

V25654  
HOOPER

HOWARD

FREEM




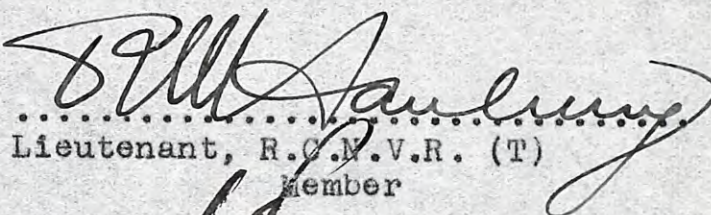
FINDINGS OF BOARD OF INQUIRY HELD IN COMMANDER OF THE  
PORT'S OFFICE, ST. JOHN'S, NEWFOUNDLAND, AT 1430 ON 9TH  
NOVEMBER, 1942, INTO THE INVESTIGATION OF THE DEATH BY  
DROWNING OF HOWARD FREEMAN HOOPER, CODER, O.N. V.25654.

It is the opinion of this Board that Howard Freeman Hooper, Coder, Official Number V25654, came to his death by accidental drowning in St. John's Harbour, Newfoundland, on the 7th day of November, 1942, (Q33,36 & 44) whilst in the performance of his duties. (Q.157).

2. Signal submitted in evidence is attached to Minutes of Inquiry.

3. The Board respectfully recommends that H.M.C. Dockyard, St. John's, is unsafe for pedestrian traffic during darkness under existing Blackout Regulations and it is further recommended that duty personnel be supplied with approved electric torches or a lighting system be installed on the wharf which will meet Blackout requirements.

  
.....  
Surgeon Lieutenant, R.C.N.V.R. (T)  
Member

  
.....  
Lieutenant, R.C.N.V.R. (T)  
Member

  
.....  
Lieutenant Commander, R.C.N.V.R.  
President



V25654

RESIDENCE AT TIME OF ENLISTMENT: Street and No. \_\_\_\_\_ Town St. George Province, etc. N. B.

ADDRESS (in pencil): Street and No. .... Town St. Leonards Province, etc. Alberta

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

Date (in figures)		DAYS FORFEITED						O.H.F. Received.	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	

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

E.L.









## DEPARTMENT OF VETERANS AFFAIRS

## WAR SERVICE RECORDS

## AWARDS NAVY

~~DECEASED~~ 7 November 1942

D.D.

HOOPER

Howard Freemont

V-25654

Coder

FILE No.

892-H

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON  
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

## CAMPAIGN MEDALS

1939-45 Star

C.V.S.M. &amp; Clasp

War Medal

## REGISTRATION NUMBER AND DATE DESPATCHED

5568-24.11.47

02-98771

M



P

(THE REVERSE TO



MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR May 42

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

REMARIED SAUNDERS 14/4/46

ENTITLED TO Mrs. Claressa Hooper - Widow

ADDRESS: 3 Signal Hill Rd.,  
ST. JOHN'S, Newf'ld.

(2) MEMORIAL CROSS

WIDOW Mrs. C. Hooper

ADDRESS: Signal Hill Road  
ST. JOHN'S, Nfld

(3) MEMORIAL CROSS

MOTHER Mrs. E. Hooper

ADDRESS: ST. GEORGE, N.B.

MEMORIAL BAR

(1)  
DATE DESP  
REGN. NO CANCELLED

(2) 2 February 1943

(3) 2 February 1943



Address of second husband

9 Signal Hill Road, St. Johns, Nfld.  
(Nov 58)

Auth: Veteran's CR file



S.—1246 (late S.—1326).  
T.S.—97.

(Established—July, 1901.)

(Revised—May, 1938.)

SM—6-40 (5505)

N.S. 815-9-1246

Name HOOPER, H.

Official No. Y 25 654

To be kept attached to the Service Certificate until final discharge from the Service.

# SIGNAL HISTORY SHEET.

## I. EXAMINATION RECORD.

To be filled up according to the result obtained after examination.

9421/D5234 4250/7/39 Wt & Sons Ltd 221c\*/64315/

Date	Nature of Examination Qualifying or Requalifying		Fleet Work		Miscellaneous		Procedure		Coding		W/T	Buzzer		Flashing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
			Paper	Mast and Marching Manœuvres	Paper	Oral	Paper	Practical	Paper	Practical		T	R			Mechan- ical	Hand Flags			
	FOR T.O. (V/S)	% Required	80 (oral)	—	—	80	—	80	—	80	—	80	90	97	96	98	98	—	—	—
	(Provisional)	% Obtained																		
	FOR T.O. (V/S)	% Required	80 (oral)	—	—	80	—	80	—	80	—	80	90	97	96	98	98	—	—	—
	(Final)	% Obtained																		
	FOR V/S 3	% Required	80	—	—	80	80	—	80	80	75	80	90	97	96	98	98	—	—	—
	State whether after a qualifying course	% Obtained																		
	FOR V/S 2	% Required	80	80	80	80	80	80	80	80	75	80	90	97	96	98	98	—	—	—
		% Obtained																		
	FOR V/S 1	% Required	80	85	80	80	80	85	80	80	80	85	90	97	96	98	98	—	—	—
		% Obtained																		

## II. Date of Granting of Non-Substantive Rate.

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (V/S)			V/S 3			V/S 2			V/S 1		

S.—1246.  
T.S.—97.



