

A938
FRANCIS
JAMES

AUGUS

MEMORANDUM FOR

P. 64

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

Mrs. Racheal Francis.

41 Henry 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-F-31 FD 228

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 17, 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

FRANCIS, James Augustine, Cook (S),

No. A. 938, R.C.N.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(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.

Degree 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.....		Rachael Francis	31.	P.O. Box 326. Sydney Mines N.S.
2	Children of the Deceased and dates of their Births.....		Ray Augustine Francis	5	June 29th. 1926.
			Frank Stanley Francis	2.	January 20th. 1939.
3	Father of the Deceased.....		James A. Francis	61.	Beech St. Sydney Mines.
4	Mother of the Deceased.....		Mary. C. Francis.	56.	Beech St. Sydney Mines
5	Brothers of the Deceased	Full Blood	Henry A. Francis.	34.	Beech St. Sydney Mines.
			Louise Francis.	27.	Beech St. Sydney Mines
		Half Blood	Lloyd. Francis.	25.	Beech St. Sydney Mines.
6	Sisters of the Deceased	Full Blood	Lew Francis.	36.	Bathurst St. Lunenburg.
			Leonie Francis.	21.	Sydney Mines.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.		Names and ages of their children (if any)	Address of their children	

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

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	James Augustine Francis.
11	Give the month and year of his birth.	January 31st. 1909.
12	Where and when were his parents married?	Sept. 23rd. 1904. North Sydney.
13	Was he ever married? If so, state exact place and date of marriage.	Tangier, U.S. July 22nd/1935.
14	Did he leave a (later) Will? If so, it should be forwarded.	No. 45
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?	Sydney Mines N.S.
17	In what Province, Country or State did he reside, and in which last?	Nova Scotia
18	How long in each?	31 yrs.
19	What was the nature of his employment?	Navy. (Cook)
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.	P.O. Box 326. Sydney Mines N.S.

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).	None.

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 relationship, for example "Widow," "Father," "Brother," etc.

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

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

Mrs. Rachael Francis.

{ Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Rachael Francis { Name of Informant } is the * Widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Sydney Mines this 28th day of July 1941

Signature of Clergyman, Priest or Magistrate }

J. W. O'Brien

Qualification

Clergyman.

Address

Sydney Mines 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.

10	What was the nature of his employment?
11	Did he own the house or homestead in which he lived? If so, where?
12	Did he ever state verbally or in writing, where he intended to make his permanent home?
13	State your postal address in full.
PARTICULARS AS TO CLAIMS	
14	Have the funeral expenses been paid? If so, by whom?
15	Are there any outstanding claims against the estate? If so, furnish full name and address of each creditor, the amount due and attach his bill if payment has been made.
16	State your postal address in full.

Note—Paragraph 14 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, and the following information to be included in all accounts submitted:—

1. Name and address of creditor.
2. Detailed statement of particulars of claim with date on which incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments have been made, and that he holds no security thereon; the creditor should then sign same.

and if you submit that the claim is correct, then you "O.K." the bill and sign same.

QH



CANADA

N. R. 5
200-9-39
N. S. 8 15-12-514 NR #129
S.S.
NPR
NOV 11 1939
N.S. 123-531
CANADAATTESTATION FORM

26761

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

Surname.....FRANCIS.....Official No. A 928

Christian Names.....James Augustine.....Married, Single or Widower. Married

Permanent Address	Religion
41 Henry St., Halifax, N.S.	R.C.

Date of Birth	Place of Birth	Name and Address of Next of Kin
31st January, 1909	Town Sydney Mines. County Cape Breton Province N.S.	Mrs. Racheal Francis (Wife) 41 Henry St., Halifax, N.S. checked 7-8-40

PERSONAL DESCRIPTION ON ENROLMENT

Height	Chest Measurement	Hair	Eyes	Complexion	Wounds, Scars, Marks
Feet 5	Inflated				
Inches 7	Deflated 38	Brown	Blue	Fair	NIL
	Mean				

Date of Enrolment	Rating Enrolled for	Trade or Calling and in whose Employ
21st October, 1939	Cook(s) (T)	Cook Ex "Venosta"

(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 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.

