

V75404
GREENWOOD

COLWYN

JAMES

DEPARTMENT OF VETERANS AFFAIRS

NAVY

D.D.
WAR SERVICE RECORDS

AWARDS

GREENWOOD	Colwyn James	V-75404	Bdsman	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 AN DATE DESPATCHED
C.V.S. Medal	118 11-10-49
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Feb. 46

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Chester A. Greenwood - Father

ADDRESS: R.R. #5,
BRANTFORD, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. A. M. Greenwood

ADDRESS: R.R.#5 .97 Park Road
BRANTFORD Ont.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO.

1821

(2)

(3)

4 October 1945

V75404

OFFICIAL NUMBER

FILE NUMBER

113-G-3625

OFFICIAL NUMBER V75404

NAME	GREENWOOD	Colwyn James	DATE OF BIRTH	16 February, 1925.
	(Surname)	(Given Names)		

PLACE OF BIRTH	Brantford, Ontario.	OCCUPATION	Gardner.
----------------	---------------------	------------	----------

RELIGION.....United.....EDUCATION.....

RESIDENCE AT TIME OF ENLISTMENT: Street and No. R.R. #5, 97 Park Rd. Town Brantford. Province, etc Ontario.

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil)..... *father*..... NAME (in pencil)..... *Mr. Charles Arthur Williams*.....

ADDRESS (in pencil): Street and No. 225-97 Park Ave. Town Eastford Province, etc. Que.

[illegible][illegible]

FILM NO. WSP 6091-6

[illegible]

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

V75404

OFFICIAL NUMBER

NAME
(Surname)

GREENWOOD

Colwyn James

(Given Names)

OFFICIAL NUMBER

P.I.B.

V75404

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "York"	P/Bandsman	29	11	43	Active Service Toronto.	V.G.	Mod.	31	12	43							
Stadacona	"	29	9	44	DRD #289 P.3.	V.G.	Mod.	31	12	44							
	Bandsman	28	8	44	Rated (249 AA 21825)	V.G.	Sat.	12	8	45							
DISCHARGED	"	12	8	45	"Dead" Drowned Sig. 1223412/12/8/45												

GENERAL REMARKS

Mother: Mrs. Annie May Greenwood,
R.R. #5, 97 Park Road, Brantford, Ont
is awarded the Canadian Memorial
Cross to date the 4-10-45

DATE OF BIRTH			PLACE OF BIRTH		CIVIL	OCCU.	RELIGION	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	MAIN	SUB	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
16	2	25	11	090	0	40	X	1	03	01	0	23	0	01	95
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
29	11	43	29	11	43						9880	0	01	95	
SENIORITY			STR.	NON-SUB		M.						CODED	CHECKED		
DY.	MO.	YR.	CAT.	A	B	ST.	mmn					215	7112		
29	11	43	13	00	00		MLA					8444	JW		

Read this whole Form and Instructions
on other side before commencing to
complete.

WILL

C.N.S. 545
60M-7-43 (866)
N.S. 815-9-545

Address in
civil life.

(1) I, Colwyn James Greenwood, of the City
(Name in Full) (City, Town, Village, Township)
of Brantford, in the County of Brant
Province of Ontario, Gardener
(Civil Occupation)
at present serving in His Majesty's Canadian Ship York
do hereby revoke all former wills by me made and declare this to be my LAST WILL.

Relationship,
names and
addresses of
beneficiaries
and what
each is to
receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my father Mr. Chester Arthur Greenwood,
R.R. #5, 97 Park Road,
Brantford, Ontario.

ALL MY ESTATE

Relationship,
names and
addresses of
residuary
beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,
of whatsoever kind and wheresoever situate unto

(4) I appoint Mr. Chester Arthur Greenwood, R.R. #5, 97 Park Road
(Name) (Address)
Gardener, to be the Executor of this my Last Will.
(Civil Occupation) ~~Executant~~ Brantford, Ont.

IN WITNESS WHEREOF I have hereunto set my hand this 29 day of November 1943
19.....