### III. Boys Examinations.

#### (I.) ON PASSING OUT OF TRAINING ESTABLISHMENT.

Date		Paper	Oral	School	Pro- cedure Pract.	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Training Establishment	Initials of Examining Officer
						T	R			Mech.	H.F.			
	% Required	75	65	40	75	75	85	90	88	90	90	—	—	—
	% Obtained													

#### (II.) FOR ACCELERATED ADVANCEMENT TO ORDINARY SIGNALMAN.

Date		Paper	Oral	Coding Pract.	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
					T	R			Mech.	H.F.			
	% Required	75	75	70	75	85	95	92	96	96		—	—
	% Obtained												
	% Obtained												

### EXAMINATION FOR ORDINARY CODER

DATE		BUZZER	PR. COD.	COD. INST.	P OR F	EXAM. OFFICER
	% REQ'D	75	75	75		
12-9-41	% OBT'D	76	75	79	P	Sgnd.

	Seamanship	75											
	Field Training	70											
	W/T	75											

### VI. Examination for Signalman.

Date		Fleet- work Paper	Misc. Oral	Pro- cedure Paper	Coding Pract.	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
						T	R			Mech.	H.F.			
	% Required	75	75	75	75	75	85	95	92	96	96			
	% Obtained													
	% Obtained													
	% Obtained													

\* One combined Paper.



Name . HOOPER, Freemont. Howard .....  
Sub-Rating and Seniority 0/Coder ..... Non-Sub. ....  
O.N. . V. 25654 ..... S.B. No. . 1111 ..... W.B. No. ....  
Joined Ship . 23-7-41 ..... from . . . . . Purple Head Sig. Sta.  
Engagement: Period . . . Hostilities ..... Expires .....  
Date of Birth . . 16th. March, 1920 ..... Religion . . . Baptist.....  
Character ..... Efficiency ..... Date .....  
Badges ..... Class for Conduct ..... Class for Leave .....  
Date due for: Next Badge .....  
Progressive Pay .....  
L.S. & G.C. Recommended .....

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1	... YES .....	.....	.....
Higher Educ. Test.	.....	.....	.....
Professional for higher Sub-rating	.....	.....	.....
do Non-Sub.	.....	.....	.....

Any Non-Service Attainments .....  
.....

Swimming Qualification . POOR. ....

Athletic capabilities ..... BASEBALL .....

General Remarks (including intelligence, energy, initiative, powers of command).

## Time in Signal School Only



H.M.C.S. " ..... "

Officer of Division.

Date .....

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.  
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.  
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.



JVM

N. V. 5  
5M-10-39 (2365)  
N.S. 815-11-5

## ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME HOOPER OFFICIAL NO. \_\_\_\_\_CHRISTIAN NAMES Howard Freemont MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS		RELIGION
St. George, N. B.		Baptist
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
16th March, 1920.	Town L'Etang, County Province N. B.	Mrs. Eliza Hooper, (Mother) St. George, N. B.

## PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet. 5	Inflated 32	Brown	Hazel	Fair	Nil
Inches 7	Deflated 30				
152	Mean 31				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
7th September, 1940	Ord. Sea. (Temp)	Labourer			

## (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	TO
	N I L		

- (c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.



(5) On being enrolled as a member of the **Special Service** Division of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself **and/or duration of Hostilities**

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

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

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

Dated this **7th** day of **September, 1940.**

Signature of applicant **Howard Hooper**

(C) **CERTIFICATE OF DIVISIONAL COMMANDING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this **7th** day of **September, 1940.**

**Signature of Commanding Officer.**  
**Lieutenant, R.C.N.V.R.**

(D) **OATH OF ALLEGIANCE**

I, **Howard Freemont Hooper** 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 **Howard Hooper**  
Witness **Signature**

Date **7th September, 1940.** Rank **Lieutenant, R.C.N.V.R.**

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

(E) **CERTIFICATE OF DIVISIONAL COMMANDING OFFICER**

**Howard Freemont Hooper**

.....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 **Special Service** Division of the R.C.N.V.R.

**Commanding Officer.**  
**Commander, R.C.N.**

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.



N.V. 17  
SM-12-39 (3289)  
N.S. 815-11-17

R. C. N. V. R.  
DURATION OF HOSTILITIES.

## CERTIFICATE of the SERVICE of

HOOPER, Howard Freeman.

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
HALIFAX====RCNVR	SPECIAL SERVICE	125654

Date of Birth	16th. March, 1920.	Name and Address of Nearest Relative or Friend
Place of Birth	L'Etang, New Brunswick	Mother -
Place of Residence	Charlotte Co. N.B.	Eliza
Trade brought up to	Labourer.	same address
Religion	Baptist.	