Personnel Records Division	
1. Index Card	.....
2. Non-Sub. Card	.....
3. Statistical Card	.....
4. Roneo Strip	.....
5. Pension Card	.....
6. ....	.....
7. ....	.....
8. ....	.....
DATE	

Noted 14-11-39
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.....36th Battery.....for the period shown.

Served in	Rank	From	To
36th Battery	Signalman	During month	of July, 1929.

(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:—

(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.....21st.....day of.....October.....1939.....

James P. Francis
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

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

Signature of Applicant.....*James P. Francis*

Witness.....*James P. Francis*

Date 21st October, 1939.....Rank.....Payr. Lieutenant R.C.N.

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.....21st.....day of.....October.....1939.....

James P. Francis
(Signature of Officer and rank)
Payr. Lieutenant R.C.N.R.

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

MEDICALLY.....*fix*

Q. M. Callan
SURGEON COMMANDER

APPROVED:.....*K. M. Beers*
Commander R. C. N.



Can. B. 207
20M-8-38
N.S. 815-2-207

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 FRANCIS James Augustus
candidate for entry as look from Kenosha
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 N.S. the 7th of October 1939

[Signature]
Examining Medical Officer

(Rank) Levy Lieke Col.

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 Type (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)
30 ⁹ / ₁₂	137 lbs.	5 ⁷ / ₂ ft. ins.	good	inches (a) maximum 33 1/2 (b) minimum 30 (c) mean 31 1/2	right eye 6/5 left eye 6/5 colour vision N. (see)	1920	✓	✓	✓	✓	normal w.f.v. 20 ft.	✓	Oronas upper plate deficient. Palatoglossum pharynx normal	normal clear.

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.

J. A. Francis
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.

[Signature]
Examining Medical Officer

(Rank).....

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

DECEASED 22 October 1940

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS

FRANCIS

James Augustine

A-938

Cook (S)

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

War Medal

1250

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNR Aug. 41 "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Racheal Francis - Widow

Box 326, SYDNEY MINES,

ADDRESS: ~~41 Henry St.,~~

HALIFAX, N.S.

19-8-48

(2) MEMORIAL CROSS

WIDOW

Mrs R. Francis

ADDRESS: 41 Henry Street
HALIFAX, N.S.

(3) MEMORIAL CROSS

MOTHER

Mrs J. A. Francis

ADDRESS: Beech Street
P.O. Box 714
SYDNEY MINES, N.S.

(1) **MEMORIAL BAR**

DATE DESP

REGN. NO

(2)

28 April 1941

(3)

28 April 1941

Duration of Hostilities

Margaret

True [REDACTED] RCNR
CERTIFICATE of the Service of
James Augustine FRANCIS
in the Naval Service of Canada

The corner of this Certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

PORT DIVISION

OFFICIAL NUMBER

A. 938

Date of birth

31st January, 1909

Where born

Town

Sydney Mines

County and province

Cape Breton, N.S.

Usual place of residence

41 Henry St., Halifax, N.S.

Trade brought up to

Cook ex "Venosta"

Religious denomination

Roman Catholic

Next of kin

wife, Rachel, same as above

Can swim

Man's signature on discharge to pension

CONTINUOUS SERVICE ENGAGEMENTS.

MEDALS, CLASPS, Etc.

Date of actual volunteering.	Commencement of time	Period volunteered for	Date Received.	Nature of Decoration
	<i>21 Oct '39</i>	<i>Duration of Hostilities</i>		

DESCRIPTION OF PERSON.	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS.
	Feet.	In.	Complexion.	Hair.	Eyes.	
On entry as a boy						
On advancement to man's rating, or on entry under 28 years	<i>5</i>	<i>7</i>	<i>Fair</i>	<i>Brown</i>	<i>Blue</i>	<i>Nil</i>
On re-entry for C. S. or for Non-C.S. after attaining 28 years						
Further description if necessary						

Name _____

James Augustine Francis

[illegible]

Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet.

