

A826
MAYNARD
WILLIAM

HENRY

MEMORANDUM FOR

P. 64

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

Mrs. Lily S. Snow.

51 Agricola Street,

Halifax, N.S.

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO

ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. N.S. 123-M-159 FD 182

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 24, 1941.

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

Steward William Henry MAYNARD.

No. A. 826, R.C.N., H.M.C.S. "Margaree"

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.

(L.M. Firth) Major,
Administrator of Estates.



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.....	None		—
2	Children of the Deceased and dates of their Births.....	None		—
3	Father of the Deceased.....	William Henry Macquard		Whether alive or dead, or his whereabouts, are unknown.
4	Mother of the Deceased.....	Mrs. Lily J. Snow	52	51 Agricola St., Halifax.
5	Brothers of the Deceased	Full Blood	None	—
		Half Blood	None	—
6	Sisters of the Deceased	Full Blood	None	—
		Half Blood	Lily Snow	18
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	
	None	—	—	

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

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	William Henry Maynard
11	Give the month and year of his birth.	November 1 st , 1915
12	Where and when were his parents married?	Halifax, N.S. March 11 th , 1915
13	Was he ever married? If so, state exact place and date of marriage.	No!
14	Did he leave a (later) Will? If so, it should be forwarded.	No!
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No!

PARTICULARS OF DOMICILE

16	Where was deceased born?	Halifax,
17	In what Province, Country or State did he reside, and in which last?	Nova Scotia all his life
18	How long in each?	25 years in N. S.
19	What was the nature of his employment?	Steward on "Lady Nelson."
20	Did he own the house or homestead in which he lived? If so, where?	No!
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No!
22	State <u>your</u> postal address in full.	51 Agricola Street, Halifax.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Lied at sea
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).	No!

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)

DECLARATION

*Insert degree
of relation
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

* mother of the deceased.

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

Mrs Lily J. Snow.

{Signature
of
Informant

CERTIFICATE

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

*See above

Snow {Name of Informant} is the * Mother 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 Hatfield this 31st day of July 19 41

Signature of Clergyman,
Priest or Magistrate

R. E. Chalmers

Qualification

Clergyman

Address 42 Windsor Street, Hatfield, N.S.

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.

A A

14 NR # 50
SSN. R. 5
1M-4-29
N.S. 815-12-5

Lab NOV 11 1939
4.3/23-7M 159
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME.....**MAYNARD**.....OFFICIAL No. **A 826**

CHRISTIAN NAMES.....**William Henry**.....MARRIED, SINGLE OR WIDOWER.....**Single**

PERMANENT ADDRESS	RELIGION
51 Agricola St., Halifax, N.S.	United.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
November 1st, 1915	Town Halifax. County Halifax. Province Nova Scotia.	Mrs. Lilly Snow (Mother) 51 Agricola St., Halifax, N.S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5 Inches..... 7	Inflated..... Deflated..... 40 Mean.....	Dark Brown	Brown	Fresh	Four tatoos on right arm. Three tatoos on left arm.

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
September 22nd 1939	Steward (T)	Steward in "Lady Nelson".

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) That it is my intention to follow the sea for a period of at least five years from this date.
- (b) ~~That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.~~
- (c) ~~That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.

Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.

Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.

Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Noted 21/11/39
E.M.

*Cross out
clause not
applicable

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b)* I served in NIL for the period shown.

Served in	Rank	From	To
	NIL		

(6) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

AND/OR DURATION OF HOSTILITIES.

- (a) To serve from the date thereof for five 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 22nd day of September, 1939.

William H. Maynard
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

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

Signature of Applicant

William H. Maynard

Witness

J. H. Woods

Date September 22nd, 1939. Rank Lieutenant R.C.N.V.R.

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

(D)

CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this 22nd day of September, 1939.

J. H. Woods
Lieutenant R.C.N.V.R.

(Signature of Officer and rank)

W. C. Callan
MEDICALLY FIT

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

W. C. Callan
COMMANDER

APPROVED:—

W. C. Callan
Commander R. C. N.



Can. B. 207
20M-8-38
N.S. 615-2-207

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 MAYNARD William Henry
candidate for entry as Steward R.C.N.V.P.
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Halifax the 21 of Sept. 1939

[Signature]
Examining Medical Officer
(Rank) Sing Lieut Commr

This examination has been made in accordance with the Instructions for Recruiting.

