

FEENEY, JOHN JOSEPH

O23190

OCCUPATIONAL HISTORY FORM

JUL - 2 1942
NS 1032157

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full FEENEY, John Joseph (b) Reg'l. No. _____
2. (a) Arm of service ROYAL CANADIAN NAVAL VOLUNTEER RESERVE (b) Unit _____ (c) Rank Prob. Sub. Lt.
3. (a) Date of birth Oct. 26th/20 (b) Have you any dependents? nil (c) Place of residence Antigonish N.S.
4. (a) Place of enlistment Halifax, N.S. (b) Date of enlistment June 25th 1942

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 21 yrs (b) Were you attending school or college up to the time of enlistment? yes
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.) Senior Matriculation
7. If you attended a university, give name of university and standing or degree secured St. Francis Xavier University B.S.C.
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? no (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? no
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English French

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) not 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? no
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 Radio Announcing Chemist
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment nil
15. Give details of last employer, if any: Name Ford Motor Co. of Canada Address St. John N.B.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Automobiles
17. (a) If your last employment was in a business of your own, state nature and address of business. _____ (b) Date of discontinuing it. _____

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

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

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

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm? no (c) If so, in what kind of farming? no
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? no (c) In what provinces did you have experience? no

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.) Go to Medical School
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Business Career (Entrepreneur)

DATE 25th June 1942 SIGNATURE John J Feeney



Copy To
VWD
ES

JUL 23 1942

Mr. John Louis Feeney,
437 Grosvenor Ave.,
Westmount Que.

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

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

and the following number quoted:—

H.Q. NS 0-23190 F, 195

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

July 9 1945

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

FEENEY John Joseph Lieut.

R. C. N. V. R. H. Q.



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

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

Chas Smith
col.

Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	_____		
2	Children of the Deceased and dates of their Births.....	_____		
3	Father of the Deceased.....	John Louis Feeney	54	437 Grasvenor Ave. Apt. Westmount, Que.
4	Mother of the Deceased.....	Marie Theresa Feeney	52	437 Grasvenor Ave., Apt. Westmount, Que.
5	Brothers of the Deceased	Full Blood		Francis Feeney Premature Birth. Buried in Buffalo, N.Y. July 1918.
		Half Blood		
6	Sisters of the Deceased	Full Blood	(Rita Marie) Mrs. J. Paul Barry 27	61 Lancaster Ave. West Saint John, N.B.
		Full Blood	(Mary Elizabeth) Mrs. David Stevens 23	437 Grasvenor Ave. Westmount, Que. (2 Barrington, N.S.).
		Full Blood	(Margaret Anne) Mrs. H. Ray Barrett 21	437 Grasvenor Ave. Westmount, Que.
		Half Blood	Maira 12	437 Grasvenor Ave. Westmount, Que.
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead and date of death of each.	Names and ages of their children (if any)	Address of their children	
	Francis Feeney Born & Died July 1918. (Buffalo, N.Y.)	Francis Feeney	P	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	<i>John Joseph Feeney,</i>
9	Date of his birth.	<i>October 26th, 1920.</i>
10	Place and date of his marriage.	_____
11	Place and date of his parents' marriage.	<i>February 17th, 1917.</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Fairville, New Brunswick.</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) <i>Fairville, Saint John Co., N.B.</i> (b) <i>St. F.X. University, Antigonish, N.S.</i> (c) <i>Westmount, Que.</i> (d)
14	Nature of employment before enlistment.	<i>Student.</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<i>No</i>
16	Name place where deceased stated he intended to make his permanent home.	<i>Westmount, Que.</i>

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	<i>Not</i>
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	_____
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	<i>Royal Bank of Canada,</i> <i>Victoria Ave. Branch, Westmount.</i> } ✓ <i>Yes.</i> <i>No, as far as known.</i>
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	<i>None, unless held at Ottawa.</i>
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	<i>Unknown- Believe none left.</i> " " " "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	<i>None as far as known.</i>
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	Ⓐ <i>No.</i> Ⓑ <i>No.</i>
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DECLARATION

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

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

* Father of the deceased.

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

John L. Feeney {Signature of Informant
437 Grosvenor Ave., Westmount, Que. Address

CERTIFICATE

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

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

Dated at Saint John this 2nd day of August 19 45
 Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Paul Barry Qualification Barister, Notary
 Address Saint John N.B.

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

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

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

* Personal Belongings:— If possible have these sent to deceased's brother-in-law. J. Paul Barry Barister, Saint John, N.B. Residence at 61 Laurier Ave., West Saint John, N.B.

This Officer does not possess an U.I. Book



N. V. 4
1M-9-39 (2097)
N.S. 815-11-4

NATIONAL DEFENCE

JUL -2 1942

NO. 103 711 57

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

158617

SURNAME..... FEENEY.....	PERMANENT ADDRESS
CHRISTIAN NAME..... John Joseph.....	437 Grosvenor Ave.,
RELIGION..... R.C.....	Westmount, P.Q.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Oct. 26th 1920	Town St. John County St. John Co. Province New Brunswick Country Canada	Father: John Louis Feeney 437 Grosvenor Ave. Westmount, P.Q.

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 6.....	Inflated..... 42.....	Dark Brown	Hazel	Fair	
Inches..... 3.....	Deflated..... 40.....				
220	Mean..... 41.....				

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
Divisional Strength June 25th 1942.	Prob. Sub. Lieut. R.C.N.V.R. Temp.	single	Radio Announcer: New Brunswick Broadcasting Co.,

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:--

- (1) That I am a British Subject, domiciled in Canada.
- (2) That I am desirous of being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will abide by the rules of the said Force.
- (3) That* (a) I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

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

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
C.O.T.C.	Private	Oct. 1939	Oct. 1941

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

(OVER)

Noted in Service
Records by 21.2.
18.7.42

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

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

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

(c) To provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 25th day of JUNE 1942

John J. Feeney
Signature of Applicant.

