

STOREY, JOHN EDMUND

O70570

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 John Edmond Story (b) Reg'l. No. -----
 2. (a) Arm of service "Navy" (b) Unit R.C.N.V.R. (c) Rank Sub.Lieut.
 3. (a) Date of birth 3 May 1917 (b) Have you any dependents? No (c) Place of residence Vancouver B.C.
 4. (a) Place of enlistment H.M.C.S. Discovery (b) Date of enlistment 1 May 1941

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 22 23 (b) Were you attending school or college up to the time of enlistment? College
 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.) Jr. Matric.
 7. If you attended a university, give name of university and standing or degree secured University of British Columbia
 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) NO (b) At time of enlistment of what trade union or professional society were you a member? No

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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? -----
 25. (a) Were you born on a farm? No (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.) Mechanical Engineering
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form -----

15 December 1942.

DATE 15 December 1942. 194. SIGNATURE John Edmond Story



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3. (a) Date of birth. 3 May 1917. (b) Have you any dependents? No (c) Place of residence at time of enlistment. Vancouver B.C.
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7. If you attended a university, give name of university and standing or degree secured. University of British Columbia
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28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. -----

15 December 1942.

DATE ----- 194 ----- SIGNATURE John Edmond Story



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

Mrs. A.K. Storey,
No. 3 Norman Court,
Esquimalt, B.C.

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.
and the following number quoted:—

H.Q. 0-70570 FD. 520

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 12, 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

Lieutenant (E) John Edmund Storey,

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/

H. J. Wack
Commander R.C.N.
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..... | Geo. I. Storey | 52 | 3 Norman Court, Esquimaux St. B. |
| 4 | Mother of the Deceased..... | Ann K. Storey | 54 | 3 Norman Court, Esquimaux St. B. |
| 5 | Brothers of the Deceased | Full Blood | | |
| | | Half Blood | | |
| 6 | Sisters of the Deceased | Full Blood | Kathleen M. Storey 24 | 3 Norman Ct. Esquimaux St. B. |
| | | Half Blood | | |
| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each. | Names and ages of their children (if any) | Address of their children | |

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

| | | |
|----|--|----------------------------|
| 8 | Full names of the deceased. | JOHN EDMUND STOREY |
| 9 | Date of his birth. | MAY 3. 1917 |
| 10 | Place and date of his marriage. | |
| 11 | Place and date of his parents' marriage. | VICTORIA B.C. July 18-1916 |

PARTICULARS OF DOMICILE

| | | |
|----|--|--|
| 12 | Place where deceased was born. | VICTORIA B.C. |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) B.C. — 23 Years — (b) — (c) — (d) — |
| 14 | Nature of employment before enlistment. | U.B.C. STUDENT (Mech. Engr.) |
| 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. | CANADA |

PARTICULARS OF ESTATE

| | | |
|-----------|--|--|
| 17 | Did he leave a Will? If in your custody, please forward. | Yes - filed with Naval Authorities |
| 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? | |
| (over) 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? | Trust Acct. in my name at Bank Montreal - Esquimalt. \$1019.24 No - (over) |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | \$450.00 Deposited in my Safety Dep. Box - Bank Montreal - Esquimalt |
| (over) 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | \$700.00 All Registered. B. Montreal Esquimalt |
| X 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | Metropolitan Life Ins Co 355.00 Amy K. Storey Mother Beneficiary Sun Life Assurance Company of Canada, \$5,000.00 - Amy Kathleen Storey (Mother) named as beneficiary. |
| 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. | Not to our knowledge. |
| 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. | |

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

* 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.

Amy K. Storey { Signature of Informant
3 Norman Court, Esquimaux B.C. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Amy K. Storey

See above. { 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 Esquimaux B.C. this 21st day of Sept. 1944.

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

R. L. L. L.

Qualification Naval Officer

Address 4. Norman Court, Esquimaux B.C.

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

#19. A bank account in the East - believed to be Bank Montreal - Halifax - Amount unknown. We would like this administered this pay account.

21. I received a letter from John, written Apr. 23-44 stating the sale of bonds for Sixth Loan, aboard his ship. HMCS Valleyfield. He wrote.
"I bought 200 this time on installments, so will send on the receipts later. It's made out to me and registered, and will be delivered home three you and the bank."
We have not received any notice, receipt or bond whatsoever. If he has paid on this we would like it transferred to my name, and I will honor the balance of his payments.