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 re- vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
23 1/2	160	5' 7"	Good.	inches (a) maximum 40 (b) minimum 37 (c) mean 38	right eye 6/6 left eye 6/6 colour vision N. Sch.	Free. 1939.	✓	✓	✓	✓	✓	✓	deficient defective Parotid N.	✓

CERTIFICATE TO BE SIGNED BY THE 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.

Wm. H. Maynard
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

Examining Medical Officer

(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

+

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

4
NAVY

DECEASED
MEMBER'S
NAME

William Henry
(CHRISTIAN NAMES)

MAYNARD
(SURNAME)

REGISTER NO. 1136

FILE NO. NS.A-826

DATE 11th July '45

PAYEE

Director of Estates, for Service Estate of

SERVICE NO. A-826

ADDRESS

38 Sparks St.,
Ottawa, Ont.

William H. Maynard
N.S. A-826

FINAL RANK OR RATING Stwd.

DATE OF TERMINATION OF OVERSEAS SERVICE 22nd Oct '40

DATE OF DISCHARGE 22nd Oct '40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 397 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$
97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 359 LESS 7 INELIGIBLE DAYS, EQUAL TO 352 DAYS @ 25C. PER DAY

88.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$1.85
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$1.45
ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.43 X7 = \$ 24.01
NO. OF DAYS 359 X\$ 24.01

47.10

D. WAR SERVICE GRATUITY

232.60

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

232.60

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 232.60

Voucher 1353- July 26/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY

CHECKED BY

TREASURY

CHECKED BY

DATE

DHJ

H. Laffin

17/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctg.

If a copy of this Form is required, Form C.N.S. 1243 is to be used

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the Service of

William Henry MAYNARD

IN THE ROYAL CANADIAN NAVY *RESERVE*

Official Number *A 826*

Date of birth <i>1st November 1915</i>	Nearest known Relative or Friend (To be noted in pencil)
Where born { Province <i>Nova Scotia</i>	Name: <i>Lilly Snow</i>
{ Town or county <i>Halifax</i>	Relationship: <i>Mother</i>
Trade brought up to <i>Steward in "Lady Nelson"</i>	Address:
Religious denomination <i>United</i>	<i>51 Agricola Street</i>
Date passed swimming test	<i>Halifax N.S.</i>
Man's signature on discharge to pension }	

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>22nd September 1939</i>		<i>Duration of Antitides</i>	5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>7</i>		<i>Dark Brown</i>	<i>Brown</i>	<i>Fresh</i>	<i>4 tattoos on right arm 3 tattoos on left arm</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Name William Henry MAYNARD

Sh
(Tende
in

Date
31 July '40

Examinations passed and Notations or Qualifications other than those entered on History Sheets[illegible]

DISTRIBUTION OF SERVICE ESTATES

JMS

Estates Form "P. 4"

NAVY

Name: **MAYNARD** Surname **W illiam H.** Christian Names No.: **A 826**

Svd. Rank **HMCS Margaree** Unit **22-10-40** Date of Death

AMOUNT **W.S.G.** \$232.60
L.P.C. \$ 46.17
Other Credits \$ 75.86
Total \$354.63
Prev. Dist. \$122.03
This Dist. \$232.60

Date: **August 14/45**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Lilly J. Snow 623 1/2 Robie Street Halifax N.S. (as next of kin entitled)	\$232.60
			WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$232.60
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

☒ Navy
☐ Army
☐ Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity 15281
(Canadian Armed Forces)

123-M-159
A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service MAYNARD (Print)
2. Christian Names WILLIAM - HENRY (Print)
3. Service No. A-826 4. Paid rank or rating at date of termination of Service STEWARD
5. Address, in full, to which payments of gratuity are to be forwarded
MRS. L. J. SNOW.
623 1/2 ROBIE ST.
HALIFAX, N.S.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
	<u>N.A.</u>			

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? N.A. If so, state name of Force or Forces N.A.

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? N.A. If so, state the Force or Forces, with dates of commencement and termination of service. N.A.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

29-Oct-44.
(Date)

Mrs L. J. Snow.
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

W.H. MAYNARD

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.

Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

Application for War Service Credit

(Continuation of Form 1)

1. Name of applicant: *John J. Smith*

2. Address: *123 Main Street, New York, N.Y.*

3. Date of birth: *10/15/1915*

4. Place of birth: *New York, N.Y.*

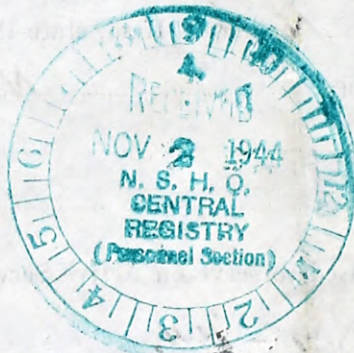
5. Education: *High School Graduate*

6. Occupation: *Engineer*

7. Service record: *U.S. Army, 1941-1945*

8. Date of discharge: *10/15/1945*

9. Date of application: *11/1/1944*



NON QUALIFYING SERVICE

Overseas

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

OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
Fraser	30 Oct '39	5 Sep '40	312
Margaret	6 Sep '40	22 Oct '40	47
			359

Fraser Margaret
 365
 366
 2 Oct
 30 Nov
 31 Dec
 31 Jan
 29 Feb
 31 Mar
 30 Apr
 31 May
 30 June
 31 July
 31 Aug
 5 Sep
 312

TC: D.N.P.A.

FILE No. N.S. A-826

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

MAYNARD William Henry A-826 Stew
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead 14mcs Margaret

Application made by mother (no record of Pension
being paid)
No record of D.A. or A.P.

TOTAL SERVICE

Date of Active Service

22 Sep '39

Date of Discharge

22 Oct '40

Total No. of Days

397

Less non qualifying
service

nil

Total Days

397

OVERSEAS SERVICE

% Total No. of Days

359

Less non qualifying
service

nil

Total Days

359

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

& % Overleaf

Computed By

Checked By

DATE:

NOV 8 1944

Heather
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Officer in Charge
Naval Personnel Records

Applicant's mother - no S/C enclosed for
copy on file.

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

Name of Deceased Member William Henry MAYNARD. Rank or Rating STWD O.No. A. 826

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

D.A. -
 ALLOT. -
 A.P. 40.00
 D.A. -
 A.P. -

Mr Lily J. SNOW (MOTHER)
623 1/2 Robie Street.
Halifax. N.S.

2. Pension awarded or being awarded to:

no record

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

Mr Lily J. SNOW

632 1/2 Robie St. Halifax. N.S.

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:

() To be paid to:

In the proportion of: /

- and -

to:

In the proportion of: /

(X) 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:

X Group "B" (ii)

~~Group "G"~~ of the above mentioned Directive.

Date Dec 15/45

[Signature]
 for D.N.P.A. (G) DNJ.

B/f. Incl. 1. 1945

DNJ.

51 Agricola Street,

Halifax, N.S.

December 2nd, 1941.

No. H.Q.NS.123-M-159 FD.182

MAYNARD, William Henry, Std. (Deceased)
No. A.826, R.C.N., H.M.C.S. "Margaree"

43

Major L.M.Firth,

Administrator of Estates,

Naval Service, Ottawa.

Dear Major Firth:

In reply to your letter of the third of November I may say that the name of the father of the deceased William Henry Maynard was also that of William Henry Maynard, though the father, like the son, was commonly called 'Harry', the latter being the name by which he was familiarly known, though it would not be his correct name.

Since 1916 I have had no definite word of my son's father. At that time he was in the Army and I heard that he went overseas and later on that he was killed, though I never heard of him or his whereabouts officially at any time or whether he was still alive or dead.

From the time my son was born I have been the sole support of him, together with help from my present husband, until William Henry was able to go to work for himself. I received no support, either from the boy's father or from Government allowance, for his care and upbringing or for myself after my son ~~xx~~ was born.

I trust that the above information will be sufficient for to enable you to settle my son's Service estate.

Very sincerely yours,

Lily J. Snow
(Mrs. Lily J. Snow.)