[illegible]

4
Name James Augustine Francis

Conduct.

CHARACTER, EFFICIENCY IN RATING, RECOMMENDATIONS FOR MEDAL AND GRATUITY (R.M.G.)
ON 31st DECEMBER, EACH YEAR AND ON DISCHARGE FROM THE SERVICE.

[illegible]

GOOD CONDUCT BADGES.

[illegible][illegible]

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M.

NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL FRANCIS, James RANK/RATING Cook OFF. NO. 100

SHIP

SERVICE

AREA

QUALIFYING PERIODS

FROM

TO

DAYS

FROM

TO

1939-45 ATLANTIC

Fleur de Lys

16-11-39

16-1-46

62

al

Traser

18-1-40

5-9-40

232

ad

Margaret

6-9-40

22-10-40

47

ok

22-10-40

VERIFIED BY

Pharon

VERIFIED BY

.....

ING book OFF. NO. 7-938 ADDRESS

DIR. OF PERSONNEL RECORDS.

A 938

OFFICIAL NUMBER

NAME.....FRANCIS
(Surname)

James Augustine
(Given Names)

OFFICIAL NUMBER

A 938

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
Stadacona	Cook (s)	21	10	39													
Fleur de Lis	"	16	11	39		V.G.	Sat.	31	12	39							
Stadacona	"	17	1	40		V.G.	Supr.	22	10	40							
Fraser	"	18	1	40													
Margaree	"	6	9	40													
DISCHARGED	"	22	10	40	"Dead" (Margaree Casualty)												
GENERAL REMARKS																	
Memorial Crosses sent to (Wife) Mrs. Rachael Francis, 41 Henry St. Halifax, N.S. and (Mother) Mrs. James A Francis, Beech St., Sydney Mines on the 28 April, 1941.																	

DATE OF BIRTH	BY	MO	YR	BIRTH	PLAC	CIVIL	COUNTRY	SERIAL	REMARKS	RANK OR RATE ON ENLISTMENT
31	09	14	7790	10	X40802	019	01895			
ENLIST. DATE	BY	MO	YR	BY	MO	YR	TOTAL	RANK OR RATE	RANK OR RATE	
21	10	39	21	10	39		0315	01895		
SENIORITY	BY	MO	YR	BY	MO	YR	CHECKED	INITIALS		
21	10	39	09				EP	229		

A 938

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 41 Henry Street. Town Halifax. Province, etc. N.S.

NEXT OF KIN RELATIONSHIP (in pencil).....Wife.....
ADDRESS (in pencil): Street and No.....41 Stuart Street.....
NAME (in pencil).....Mrs Rachel Francis.....
Town.....Glasgow.....Province, etc.....N.S.W.

BADGES, G.C. OR G.S.

SECOND CLASS FOR CONDUCT

From

To



TO: D.N.P.A.

FILE No. N.S. A-938

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

FRANCIS James Augustine A-938 Cook (S)
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead

Application made by wife - In Receipt of Pension

21 Oct '39 - 22 Oct '40 366
22 Oct

TOTAL SERVICE

Date of Active Service 21 Oct '39

Date of Discharge 22 Oct '40

Total No. of Days 368

Less non qualifying service nil

Total Days 368

OVERSEAS SERVICE

% Total No. of Days 341

Less non qualifying service nil

Total Days 341

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf

Computed By [Signature]

Checked By [Signature]

DATE: NOV 25 1944

[Signature]
for (H.B. Money)
Payr. Cmdr, R.C.N.R.
Officer-in-Charge
Naval Personnel Records

