at a second and the life day set to be as to a set the set of th the second s and the state of the property of the . . TOPLOT TODAY INTIGACT OF BALMENO TO LINE . NOTES: This form to be accompanied by documents only in cases of (a) discharge medically unfit (b) Death in Canada (c) Death anywhere-if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is, due to accidental injury in Canada or possible misconduct --If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible. A Sector States (Show olear g. whether death of disectifies, die die and a addition for direite, and abother i courred in Caroos, atch seas of elsewhere outsite barefold. and a second s and the second second " cr



		No.A	RIGINAL	P 2258	MAR 80 N/13	-:3 1941 1 -// 1941 1
					H.Q. File M	No.
	DECL	ARATION	OF AL	LOTME	NT	<i>(</i>
List and Number in Ledger		ALLOTTOR		Rank or Rating	Official No.	Daily Rate of Pry
"Stadacona 5-2-1444	346	010				
/	Surname. PALME	R		0/Sea	V 9785 ⁺	\$ 1.50 *
	Christian Mames	ph Barry N	K and the second	RCNVR	and the second second	• 75 -
Section A		ALLOTMENT NO	OW DECLAR	ED		
FULL NA	ME OF ALLOTTEE	Relationship	ADI	DRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname PALM Christian Names		WIFE	191 Fur WINNI	by St, 4 PEG, Man	\$ 46.0	O MARCH '
Section B	D	ISPOSAL OF E2 The following all			(Se	e Note 1 below)
Rate	NAME OF ALLOTTEE		ADDRESS	These all	lotments are to be dis below. (See Note	oosed of as indicated
\$ 45.00 I \$ 5.00 T	Mrs. Iva Mabel Freat West Lif		IN IPEG, Ma IN IPEG, Ma	in f INCR	EASED. As BE CONTINUE	in Sec "A"
		Allotment D	eclarations	Initia	ls Date	
	· En	t'd. on Index	Card		Brishe	1
Nore 1:-If there be Nore 2:-Write "Inco	no existing Allotment, the word " reased or reduced as Section A";	NIL'' should be written acr To be stopped (charged to	oss Section B. dg3	.)"; "To be continued,"	etc.	
	Allottor's S	ignature authorizi	ng charges	Paljah B O/Sea + I	any n. 1	Palmer
ENTERED IN FA	IR LEDGER		ENTER	ED IN ROUGH LED	GER ····	-20
	JAL	MP_			KAN.C	Ar.
date. The redu are:- Assigned Pa	ay to other Dependents Novance	een duly entered in object No. 111 \$, 113 , 116 , 119 122	n the Fair and 22.50Comm 23.25 + 25 +	Rough Ledgers anding Officer a	with effect from nd the reasons fo	the appropriate or the alteration

Other Allotments

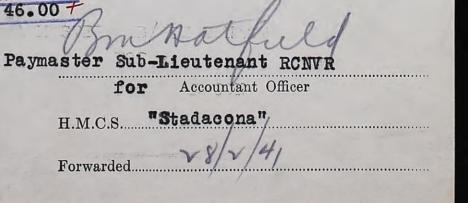
THE NAVAL SECRETARY,

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

1.1

Total

\$



S. 63 40M-4-40 (4787) N.S. 815-9-63

NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET

. 31

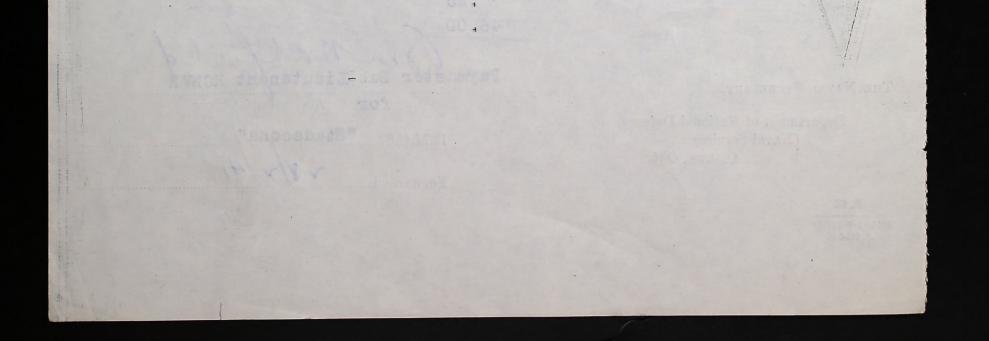
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FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
La DE MAR INGARIASID. 40 10	Lie Physical Lod.	al originaria 00.
Declaration received at Headquarters	<u></u>	<u>1.5.61.5.6.69.0</u> .00,
Declaration examined		
Approved		
Index card made		
Allotment ledger sheet made		
Allotment ledger sheet checked		
Type plate made		
Type place made		



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 Palmer, Ralph Rating A.B.		1
Official No. V-9785 H.M.C.S. OTTAWA Lis	t.511	-550
Who* D.D. on the 13 Sep142	19.	
Net sum due on ledger on account of Wages	\$5	结ち
Proceeds of sale of Effects charged against Wages, brought from the other side		1911
CASH— Proceeds of sale of Effects, paid for in Cash, brought from the other side		
Found amongst Effects	1	
Debts collected § Refund "10. as ang. + Sept. allot. from krieft west life also. Co. Off. 60-17621 Cash debited in the Accountant Officer's Cash Acct	10	00
If in debt in ledger, amount to be stated (in red ink). Seventy-six and Five Rate of allotment (in words)dollars		
Name of ship from which transferred HMCS "Ottawa"	.5.5	65-
Total†Creditor	45	65
We hereby certify that we have every reason to believe that the above account	; conta	ins a
true statement of all wages, Effects, and other Credits or Debts on the Ledger of	HMOS	
"Ottawa" amounting to a net balancet creditor		
of Forty-five dokkardx dollarsSixty-five		ents.
Dated on board H.M.C.S. Avalon at St. John	n's	
Nfld. this thirteenth day of November	19.	42
Approved	APR OI	, fficer

Lieutenant, Commandern RCN

For Use at Headquarters.