N. V. 4
10M-4-40 (4718)
N.S. 815-11-4

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

| | |
|-----------------------------------|----------------------------|
| SURNAME STOREY | PERMANENT ADDRESS |
| CHRISTIAN NAME John Edmund | 3080 West 5th Ave., |
| RELIGION C. of E. | Vancouver, B.C. |

| | | |
|----------------------|--|---|
| DATE OF BIRTH | PLACE OF BIRTH | NAME AND ADDRESS OF NEXT OF KIN |
| 3rd May, 1917 | Town Victoria, County Province B.C. Country | Mother - Mrs. Amy Kathleen Storey, 3080 W. 5th Ave., Vancouver, B.C. |

PERSONAL DESCRIPTION

| | | | | | |
|------------------|---------------------|---------------|-------------|-----------------|----------------------------|
| HEIGHT | CHEST MEASUREMENT | HAIR | EYES | COM- PLEXION | WOUNDS, SCARS, MARKS |
| Feet 5 | Inflated 36 | Blonde | Blue | Fair | Scar on right knee. |
| Inches 8½ | Deflated 34½ | | | | |
| Mean 33 | | | | | |

| | | | |
|-----------------------------|--|--------------------------------|---|
| DATE OF ENROLMENT | RANK IN WHICH ENROLLED | MARRIED, SINGLE, OR WIDOWER | TRADE OR CALLING AND IN WHOSE EMPLOY |
| 21st March 1941. | Prob. Sub-Lieut (E) R.C.N.V.R. (TEMP) | Single | University Student (Mechanical Engineer) |

(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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will 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.

U.B.C. Contingent, C.O.T.C.
* (b) I served in.....for the period shown, and attach my record of service.

* Cross out Clause not applicable.

| | | | |
|-----------------|--------------|-----------------------|--------------------------|
| SERVED IN | RANK | FROM | TO |
| C.O.T.C. | Cadet | 25th Sep. 1940 | 20th March, 1941. |

- (c) I have never been rejected for 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.

(OVER)

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 21st day of March 19 41

John E Storey
Signature of Applicant.

The above declaration was made and signed in my presence this 21st
day of March 19 41.

E. J. Fox
Signature of Enrolling Officer.

(C) OATH OF ALLEGIANCE

I John Edmund Storey 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 John E Storey

Signature of Witness E. J. Fox

Date 21st March, 1941.

Rank Lieutenant R.C.N.V.R.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.



DEPT
NATIONAL DEFENCE

MAR 28 1941
N.S. 103-8-162
CANADA

Can. B. 207

100 M-11-40 (7881)
N.S. 815-2-207

2

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)
P 34172

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 STOREY John Edmund
‡ candidate for entry as Sub-Lieut. E R.C.N.V.R. Temp.
and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. He has signed
the Certificate given below in my presence.
‡ Strike out if inapplicable. * Delete one. white urine: neg.

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

| (a) Age (Years Months) | (b) Weight without Clothes lbs. | (c) Height with Bare Feet ft. ins. | (d) General Development | (e) Chest Girth inches (a) maximum (b) minimum (c) mean | (f) Vision by— (i) Snellen's Types (ii) Colour Vision right eye left eye *colour vision | (g) Vaccinated or revac- cinated for Small Pox (Date) | (h) Lungs, Heart, etc. | (i) Abdomen, Hernia, etc. | (j) Limbs and Joints | (k) Skin | (l) Ears and Hearing | (m) Testes, Varicocele, etc. | (n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. | (p) Anus, Hemorrhoids, etc. |
|---------------------------------|--|---|-------------------------------|---|---|---|---------------------------|---------------------------------|-------------------------|-------------|-------------------------|------------------------------------|---|-----------------------------------|
| 23 yrs. 11 mos. | 164 | 5' 1" 8 1/2" | good | 36 34 1/2 33 | 6/6 6/6 N | Childhood | BP 120/80 N | N | N | N | N | N | N | N |

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

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

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.

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

John E. Storey

Signature of Candidate

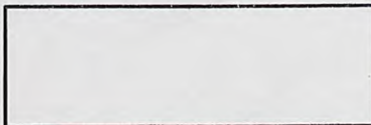
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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.

IF REJECTED
insert here
UNFIT
in block letters



Dated at Vancouver, B.C., the 14th of March 1941

John E. Storey
Examining Medical Officer

(Rank) Lt. Jt. R.C.N.V.R.

| | | | | | |
|---|---------------------|------------------------------|-------------------------------|-----------|---------------------|
| OFFICIAL NUMBER | | FILE NUMBER | 103-S-162 | 0-70570 | OFFICIAL NUMBER |
| NAME | STOREY (Surname) | John Edmund (Given Names) | DATE OF BIRTH | | 3 May, 1917 |
| PLACE OF BIRTH | Victoria, B.C. | | OCCUPATION University Student | | |
| RELIGION | Church of England | | EDUCATION | | |
| RESIDENCE AT TIME OF ENLISTMENT: Street and No. | | 3080 West 5th Ave. | Town | Vancouver | Province, etc. B.C. |

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil).....Mother.....
 ADDRESS (in pencil): Street and No.# 8 Norman Court.....
 NAME (in pencil).....Mrs. Mary Kathleen Starey.....
 Town.....Escondido.....Province, etc.....B.C.