Overseas

REVIEWS: JATOT

DATE OF ACTIVE SERVICE

Page of Narrative

Local No. 10

24

3 4 1 ✓

Branch of Service

Date of Active Service

Date of Discharge

20170 1 3 4

Checked By
Completed By

END

Steu Defis	Fraser	Margaret
15	14	25
31	29	23
16	31	<hr/> 47
<hr/> 62	30	
	31	
	30	
	31	
	31	
	5	
	<hr/> 232	

☒ Navy
☐ Army
☐ Air Force

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

DEPARTMENT OF NATIONAL DEFENCE

7520

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

Application for War Service Gratuity

(Canadian Armed Forces)

123-F-31

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..... FRANCIS, JAMES AGUSTINE
(Print)

2. Christian Names
(Print)

3. Service No. A938 4. Paid rank or rating at date of termination of Service COOK.

5. Address, in full, to which payments of gratuity are to be forwarded MRS RACHAEL
FRANCIS, BEECH ST. Box 316
SYDNEY MINES, NOVA SCOTIA.

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>OCT 20th 1939</u>	<u>A938</u>	<u>COOKS</u>	<u>OCT 20/39</u>	<u>OCT 20/40</u>

navy. KILLED IN ACTION. "

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? No. 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)? No. If so, state the Force or Forces, with dates of commencement and termination of service. Corp. form completed, returned
in D.A.P.A. (2) 28/11/44.

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

Nov 18th 1944
(Date)

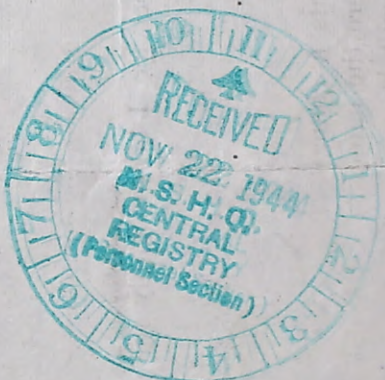
Mrs. Rachael Francis
(Signature of Applicant)

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.

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.) No Enclosure

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.

This is to certify that the
above signature was the wife
of the above mentioned
deceased sailor.
James Francis
Sydney Mines



Application for War Service Certificate

DEPARTMENT OF NATIONAL DEFENSE

WASH.

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

Name of Deceased Member James Augustine FRANCIS Rank or Rating COOK(S) O. No. A 938

1. Dependents' Allowance and Assigned Pay in force at date of death: M.A.
D.A. 1.25 M^{rs} Rachel FRANCIS (wife)
ALLOT. 41 Henry Street
A.P. 75.00 Halifax N.S.
D.A. —
A.P. —

2. Pension awarded or being awarded to: wife - as above.

3. War Service Gratuity Application(s) received from: M^{rs} Rachel FRANCIS
Beech Street,
Box 326, Sydney Mines 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: M^{rs} Rachel FRANCIS - wife In ~~the~~ full proportion ~~of~~: /

- and -

to: In the proportion of: /

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

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date Feb 16/45

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

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

4
NAVY

Deceased member's NAME James Augustine FRANCIS
(CHRISTIAN NAMES) (SURNAME)
Payee: Mrs. Rachael FRANCIS
ADDRESS Box 326, Beech St.,
Sydney Mines, N.S.

REGISTER NO. 1821
FILE NO. NSA-938
DATE 27 Feb/45
SERVICE NO. A-938
FINAL RANK OR RATING Cook (S)
DATE OF DISCHARGE 22 Oct/40

DATE OF TERMINATION OF OVERSEAS SERVICE 22 Oct/40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 368 EQUAL TO 12 COMPLETE PERIODS AT \$7.50

\$ 90.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 341 LESS 8 INELIGIBLE DAYS, EQUAL TO 333 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ 83.25

SUBTOTAL

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.95
SUBSISTENCE OR LODGING \$ 1.45
AND PROVISION ALLOWANCE
ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.50 \$ 1.25

