ARCHIBALD

FREDE



This Memorial Cross is forwarded to you by The Minister of National Defence for Naval Services, on behalf of the Government of Canada, in memory of one who died in the service of his Country.

AWARDS NAVY

D of D 6-2-43

D.D.

ANDERSON Archibald Frederick

V-14692

Sto.1

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON DISCHARGE

C.A.S.F. UNIT

WAR SERVICE BADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

160

CAMPAIGN MEDALS		REGISTRATION NUMBER AND DATE DESPATCHED			
1939-45 Star					
Atlantic Star	2/	3-10-49			
Africa Star & Clasp					
C.V.S.M. & Clasp					
War Medal					
4					
		(THE REVERSE TO BE USED FOR ESTATE PURPOSES)			

1) MEDALS PERSON ENTITLED TO Mr. J. Anderson - Father	MEMORIAL BAR
306 Dunsmuir St., VANCOUVER, B.C.	DATE DESP
(2) MEMORIAL CROSS WIDOW	(2) REGN. NO. 3 7.
ADDRESS:	
(3) MEMORIAL CROSS Mrs. C.E. Anderson MOTHER	(3) 20-3-43
306 Dunsmuir St., Vancouver, B.C.	(3) 20-3-43

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

115	# REGIMENTAL No. 15 4 8 7 3 7
Mi	ilitia Unit taken On Strength 2nd Bn Irish Fusiliers
1.	Surname (Block Letters) ANDERSON
2.	Christian Names (In Full) ARCHIE FREDRICK
10-3.7	Present Address 306 Dunsmuir St, Vancouver, B.C.
4.	Place of Birth Swift Current, Sask Date of Birth 3 31 Aug 1918
06 5.	Religion agnostic 6. Occupation Laborer
81/78	Next-of-Kin Father - John Anderson
12	306 Dunsmuin Sty Vaneouver, B.C
191	
8.	Physical Description: Height 5'8 Weight 150
	Color of Eyes Hazel Color of Hair brwon
9 .	Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)
	No Preference.
22.1	1.0
110	
21.1	Dated this 22 day of November 19 40
/	
1/	Training Centre No. 110
0	rohe anderson.
0	(BIGNATURE OF MAN)
	SIGNATURE AND RANK OF OFFICER EFFECTING
/	TRAINING CERTIFICATE Mayor
13	STAMP
\d	COUR 2 1 L. J. Charles Ut
/	DEC 21 1940 / Officer Commanding C.M.T.C. 110 Varion R. C. 110

MEMORANDUM FOR

Mrs. Catherine E. Anderson,
306 Dunsmuir Street,
Vancouver, B.C.

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

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

and the following number quoted:-

H.Q. NaS. 113-A-461 FD.65

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

March 11, 1943.....

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

ANDERSON, Archibald Frederick, Sto.1

No. V.14692, R.C.N.V.R.

BRANCH

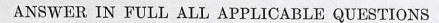
MAR 24 1943

H.O. OTTAWALLEN

ONAL DEFEN

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, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(H.R. Wade) Lt.-Cdr. RCNVR, for(L.M. Firth) Lt.-Colonel, 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.

D	RELATIVES required to be accounted for		INFORMANT'S STATEMENT					
Degrees of Rela- tion- ship			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			Children of the Deceased and					
2							and Alba Constitution and	
3	Father of the D	eceased	John Anderson	81	306 Dunsmuir St. Vancouver, B. C.			
4	Mother of the Deceased		Catherine E. Anderson	67	306 Dunsmuir St. Vancouver, B. C.			
5	Brothers of the Deceased	Full Blood Half Blood	Graham Stewart Anders William J.D. Anderson George Anderson					
6	Sisters of the Deceased	Full Blood	Catherine L. Swift.	21	306 Dunsmuir St. Vancouver, B. C.			
7			Names and ages of their children (it 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?	Archibald Frederick Anderson.
1	Give the month and year of his birth.	August 31, 1918.
2	Where and when were his parents married?	Portage La Prairie, Manitoba. January 27th, 1912.
	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	Nil.
	Did he leave a Will? If so, a copy should be attached hereto.	No.
	Did he leave a bank account? If so, give full particulars.	No.
)	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No.
,	State your own postal address in full.	306 Dunsmuir Street, Vancouver, B. C.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Swift-Current, Sask.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	At Swift-Current up until five years ago and then in Vancouver for five years.
20	What was the nature of his employment?	Labourer.
21	Did he own the premises in which he lived? If so, where?	No.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	His parents' home.