The above declaration was made and signed in my presence this 25th

day of JUNE 1942

Albion
Signature of Enrolling Officer.
Lieutenant R.C.N.V.R.

(C) OATH OF ALLEGIANCE

I John Joseph Feeney 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 J. Feeney

Signature of Witness

Albion

Date 25th June 1942

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

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

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

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





Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207

NATIONAL DEFENCE

JUL -2 1942

N.S.

1034157

158620

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 FEENEY, John Joseph
candidate for entry as Prob. Sub. Lieut W. 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.

†Strike out if inapplicable. * Delete one.

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

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (f) (i) Snellen's Types (ii) Colour Vision	Vaccinated or re- vaccinated for Small Pox (g) (Date)	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)
21-6	218 lbs.	6-3 1/4 ft. ins.	Good	inches (a) maximum 42 (b) minimum 40 (c) mean 41	right eye 6/6 left eye 6/6 colour vision N	Childhood	N	N	N	N	N	N	Defective 2 W. T. Feeney 19/5/42	N

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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, 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.

Signature of Candidate

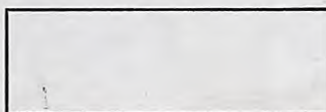
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters



Diurnal pri
Legat Reg
Album. Reg

Dated at Halifax, N.S. the 19th. of May 1942

Examining Medical Officer

(Rank).....

Medical Department
DEPARTMENT
JUN 25 1915
R.C.N. BARRACKS
HALIFAX, N. S.

SURGEON LIEUT.

$\frac{1}{2}$ 2 1/2
 $\frac{1}{2}$ 2 1/2
 $\frac{1}{2}$ 2 1/2

*Good
possible B.C.A.*

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

F-500

UNIT..... REGTL. No.....

1. Surname? (Block letters) *Feeney.*
2. Christian names? *John. Joseph.*
3. Present address? *56 Manawagochish Rd.*
Phone No. *4-7335*
4. Date of Birth?* *26/8/10.*
5. British subject? *Back to camp*
6. Occupation?.....
7. Religion?.....
8. Next of Kin.....
9. Relationship?.....
- Address.....
10. Previous Naval, Military or Air Force Service.....
(Give particulars, qualifications, etc.)
C.O.T.C. ~~44th~~ St. F.
- Turkey*
- 5
5
5**

CERTIFICATE OF MEDICAL EXAMINATION

Height..... Weight..... Chest max..... min.....

Descriptive marks.....

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him..... Category.....

Date..... Signature.....

**0
0
0
7
9**

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned.....do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I,.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Signature of Witness..... Signature of Man.....

Dated this..... day of..... 19..... at.....

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

Signature of Magistrate, Justice of Peace, or Attesting Officer

OFFICIAL NUMBER			FILE NUMBER			0-23190			OFFICIAL NUMBER				
NAME FEENEY (Surname)			John Joseph (Given Names)			DATE OF BIRTH			26th October, 1920.				
PLACE OF BIRTH St. John, New Brunswick			OCCUPATION			Radio Announcer							
RELIGION Roman Catholic			EDUCATION										
RESIDENCE AT TIME OF ENLISTMENT: Street and No. 437 Grosvenor Ave.			Town Westmount			Province, etc. Quebec							
ENGAGEMENTS				DESCRIPTION				PREVIOUS SERVICE					
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates		
Day	Month	Year									From	To	
25	6	42	H.O.	6'3	Dark Brown	Hazel	Fair		C.O.T.C.	Pte.	Oct. 1939	Oct. 1941	
NEXT OF KIN RELATIONSHIP (in pencil) FATHER NAME (in pencil) JOHN LOUIS FEENEY													
ADDRESS (in pencil): Street and No. 437 GROSVENOR AVE. Town WESTMOUNT Province, etc. QUEBEC													
MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.									
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS		
Day	Month	Year		Day	Month	Year		Day	Month	Year			
31	5	45	C.V.S.M. (Ribbon & Clasp).	7	8	43	W/K Certificate (M.L. 102).						
BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES									
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT		Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE		PUNISHMENT
Day	Month	Year						Day	Month	Year			
FILM NO. W.S.R. 4366-5 DATE													
SECOND CLASS FOR CONDUCT													
From To													
H.Q. 35-30M-4-12 (1200) N.S. 815-7-35													
O.H.F. Received													
W.G. APPLICATION 16906 RECEIVED													

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

0-23190

OFFICIAL NUMBER

NAME

FEENEY

(Surname)

John Joseph

(Given Names)

OFFICIAL NUMBER

0-23190

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified	Day	Month	Year
		Day	Month	Year				Day	Month	Year		Day	Month	Year				
Div. Str. Stadacona	P/Sub. Lt. T.	25	6	42	Appt. 15-7-42													
H.M.C.S. Cornwallis	P/Sub. Lieut. T.	12	10	42	for trng. and disposal)	Per Appt.		27	10	42								
H.M.C.S. Kings	P/Sub. Lieut. T.	22	10	42	for trng. and disposal)													
Stadacona (ML050)	Sub. Lieut. T.	20	2	43	addl. Per Appt. 9-3-43													
Stadacona	Sub-Lieut. T.	17	4	43	addl. for duty with Capt. (ML)	per Appt.		28	4	43								
Stadacona (ML 102)	Sub-Lieut. T.	19	4	43	addl. per Appt. 4-5-43													
Venture (ML 102)	" "	17	6	43	addl. as Executive Officer-Appt.			7	7	43								
H.M.C.S. Venture	" "	12	11	43	addl.-Appt. 22-11-43													
Venture (M.L. 118)	" "	8	12	43	addl.-Appt. 17-12-43													
Canada addl.	" "	12	2	44	for No. 5 initial trng. school-Bellevalle-Appt. 11-2-44													
" "	Lieutenant T.	15	1	44	Promotion Anti-Dated to 15.1.44 Seniority of 12.10.43 Appt. List 36-44													
H.M.C.S. Venture	" "	8	2	44	addl. for #5 Initial trng. School, Belleville)	Per Appt.		8	3	44								
H.M.S. Canada	" "	12	2	44	addl. for #5 Initial trng. School, Belleville)													
Macaw (P) addl.	" "	26	12	44	for Flying Trng. crses.-Ad. Ret. of Appts. 29-1-45													
Heron (P) addl.	" "	17	3	45	for Fighter crse.-Ad. Ret. of Appts. 26-3-45													
DISCHARGED	" "	27	6	45	"Killed due to Flying Accident"- (CNO)'s N/M 271852B/6/45													

