

V688
WAKELEY
STANLEY

GORDO

DEPARTMENT OF VETERANS AFFAIRS
D OF D 7-5-44

AWARDS NAVY

WAR SERVICE RECORDS
D.D.

WAKELEY Stanley Gordon		A.B.	V- 688	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	16/1/50
Atlantic Star	8366
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR March 46 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. A.J. Wakeley - Father

ADDRESS: 806 Dundas Street,
Woodstock, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. A.J. Wakeley

806 Dundas St., Woodstock, Ont.

ADDRESS:

MEMORIAL BAR

DATE DESP.....

REGN. NO. 2033.....

(2)

(3)

25-11-44

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

V688

OFFICIAL NUMBER

NAME WAKELEY

(Surname)

Stanley, Gordon.

(Given Names)

P.I.B.

OFFICIAL NUMBER

V688

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
HMCS "Montreal"	Ord. Smn.	17	02	42	Montreal Div. Str.	V.G.	Sat.	31	12	42	A.A. 3.	17	11	43			
	" "	25	3	42	Active Service.	V.G.	Sat.	31	12	43							
Cornwallis	" "	25	5	42	T.L.	"	"	7	5	44							
Stadacona	" "	4	8	42	DRD.												
Avalon	" "	4	8	42	D.R.D.												
St Laurent	" "	16	10	42	DRD #118												
"	Able Smn.	23	3	43	249A #19392												
Cornwallis	" "	5	10	43													
Stadacona	" "	23	11	43	DRD H3285												
Hochelaga	" "	26	11	43	DRD 3344												
Valleyfield	" "	6	12	43	WRD Q69.												
Discharged		7	5	44	Missing on Active Service. Casualty List. (249A #A-13929)												
					Presumed Dead. (Per Correction Sheet Page 105.).												

GENERAL REMARKS

Awarded Canadian Memorial Cross:
MOTHER: Mrs. A.J. WAKELEY,
806 Dundas St.,
WOODSTOCK, Ont.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		REL.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION			P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
15	6	24	11	2	64	0	30	1	2	23	02	0	09	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR.	CAT.	ACT. SERV. DATE			SHIP OR	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.			DY.	MO.	YR.	ESTAB.	A	BR	RANK		
17	02	42	25	03	42						6630	0	08	94		
SENIORITY			STR.	NON-SUB		M	ST.	CODED			CHECKED					
DY.	MO.	YR.		A	B											
23	03	43	13	16	00			ALB								

No. Record

THIS IS NOT A WILL*

No. on Ship's Books *Sec. 6. 1939*

NAME *S. G. Wakeley.*

Official No. *V688* Rank or Rating *A.B.*
(Ratings)

Ship *H.M.C.S. Cornwallis*

Date *Oct. 22, 1943*

Nearest known Relative or Friend (in block letters) :—

Relationship (Wife, Father, Friend, etc.)

Christian Names in full } *Wakeley*
of Relative or Friend }

Surname of Relative or } *Dorothy.*
Friend }

Full Address of
Relative or
Friend

*806 Dundas St.
Woodstock, Ont.*

*NOTE 1.—The nomination on this form does not in any way control the disposal of effects in the event of death, for which purpose ratings should make a Will, duly witnessed by two disinterested witnesses. (See Form of Will, S.—545.)

2.—Should any alteration occur in the name, address, or relationship given above, the Ship's Office must be informed immediately in order that the Service Certificate may be brought up to date, and the form forwarded to N.S.H.Q.

