

V7830  
RICHES  
CLIFFORD



# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

## Section A—GENERAL INFORMATION

1. (a) Print name in full Riches, Clifford R (b) Reg'l. No. V 7830  
 2. (a) Arm of service RCN (b) Unit RCNVR (c) Rank O10  
 3. (a) Date of birth 9/7/21 (b) Have you any dependents? Nil (c) Place of residence at time of enlistment Toronto  
 4. (a) Place of enlistment Toronto (b) Date of enlistment April 1940

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (b) Were you attending school or college up to the time of enlistment? No  
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 8 years Public School & 2 technical  
 7. If you attended a university, give name of university and standing or degree secured.  
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation?  
 (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?  
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? Yes  
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Operator (b) State how long you had worked at this trade or occupation 1 1/2 yrs  
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.  
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment April 1940  
 15. Give details of last employer, if any: Name North Coast Manufacturing Co. Address Toronto  
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Carpet Factory  
 17. (a) If your last employment was in a business of your own, state nature and address of business. (b) Date of discontinuing it.

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Toronto Carpet Manufacturing Co. Address Toronto Ont  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Carpet Factory  
 20. (a) Your specific occupation Shipping Clerk (b) Number of years' experience at this occupation with any employer 2 years  
 21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment? Yes

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?  
 25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No  
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)  
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form To finish Technical course & serve apprenticeship in Engineering



DATE April 17 1941 SIGNATURE Cliff Riches



Copy To  
VWB  
ES

AUG 27 1941



MEMORANDUM FOR

255386

P. 64

Mrs. Florence Riches,

114 Northcote Avenue,

Toronto, Ontario.

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:—

H.Q. 113-R-372 FD. 238

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

October 5 1942

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

RICHES, Clifford, A.B.

No. V.7830, H.M.C.S. "Ottawa".

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.

*H.R. Wade*  
(H.R. Wade) Lt.-Cdr. RCNVR,  
for (L.M. Firth) Lt.-Col.  
Administrator 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 inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Walter G Riches	43	114 North York Ave Toronto
4	Mother of the Deceased.....		Florence V Riches	43	114 North York Ave Toronto
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	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.		Names and ages of their children (if any)		Address of their children
	Lorraine J. Riches Feb 1st 1927				

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
8	Grand-Parents of the Deceased...			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	



# FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Clifford Ross Riches
11	Give the month and year of his birth.	July 9 <sup>th</sup> 1921
12	Where and when were his parents married?	Toronto Sept 22 <sup>nd</sup> 1920
13	If deceased was married, state place and date of marriage.	
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.	
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	
17	State your own postal address in full.	Mrs Florence Riches 114 Hothcote Ave Toronto

## PARTICULARS OF DOMICILE

18	Where was deceased born?	Toronto
19	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.	Ontario County of York
20	What was the nature of his employment?	Toronto Carpet Works
21	Did he own the premises in which he lived? If so, where?	
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	

## OTHER PARTICULARS

23	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.	
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.  (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, 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 the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for ; and that I am the

\* Mother of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Mrs Florence Riches {Signature of Informant  
114 Northcote Ave Toronto

# CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mr Florence Riches

\*See above { Name of Informant } is the \* brother of the Deceased above described, and 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 Toronto this 14 day of Oct 19 42

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

Wm Duckworth Qualification Commissioner

Address 263 Bloor Ave

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





N. V. 5  
5M-10-39 (2305)  
N.S. 815-11-5

FC 19872 DEPT. OF MILITIA & DEFENCE

APR 23 1940  
113-R-372  
CANADA

## ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME RICHES OFFICIAL NO. 7830

CHRISTIAN NAMES CLIFFORD MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS 114 Northcote Ave Toronto RELIGION Church of England

DATE OF BIRTH July 9, 1931 PLACE OF BIRTH Town Toronto County Ont NAME AND ADDRESS OF NEXT OF KIN Mr. Walter Riches 114 Northcote Ave Toronto

### PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>39 1/2</u>	<u>Brown</u>	<u>Brown</u>	<u>Fresh</u>	<u>Scar on left knee. Middle finger of left hand half missing</u>
Inches <u>7</u>	Deflated <u>34 1/2</u>				
	Mean <u>36</u>				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>April 17, 1940</u>	<u>Ordinary Seaman</u>	<u>Shipping Clerk unemp. layed</u>			

### (B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That \* (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

\* (b) I served in \_\_\_\_\_ for the period shown, and attach my record of service, in corroboration of this statement.

\* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

- (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.

Personnel Records Division.

1. Noted in Records	LC
2. Index Card	LC
3. Men Sub. Card	
4. Statistical Card	LC
5. Roneo Strip	LC
6. Pension Card	
7. _____	
8. _____	
DATE	<u>April 26, 1940</u>



(5) On being enrolled as a member of the Montreal Division 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.

Dated this 17<sup>th</sup> day of April, 1940

Signature of applicant Cliff Reches

(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 17<sup>th</sup> day of April, 1940

J. B. Emsley  
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

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

Signature of Applicant Cliff Reches

Witness J. B. Emsley

Sub Lieutenant

Date April 15, 1940

Rank

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Clifford Reches having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Montreal Division of the R.C.N.V.R.

J. B. Emsley  
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.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.





CANADA

Can. B. 207

60M-4-40 (4636)  
N.S. 815-2-207

DUPLICATE

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 Richard P.C. 7830  
candidate for entry as ORDINARY SEAMAN . V.R.  
and I believe him to be in all respects fit for His Majesty's Service. He has signed  
the Certificate given below in my presence.  
unfit for His Majesty's Service for the reason stated below.

†Strike out if inapplicable. \* Delete one.

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

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re-vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
19	173 lbs.	5'6 3/4 ins.	Good	34 inches (a) maximum 31 (b) minimum 32 1/2 (c) mean	right eye 20/20 left eye 20/20 colour vision normal	1935	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	4 deficient NORMAL	NORMAL	

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

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

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

Signature of Candidate

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

This Candidate is the subject of.....

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

\*Delete one.

JUL 12 1940  
Richard  
SURGEON LIEUT.

IF REJECTED  
insert here  
UNFIT  
in block letters

JUL 6 - 1940

Dated at TORONTO, ONT. the ..... of ..... 19.....

R 6/6  
L 6/6  
C.V.N. (D.N.)

J.T. R. Cornach  
Examining Medical Officer  
SURGEON LIEUT. R. C. N. V. R.  
(Rank).....



## DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

D OF D 13-9-42

AWARDS NAVY

D.D.

RICHES	Clifford	V-7830	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

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

*Medals Ret'd Under Inv'd Rd.*  
*2162 Ret'd to Stock.*

**CANCELLED**

8086. 5/7/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Apr. 43 HMCS "OTTAWA"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Florence V. Riches - Mother-Benef.

~~114 Northcote Ave.,~~ 565 Glen Park Ave.,

ADDRESS: Toronto, Ont. 10, Corres. on file.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Florence Riches

114 Northcote Ave., Toronto, Ont.

ADDRESS:

MEMORIAL BAR

(1) DATE DESP.

REGN NO 2152

(2)

(3)

9-11-42



LA/CM

113-R-372

20th April, 1943.

THIS IS TO CERTIFY that according to official information Clifford Riches, Able Seaman, Official Number V-7830, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead by Naval Authority to date the 13th of September, 1942. He was serving in H.M.C.S. "OTTAWA" which was torpedoed and sunk by enemy action.

Deputy

SECRETARY, NAVAL BOARD.



NAME IN FULL RICHES clifford RANK/RATING A-13 OFF. NO. ✓ 7830 ADDRESS .....

[illegible]



3-31-41

R.C.N.V.R.