P 41766

 APR 16 1941
 N/23-8152
 CANADA

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name WILLIAM H. MAYNARD Rating STD.
 Official No. A-826 H.M.C.S. MARGAREE List 5D2/5
 Who* was "DD" on the 22nd OCTOBER 1940

Net sum due on ledger on account of Wages.....	\$ 36	cts. 17
Proceeds of sale of Effects charged against Wages, brought from the other side		NIL
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.
	NIL	
Found amongst Effects.....	NIL	
Debts collected \$.....	NIL	
<u>DR # 60-23226</u>		1000
Cash debited in the Accountant Officer's Cash Acct.....		NIL
If in debt in ledger, amount to be stated (in red ink).....		NIL
Rate of allotment (in words) <u>FORTY</u> charged to <u>31st OCTOBER 1940</u>		
Name of ship from which transferred <u>H.M.C.S. MARGAREE</u>		
Total <u>BALANCE CREDITOR</u>	<u>36 17</u>	

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. MARGAREE amounting to a net balance† CREDITOR of THIRTY-SIX- dollars SEVENTEEN cents.

Dated on board H.M.C.S. STADAGONA at HALIFAX
NOVA SCOTIA this 25th day of MARCH 1941

Approved

Bm Watfield for Accountant Officer
 PAYMASTER SUBLIEUT. R.C.N.V.R.
 Initials of the Assistant Accountant Officer

J.E. Leigh
 ACTING CAPTAIN R.C.N.

Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate
 No.....to.....

Signature.....

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

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

C.N.S. 46

10M-10-40 (7450)
 H.Q. N.S. 815-9-45

Ledger { Fair
 Rough

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "MARGAREE" ending 31 October 1940.

List 5-D-2 No. 5 (Name) Maynard William H. Rank Rating Std. No. A 826

When entered 1 Oct '40 Date of appearance 6 Sept. '40 Whither discharged "DD"

	\$	c.				
CREDIT from former account	25	95				
Pay as Std. from 1 Oct. to 31 Oct. '40 31 days at \$1.85 a day	57	35				
(Rank Rating)						
" " " " " "						
" " " " " "						
" L.&C. " " " "	8	70				
" V.A. " " " "	11	00				
Kit Upkeep Allowance	4	67				
OTHER CREDITS: H.L.M.	5	59				
G.M.	1	32				
Total credits	114	58				
DEBT from former account						
PAYMENTS:—						
	1st	2nd	3rd	4th	5th	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	
1st month	8.94	8.94	40.23	8.94	11.00	Total 78.04
2nd month						Total
3rd month						Total
Allotment						
Pension deduction (Officers) charged to						of
Hospital stoppages						
Mulcts						
OTHER CHARGES: G.M. pd.						36
Total debits						78.41
Balance Cr. or Dr.						36.17
(Balance Dr. to be shown in red)						

Number of days actually victualled during period mentioned above 21

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	Duty	6 Sept.	6 Sept	1	L&C.
	Duty	12 Sept.	14 Sept	3	L&C.
	V.A.	1 Oct.	22 Oct.	22	

Date 1 April 1941.

C.N.S. 2426
25M-10-40 (7514)
N.S. 815-9-2426

For ACCOUNTANT OFFICER
Paymaster Sub/Lieutenant R.C.N.V.R.

P096926

Six copies to be rendered to Naval Service Headquarters

123-M159

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX, N. S.

Name William Henry MAYNARD
(Christian names in full)Rank of Rating Steward (T) Official No. A826
(If unknown, date of first entry)

Place of Birth Halifax, N. S. Date of Birth 1st November, 1915

Occupation in Civil Life Steward in "Lady Nelson" Religion United

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) 1 Year 1 Month

Date of Death 22nd October, 1940 Place of Death At Sea

Cause of Death Loss in collision of H.M.C.S. MARGAREE
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name Lilly Snow MAYNARD Relationship Mother
Address 51 Agricola Street, Halifax, N. S.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials NK

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, accord-
ing to Nationality

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

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

COMMANDER, R.C.N.
Commanding Officer,

8th November, 1940

The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.In all cases this Form is to be sent in addition to the Report by Telegraph required by the
Regulations.

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

C.N.S. 1121
15M-7-40 (5849)
N.S. 815-9-1121



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
NO. NS. 123-M-159

NOV 8 1940

STATEMENT OF SERVICE OF

William Henry MAYNARD

Steward, R.C.N.R., O.N. A 826

<u>Ship or Establishment</u>	<u>Rating</u>	<u>From</u>	<u>To</u>
H.M.C.S. "STADACONA"	Steward	22-10-39	
H.M.C.S. "FRASER"	Steward		
H.M.C.S. "MARGAREE"	Steward		22-10-40

Character Assessment for whole of time -

DISCHARGED "DEAD" - 22 October, 1940.