OTHER PARTICULARS

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.	No.						
Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.	Ť	-3				
4	(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. Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	(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. Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	(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. Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	(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. Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	(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. Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	(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. Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	(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. Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing

(Note:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

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

200 Mother

.....of the deceased.

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

Catherine & Anderson

Signature of M Informant

	CERTIFICATE	0.1
	fath.	· Illuder and
	I hereby certify that, to the best of my knowledge and belief balker.	enere macrish
	The state of the s	of
See above	\{\text{Name of Informant}\}\) is the	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	d at Vancouver, B. C. this 18th day of March,	19 43
Signature of Cl	A 1 / SEE OF TER	*
Priest, Magis Commissione	strate, of M. Illus walls and Gradification Divisional	Commander.
Notary Publi	The Salvat	ion Army.
	THEOLOGIEST WAS CHARLE WORKER	- n a
	Address SULMEST Hastings Street, vancouve	r, B. C.
	30,	, the state of the

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 enquired after is stated in its proper place in the Statement opposite.

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



Six copies to be rendered to Naval Service Headquarters

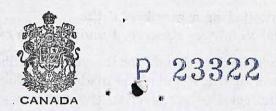
REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

1.W1.O.D.	at.
Vame	(Christian names in full)
Rank of Rating.	Official No.
Place of Birth	vil Life Religion (If unknown, date of first entry)
(Temporary) Date of Death	s service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.) or Reserve ratings) Place of Death
	(If due to accident, violence, or enemy action, particulars to be stated briefly)
Nearest known relative or friend.	Name Relationship Address
Date on which th	he above was informed by Ship
Date on which d	death was registered with local Officials
In the case of Im	nperial Service men, whether Active Service, Pensioner or Reserve, date on which the
prescribed ret	eturn was rendered to the Registrar General in London, Edinburgh or Dublin, accord-
ing to Nation	onality
	(if known) Date of Burial (if known)
Location, Numbe	er, etc., of grave(if known)
Indertaker emplo	oyed(if any)
	ipline only, date D.S.Q. or invalided
	Commanding Officer,
	194
The Naval Secre	
	tawa, 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—6-41 (831) N.S. 815-9-1121



ATTESTATION FORM

(HOSTILITIES FORM)

MAR - 2 1941 N.S. 113 A-46/

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME ANDERSO	N ibald Fred rick . N		official no. V/4699 single or widower Singl	TW .	
PERM	MANENT ADDRESS		RELIGION		
306 Dunsmuir St.,	Vancouver, B. C.		Salvation Army		
DATE OF BIRTH	*PLACE OF BIRTH	NAN	ME AND ADDRESS OF NEXT OF KIN		
31st August 1918 Original Nationality of: Father Scottish Mother English	County Province Saskatchewan	Moth 306 Van	er-Mrs. Catherine E. Dunsmuir St., couver, B. C.	Andersor	

PERSONAL DESCRIPTION ON ENROLMENT

			EYES	COMPLEXION	WOUNDS, SCARS, MARKS	
Inflated 40		Brown	Brown	Fair	Small birthmark	
Deflated	36				over sacum	
Mean	38		ekilin A	1-201-188		
LMENT	RATING ENR	OLLING FOR	TRA	DE OR CALLING	AND IN WHOSE EMPLOY	
13th Feb. 1941 Stoker		11	unemployed			
r other	Vancous	ver				
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(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, Reserve, or Territorial Force.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Person Rel Records
		V vit	Division.
	N	1. Noted in Records of 2. Index Card	
(c) I have	never been rejected for or count of unfitness.	discharged from any	of His Majesty's Forces of 5. Roneo Strip
(4) That the particula and belief.	rs contained above are corre	ect and true according t	to the best of inc knowledge
			DATE 7-3-41

