SMITH ARTHUR STANLEY 4224

# OCCUPATIONAL HISTORY FORM

62.1

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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 ——4224	PLEASE LEAVE
1.	(a) Print name in full	BLANK
2.	(a) Arm of service	\$
3.	(a) Date of birth any dependents? at time of enlistment 24 March 1941.	
4.	(a) Place of enlistment Brandon, Man. (b) Date of enlistment 24 Merch, 1941.  Section B—EDUCATION AND TRAINING	
5.	(a) State age on (b) Were you attending school (c) Finally leaving school (d) were you attending school (e) the time of enlistment?	
6.	State definitely highest standing reached at public technical or high school	
	(for instance—"4 years, Public School", "two years, High School", "Junior years High School Matriculation", or "4 years technical course in printing", etc.)	
	If you attended a university, give name of NIL	
8.	(a) Did you ever (b) If so, (d) If you did not enter upon a trade for what (c) Did you finish it, how long	
9.	(a) Did you ever (b) If so, (d) If you did not enter upon a trade for what (c) Did you finish it, how long apprenticeship?	
-	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were	
	WORKING or NOT WORK- ING at time of enlistment.  (b) At time of enlistment of what	1. 1.
	(Enter here only "Work- ing" or "Not Working".	100
	as case may be; particu- professional society were you a member?	
-	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	5
	OF ENLISTMENT	V
	QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
	Had you ever been employed fairly regularly since leaving school?	
12.	(a) If answer to 11 be "Yes", (b) State how long you state exact trade or occupation had worked at this	,
-	at which you actually worked trade or occupation at which you actually worked tradeor occupation	
	If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
	when you last worked fairly regularly before enlistment.	
	Give details of last employer, if any: Name	
16.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "retail store", etc.)	
17.	(a) If your last employment was in a business of your own, state (b) Date of dis-	
_	nature and address of business	
	OF ENLISTMENT	
Ç	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	1
	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	
	Nature of employer's business (for instance, "farmer", or "building automotive Supplies. contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	1
20.	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
21.	specific occupation with any employerthis occupation with any employer	*
	definitely to give you remployer to return to your employment on discharge? former employment?	
5		
	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	1
	(a) State nature of business, (b) Where was or professional practice	
23.	(b) Have you made, or will you make plans to engaged in this businessreturn to the same or a similar business on discharge?	3
	Section F—PARTICULARS OF FARMING EXPERIENCE	
24.	(a) Do you wish to engage No. (b) Do you feel competent (c) If so, in what in farming after the war?	
25.	(a) Were you  (b) How many years' actual born on a farm?	
-	O U O MACOCI I ANEQUIO	
26.	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
200		1
28.	to return to sobool, or have you been assured of a job, etc.).  State any employment preference or ambition you may have, other than indicated elsewhere in this form.	de
	may have, other than indicated elsewhere in this form.	
•	And the state	HE
D	15 May	· Liek »
	ATE194SIGNATURE	40/
		SPENIE

COPY TO VWD ES JUL 4 1941

### MEMORANDUM FOR

Mrs. Florence Smith,	
25h - 20th Street.	
Brandon, Manitoba.	

should then be returned to the above address.

Any further communication on this subject should be addressed to:-

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO

ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:-

H.Q. NS. 62-S-532 FD 79

#### DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

Octob	er131942
For the purpose of record and in the event of there being nedals or memorials available for distribution (according to law ate	
SMITH Arthur Stanley Abl	e Seaman
No. 4224, R.C.N.	
t is necessary that the requisite information regarding the deces	ased 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 or Local Magistrate, who should be asked to complete and sign the Certificate. This form

(H.R. Wade) Lt.-Cdr.R.C.N.V.R.,

for (L.M. Firth) lt.-Col., Administrator of Estates.



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.

ohip	RELATIVES required to be accounted for		INFORMANT'S STA	TEME	NT
Degrees of Relationship			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 Do	eceased			
2	Children of the l dates of their I	Deceased and Births			
			12.		
3	Father of the Dec	ceased	Ernest Edwin Smith		254-20th Brano
4	Mother of the Deceased		Ernest Edurn Smith Florence mary Smith		254-20th Brand 254-20th St Brand Man
5	Brothers of the Deceased	Full Blood	tames Edward Som	22	
		Half Blood	0		Prince albert So
6	Sisters of the Deceased	Full Blood			
		Half Blood			technique ( A - ) technique
	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.		Names and ages of their children (if any)		Address of their children
7					
			. Was to the second second		