Signed, published and declared by the above-
named testator as and for his last will and
testament in the presence of us both
present at the same time, who at his
request and in his presence have here-
unto subscribed our names as witnesses.

Colwyn James Greenwood
(Name)
BANDSMAN (PROB) RCNVR
(Rank or Rating) 172404
(Official No.)

First witness
sign here.

(5) Signature [Signature]
Civil Address # Rusholme Dr, Toronto,
Civil Occupation Gentleman

Second witness
sign here.

Signature [Signature]
Civil Address # La Rose Apartments, Edmonton, Alberta,
Civil Occupation Civil Servant.

(Beneficiaries are not to be Witnesses.)

Noted in Service
Records by [Signature] [OVER]

NOTE

- (1) Example: I, John Charles Jones, of H.M.C.S. *Snowberry*.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate", in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
 "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.00, and my household goods and effects,"
 "my brother, Thomas Jones, 80 Yonge St., Toronto, Ont. \$.00,"
 "my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.00,"
 "my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally" or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman", or if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The testator will date the Will and sign same. Two witnesses must sign in the presence of the testator, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, an officer or rating immediately upon his marriage must make a new Will in order that in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

Mrs. Annie May B. Greenwood
R.R. #5 97 Park Road,
Brantford, Ontario.

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.V-75404 FD216

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

21 Aug 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

GREENWOOD, Colwyn James Bandsman

V-75404 RCNVR



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.

HRW/VR

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.....	Chester, Arthur Greenwood	RR=5'	
4	Mother of the Deceased.....	Annie May B. Greenwood	RR=5'	
5	Brothers of the Deceased	Full Blood		
		Richardson Arthur Greenwood Marilyn Earl Greenwood Leonard Chester Greenwood		
6	Sisters of the Deceased	Half Blood		
		Full Blood		
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

Brantford

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Cohuyn James Greenwood
9	Date of his birth.	Feb 16 - 1925
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	March 3-1920 Dartmouth N.S.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Brantford Ontario
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Ontario
14	Nature of employment before enlistment.	Student
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

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?	no.
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.	yes. Province of Ontario savings 320.25 on deposit no. yes. C A Greenwood Father
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	as far as or to our knowledge none.
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?	Bone — 50 fifty dollars bearer 6 or 7th C A Greenwood Father
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Mutual Life Assurance 2500 Parents.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Bicycle Bond and Instrument Watch & clothing

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.	To our knowledge none.
----	--	------------------------

DECLARATION

*Insert 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

* Mrs. Annie May B Greenwood 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.

Mother Annie M. B. Greenwood { Signature
of
Informant

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Annie M. B. Greenwood

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

Dated at Brantford this 30th day of August 19 45.

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public or Com-
missioned Officer of any
of His Majesty's Forces.

P. E. Tullen Qualification Magistrate

Address 138 Chatham St., Brantford

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

NO
U.I.B.

SEM

N. V. 5
100M-12-42 (7804)
N.S. 815-11-5



ATTESTATION FORM
(HOSTILITIES FORM) NS136579

201906

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME GREENWOOD OFFICIAL No. 1752/04
CHRISTIAN NAMES Colwyn James MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>R.R.#5, 97 Park Road, Brantford Ont.</u>	<u>United</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>16th Feb. 1925</u>	Town <u>Brantford</u> County <u>Brant</u> Province <u>Ont.</u>	Father <u>Mr. Chester Arthur Greenwood</u> <u>Same Address</u>
*Original Nationality of: Father <u>British</u> Mother <u>British</u>		

*If not the son of natural born British parents, particulars to be given at foot of next page.

