

V19486
LOVE

JOHN

FREDE

WAR SEV

AWARDS NAVY

John Frederick

V-19486

Sto. 2

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

Defence Medal

C.V.S.M. & Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

8630

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEMORIALS—DECEASED PERSONNEL

NVR - June /43.

REGISTRATION No. DATE OF DESPATCH

Christiansen (Re-married)

TO Mrs. Mabel P. Love - Widow

ADDRESS: ~~156 Cotterbury St.,~~ 639 Logan Ave., TORONTO
~~Sarnia, Ont.~~

13-9-49

MEMORIAL CROSS

WIDOW

Mrs..M. P. Love

ADDRESS:

156 Cotterbury Street
SARNIA, Ontario(3) MEMORIAL CROSS

MOTHER

Mrs. R. Love

ADDRESS:

2156 Robinson Street
REGINA, Sask.

MEMORIAL BAR

DATE DESP

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REGN. NO

424

(2) 29 July 1942

(3) 29 July 1942



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

1 11964

DEPT.
NATIONAL DEFENCE
AUG 20 1941
N.S. 113-21179
CANADA

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME LOVE OFFICIAL NO. U19486
CHRISTIAN NAMES John Frederick MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS	RELIGION
156 Cotterbury Street. Sarnia, Ontario.	Anglican.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
28th. Sept. 1913	Town <u>Brandon</u>	Mrs. Mabel Patricia Love (wife) 156 Cotterbury St. Sarnia, Ontario.
*Original Nationality of: Father <u>English</u> Mother <u>English</u>	County Province <u>Manitoba</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>Scar over corner left eye.</u>
Inches <u>10</u>	Deflated <u>33 1/2</u>				
	Mean <u>34 3/4</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>One year Hight School.</u>	<u>Machine operator</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>Divisional Strength</u> <u>7th. August, 1941.</u>	<u>Stoker II</u>	<u>Windsor, Ontario</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

ENTERED IN PAY LEDGERS
H. M. C. S. "BYTOWN"
FAIR
ROUGH

Personnel Records
Division

Noted in Records AE
2. Index Card AE
3. Non-Sub. Card AE
4. Statistical Card AE
5. Roneo Strip AE
6. AE
7. AE
8. 28/8/41
DATE 28/8/41 TO 19

(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 been rejected for or discharged from any of His Majesty's Forces~~
(b) I served in 1st. Yorkton Regiment for the period shown and attach my record of service, in corroboration of this statement.

SERVED IN	RANK	FROM	TO
<u>1st. Yorkton Reg't.</u> <u>(militia)</u>	<u>Bugler</u>	<u>1925</u>	<u>1927</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.....WINDSOR.....Division.....
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.....7th.....day of.....August, 1941.....

Signature of applicant.....John F. Love.....

(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.....7th.....day of.....August, 1941.....

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I,.....John Frederick LOVE.....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 F. Love.....

Witness.....J. H. Heath.....

Date.....August 7th, 1941.....Rank.....

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....John Frederick LOVE.....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.....Division of the R.C.N.V.R. or in the appropriate official documents.

Attesting Officer.

.....7th August.....1941.....R.C.N.V.R. Division (or other establishment).....WINDSOR, ONTARIO.....

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.

V19486

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 156 Cotterbury St. Town Sarnia Province, etc. Ont.

	DESCRIPTION
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PREVIOUS SERVICE

ADDRESS (in pencil): Street and No. 156 Battersea St. Town Barnsley Province, etc. Yorks

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS. CERTIFICATES. ETC.

BADGES. G.C. OR G.S.

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

FILM NO. WSA-5458-4
DATE

O.H.F. Received.