V-7830

3-R1 V7830

TRUE COPY  
OF THE  
CERTIFICATE of the Service of

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

Riches, Clifford  
IN THE ROYAL CANADIAN NAVY V.R.

R.C.N.V.R. Toronto Div.		Official Number.....V.....7830
Date of birth	July 9, 1921	Nearest known Relative or Friend (To be noted in pencil)
Where born	Province: Toronto, York, Ont. Town or county: 114 Northcote Ave. Toronto, Ont.	Name: Florence Riches Relationship: Mother Address: 114 Northcote Ave. Toronto.
Trade brought up to	Shipping Clerk	
Religious denomination	C of E	
Date passed swimming test		
Man's signature on discharge to pension		

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

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. 17-4-40	At Sea	Hostilities	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.....	5	7		Brown	green	fresh	Scar on left knee. Middle finger of left hand missing
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[illegible]



### Efficiency in Rating—ARTICLE 607—K.R.

**3. Definition of Terms**—As a guide to Commanding Officers when making their award the following definitions are given of the terms to be used:—

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

Satisfactory.....A man who performs his duties with average efficiency.

“ Sat.

Sat. \_\_\_\_\_  
 Moderate.....A man who performs his duties in an efficient manner  
 Mod. \_\_\_\_\_ but with less than average efficiency.

MOU.

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.).

### Good Conduct Badges

[illegible][illegible]

## Time forfeited

[illegible]



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V7830

OFFICIAL NUMBER

NAME RICHES

Clifford

(Given Names)

OFFICIAL NUMBER V7830

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Toronto	Ord. Smn.	17	4	40													
Duty Div. Hdqts.	" "	10	7	40		V.G.	Sat.	31	12	40	Qual & Rat A/ST	18	1	41			
Stad.	" "	12	7	40		V.G.	Sat.	31	12	41	Qual & Rat	4	7	41			
"Acadia"	" "	6	2	41		V.G.		13	9	42	L.T.O.						
Stad.	" "	27	3	41													
	A/AB	12	7	41													
"Ottawa"	A/Able Smn.	16	8	41													
"	Able Smn.	27	10	41	Confirmed 249A-22106												
DISCHARGED	" "	13	9	42	Missing Believed Killed (Ottawa Casualty List)												

GENERAL REMARKS

Memorial Cross sent to :  
Mother: Mrs. Florence Riches  
114 Northcote Ave.  
TORONTO, Ont.

DATE OF BIRTH	PLACE	CIVIL	OCCU.	RELEED	PERM. RESIDENCE	PREV. ENL.	RANK ON RATE ON ENLISTMENT
09 7 21	11	840	030	81	5614	023	00895
17 04 40	10	0740				0350	00895
27 10 41	09			20	13-09-42		



OFFICIAL NUMBER V7830

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 114 Northcote Avenue Town Toronto Province etc Ontario

ADDRESS (in pencil): Street and No. Laurel 1144 S.W. Town Portland Province, etc. Ore.

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

FILM  
NO. 44-38861-5228-7  
DATE

O.H.F. Received.

LAST WILL & TESTAMENT RECEIVED 6/7/40

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



**S.—1245 B.** (Revised—October, 1937.)

# TORPEDO HISTORY SHEET.

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

To be attached to the rating's Service Certificate until final discharge from the Service, when this History Sheet is to be given to the man, together with his Service Certificate.

Surname	RICHES	Christian Names	CLIFFORD	Port Division	R.C.N.V.R.	Official Number	V-7830
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### Record of Torpedo Examinations.

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  $\frac{115}{150}$

[illegible]



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]



Christian Names CLIFFORD

I

Recommendations for Higher Torpedo Ratings (and for S.T., Torpedo Lieutenant's Writer and Torpedo Coxswain)

To be inserted *immediately* any rating is considered deserving of a recommendation. Recommendation to be forwarded subsequently on Form S. 1303 in accordance with the instructions on that form.