\$.....cts.....credited on Inspector's certificate

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run. \$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

10м—10-40 (7450) H.Q. N.S. 815-9-45



ACCOUNT OF SALE OF THE EFFECTS

	TO WHOM SOLD		P. Starter			
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)	PARTICULARS	Charged in Ledger		Paid for in Cash	r
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			1000			
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					1492 - F.	
	N AR					
	A Martin Company - main	All the second sec				
	Subjects.					
		that the she had a street was a		n. d. f.		
			A Constant of the second	cry		
	the second second					
	· An garange and			- ite		
	a provide a second of a	Total proceeds of sale carried to account on the other side			21-2-2	

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

.....

this with a sport of a singer to do an

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.

RR/RM

H. Q. No. 61

N.S. 113-P-405 F.D.1768

Can. S. 2041 251 -7-41 (1164) N.S. 815-9-2041

DUPLICATE

Number.....

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	ni in la line line le la maine d'anne	Rank or Rating	Official No.	Daily Rate of Pay
H. M. C. S. "OTTAWA"	Surname			v-9785	\$1.85
NA	ME OF WIFE OR GUARDIAN		AI	DDRESS	15 at
	sIva Mabel	Winnip	by Stre eg, Man	et, 1toba.	
	CHILD OR C	and the second			1. 1.2
Ng	ame Sex	Date of	Birth	Attains n	najority
in the tail and a					
I do here	by solemnly declare that the above part	iculars are correct.		0	× × .
Signed in the pr					and the second
		Signature Rank or Rating			
Marriage Allows	ance in force per diem\$1				A Carl
	ance claimed per diem155				1 m
Claim ha for payment B1	s been supported with the necessary doc rth Certificate produced,	examined and	found	ve amount has correct. Commanding C	

0 with regulation One special payment of \$13.20 to cover Marriage Allowance arrears for child from 29 August 1942 to 30 September 1942 - paid by Headquarters. Accountant Officer. S. N. P. A. for ended......19.....

SINIA

Navy X		181628	M.F.M. 441	
ir Force		NATIONAL DEFENCE	E 1 Mil. 9-44 (5449) H.Q. 1772-39-2326	_
k X opposite Force	in		NĂVAL PERSONNEL RECORDS	-
A	pplication for W	ar Service Gr	atuity NOV 1 1944 862	-
N.		Armed Forces)	NOVI	_
		11.	3- P- WAR SERVICE GRATUITY	
"N.A." is to be inserte	ed.	on in this application. If	any question is not applicable,	AN LOUGH
1. Surname on termin	nation of service PAL	MER		
2. Christian Names	RALPH BAI	RRY NELSO	N.	
	0 110		mination of Service	
5. Address, in full, to	which payments of gratuity	are to be forwarded	*	
	l Ira Pa			
Ste D	St Reg.	is apto	~ 	
5-6	1 mc Day	not an	2. Winipeg, m.	an
6. State below your 1	period or periods of service in	n the Armed Forces of C	anada during the present war.	
Service			te of Date of	
(Navy, Army or Air	Force) Service No.		rvice of Service	
havy	89785	- A.D. N.	A Sept 13/42	• •
		Seaman.		
				-4
K	•••••			
			rces, been attached, loaned or any power allied or associated	
Ela L	N.A. If so, state			
8 Have you during t	he present War while not a	member of the Canadian	Armed Forces, been appointed	
to or enlisted in any	of the Naval, Military or Air	Forces of His Majesty (other than the Canadian Armed	
Forces)?	I If so, state the Force	e or Forces, with dates o	f commencement and termina-	
tion of service	<u>N. A</u>			
Having now ceased to	serve on Active Service, I h	ereby apply for payment	of the War Service Gratuity.	
Oct. 26 /4	44	makel	va Palmer	
(Daté)		(Sign	ature of Applicant)	

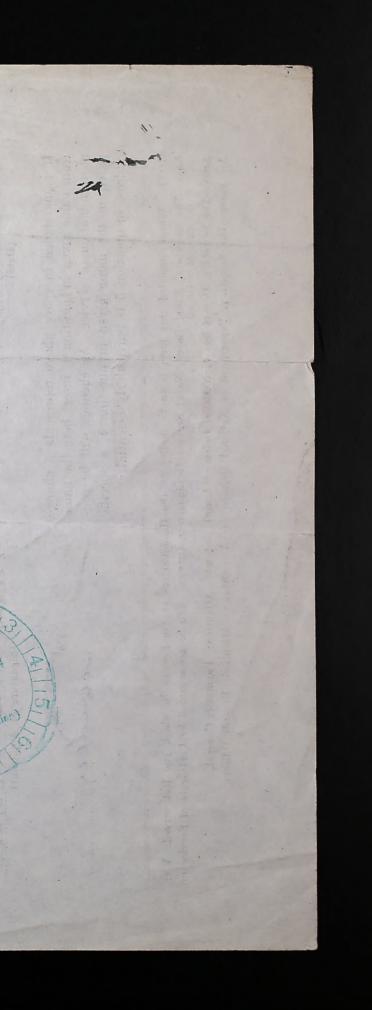
If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

widow

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

Army-The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General. Air Force-The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