[illegible][illegible][illegible]

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W. S. G.
APPLICATI
3049
RECEI

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

V.R.

OFFICIAL NUMBER

NAME STOREY
(Surname)

John Edmund
(Given Names)

OFFICIAL NUMBER

| Ship or Establishment | Rating | From | | | Remarks | Character | Efficiency | Date | | | Non-Sub. Rating | Qualified | | | Day | Month | Year |
|-----------------------|----------------|------|-------|------|---|-------------------|------------|------|-------|------|-----------------|-----------|-------|------|-----|-------|------|
| | | Day | Month | Year | | | | Day | Month | Year | | Day | Month | Year | | | |
| Div. Str. Vancouver | P/Sub-Lt.(E)T. | 21 | 3 | 41 | | | | | | | | | | | | | |
| Duty DHQ. Vancouver | " " | 1 | 5 | 41 | | | | | | | | | | | | | |
| H.M.C.S. Stadacona | " " | 18 | 5 | 41 | | | | | | | | | | | | | |
| Stad. (HMS Glasgow) | Sub-Lieut(E)T | 19 | 8 | 41 | | | | | | | | | | | | | |
| H.M.S. Glasgow | " " | 19 | 8 | 41 | | | | | | | | | | | | | |
| H.M.C.S. Stadacona | " " | 8 | 6 | 42 | for F.S.L. and disposal | Per Appt. | 18.7.42 | | | | | | | | | | |
| H.M.C.S. Naden | " " | 29 | 6 | 42 | for disposal | Per Appt. | 18.7.42 | | | | | | | | | | |
| Giv. (Chignecto) | " " | 30 | 6 | 42 | for training | Per Appt. | 18.7.42 | | | | | | | | | | |
| Givenchy (Ingonish) | " " | 3 | 9 | 42 | for Engine Room Training | Per Appt. | 17.9.42 | | | | | | | | | | |
| Givenchy (Ingonish) | " " | 28 | 9 | 42 | in charge of machinery | Per Appt. | 9.11.42 | | | | | | | | | | |
| H.M.C.S. Naden | " " | 25 | 2 | 43 | addl. for disposal | Per Appt. | 9.3.43 | | | | | | | | | | |
| H.M.C.S. Stadacona | " " | 12 | 4 | 43 | addl. for disposal | Per Appt. | 2.4.43 | | | | | | | | | | |
| H.M.C.S. Stadacona | Lieutenant(E)T | 1 | 5 | 43 | addl. for disposal | Per Appt. | 1.5.43 | | | | | | | | | | |
| H.M.C.S. Red Deer | " " | 18 | 5 | 43 | addl. | Per Appt. | 1.6.43 | | | | | | | | | | |
| H.M.C.S. Red Deer | " " | 23 | 5 | 43 | in charge of Machinery | | | | | | | | | | | | |
| Bytown (Valleyfield) | " " | 28 | 10 | 43 | addl. for N.S.C.B.S. | Per Appt. | 20.10.43 | | | | | | | | | | |
| H.M.C.S. Valleyfield | " " | 7 | 12 | 43 | in charge of machinery | | | | | | | | | | | | |
| DISCHARGED | " " | | | | "Missing" After sinking of H.M.C.S. Valleyfield | Per Casualty List | | | | | | | | | | | |
| | | 7 | 5 | 44 | Presumed "Dead" Per Casualty Correction Sheet page 49 | | | | | | | | | | | | |

GENERAL REMARKS

Memorial Cross sent to:
(Mother) Mrs. Amy Kathleen Storey,
No. 3 Norman Court, Esquimalt, B.C. Oct. 13-44

COPIED
Archives
COPIE

| DATE OF BIRTH | | | PLACE | | CIVIL OCCU. | | RELIGION | ED | PERM. RESIDENCE | | | PREV. ENL. | RANK OR RATE ON ENLISTMENT | | | |
|---------------|-----|-----|-----------------|---------|-------------|-------|-----------------|-----|-----------------|---------|-------|--------------|----------------------------|---|-----|------|
| DY. | MO. | YR. | BIRTH | MAIN | SUB | P. | | | CTY. | TOWN | SERV. | | DIV. | A | BR. | RANK |
| 03 | 5 | 17 | 18 | X | X | 0 | 30 | X | 9 | 04 | 10 | 9 | 08 | 2 | 02 | 12 |
| ENLIST. DATE | | | ACT. SERV. DATE | | | STR. | ACT. SERV. DATE | | | SHIP OR | | RANK OR RATE | | | | |
| DY. | MO. | YR. | DY. | MO. | YR. | | DY. | MO. | YR. | ESTAB. | A | BR. | RANK | | | |
| 21 | 03 | 41 | 01 | 05 | 41 | | | | | 1220 | 0 | 01 | 09 | | | |
| SENIORITY | | | STR. CAT. | NON-SUB | | M ST. | H.C. | | | CODED | | CHECKED | | | | |
| DY. | MO. | YR. | | A | B | | | | | | | | | | | |
| 01 | 05 | 43 | 13 | | | | 62 | 07 | 05 | 44 | 826 | | 23 | | | |