[illegible]

## Annual Musketry Course

[illegible]

Date	Ship or School	Rating	Q., R., or F.	Percentage obtained	Captain's Initials



# TRADE CERTIFICATE.

For directions for completing this Form, see Article 610, K.R. & A.I.

## SEAMAN BRANCH—LEADING TORPEDOMEN & SEAMEN TORPEDOMEN.



Torpedo Ratings in the Navy are those whose duties include Electrical Work.

\*

has received \_\_\_\_\_ months' training in electrical and torpedo work in a Naval Torpedo School during the course of his service in the Royal Navy. He has been employed on electrical and torpedo work as shown below :—

		(a)	(b)
Care and maintenance of and small repairs to	lighting circuits and fittings, including wiring of circuits ...	_____	_____
	electric motors ... ..	_____	_____
	telephones, bells, electrical order instruments etc. ...	_____	_____
	secondary batteries ... ..	_____	_____
	Whitehead torpedoes ... ..	_____	_____
	(a) Efficiency†	(b) Experience expressed in years	

(A LEADING TORPEDOMAN IS REQUIRED TO PASS MORE ADVANCED EXAMINATIONS IN ELECTRICAL AND TORPEDO WORK THAN A SEAMAN TORPEDOMAN).

His character during service was† \_\_\_\_\_

His general efficiency in carrying out his duties was† \_\_\_\_\_

His efficiency on discharge was assessed as† \_\_\_\_\_

SPECIAL REMARKS §—

\_\_\_\_\_  
Captain.

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 Seamen.

\* Name, substantive and non-substantive ratings in full.

† Insert "superior," "satisfactory," "moderate" or "inferior."

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

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



## VOCATIONAL TRAINING CERTIFICATE.

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

Vocational Training is optional.

Vocation \_\_\_\_\_

We certify that (name) \_\_\_\_\_

(residence) \_\_\_\_\_

has satisfied us that he possesses a || \_\_\_\_\_ knowledge of the

vocation mentioned, and we consider that \*\* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Examiners \_\_\_\_\_

Business and Business Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Examination \_\_\_\_\_

(Signed) \_\_\_\_\_ President.

\_\_\_\_\_  
Vocational Training  
Committee.

|| Here insert qualification.

\*\* Special notation as applicable.



10

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

4  
NAVY

DECEASED  
MEMBER'S  
NAME

Clifford  
(CHRISTIAN NAMES)

RICHES  
(SURNAME)

REGISTER NO. 3976  
FILE NO. NS.V-7830  
DATE 18 May/45.  
SERVICE NO. V-7830  
FINAL RANK OR RATING A.B.  
DATE OF DISCHARGE 13 Sep/42

PAYEE  
ADDRESS

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

for Service Estate of  
Clifford Riches,  
N.S. V-7830

DATE OF TERMINATION OF OVERSEAS SERVICE

13 Sep/42

DATE OF DISCHARGE

13 Sep/42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 79<sup>11</sup> EQUAL TO 26 COMPLETE PERIODS AT \$7.50

\$ 195.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 442 LESS 14 INELIGIBLE DAYS, EQUAL TO 428 DAYS @ 25C. PER DAY

107.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

S.T. \$ .10  
L.T.O. \$ .15  
H.L.M. \$ .13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.68 X7 = \$ 25.76  
NO. OF DAYS 428 X \$ 25.76

60.25

D. WAR SERVICE GRATUITY

362.25

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

362.25

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 362.25

Voucher 245 26/5/45

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

DNJ

CHECKED BY

TREASURY  
CHECKED BY

DATE

25/3/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.



## STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased  
Member Nameblifford  
(Christian Names)RICHES  
(Surname)

Payee

Director of Estates } for service Estate of

Address

308, Sparks St.  
Ottawa, Ontblifford RICHES  
N.S. V7830

Register No.

3976

File No.

V7830

Date

15 May 45

Service No.