GENERAL 1-3

Disciplinary Court-Absent without leave-To forfeit nine months' sen'y as Temporary Lieutenant 31-5-Sub. 14-6-45 (conf. file). 45

Memorial Cross sent to Mrs. John Louis Feeney, 437 Grosvenor Ave., Apt. WESTMOUNT, Que.-----28-7-45.

Annual leave for 21 days - 1/11/43



DATE OF BIRTH			PLACE		CIVIL OCCU.		REL-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION		P.	CTV.	TOWN	SERV.	DIV.	A	BR.	RANK
26	0	20	15	5	34	0	10	X	2	23	10	9	19	2	01/12
ENLIST. DATE			ACT. SERV. DATE			STR.	CAT.	ACT. SERV. DATE			SHIP OR ESTAB.	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.			DY.	MO.	YR.		A	BR.	RANK	
25	06	42	12	10	42						9547	0	01	09	
SENIORITY			STR.		NON-SUB		M	CODED			CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.									
15	01	44	18					9	5						

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

WAR SERVICE RECORDS

DECEASED 27 June 1945

D.D.

FEENEY

John Joseph

0-23190

Lieut (P)

FILE No.

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

Defence Medal

C.V.S.M. and Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

~~Medals Ret'd under No.~~~~6483~~~~Ret'd 10/5/58~~~~CANCELLED~~~~6530-11-7-50~~

MEDALS RET'd 24/6/58

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR May 46

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. John Louis Feeney - Father.

ADDRESS:

~~437 Grosvenor Ave~~, c/o The New Brunswick
~~WESTMOUNT, Que~~ Electric Power Commission,
St. John, N. B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs J. L. Feeney

ADDRESS:

437 Grosvenor Avenue, Apt. 9
WESTMOUNT, Que

(1)

MEMORIAL BAR

(2) DATE DESP

REGN. NO

556

(3)

28 July 1945

Six copies to be rendered to Naval Service Headquarters



REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

NAVAL SERVICE HEADQUARTERS, OTTAWA, Ont.

Name..... **F E E N E Y,** **John Joseph**
(Christian names in full)
Rank or Rating..... **Lieutenant (P)**..... Official No. **O-23190** Unit **R.C.N.V.R.**
Place of Birth..... **Saint John, N.B.**..... Date of Birth..... **26 October, 1920.**
Occupation in Civil Life..... **Radio Announcer**..... Religion..... **Roman Catholic**
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)..... **From 25 June, 1942 to 27 June, 1945.**
Date of Death..... **27 June, 1945**..... Place of Death..... **Yeovilton, Somerset, ENGLAND.**
Cause of Death..... **Killed due to flying accident.**
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name..... **Mr. John Louis Feeney**..... Relationship..... **Father**
Address..... **437 Grosvenor Ave.,**
WESTMOUNT, Que.

Date on which the above was informed by ~~Ship~~ **Naval Service Headquarters: 28 June, 1945.**

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..... --

If applicable { Place of Burial..... **Yeovilton, Somerset, England.**..... Date of Burial..... **30 June, 1945.**
Location, Number, etc., of grave..... **Row F, Grave No. 1.**
Undertaker employed.....

H.B. Money
(Commanding Officer)
for SECRETARY, NAVAL BOARD.

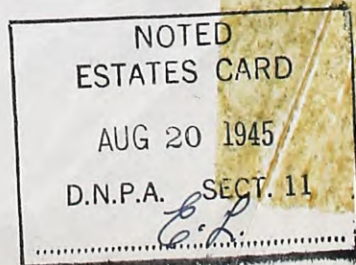
The SECRETARY, NAVAL BOARD
Department of National Defence,
Ottawa, Canada.

Date..... **17 August, 1945.**

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, Sec. C.P.C., Dir. of Records.

C.N.S. 1121
10M-6-44 (774)
N.S. 7570-S-1121



CONFIDENTIAL

ROYAL CANADIAN AIR FORCE.

RCAF M2

File Number

Medical Board held at...Ottawa, Ontario...Date...3 December, 43...

Surname.....FEENEY.....Chr. Names...JOHN JOSEPH.....
Nature of Commission...aircrew.....Date of Birth...26 Oct. 20...Married or Single...Single
Branch...Fleet Air Arm.....
Address...437 Grovenor Ave., Westmount Quebec.....