SECOND CLASS FOR CONDUCT

SECOND CLASS FOR CONDUCT	
From	To

V19486

OFFICIAL NUMBER

NAME LOVE

(Surname)

John Frederick

(Given Names)

OFFICIAL NUMBER V19486

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
Windsor Div. Str.	Stoker 11	7	8	41		V.G.	Sat.	31	12	41							
Duty Div. Hdqts.	" "	11	8	41		V.G.	Sat.	12	6	42							
Stadacona	" "	13	10	41													
RNB Chatham	" "	9	1	42	Passage "HMT Bergensfjord"												
DISCHARGED	" "	12	6	42	"Missing, Presumed Killed"												
GENERAL REMARKS																	
X-Ray Approved																	
Canadian Memorial Cross: Mother																	
Mrs R. Love, 2156 Robinson St.,																	
Regina, Sask.																	
Canadian Memorial Cross to wife:																	
Mrs. M. Patricia Love,																	
156 Cotterbury St., Sarnia, Ont.																	
Missing presumed killed on 12-6-42																	
<div style="display: flex; justify-content: space-between;"> <div> 28 9 13 16 399 X 30 2 1 24 68 9 11 0 15 95 07 08 41 11 08 41 11 08 41 09 </div> <div> 9600 015 95 20.12.06.42 mm </div> </div>																	

NAME IN FULL LOVE John Frederick RANK/RATING NAVAL GENERAL SERV

[illegible]

ING 210 OFF. NO. ✓ 19486 ADDRESS

DIR. OF PERSONNEL RECORDS.

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Note—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined LOVE, John Frederick
 † candidate for entry as STOKER II
 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.

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

Age (Years / Months) (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or re-vaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	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. (o)	Anus, Hemorrhoids, etc. (p)
27 ⁹ / ₁₂ yrs.	150 lbs.	5-10 ft. ins.	fair	inches (a) maximum 36 (b) minimum 33 ¹ / ₂ (c) mean 34 ³ / ₄	right eye 6/18 left eye 6/18 * colour vision N.	15 years	lungs & heart normal	normal	normal	clear	drums & hearing normal	normal	no teeth in poor shape—several roots	normal

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

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

Negative -- 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 Love
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 Roots (3.1) & decayed teeth

* { 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 Sarnia, Ont the 10 of July 1941

A. E. Hather
Examining Medical Officer
(Rank) Surg. Lieut RCNVR

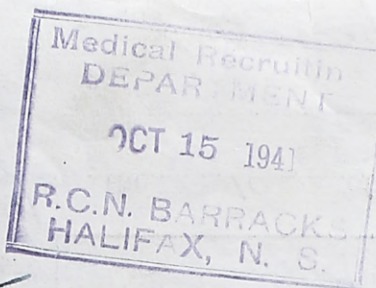
R66

L66

C.V.N.

BP 120
80

Recheck OK.



L. M. Hamon
SURGEON LIEUT.

MEDICAL QUESTIONNAIRE.

NOTE: ALL QUESTIONS TO BE ANSWERED SIMPLY "yes" or "no".

1. Have you ever been discharged from the Navy, Army or Air Force.

.....No.....

2. Have you ever had any or the following illness' or defect at any time?

a. Rheumatism, Rheumatic Fever.....No..... k. Nose trouble

b. Tuberculosis or Pleurisy.....No..... l. Ear trouble

c. Bronchitis or Pneumonia.....No..... m. Eye trouble

d. Asthma or Hay Fever.....No..... n. Gonorrhea

e. Kidney or Bladder trouble.....No..... o. Syphilis

f. Bed wetting at night.....No..... p. Broken or diseased bones

g. Heart trouble.....No.....

h. Indigestion or any kind.....No..... q. Rupture or hernia

i. Stomach or Bowel trouble.....No..... r. Flat or deformed feet

j. Any operations.....No..... s. Varicose veins

3. Have you ever had an illness of more than one weeks' duration?

.....No.....

4. Have you ever been in Hospital or Sanatorium?.....No.....

5. Have you or anyone in your family ever had:

a. Tuberculosis.....No..... c. Epilepsy

b. Diabetes.....No..... d. Mental or nervous breakdown

REMARKS BY EXAMINER.

nil

B. H. Pearson
Surgeon Lieutenant, R.C.N.V.R.

I certify that I have revealed my full medical history and not withheld any relevant information.

.....*J. F. Lane*.....
Signature or Applicant.

OCCUPATIONAL HISTORY FORM

113-L-1179 8

4

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 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. U19486
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..... (b) Were you attending school or college up to the time of enlistment?.....
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior 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 Sept 20 1941

SIGNATURE.....



Copy To
VWD
ES

DEC - 8 1941

CERTIFICATE of the SERVICE of

John Frederick LOVE

I.C. NS 34217

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
Halifax, N. S.	Windsor	V-19486

Date of Birth 28th September, 1913

Place of Birth Brandon, Manitoba.