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>37</u>	<u>Dark Brown</u>	<u>Dark Brown</u>	<u>Dark</u>	<u>None</u>
Inches <u>7 1/4</u>	Deflated <u>34</u>				
<u>169</u>	Mean <u>35 1/2</u>				
EDUCATIONAL STANDING			TRADE OR CALLING AND IN WHOSE EMPLOY		
<u>1 year high school</u>			<u>Gardner</u> <u>Niagara Parks Commission,</u> <u>Niagara Falls, Ont.</u>		

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>ACTIVE SERVICE</u> <u>29th Nov. 1943</u>	<u>BANDSMAN (PROB)</u> <u>R.C.N.V.R. (T)</u>	<u>H.M.C.S. YORK</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

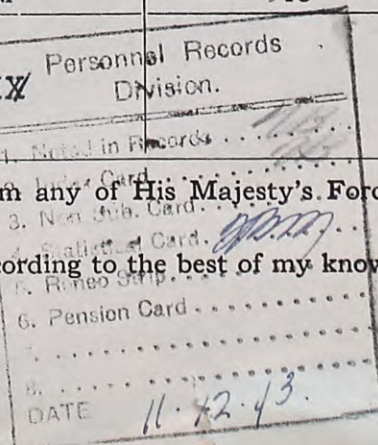
* (b) I served in /X/X/X/X/X/X/X/X/X/X for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
	<u>/X/X/X/X/X/X/X/X/X/X</u>		

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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



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

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

(b) To report for active service when called and 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 naval establishment 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, until called into active service, not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

(e) I have not been induced to enter as BA NDSMAN (PROB) by the prospect of being transferred at some future date to any other branch or rating.

Dated this 29th day of November, 1943

Signature of applicant ✓ Colwyn James Greenwood

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 29th day of November, 1943

My authority for attestation is RD7-5B-1 G 19th November 1943

[Signature]
Signature and rank of Attesting Officer.
LIEUT. RCNVR

(D) OATH OF ALLEGIANCE

I, Colwyn James Greenwood 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 ✓ Colwyn James Greenwood

Witness [Signature]

Date 29th Nove. 1943 Rank LIEUT. RCNVR

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

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

Colwyn James GREENWOOD

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
	<u>H.M.C.S. "York"</u>	<u>V-75404</u>

Date of Birth	<u>16 February '1925</u>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<u>Brantford, Ontario</u>	<u>Mother</u>
Place of Residence	<u>R.R.#5 97 Park Road Brantford</u>	<u>Annie May</u>
Trade brought up to	<u>Cadnet</u>	<u>same address</u>
Religion	<u>United Church</u>	

Can Swim:—P.P.T.	Date	19	Signature	Rank
P.S.T.	Date	19	Signature	Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<u>29 Nov '43</u>	<u>hostilities Bands (6)</u>				

PERSONAL DESCRIPTION							
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion
	Feet	Inches					
On Entry	<u>5</u>	<u>7 1/4</u>	<u>35 1/2</u>	<u>169</u>	<u>dark brown</u>	<u>dark brown</u>	<u>dark</u>
On re-enrolment—6 years' Service							
On re-enrolment—12 years' Service							
Further Description if necessary							

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	<i>Divisional Strength</i>					
	<i>"York"</i>		<i>Bands (P)</i>	<i>29 Nov '43</i>	<i>28 Nov '43</i>	
	<i>On Active Service</i>			<i>29 Nov '43</i>	<i>30 November 1943</i>	
	<i>York</i>		<i>Bands (P)</i>	<i>29 Nov '43</i>	<i>22 Aug '44</i>	
	<i>I" -</i>		<i>Bands (P)</i>	<i>23 Aug '44</i>	<i>26 Sep '44</i>	
	<i>Stadacora</i>		<i>" - "</i>	<i>27 Sep '44</i>	<i>12 Aug '45</i>	<i>"DD" (48552)</i>

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

Date	Details	Captain's Signature
<i>25 June 45</i>	<i>SATW B171474 21-2</i>	

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name Colwyn James GREENWOOD Conduct

[illegible]

NAME

Greenwood, Colwyn James

SERVICEO.N. V-764041
RCNVR

PRESENT RANK/RATING: Bandsman

DATE TAKEN ON ACTIVE SERVICE: 29-11-43

SERVICESHIP OR ESTABLISHMENTFROMTO

HMCS York (Act. Serv. Toronto)

29-11-43

" Stadacona

29-9-44

X York

" Stadacona

IMPORTANT

(WILL): 16357

NAME & ADDRESS

OF NEXT OF KIN: Father: Mr. Chester Arthur

GREENWOOD,

R.R.#5. 97 Park Rd.,
Brantford, Ont.HAS DISCHARGE FOR ANY REASON
BEEN PREVIOUSLY APPROVED? No

REASON:

DATE:

INITIALLED

Mar

DATE 13-8-45

SECTION:

3 RCNVR

(TO BE COMPLETED IN INK)

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
OTTAWA, Canada.