Can Swim:—P.P.T. ( ) Date	19	Signature
P.S.T. ( ) Date	19	Signature

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	7 Sep '40.	Duration of Host.	Ord. Sea. (Temp)			

PERSONAL DESCRIPTION								
—	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	7	31		Brown	Hazel	Fair	Nil.
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority



## NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1940	"Stadacona"	-	-	Chief	2 Sep '40	26 Dec '40	
1940	Venture (Tupik Had)	-	-	"	27 Dec '40	22 July '41	
1941	H.M.B. Signal School	-	-	"	23 July '41	11 Sep '41	
	"	-	-	"	12 Sep '41	11 Sep '41	
	N.O.B.C. Sydney	-	-	Ord. Coder	12 Sep '41	19 Sept	
	for Chicoutimi	-	-	Coder	12 Sep '41	30 Sep '41	
1942	Avalon (Chicoutimi)	-	-	"	1 Oct '41	18 Feb '42	
	Avalon	-	-	"	1 Feb '42	23 Mar '42	
	Sambo (Chicoutimi)	-	-	"	24 Mar '42	30 Apr '42	
	Stadacona (Chicoutimi)	-	-	"	1 May '42	3 July '42	
	Stadacona	-	-	"	4 July '42	2 Aug '42	
	Avalon	-	-	"	22 Aug '42	7 Nov '42	DD

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

[illegible]



## NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]







Howard Fremont Hooper  
Signature of Registrant

7 Head

DOMINION OF CANADA

NATIONAL REGISTRATION REGULATIONS, 1940  
REGISTRATION CERTIFICATE

This certificate  
must always be  
carried upon the  
person of the  
registrant.

Electoral District	No. 12	Charlotte
		(Name)
Polling Division	No. 30	Black Harbour
		(Name if any)

THIS IS TO CERTIFY THAT

Howard Fremont Hooper  
residing at St. George N.B.

.....was duly registered under the above-mentioned  
Regulations this 19 day of August 1940.

E. J. Harwood  
Deputy Registrar.



# CONDUCT SHEET

NAME HOOPER, Howard Freemont

RATING Ord. 1st Class

{ PORT DIVISION AND  
OFFICIAL NUMBER

Halifax N.S.  
N.R.

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for Conduct If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8)			Efficiency (Art. 607)	For Art. 413 ratings only. (See Notes 5, 6 and 7.)		Ship Discharged to (giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
						From	To	Character Assessment		Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)				
Stadacona	1 Sep 40	—	7 Sep 40	1st	1st	1 Sep 40	26 Dec 40	VG	Sat	—	—	Venture (Implehag)			J. C. I. EDWARDS
Venture (Implehag)	27 Dec 40	—	—	—	—	27 Dec	—	VG	—	—	—	—			
Venture (Implehag)	27 Dec 40	N.Y.	—	—	—	1 Jan 41	22 July 41	VG	Sat	NY (NQ)	NO	N.M.B. Signal School.			R. J. L. L. L.
N.M.B. Signal School	23 July 41	—	—	—	—	23 July 41	19 Sept 41	VG	Sat	NY (NQ)	NO	—			
Chicoutimi	20 Sept 41	—	—	—	—	20 Sept 41	19 June 42	VG	Sat	NY (NQ)	NO	Stadacona			R. J. L. L. L.
Stadacona	4 July 42	—	—	—	—	4 July 42	21 Aug 42	VG	Sat	NY (NQ)	—	Avalon			

## NOTES

- Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
- Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
- Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
- Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
- Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
  - "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
  - "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
  - "No"—Not recommended, whether qualified or not.
 For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
- Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement," columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
- Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
- Offences and Punishments.**—To be recorded on page 2.
- Training Service.**—This column is always to be completed for E.R.A.s, E.A.s, O.A.s, C.P.O.s, P.O.s and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No."



## RATING

Ord. Linn.

{ PORT DIVISION AND  
{ OFFICIAL NUMBER.

Halifax, N.S.

[illegible]





DUPLICATE

Can. B. 207  
20M-11-39 (3063)  
N.S. 815-2-207

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..... H.O. HOOPER Howard Freeman  
candidate for entry as..... Ord. Sea. R.C.N.V.R.T.  
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.

Dated at..... Halifax N.S. the..... 6 of..... September 19 40

L. S. Hard  
Examining Medical Officer  
SURGEON LIEUT.

\*Delete one

(Rank).....

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

Age { Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revac- inated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
19 <sup>5</sup> / <sub>12</sub>	lbs. 148 1.85	ft. ins. 5' 5 1/2"	Good	inches (a) maximum 34 (b) minimum 35 (c) mean 37	right eye 6/6 left eye 6/6 colour vision N Ish.	Completed	N	N	N	Clear	N	N	Deficient - 5 Defective - 0 Nose - OK Tonsils - OK	external leg; not significant

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Howard Hooper

Signature of Candidate

When a Candidate is subject to a defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

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

\*Delete one

Examining Medical Officer

(Rank).....

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



NAME IN FULL *H.O.P.E.R. Howard Greenost* RANK/RATING ..... *Cable* .....

[illegible]



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

...RANK/RATING ..... *Police* ..... OFF. NO. .... *V- 25624* ADDRESS .....

[illegible]

ERIFIED BY ..... DIR. OF PERSONNEL RECORDS.





# Department of National Defence

Naval Service

Ottawa, Canada.

11 November, 1942.

IN REPLY PLEASE QUOTE

No. N.S. 113-H-732.

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 &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
HOOPER, Howard Freemont Coder, V-25654, R.C.N.V.R.	Pronounced dead on the 7th of November, 1942, from drowning. Notification received from H.M.C.S. "AVALON", St. John's, New- foundland. Further details are not known.	Wife: Mrs. Claressa Hooper, Signal Hill Road, ST. JOHN'S, Newfoundland.

## ALLOTMENTS IN FORCE

<u>In favour of:</u>	<u>Amount</u>	<u>Initials.</u>
Receiver General of Canada, War Saving Certificates, Ottawa	\$4.00	L.D.
Bank of Nova Scotia, <del>George Street, St. George.</del> Charlotte County, N.B.	\$35.00	L.D.