V7830

Final Rank or Rating

A-13

Date of termination of overseas service

13 SEP 42

Date of Discharge

13 Sep 42

## A. TOTAL QUALIFYING SERVICE

No. of days 794 equal to 26 complete periods at \$7.50

195.00

## B. QUALIFYING OVERSEAS SERVICE

No. of days 442 less 14 ineligible days equal to 428 days @ 25¢ per day

107.00

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

Pay	\$	1.85
Subsistence or Lodging	\$	1.45
and Provision Allowance		
Additional Pay	\$	
S.T.	\$	.10
L.T.O.	\$	.15
H.L.M.	\$	.13

Dependents' Allowance 1/30 of \$

Total 3.68 x 7 = \$ 25.76

No. of days 428  
183

x \$ 25.76

60.25

## D. WAR SERVICE GRATUITY

362.25

## E. DEDUCTIONS

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

OTHER DEDUCTIONS \$

## F. TOTAL AMOUNT PAYABLE

362.25

## G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ = \$ 362.25  
Total Dependents' Allowance in issue \$

**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	Checked by	Treasury	
		Checked by	Date

Service Representative

## D.N.P.A. CHECK

1	DN	6
2	DN	7
3	DN	8
4	DN	9
5	DN	10



W.S.G. Application No. 3976 ✓

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

FILE NO. V 7830 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>RICHES, Clifford</u>	<u>V-7830</u>	<u>A.B.</u>
SURNAME	OFFICIAL	RANK OR RATING
CHRISTIAN NAMES	NUMBER	ON DISCHARGE
IN FULL		

CAUSE OF DISCHARGE: Dead ✓

Application made by Mother - A.P. \$35.00 per month. ✓

TOTAL SERVICE

Date of Active Service 12 July 1940 ✓

Date of Discharge 13 Sep 1942 ✓

Total No. of Days 794 ✓

# Less non qualifying service           

Total Days 794 ✓

OVERSEAS SERVICE

% Total No. of Days 442

# Less non qualifying service           

Total Days 442 ✓

Record of Service in other Forces (per Naval Records)

Branch of Service nil

Date of Active Service           

Date of Discharge           

# & % Overleaf           

Computed By JH

Checked By JH

DATE: JAN 17 1945

J. McGregor  
for (H.B. Money)  
Payr. Cndr. R.C.N.R.  
Director of Personnel Records

730  
20  
31  
13  
794

J. D. JH



# NON QUALIFYING SERVICE

Overseas

(#)	Date	Reason	No. of Days	
"		"	"	
"		"	"	
"		"	"	
"		"	"	
"		"	"	
"		"	"	
"		"	"	
Total Days				

## OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
Acadia	7 Feb '41	26 Mch '41	48
Ottawa	16 Aug '41	13 Sep '42	394
			442

22 365  
26 16  
48 13  
394



565 Glen Park Ave

Toronto - 10

Jan 11/45

406056

113-B-372  
Dear Sir

I wish to make  
application for my sons  
gratuity, I was receiving  
assigned pay during  
time of his service, at  
that time I resided at  
114 Northcote Ave Toronto.

Yours truly  
Mrs F Riches  
(his Mother)

RECEIVED	
DATE	INT.
11/11/45	13.
Mail	see
Index	14
Routing	
Remarks	





400000



☒ Navy  
☐ Army  
☐ Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441  
1 Mil. 9-44 (5449)  
H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service RICHES (Print)

2. Christian Names CLIFFORD, ROSS (Print)

3. Service No. V 7830 4. Paid rank or rating at date of termination of Service.....

5. Address, in full, to which payments of gratuity are to be forwarded.....

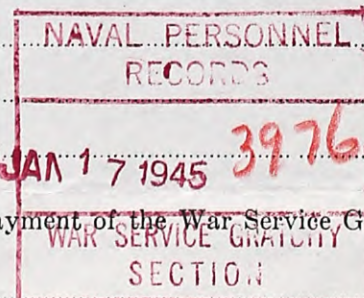
Mrs Florence Riches (MOTHER)  
565 Glen Park Ave  
Toronto-10

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>Navy</u>	<u>V 7830</u>	<u>L.T.O.</u>	<u>April 1940</u>	<u>Sept 13/42</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... If so, state name of Force or Forces .....