Place of Residence 156 Galloway St. Sarnia, Ont.

Trade brought up to Machine Operator

Religion Anglican

Name and Address of Nearest Relative or Friend (in pencil)

Mrs. Michael Love
156 Galloway St.
Sarnia, Ont.

Can Swim:—P.P.T. Date (Fair) 11 November 1941 Signature 20 days Rank 4th Rank

P.S.T. Date 19 Signature Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
10th July 1941	7th Aug. 1941	Hostilities	Stoker 11			

PERSONAL DESCRIPTION

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	5	10	34½	150	Brown	Blue	Fair	Scar over corner left eye
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date	List	Date	Authority

TRANSFER—LISTS A AND B

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941	Windsor Division			Sto II	Divisional strength 7 Aug	10 Aug	
1941	Windsor Division			Sto II	Active service 11 Aug	13 Oct	
-1-	Stadgcona			-1-	14 Oct '41	8 Jan '42	
	R. N. B. Chatham			-1-	9 Jan '42	12 June '42	" Missing, presumed killed on active service 12 June '42. (U.S. 30-17-1 of 25 June '42)

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Naval Service Headquarters at OTTAWA, Ont.

Name LOVE, John Frederick
(Christian names in full)

Rank of Rating Stoker II, R.C.N.V.R. Official No. V-19486.
(If unknown, date of first entry)

Place of Birth Brandon, Manitoba Date of Birth 22 September, 1913.

Occupation in Civil Life machine operator Religion Anglican

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) Active Service from 11 August, 1941 to 12 June, 1942.

Date of Death 12 June, 1942 Place of Death At sea

Cause of Death Missing, presumed killed on active service. He was serving
(If due to accident, violence, or enemy action, particulars to be stated briefly)

in a Royal Navy ship overseas.

Nearest known relative or friend. { Name Mrs. Mabel Patricia Love, Relationship Wife
Address 156 Cotterbury Street,
SARNIA, Ont.

Date on which the above was informed by Ship N.S.H.Q. - 16 June, 1942.

Date on which death was registered with local Officials

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

Place of Burial (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

Commanding Officer,

9 September, 1942.

The ~~Naval Secretary~~ Secretary, Naval Board,
Department of National Defence,
Ottawa, Canada.

for

SECRETARY, NAVAL BOARD.

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.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Naval Service Headquarters at OTTAWA, Ont.

Name LOVE, John Frederick
(Christian names in full)

Rank of Rating Stoker I, R.C.N.V.R. Official No. V-19486.
(If unknown, date of first entry)

Place of Birth Brandon, Manitoba Date of Birth 28 September, 1913.

Occupation in Civil Life machine operator Religion Anglican

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) Active Service from 11 August, 1941 to 12 June, 1942.

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(If due to accident, violence, or enemy action, particulars to be stated briefly)

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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

Commanding Officer,

9 September, 1942.

The ~~NAVAL SECRETARY~~ Secretary, Naval Board,
Department of National Defence,
Ottawa, Canada.

for

SECRETARY, NAVAL BOARD.

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.



PHONE
METCALF 2653

The Canadian Legion ^{OF THE} British Empire Service League

ONTARIO PROVINCIAL COMMAND

WESTERN ONTARIO SERVICE BUREAU

F. FURNESS, ADJUSTMENT OFFICER

WYATT BUILDING, 294½ DUNDAS STREET
LONDON, ONTARIO



188651

July 30/42.

47

Chairman,
Dependents' Allowance Board,
Ottawa, Canada.

Dear Sir:

re: V-19486, John F. LOVE (dec.)
Stoker #2

This office has been requested to write you on behalf of Mrs. Love, 156 Cotterbury St., Sarnia, Ontario, widow of the above named.

Mrs. Love advises that her late husband enlisted in the R.C.N.V.R. on Aug. 11th, 1941, but that he was serving with the Royal Navy at the time he was killed in action. He was declared dead on June 12th, 1942.

During the man's service, Mrs. Love was in receipt of Assigned Pay and Dependents' Allowances, for herself and one child, at the rate of \$58.00 per month.