(J. O. Cossette)
NAVAL SECRETARY.

DECEASED 14 May 1941

DEPARTMENT OF VETERANS AFFAIRS

NAVY

AWARDS

D.D.
WAR SERVICE RECORDS

MAYNARD	William Henry	A-826	Stwd.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	5249 10.7.50
War Medal	

MEDALS RETURNED UNDER
RETURN TO STOCK
CANCELLED 4129

(THE REVERSE TO B

03-21966 M



P

HMCS "MARGAREE" Dec./41 R.C.N.R.
 MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Lilly J. Snow - Mother

ADDRESS: ~~51 Agricola Street,~~ 632¹/₂ Robie Street,
~~Halifax, N.S.~~ Halifax, N.S.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER

Mrs. L. Snow

ADDRESS: 51 Agricola Street
 HALIFAX, N.S.

MEMORIAL BAR

(1) DATE DESP

REGN CANCELLED

(2)

(3) 14 May 1941

123-7m 159.

1st November, 1940.

9

Dear Madam,

It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your son, William Henry Maynard, Steward, O.N. A.826, R.C.N.R., was missing, believed killed.

Few details are available, but it is known that H.M.C.S. "MARGAREE" was sunk in collision in the North Atlantic whilst steaming without lights, on convoy duty, and in the submarine zone. 142 officers and ratings are missing and must be presumed lost at sea.

I am requested to express to you the sincere sympathy of the Minister of National Defence for Naval Services and the Chief of the Naval Staff in your bereavement.

Any further information, which is received, will be at once communicated to you.

Yours very truly,



(J.O. Cossette)
NAVAL SECRETARY.

Mrs. Lilly Snow,
51 Agricola St.,
HALIFAX, N.S.

VERIFICATION FORM
CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and
NAVAL GENERAL SERVICE MEDAL (1915).
 NAME IN FULL MAYNARD, William Henry RANK/RATING Stwd OFF. NO.

NAME IN FULL MAYNARD, William Henry RANK/RATING Stud OFF. NO

[illegible]

VERIFIED BY E. Parker

VERIFIED BY

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

SING *Star*.....OFF.NO. *A 826*.....ADDRESS

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	1	<i>Star</i>
							ATLANTIC	1	<i>Star</i>
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

VERIFIED BY *E. F. Kees*
EFK

Memorial Cross sent to (Mother) Mrs. Lilly Snow,
51 Agricola Street,
Halifax, N.S.
on 14-5-41.

on 14-5-41.

DATE OF BIRTH		PLACE		CIVIL		COUNTRY		CAL.		RANK OR RATE							
DAY	MO.	YEAR	DAY	MONTH	YEAR	DAY	MO.	YEAR	DAY	MO.	YEAR						
01	X	15	14	79	2	0	40	X	4	08	02	0	19	0	21	94	
ENLIST		DATE		AC.		SERV.		DATE		RANK OR RATE							
DAY	MO.	YEAR	DAY	MO.	YEAR	DAY	MO.	YEAR	DAY	MO.	YEAR	DAY	MO.	YEAR			
22	09	39	22	09	39							03	15	0	21	94	
SERVIC		CITY		STATE		NON-SERV		CITY		STATE		CITY		STATE		CITY	
22	09	39	09						20	22	-10	40					

A 826

OFFICIAL NUMBER

FILE NUMBER

123-M-159

OFFICIAL NUMBER.....A 826

NAME		MAYNARD		William Henry		DATE OF BIRTH		1 November 1915.	
(Surname)		(Given Names)							

PLACE OF BIRTH	Halifax, Halifax Co., N.S.	OCCUPATION	Steward in "Lady Nelson"
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RELIGION.....United Church.....EDUCATION.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 51 Agricola Street, Town Halifax, Province, etc. N S.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil).....Mother..... NAME (in pencil).....Mrs. Lillie Snow.....

ADDRESS (in pencil): Street and No. 51 Garibaldi Street Town Port Harcourt Province etc. Rivers

[illegible][illegible][illegible]

FILM NO. W9R#411-3 DATE _____

SECOND CLASS FOR CONDUCT

From

To

H.Q. 35-30M-4-42 (4260)
N.S. 815-7-35

W. S. G.
APPLICATION
1136
RECEIVED