8. Have you during the 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)?..... If so, state the Force or Forces, with dates of commencement and termination of service. ....



Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

(Date)

(Signature of Applicant)

#Please see covering letter for signature of dependent (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.

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.



DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

MMB

NAVY

Name: RICHES Surname Clifford Christian Names No.: V7830

Rank A.B. Unit H.M.C.S. OTTAWA Date of Death 13-9-42

AMOUNT  
W.S.G. 362.25  
L.P.C. \$ 67.19  
Other Credits 15.80  
Total 445.24  
Prev. Dist. 82.99  
This Dist. 362.25  
Date: 21-6-45

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Florence V. Riches, 565 Glen Park Avenue, Toronto, Ont.  (sole beneficiary under will)  P4. TO TREAS. 18/7	362.25

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$362.25
CLASSIFIED BY DKG			EXAMINED BY  For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED  
  
(L. M. FIRTH) Lt.-Colonel  
Administrator of Estates  
  
AUDITED FOR PAYMENT  
  
For Chief Treasury Officer



IG

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

2  
ARMY

DECEASED  
MEMBER'S  
NAME

Clifford  
(CHRISTIAN NAMES)

RICHES  
(SURNAME)

REGISTER NO. 3976

FILE NO. NS.V-7830

DATE 18 May/45

PAYEE

Director of Estates,  
308 Saprks St.,  
Ottawa, Ont.

for Service Estate of  
Clifford Riches,  
N.S. V-7830

SERVICE NO. V-7830

FINAL RANK OR RATING A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE

13 Sept/42

DATE OF DISCHARGE 13 Sept/42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 794 EQUAL TO 26 COMPLETE PERIODS AT \$7.50

\$ 195.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 442 LESS 14 INELIGIBLE DAYS, EQUAL TO 428 DAYS @ 25c. PER DAY  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

107.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ 1.54  
ADDITIONAL PAY S.T. \$ .10  
L.T.O. \$ .15  
H.L.M. \$ .13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.68 X7 = \$ 25.76

NO. OF DAYS 428 X \$ 25.76  
183

60.25

D. WAR SERVICE GRATUITY

362.25

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

362.25

G. YOUR PORTION OF GRATUITY IS—

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

(1) = \$ 362.25

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 CHECKED BY

TREASURY  
CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.







113-R-372

His service No. is rendered to Naval Service Headquarters.

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

C.S. "AVALON" at St. John's, Newfoundland

Name (Christian names in full) **Clifford RICHES,**  
Rank or Rating. **Able Seaman** ..... Official Number. **V-7839**  
(If unknown, date of first entry)  
Place of Birth. **Toronto, York, Ont.** ..... Date of Birth. **9th July 1921**  
(Unemployed)  
Occupation in Civil Life. **Shipping Clerk** ..... Religion. **C. of E.**  
Number of years service in the Navy (Long Service R.C.N. or mobilized  
service in the case of R.C.N. (Temp) Reserve ratings)  
**2 years and 64 days on Active Service.**

Date of Death. **13 Sept. 1942.** ..... Place of Death. **At sea.**  
Cause of Death. **Enemy action.....Loss of H.M.C.S. "OTTAWA"**

Nearest known relative of friend } Name **Florence RICHES,** ..... Relationship **Mother.**  
Address. **114 Northcote Ave, Toronto.**

Date on which the above was informed by ship. **Not known**

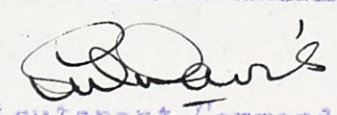
Date on which death was registered with local officials. ....  
In the case of Imperial Service men, whether  
Active Service, Pensioner, or Reserve, date on which the prescribed  
return was rendered to the Registrar General in London, Edinburgh or  
Dublin according to Nationality.