WILL: No record.

Yours truly,

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

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



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.....	Mrs Claressa Hooper	17	Connor's Farm Signal Hill St. John's, Newfoundland
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Harry Hooper		St. George. N.B. Canada
4	Mother of the Deceased.....	Mrs. Harry Hooper		St. George. N.B. Canada.
5	Brothers of the Deceased	Full Blood	Horace Hooper Harry Hooper	St. George. N.B. St. George N.B. Canada.
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

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	



MEMORANDUM FOR

P. 64

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

Mrs. Claressa Hooper,  
Signal Hill Road,  
St. John's, Nfld.

THE SECRETARY,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO  
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 113-H-732 ED. 113

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

November 16, 1942. 194

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

HOOPER, Howard Freemont, Coder.

No. V.25654, 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 or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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





# DECLARATION

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

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

\* Widow of the deceased.

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

Claressa Hooper

{ Signature of Informant

# CERTIFICATE

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

\*See above

Hooper { 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 St. John's this 24<sup>th</sup> day of November 19 42

Signature of Clergyman, Priest or Magistrate }

H. Ploughman

Qualification.....Chaplain R.C.N.

Address.....H.M.C.S. Avalon C.F.M.O. St. John's, Nfld.

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.



# FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	<i>Howard Freeman Hooper</i>
11	Give the month and year of his birth.	
12	Where and when were his parents married?	
13	Was he ever married? If so, state exact place and date of marriage.	<i>yes. St. Thomas Church. St. John's, Newfoundland. October 20<sup>th</sup> 1942.</i>
14	Did he leave a (later) Will? If so, it should be forwarded.	<i>No.</i>
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	<i>No.</i>

## PARTICULARS OF DOMICILE

16	Where was deceased born?	<i>St. George, N.B. Canada</i>
17	In what Province, Country or State did he reside, and in which last?	<i>New Brunswick, Canada.</i>
18	How long in each?	<i>Since birth</i>
19	What was the nature of his employment?	<i>Servicing in R.C.N.</i>
20	Did he own the house or homestead in which he lived? If so, where?	<i>No.</i>
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	<i>No.</i>
22	State <u>your</u> postal address in full.	<i>Connor's Farm Signal Hill St. John's, Newfoundland.</i>

## PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	<i>Expenses are being paid by R.C.N. St. John's, Nfld.</i>
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	<i>No.</i>

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

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

(PLEASE TURN OVER)



REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "AVALON" AT ST. JOHN'S, NFLD.

Name..... HOWARD FREEMONT HOOPER .....  
(Christian Names in full)

Rank of Rating... CODER ..... Official Number... V-256543 .....  
(If unknown, date of first entry)

Place of Birth... L'ETANG, N. B. .... Date of Birth... 16th Mch., 1920 .....

Occupation in Civil Life... LABOURER ..... Religion... BAPTIST .....

Number of years service in the Navy (Long Service R.C.F. .... Mobilized  
service in case of R.C.F. (Temporary) or Reserve rating .....

Date of Death... 7th Nov. 1942. .... Place of Death... ST. JOHN'S, NFLD. ....

Cause of Death... DROWNING .....

Nearest known ( Name... CLARICE ..... Relationship... WIFE. ....  
relative or ( Address... SIGNAL HILL, .....  
friend ( ST. JOHN'S, NFLD. ....

Date on which the above was informed by Ship... 7th Nov. 1942. ....

Date on which death was registered with local Officials... 7th Nov., 1942. .

In the case of Imperial Service Men, whether Active Service, Pensioner or  
Reserve, date on which the prescribed return was tendered to the Registrar  
General London, Edinburgh or Dublin, according to the nationality

Place of burial... CHURCH OF ENG. CEMETERY ..... Date of burial... 9th Nov., 1942, .....  
(if known) (if known)

Location, Number, etc. of grave... LOT 24, SEC. D, GRAVE 12. ....  
(if known)

Undertaker employed... CARNELL'S FUNERAL HOME. ....  
(If any)

Borne for discipline only, date D.S.R. or invalided .....

*Subin David*  
Commanding Officer *Mr. Barker*

..... 11th NOVEMBER, 1942. ....

The Naval Secretary  
Department of National Defence  
Ottawa, Canada

In all cases this form is to be sent in addition to the report by Telegram  
required by the Regulations.

Distribution: file, Imp.H.G. Com., Dom. Stat., Register

C.H.S. 1121



# **ENDORSEMENTS** from **Chiefs of Staff of all three Services**

"This is one way in which everyone can help the War Effort. No matter how small the contribution it all adds up to an immense sum and, may I remind you that in helping your country you are also helping yourselves, as you will receive your money back with interest in due course. It's going to be a long hard war, so let's all tighten our belts if necessary and do our damndest and so 'Stop Hitler'."

PERCY W. NELLES,  
*Chief of the Naval Staff*

"I commend this form of saving to all ranks of the Canadian Military Forces. By supporting it you are doing both Canada and yourself a good turn."

T. L. ANDERSON,  
*Major-General,  
Chief of General Staff.*

"I heartily commend the purchase of these War Savings Pledges to the Officers, Warrant Officers, Non-Commissioned Officers, and Aircraftmen of the Royal Canadian Air Force.

I feel that in this vital period, when the very existence of the British Empire is being threatened, the members of the R.C.A.F. will be glad of this opportunity to assist in making Canada's War Effort as great as possible."