.... ALL A CONTRACT DESIGNATION OF A CONTRACT OF A sub-transfer of the sub-. Application for Weat Service Cratuity 4-28-4 - F 10 111 1 1 20 outract to metraturate the state to galleries show hind at the second state of the sec Vo TREMERANDA -N. W. N. - Actor and and the it is too b'all n A designed and a desi A REAL AND A COLUMN TO THE ANU RECEIVED RECEIVED N.S.H.Q. RECEIVED N.S.H.Q. RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED N.S.H.Q. M. M. M. Marine Contraction and the second s a solution .



MEMORANDUM FOR

Mrs. Iva Mabel Palmer, 191 Furby Street, Winnipeg, Man. Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES, DEPARTMENT OF NATIONAL DEFENCE, OTTAWA, ONTARIO.

and the following number quoted:-

н.Q. 113-Р-405 FD. 275

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

September 29, 1942.

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For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

PAIMER, Ralph Barry Nelson, A/Able Seaman.

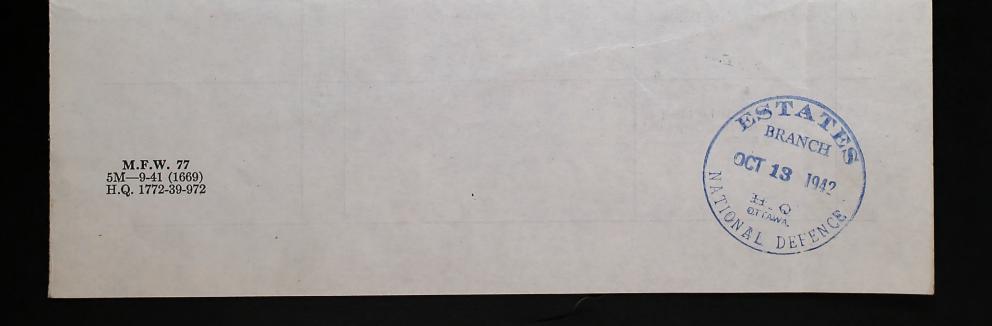
.....

No. V.9785, R.C.N.V.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

Moad.

(H.R. Wade) Lt.-Cdr., for (L.M. Firth) Lt.-Col., Administrator of Estates.



ANSWER IN FULL ALL APPLICABLE QUESTIONS

1

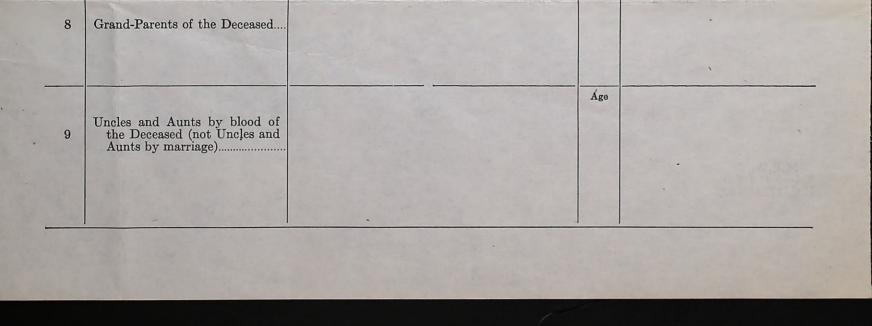
T.

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.

Ξ Degrees of Relationship INFORMANT'S STATEMENT RELATIVES ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each dedeased relative NAME IN FULL required to be accounted for Age of any Relative, if any, in each degree inquired for St 19 y, m 29 mer 6 1 Widow of the Deceased...... n Children of the Deceased and dates of their Births..... 2 as In 191 nelson 3 Father of the Deceased..... :3 \$ n nl A 4 Mother of the Deceased..... 5. ame Palin 3 C rey 1 . Full 29 +1 CBlood Brothers Truso S 5 of the .1 2 Deceased ams Half Blood lan alvil Full Sisters Blood 20 es 6 of the Deceased Half Blood Names of brothers or sisters (whether of the full or the half blood) of the De-ceased, who are dead, and date of death of each. 7 Names and ages of their children (if any), Address of their children

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

,	-	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL



FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Ralph Barry heloon, PALMER.
11	Give the month and year of his birth.	21st January 1917
12	Where and when were his parents married?	England 1910
13	If deceased was married, state place and date of marriage.	st James, man. 6th July 1940
14	Did he leave a Will? If so, a copy should be attached hereto.	yes.
15	Did he leave a bank account? If so, give full particulars.	no.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	hone.
17	State your own postal address in full.	191 Finly St. Kimpey. man

PARTICULARS OF DOMICILE

Where was deceased born?	London England
State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	England-one year. The manitoba since
What was the nature of his employment?	Postal Clerke
Did he own the premises in which he lived? If so, where?	Tip
Did he ever state verbally, or in writing, where he intended to make his permanent home?	City of Winnipeg as for as is known
	tate, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last. What was the nature of his employment? Did he own the premises in which he lived? If so, where?