HAVE YOU ANY HISTORY OF:--

Nervous Trouble or Nervous Breakdown.....NO.....
Severe or "Sick" Headaches, Migraine.....NO.....
Fits or Convulsions of any kind.....NO.....
Sun or Heat Stroke.....NO.....
Head Injury or Concussion (including "Knock-out").....NO.....
Insomnia, Nightmares, Sleep-walking, or Bed-wetting.....NO.....
LUNG TROUBLE or Consumption.....NO.....
Bronchitis, Pneumonia or Pleurisy.....NO.....
Asthma or Hay Fever.....NO.....
HEART DISEASE, "Weak or Strained Heart".....NO.....
Fainting Attacks or Giddiness.....NO.....
Rheumatism, Rheumatic Fever or "Growing Pains".....NO.....
Frequent Sore Throats or Tonsillitis.....NO.....
Diphtheria, Scarlet Fever or Scarlatina.....NO.....
STOMACH OR BOWEL TROUBLE.....NO.....
Chronic Indigestion or Pain after Food.....NO.....
KIDNEY OR BLADDER TROUBLE.....NO.....
Syphilis or Gonorrhoea.....NO.....
TROPICAL DISEASE.....NO.....
Malaria.....NO.....
Dysentery.....NO.....
EYE TROUBLE or Inflammation of Eyelids.....NO.....
Wearing of Glasses.....NO.....
Colour or Night Blindness.....NO.....
EAR TROUBLE, Earache or Discharge from Ears.....NO.....
Deafness, Noises in the Ears, or Dizziness.....NO.....
Frequent Colds in Head, Catarrh or Obstruction.....NO.....
Prolonged Hoarseness or Loss of Voice.....NO.....
Sea, Car or Train Sickness.....NO.....
Discomfort on Swings, Roundabouts, Switchbacks.....NO.....
OPERATIONS.....T & A age 12.....

Any illness or injury not mentioned above.....
...Scarlet Fever. Dislocation left elbow 1939. no recurrence......

Education.....BSc. St. Francis Xavier.....
Present occupation.....Ft. Navy.....Hobbies.....
Previous Service.....R.C. M.V.R. 14 mos......

Athletics.....active.....
Habits--Smoking.....10-15 cig daily.....Alcohol.....moderately.....
FAMILY HISTORY--Consumption.....no.....Diabetes.....no.....Haemophilia.....no.....
Nervous Ailments, Mental Trouble, or "Fits".....no.....

Father Alive--Health.....A/W.....Dead--Cause.....
Mother Alive--Health.....A/W.....Dead--Cause.....
Brothers (-0) Alive--Health.....1 Dead--Cause Infancy.....
Sisters (4) Alive--Health.....A/W.....Dead--Cause.....

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date.....3 Dec / 43.....Signature.....J. K. Feeney.....Witness.....[Signature].....

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique.....athletic.....(b) Mentality.....alert.....
 Body Marks, Scars, Deformities...Scar left upper eye lid.....
 Size of Thyroid Gland.....n.....
 Surgical Abnormalities.....n.....
 Results of Wounds, Injuries, Operation.....nil.....

		3 Dec. 43.	Date.....	Date.....	Date.....	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)		74 1/2				
Weight (lbs)		208				Date.....
Chest circumference (ins)		36 1/4				
Body Build (lbs)		7 28				
Leg Length (ins.)		45				
	Sitting	72				
	Standing 1st					
Pulse Rate	Standing 2nd					
	After exercise					
	Time to Normal					
Arterial Walls		soft				Date.....
Blood	Systolic	130				
Pressure	Diastolic	85				
Room Temperature						
Heart	Size (in cms.)	n				
	Sounds	n				
	Rhythm	n				
	Inspection	n				
	Palpation	n				
	Percussion	n				
Lungs	Auscultation	n				
	Expiratory Force	n				
	X-Ray					Date.....
	Knee	n				
	Ankle	n				
Reflexes	Triceps	n				
	Abdominal	n				
	Plantar	n				
Cranial Nerves		n				
	R. L. R. L. R. L.					
Balancing Rod		R. L. R. L. R. L.				
Self Balancing						
Tremors	Fingers	no				Date.....
	Eyelids	no				
	Liver	n.p.				
Abdomen	Spleen	n.p.				
	Muscular Tone	good				
Urine	Albumen	neg.				
	Sugar	neg.				
Initials of M.O.		S.R.				
40 mm. Hg. Test						
Date	3. December	898/898/888/888/	1st try	60 secs.		
Date						
Date						
Date						

OFFER OF SERVICE (HOSTILITIES ONLY)

N.S. 815-11-3a

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

Name FEENEY JOHN JOSEPH
Surname (in Block Letters) Christian Names
 Address 437 Grosvenor Ave Westmount P.Q.
Number Street Town or City County Province
 Date of birth October 26, 1920 Place of birth St. John N.B.
 Nationality Are you British by birth? yes or by Naturalization?
 Birth place of (a) Father Fredericton N.B. (b) Mother Saint John N.B.
 Are you (a) Single yes (b) Married (c) Widower (d) No. of Children?
 Any physical defects (especially eyesight)? no
 Height 6' 3" Weight 212 # Can you swim? yes - well

B. Education—

Highest school grade passed successfully? Bsc. Degree College Any Matriculation? Grade XII
 University: (a) Name St. F. X. (b) Years attended 4 (c) Course and Degree Bsc.
 Technical courses taken mechanics, physics, chem, spherical trigonometry, mechanical drawing
 Special studies Biology and Chemistry
 Languages spoken English

C. Sea Experience—

Have you ever been employed at sea? no Give number of years and how employed?

Name and number of Mercantile Marine Certificates held

State last position held at sea (with dates)

State employment since leaving sea

D. Occupation: What is your profession, trade or occupation in civil life? student

Are you (a) Actively pursuing your profession or trade on your own account?

(b) Employed; if so, in what capacity and under what employer?

General experience (with dates)

Have you ever served in any of His Majesty's Forces? If so, which? How long? no

No. and Class of any Stationary Engineer's certificates or other certificates of competency

How long would you need to settle up your private affairs?

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

C.O.T.C. - St. Fx. Unit, 3 years, also varsity football, basketball, boxing track, Golf, and interclass hockey

F. Branch Applying for: (a) As Officer yes (b) As Rating (i.e., in the ranks)

If you cannot be accepted as an Officer are you willing to serve as a rating? no

In what capacity do you wish to enrol? pilot - in fleet air arm.