L. S. BREADNER,  
*Air Commodore,  
Chief of the Air Staff.*

## **WAR SAVINGS PLEDGE**

NAME OF PURCHASER	PRINT IN BLOCK LETTERS	SURNAME OF REGISTERED HOLDER	PRINT IN BLOCK LETTERS
H O O P E R	H H J	H O O P E R	

REG'T OR OFFICIAL NO.	CHRISTIAN NAME
V. 25654	Mc. Mrs. Miss C L I Z A G E R t R u d e

SHIP, UNIT OR ESTABLISHMENT

Until further notice please deduct the sum of \$4.00 each month, from any pay and allowances which may be payable to me, for the purchase of War Savings Certificates.

It is understood that for each . . .	\$4	\$8	\$20	\$40	\$80	Strike out units not applicable
so deducted I will receive one . . .	\$5	\$10	\$25	\$50	\$100	CERTIFICATE CERTIFICATE CERTIFICATE

registered in my name or that of anyone else I may designate. Purchases are to be made in each month during which my accumulated savings are sufficient to buy a certificate of any denomination.

Date Feb 26 1941 Signature Howard J. Harper



Dept of National Defence St George NB  
Ottawa April 9 / 43  
Canada



Sir

In regards to acct of my son  
the late Howard Fremont Hooper  
re Deposits I might say this ~~was~~  
all his own earnings But was meant  
to be left to me in case of death  
that is why my name was put in the  
acct with his As to his wife I  
might say ~~that~~ he was married less  
than a month But what ever the  
just and Fair thing in this matter  
is O.K with me.

Sincerely yours  
Mrs Eliza G Hooper.





Department of National Defence

Naval Service  
ESTATES BRANCH

Ottawa, Canada. April 5, 1943.

IN REPLY PLEASE QUOTE

No. H.Q. 113-H-732  
F.D. 113

Mrs. Eliza C. Hooper,  
St. George, New Brunswick.

HOOPER, Howard Freemont, Coder (Deceased)  
No. V.25664, R.C.N.V.R.

Dear Mrs. Hooper:

This Branch is responsible for the administration and distribution of the Service estate of your late son, Howard Freemont, Coder, R.C.N.V.R., and we have received a completed form from his widow, Mrs. Claressa Hooper, of St. Johns, Newfoundland.

Available information indicates that he maintained an account with yourself at the Bank of Nova Scotia at St. George, and we would be obliged if you would kindly advise this Branch, in due course, as to whether any of the funds were deposited in this account by yourself or whether they were all deposited by the deceased through allotment of wages. Your reply herein should be addressed direct to the Administrator of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

(H. R. Wade) Lt.-Cdr., R.C.N.V.R.,  
for (L. M. Firth) Lt.-Col.,  
Administrator of Estates.

HRW:EA



as we were only three weeks married before his death but he told me he was getting my name put to his bank account on his insurance at his next leave home as we were both going to St George I think that covers all and as you say the money is his mother's I suppose it is so as he had no wife when he joined the navy.

I remain yours truly  
Mrs. Lauretta Hooper



St. Johns, Nfld.  
May 2<sup>nd</sup> /43

To Department of National Defence  
Ottawa Canada  
Dear Sirs.

In receipt of your  
letter of April 19<sup>th</sup> concerning  
the estate of my late Husband  
Howard Freemont Hooper  
coder no V-25654 R.C. N.V.R.  
Deceased. I know he had a  
sum of money in the bank  
at St. George N.B. as he gave  
me his bank book on our  
marriage account no 5120  
bank of Nova Scotia.  
2.264 St. George N.B.

If his mother name is to  
it I suppose it is so as he  
did not have time to have it  
changed before he was  
drowned.







19767 CP1

St George N.B.

✓25654

March 19/47

Naval Service Headquarters.

I am writing for information regarding my son Eoder Howard. F. Hooper who was drown on active service in New foundland & is also buried there in the Navy Cemetery. The information I am asking if it can be possible for me to have my son removed & sent here to St George to be buried in our own Cemetery.

Kindly give me all the information regarding all the possible -

Oblige  
Yours truly

Mrs Harry E. Hooper

St George  
Char Co  
N.B.







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

**4**  
**NAVY**

DECEASED MEMBER'S NAME **Howard Freemont** (CHRISTIAN NAMES) **HOOPER** (SURNAME)  
 PAYEE **Mrs. Claressa Hooper,**  
 ADDRESS **Signal Hill Rd.,**  
**St. John's, Newfoundland.**  
 DATE OF TERMINATION OF OVERSEAS SERVICE **3 July/42**  
 REGISTER NO. **10970**  
 FILE NO. **NS.V25654**  
 DATE **10 Jul/45**  
 SERVICE NO. **V25654**  
 FINAL RANK OR RATING **Coder**  
 DATE OF DISCHARGE **7 Nov/42**