OTHER PARTICULARS

Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment.

No.

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.

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. 24

(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, 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)

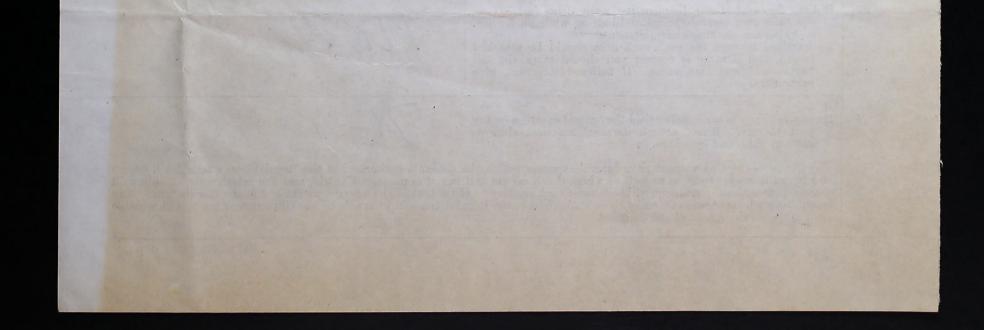
DECLARATION



"Insert degree of relationship for example, "Widow," "Father," etc brother," etc *	that the foregoing particulars are correct, and a true and complete statement hat the deceased ever had in the degrees inquired for ; and that I am the
N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.	Ina Mabel Palmer Signature of Informant
I hereby certify th *See above	CERTIFICATE hat, to the best of my knowledge and belief. Mrs. Iva Malel { Name of informant } is the *
	I believe the above Declaration and the Statement of Relatives made by the
Informant and signed	in my presence to be complete and correct.
Dated at Minnip	et this 2nd day of October 1942
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public	hitchest Qualification Comments bath
Address.	ificate, care should be taken to see that the Informant gives particulars concerning the death of any

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 enquired after is stated in its proper place in the Statement opposite.

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

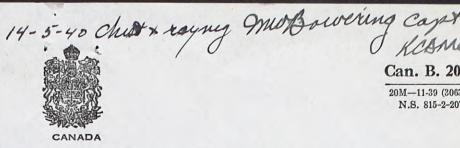


DEPARTMENT OF VETERANS AFFAIRS DECEASED 13 September 1942	A	WARDS NAV	Y	WAR SERVICE RECORD
PALMER Ralph Barry	Nelson	v- 9785	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS) CHRISTI	AN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE BADGE CLASS) No. Nil	DATE DES	PATCHED:		
ADDRESS:				
· · ·				-
CAMPAIGN MEDALS	F	EGISTRATION NUM	BER AND DATE D	ESPATCHED
1939-45 Star C.V.S.M. & Clas p War Medal	5517	24/11,	179	
Nar Medar				
		(THE REVERSE TO BE	USED FOR ESTATE PU	IRPOSES)
		(THE REVERSE TO BE	COLD FOR LOTATE PO	

MEDALS AND MEMORIALS—DECEASED PERSONNEL RCNVR "OTTAWA" Apr./43.	REGISTRATION No. DATE OF DESPATCH
(1) MEDALS PERSON ENTITLED TO Mrs. I.M. Palmer - Widow	MEMORIAL BAR
ADDRESS: -1-91-Furby-St., McDermot Avenue Winnipeg, Man. 1949	DATE DESP REGN. NO 273
(2) <u>MEMORIAL CROSS</u> WIDOW <u>Mrs. I. M. Palmer</u> 191 Furby Street ADDRESS: WINNIPEG, Manitoba	(2) 5 January 1943
(3) <u>MEMORIAL CROSS</u> MOTHER <u>Mrs. Nora Palmer</u> 191 Furby Street WINNIPEG, Manitoba ADDRESS:	₍₃₎ 5 January 1943

V 9785	OFFICIAL NUMBER	NAME	(Sur	AIME	R		I	Ralph	Bar (Giv	ry N		1					OFF	ICIAL	NUMB	ER	<u>v 978</u>	5		~
Ship or Establishment	Rating	NF C	From				Rema		(un		Charac		Efficiency	Day	Date		Non-Su	ıb. Rat	ing D		lified nth Yea		Re-Qual	
Winnipeg Div. Str.	Ord. Smn.	13	3	40							V.G.		Sat.	31	12	41								_
Duty Div. Hdqs.	11 11	14	5	40							V.G.		Sat.	31	12	40								
Stadacona	17 17 17 17	3	8	40							V.G.			13	9	42								
Venture	11 11	15 2	3	41																	•••••			
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Ottawa	11	16	.5	.42	2080	0.7															•••••			
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Can. B. 207 20M-11-39 (3063) N.S. 815-2-207

CERTIFICATE OF MEDICAL EXAMINATION OF OFFICERS, MEN AND BOYS, NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Nore-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 Ralph Barry Nelson PALMER and I believe him to be *{in all respects fit for His Majesty's Service. He has signed unfit for His-Majesty's Service, for the reason stated below. the Certificate given below in my presence.

Dated at Winnipeg., Manutoba..... the 14th of May 1940

Examining Medical Officer (Rank)....