Date of Application April 30, 1942 Signature John J. Feeney

OFFICERS RECORD FORM

DATE:

SURNAME: **FEENEY**CHRISTIAN NAMES: **JOHN JOSEPH**

RANK:

HOME ADDRESS: **437 Grosvenor Ave. Westmount P.Q.**DATE OF BIRTH: **Oct. 26, 1920** PLACE OF BIRTH: **St. John N.B.**EDUCATION: Matriculation, Senior: **yes** Junior: **yes**
University Degrees: **BSc. (Chemistry)**

MERCANTILE MARINE CERTIFICATES:

No:

PRECIS MERCANTILE OR YACHTING EXPERIENCE:

PRECIS OF BUSINESS EXPERIENCE: **Radio Announcer C.H.S.J. (Saint John) Ford Motor Co. (Canada)**SPORTS: **Football, Basketball, Boxing, track, swimming**

OTHER HOBBIES OR INTERESTS:

PREVIOUS NAVAL OR MILITARY TRAINING: **C.O.T.C. (St. Francis Xavier University. - (3yrs))**LANGUAGES SPOKEN FLUENTLY: **English**
LANGUAGES UNDERSTOOD: **French**BIRTH PLACE OF FATHER: **Fredericton N.B.** BIRTH PLACE OF MOTHER: **St. John N.B.**FATHERS OCCUPATION: **Architectural Engineer (A.L.C.O.A.)**

NEXT OF KIN:

FATHERSurname: **FEENEY** Christian Names: **JOHN LOUIS**Full Address: **437 Grosvenor Ave. Westmt.**HAVE YOU BEEN REJECTED BY ANY OTHER OF THE ARMED FORCES?
IF SO GIVE DETAILS:-RELIGION: **R. Catholic**

NAVAL IDENTITY CARD NO:

MARRIED or SINGLE: **Single**

DEPENDENTS:

HEIGHT: **5' 6" 3"**WEIGHT: **220 #**

NOTE: HALIFAX ADDRESS:-

TELEPHONE NUMBER:-

AMENDED APPOINTMENT

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

To Lieutenant John J. Feeney, R.C.N.V.R., (Temporary),--

You are hereby appointed

Lieutenant, R.C.N.V.R.,

of His Majesty's Canadian Ship (1) VENTURE;
(2) H.M.S. CANADA additional for No. 5
Initial training School,
Belleville.

Your appointment is to take effect from (1) 8th February, 1944;
(2) 12th February, 1944.

Joseph J. Feeney

Secretary, Naval Board

Department of National Defence
Naval Service

Ottawa, 8th March, 1944.

H.Q. 36a
20M-1-44 (68)
N.S. 815-7-36

M.L. 118

Personnel Division	
1. Noted in Records	SB
2. Index Card	
3. Non-Sup. Card	
4. Statistical Card	SB
5. Roneo Strip	
6. Pension Card	
7.	
8.	
DATE 22-3-44 P.O.	

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

W.S.G. Application No. 16906✓

FILE NO. N.S. 0-23190✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>FEENEY</u>	<u>John Joseph</u>	<u>0-23190</u>	<u>LIEUT (P) (UR)</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Death (Veron)✓

Applicant - Father D.A. & AP nil✓

TOTAL SERVICE

Date of Active Service 12 Oct '42✓

Date of Discharge 27 June '45✓

Total No. of Days 990✓

Less non qualifying
service —✓

Total Days 990✓

OVERSEAS SERVICE

Total No. of Days ~~513~~ 509

Less non Qualifying
service —

Total Days 509
~~513~~ 2

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service —✓

Date of Discharge —✓

& % Overleaf

Computed By McNeill

Checked By Maser

J. B. McCreghan
for (R.W. Underhill)

A/Captain (s) R.C.N.V.R.

Director of Naval Pay Accounting

DATE: AUG 28 1945

NON QUALIFYING SERVICE

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

(%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
M. L. 050 ✓	20 Feb '43 ✓	16 Apr '43 ✓	56 ✓
M. L. 102 ✓	19 Apr '43 ✓	11 Nov '43 ✓	207 ✓
M. L. 118 ✓	8 Dec '43 ✓	7 Feb '44 ✓	62 ✓
Macaw } Heron }	26 Dec '44 ✓	27 June '45 ✓	184 ✓

509 ✓

1324
 1269

 55
 56
 2127
 1944

 183
 184

1533
 1327

 206
 107

1621
 1560

 61
 62

DECEASED
MEMBER'S
NAME

FEENEY
(SURNAME)

REGISTER NO.	16906
FILE NO.	NSO-23190
of DATE	Nov 20/45
SERVICE NO.	R.C.N.V.R.
ANK OR RATING	Lieut(P)
OF DISCHARGE	27 June/45

PAYEE
ADDRESS

Director of Estates,) for service Estate of
308 Sparks Street,) John Joseph FREENEY
Ottawa, Ontario.) NS 0-23190

DATE OF TERMINATION OF OVERSEAS SERVICE 27 June/45

DATE OF DISCHARGE 27 June/45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 990 EQUAL TO 33 COMPLETE PERIODS AT \$7.50

247.50

B. QUALIFYING OVERSEAS SERVICE

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS	509	LESS	Nil	INELIGIBLE DAYS, EQUAL TO	509	DAYS @ 25C. PER DAY
-------------	-----	------	-----	---------------------------	-----	---------------------

127.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 6.00
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.70

ADDITIONAL PAY

Flying Pay

DEPENDENTS' ALLOWANCE 1/30 OF \$Nil \$Nil

TOTAL \$ 9.70 $\times 7 = \$$ 67.90

NO. OF DAYS 509 X \$ 67.90
183

188.86

D. WAR SERVICE GRATUITY

563.61

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES	\$	3.93
DEPENDENTS' ALLOWANCE		
AND ASSIGNED PAY	\$	

OTHER DEDUCTIONS

3.93

F. TOTAL AMOUNT PAYABLE

559.68

G. YOUR PORTION OF GRATUITY IS—

~~XXXXXXXXXXXXXXXXXXXX~~ ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____

= \$ 559.68

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

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.