TOTAL \$ 4.78 X7 = \$ 33.46

NO. OF DAYS 333 X\$ 33.46
183

\$ 60.89

D. WAR SERVICE GRATUITY

\$ 234.14

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ NIL

F. AMOUNT PAYABLE

(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALLMENTS OF \$ EACH)

\$ 234.14

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE
FOR EXPLANATION
OF ITEMS A, B & C

G. MONTHLY INSTALLMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$

X30 \$

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	234.14								
CHEQUE No.	111045								
DATE	10/3-45								
INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

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 SJD CHECKED BY [Signature] TREASURY DATE 9/3/45
for Dir. Naval Pay. Accounting. SERVICE REPRESENTATIVE

EXPLANATION OF ITEMS A, B & C

1. The War Service Grants Act, 1944 provides for the payment of the War Service Gratuity for every thirty days of service as follows:—

- (i) \$7.50 in respect of service which is not classed as overseas service.
- (ii) \$15.00 in respect of service classed as overseas service.

By regulation, each person qualifying is entitled to a gratuity of \$7.50 for each completed period of 30 days of service together with an additional sum of 25 cents for every day of overseas service **which falls within such periods.** No sum is payable for any day of service over and above the last completed 30 day period.

2. An "ineligible day" is any day of overseas service, rendered after completion of the last 30 day period, for which no additional sum of 25 cents per day is payable.

3. In addition, a supplement is payable for service classed as overseas service equivalent to seven days' pay and allowances, including dependents' allowance and subsistence or lodging and provision allowance at standard Canadian rates for each six months of overseas service and proportionately for a period of less than six months. By regulation, "six months" is considered to mean "183 days".

4. For the purpose of computing benefits under the Act, no period of absence without leave or leave of absence without pay, or time served while undergoing sentence of penal servitude, imprisonment or detention, or period of service in respect of which pay is forfeited is included in determining qualifying service.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name

James Augustine
(Christian Names)

FRANCIS.
(Surname)

Payee

M^{rs} Rachel AEL FRANCIS,

Address

*Box 326, Beech St.
Sydney Mines, N.S.*

Register No.

1821

File No.

A 938

Date

28 Nov 44

Service No.

A 938

Final Rank or Rating

COOK(S)

Date of Discharge

22 Oct 40

Date of termination of overseas service *22 Oct 40*

A. TOTAL QUALIFYING SERVICE

No. of days *368* equal to *12* complete periods at \$7.50
30

90.00

B. QUALIFYING OVERSEAS SERVICE

No. of days *341* less *8* ineligible days equal to *333* days @ 25¢ per day

83.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ *1.95*
Subsistence or Lodging \$ *1.45*
and Provision Allowance *H.L.M.* *.13*
Additional Pay \$

Dependents' Allowance 1/30 of \$ *37.50* *1.25*
Total *4.78* x 7 = \$ *33.46*
No. of days *333* x \$ *33.46*
183

173.25

60.89

D. WAR SERVICE GRATUITY

234.14

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

234.14

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ *234.14*
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	<i>50.9</i>	6	
2	<i>50.9</i>	7	
3	<i>50.9</i>	8	
4	<i>50.9</i>	9	
5	<i>50.9</i>	10	

2nd November, 1940.

Dear Madam:

It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your husband, James Augustine Francis, Cook (S), O.N. A.938, 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. Rachael Francis,
41 Henry Street,
HALIFAX, N.S.

BM/IF

123-F-31

- Naval Service -

25
21 December, 1940.

THIS IS TO CERTIFY that according to official information James Augustine Francis, Cook (S), Official No. A.938, Royal Canadian Naval Reserve, was serving in H.M.C.S. MARGAREE when that ship was lost in the North Atlantic on the 22nd of October, 1940, and that he is missing and presumed dead by Naval Authorities.


(J. O. Cossette)
NAVAL SECRETARY.