In view of the recent R.C.N.V.R. ruling that dependents would receive allowances equivalent to those paid by the Canadian Army, with effect from April 1st, 1942, it would be appreciated if we might be advised as to whether Mrs. Love is entitled to an adjustment covering the increased rate of allowances for the period between April 1st, 1942 and June 12th, 1942, the date of her husband's death.

Thanking you, I am,

Yours very truly,

A.M. Forbes,
Adjustment Officer,
WESTERN ONTARIO AND
HAMILTON DISTRICT

AMF:P

"THEY SERVED TILL DEATH! WHY NOT WE?"

MAIN FILE	
CHARGED TO	JNPA
SINCE	20-742
REC'D. CENTRAL REGISTRY	
AUG 4 1942	
REFERRED TO	JNPA

RECEIVED JUL 11 1942

TO THE DIRECTOR OF THE BUREAU OF INVESTIGATION
FROM THE DIRECTOR OF THE BUREAU OF INVESTIGATION
SUBJECT: [illegible]

100-100000

RECEIVED JUL 11 1942
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

RECEIVED JUL 11 1942

100-100000



18th June, 1942. 24

Dear Madam:

It is with deepest regret that I must confirm the telegram of the 16th June from the Minister of National Defence for Naval Services informing you that your husband, John Frederick Love, Stoker II, R.C.N.V.R., O.N. V.19486, is missing, presumed killed on Active Service.

No details are known at Headquarters, but should any further information be received you will be advised immediately.

I wish to express the sincere sympathy of the Chief of the Naval Staff, Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,

J.F.
Secretary, Naval Board.

Mrs. Mabel P. Love,
156 Cotterbury St.,
SARNIA, Ontario.

*Message delivered
as per signal attached.
HAB*

*Canadian Cond. Message - 23/6 @ NPK
Royal " " - Overseas.*

22 June, 1942.

29

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:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
LOVE, John Frederick Stoker II, V-19486, R.C.N.V.R.	Missing, presumed killed on Active Service to date the 12th of June, 1942. (Overseas.)	Wife: Mrs. Mabel Patricia Love, 156 Cotterbury St., SARNIA, Ont.

ALLOTMENTS IN FORCE

<u>In favour of:</u>	<u>Amount</u>	<u>Initials.</u>
Mrs. Mabel Patricia Love, 156 Cotterbury Street, Sarnia, Ontario.	\$58.00	L.D. <i>JML</i>

WILL: No record.

Yours truly,

R. A. L. Hamilton
SECRETARY, NAVAL BOARD.

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

MEMORANDUM FOR

P. 64

Mrs. Mabel Patricia Love,
156 Cotterbury Street,
Sarnia, Ontario

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

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

and the following number quoted:—

H.Q. 113-L-1179 FD 48

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 4 1942

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

John Frederick LOVE, Stoker II

No. V.19486 R.C.N.V.R.

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

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



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	MABEL PATRICIA LOVE	25	156 COTTERBURY ST. SARNIA. ONT.
2	Children of the Deceased and dates of their Births.....	DEANNA MARIE LOVE BORN - DEC. 13 TH 1936	5	156 COTTERBURY ST SARNIA. ONT.
3	Father of the Deceased.....	ROBIN LOVE		5802 LAWTON AVE DETROIT MICH.
4	Mother of the Deceased.....	VIOLET LOVE		2156 ROBINSON ST. REGINA. SASK
5	Brothers of the Deceased	Full Blood	ALLAN LOVE LAURIE LOVE	44 SENECA ST BURLINGTON. ONT OVERSEAS.
		Half Blood		
6	Sisters of the Deceased	Full Blood	MRS. R. COLVILLE MRS. T. DEMPSTER DOROTHY LOVE	2436 W. 1ST AVE. VANCOUVER B.C. MELVILLE. SASK. WOMEN'S CLUB Bldg.
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		none		

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

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	JOHN FREDERICK LOVE.
11	Give the month and year of his birth.	28 years. Born ^{Sept. 28 th.} 1913.
12	Where and when were his parents married?	not known.
13	If deceased was married, state place and date of marriage.	Port Huron Mich. May 16th 1936.
14	Did he leave a Will? If so, a copy should be attached hereto.	none
15	Did he leave a bank account? If so, give full particulars.	none
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	none
17	State your own postal address in full.	156 Cotterbury St. Sarnia, Ontario

PARTICULARS OF DOMICILE

18	Where was deceased born?	Brandon. Manitoba
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Brandon then Yorkton Sask & to Sarnia. Ont. for 9 years.
20	What was the nature of his employment?	operated presses for Electric Auto Lites. Sarnia
21	Did he own the premises in which he lived? If so, where?	_____
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	_____

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	_____
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am

* widow of the deceased.