Sir:

13 August, 1945.

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
GREENWOOD, Colwyn James	Bandsman	V-75404, R.C.N.V.R.

DATE OF ENLISTMENT - 29th November, 1943.

DATE OF DISCHARGE - ~~Will be reported later.~~ 12 August, 1945.

HOSPITAL -

(If discharged in hospital under jurisdiction of D.P. & N.H.)

SERVICE -

Canada Only

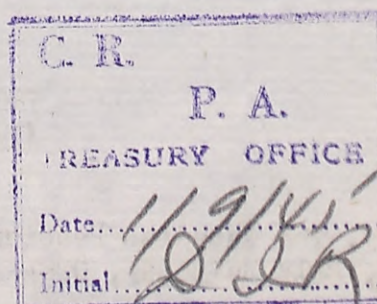
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere)

Reason for discharge and - DEAD - Drowned in Paper Mill Lake, Halifax, N.S.
when and where any disability
was incurred, or where death Body recovered by R.C.M.P., 12 August, 1945.
occurred.(Show clearly whether death or disability due to enemy action,
accident or disease, and whether it occurred in Canada, or on the high seas or
elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Annie May Greenwood

ADDRESS - R.R. #5, 97 Park Road, BRANTFORD, Ontario.

NOTE: If records indicate that rating was separated from his wife, legally
or otherwise, details to be furnished and copy of any Court Order,
the separation Agreement, etc., to be furnished.FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY
FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE
ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

Mrs. Annie May Greenwood
(Mother)

N.K.

N.K.

<u>D.A.</u>	<u>A.P.</u>	<u>TOTAL</u>
Monthly rate: Nil	20.00	20.00
To Whom Paid Mrs. Annie May Greenwood	Address R.R.#1 Brantford, Ont.	
Date of Enlistment: See other side.		
Date of Discharge: See other side.		
Inclusive date to which D.A. and/or A.P. was Paid:		
The final deduction of Assigned Pay for 20.00 has been made for the		
period from 1st to 31st of July Aug. 1945		

REMARKS: -

Computed by *KL*.....

Checked by

Alec L. Boswell

for (R.C. Playfair)
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

Secretary, The Canadian Pension Commission,
228, Daly Building, OTTAWA, Ontario.

38

When entered.....Date of appearance.....Whither discharged DD 12 Aug. '45

Total credits.....	184	20
--------------------	-----	----

Total.....		
------------	--	--

(Balance Dr. to be shown in red)

ACCOUNTANT OFFICER

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 GREENWOOD, Calwyn Rating Bandsman
Official No. V-75404 H.M.C.S. "STADACONA" Pay 1A List 5-2/279
Who* DD on the 12 August 1945

Net sum due on ledger on account of Wages <u>O.R. #162-091619</u>	\$	cts.	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side				
CASH—				
Proceeds of sale of Effects, brought from the other side <u>O.R. #162-091591</u>	61	27		
Found amongst Effects <u>O.R. #162-091575</u>	10	65		
Debts collected \$			71	92
Cash deposited by official Receipt No. <u>---</u>				
Cash debited in the Accountant Officer's Cash Acct. <u>---</u>				
If in debt in ledger, amount to be stated (in red ink) <u>---</u>				
Rate of allotment (in words) <u>Twenty-eight - 40/100</u> charged to <u>31/8/45</u>				
Name of ship from which transferred <u>H.M.C.S. "STADACONA"</u>				
Total <u>Creditor</u>			129	32

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. "STADACONA" amounting to a net balance Creditor of One Hundred and Twenty-nine dollars -- Thirty-two cents. Disposed of by O.R. as noted.
Dated on board H.M.C.S. "STADACONA" at Halifax,
Nova Scotia this 23 August day of 1945

Approved [Signature] Accountant Officer
[Signature] { Initials of the Assistant Accountant Officer
[Signature] Commanding Officer.