RCNVR May 45

"VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. George T. Storey - Father

ADDRESS: No. 3, Norman Court,
Esquimalt, B.C.

no later

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Amy K. Storey

ADDRESS: No. 3 Norman Court, Esquimalt, B.C.

ADDRESS:

DATE DESP

(1)

REGN. NO.

13-10-44

(2)

(3)

MEMORIAL BAR

CANCELLED 330

D OF D 7-5-44

NAVY

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

P

| | | | | |
|----------------------------|-----------------|------------------|-------------------|---------------|
| STOREY John Edmund | | 0-70570 | Lieut.(E). | FILE No. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |
| <u>WAR SERVICE</u> | | | | |
| <u>BADGE</u> | | | | |
| (CLASS) | No. | DATE DESPATCHED: | | |

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|-------------------|---|
| 1939-45 Star, | 744 17/10/49. |
| Atlantic Star, | |
| Burma Star, | |
| C.V.S.M. & Clasp, | |
| War Medal. | |
| | |
| | |

03-71632 M



P

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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 (Christian names in full) John Edmund Storey

Rank or Rating Lieutenant (R) Official No. 0-70570
If unknown date of first entry)

Place of Birth Victoria, B.C. Date of birth 3-3-17

Occupation in Civil Life Mechanical Engineer 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)

3 years

Date of Death 7-5-44 Place of Death at sea

Cause of Death Enemy action - Torpedoing of HMCS VALLEYFIELD

Nearest known) Name Mrs. A.L. Storey Relationship Mother
relative or) Address No. 3 Norman Court
friend) Esquimalt, B.C.

Date on which the above was informed by ship Informed by radio

Date on which death was registered with local officials Not registered

In the case of Imperial Service men whether Active Service Pen-
sioner or Reserve, date on which the prescribed return was rend-
ered to the Registrar General in London, Edinburgh or Dublin
according to Nationality.

Place of Burial (If known) Date of Burial (If known)

Location, Number etc, of Grave (If known)

Undertaker employed (If any)

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

The Secretary, Naval Board,
Ottawa, Canada.

S. J. Davis
A/Captain, R.C.N.,
COMMANDING OFFICER
HMCS AVALON

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

22 May 1944

OFFICERS RECORDS

Date: May 17th

Name: STOREY, John Edmund Pr. Sub.Lieutenant (E) RCNVR. Temp

Home Address: Vancouver, B.C.

Date of Birth: May 3, 1917 Place of Birth: Victoria, B.C.

Education: U.B.C. B. of Sc. (Mechanical)

Mercantile Marine Certificates:

No.

Precis Mercantile or Yachting Experience:

Firing on Prince Robert, 3 summers

Precis of Business experience:

Cannery, installed oil reduction plant
and operation of same.

Sports: Skiing, Skating General

Other Hobbies or Interests:

Previous Naval or Military training:

C.O.T.C. one year University of B.C.

Languages spoken fluently:

Languages understood:

Place of Birth of Father:
Newcastle, England

Place of Birth of Mother:
Victoria, B.C.

Fathers Occupation: Lieutenant (E) R.C.N.R.

Next of Kin: Mother
Amy Kathleen Storey

Address: Douglas Hotel
Victoria, B.C.

Have you been rejected by any other of the Armed Forces

If so give details:

Religion: C. of E.

Naval Reg. No. 9800

Married or Single: Single

Dependents:

OFFICERS' RECORDS

For use in Officers' Records Office Only:

Height: 5'8½

Weight: 164

X-ray approved:

Date:

Gas Mask Issued:

Date:

Occ. Hist. Form Completed:

Date:

Appendix III

"

Date:

Attestation

"

"

Date:

B.207

"

"

Date:

Torpedo Officers Remarks:

Signal Officers Remarks:

Pilotage Officers Remarks:

A/S. Officers Remarks:

M.T.B. Officers Remarks:

A/O's Remarks:

Engineer Officers Remarks:

Gunnery Officers Remarks:

O.T.E. REMARKS:

CANADIAN OFFICERS TRAINING CORPS

Certificate on Discharge

This is to Certify That

STOREY John Edmund served
continuously in the University of British Columbia Contingent
of the Canadian Officers Training Corps, Active Militia of Canada, from
the 23rd day of September 1940, to
the 20th day of March 1941, and
is now discharged therefrom.