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

- (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 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 Divisional Commanding Officer or to Training Head-quarters 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.
- (d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

 February

 Dated this 13th day of February 1941

Signature of applicant Ochio Oundersan

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 13th day of February

(D) OATH OF ALLEGIANCE

Archibald Frederick Anderson 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 Archie Anderson
Witness

Witness

Rank

Rank

Went RenVR

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

(E) CERTIFICATE OF ATTESTING OFFICER

Archibald Fredgrick Anderson having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Vancouver Division of the R.C.N.V.R. or in the appropriate official documents.

Attesting Officer.

13th Feb.

194 1

(or other establishment) Vancouver D. H. Q.

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.



H.5x-A. 163:



CERTIFICATE of the SERVICE of Archibald (Frederick ANDERSON)

in the Royal Canadian Naval Volunteer Reserve

Trai	ning Headquarters				R.C.N	.V.R. Divis	sion		Officia	1 Number 114692
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	P.S.T. V.G.Date		6	au	a us i	t 19 4				Rank
	PARTICULARS		ICE		7					CORATIONS, etc.
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Perio Volunte for	ered	Enroln	ng on nent or colment	Award	Date of		4	Nature of Decoration
				PI	ERSONAL	DESCRIPT	ION			
	***************************************	Hei Feet	Inches	Chest (mean)	Weight	Hair	Eyes	Comp	olexion	MARKS, WOUNDS, SCARS
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On re-enrolment—1	2 years' Service	and the state of								
	TRANSFER BET	WEEN DI	VISIONS					TRA	NSFE	R—LISTS A AND B
Fro	m	To	0		Date	1	List	Date		Authority

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NAVAL TRAINING and ACTIVE SERVICE

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GOOD CONDU	CT AND GOO	D SERVICE					
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## DEPARTMENT OF NATIONAL DEFENCE

N.S. 815-9-2417

(Naval Service) NATIONAL LEFT CHOL APPLICATION FOR ENTRY IN THE ROYAL CANADIAN The Naval Secretary, Department of National Defence, OTTAWA. 9 25, 19.40, (Date) SIR: I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engage-I certify that the following particulars are in my own handwriting and are true in every respect: 1. Name (to be given in full in Block Letters) AKCHIEBBLD FREDR 2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached)..... 4. Permanent Place of Residence. No. 3.6 6 Street Dunamics Town Nancouver ....., Province... 5. Are you a British Subject? 6. How long have you resided in Canada?..... 8. What other language do you speak?.... 9. Are you of the White Race?...... 10. Are you Single, Married or a Widower?.... 11. How far advanced educationally are you?..... (Certificates of School Authorities must be attached) 12. What practical experience have you had? (Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.) 13. Do you belong to any Naval, Military, Air or Police Force? 15. Have you ever served in such forces? 16. If so, give dates and details None 17. Have you ever been discharged from His Majesty's Forces as medically unfit? 18. Have you ever offered to serve in His Majesty's Forces and been rejected?..... I hant triede 19. Have you ever been convicted of a criminal offence? (Enclose two character references, one of which must confirm your answer to Question 19) 20. What is your weight? ______ / 6.5 downder Height 5 feel 2 inchest Measurement (Not inflated) 38 inches 21. Have you ever had fits? 22. Do you suffer from any deformity? 23. Have you suffered the loss of any fingers, toes, etc.? No 24. Do you suffer from any disease?...... 25. Do you wear glasses? Ao 26. Are you subject to any disability which might cause your rejection? no. 27. Give details. Rune. e vaccinated and inoculated as considered necessary by the appropriate authorities?.... Signature of Witness Signature of Applicant CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at....., day of , in the presence of Mrs & Anderson Signature of Parent or Guardian Signature of Witness CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within my own control.

Signature of Candidate

## HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

- (a) When a man leaves a ship after a period of not less than three months' service in her.
- (b) Annually on 31st December, unless completed within the previous three months.