*Delete one

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

1	General Development	Girth	Vision by- (i) Snellen's Types (ii) Colour Vision	Vaccinated or revac- cinated for Small Pox (Date)	È Lungs, Heart, etc.	, Abdomen, Hernia, etc.	Limbs and Joints	: Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defection; if any), Nose, Tonsils,	, Anus, Hæmorrhoids, etc.
(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	11	(e) inches (a) maximum 3 6 (b) minimum 3 3 (c) mean 3 4 3 4	(f) right eye 20 20 left eye 20 20 colour vision	» ruee.	Mornul (1)	(i) Journal	(k)	Lornol @	Romal (1)	Trough (1)	1 deficient	man (1)

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 11 am willing to undergo, after entry, such dental treatment as may be authorized. Service.

alph B. 11. an 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.

SURNAME PALMER OFFICIAL NO CHRISTIAN NAMES Ralph Barry Nelson MARRIED, SINGLE or					
191 Furby Street, Winnipeg, Manitoba. An	glican.				
DATE OF BIRTH PLACE OF BIRTH NAME AND A	NAME AND ADDRESS OF NEXT OF KIN				
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(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 <u>Xfor the period showns and attach Xny</u> Xrecord abservice in corroboration of this statement.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	то

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

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

WINNIE DG Division of (5) On being enrolled as a member of the..... Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:-

(a) To serve from the date thereof for three consecutive years, 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.

13th Dated this.....

Signature of applicant Ralph B. M. Palmer

(C) CERTIFICATE OF DIVISIONAL COMMANDING 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 13th,

day of....March....1940.....

Signature of Commanding Officer.

(D)

OATH OF ALLÉGIANCE

declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant

Rank

Date 13 March, 19401

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be WINNIPEG recorded in the Record Book of the

Commanding Officer.

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.

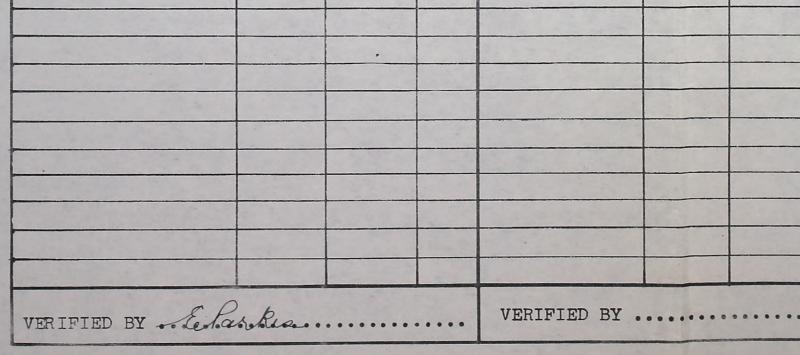
The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

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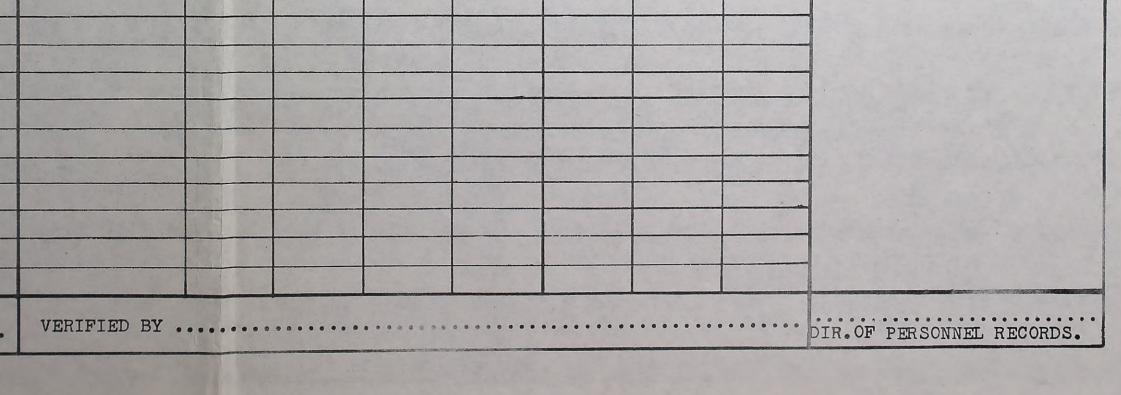
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Department of National Defence

Naval Service

Ottawa, Canada.

230904

No. N. S. 113-P-405

IN REPLY PLEASE QUOTE

September 24th, 1942.

Sir: .

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

PLACE, DATE & CAUSE

of DEATH

Missing, believed killed in

action to date the 13th of

on board H.M.C.S. "OTTAWA".

September, 1942. He was

ALLOTMENTS IN FORCE



Wife: Mrs. Iva Mabel Palmer, 191 Furby Street, WINNIPEG, Man.

In favour of:

Mrs. Iva M. Palmer,

NAME, RANK/RATING

PALMER, Ralph Barry Nelson

A/Able Seaman, O.N.

V-9785, R.C.N.V.R.

NO.

Great West Life Assurance Co., 191 Furby St., Winnipeg Man.

Lombard Ave., Winnipeg, Man.

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5.00

WILL: Attached.

Yours truly,

SECRETARY, NAVAL BOARD.

Rator

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Administrator of Estates, Estates Branch, Department of National Defence, OTTAWA,

H.Q. 1010A 500M-1-42 (2970) N.S. 815-7-1010 The side to be removed to Nevel Cervice Tested records

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113-P-405

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9th OCTOBER 42

In all cases this form is to be sent in addition to the least by the Teleprech required by the legulations.

Distributions File, Inn. M.C. Con. Don. Stat., Register.