△T

PREPARED BY LJM	CHECKED BY [Signature]
---------------------------	----------------------------------

TREASURY

CHECKED BY

DATE _____

SERVICE REPRESENTATIVE

FOR DIB NAVAL PAY ACCOUNTING

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

GL

Name FEENEY Surname John J. Christian Names No.

Rank LINUT. Unit R.C.N.R. O/S Date of Death 27-6-45

AMOUNT W.S.G.S 514.98
L.P.C. \$ 406.52

Date 11-4-46

Other Credits

Total 921.50

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
3/8	Father	John Louis Feeney 437 Grosvenor Ave., Apt 9, Westmount, Que.	345.57
		(1/4 as next of kin entitled) (1/8 for benefit of 1 minor)	
1/4	Mother	Marie Theresa Feeney (as above)	230.38
1/8	Sister	Mrs Mary Elizabeth Stevens (as above)	115.18
1/8	Sister	Mrs Margaret Ann Barrett (as above)	115.18
1/8	Sister	Mrs Rita Marie Barry 61 Lancaster Ave., St. John, N.B.	115.19
		(As next of kin entitled)	

DO NOT REMOVE FROM FILE

P4. TO TREAS.

8-5-46 DW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	921.50
CLASSIFIED BY			EXAMINED BY		
A			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

SERIAL NO. 45/ 201

LIEUT.

~~SECRET~~ 0-23190

RANK/RATING

O. N.

A circular black ink stamp. The outer ring contains the text "NATIONAL DEFENCE" at the bottom and "ESTATES" at the top. Inside the ring, the word "BRANCH" is centered. Below "BRANCH" is the date "JUL 31 1945". At the bottom of the inner circle, the word "OFFICE" is printed, with "RECEIVED" written above it in a smaller, less legible font.

John L. Feeney
Nov. 15th 1945.

Packed by Andrew B. Coaster

Wren / W-1180

Checked by K. Botly

Lernen W. 2414

Certified W. J. Lewis

NAVAL ESTATES OFFICER OVERSEAS

Date JUL 24 1945

CANADIAN NAVAL ESTATES OFFICE OVERSEAS
EFFECTS DEPARTMENT

SERIAL NO. 45/ 200

FEENEY JAMES J.J.

Lieut.

0-23190

NAME

RANK/RATING

O.N.

QUANTITY

DENOMINATION

DESCRIPTION

1 Parcel

collars
shirts
handkerchiefs
shorts
pyjamas
towels

pr
pr

56
3
2
2
1
2



John L. Feeney
Nov. 15th. 1945.

Shipment No. C.N.M.O. X.O-109.

Packed by Audrey Blaxter

Wm W-1180

Checked by R. Botly

L.Wren W-2414

Certified

W. Livers

L.S.

NAVAL ESTATES OFFICER OVERSEAS

Date

JUL 24 1945

CANADIAN NAVAL ESTATES OFFICE OVERSEAS
EFFECTS DEPARTMENT

SERIAL NO. 45/ 198

NAME FEENEY J.J. RANK/RATING Lieutenant O.N. 0-23190

QUANTITY	DENOMINATION	DESCRIPTION
		<u>1 Kit Bag</u>
✓ 2	pr	brown shoes
✓ 2	pr	beach shoes
- 2		whisks
✓ 1	pr	khaki trousers
- 1		brown sweater
- 1		maroon sweater
- 4	pr	socks
✓ 2		drill shorts
✓ 2		drill trousers
✓ 2		drill jackets
- 1	pr	shorts
- 1		white shirt
- 1		tan jacket
- 1		grey suit
- 1		athletic support
2		handkerchiefs
✓ 2	b	battle dress uniforms
- 2		doeskin jackets
- 1	pr	doeskin trousers
- 1		serge jacket
- 1		serge trousers
- 1		bathrobe
- 1		burberry
- 1		greatcoat
- 18	pr	socks
12		handkerchiefs
- 2		shirts
- 3		shorts



John L. Feeney
Nov. 15th 1945.

Shipment No. C.N.M.O. X.O-109

Packed by Andrew Blaxter

Wren - W-1190

Checked by K. Botby

L. Wren W-2414

Certified W. Lewis

L.S.

NAVAL ESTATES OFFICER OVERSEAS

Date JUL 24 1945

CANADIAN NAVAL ESTATES OFFICE OVERSEAS
EFFECTS DEPARTMENT

SERIAL NO. 45/ 199

NAME FEENEY J.J. RANK/RATING LIEUT. O.N. 0-23190

QUANTITY	DENOMINATION	DESCRIPTION
		<u>1 HAVERSACK</u>
<u>1</u>		cap and badge
<u>9</u>		collars
<u>1</u>		plastic belt
<u>2</u>		brushes
<u>1</u>	pr	shoe trees
<u>1</u>		fur cap
<u>1</u>	pr	suspenders
<u>1</u>	pr	white money belt
<u>1</u>	pr	shorts



John L. Feeney
Nov. 15th 1945

Shipment No. C.N.M.O. X.O-109.

Packed by Andrew Bleasby
Wren W-1190

Checked by H. Botly
L. F. Wren W-2414

Certified W. L. Wren

L. S.

NAVAL ESTATES OFFICER OVERSEAS
JUL 24 1945

Date _____

SERIAL NO. 45/ 203

FEENEY, J. J.

Ty. Lieutenant RCNVR

0-23190

NAME

RANK/RATING

O.N.

QUANTITY	DENOMINATION	DESCRIPTION
1		Black leather toilet case - zipper fastened containing:
1		voluntary service ribbon.
1		black gold band Waterman's fountain pen
2		Canadian coppers
1		Utility lighter, initials J.J.F.
1		Religious medal
1		pair Snap Cuff Links
1		black leather change purse, engraved John Feeney
2		Rosaries
1		Religious medal with silver chain
1		copy "My Sunday Missal"
1		brown leather billfold, initialed "J.J.F."
1		Unemployment Insurance card
1		Club membership card
1		Savings Bank Book - Royal Bank of Canada, Westmount, Que. Acct. No. 5237.