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

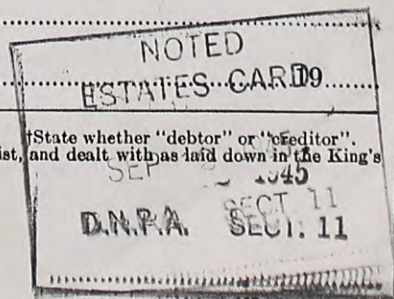
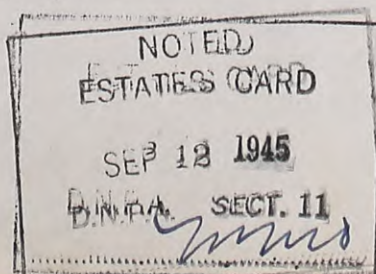
Signature.....

Date.....

*State whether discharged on shore, D.D. or Run.
§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, Regulations.

C.N.S. 46

10M-8-43 (1464)
H.Q. N.S. 815-9-45



ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

..... { Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....SignatureSignature
.....RankRank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

avy
my
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
(Canadian Armed Forces)

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 Greenwood (Print)
2. Christian Names Colwyn James (Print)
3. Service No. V-75404 4. Paid rank or rating at date of termination of Service Bandsman
5. Address, in full, to which payments of gratuity are to be forwarded R.R.#5 Brantford

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>Navy</u>	<u>V-75404</u>	<u>Bandsman</u>	<u>11 Dec 1943</u>	<u>Drowned 12 Aug 1945</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?..... If so, state name of Force or Forces.....
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)?..... If so, state the Force or Forces, with dates of commencement and termination of service.

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

23 July 1946
(Date)

Annie M. Greenwood
(Signature of Applicant)
(mother)

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.

Annie M. Greenwood
(mother)

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.

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

4
NAVY

DECEASED
MEMBER'S
NAME

Colwyn James GREENWOOD
(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO.

80647

FILE NO.

NSV-75404

DATE

9-8-47

PAYEE

Director of Estates,
National Defence Bldg.,
Slater St.,
OTTAWA, Ont.

(for service estate of
GREENWOOD, C.J.)

SERVICE NO.

V-75404

ADDRESS

FINAL RANK OR RATING

Bandsman

DATE OF TERMINATION OF OVERSEAS SERVICE

N11

DATE OF DISCHARGE

\$ 12 Aug./1

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 623 EQUAL TO 20 COMPLETE PERIODS AT \$7.50

150.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

LESS

INELIGIBLE DAYS, EQUAL TO

DAYS @ 25C. PER DAY

N11

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$
SUBSISTENCE OR LODGING \$
AND PROVISION ALLOWANCE \$
ADDITIONAL PAY \$

\$

\$

\$

\$

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$

TOTAL \$

X7 = \$

NO. OF DAYS

183

X\$

150.00

N11

D. WAR SERVICE GRATUITY

150.00

E. DEDUCTIONS

OVERPAYMENT OF

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

n11

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

150.00

G. YOUR PORTION OF GRATUITY IS—

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

= \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ 150.00

150.00

Voucher 1592-150.00-15/8/47

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
<i>R. Kealey</i>	<i>12/8/47</i>

DIRECTOR OF NAVAL PAY ACCOUNTING.

