

**A826  
MAYNARD**

WILLIAM

HENRY

MEMORANDUM FOR

P. 64

Mrs. Lily S. Snow,  
51 Agricola Street,  
Halifax, N.S.

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

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

35

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 Maynard		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 51 Agricola St., Halifax.
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
8	—	—	—	—
9	Grand-Parents of the Deceased.....			
	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

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 <sup>st</sup> , 1915
12	Where and when were his parents married?	Halifax, N.S. March 11 <sup>th</sup> , 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?	Died 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.

## DECLARATION

\*Insert degree  
of relation, &c.  
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

\*See above

I hereby certify that, to the best of my knowledge and belief.....Mrs. Lily J.  
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.....Halifax.....this.....31<sup>st</sup>.....day of.....July.....19.....41

Signature of Clergyman,  
Priest or Magistrate

R. E. Chalmers.....Qualification.....Clergyman

Address.....42 Windsor Street, Halifax, 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

28176  
D  
Lab Nov 11 1939  
4.5/23-M 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
<b>51 Agricola St., Halifax, N.S.</b>		<b>United.</b>

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

### PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <b>5</b>	Inflated.....	Dark			Four tattoos on right arm.
Inches..... <b>7</b>	Deflated..... <b>40</b>	Brown	Brown	Fresh	Three tattoos on left arm.
Mean.....					
DATE OF ENROLMENT	RATING ENROLLING FOR		TRADE OR CALLING AND IN WHOSE EMPLOY		
September 22nd 1939	<b>Steward (T)</b>		<b>Steward in "Lady Nelson".</b>		

### (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.

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

\*Cross out  
clause not  
applicable

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

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

Served in	Rank	From	To
	<b>NIL</b>		

(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 Jr.*.....

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 Jr.*.....  
Lieutenant R.C.N.V.R. (Signature of Officer and rank)

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

*John Callum*  
ON COMMANDER

**APPROVED:-**

*B. M. Buey*  
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.R.*  
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.

Examining Medical Officer

(Rank) *Steward*

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

(a) Age (b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re- vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. def- ective, if any), Nose, Tonsils, etc.	(o) Anus, Haemorrhoids, etc.
23 1/2 160	5' 7 1/2"	Good.	40 37 38 (c) mean	inches (a) maximum 40 (b) minimum 37 (c) mean 38	right eye 6/6 left eye 6/6 colour vision N. Sph.	1939.							

### 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.

*W.M. 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.

1G

4

NAVY

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

DECEASED  
MEMBER'S  
NAMEWilliam 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

ADDRESS

38 Sparks St.,  
Ottawa, Ont.William H. Maynard  
N.S. A-826SERVICE NO. A-826  
Stwd.

DATE OF TERMINATION OF OVERSEAS SERVICE

22nd Oct '40

FINAL RANK OR RATING

22nd Oct '40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 397 EQUAL TO 13 COMPLETE PERIODS AT \$7.50  
30

\$ 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 \$1.45  
AND PROVISION ALLOWANCE  
ADDITIONAL PAY E.L.M. \$ .13

\$

\$

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.43 X7 = \$ 24.01  
NO. OF DAYS 359 X\$ 24.01  
183

\$ 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 \$

-\$ 232.60

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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.

AT

PREPARED BY *DHJ* CHECKED BY *641*TREASURY  
CHECKED BY *641 Lafferty* DATE *17/7/45*SERVICE REPRESENTATIVE  
for Dir. Naval Pay Acctng.

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 1st November 1915

Nearest known Relative or Friend  
(To be noted in pencil)

Where born { Province Nova Scotia  
Town or county Halifax

Name: Lilly Snow

Trade brought up to Steward in "Lady Nelson"

Relationship: Mother

Religious denomination United

Address:

Date passed swimming test

51 Agnes Street  
Halifax N.S.

Man's signature on dis-  
charge 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. 22nd September 1939		Duration of hostilities	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			Colour of			Marks, Wounds and Scars
	Feet	In.	Chest, In.	Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	5	7		Dark Brown	Brown	Fresh	4 tattoos on right arm 3 tattoos on left arm
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Name William Henry MAYNARD

Date	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	Captain's Signature

31 July '40

## Service

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

Name William Henry MAYNARD

## Conduct

**Second Class for Conduct  
(inclusive dates)**

**Efficiency in Rating—ARTICLE 607—K.R.**

3. **Definition of Terms**—As a guide to Commanding Officers when making their award the following definitions are given of the terms to be used:—

Superior.....A man who performs his duties with more than average efficiency.  
to be written Supr.

Satisfactory .....A man who performs his duties with average efficiency.  
" Sat.

Moderate.....A man who performs his duties in an efficient manner  
" Med.....but with less than average efficiency.

" Mod. but with less than average efficiency.  
Inferior..... A man who performs his duties in an inefficient manner.  
" Ind.

**Note.**—In these definitions "duties" means the general duties of the substantive rating held, and "average efficiency" means the average efficiency of all men in the Service holding the same substantive rating.

The substantive rating held by the man at the time is to be noted in brackets after each substantive rating.

The substantive rating held by the man at the time is to be noted in brackets after each assessment thus: Supr. (A.B.).