C.N.S.—537

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township												
	Street	No.		Hospital or Institution												
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED	Surname		Given names		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH									
	Street		Official name of civil municipality or township				Municipal county		Province		22. Date of death		(Month)		(Day)	
4. RESIDENCE	1075 Elmyr Street,		No.				23. I HEREBY CERTIFY that I attended deceased from									
	Montreal, Quebec.						and last saw h..... alive on..... 19.....									
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)				24. CAUSE OF DEATH									
Male	Canadian	British	Single				I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) MISSING presumed dead when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.									
9. If married give name of wife or husband of deceased							Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to (c) due to									
10. BIRTHPLACE (Province or Country)							II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.									
11. DATE OF BIRTH							III If a communicable disease is mentioned on this certificate, give (a) Date of appearance..... 19..... (b) Duration of disease..... days									
12. AGE OF DECEASED							25. If a woman, was there a puerperal condition?.....									
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.							26. Was there a surgical operation?..... Date of..... 19.....									
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.							State findings..... Was there an autopsy?.....									
15. Date deceased last worked at this occupation							27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide..... Date..... 19..... (State which) Manner of injury..... (How sustained) Nature of injury..... Specify whether injury occurred in industry, in home, or in public place.....									
16. Total years spent in this occupation							Signed..... M.D. Address..... Date..... 19.....									
17. NAME							28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) Paymer, Cdr. R.C.N.R., Officer i/c Naval Personnel Records, Naval Service Headquarters, Ottawa, Ont.									
18. BIRTHPLACE (Province or Country)							29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.									
19. Place of burial, cremation or removal							Body not recovered									
20. Date of burial							21. PLACE OF REGISTRATION OF THIS BURIAL									
(a) Name of parish or church							(b) Civil municipality of									
(c) Municipal county							(d) Date									
(Month)							(Day)									
(Year)							(Year)									

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

Paymer, Cdr. R.C.N.R., Officer i/c Naval Personnel Records, Naval Service Headquarters, Ottawa, Ont.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

Paymer, Cdr. R.C.N.R., Officer i/c Naval Personnel Records, Naval Service Headquarters, Ottawa, Ont.

Mrs. A. J. Wakeley,
806 Dundas St.,
Woodstock, Ontario

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

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

and the following number quoted:—

H.Q. V- 688 FD. 598

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 11 1944

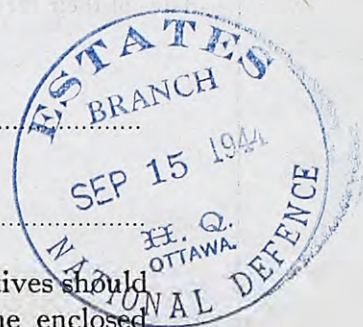
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

WAKELEY, Stanley Gordon, Able Seaman

Official No. V-688 R.C.N.V.R.

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

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



GC/

W. H. Meade
Commissioner
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	L/chl A J. Wameley A 3 5 0 8 4 -	49	London England
4	Mother of the Deceased.....	Donothy Wameley	44	806 Dundas St. Woodstock Ont Canada
5	Brothers of the Deceased			
		James Wameley	22	Bolton Ontario Can
6	Sisters of the Deceased			
		Joan Margd. Wameley	16	806 Dundas St. Woodstock Ont
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Stanley Gordon Wameley -
9	Date of his birth.	15 th June
10	Place and date of his marriage.	Ashley Church Hertfordshire
11	Place and date of his parents' marriage.	26 th April. Ashley, Hertfordshire, England.

year. 1919.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Malton Ontario Canada
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) Montreal, (c) 1 year. (d)
14	Nature of employment before enlistment.	Royal Type writer Firm, Montreal.
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	England

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NO.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no. that I know of.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	
<p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p>		

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Mother of the deceased.