AT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Member's Name

Colwyn James A. runwood
(Christian Names) (Surname)

Payee

The Director of Estates, 120 service estate of

Register No. *80647*

Address

308 Spark St. 16 GREENWOOD, Colwyn

File No. *V 75404*

Date *5 Aug 47*

Service No. *V 75404*

Final Rank or Rating *Bandman*

Date of termination of overseas service

Nil

Date of Discharge *12 Aug 46*

A. TOTAL QUALIFYING SERVICE

No. of days *623* equal to *20* complete periods at *27.50*

158.00

B. QUALIFYING OVERSEAS SERVICE

No. of days *Nil* less — ineligible days equal to — days @ *25¢* per day

Nil

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

150.00

Pay
Subsistence or Lodging
and Provision Allowance
Additional Pay

1.95
1.25

Dependents' Allowance 1/30 of \$

Total *3.20* x 7 = \$

No. of days *Nil* x \$
183

D. WAR SERVICE GRATUITY

150.00

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE

AND ASSIGNED PAY \$

Nil

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

150.00

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$ *150.00*
Total Dependents' Allowance in issue \$

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 *PA* 6 *PA*
2 *PA* 7 *PA*
3 *PA* 8 *PA*
4 *PA* 9 *PA*
5 *PA* 10 *PA*



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE
No. N.S. V-75404, PERS. (N)
"N"5.

OTTAWA, Ontario, 13 August, 1945



FROM: Secretary, Naval Board,
Naval Service Headquarters,
Ottawa, Ontario.

TO: Director of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ontario.

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING, OFFICIAL NO., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NAME & ADDRESS OF NEXT OF KIN</u>
GREENWOOD, Colwyn James Bandsman, V-75404, R.C.N.V.R.	Drowned in Paper Mill Lake, Halifax, N.S. Body recovered by RCMP 12 August, 1945. Date of death is 12 August, 1945.	Mother: Mrs. Annie May Greenwood, R. R. #5, 97 Park Road, BRANTFORD, Ontario.

<u>IN FAVOR OF</u>	<u>ALLOTMENTS IN FORCE</u>	<u>AMOUNT</u>	<u>INITIALS</u>
Mrs. Annie May B. Greenwood R.R.#1, Brantford, Ont.		\$20.00	J.C.
Receiver General of Canada Ottawa, Ont. 8th Victory Loan		8.40	J.C.

WILL: Attached.

H.B. Money

for SECRETARY, NAVAL BOARD.



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No.



PERSONAL EFFECTS

of Colwyn J. GREENWOOD, Bandsman, V.75404 (Deceased)

- | | |
|---|--|
| <p>1 pair sea boots
10 pr. socks
1 yellow sweat shirt
1 scarf, white, silk
1 blue sweater, sleeveless
1 blue windbreaker
1 pr. ice skates, with boots
2 pr. pyjamas
1 blue sweater, with sleeves
1 leather money belt
1 pr. braces
1 pr. trousers
3 white "Dicky" fronts
1 small brush
1 pr. gloves, black, leather
15 handkerchiefs
4 pr. undershorts
4 under-singlets
1 pr. slippers
1 pr. garters
1 alarm clock
2 sets musical bones
1 pr. green coloured glasses
1 gold Identification bracelet
1 bundle Halifax Newspapers
1 Imperial Oil Map of Western Canada
1 Map of Halifax
1 "Yorker"
1 Toronto street guide
5 issues "Flower Grower"
1 map of Nova Scotia
4 song sheets
1 Dictionary of Plant Names
1 booklet of Military Songs
1 Montreal Street guide
3 sheets hand-printed music
1 Map of Montreal
1 unused Easter Card
1 bundle Airmail envelopes
1 bundle plain white envelopes
10 Postcards of Dartmouth, N.S.
3 locks
1 Gillette razor in case, with blades
1 shoe horn
2 metal hasps
2 blue dunnage bags
1 box red lead pencil refills
5 combs
1 comb case
1 "Lucky piece"
1 Canadian Red Cross badge
1 key
1 Jewellers' Receipt
1 fountain pen</p> | <p>1 Mouth piece for Musical instruments
1 pair earmuffs
1 Automatic pencil
1 box black lead pencil refills
1 Holy Bible (torn)
1 black wallet contg; snapshots,
3 identification cards, and 5 photographic negatives
2 small address books
3 personal letters <i>not included</i>
2 postcards
4 newspaper clippings
1 portrait picture
2 blank Memo books
1 key ring with 4 keys, 1 identification disc and 1 metal disc
1 unopened letter <i>not included</i>
1 Birth Certificate record
1 Red Cross Blood Donor's Record Card
1 small notebook
1 pr. brown shoe laces
3 pr. black shoe laces
1 1 spool red wool
1 ball grey wool
1 ball white wool
1 bundle needles
1 dozen black buttons
1 partially used writing pad
1 Memo list, on brown paper
1 wallet contg; snapshots
3 Montreal street car tickets
2 Brantford " " "
2 Toronto " " "
2 "Red Seal" tickets
3 Bermuda postage stamps (used)
1 Niagara-St. Catharines transportation tickets
1 Dartmouth ferry ticket
2 Montreal observation car tickets
1 Telegram
1 Khaki Club bed receipt
6 Newspaper clippings
3 Taxi cards
1 Tag bearing instructions re combination lock
1 slip with telephone numbers
1 Badge (B.C.I.)
1 Raleigh Oyster watch
1 Engraved ring</p> <p>Postage stamps, as follows, 1 x 1;
1 x 2; 7 x 3; 14x4; 3x5; 4x10;
Total value of stamps - \$1.35.</p> |
|---|--|
- Note: These two items*