## Good Conduct Badges

### Time forfeited

DISTRIBUTION OF SERVICE ESTATES

JMS

Estates Form "P. 4"

NAVY

Name: **MAYNARD** Surname: **William H.** No.: **A 526**

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

Date: **August 14/45**

<u>AMOUNT</u>	
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

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

WSG

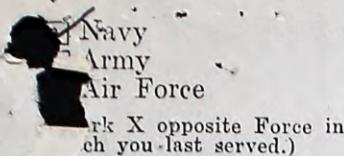
AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$232.60
CLASSIFIED BY			EXAMINED BY		
For Chief Treasury Officer					

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer



## DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441  
1 Mil. 9-44 (5449)  
H.Q. 1772-39-2326Application for War Service Gratuity *015281*

(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.

*Mr. L. J. Snow  
623 1/2 PROSPECT 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
.....	<i>N. A.</i>	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

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.*

RECORDS
NOV 7 1944
1136
WAR SERVICE (PENSION)

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.



NON QUALIFYING SERVICE

## Overseas

( # )	Date	Reason	MILITARY SERVICE	No. of Days
"		"	ADMITTED TO HOSPITAL	"
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<u>Where Serving</u>	<u>From</u>	<u>To</u>	<u>No. of Days</u>
Fraser	30 Oct '39	5 Sep '40	312
Margaree	6 Sep '40	22 Oct '40	47
			359

Fraser Mengarale (Avail req'd) received radio m/s advised to proceed  
365p 25 Sep  
366p 22 Oct  
20 Oct 47  
30 Nov  
31 Dec  
31 Jan  
29 Feb  
31 Mar  
30 Apr  
31 May  
30 June  
31 July  
31 Aug  
5 Sep  
31 2 (2011, B.H.) tot  
abnormal language found

TO: D.N.P.A.

FILE No. N.S. A-826

1136

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

MAYNARD William Henry Surname Christian Names IN FULL A-826 Official Number *Stu* Rank or Rating on Discharge



CAUSE OF DISCHARGE: Dead Amel margare

Application made by mother (no record of pension being paid)  
No record of D.A. or A.P.  
366

TOTAL SERVICE

Date of Active Service

22 Sep '39

9 days  
22 Oct  
397

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 John  
Checked By J.C.

DATE: NOV 8 1944

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

Applicant Mother - no S/C enclosed  
copy on file.

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

1136

Name of Rank or  
Deceased Member William Henry MAYNARD 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

Mrs. 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. Snore

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:

8

### Group "B" (ii)

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

Date 3/6/45

*Journal*  
for D.N.P.A. (G) *ANJ.*

B11. March 1. 1945

Dr. J.



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"

✓3

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.)



# ACCOUNTS OF MEN DISCHARGED

P 41766

NAT'L BANK  
APR 16 1941  
N. 123-8157  
CANADA

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..... 19 40

	\$	cts.
Net sum due on ledger on account of Wages.....	36	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.....	\$ NIL	cts.
Found amongst Effects.....	\$ NIL	cts.
Debts collected \$.....	\$ NIL	cts.
<i>DL#60-23226</i>		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)..... FORTY..... charged to..... 31st OCTOBER 1940		
Name of ship from which transferred..... H.M.C.S.... MARGAREE.....		
Total BALANCE CREDITOR.....		36 17
		46.17 40

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.... STADACONA..... at.... HALIFAX.....  
NOVA SCOTIA..... this..... 25th..... day of MARCH..... 19 41.....  
Approved..... *B. M. Watfield*..... for Accountant Officer  
PAYMASTER SUB-LIEUT. R.C.N.V.R. *W.W.*..... Initials of the Assistant  
Accountant Officer

*J. E. Leigh, Lt. R.C.N.*..... Commanding Officer.  
ACTING CAPTAIN R.C.N.

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

D  
Leger { Paid  
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. 140 days at \$1.85 a day)			5.7	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

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

Brinsford  
FOR ACCOUNTANT OFFICER  
Paymaster Sub/Lieutenant R.C.N.V.R.

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

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, 1915Occupation in Civil Life Steward in "Lady Nelson" Religion UnitedNumber 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 MonthDate of Death 22nd October, 1940 Place of Death At SeaCause 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 NKIn 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 NationalityPlace of Burial ..... Date of Burial .....  
(if known) (if known)Location, Number, etc., of grave .....  
(if known)Undertaker employed .....  
(if any)

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

*J.P. Edwards*  
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-740 (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

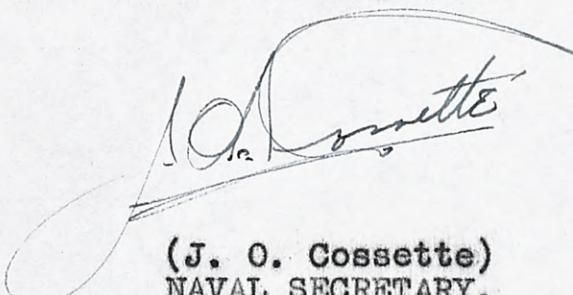
Steward, R.C.N.R., O.N. A 826

12

<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

D.D.

WAR SERVICE RECORDS

AWARDS

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		
	<i>MEDALS REGD AND DIV'D REG'D IN STOCK 4129</i>	
	<b>CANCELLED</b>	
	(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:

51xxgxxxxxx, 632½ Robie Street,  
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 No. 945 CANCELLED

(2)

(3) 14 May 1941

123-2n 159.

1st November, 1940.

G

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

CAMPAIN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. a  
NAVAL GENERAL SERVICE MEDAL (1915).

NAVAL GENERAL SERVICE MEDAL (1915).

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

VERIFIED BY R. Clarke

VERIFIED BY .....

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

ING ..... *Stud* ..... 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>0 clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		
							VERIFIED BY		<i>Elwes</i> <i>1st</i>
DIR. OF PERSONNEL RECORDS.									