ACCOUNTS OF MEN DISCHARGED

APR 10 1941
N.S. 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 JAMES FRANCIS Rating COOK(S)
Official No. A-928 H.M.C.S. MARGAREE List 502/8
Who* was "DD" on the 22nd OCTOBER 19 40

Net sum due on ledger on account of Wages.....

\$ NIL cts.

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

OK 60-23226

Cash debited in the Accountant Officer's Cash Acct.....

NIL

If in debt in ledger, amount to be stated (in red ink).....

5 87

Rate of allotment (in words) SEVENTY-FIVE & FIVE charged to 31st OCTOBER 1940

Name of ship from which transferred H.M.C.S. MARGAREE

Total† BALANCE DEBITOR

5 87

43.63 Cr. Bal

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† DEBITOR

of FIVE dollars EIGHTY-SEVEN cents.

Dated on board H.M.C.S. SEADACONA at HALIFAX

NOVA SCOTIA this 25th day of MARCH 19 41

Approved

B. M. Hatfield

Accountant Officer

PAYMASTER SUB/LIEUT. R. C. H. Y. B. Initials of the Assistant
Accountant Officer

J. E. Leigh Frederic
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 { Fau
Rough

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.*

.....Signature	.....Signature
.....Rank	.....Rank

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.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " MARGAREE " ending 31 Oct. 19 40
List 5D2 8 (Name) FRANCIS?, James Ck(s) A938
When entered 1 Oct.'40 Date of appearance 6 Sep.'40 Whither discharged "DD"

CREDIT from former account Nil						\$	35
Pay as	Ck(s)	from	10 Oct.	to	31 Oct.	(31 days at \$ 1.95 a day)	60.45
"	(Rank Rating) M.A.	"	"	"	"	(31 " 1.25 ")	38.75
"	HLM	"	"	"	"	" " "	351
"	GM	"	"	"	"	" " "	1.32
"	"	"	"	"	"	" " "	
Kit Upkeep Allowance 19.10.40							
OTHER CREDITS:							
Total credits						104.03	
DEBT from former account						25.43	
PAYMENTS:—	1st	2nd	3rd	4th	5th	Total	43.47
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month	4.47						
2nd month						Total	
3rd month						Total	
Allotment October						80.00	
Pension deduction (Officers) charged to of							
Hospital stoppages							
Mulcts							
OTHER CHARGES:							
Total debits						109.90	
Balance or Dr.						5.87	
(Balance Dr. to be shown in red)							

Number of days actually victualled during period mentioned above 27

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	Lent	6 Sep	6 Sep.	1	Drake
	Lent	12 Sep	30 Sep.	19	Drake

Date 1 April 19 41

Bm patfield
for ACCOUNTANT OFFICER
PAYMASTER SUB/LIEUT. R.C.N.V. R.

P006893

123-731

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name James Augustine FRANCIS
(Christian names in full)Rank of Rating Cook (S) (T) Official No. A-938
(If unknown, date of first entry)

Place of Birth Sydney Mines, Cape Breton, N. S. Date of Birth 31st January, 1909

Occupation in Civil Life Cook ex "Venosta" Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 1 Year

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 Racheal FRANCIS Relationship Wife
Address 41 Henry St., 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, according 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 invalided

J. M. Edwards
COMMANDER R.C.N.
Commanding Officer,
8th November, 1940The 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

GAA

NO. 44

Can. S. 2041 (Recd. Dec. 1919)

ORIGINAL

Number.....

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
NR SS #129	Surname.....FRANCIS	COOK		1.95
	Christian Names.....JAMES A			

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname.....FRANCIS	41 HENRY ST 25138
Christian Names.....Mrs. RACHAEL	HALIFAX N.S.

CHILD OR CHILDREN			
Name	Sex	Date of Birth	Attains majority
(1) ROY A	MALE	29th JUNE 1936	1952 ✓
(2) FRANK S	MALE	20th JANUARY 1939	1955 ✓
(3)			
(4)			

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

G. Anderson
WRITER

Signature.....

Rank or Rating.....COOK

Marriage Allowance in force per diem.....