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

{ Signature of Informant

Mrs. Mabel P. Love

CERTIFICATE

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

Mabel Patricia

*See above

Love { Name of Informant } is the * widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Sarnia this 6th day of July 19 42.

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

C. Weir

Qualification

Comm. S.C.O.

Address

180 1/2 Christina St. Sarnia

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

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

Dear Sir:

Understand from authorities here that ever since my late husband has been in service I have not been receiving proper amount of pay. Please look into this. As it stands I have bills to pay & my amount seems so little for my self & one child as I have been left absolutely penniless.

Thanking you

Mrs. Mabel P. Love.

DEPARTMENT OF NATIONAL DEFENCE

ID NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

Deceased member's
NAME John Frederick LOVE
(CHRISTIAN NAMES) (SURNAME)
Payee: Mrs. Mabel Patricia LOVE
ADDRESS 71 Earl Grey Rd.,
Toronto 6, Ont.

REGISTER NO. 2478
FILE NO. NSV-19486
DATE 1 Meh/45
SERVICE NO. V-19486
FINAL RANK OR RATING Sto. 1/c
DATE OF DISCHARGE 12 June/42

DATE OF TERMINATION OF OVERSEAS SERVICE

12 June/42

DATE OF DISCHARGE

12 June/42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 306 EQUAL TO 10 COMPLETE PERIODS AT \$7.50

\$ 75.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 155 LESS 6 INELIGIBLE DAYS, EQUAL TO 149 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ 37.25

SUB TOTAL

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY \$
DEPENDENTS' ALLOWANCE 1/30 OF \$ 1.55
TOTAL \$ 5.00 X7 = \$ 35.00
NO. OF DAYS 149 X\$ 35.00
183

\$ 28.50

D. WAR SERVICE GRATUITY

\$ 140.75

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ NIL

F. AMOUNT PAYABLE

(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)

\$ 140.75

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE
FOR EXPLANATION
OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$

X30

\$

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	140.75								
CHEQUE No.	113964								
DATE	10/3-45								
INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

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 SJD
CHECKED BY [Signature]
TREASURY
CHECKED BY [Signature]
DATE 8/3/45

For Dir. Naval Pay. Accting.

SERVICE REPRESENTATIVE

Supplementary Allotment for part months of August and September and decreased allotment for October.

H.Q. File No.

SEP 18 1941
113-2-1179

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

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

FOR USE AT HEADQUARTERS ONLY

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name: LOVE Surname John P. Christian Names No.: 7-19186

Rank Sto. 1 Unit P.O. H.T.R. Date of Death 12-6-42

AMOUNT

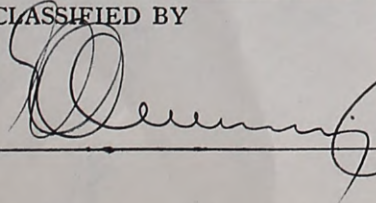
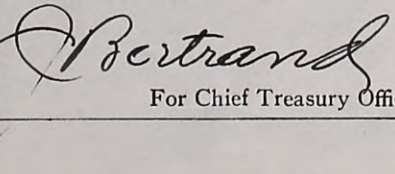
L.P.C.\$ 72.77

Date: 3-6-43

Other Credits.....

Total..... 72.77

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<u>All</u>	<u>Widow 17138</u>	<u>Mrs. Mabel P. Love,</u> <u>156 Cotterbury Street,</u> <u>Sarnia, Ontario</u> <u>(as next of kin entitled)</u>	<u>\$72.77</u>

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<u>831</u>	<u>00</u>	<u>50</u>	<u>000</u>	<u>\$72.77</u>
CLASSIFIED BY			EXAMINED BY		
					
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
N. O. SEAGRAM

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

E.C. per B.
For Chief Treasury Officer