<b>A. TOTAL QUALIFYING SERVICE</b>		\$
NO. OF DAYS <b>792</b>	EQUAL TO <b>26</b>	COMPLETE PERIODS AT \$7.50
		<b>195.00</b>
<b>B. QUALIFYING OVERSEAS SERVICE</b>		
NO. OF DAYS <b>254</b>	LESS <b>N11</b> INELIGIBLE DAYS, EQUAL TO <b>254</b>	DAYS @ 25C. PER DAY
		<b>63.50</b>
<b>C. SUPPLEMENT FOR OVERSEAS SERVICE</b>		
DAILY RATES AT DISCHARGE		
PAY	\$ <b>2.00</b>	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ <b>1.45</b>	
ADDITIONAL PAY	\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$ <b>1.15</b>	
TOTAL	\$ <b>4.60</b>	X7 = \$ <b>32.20</b>
NO. OF DAYS <b>254</b>	183	X\$ <b>32.20</b>
		<b>44.69</b>
<b>D. WAR SERVICE GRATUITY</b>		<b>303.19</b>
<b>E. DEDUCTIONS</b>	OVERPAYMENT OF PAY AND ALLOWANCES \$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
	OTHER DEDUCTIONS \$	
		<b>N11</b>
<b>F. TOTAL AMOUNT PAYABLE</b>		<b>303.19</b>

**G. YOUR PORTION OF GRATUITY IS—**

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ **303.19**  
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

*Check 40072 - July 18/45*

**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.

TREASURY	
PREPARED BY <i>W</i>	CHECKED BY <i>[Signature]</i> DATE <i>13-7-45</i>

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.



## STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased  
Member NameHoward ~~Freemont~~ ~~HOOPE R~~  
(Christian Names) (Surname)

Payee

Mrs. Lauretta HOOPE R.

Address

Signal Hill Road,  
St. John's  
Newfoundland.

Register No. 10970

File No. V25654

Date 29-6-45

Service No. V25654

Final Rank or Rating coder

Date of Discharge 7 Nov. 42

Date of termination of overseas service 3 July 42

## A. TOTAL QUALIFYING SERVICE

No. of days 792 equal to 26 complete periods at \$7.50  
30

195.00

## B. QUALIFYING OVERSEAS SERVICE

No. of days 254 less nil ineligible days equal to 254 days @ 25¢ per day

63.50

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

Pay  
Subsistence or Lodging  
and Provision Allowance  
Additional Pay

\$ 2.00

\$ 1.45

\$

\$

\$

\$

\$

\$

\$

Dependents' Allowance 1/30 of \$

1.15

Total 4.60 x 7 = \$32.20

No. of days 254  
183 x \$32.20

44.69

## D. WAR SERVICE GRATUITY

303.19

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

OTHER DEDUCTIONS \$ nil

## F. TOTAL AMOUNT PAYABLE

303.19

## G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$ 303.19  
Total Dependents' Allowance in issue \$

## CERTIFICATE:

I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

## D.N.P.A. CHECK

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



10970

PARTICULARS OF DEAD OR MISSING PERSONNEL  
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member Howard Fremont HOOPER Rank or Rating Coder O. No. V25654

1. Dependents' Allowance and Assigned Pay in force at date of death:

M. 1.15  
B.A. ?  
A.P. ?  
D.A. ?  
A.P. ?

Wife  
Mrs Claressa HOOPER  
Signal Hill Road  
St John's  
Newfoundland

2. Pension awarded or being awarded to:

wife as above

3. War Service Gratuity Application(s) received from:

Wife  
Mrs Claressa HOOPER  
Signal Hill Road  
St John's  
Newfoundland

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

(X) To be paid to:

Mrs Claressa HOOPER - wife

In ~~the~~ full proportion of: /

- and -

to:

In the proportion of: /

( ) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

Group "C" of the above mentioned Directive.

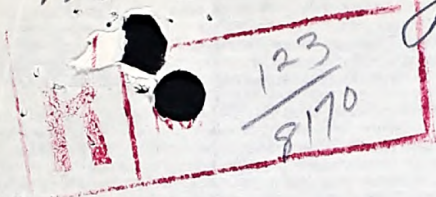
Date 14 July 45

Ronald J. Thorne, C.P.O. WTR.  
for D.N.P.A. (G) Def.



113-H 732

June 19<sup>th</sup> / 1945



Signal Hill Rd.  
St. John's  
Newfoundland.

921835

To the

Secretary Naval Board

Dear Sir

In respect of your  
letter of June the 13<sup>th</sup>  
concerning gratuity I beg to  
state that I am the wife  
of the late Howard Freemont  
Hooper, Coder, Official Number  
V-25654, R.C.N.V.R.

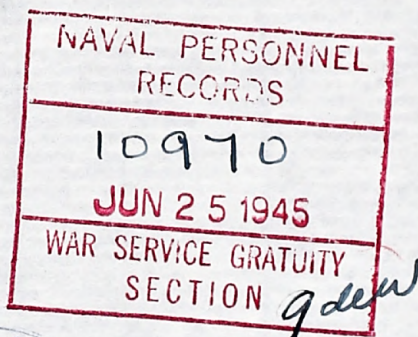
And I am the sole  
dependent and I hereby make  
application for gratuity  
under those terms  
trusting this is the infor-  
mation you require





2.

Mrs. Claressa Hooper  
Signal Hill Road,  
St. John's  
Newfoundland.





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

W.S.G. Application No. 10970

FILE NO. N.S. V-25654

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

HOOPER Howard Foreman V-25654 Adm.  
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING  
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Disch. (Avalon) (SS CR. 804)  
applicant widow... D.A.P.A. (in receipt of pension)

TOTAL SERVICE  
Date of Active Service 7 Sept. 40  
Date of Discharge 7 Nov. 42  
Total No. of Days 792  
# Less non qualifying service nil

730  
24  
31  
7  
792

Total Days 792

OVERSEAS SERVICE  
% Total No. of Days 264  
# Less non qualifying service nil

Total Days 264

Record of Service in other Forces (per Naval Records)

Branch of Service N  
Date of Active Service .  
Date of Discharge L.