Date of birth May 3, 1917
Service in Canadian Officers Training Corps 6 ^{months}~~years~~ terms
Rank at time of discharge Cadet
Number of times declared efficient _____

Dates (state years only) _____

Whether in possession of Certificate "A" _____

Date of award (month and year) _____

Whether in possession of Certificate "B" _____

Date of award (month and year) _____

Musketry Classification { Service range _____ class shot.
Miniature range _____ class shot.

Profession which member intends to follow _____

Permanent address 3080 West 5th Avenue,
(Give name of County)

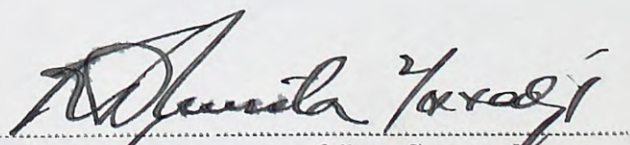
Vancouver, B.C.

Canada.

Dated at Vancouver, B.C.

this 22nd day of

March 1941.


Officer Commanding,
Canadian Officers Training Corps Contingent.

M. F. B. 423.

1.500-3-15.
H. Q. 1772-72-3.

THE MISSIONS TO SEAMEN

CHAPLAIN:
REV. STANLEY SMITH, B.A.



PATRON: HER MAJESTY THE QUEEN

1195 W. HASTINGS STREET
VANCOUVER 1, B.C.

Mar. 1, 1964.

The Naval Secretary,
Ottawa, Ont.

Sir:-

We would like to put the name of J.E. Storey, Lt. E., RCNVR, File No. 0-70570 in our Honour Book and would be obliged if you would supply us with the name of the ship that he was lost with and the date the ship went down.

I personally am well acquainted with his father A/L Cr. G.T. Storey who lives in Esquimalt but refrain from seeking the information from him as it would open up a sore wound.

I am, Sir, respectfully

Geo. F. Winterburn

Geo. F. Winterburn

Lt.Cdr.(E), RCNR (Ret'd)

See 1A

| |
|--------------------------------|
| Referred to... <i>Gensl...</i> |
| MAR 4 1964 |
| File No. <i>0-70570</i> |
| Chgd to..... |



THE MISSIONS TO SEAMEN
A PUBLICATION OF THE
SEAMEN'S UNION OF AMERICA
1132 W. HASTINGS STREET
SAN FRANCISCO 4, CALIF.
FOUNDED 1904
PUBLISHED BY THE SEAMEN'S UNION OF AMERICA
1132 W. HASTINGS STREET
SAN FRANCISCO 4, CALIF.
TELEPHONE 398-1234

SEA: SEAMEN'S UNION OF AMERICA
CHARTERED



SEAMEN'S UNION OF AMERICA
1132 W. HASTINGS STREET
SAN FRANCISCO 4, CALIF.

THE MISSIONS TO SEAMEN

AND COLLECT
SEAMEN'S UNION OF AMERICA
MEMBER UNION

PHONE 398-1234

by command of the Honourable the Minister of National Defence
for Naval Services of the Dominion of Canada

To Lieutenant (E) John E. Storey, R.C.N.V.R., (Temporary),--

You are hereby appointed

Lieutenant (E), R.C.N.V.R.,

of His Majesty's Canadian Ship (1) BYTOWN additional for Naval
Superintendent Contract
Built Ships for VALLEYFIELD;
(2) VALLEYFIELD in charge of machinery.

Your appointment is to take effect from (1) 28th October, 1943;
(2) On Commissioning.

A. A. Lennington

Secretary, Naval Board Records
Division

Department of National Defence
Naval Service

Ottawa, 20th October, 1943.

H.Q. 36
15M-2-43 (8619)
N.S. 815-7-36

RED DEER i/c of machy.

| | |
|---------------------|----------|
| 1. Noted in Records | ✓ |
| 2. Index Card | |
| 3. Non-Sub. Card | |
| 4. Statistical Card | |
| 5. Roneo Strip | ✓ |
| 6. Pension Card | |
| 7. | |
| 8. | |
| DATE | 23/10/43 |



CANADA

DEPT. OF NATIONAL DEFENCE (NAVAL SERVICE)

TRAVELLING ROUTE ORDER AND EXPENSE SHEET

Ship or
Establishment

H.M.C. Naval Base

at Vancouver, B.C.

Date 26th August 1931

J.E. Storey, Sub. Lt.(E), R.C.N.V.R.
Name, rank or rating and O. No.

H.M.C. Naval Base, Vaner. B.C.
Ship or Establishment

being directed to proceed on Public Service, namely:—†

To Take up appointment at H.M. Naval Base,
Singapore, Strait Settlements.

is authorized to take following route, viz:—

By Great Northern from Vancouver to Seattle, Wash.