# $\underline{\text{ONLY IF}}$ 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?	arthur Stanley Smith
11	Give the month and year of his birth.	Sept. 30th 1921
12	Where and when were his parents married?	England, april 17. 1917
13	Was he ever married? If so, state exact place and date of marriage.	no.
14	Did he leave a (later) Will? If so, it should be forwarded.	no.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	ano,
	PARTICULARS OF	DOMICILE
16	Where was deceased born?	Brandon manitola
17	In what Province, Country or State did he reside, and in which last?	manitola
18	How long in each?	
19	What was the nature of his employment?	Parcel Welivery
20	Did he own the house or homestead in which he lived? If so, where?	
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	00 17
22	State your postal address in full.	254-20th St. Brandon manitola
	PARTICULARS AS	
23	Have the funeral expenses been paid? If so, by whom?	
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account.  (See Note Below).	
		no.
	and the state of t	

Note.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

- 1. Name and address of Creditor.
- 2. Detailed statement of particulars of claim with date or dates incurred.
- 3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

#### DECLARATION

*Insert degree	DECLARATION	-
of relationship.	I hereby declare that the foregoing particulars are correct, and a true and complete	statement
"Father," etc. of	I hereby declare that the foregoing particulars are correct, and a true and complete f all the relatives that the deceased ever had in the degrees inquired for; and that	I am the
*	father of the deceased.	
full in the	be signed in presence of a Priest or Local	Signature
Magistrate	Priest or Local  Connect  Conn	Signature of Informant
		inormano
	CERTIFICATE	
	I hereby certify that, to the best of my knowledge and belief	Smi
	Parties of the second of the s	
*See above	\{\text{Name of Informant}\}\) is the * \tag{Num} of th	e Deceased
	bove described, and I believe the above Declaration and the Statement of Relatives m	ade by the
I	nformant and signed in my presence to be complete and correct.	
	1 1 1	
Dated a	at Aranda this and day of letohu	1944.2
	Ol. I. It	
Signature of Clerg Priest or Magist	trate }	
	A Company of the second of the	
	Address & Cancol / Lan	
-		
NOTE—Befo	fore granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the	e death of any

in the Statement opposite.

reconstill.

# CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMEN To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

CHRISTIAN AND SURNAME	IN FULL	NEXT OF KIN	PRESENT RATING		
Arthur SMITH		Nrs. Florence (moth	er) Ordinary Seaman.		
DATE OF BIRTH*	P	Brandon, Manitoba.	Name, Rank and Station of Recruiting Officer		
30th September, 1921		Brandon,	W.B. Holms, COMMANDER.		
•	Province	Manitoba.	Esquimalt, B.C		

#### Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	Wounds, Scars or Marks	Religious Denomination	TRADE OR OCCUPATION
5 † 5 <del>3</del> #	33 30 31 <sup>1</sup> / <sub>2</sub>	Brown	Blue	Fresh	Nil.	Church of Eng.	Delivery Boy.
Commencing date of Engagement or Re-engagement 24th March, 1941.			Period of Engage- ment or Re- engagement	Seven Years.			
Date of actually vol- unteering to en- gage or re-engage		841	24th March, 1941.		Date of entering present ship	23rd March, 1941.	

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

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

First Entry.

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

The following questions are to be put by the Commanding O Service, whose answers are to be recorded hereon:—	officer to the person abo	out to engage for Continuous ESTL, 74
1. Are the particulars given above of your name and date and place of birth correct?	Yes.	Date 16. 4. 41.
2. Are you a British subject?	Yes.	Initial JAK.
3. Nationality of Parents—Father English		English
4. Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R. C. Mounted Police?		y, Brandon, Man., to February, 1941.
5. Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R. C. Mounted Police?	No.	Fersonnel D. cords. Division.
6. Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date	No.	L Noted in Records C
7. Have you ever been discharged from the Navy, Marines, Army or R. C. Mounted Police on account of misconduct?		E. Non-Jup. Sard  4. Statis ion Dard  E. Rongo Strip  B. Pension Card
8. Are you willing to be vaccinated or re-vaccinated and inocula 9. Can you swim?		Estimate land v  Em Th