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N. V. No. 17 3м—10-39 (2176) N.S. 815-11-17

OF

Name in full PALMER, Ralph Barry Nelson Company Winnip eg Division

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters	Official Number V.9785
Date of Birth 21st Jan. 1917	
Place of Birth London, England	
Usual Place of Residence 191 Stanly Street Alin	nije Aleris Jaha
Trade brought up to None	O.H. L.
Name and Address of next of kin Ana Mabel Valene	2, - Walyford
Religious Denomination Anglican	
Can Swim	

PARTICULARS OF SERVICE

DATE OF ACTUAL VOLUNTEERING	DATE OF ENROLMENT	PERIOD	RATING ON	Med	ALS, DECORATIONS, ETC.		
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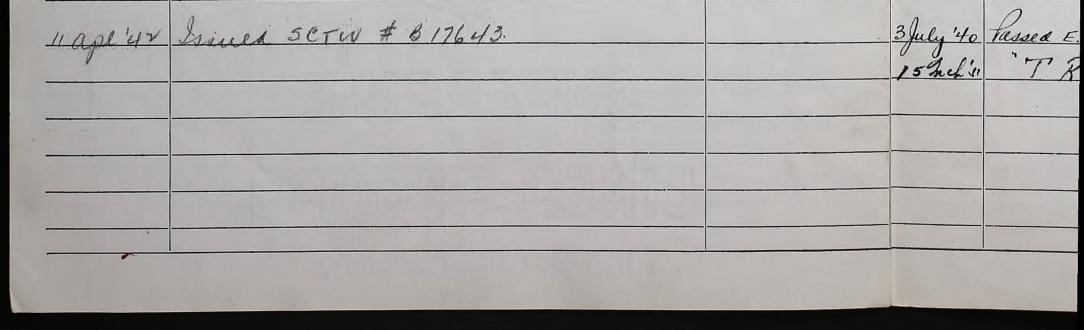
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NAVAL TRAINING AND DRILLS

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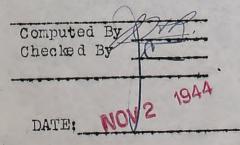
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1. March

862 FILE NO. N. S. V-9785 TO: DIN P.A "WAR SERVICE GRATUITY" COMPUTATION OF SERVICE 1 CHRISTIAN WALES V-9785 PALMER SURNAME RANK OR RATING OFFICIAL ON DISCHARGE NUMBER IN FULL 1 hours attantos CAUSE OF DISCHARGE; ulife 365 hy 18 0 TOTAL SERVICE Date of Active Service 4 may 40" 13 Sep '42 1. Date of Discharge 8531 Total No. of Days # Less non qualifying Total Days 853 service OVERSEAS SERVICE 121 % Total No. of Days # Less non qualifying nil v Total Days /21 service Record of Service in other Forces (per Naval Records) Branch of Service Date of Active Service Date of Discharge

& % Overleaf

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for (H.B. Money) Payr. Cmdr. R.C.N.R. Officer-in-Charge Naval Personnel Records

applicant Wedow -

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

Name of Deceased Member Kalph Barry Zelson PALMERRating A/A.B. O.No.V-9785-

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

10 1 30

MA D.A. 1.15 ma babel Palmer allott 7600 191 Furby St. A.P. 7600 Winnipeg, man D.A. ____ A.P. ____

2. Pension awarded or being awarded to:

wife - as above

862

(wife)

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

mu lva mabel Palmer Ste D. St. Regis apte. 561 medermot ave., Winnipeg, man. 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: mrs. ha mabel Palmer In the address - as above. proportion of: 1

- and -

In the proportion of: /

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

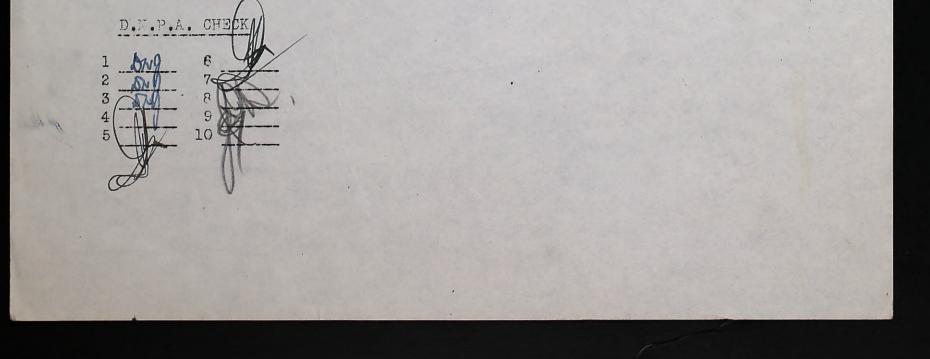
Group "B" (ii)

to:

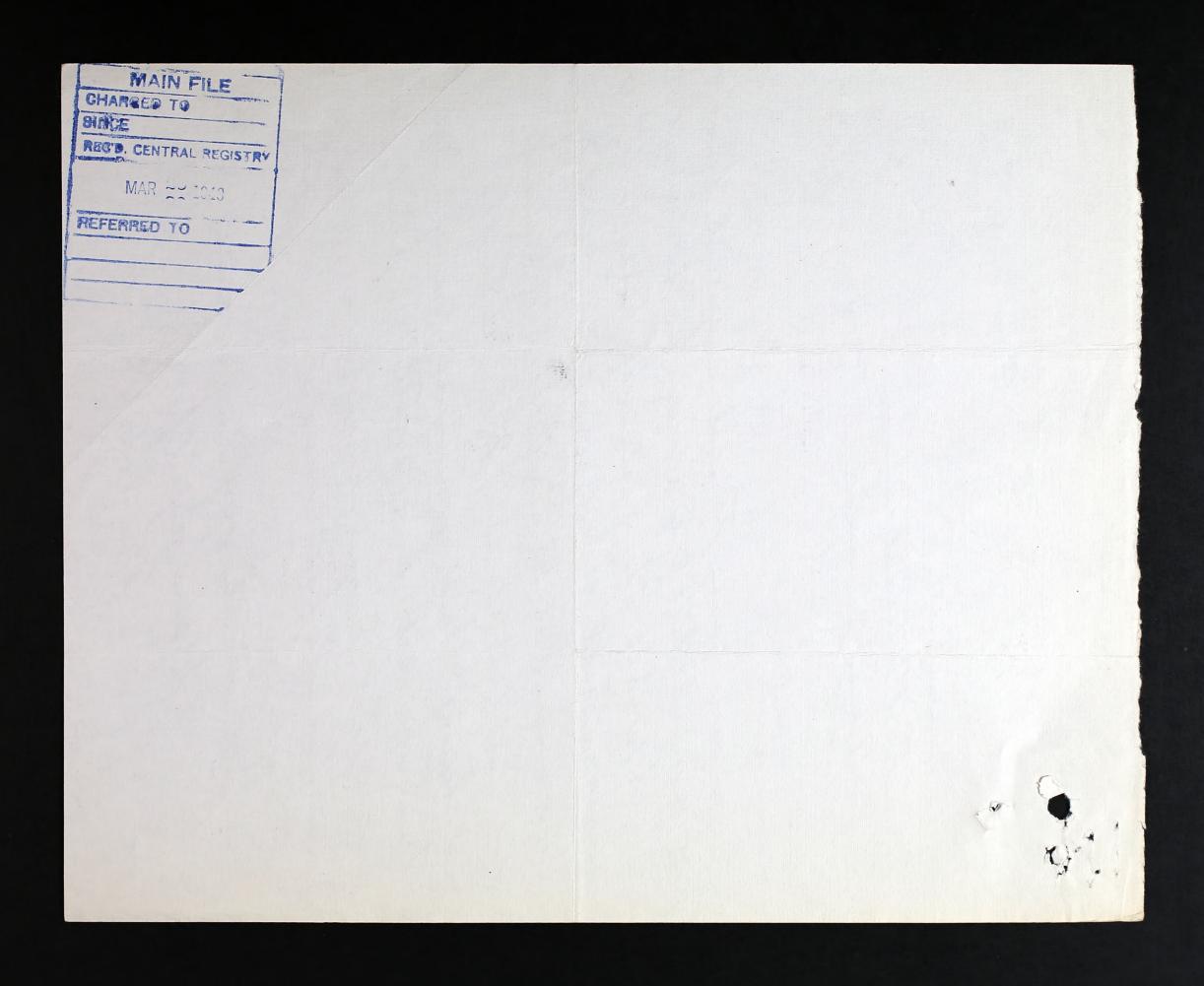
Group "C" of the above mentioned Directive.

Date 13 Feb Hs (G)

STATEMENT OF WAR SERVICE GRATUITY - NAVY	
Deceased Nemo's Name Ralph Barry. N. PALMER. (Christian Names) (Surname)	
Payee, Mr habel Joa PALMER. Address STE. D' St Regis apps. S61, Mr. Dermot ave, Winnipeg Date of termination of overseas service 13 Reput Date of Discharge A. TOTAL QUALIFYING SERVICE	V9185 3 Nov. 44 V9785 A.B.
No. of days 853 equal to 28 complete periods at 07.50 30 B. CUALIFYING OVERSEAS SERVICE	210.00
No. of days /21 less /3 ineligible days equal to /08 days @ 25¢ per day C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE	27.00
Pay Subsistence or Lodging and Provision Allowance Additional Pay H-L.M 3 4 3 4 5 1.45 1.3 3 4 5 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	
Dependents' Allowance 1/30 of 8 $\frac{9}{1.15}$ Total $4.58 \times 7 = 32.06$	
No. of days <u>108</u> x \$ 32.06	18 92
D. WAR SERVICE GRATUITY	255.92.
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES & DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$	
F. TOTAL AMOUNT PAYABLE	255.92
G. YOUR PORTION OF GRATUITY IS	\$ 255 92
CERTIFICATE: I certify that the amount has been correctly computed and is in accordance with the terms of the War Service Grants Act, the regulations issued thereunder.	s payable 1944 and
Prepared by Checked by Checked by Date	
Service Rep	presentative



= berever 191 Durly St. par 3 Winnifeg Man Mar. 23rd 1943. MAR 30 1948 Mr. M. Mac Souald; ISTERS OF 1943 27 100-Minister of Halisaal Defence for Maral Services, attawa, out. M Naval Services N. D. OTT 29765 Dear Sir: I am going to ask a special favor of you and fel sure you will comply. Show had the great misfortune to loose The memorial crossin memory of my late hushand a seamon Galph B. M. Palmer, who lost his life on I. W. C. S. allawa. Scherisked this memorial hearly and Trust you will have another englaved for me, that I may keep for my haling sen, whose father was never spared to see him. I cirel gladly pay any expenses model. yours respectfully, Mis Iva Valmer.