Correspondence. **ECF**

1 Pcl. Rm.

1/8/45

Shipment No. 251Packed by K. BotlyL. Wren W-2414Checked by Andrew BlasterWren W-1120Certified W. Lewis

LIEUTENANT (S) RCNVR.

NAVAL ESTATES OFFICER OVERSEA

Date

JUL 23 1945

L. S.

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county		Official name of civil municipality or township		Yeovilton, Somerset, ENGLAND		Place an X over the word which applies to this municipality or this territory		City Town Village Parish Township	
2. LENGTH OF STAY		(a) In hospital or institution		Years Months Days		(b) In municipality where death occurred		Years Months Days		(c) In Province	
3. NAME OF DECEASED		Surname		PENEY		(Block letters)		Given names		John Joseph	
RESIDENCE		Street		Grosvenor Ave.		No.		437		Official name of civil municipality or township	
		Municipal county		Westmount		Province		Quebec			
5. SEX		Male		6. NATIONALITY (Citizenship)		Canadian		7. RACIAL ORIGIN		Single	
8. Single, Married, Widowed or Divorced (Write the word)		Single		9. If married give name of wife or husband of deceased							
10. BIRTHPLACE (Province or Country)		Saint John, NEW BRUNSWICK		11. DATE OF BIRTH		October 26 1920.		(Month) (Day) (Year)			
12. AGE OF DECEASED		Years		Months		Days		If less than one day old			
		24		8		1		hrs. or min.			
OCCUPATION		13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		Radio Announcer		14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		New Brunswick Broadcasting Co.		15. Date deceased last worked at this occupation	
		16. Total years spent in this occupation				17. NAME		FATHER		MOTHER (Maiden Name)	
		18. BIRTHPLACE (Province or Country)				19. Place of burial, cremation or removal		Yeovilton, Somerset, England		Nov 7, Grave 1.	
		20. Date of burial		30 June, 1945.		21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church			
		(b) Civil municipality of				(c) Municipal county					
		(d) Date		(Month) (Day) (Year)		22. Date of death		June 27 1945.		(Month) (Day) (Year)	
		23. I HEREBY CERTIFY that I attended deceased from				24. CAUSE OF DEATH		I Immediate cause		(a) Killed due to flying accident.	
		and last saw him alive on				II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.					
		III If a communicable disease is mentioned on this certificate, give		(a) Date of appearance		19		(b) Duration of disease		days	
		25. If a woman, was there a puerperal condition?				26. Was there a surgical operation?		Date of		19	
		State findings				Was there an autopsy?					
		27. If death was due to external causes (violence) fill in also the following:—		Accident, suicide or homicide		Date		19		(State which)	
		Manner of injury				(How sustained)					
		Nature of injury				Specify whether injury occurred in industry, in home, or in public place					
		Signed				M.D.					
		Address				Date		19			
		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)		M. J. M. J.		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.					
		Commander (S), R.C.M.R.									
		This signature authorizes the collector to accept this form as authentic.									

(Voir l'autre côté pour le français)
Director of Personnel Records, NAVAL SERVICE HEADQUARTERS, OTTAWA.

NAVAL MESSAGE

To:

From:

MR. JOHN LOUIS FERNY
437 GROSVENOR AVENUE
WESTMOUNT, QUE.

NSHQ

0 23190

19

83

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DEEPLY REGRETS TO REPORT THAT YOUR SON, LIEUTENANT
(P) JOHN JOSEPH FERNY, ROYAL CANADIAN NAVAL VOLUNTEER
RESERVE, HAS BEEN KILLED DUE TO FLYING ACCIDENT AT
YEOVILTON, SOMERSET, ENGLAND, ON 27TH JUNE, 1945.
LETTER FOLLOWS.

GNP
DPR

/28

DELIVERY CONFIRMED.

L/T P/L 28/6/45 EW 29486

DRAFTED BY D.P.R.
(LIEUT CDR (S) A.B. LUKE)
FILE NO. 0-23190 PERS (N)

R E G I S T E R E D

AIR - MAIL

LA/CM

N.S. 0-23190, PERS.(N)

51



28 June, 1945.

Dear Mr. Feeney:

It is with deepest regret that I must confirm the telegram of the 28th of June, 1945, from the Minister of National Defence for Naval Services, informing you that your son, Lieutenant (P) John Joseph Feeney, Royal Canadian Naval Volunteer Reserve, has been killed due to a flying accident at Yeovilton, Somerset, England, on the 27th of June, 1945.

No other information is available at this time but as soon as further news has been received, it will be passed on to you immediately.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mr. John Louis Feeney,
437 Grosvenor Avenue,
WESTMOUNT, Quebec.

Despatched by
Sec. N. B.

Date 28. 6. 45
Time 1730

82

N.S. O-23190 PERS. (N) "N" 5.

30 July, 1945.

Dear Mr. Feeney:

Further to my letter of the 27th of July, 1945, in a very brief report which has now been received from the Canadian Naval Authorities overseas, it has been learned that your son was killed in a non-operational flight whilst carrying out assisted dummy deck landings. His aircraft stalled and crashed short of the runway near the airfield boundary.

It has also been learned that the name of the parish priest who officiated at the funeral service is Father Devenish, Yeovil, Somerset, England.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Despatched by
Sec. N. B.

Mr. John L. Feeney,
437 Grosvenor Ave.,
Westmount, Que.