# & % Overleaf

Computed By M. J. Venable

Checked By William

DATE: JUN 27 1945

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

D.W. 006  
Pension



# NON QUALIFYING SERVICE

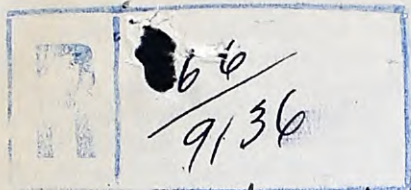
(#) Date	Reason	No. of Days
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
Total days		

## (%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Chicoutimi	20 Sep. '41	18 Feb. '42	152
Chicoutimi	24 March '42	3 July '42	102
			254

CHICOUTIMI	CHICOUTIMI
11	8
31	30
30	31
31	30
31	3
18	
152	102





Connor's Farm,  
Signal Hill. St. John's  
Newfoundland,  
Dec. 28<sup>th</sup> 1943.

To Department of Natural Defence  
Naval Services.

Dear Sirs,

In acknowledgement of your  
letter, no 113-H-732, Dated Nov. 1st  
1943. and official check no 59247.

for fifty five seventy five,  
but I would like to know  
why my Pension cheque has  
been canceled as I Haven't  
got one since the ninth  
of October 1943. for Sixty  
Dollars, and as I presume  
that cheque was for Sept:  
and all I have received  
since that date was the  
above mentioned, cheque of  
\$ 55.75.

Please advise me as







Re: Canadian Naval Regulations  
(1942)  
Article 383

JAN 1 1943  
H.Q. 113-H-732  
# 2763

UNDERTAKING 020237

WHEREAS Article 383 of Canadian Naval Regulations (1942) empowers the Minister of National Defence for Naval Services, in the case of an Officer or rating reported dead, to authorize payment to certain dependents of a monthly sum at a rate not exceeding the maximum pension rate that would be payable to such dependents if a pension were awarded, for three months, commencing with the calendar month next following the date the casualty occurred.

AND WHEREAS such payments, where authorized, are intended to aid the dependent pending a decision of the Canadian Pension Commission as to whether or not a Pension shall be granted, and are, if made, to be recovered from any pension or other compensation that may be granted to the dependent.

AND WHEREAS the Minister is, pursuant to the said Article 383, prepared to authorize payments to the undersigned of \$.60.00....per month for three consecutive months, the first of such three monthly payments to be made for the month of..December,...., 1942..

NOW THEREFORE KNOW ALL MEN BY THESE PRESENTS that in consideration of the Minister of National Defence causing the said payments to be made to her and for other valuable consideration, the undersigned, Claressa Hooper of the city of St. John's in the County of ~~St. John's~~ of Newfoundland for herself, her heirs, executors, administrators and assigns, hereby covenants and agrees that the said payments as and when made to her, shall be a charge on, and be recoverable from, any compensation and/or pension of which she is, or may be, the beneficiary and that the said payments may be deducted from any money or moneys payable to her at any time as compensation or pension until the total of all such payments has been repaid.

IN WITNESS WHEREOF the said Claressa Hooper has this 15th day of January, 1943 hereunto set her hand and seal.

506983

SIGNED, SEALED AND DELIVERED)

In the presence of

JJ Wade  
Magistrate  
St John's  
Nfld

Claressa Hooper  
(Signal Hill Road,  
St John's, Nfld.)



MAIN FILE	
CHARGED TO	<i>HPA</i>
SINCE	<i>16-1-43</i>
REC'D. CENTRAL REGISTRY	
JAN 26 1943	
REFERRED TO	<i>Person</i>



300 000 000 000

100 000 000 000

100 000 000 000

100 000 000 000

100 000 000 000

100 000 000 000

100 000 000 000

100 000 000 000

100 000 000 000

100 000 000 000



LA/CM

113-H-732.

January, 1943.

Dear Madam:

With reference to Naval Service Headquarters' letter of the 12th of January, 1943, it is suggested that you address your inquiry for a Death Certificate for your husband, the late Howard Freemont Hooper, Commander, Official Number V-25654, Royal Canadian Naval Volunteer Reserve, to the Registrar General, Department of Public Health and Welfare, St. John's, Newfoundland.

Yours sincerely,

*H.B. Money*

for

SECRETARY, NAVAL BOARD.

Mrs. Clarissa Hooper,  
Signal Hill Road,  
ST. JOHN'S, Newfoundland.



St. George N.B.  
Dept National Defence Jan 5/43.  
Naval Service

003095

Ottawa Ont.

Gentlemen -

NATIONAL DEFENCE  
JAN - 7 1943  
H.Q. 113H-732

I wrote you some time a-  
go asking for official Certificate  
up to date I haven't received  
it. Would you please look  
after this matter for me at  
once. as I need the same to  
get my business fixed up  
Oblige.

Mrs Eliza Gertrude Hooper  
St George

Char Co  
N.B.

MAILS RECEIVED IN N.C.R.		
SECTION	NO.	INIT.
Mail		K
Index		me
Routing		
Remarks:		
Initials		





MAIN FILE	
CHARGED TO	<i>W. H.</i>
SINCE	<i>25-12-42.</i>
REC'D. CENTRAL REGISTRY	
JAN 7 1943	
REFERRED TO	<i>Peron H.</i>



St George N.B.  
Dept of National Defence.  
Nov 28/42.