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

Mrs Dorothy Wakeley { Signature of Informant
806 Dundas St. Woodstock Address

CERTIFICATE

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

*See above. Mrs Dorothy Wakeley { Name of informant } is the * Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Woodstock this 13th day of September 1944

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

John Morris Qualification Clergyman
Address 771 Dundas St. Woodstock

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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



CANADA

EAT/
N. V. 5

50M-1-41 (8973)
N.S. 815-11-5

0031417

3

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME WAKELEY OFFICIAL NO. V. 6. 88
CHRISTIAN NAMES Stanley Gordon MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS RELIGION
1075 Bleury St., Montreal, Quebec Church of England

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>15 June, 1924</u>	Town <u>Malton</u>	Sister:- <u>Miss Joan Margo WAKELEY</u> <u>Hickson,</u> <u>Ontario.</u>
*Original Nationality of: Father <u>English</u> Mother <u>English</u>		County Province <u>Ontario</u>

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>36</u>	<u>Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>Nil</u>
Inches..... <u>8 1/4</u>	Deflated..... <u>34</u>				
<u>136</u>	Mean..... <u>35</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Finished 8th Grade</u>	<u>Assemblyman,</u> <u>Royal Typewriter Co. Ltd.,</u> <u>Montreal, Quebec.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>17 February, 1942</u>	<u>Ordinary Seaman</u>	<u>Montreal</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~~ ~~XXXXXXXXXXXXXXXXXXXX~~ ~~for the period shown, and attach my~~
~~Record of service in corroboration of this statement.~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM

Personnel Records
To
Division
1. Noted in Records.....
2. Index Card.....
3. Non-Sub. Card.....
4. Statistical Card.....
5. His Majesty's Forces.....
6. Pension Card.....
7.....
8.....
DATE <u>23/2/42</u>

(c) I have never been rejected for or discharged 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.

(5) On being enrolled as a member of the.....Montreal.....Division of the
Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this.....17th.....day of.....February, 1942.....

Signature of applicant.....Stanley Gordon Wakeley.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....17th.....day of.....February, 1942.....

.....M. B. O'Leary.....
Signature of and rank of Attesting Officer.

Sub-Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

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

Signature of Applicant.....Stanley Gordon Wakeley.....

Witness.....M. B. O'Leary.....

Date.....17th February, 1942.....Rank.....Sub-Lieutenant, R.C.N.V.R......

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....Stanley Gordon WAKELEY.....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. or in the appropriate official documents.

.....M. B. O'Leary.....
Attesting Officer.

Sub-Lieutenant, R.C.N.V.R.

R.C.N.V.R. Division.....Montreal.....
(or other establishment).....

.....17th February.....1942.....

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.

This is to acknowledge that I have not been induced to enter the.....Seaman.....Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

.....Stanley Gordon Wakeley.....
Signature

NAME IN FULL Wakeley Stanley Gordon RANK/RATING Able. S. M. N. OFF. NO. 100

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS				
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE
Montreal	25-3-42	24-5-42	41						
Ramloops	26-7-42	1-8-42	7	Atlantic					
Avalon	4-8-42	15-10-42	73	NF					
St-Laurent	16-10-42	4-10-43	354	Atlantic					
Valleyfield	8-12-43	7-5-44	152	Atlantic					
Discharged "Dead"									
to date 7-5-44									

VERIFIED BY Carol Foy

VERIFIED BY

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

NAVAL GENERAL SERVICE MEDAL (1915).

.....RANK/RATINGAble. Sm. n.....OFF. NO.V688.....ADDRESS

[illegible]

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, LONDON ONT.

.....Ottawa, Sept. 13th, 1944.

From.....Head Office.....

V-688 A/S WAKELEY, Stanley G.

P. & N. H.

1866-S

The Department of National Defence, Naval Service,

officially reports that the marginally named was reported -
Missing, presumed dead, 7th May, 1944 when H.M.C.S.
"VALLEYFIELD" was torpedoed and sunk by enemy action
in the Atlantic,

~~on the~~

~~on~~ service

CANADA & HIGH SEAS.

His next of kin is reported as - Mother -
Mrs. A.J. Wakeley,
806 Dundas St.,
Woodstock, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

\$ N11

a month to -

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/AS

E. Clewes,
for
Canadian Pension Commission.

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..... (b) Reg'l. No. V 688
2. (a) Arm of service..... (b) Unit..... (c) Rank.....
3. (a) Date of birth..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment.....
4. (a) Place of enlistment..... (b) Date of enlistment.....