(c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

Surname		balling the plant	to the same of the		Official			
ANDERSON	Archibald	d Fredri	ck	V	7-14692		ESQUIMALT	
REPO	ORT OF PRO		S STOKE				RAINING	
Cou	rse		te of Completing	Class of Ce awarded complet	d on	Remarks	Signature and 1 of Examining	Rank
ew Entry Course reliminary we ISC. TRAINING D.H.Q.	eek	9/6/41	14/6/4	SAT.			List & Training Commander	
Training Es	ning at Stokers' tablishment:— ne Engineering rical	2/7/41	27/8/41	Sat	•		8. Rodio Ut. Med Engineer Office	h.
	ert:—"Superior," oker's Manual	2.0				to be noted i	in RED INK).	
Entered H.M. Serv	rice as Stoker 2nd Cl er 1st Class	lass 13 F	eb. 1941	18816	Complet	ed 2 years' train	ning for Mechanician	
Advanced to Leadi					Rated M		Class	
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REC	ord of Exam	inations,	Qualifica	TIONS, Co	ourses,	ETC. (see F	Footnote)	1)**
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# Employment and Ability R

Note:—When a Stoker rating has become a Mechanician the words "Refitting and M are to be inserted over columns 3, 4, 5, 6, 7 and 8.

Efficiency:—To be indicated as "Superior," "Satisfactory," "

														Superior, Saustactory,			
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Date	Coal Fireman or Burning Oil Fuel, including Boats	Engineroom Watch Keeping at Sea	Electric Light Engine	Distilling Plant	Refrigerating Machinery	Air Compressing Machinery, including E. A. Plant	Internal Combustion Machinery	Hydraulic Pumping Machinery	Boiler Furnace Bricklaying	Electrical Duties (H. P. E.)	Steamboat Machinery	Motor Boat Machinery	Boiler Water Tender	Boiler Cleaning Party	Engineroom Watch Keeping at Sea	General Charge of Firing in a Boiler Room	
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# STOKER RATING Coloyment and Ability Record

become a Mechanician the words "Refitting and Maintenance" columns 3, 4, 5, 6, 7 and 8.

ated as "Superior," "Satisfactory," "Moderate," or "Inferior."

NAME ANDERSON, Archibald Fredrick.

Official Number <u>V-14692</u>

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Motor Boat Machinery	Boiler Water Tender	Boiler Cleaning Party	Engineroom Watch Keeping at Sea	General Charge of Firing in a Boiler Room	Double Bottom Party	Regulating Duties	Engineer's Writer	Charge of Engineers' Stores and Tools	Power of Command	Present Rating	REMARKS (including experience in Engineer's Office or in any special duties)	SHIP	Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
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## RIFLE PRACTICES

(To be filled in immediately on completing Course)

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A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.