Date 30/7/45
Time 1700

A/A

PS Sent to him
Noted
E.S.
31.1.8.45

NAVAL MESSAGE

RESTRICTED

From:

NSHQ

1 C.O-23190
CNMO

S. 1320H
10,000M-12-44 (1340)
N.S. 7570-S. 1320
K.P. 25684

CNS
CNP
MINS

YOUR 192123. IMPERIAL WAR GRAVES COMMISSION
ADVISES THAT LIEUTENANT (P) J J FEENEY RCNVR
BURIED YEOVILTON ROYAL NAVAL EXTENSION ADJOINING
MAIN R N CEMETERY GRAVE NUMBER 1 ROW F GRAVE
IS MARKED BY USUAL WOODEN CROSS. ENDEAVOUR WILL
BE MADE TO HAVE PHOTOGRAPH TAKEN AND FORWARDED
BOMBER MAIL.

211009Z

DRAFTED BY DPR RE- REQUEST BY SIGNAL PARTICULARS
OF TYPE OF MARKER ON GRAVE & CONFIRM GRAVE NO.

T/T CODE 211905Z/11/45 AB 22598

122
437 Grosvenor Avenue,
Westmount, Que.,
December 28th., 1945.

Hon. D. C. Abbott,
Minister of National Defense
for Naval Services,
Ottawa, Ont.

Dear Sir:-

This letter is primarily to acknowledge and thank you for yours of the 3rd, but also to clarify my contention and to keep the record straight.

I would not have written that my son's grave was unmarked unless I were sure that such were the case. There is a very nice English lady of Yeovil who wrote me and volunteered to keep flowers on my son's grave. I had her advice as well as that of the Canadian serviceman, when I wrote you.

The escorting officer was surprised and annoyed to find no marker nor cross on the grave, and he is not to be criticized in any way.. Someone else fell down on the job.

Since you wrote overseas the omission has been rectified. I regret the necessity of having to bother you. You undoubtedly have a heavy task and no answer is expected to this letter.

Yours very truly,

J. B. Seery

MAB/JLF

GMD:CR

121
N.S.C. 0-23190
N.S. 0-23190 Pers.(N)"T"

30th November, 1945.

Dear Mr. Feeney:

I wish to personally acknowledge your letter of the 17th October, 1945, to which the Naval Secretary forwarded an interim reply on the 1st November, and to inform you that in response to inquiries made of the Canadian Naval Authorities Overseas, a reply has now been received regarding your son's grave in Yeovilton.

Lieutenant Feeney is buried in Grave Number 1, Row F, in the Yeovilton Royal Naval Extension which adjoins the main Royal Naval Cemetery. It is very much regretted that your friend did not see the grave on his visit and that the officer who escorted him did not make full inquiries regarding the exact location of the grave from the local authorities before their visit.

The marker on the grave is a specially designed, ruggedly-built, wooden cross, bearing his official particulars. This, however, is only a temporary marker which will be replaced, as soon as conditions permit, by a permanent head-stone erected by the Imperial War Graves Commission.

A photograph of the grave of your son is being taken and I can assure you it will be forwarded immediately it is received.

In the case of the Royal Canadian Navy it was possible, during the war to send only a limited number of Naval Chaplains overseas and in the United Kingdom each one was assigned a certain territory. While I cannot speak with authority on a Royal Navy matter, I do consider that in all probability they likewise found this latter measure necessary. I say this in view of the very great numbers of personnel in that Service and also of the widespread territories involved in comparison to the number of Chaplains serving in the Royal Navy.

Mr. John Louis Feeney,
437 Grovenor Ave., Apt. 9,
WESTMOUNT, P.Q.

Mr. John Louis Feeney,
437 Grovenor Ave., Apt. 9

....2.

120

- 2 -

Consequently, when the Roman Catholic Naval Chaplain for any one territory could not be present the local Priest looked after the welfare of Roman Catholic personnel in that area. In the case of the Royal Naval Air Station at Yeovilton, the local Priest undertakes these duties when the Naval Chaplain is absent from the immediate vicinity of Yeovilton.

I am sure that if you were to write direct to Father Devenish at Yeovilton he would be only too pleased to give you full details regarding the funeral service.

Yours very truly,

" C O P Y "

L. A. GROGAN
614 - 615 Scollard Bldg.,
Victoria, B. C.
Chartered Accountant

88

July 31st, 1945.

The Secretary of the Naval Board,
Department of National Service,
Naval Service,
Ottawa, Ontario.

Dear Sir:

Some friends of mine in England visited my son's grave a few weeks ago in the Naval Cemetery, Yeovilton, and they tell me that since my son's funeral there has been one of another Canadian whose name they have given to me as Lieutenant Phenev.

My purpose in writing is to know whether it is permissible for me to be informed as to who this lad's relatives are and where they live. If I could be informed on this point I would contact them and tell them that I have friends in Yeovil who would be very pleased to place flowers on this officer's grave and perhaps comfort them by knowing that there was somebody close at hand who would take an interest in the grave on certain occasions.

I hope I am not making an improper or unreasonable request and any information that you are permitted to give me would be greatly appreciated.

I am,

Yours sincerely,

(Sgd.) L. A. Grogan.

LAG:IL

P.S. My son's grave is E-4.

LA/C

DNPA XII

89

N.S. 4000-P. ✓ PERS. (N)
0-23190 "N" 5.
0-29510.

10 August, 1945.

Dear Mr. Grogan:

With reference to your letter of the 31st of July, 1945, it is confirmed that Lieutenant (P) John Joseph Feeney, Royal Canadian Naval Volunteer Reserve, who was killed due to a flying accident on the 27th of June, 1945, at Yeovilton, Somerset, England, has been buried in the same cemetery as your late son at Yeovilton, in Grave No. 1, Row F.

His next-of-kin is his father, Mr. John Louis Feeney, 437 Grosvenor Ave., Westmount, Que.

Yours sincerely,

LETTER dispatched by
PERSONNEL NAVAL
AUG 10 1945

SECRETARY, NAVAL BOARD.

Mr. Leo. A. Grogan,
614-615 Scollard Bldg.,
Victoria, B.C.

110/8

cto