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14..... (b) Were you attending school or college up to the time of enlistment?..... 11301532
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.).....
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?..... (b) What languages do you read well?.....

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE July 17th 1942

SIGNATURE [Signature]

O.H.F. Received

1A

COPY TO
VWD
ES

FEB 28 1942

TFH/B.D.

REGISTERED

AIR - MAIL

N.S. V-688 Pres. (N)

8th May, 1944

Dear Miss Wakeley:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your brother, Stanley Gordon Wakeley, Able Seaman, Official Number V-688, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your brother, is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security, it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of your brother's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

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

Yours sincerely,

Miss Joan Margo Wakeley,
Hickson, Ontario.

SECRETARY, NAVAL BOARD

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

Sir:

11 May, 1944.

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
WAKELEY, Stanley Gordon	Able Seaman	V688 R.C.N.V.R.

DATE OF ENLISTMENT - 17 February, 1942 Active Service: 25 March, 1943.

DATE OF DISCHARGE - Will be reported later.

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 the high seas or elsewhere.)

Reason for discharge and - "Missing" at sea when the ship in which he was serv-
when and where any disability ing, was lost by enemy action. While this casu-
was incurred, or where death alty is listed as missing, it is impossible to make an estimate as to his chances
occurred. of survival. Should no information be received to the contrary, you will be noti-
fied when official presumption of death with date has been set.

(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 - Sister NAME - Miss Joan Margo Wakeley,

ADDRESS - HICKSON, Ontario.

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.

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R./5.

H.B. Money

for

SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the
Chief Treasury Officer (Allotment Section), Department of National
Defence, Naval Service, for completion respecting the details of
Marriage Allowance, Dependents Allowance, etc., and subsequent
transmission to you.

(See reverse side for further instructions)

REMARKS:

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.

NOTE: Duplicate copies of this form (Form 2) have been forwarded to the Chief Treasury Officer (All Canada Section), Department of National Defence, Naval Service, for completion regarding the details of Maritime Allowance, Dependence Allowance, etc., and subsequent transmission to you.

(For reverse side for further instructions)

NS V-688 PERS. (N)
NPR PER TFM
NAVAL MESSAGE

S. 1320 D
20000M-11-43 (2867-8-9-70)
N. S. 815-9-1320-D.
K. P. 95440

To:

MISS JOAN MARGO WAKELY
HICKSON, ONTARIO.

From:
N.S.H.Q.

V-688

C.N.P. THE MINISTER OF NATIONAL DEFENCE FOR
NAVAL SERVICES DEEPLY REGRETS TO REPORT
THAT YOUR BROTHER STANLEY GORDON WAKELY
ABLE SEAMAN, V-688, IS MISSING AT SEA.
LETTER FOLLOWS.

16

-/08

DELIVERY CONFIRMED.

LT

P/L

8-5-44

ED

8613

P.A.'S CHECKED IN
C.R. BY B

C.R.
N.P.R. 75-2.
P.A.
NAVAL TREASURY
DATE 3/18/44
INITIAL WJ

FORM "B"

FILE: N.S. V-688 PERS. (N)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

AUG 30 1944

(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
WAKELEY, Stanley Gordon	Able Seaman	V-688 R.C.N.V.R.

DATE OF ENLISTMENT - 17 February, 1942. Active Service: 25 March, 1943.

DATE OF DISCHARGE - 7 May, 1944.

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 the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was
when and where any disability
was incurred, or where death torpedoes and sunk by enemy action in the Atlantic.
occurred.

(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. A. J. Wakeley.

ADDRESS - 806 Dundas Street, Woodstock, Ontario.