By Union Pacific from Seattle to Portland, Ore.

By Southern Pacific from Portland to San Francisco, Calif.

By Steamship

San Francisco

Singapore, Strait Settlements.

By Steamship

Singapore

By Train

Colombo

Calcutta
Bombay

For which he has been
furnished with passes (ex-
cluding rations.)

Cmdr. J.E. Storey (Temp)
H.O.I/c, Vancouver

Commanding Officer

NOTE—An advance may be made, if considered necessary, to meet expenses. In such case the Commanding Officer of the Ship or Establishment to which the officer or man is transferred should be specially informed of the sum paid, and the amount should also be noted on the other side hereof at†. Receipted accounts showing the weight are required in respect of items for excess luggage.

It should be stated hereon when any payments will be made locally for transport of luggage, meals en route, etc.

†Full details of the service to be inserted.

I hereby certify that the whole of the expenses shown on the other side hereof were actually incurred by me on Government business, and that I was necessarily occupied on the service during the time stated.

Date October 28 1931

Signature

Rank

Ship or
Establishment

Date 1931

I have carefully examined the several items in the claim on the other side hereof; they are in accordance with Regulations, and I consider they should be paid.

Accounting Officer

Approved for payment, the claim appearing to me to be reasonable.

Commanding Officer

C.N.S. 542

10m-3-39
N.S. 815-9-542

| DATE 1941 | TRAVELLING | | if with pass Quote No. | HOUR OF | | PARTICULARS OF CONVEYANCE, ETC. | EXPENSES actually incurred (To be shown in detail) | |
|-----------------------|---------------|---------------|---------------------------------|---------|----------|---|---|---|
| | From | To | | Leaving | Arriving | | \$ | c. |
| Aug. 27-28 | Vancouver | San Francisco | | 8 30 | 9 30 | Taxi to & from Train Trunks to & from Train & to Ship Gratuities from Vanc. till ship left 50¢/day for 8 days Taxi to Ship | 2 00 2 75 4 00 75 | 11 11 X X |
| Sept. 4 to Oct. 12 | San Francisco | Singapore | | 16 30 | 12 00 | Gratuities (Ocean Crossing) Taxi - Ship, Hotel, Ship Trunk & Baggage Gratuities at Singapore 50¢/for 3 days | 15 00 1 80 2 00 1 00 | 11 X X X U.S. Currency |
| Oct 15-23 | Singapore | Colombo | | 13 00 | 07 00 | Gratuities (Ocean Crossing) Baggage from Ship to Hotel | 10 00 50 | X X |
| Oct 23-26 | Colombo | Bombay | | 20 15 | 10 15 | Baggage Hotel to Train Baggage Train from Train Excess Baggage Wt on Train Baggage Changing Train twice Taxi Changing Trains Taxi from Train to join ship Gratuities for these 4 days 50¢ per | 7 4 1 0 14 6 2 0 1 8 2 0 2 00 80 @ 4.00 | X X X X X X X X Indian Currency Rupees & Annas |
| | | | | | | I do not know the rates of exchange to be used for completing this to a common Currency TO THE AMERICAN INDIAN | 22 22 22-2-9 22-13-2 | X X X X |

~~disallowed.~~

Total expenses - \$ 4-1-11

TOTAL SUBSISTENCE \$ 28-15-8

CLAIM. \$ 28-17-7

ABATE AMOUNT 25-10-4

\$ 3-00

ADVANCED IN U.S. \$ 9-9-4

\$ CAN. \$ 9-0-7

NET AMOUNT \$ 7-8-1

\$ 10-0-7 P.S.

Subsistence as per scale:—
Train (San Fran) 8 " 28 10 1 day less 1/2 day per diem = \$ 18-8-2
(Singapore) 3 days at \$ 500 per diem
(Col. to Bombay) 3 " 28 1-3-9 less 1/2 day per diem = \$ 2-7-6
hours - - - - - 21-8-5

Less Provision and/or Ration Allowance

days at \$.....per diem \$.....

Total amount of claim - \$

Abate advance received from..... Accountant Officer to
Naval Officer-in-Charge, Vancouver

Balance due - \$

Received from British Consulate General, San Francisco, 20.00 U.S.
Subsistence " " 6.00 U.S.
day of..... 193

Received this day from Mr....., Accountant Officer,

the sum of.....dollars,.....cents.

Signature.....

Rank.....

P 93625

DEPT.
NATIONAL DEFENCE
JUL 23 1941
N.S. 103/8162
CANADA

COPY

H-2-14

14th July, 1941

From: The Commanding Officer,
R.C.N. Barracks,
Halifax, N.S.

To: The Naval Secretary
Naval Service Headquarters
Ottawa, Ont.