Marriage Allowance claimed per diem.....1.00

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

Ledgers

COMMANDER RCN

Commanding Officer.

This amount per day has been credited from 21st October, 1939

at List NR SS No. 129 Ledger ending 31st DECEMBER 1939

Allotment of \$ 75.00 in force from the month of NOVEMBER 1939 in accordance

with regulations. Special Allotment of \$ 20.00

thro' PAYMASTER CASH A/C/

has been made to qualify

for M.A. FROM

OCT.

PAY LIEUT. CDR. RCNVR

Accountant Officer.

THE CHIEF ACCOUNTANT,

Department of the Naval Service,

Ottawa, Ont.

H. M. C. S. "STADAGONA"

Forwarded 26 Oct. 1939

NOTE

- (1) All applications for Marriage Allowance must be supported by Certificate of Marriage, Birth Certificates in the case of children, or other unimpeachable evidences as to marriage, birth or guardianship.
- (2) The Allotment should be equivalent to the nearest dollar of 15 days' pay of rank or rating, and the Marriage Allowance based on a thirty day month.

FOR USE AT HEADQUARTERS ONLY	INITIALS	DATE
Application received.....		
Application examined and found correct		
Children entered in Birth Record Ledger.....		

S. 63b. [Revised April, 1937.]

(ORIGINAL).

ALL MONTHLY ALLOTMENTS

Office Number.

Admiralty Receipt Stamp.

DEPT.
NATIONAL DEFENCE

Book Letter.....

SEP -7 1940

No. 123 731

N.S. CANADA

MONTHLY ALLOTMENT DECLARED OR ALTERED.

EX: H.M.S. "FRASER"

Tender

at Devonport, ENG

Date 23rd August, 1940

List and No. in Ledger.	Full Name of Allotter	Rank or Rating and Official No.	Rate of Pay and Allowances.	Monthly payment on account as defined by Art. 1748, clause 1, K.R. & A.I.	Date of joining (if new entry)
5011 21	Surname. FRANCIS, (IN BLOCK LETTERS) Christian Names } James.	Cook(S) A.938	*Pay per Day, } 1.95 Month Allowances } MA 125 TOTAL *Strike out unnecessary word.	(Officers only) P060205	

Section A. ALLOTMENT NOW DECLARED.

FULL Name of Allottee (private individual)	Relationship	Address	Rate per Month to be charged on Ledger	Month for which first payment is to be made. Payable on last working day
Surname. C.H. BERNARD & SONS LTD. (IN BLOCK LETTERS) Christian Names }	Tailors.	Ordnance Bldgs. Harwich, ESSEX. ENGLAND.	5.00	SEP.
FULL Name of Bank or Tradesman	If bank, a/c of— If tradesman, nature of business	Address of Bank or Tradesman.		

Section B. DISPOSAL OF EXISTING ALLOTMENTS.

[See Note 1 below.]

The following allotments are in force:

Rate	W. or M.	To whom	Address	These allotments are to be disposed of as indicated below (See Note 2):—
75.	M	wife Rachel.	41 Henry St. HALIFAX. NS	To be continued.

NOTE 1.—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2.—Write "Increased [Reduced or Transferred] as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorising charges.

James A. Francis

Section C. The Allotment now declared has been duly noted in the original and duplicate Ship's Office:— Ledgers against the allotter with effect from the appropriate date.

Allotment entered in Ledgers:—

Original:—

Duplicate:—

Noted on S. 43 A.

Pay \$/Lieutenant RCNVR
For Accountant Officer.
H.M.C.S. STADACONA

FOR ADMIRALTY USE ONLY.

(Initials and Date)

Impression of Plate.

Duplicate returned to ship

Prepared for plating

Section A. Plate checked

Payment approved

Section B. Stop action taken

Final Clearance by

Marked off in Register

Object No. 111 \$

113

116

119

122

5

5

Total

5/9/40

S. 63b.