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.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY
FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MAR-
RIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

P.A.'S CHECKED IN

C.R. BY X

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
NIL	NIL	NIL	NIL

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	NIL	NIL	NIL
<u>To Whom Paid:</u>	NIL	<u>Address</u>	NIL

Date of Enlistment: See other side.

Date of Discharge: See other side.

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for NIL has been made for the period
from 1st to NIL of NIL 194

Remarks:

Computed by...L.D......

Checked by.....and.....

for
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

File No. N.S., V-688.PERS., (N)...

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-


Wife:-

Mother:-

Mrs. A. J. Wakeley,
806 Dundas St.,
WOODSTOCK, Ont.

Date forwarded:- NOV 25 1944

Registered Mail No.- 0-6875

P.A.'S CHECKED IN
C.R. BY 

DISTRIBUTION OF SERVICE ESTATES GMW
NAVY

Estates Form "P. 4"

Name..... WAKELEY,..... Stanley G...... No..... V688
Surname Christian Names

..... A.B...... HMCS Valleyfield..... 7-5-44
Rank Unit Date of Death

AMOUNT W.S.G. 376.81
L.P.C.....\$ 76.19

Date..... 28-2-46.....

Other Credits.....
Total..... 453.00
Prev. Dist. 76.19
This Dist. 376.81

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{1}{4}$	Father	A.J. Wakeley 806 Dundas St., Woodstock, Ont.	94.21
$\frac{1}{2}$	Mother	Mrs. Dorothy Wakeley (As above)	188.40
$\frac{1}{4}$	Brother	($\frac{1}{4}$ as next of kin entitled) ($\frac{1}{4}$ for benefit of 1 minor) James Wakeley (As above)	94.20
		(As next of kin entitled)	

Handwritten signature and date 11/13

WSG

AUTHORITY					
H.O. F.E. No.	VOTE	PRI	H.O. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	376.81
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Handwritten signature

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

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

4
NAVY

BASED ON NAME	Stanley Gordon (CHRISTIAN NAMES)	WAKELEY (SURNAME)	REGISTER NO. 10291
PAYEE	Director of Estates,	for Service Estate of	FILE NO. NSV-688
ADDRESS	308 Sparks St., Ottawa, Ont.	Stanley G. WAKELEY, N.S.V-688	DATE 27 June '45
		7 May '44	SERVICE NO. V-688
			FINAL RANK OR RATING A.B.
			DATE OF DISCHARGE 7 May/44
DATE OF TERMINATION OF OVERSEAS SERVICE			
A. TOTAL QUALIFYING SERVICE			
NO. OF DAYS 775 EQUAL TO 25 COMPLETE PERIODS AT \$7.50			\$ 187.50
B. QUALIFYING OVERSEAS SERVICE			
NO. OF DAYS 513 LESS 25 INELIGIBLE DAYS, EQUAL TO 488 DAYS @ 25C. PER DAY			\$ 122.00
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY		\$ 1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE		\$ 1.45	
ADDITIONAL PAY H.L.M.		\$.13	
		\$	
		\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$		\$	
TOTAL		\$ 3.43	X7 = \$ 24.01
NO. OF DAYS 513		X \$ 24.01	\$ 67.31
D. WAR SERVICE GRATUITY			\$ 376.81
E. DEDUCTIONS			
OVERPAYMENT OF		PAY AND ALLOWANCES \$	
		DEPENDENTS' ALLOWANCE \$	
		AND ASSIGNED PAY \$	NIL
OTHER DEDUCTIONS		\$	
F. TOTAL AMOUNT PAYABLE			\$ 376.81

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____ = \$ 376.81

Voucher ~~cheque~~ 1070 - 12/7-45

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		CHECKED BY		TREASURY		DATE	
YN		[Signature]		[Signature]		4-7-45	

SERVICE REPRESENTATIVE
for Dir. Naval Pay Accting.

ton No. 1

Stanley Gordon WAKELEY
(Christian Names) (Surname)

Director of Estados

308 Sparks Street
Ottawa. Ont

(Surname)

Stanley. G. WAKELEY
N.S. V 688

Register No. 10291

File No. V-688

Date 21/6/45

Service No. V-688

Final Rank or Rating A.B.