Submitted for the consideration of the Department, the suggested disposal of Sub-Lieutenants (E) R.C.N.V.R. for further training, and Engine Room Watch-keeping Certificates.

2. These Officers will have completed their course of instruction in H.M.C.S. "Stadacona" III on August 15th, 1941 and will be available for appointments on August 18th, 1941

ATLANTIC & MEDITERRANEAN

H.E. Marshall)
K.W. Salmon)
L.E. Simms) - Elec. (E)
B.K. Smith)

D. Ridge.
W.M. Hayman
D.L. Lindsay
S.L. Baird
H.T. Jones
D.P. Lambert
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A.H. Kerley
F.M. Bond
B.F. Booth

CHINA - Singapore

J.E. Stobrey ✓
H.D. Minogue

RAMILLES

E.E. Robertson
E.W. Airey

ROYAL SOVEREIGN

G.F. Webb
R.A. Litkenhaus
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WEST INDIESDISPATCH

A.G. Bridger

DIOMEDE

R.J. Jones

PRINCE HENRY

D.L. McCann
A.A. Baker
V.L. Savage

PRINCE DAVID

R.J. McKeown
A.T. Dougall
J.D. Mitchell

PRINCE ROBERT

R.R. Schneider
F.D. Sturdy
G.V. Roche

DESTROYERS

K.F. Wright
J.A. Wedgwood
J.S. Fowler

(Sgd) J.C.I. Edwards

A/CAPTAIN, R.C.N.
COMMANDING OFFICER

TO: D.P.P.A.

FILE No. NS: 0-70570

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

STOREY, John Edmund 0-70570 Lieut (E)
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead

Applicant: MOTHER. In receipt of A.P. \$60.00
at time of Storey's death. No division in pension on file.

TOTAL SERVICE

Date of Active Service

1 May 1941

Date of Discharge

7 May 1944

Total No. of Days

1103

Less non qualifying
service

nil

Total Days 1103

OVERSEAS SERVICE

% Total No. of Days

849

Less non qualifying
service

nil

Total Days

849

849

Record of Service in other Forces (per Naval Records)

Branch of Service

nil

Date of Active Service

Date of Discharge

& % Overleaf

Computed By JK

Checked By JK

DATE: DEC 28 1944

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

ID

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY3
ARMYDECEASED
MEMBER'S
NAMEJohn Edmund
(CHRISTIAN NAMES)STOREY
(SURNAME)

REGISTER NO. 3049

FILE NO. NSO-70570

DATE 18 May/45

PAYEE

Director of Estates,
308 Sparks St.,
Ottawa, Ont.for John E. Storey,
NSO-70570

SERVICE NO. RCNVR

ADDRESS

FINAL RANK OR RATING Lieut. (E)

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

DATE OF DISCHARGE 7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1103 EQUAL TO 36 COMPLETE PERIODS AT \$7.50
30

\$ 270.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 849 LESS 23 INELIGIBLE DAYS, EQUAL TO 826 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

206.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$6.00
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$2.35
ADDITIONAL PAY Mch. All. \$.50
Stores All. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$ \$

TOTAL \$9.10 X7 = \$ 63.70
NO. OF DAYS 826 X\$ 63.70
183

287.52

D. WAR SERVICE GRATUITY

764.02

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ NIL

F. TOTAL AMOUNT PAYABLE

764.02

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 764.02

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.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

MMB

NAVY

Name: STOREY Surname John Edmund Christian Names No.: RCNVR

Rank LIEUT. Unit R.C.N.V.R. Date of Death 7-5-44

AMOUNT

W.S.G. 764.02
L.P.C. \$ 235.85

Date: 21-6-45

Other Credits 1472.13

Total 2472.00

Prev. Dist. 1707.98
This Dist. 764.02

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|-------|--------------|---|--------|
| 1/2 | Father | George T. Storey, 3 Normer Court, Esquimalt, B.C. | 382.01 |
| 1/2 | Mother | Mrs. Amy K. Storey, (as above) | 382.01 |
| | | (as next of kin entitled) | |
| | | PA TO TREAS. 18/7 | |

WSG

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|--------------------------|------|-----|----------------------------|------|----------|
| 9999 | 831 | 00 | 50 | 000 | \$764.02 |
| CLASSIFIED BY <u>TJK</u> | | | 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

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

1. PLACE OF DEATH AT SEA Name of Municipality (if any) _____
Name of city or place _____
Street or road _____ House No. _____
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred _____ In Province _____ In Canada (if immigrant) _____
(in years, months and days)

3. PRINT FULL NAME OF DECEASED STOREY John Edmund
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place Vancouver Name of Municipality (if any) B.C.
Street or road West 5th Avenue House No. 3080

5. SEX Male 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN British 8. Single, Married, Widowed or Divorced Single 9. BIRTHPLACE (Province or Country) Victoria, B.C.