Mrs. Annie M. Greenwood

30

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "STADACONA" at Halifax, Nova Scotia

Name Colwyn James GREENWOOD
(Christian names in full)

Rank of Rating Boatsman Official No. V-75404 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Brantford, Ontario Date of Birth 16th February, 1925

Occupation in Civil Life Gardener Religion United Church

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) Active Service, 29th November, 1943

Date of Death 12th August, 1945 Place of Death Paper Mill Lake, Halifax, NS.

Cause of Death Accidental drowning, whilst swimming.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name Mrs. Annie May Greenwood Relationship Mother
Address R.R. #5 - 66 Park Road, BRANTFORD, Ontario.

Date on which the above was informed by Ship 12th August, 1945.

Date on which death was registered with local Officials 12th August, 1945.

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

Place of Burial Port Hasey Cemetery, Halifax, N.S. Date of Burial 15th August, 1945.
(if known) (if known)

Location, Number, etc., of grave Section "F", Lot 11.
(if known)

Undertaker employed Nova Scotia Undertaking Co., Ltd., Halifax, N. S.
(if any)

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

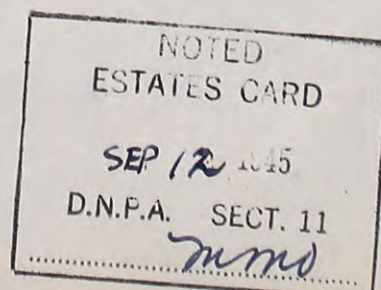
H. Adams.
Commanding Officer,
22nd August, 1945.

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



DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HQ

Name.....GREENWOOD.....Colwyn J......No. V.75404
Surname Christian Names

Bandaman.....R.C.N.V.R......12-8-45
Rank Unit Date of Death

AMOUNT

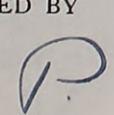
L.P.C.....\$ 162.92

Date.....6-2-46.....

Other Credits.....

Total.....162.92

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Chester A. Greenwood, R.R. #5, BRANTFORD, Ont. (Sole beneficiary under will)	\$162.92
P4. TO TREAS. 13-2-46, QW			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$162.92
CLASSIFIED BY 			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

NAVAL MESSAGE

To:

NSHQ
(R) C IN C CNA
RCN DEPOT

From:
STADACONA

CNS
ACNS
CNP
MINS
DPR

REGRET TO REPORT DEATH BY DROWNING OF
COLWYN JAMES GREENWOOD BANDSMAN V-75404 IN PAPER MILL
LAKE HALIFAX. BODY RECOVERED BY RCMP AT 1745 TODAY.
NEXT OF KIN MOTHER, HAS BEEN INFORMED

122325Z

T/T

P/L

122341Z/8/45

DRH

18774

Section 3



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 Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined.....GREENWOOD Colwyn James.....
candidate for entry as.....BANDSMAN (PROB) R.C.N.V.R. (T).....
and I believe him to be *{in all respects fit for His Majesty's Service
unfit for His Majesty's Service for the reason stated below} He has signed the Certificate
given below in my presence.