Date of termination of overseas service 7 MAY '44 Date of Discharge 7 MAY '44

A. TOTAL QUALIFYING SERVICE

No. of days $\frac{775}{30}$ equal to 25 complete periods at \$7.50

187.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 513 less 25 ineligible days equal to 488 days @ 25¢ per day

122. 00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$	1.85
Subsistence or Lodging	\$	1.45
and Provision Allowance		
Additional Pay	\$	4.17

Dependents' Allowance 1/30 of \$ N/A

Total $3.43 \times 7 = \$ 24.01$

No. of days $\frac{513}{183}$ x \$ 24.01

67.31

D. W A R S E R V I C E G R A T U I T Y

376.81

E. DEDUCTIONS	OVERPAYMENT OF	PAY AND ALLOWANCES \$
		DEPENDENTS' ALLOWANCE
		AND ASSIGNED PAY \$

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

376.81

6. YOUR PORTION OF GRATUITY IS

Dependents' Allowance ~~in issue~~ to you \$ _____ of \$ _____ = \$376.81
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.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

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



Department of National Defence

Naval Service

1138349

OTTAWA, Ont. 30 August, 1944

IN REPLY PLEASE QUOTE

N.S. V-688 Pers. (N)

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, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
WAKELEY, Stanley Gordon, Able Seaman, Official No. V-688 R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serv- ing in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy es- cort duty in the Atlantic.	Mother: Mrs. A. J. Wakeley, 806 Dundas St., Woodstock, Ontario.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
NIL	NIL	NIL	AMP.

Will: No Will.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.

OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
MILITARY RECORDS

RECEIVED

SEP 4 1944

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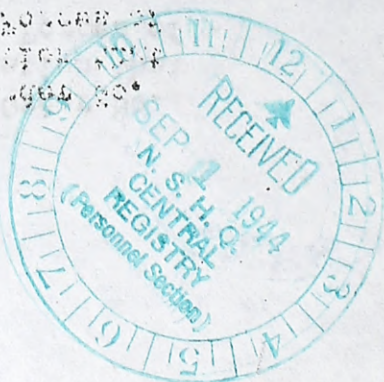
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TO:

NCR

PLEASE MAKE OUT FALSE
DOCKET AND FORWARD WITH
ATTACHED LETTER TO ADMIN-
ISTRATOR OF ESTATES.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "VALLEYFIELD" at Sea

Name Stanley Gordon WAGGLEY
(Christian names in full)

Rank of Rating Able Seaman Official No. V. 600 RCNVR
(If unknown, date of first entry)

Place of Birth Waltham, Ontario Date of Birth 15th June, 1904

Occupation in Civil Life Assembly Man Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 2 years 2 months

Date of Death 7th May, 1944 Place of Death at sea

Cause of Death Enemy action. Torpedoed by U.S.S. "Haddock"
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name Mr. Stanley H. WAGGLEY Relationship Father
Address 601 Dundas St. W., Woodstock, Ont.

Date on which the above was informed by Ship Informed by H.M.C.S.

Date on which death was registered with local Officials Not registered

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..... 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 invalidated.....

Seamus
Commanding Officer, A/Captain
H.M.C.S. "VALLEYFIELD" BOB

7th May, 1944 194.....

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

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

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

C.N.S. 1121
15M-6-41 (831)
N.S. 815-9-1121

W. J. L.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON "VALLEYFIELD" ending 30 June 19 44

List. 122 No. 74 (Name) WAKELY, Stanley G. Rank Rating A.B. No. V. 688

When entered.....F.B.....Date of appearance.....F.B.....Whither discharged.....DEAD.....