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

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

N.S. 55

M.—9-39 (2152)
N.S. 815—9—55

C.N.S. 55 3M-9-39 (2152) N.S. 815-9-55

S. 55

#### DEPARTMENT OF NATIONAL DEFENCE (Naval Service)

C.N.S. 2417 10M—9-38 N.S. 815-9-2417

## APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

	A)	<i>n</i>	MAY HALLA OF STATE
m) av 10	arano	don man	NOV 20 1939
The Naval Secretary, Department of National Defence,	nov	,	N 402 -2/14
OTTAWA.	The state of the s	(Date)	CANADA
Sir:— I hereby make formal application for entry in the Royal	Canadian Navy under		
ment as a Ordinary Seamen	(Insert rating c	hosen)	
I certify that the following particulars are in my own ha			, .
1. Name (to be given in full in Block Letters)A.R.T.H.			
2. Date of Birth (Birth Certificate or sworn declaration by pa	A STATE OF THE PARTY OF THE PAR		
3. Place of Birth. Town Brandon			A (.
4. Permanent Place of Residence. No. 2.5.4 Street.  Town Branslam, Province	has it la		cer.
5. Are you a British Subject? Yes. 6. How long have you resided in Canada? 18			
7. What is your Mother Tongue?			
8. What other language do you speak? North			
9. Are you of the White Race? Yes			
10. Are you Single, Married or a Widower? Single			
11. How far advanced educationally are you? Graste.			
	-		
(Certificates of School Authorities must be attached)			
12. What practical experience have you had? (Details and certificates from employers, trade credential	ls. etc must be attached	to substantiate employme	ent reported.)
,			
13. Do you belong to any Naval, Military, Air or Police Force?			
14. If so, give details			
15. Have you ever served in such forces?			
16. If so, give dates and details			
7. Have you ever been discharged from His Majesty's Forces	as medically unfit?	no	
8. Have you ever offered to serve in His Majesty's Forces and	l been rejected?	no	
Why?			
19. Have you ever been convicted of a criminal offence?	ofirm your answer to Ou	estion 10)	***
20. What is your weight? 1/17	Chest Measu	rement (Not inflated)	321
21. Have you ever had fits?			
22. Do you suffer from any deformity?			
23. Have you suffered the loss of any fingers, toes, etc.?			
24. Do you suffer from any disease? No			
25. Do you wear glasses? No			
26. Are you subject to any disability which might cause your re	ejection?		
no			
7. Give details			
8. Are you willing to be vaccinated and inoculated as consider	ed necessary by the ap	propriate authorities?	yes
Signature of Witness	anthur 5	Smith Signature of Applicant	
Signature of Witness		signature of Applicant	
CERTIFICATE TO BE SIGNED BY THE PARENT OR	Guardian of Candida	TES UNDER 21 YEARS OF	ZD.
I agree to refund to the Department of National Defence Naval Base of the above applicant, should he, on arrival at s	the expenses incurred	by that Department for	transportation to
		0	
or reasons which in the opinion of the Department are within l			and the same of th
Mr. J. L. Lykes	Jm In	Th., 19.57,	in the presence of
Signature of Witness	Signature	of Parent or Guardian	
V	OVED OF T		
CERTIFICATE TO BE SIGNED BY CA			and the second second
I agree to refund to the Department of National Defence o a Naval Base, should I, on arrival at such Base, fail to enro	ol for seven years' cont	inuous Naval Service for	r reasons which in
he opinion of the Department are within my own control.			
Signed and Sealed at, this	day of		, 19, in the
oresence of	S	ignature of Candidate	



35652

Can. B. 207

60M—4-40 (4636)
N.S. 815-2-207

N.S. 62-1 5-32

# Certificate of Medical Examination of Officers, Men and Boys NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Note-	This Certi	ficate is to b	e completed by the Exa	mining Medical	Officer and	l forwarded	to the Nava	l Secretary,	Departmen	t of Natio	nal Defence,	Ottawa.	
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ENTITLED TO	Mr. E.E. Smith - Father	DATE DESP
ADDRESS:	254 - 20th Street, Brandon, Man.	KEUN NO 217
MEMORIAL CROSS WIDOW		(2)
ADDRESS:		
MEMORIAL CROSS MOTHER	Mrs. Florence Smith	(3)
ADDRESS:	254 20th St., Brandon, Man.	9-11-42

DEPARTMENT OF VETERANS	AFFAIRS AW	ARDS	(NA	WAY SERVICE RECORD
SMITH Arth	ır	N=4224	A.B.	FILE NO.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C,A.S.F. UNIT
WAR SERVICE				
BADGE				
(CLASS) No.	DATE D	ESPATCHED:		
ADDRESS:				
CAMPAIGN MEDALS	REG	ISTRATION NUM	BER AN DATE	DESPATCHED
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C.V.S.M. & Clasp		//		

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

War Medal

#### NAVY

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
			Y
,		Donate D. Cartel	7 77 775
2	Father	Ernest E. Smith, 254-20th Street, Brandon, Man.	131.79
1/2	Mother	Mrs. Florence M. Smith, (As above)	131.79
		(As next of kin entitled)	
		P4. TO TREAS.	
		P4. TO TREAS.  30/7	
		d,	
			WSG

AUTHORITY

H.Q. VOTE PRI H.Q. OBJ. AMOUNT

9999

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel Director of Estates

AUDITED FOR PAYMENT

No:

(L.M. Firth) Lt.-Col., Administrator of Estates.

#### DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name

AUDITED FOR PAYMENT

#### 

	Surname	Christian Names	v. #55#				
	Rank	H.H.C.SUNibawa	: Date of Death				
		AMOUNT L. P. C.	\$ 82.70				
Date	March 22, 194	Other Credi					
SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT				
part	ereditor father	Morrie Goldberg, 275 Berrington St., Helifa: Ernest E. Smith, 254 - 20th St., Brandon, 1					
	mother	(HERT OF KIN ENTITIES)  AUTHORITY	38.10				
		F.E.No. DIV EST. VOTE PRI HO	OR OBJ. AMOUNT				
		COASSIFIED BY EXAMINED BY POR TREASURY	and \$2.76 YOFFICER 10				

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.

# CERTIFICATE of the Service of

# arthur SMITH

IN THE ROYAL CANADIAN NAVY

	€	sqi	iin	ral	lt			I.C Offic	.N.	.S. 26710 Number4	2224
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S.—1245B. (Revised—October, 1937.) 4M—3-40 (4253) N.S. 815-9-1245B.

# 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.

Surnan	me SMITH				Chris Nar	stian}		ARTHUR				Por Divisio	t )	. C. N.	WEST	ERN DI	Official Number	4224
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Surname	SMITH	Christian Names	ARTH UR
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#### Record of Torpedo Service

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.

Period	of Service	Ship or School	Seaman	Torpedo Rating	DAYWAYA ON THE STATE OF THE STA		Torpedo
From	То	School	Rating	Rating	DUTIES ON WHICH EMPLOYED	THE TORPEDO OFFICER'S GENERAL OPINION OF THE RATING	Torpedo Officer's Signature
1	2	3	4	5	6	7	8
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## **GUNNERY HISTORY SHEET**

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.

Name S 171 T H A. (Surname in BLOCK LETTERS)	Official No
Port Division ESQUIMALT B.C.	

#### RECORD OF GUNNERY STATIONS IN SHIPS AT SEA

To be filled in, in H. M. Ships at sea, when duties are performed for not less than six months.

Where a rating is found unsuited for any particular Gunnery duty, a notation to that effect is to be made in RED. Should any man be subject to severe seasickness, and therefore unsuitable for employment in ships smaller than cruisers, this fact is to be reported to the Commodore of the man's Depot, and a notation made on Page 1.

<b>D</b>	CHID	Ra	tings	Sta	tion	Λh:1:	Initials of Gunnery Officer
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# RECORD OF EXAMINATIONS IN GUNNERY

To be filled up on qualification in Gunnery for Able Seaman and on completion of every qualifying or re-qualifying course, for confirmed or acting Gunnery rating carried out in a Gunnery School or in H. M. Ships at sea.

Failures to be filled in, in RED.

	DATE	11-	1-41																		
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TOTAL		1000	699																		
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GUNNERY OFFICER'S	Initials	MA	4						-	-	-										

#### DEPARTMENT OF NATIONAL DEFEN

ID NAVY ARMY AIR FORCE STATEMENT OF WAR SERVICE GRATUITY

CHRISTIAN NAMES SMITH (SURNAME) REGISTER NO	5602 NBN-4224
PAYEE Director of Estates, for service Estate of DATE ADDRESS 308 Sparks St., Arthur S. Smith SERVICE NO Ottawa, Ont. NSN-4224 FINAL RANK OR RATING DATE OF TERMINATION OF OVERSEAS SERVICE 13 Sep/42 DATE OF DISCHARGE	27 June/45 . 4224 3 A.B.
NO. OF DAYS 539 EQUAL TO 17 COMPLETE PERIODS AT \$7.50	127.50
OUALIFYING OVERSEAS SERVICE O. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY	86.75
. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45	
ADDITIONAL PAY H.L.M. \$ .13	
\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$ \$ 24.01	
TOTAL \$3.76 ×7 = \$ 24.01	49.33
183	
. WAR SERVICE GRATUITY	263.58
	263.58
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FILE 62-S-532 DRAFTED BY NPR PER HEM