Gentlemen -

113 H-732  
Info

I am enclosing a letter from  
the Sun Life Assurance Co  
to you Please send me the  
Certificate mentioned

P284588

Birth Certificate. or Death Certificate

I am also enclosing \$2.00 for fee  
for same if this shouldnt  
be enough I will forward  
the balance in return mail after  
I hear from you.

Please send enclose papers back  
to me

Oblige.

Yours Sincerely

Mrs Elysa Gertrude Hooper

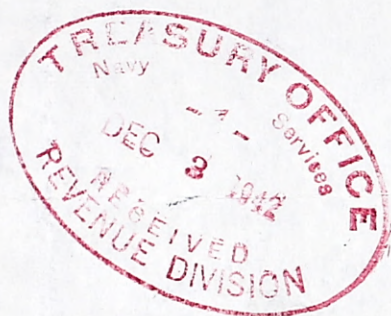
3 St George

Char Co

N.B.

Postage  
\$2.00

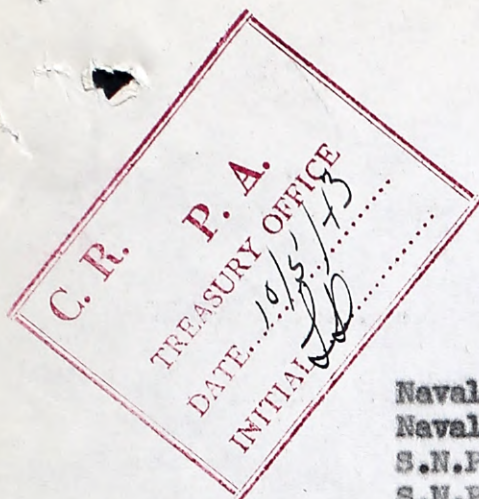






LA:FMW

N.S. 113-H-732.



- Naval Service -

Naval Allotment Section (Treasury)  
Naval Information

S.N.P.A.

S.N.P.A.

Re: Dependent's Allowance.

It is notified for your information that a report has been received from H.M.C.S. "AVALON", St. John's, Newfoundland, that Howard Freemont Hooper, Coder, Official Number V-25654, Royal Canadian Naval Volunteer Reserve, was pronounced dead on the 7th of November, 1942, from drowning.

Next of kin is recorded in this office as:

Wife: Mrs. Claressa Hooper,  
Signal Hill Road,  
ST. JOHN'S, Newfoundland.

(H.B. Money),  
Paymr. Lieut. Commander, R.C.N.R.,  
Officer I/C Naval Personnel Records.

OTTAWA, 11 November, 1942.

*noted in adobe -  
12/1/42*



File: N.S. 113-H-732.

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

Ottawa, Canada,

11 November, 1942.

(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
HOOPER, Howard Freemont	Coder	V-25854, R.C.N.V.R.
<u>DATE OF ENLISTMENT</u> -	7 September, 1940.	
<u>DATE OF DISCHARGE</u> -	7 November, 1942.	
<u>HOSPITAL</u> -	(If discharged in hospital under jurisdiction of D.P. & N.H.)	
<u>SERVICE</u> -	Canada and High Seas.	
(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).		
Reason for discharge and when and where any disability was incurred, or where death occurred.	"DEAD". Pronounced dead on the 7th of November, 1942, from drowning. When further particulars have been received you will be notified.	

(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 Wife NAME Mrs. Claressa Hooper.

ADDRESS Signal Hill Road, ST. JOHN'S, Newfoundland.

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

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT -

\$ N/L PAID TO N/L

MARRIAGE ALLOWANCE AT \$ N/L PER DIEM PAID TO - N/L

DEPENDENTS ALLOWANCE AT \$ N/L PAID TO N/L

TOTAL MONTHLY PAYMENT TO - WIFE \$ N/L

Computed by [Signature]  
Checked by [Signature]

DEPENDENTS \$ N/L

[Signature]  
SECRETARY,  
NAVAL BOARD.

The Secretary,  
The Canadian Pension Commission.

Copy to: D.P. &amp; N.H.

(See reverse side for further instructions.)



# OCCUPATIONAL HISTORY FORM

113473

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

PLEASE  
LEAVE  
BLANK

1. (a) Print name in full HOWARD FREEMONT HOSPER (b) Reg'l. No. V-25651  
 2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank 2/SGT  
 3. (a) Date of birth 16 MARCH 1925 (b) Have you any dependents? NO (c) Place of residence at time of enlistment ST GEORGE N.B.  
 4. (a) Place of enlistment R.C.N. BARRACKS, NFA, N.S. (b) Date of enlistment SEPT. 9 1940

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? NO  
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) ST. H. PUBLIC SCHOOL  
 7. If you attended a university, give name of university and standing or degree secured.....  
 8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....  
 9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

## 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 CANNOR BROS. Address BLACKS HADDOCK  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) CANNING COMPANY  
 20. (a) Your specific occupation LOADING-UNLOADING GOODS (b) Number of years' experience at this occupation with any employer.....  
 21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment? NO

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? 0 (c) In what provinces did you have experience?.....

## Section G—MISCELLANEOUS

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

DATE MAY 1ST 1941

SIGNATURE Howard J. Hosper



COPY TO  
VWD  
ES

JUL 4 1941