	\$	c.
CREDIT from former account.....	57	18
Pay as <u>A.B.</u> from <u>1 Apl</u> to <u>31 May</u> (<u>61</u> days at \$ <u>1.85</u> day).....	112	85
(Rank Rating)		
" " " " " "		
" " " " " "		
" " " " " "		
" " " " " "		
Kit Upkeep Allowance.....	4	33
<u>Adjustment March, 1944.</u> <u>1 Apl - 7 May</u>	47	
OTHER CREDITS:		
Total credits.....	174	83
DEBT from former account.....	N i l	
PAYMENTS:—		
1st month.....	57.00	8.94
2nd month.....		
3rd month.....		
Allotment.....	8.40	chged Apl
Pension deduction (Officers) charged to..... of.....		
Hospital stoppages.....		
Mulcts.....		
OTHER CHARGES: <u>O.R.25182 payable Adm.Naval Estates(Present War)</u>	174	83
	100	49
Total debits.....	174	83
LEDGER: <u>Ged</u>		
AUDIT: <u>[Signature]</u>		
Balance Cr. or Dr.		N I L
(Balance Dr. to be shown in red)		

Number of days actually victualled during period mentioned above.....37.....

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

Date..... 5 June 19 44

PAY LIEUT. CDR., R.C.N.V.R.
ACCOUNTANT OFFICER

142607

Pers(n) 12/9/

#61

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

32

Name WAKELY. Stanley G. Rating A.B.
Official No. V.688 H.M.C.S. AVALON "VALLEYFIELD" List 122/74
Who* DISCHARGED DEAD on the 7 May 19 44

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side		L
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25182</u> Adm. Naval Estates (Present War)	100	49
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>NIL</u> charged to.....		
Name of ship from which transferred <u>HMCS. "VALLEYFIELD"</u>		
Total† <u>CREDITOR</u>	100	49

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of ONE HUNDRED - - - dollars - - FORTY-NINE - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S
NFLD. this FIFTH day of JUNE 19 44.

Approved

Accountant Officer

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

Initials of the Assistant Accountant Officer

Commanding Officer.

A/CAPTAIN. RCN.

For Use at Headquarters. \$..... cts..... credited on Inspector's certificate

No..... to.....

Signature.....

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

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13929 dated 19 May, 1944.

5M-2-42 (3601)
H.Q. N.S. 815-9-45LEDGER: Got
AUDIT: Got

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

{ Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

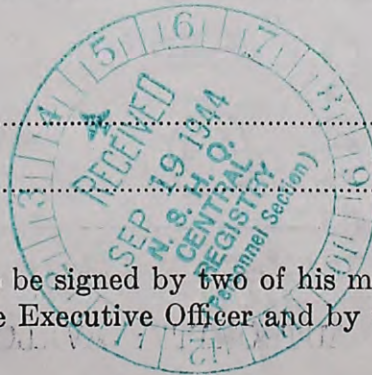
.....Signature

..Signature

.....Rank

..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.





0031418

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

FEB 15 1942
M 913/11532

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 WAKELEY, Stanley, Gordon.
candidate for entry as O/SMN.
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.

(a) Age { Years { Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- cinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
17 8/12	136 lbs.	5'8 1/2" ft. ins.	Good	35 34 36 inches (a) maximum (b) minimum (c) mean	right eye 6/9 left eye 6/9 *colour vision N	1. S. L. A. C.	normal	normal	flat feet normal	normal	normal	normal	0 deficient 0 defective cryptic tonsil	clear

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

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

109737
100727 Approved

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Stanley Gordon Wakeley
Signature of Candidate

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

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

This Candidate is the subject of.....

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

IF REJECTED
insert here
UNFIT
in block letters

Dated at Montreal. the 17 of Feb/42 19

Chas M MacDonald
Examining Medical Officer
Surg. Lieut. R.C.N.V.R.
(Rank)