Place of Burial. **No burial.** ..... Date of Burial. ....  
(if known) (if known)

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

Undertaker employed. ....  
(if any)

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

  
Lieutenant Commander, R.C.N.  
COMMANDING OFFICER

The Secretary,  
Naval Board, Ottawa, Canada

9 Oct. 42.

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., Registrar,  
C.N.S.1121





# Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-R-372

233746

September 29th, 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:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
RICHES, Clifford, Able Seaman, O.N. V-7830, R.C.N.V.R.	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Mother: Mrs. Florence Riches, 114 Northcote Ave., TORONTO, Ont.

In favour of:	ALLOTMENTS IN FORCE.	Amount.	Initials.
Mrs. Florence Riches, (Mother)	114 Northcote, Ave., Toronto, Ontario.	\$35.00	132. 29/9/42.
Morris Goldberg,	277 Barrington St., Halifax, N.S.	5.00	

WILL: Attached.

Yours truly,

SECRETARY, NAVAL BOARD.

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





IN THE NAME OF GOD, AMEN

I, *Clifford Ross Riches*  
Majesty's Ship

P043382

DEFENCE  
JUL 17 1940  
113-R-372  
CANADA  
of His

\*If in Hospital or  
in Hospital Ship.

Insert the degree  
of relationship (if of  
any) and place of resi-  
dence of the Legatee  
or Legatees.

See instructions on  
the back hereof.

(now a Patient\* in

being sound of mind, do hereby make this my last Will and Testament: I

give and bequeath unto my *Mother, Mrs W. G. Riches*  
*114 Thornton Ave Toronto*

*all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now  
are, or hereafter may be due to me for my service on board the said Ship, or any other  
Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects  
whatsoever and wheresoever.*

Insert the degree  
of relationship (if of  
any) and place of resi-  
dence of the Executor  
or Executors.

And I do hereby appoint *Mrs W. G. Riches*  
*114 Thornton Ave. Toronto*  
*Ont.*

Executors of this my last Will and Testament; and hereby revoking all former  
Wills by me made, I declare this to be my last Will and Testament.

In witness whereof I have at *Toronto* hereunto set my hand,  
this *6* day of *July*, in the Year of Our Lord  
One Thousand Nine Hundred *40*

Signed by the said Testator, as his last Will and  
Testament, in the presence of us present at the  
same time, who in his presence at his request  
and in the presence of each other have sub-  
scribed our names as Witnesses.

Witnesses

*Clifford Riches*  
*Ray. 49. 7. 11. 11.*  
LIEUTENANT R. C. N. V. R.  
*Joseph O'Keefe.*  
*Samuel Lee*

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the  
Law of England in the case of other persons, every such Will must be executed in the presence of, and be  
attested by, *two disinterested* Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall  
be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or  
Marine or Military Force.

Where the Will is made elsewhere than on board one of His Majesty's Ships, one of the two requisite attesting  
Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor,  
Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice  
of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the  
Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or  
in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written  
or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.



## Instructions for filling up the Form.

---

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

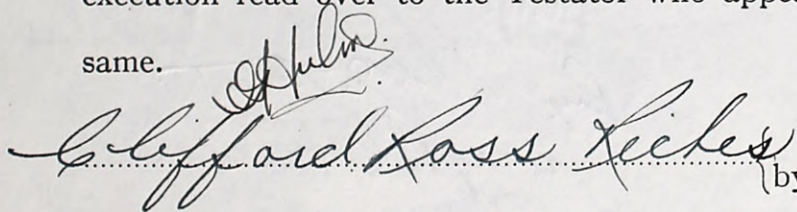
If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

---

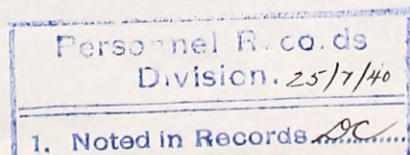
## CERTIFICATE.