10. Date of Birth May 3rd 19 17 11. AGE 27 Years Months Days If less than one day
(Month by name) (Day) (Year) hrs. or min.

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. University Student
(b) Kind of industry or business, as paper mill, lumber, bank, etc. _____
(If labourer specify kind of work above)

13. Date deceased last worked at this occupation _____ 14. Total years spent in this occupation _____

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased _____

16. Name of father _____ (Surname or last name) (Given or Christian names)

17. Maiden name of mother _____ (Surname or last name) (Given or Christian names)

18. Birthplace:— Father _____ Mother _____
(Province or Country) (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at _____, this _____ day of _____ 19____
Signature of informant H.B. Money Relationship to deceased _____
Address Payr. Cdr. R.C.N.R., Officer i/c Naval Personnel Records, Naval Service Headquarters, Ottawa, Ontario

20. Burial, Cremation or Removal _____ Date _____ 19____
(Month by name) (Day) (Year)
Place of Burial Body not recovered Cemetery _____
(Municipality)

21. Undertaker:— Name _____ Address _____

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7 19 44
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from _____ 19____
to _____ 19____, and last saw h _____ alive on _____ 19____

| I | CAUSE OF DEATH | DURATION | | |
|---|---|----------|------|------|
| | | Yrs. | Mos. | Dys. |
| Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. | (a) <u>"MISSING" presumed dead, when</u> due to <u>H.M.C.S. "VALLEYFIELD" was tor-</u> | | | |
| Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). | (b) <u>pedoed and sunk by enemy action</u> (c) <u>in the Atlantic.</u> | | | |
| II Other morbid conditions (if important) contributing to death but not causally related to immediate cause. | | | | |

25. If a woman, was the death associated with pregnancy? _____

26. Was there a surgical operation? _____ Date of operation _____ 19____
State findings _____ Was there an autopsy? _____

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? _____ Date of injury _____ 19____
(State which)
Manner of injury _____
(How sustained)
Nature of injury _____
Specify whether injury occurred in industry, in home or in public place _____

Signed by _____ Designation _____ M.D., Coroner, etc.
Address _____ Date _____ 19____

28. I hereby certify that the above return was made to me at _____ 19____
(District Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

Stillbirth consult reverse side before making out certificate.

CLASS OF
SERVICE

FULL RATE
DAY LETTER

TELEGRAM

RECEIVER'S NO.

TIME FILED

CHECK

TO: MRS. AMY KATHLEEN STONEY,
#3 NORMAN COURT,
ESQUIMALT, B.C.

FROM: NAVAL SERVICE HEADQUARTERS,
OTTAWA, ONTARIO.

67
id

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES DEEPLY REGRETS TO REPORT THAT YOUR

SON
(FATHER, HUSBAND, SON, ETC.)

LIEUTENANT (A) JOHN EDWARD STONEY
(FULL NAME)

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE
(RATING)

OFFICIAL NO.

IS MISSING AT SEA. LETTER FOLLOWS.

FILE NS 0-70570 PERS. (1)

DRAFTED BY NFR per TTH

CHECKED BY

DATE 8 May, 1944.

CHARGE NAVAL

REGISTERED

AIR MAIL

/DD

File No.: O-70570 (PERS.(N))

8 May, 1944.

70

Dear Mrs. Storey:

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 son, Lieutenant (E), John Edmund Storey, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son 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 regard as confidential anything beyond the fact of your son'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 son has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD

Mrs. Amy Kathleen Storey,
#3 Norman Court,
ESQUIMALT, B.C.

di patched by
NAVAL PERSONNEL
9 1944

ms 776

TFH/MB

REGISTERED
AIR MAIL

File No. O-70570 Pers.(N)

11th May, 1944

71

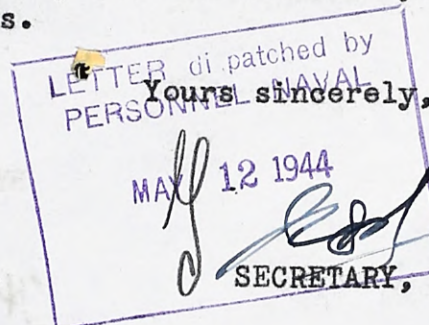
Dear Mrs. Storey:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield" from which your son has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

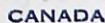
Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D. T. English, of Halifax, Nova Scotia, are missing.

May I again express the sincere sympathy of the Department in your sad loss.



Mrs. Amy Kathleen Storey,
#3 Norman Court,
ESQUIMALT, B.C.

E.P.



Ottawa, Canada.

IN REPLY PLEASE QUOTE

No.

With reference to your

of the it is approved

to transfer

to

BY ORDER

Handwritten:

SECRETARY, NAVAL BOARD.