GREAT-WEST LIFE ASSURANCE COMPANY

WINNIPEG, CANADA December 18 1942.

Naval Secretary Department of National Defence Naval Service Ottawa, Ont.

Dear Sir:

13.-2405 'D Our Policy P 708 998 Ralph B. N. Palmer Regimental Number V9785 R.C.N.V.R. Your File No. N.S.113-P-405.FD.275.

The wife of this policyholder, Mable Iva Palmer, has just interviewed us regarding a claim arising out of her husband's death as a result of the loss of the H.M.C.S. Ottawa. It will be appreciated if you will arrange to forward the usual certificate of death to assist us in disposing of the claim.

As our policy contains a war clause it will be of some importance to us to know where the loss of the Ottawa occurred and particularly whether it was within or outside the territorial limits of the Dominion. Any information you can give us on this point will be appreciated.

Yours very truly

E.E.Springett:VD

Claims Department

LA:HH REDRAFT/AM

24

in the

N.S. 113-P-405

January 4th, 1942.

THIS IS TO CERTIFY that according to official information Ralph Barry Nelson Palmer, Able Seaman, Official Number V-9785, Royal Canadian Naval Volunteer Reserve, is missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA" which has been reported lost.

SECRETARY, NAVAL BOARD.

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Decade theo CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM Section AGENERAL INFORMATION 1. (frint name in full HAMER RALLING 2. (a) Arm of service. (b) Unit. (c) Place of residence 3. (a) Date of birth HAMER RALLING (c) Place of residence (c) Place (c	THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVIS MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLINDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE	ORY COM-
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2. (a) Arm of service (b) Hate you (c) Place of residence (c) Rank (c) Place of residence 3. (a) Date of birth Art	1. (Print name in full TALNER RALPH BARRY N(b) Reg'l. No. V9715	LEAVE BLANK
4. (a) Place of enlistment. (b) Date of enlistment. (c) Mark 1000 Section B—EDUCATION AND TRAINING 6. (a) State age on (c) Ware you attending school 6. (a) State age on (c) Ware you attending school 6. (a) State age on (c) Ware you attending school 7. (b) vare problem school (c) of the time of enlistment? 8. (a) Did source (c) mark 1000 9. (a) Our over (b) If so, 9. (a) What languages (c) Did you 9. (a) What languages (c) Did you 9. (a) What languages (b) What languages 9. (a) State whether you were (b) At time of enlistment. (c) (c) What languages (b) At time of enlistment. (c) (d) What languages (b) At time of enlistment. (c) (d) What languages (b) At time of enlistment. (c) (d) What languages (b) At time of enlistment. (c) (d) What languages (b) At time of enlistment. (c) (d) What languages (b) At time of enlistment. (c) (d) Wat languages (b) At time of enlistment. (c) (d) Work- (c) (d) What languages (e) (d) Work- (c) (d) Work- (f) (d) Work- (c) (d) Wor	2 (a) Arm of service NAVY (b) theit 2 (AVVA)	
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	a. (a) Did you ever (b) If so, (d) If you did not	
do you speak fluently?	apprenticeship?	M.
10. (a) State whether you were WORKING or NOT WORK- ING at time of enlistment. (b) At time of en- listment 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? (b) State how long you had worked at this at which you actually worked 11. If answer to 11 be "Yes", state exact trade or occupation at which you actually worked 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified. 14. You had been employed after leaving school, state when you last worked fairly regularly before enlistment. 10. Matter of model of school? 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified. 14. You had been employed after leaving school, state when you last worked fairly regularly before enlistment. Address (b) Date of dis- contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (b) Date of dis- contractor", or boot factory", or "iron foundry", or "retail store", etc.) (b) Date of dis- contractor", or boot factory", or "iron foundry", or "retail store", etc.) (c) ENLISTMENT (b) Date	do you speak fluently? LACLISM	
ING at time of enlistment. Istment of what (Enter here only 'Work- trade union or ing" or 'Not Working", professional society as case may be; particu- professional society iars are asked for below) were you a member? Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT OUESTIONS 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? (a) If answer to 11 be "Yes", (b) State how long you state or occupation at which you actually worked 11. If answer to 11 be "No", state exact trade or occupation for which you feel qualified. 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified. 14. Had worked fairly regularly before enlistment. 18. Were you had been employed after leaving school, state Memployer, if any: Name. Address (b) Date of discupary', or "iron foundry", or "iron foundry", or "iretail store", etc.) (b) Date of discupary' for usiness Cortractor", or 'boot factory", or "iron foundry", or "retail store	10. (a) State whether you were	1
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 15. Cive details of last employer, if any: Name		
10. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	15. Give details of last Post OFFICE Address VINNEPET	12 E -
17. (a) If your last employment was in a business of your own, state nature and address of business	 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) 	
Section E-PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT	17. (a) If your last employment was	
OF ENLISTMENT		
QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY	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	19. J. J.
IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21	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	18. Name of employer	
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	 Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.). Xour 	
20. (a) Your (b) Number of years' experience at specific occupation	specific occupation	
21. (a) Did your employer promise (b) Did your employer (c) Do you wish definitely to give you refuse to promise you to return to your employment on discharge? employment on discharge? former employment?	definitely to give you refuse to promise you to return to your employment on discharge?	
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, (b) Where was	OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23 22. (a) State nature of business, (b) Where was	
22. (a) State nature of business, or professional practice	or professional practice	