---

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.



Signature of the person  
by whom the Will was prepared.





LA:RK

File: N.S. 113-R-372

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

Ottawa, Canada,

.....September 29th, 1942.....  
(Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.  
RICHES, Clifford Able Seaman, V-7830, R.C.N.V.R.

DATE OF ENLISTMENT - April 17th, 1940, (Active Service July 10th, 1940.)  
DATE OF DISCHARGE - September 13th, 1942.

HOSPITAL - \_\_\_\_\_  
(If discharged in hospital under jurisdiction of D.P. & N.H.)

SERVICE - "Canada & High Seas."  
(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).

Reason for discharge and -  
when and where any disability  
was incurred; or where death  
occurred. "DEAD" - Missing, believed killed in action.  
He was on board H.M.C.S. "OTTAWA".

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother, NAME Mrs. Florence Riches,  
ADDRESS 114 Northcote Ave., TORONTO, Ont.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT  
\$ 35.00 PAID TO Still in force

MARRIAGE ALLOWANCE AT \$ Nil PER DIEM PAID TO Nil

DEPENDENTS ALLOWANCE AT \$ Nil PAID TO Nil

TOTAL MONTHLY PAYMENT TO - WIFE \$ Nil

Computed by B. 29/9/42  
Checked by [Signature]

DEPENDENTS \$ 35.00

[Signature]  
SECRETARY,  
NAVAL BOARD.

The Secretary,  
The Canadian Pension Commission.

Copy to the Sec. D.P. & N.H.

(See reverse side for further instructions.)



19th September, 1942.


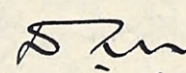
Dear Madam:

It is with deep regret that I must confirm the telegram of the 18th September from the Minister of National Defence for Naval Services informing you that your son, Clifford Riches, Able Seaman, O.N. V.7830, R.C.N.V.R., is missing believed killed in action.

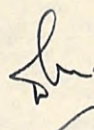
It is in the public interest that the name of his ship and the fact that she has been in action should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your son is missing, may be treated as confidential.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

   
Deputy Secretary, Naval Board.

Mrs. Florence Riches,  
114 Northcote Avenue,  
TORONTO, Ont.





A. 1056  
ORIGINAL

DEPT.  
NATIONAL DEFENCE

12 1942

11308-372

H.Q. File No. 13

## DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"OTTAWA"  511 430 X	374020  Surname <u>RICHES</u> X  Christian Names } <u>CLIFFORD</u> X	A.B. X	V-7830 X  R.C.N.V.R.	1.85 X

### Section A

### ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname <u>RICHES</u>  Christian Names } <u>MRS. FLORENCE</u>	MOTHER	114 NORTHCOTE AVE., TORONTO, ONT.	35.00 X	INC. JANUARY X

### Section B

### DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):
25.00 X	MRS. F. RICHES	AS ABOVE	INCREASED AS IN SEC. A.
✓ 5.00 X	M. GOLDBERG	HALIFAX, N.S.	TO BE CONTINUED.

Ent'd on Index Card  
Ent'd on Allotment Ledgers

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

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

Allottor's Signature authorizing charges Cliff R. Riches

A.B.

Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

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

Assigned Pay to Wives	Object No. 111 \$
Assigned Pay to other Dependents	" 113
Marriage Allowance	" 116
Dependents Allowance	" 119
Other Allotments	" 128 35.00
Total	\$ 35.00

PAY, SUB. LIEUT., R.C.N.V.R.

Accountant Officer

THE NAVAL SECRETARY,

Department of National Defence,  
(Naval Service)

Ottawa, Ont.

H.M.C.S. "AVALON"

Forwarded

JAN 8 1942

S. 63

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H.Q. 815-9-63