# MESSAGE

S. 1320D 10 Mil. 12-41 (2799-2800) N.S. 815-9-1320D

To:

From:

MRS. FLORENCE SLITH 254-20TH STREET BRANDON MANITOBA

NSHQ OTTAWA

CNP NPR PDG MINISTER

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES DEEPLY REGRETS TO INFORM YOU THAT YOUR SON, ARTHUR SMITH, ABLE SEAMAN, ROYAL CANADIAN NAVY, OFFICIAL NO 4224, IS MISSING, BELIEVED KILLED IN ACTION.

-/18

DED

(DELIVERY CONFIRMED)

25

19th September, 1942.

air mail

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, Arthur Smith, Able Seaman, O.N. 4224, R.C.N., 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 Smith, 254-20th St., BRANDON, Man.

fr.

February 10, 1941

Sara

under consideration for entry into the Personal Force of the Boysl Canadian Havy as an Ordinary Sensan for duty at R.C.N. Barracks, "equivalt, B.C., under a Seven Years' Continuous and Senseal Service Engagement to date Seth March, 1961.

Defore your entry can be approved, it will be necessary for you to endergo further redical examination. You should report to the office of the Commending Officer, Degine Division, R.C.N.V.V. The New Armouries, Tegine, Feak., at Nine A.N. on Friday, first March, 1941, and request him to arrange for your medical emailmation by the N.C.N.V.V. Examining Medical Officer, chowing him this letter as your authority. You abould head the Examining Medical Officer the enclosed Force 1927 in triplicate (Medical Examination Form) and Hilly (Physical Standards Pequired).

Transportation Tarrent No. 40836, Brandon, Man., to Regina, Cook., is enclosed which you should exchange at your local Canadian Pasific Unilway Ticket Office for a relieny ticket.

Commanding Officer, Degine Division, D.J.W.R., will supply you with the following transportation from Degine, Cank., to Victoria. D.G., together with Med Compone covering journey:-

1 Second Glass Sailway Sicket - Rogins, Sash., to Vancouver, B.C.
1 Upper Tourist Borth - Cegins, Sask., to Vancouver, B.C.
1 Steamship Ticket - Vancouver, B.C., to Victoria, B.C.

Top are to report to the Commanding Officer, R.C.M. Derracks, Esquinelt, D.C., on Honday, 24th March, 1961, when you will be given finel medical examination and educational test. Provided you are suitable to all respects, you will be entered as an Ordinary eachs.

Officer, Regina Division, D.C.H.V.R., will supply you with the following transportation been to your home:-

1 Second Class Sallway Dicket - Segine, Sest., to Brandon, Man.

160 500

Too abould acknowledge receipt of this letters enclosed addressed envelope is for this purpose.

Yours bruly,

Mr. Arthur Soith, 256 20th St., DRAWNER, Mon.

(7. 10. Lening),

(D) The Commanding Officer, / R.C.N. Barracks,

Forwarded for information. Provided Smith reports, and is suitable in all respects, he is to be entered in the Permanent Force of the R.C.N. as an Ordinary Seamon to date 24th March, 1941. K-Ray Examination carried out at Brandon, Man., on 10th February, 1941, reported on as "Negative Approved".

Date of Birth - 30th September, 1921, certified by Certificate of

Copy of Continuous Service Engagement For d for infermation. X-Ray

Headquarters in due course. COPY TO C.O.BY ONDER. For d for infermation. X-Ray

Examination carried out at Brandon, Man., on 10th February, 1941, reported on as "Negative".

16



## Department of National Defence

No. 62-S-532

Naval Service

Ottawa, Canada.

1 October, 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

PLACE, DATE & CAUSE of DEATH

NEXT OF KIN Mother

SMITH, Arthur Stanley Able Seaman, 4224 R.C.N. Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA". Mrs. Florence Smith, 254-20th St., BRANDON, Man.

In favour of

ALLOTMENTS IN FORCE

Mother -

Mrs. Florence E. Smith, 254 - 20th Street, Brandon, Manitoba. Amount

Initials

\$20.00

Morris Goldberg, 277 Barrington Street, Halifax, Nova Scotia.

WILL: No Record.

BRANCH

OCT 8 1942

OCT 8 1942

OTTANA

OTTANA

ONAL DELET

Yours truly,

SECRETARY, NAVAL BOARD.

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