100 M—11-40 (7881) N.S. 815-2-207

# Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

	*			(F	R.C.N. OF	RESER	VE FORC	ES)						<b>b</b>
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THIS FORM 3 TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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	PLEASE
1. (a) Print name in full	BLANK
2. (a) Arm of service (b) Unit (c) Place of residence 3. (a) Date of birth any dependents? at time of enlistment	
3. (a) Date of birth any dependents? at time of enlistment	
4. (a) Place of enlistment 1144 14 14 14 14 14 14 14 14 14 14 14 1	
Section B—EDUCATION AND TRAINING  5. (a) State age on (b) Were you attending school	10
5. (a) State age on (b) Were you attending school finally leaving school or college up to the time of enlistment?  6. State definitely highest standing reached at public, technical or high school	10
(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	
7. If you attended a university, give name of	
7. If you attended a university, give name of university and standing or degree secured.  8. (a) Did you ever (b) If so, (d) If you did not (e) Did you finish it how long	
8. (a) Did you ever (b) If so, (d) If you did not enter upon a trade for what (c) Did you finish it, how long apprenticeship?	
9. (a) What languages (b) What languages do you speak fluently?	4.
Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	1
10. (a) State whether you were WORKING or NOT WORK- (b) At time of en-	
ING at time of enlistment.  (Enter here only "Work-  trade union or	3
ing or Not working,	2
as case may be; particulars are asked for below).	
Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
OF ENLISTMENT OUESTIONS 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?	-
12. (a) If answer to 11 be "Yes". And BERGET (b) State how long you	
state exact trade or occupation at which you actually worked trade or occupation trade or occupation	
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.  15. Give details of last	
Application and the second sec	
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
17. (a) If your last employment was in a business of your own, state (b) Date of dis-	
nature and address of business	•
Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	1
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	
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	1
18. Name of employer	1
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
20. (a) Your (b) Number of years' experience at specific occupation with any employer	
20. (a) Your (b) Number of years' experience at specific occupation	
employment on discharge?employment on discharge?	
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, (b) Where was it located?	
22. (a) State nature of business, (b) Where was or professional practice	
Section F—PARTICULARS OF FARMING EXPERIENCE	
24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? kind of farming? kind of farming?	
in farming after the war? to operate a farm? kind of farming? to Operate a farm? kind of farming? to Operate a farm? kind of farming?	
25. (a) Were you (b) How many years' actual (c) In what provinces born on a farm? farming experience have you had? did you have experience?	
Section G—MISCELLANEOUS	1 /
26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	P, a
to return to school, or have you been assured of a job, etc.)	
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.	100
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AIR MAIL

N.S. 113-A-461.

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AAFebruary, 1943.

Dear Mrs. Anderson:

I deeply regret that I must confirm the telegram of the 12th of February, 1943, from the Minister of National Defence for Naval Services informing you that your son, Archibald Frederick Anderson, Stoker 1st Class, Royal Canadian Naval Volunteer Reserve, Official Number V-14692, is missing, presumed killed in action.

I regret that I have no further information at present other than a report from Overseas that your son is missing, presumed killed when the ship in which he was serving was sunk by enemy action. I can assure you, however, that immediately further details are available you will be informed.

It is for the public interest that the name of the ship and the fact that she has been lost should not find its way to the enemy until such time as it is decided to publish this information in a Naval Casualty List. For this reason it is requested that you will regard as confidential anything beyond the fact of your son's death on war service until such time as an official announcement is made.

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

Yours sincerely,

DEPUTY SECRETARY, NAVAL BOARD. J. W. C. BAROLAY SECRETARY PERSONNEL

Mrs. Catherine E. Anderson, 306 Dunsmuir Street, VANCOUVER, B.C.

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(MAVAL) REFER. THE DATE CNP DCNP DMNA DTNA PDG MDG DWS DNE C&:VV NPR. SNPA PIE DEP P.A. B.F.

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## NAVAL MESSAGE

To:

MRS. CATHURINE W. ANDERSON 306 DUNSMUIR STREET, VANCOUVER . 3.0. From:

N.S.H.Q. OTHAWA

113-0-461

ONS VONS DOD DOD DNI D OF F

DELEGLY REGRETS TO INFORM YOU THAT YOUR

SON, ARCHIBALD FREDERICK ANDERSON,

STOKER 1ST CLASS, ROYAL GANADIAN NAVAL

VOLUNTEER RESERVE, OFFICIAL NO: V-14692.

IS MISGING, PRESUMED KILLED IN ACTION.

LETTER FOLLOWS.

112

(DELIVERY CONFIDED)

L/T P/L 13/2/43 HY 3421

File No. N.S. V-14692, PERS.(N) "N"/5.

DEPARTMENT OF NATIONAL DEFENCE

- NAVAL SERVICE

WAR MEDORIAL CROSS



Issued to:-

Wife:

Mother: Mrs. Catherine E. Anderson, 306 Dunsmuir St., VANCOUVER, B.C.

OCT 2 9 1946

Date forwarded:- OCT 29 1946
Registered Mail No.- 03363

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEL NAVAL GENERAL SERVICE MEDA

VERIFIED BY .....

NAME IN FULL ANDERSON, ARCHIBALO FREDERICK RANK/RATING ... STO. I/C...

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