†Strike out if inapplicable.

*Delete one.

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

(a) Age	Yrs. 18 Mos. 9	(j) Date of last Vaccination	Child
(b) Height with bare feet	Feet 5 In. 7 1/2	(k) General Development	Good
(c) Weight without clothes	169	(l) Nose, Throat and Tonsils	Normal
(d) Ears and Hearing	Rt. Lt. Normal	(m) Heart and Lungs	Normal
(e) Chest Girth	Max. 37 Min. 34 Mean 35 1/2	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 1 Defective 0 Dentures 2	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses Rt. 20 Lt. 20 Both 20 with glasses Rt. 30 Lt. 30 Both 30 where worn	(p) Skin	Clear
(h) Colour Vision	Ishihara R.C.N. Lantern Normal	(q) Anus Haemorrhoids	Normal
(i) Chest x-ray	not taken approved positive doubtful N 451	(r) Testes Varicocele	Normal
		(s) Urine	all day

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.

Colwyn James Greenwood

†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

Dated at.....Toronto, Ont.....the 17th of Nov. 1943

[Signature]

Examining Medical Officer

SURGEON LIEUT. R. C. N. V. R.

(Rank).....

Note approval.

OCCUPATIONAL HISTORY FORM

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 GREENWOOD Colwyn James (b) Reg'l. No. 175704
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank BANDSMAN (PROB)
3. (a) Date of birth 16 Feb. 1925 (b) Have you any dependents? no (c) Place of residence at time of enlistment Brantford, Ont.
4. (a) Place of enlistment Toronto, Ont. (b) Date of enlistment 29th Nov. 1943

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? no
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.) 1 year high school
7. If you attended a university, give name of university and standing or degree secured no
8. (a) Did you ever enter upon a trade apprenticeship? yes (b) If so, for what occupation? Gardner (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? 1 year
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working," as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NO

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 no (b) State how long you had worked at this trade or occupation no
13. If answer to 11 be "No," state exact trade or occupation for which you feel qualified no
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment no
15. Give details of last employer, if any: Name no Address no
16. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) no
17. (a) If your last employment was in a business of your own, state nature and address of business no (b) Date of discontinuing it no

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 Niagara Parks Commission Address Niagara, Ont. Falls
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) Horticulture
20. (a) Your specific occupation Gardner (b) Number of years' experience at this occupation with any employer 1 year
21. (a) Did your employer promise definitely to give you employment on discharge? yes (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? yes

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 no (b) Where was it located? no
23. (a) Number of years engaged in this business no (b) Have you made, or will you make plans to return to the same or a similar business on discharge? no

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? no
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) no
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None

DATE 29th November 1943 SIGNATURE Colwyn James Greenwood



DEC 11 1943

ES
VWD
TO

NAME IN FULL GREENWOOD, Evelyn Jane RANK/RATING Bandman OFF. NO. V-75404 ADDRESS

[illegible]

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, HAMILTON.....

.....Ottawa, Aug. 25th, 1945......

From.....Head Office.....

V.75404 BDSMN GREENWOOD, Colwyn J.

~~XXXXXXXX~~ D.V.A. 739-C

The Department of National Defence, **NAVAL SERVICE**,
officially reports that the marginally named was reported -

Drowned in Paper Mill Lake, Halifax, N.S.,
Body recovered by R.C.M.P. 12 August, 1945,

~~xxxxxx~~
on the 12 Aug. 1945

~~XX~~ service CANADA.

No decision has been issued under section 11-2.

His next of kin is reported as - Mother -

Mrs. Annie May Greenwood,
R.R. #5, 97 Park Road, Brantford,
Ont.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00

a month to - Mrs. Annie M.B. Greenwood,
R.R. #5,
Brantford, Ont.

(relationship not
stated)

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/AS

E. Clewes,
for
Canadian Pension Commission.