

V33367
ANNABLE
GRANT CARL

D of D 6-2-43

AWARDS NAVY

D.D.

ANNABLE	Grant Carl	V-33367	O/S.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	
Africa Star & Clasp	1462
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR July 43 "LOUISBURG"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Ira H. Annable - Father

ADDRESS: 799 Green Ave.,
Montreal, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS Mrs. O. Annable

MOTHER

ADDRESS: 799 Green Avenue,
Montreal, Que.

(1) **MEMORIAL B R**
DATE DESP.....
REGN. NO. 770
(2)

(3) 19-3-43

OCCUPATIONAL HISTORY FORM

R182290 N 139737
DEC 13 1941
CANADA

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..... (b) Reg'l. No. 133367
2. (a) Arm of service NAVY (b) Unit HMSC MONTREAL (c) Rank CID
3. (a) Date of birth DEC 3/2 (b) Have you any dependents? NO (c) Place of residence at time of enlistment NEW YORK
4. (a) Place of enlistment HMSC MONTREAL (b) Date of enlistment DEC 13 1941

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? HIGH SCHOOL
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.) TWO YEARS HIGH SCHOOL
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? PRINTING (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? MONTH
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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? PRINTERS UNION

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?.....
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this 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 employer, if any: Name..... Address.....
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 nature and address of business..... (b) Date of discontinuing it.....

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 LEADER-MATHIAS PRESS Address SUDBURY ONT.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) PRINTING
20. (a) Your specific occupation ARTIST (b) Number of years' experience at this occupation with any employer 4
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

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?.....
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? 0 (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
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.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....



DATE DEC 13 1941 1941 SIGNATURE [Signature]

CAMPAIGN STARS, DEFENCE MEDAL, VERIFICATION
 NAVAL GENERAL SERVICE

NAME IN FULL *ANNABLE, GRANT CARL* RANK/RATING *Ord 1*

SHIP	SERVICE			AREA	FROM
	FROM	TO	DAYS		
	<i>29/1/42</i>				
<i>Lousburg</i>	<i>19/5/42</i>	<i>6/2/43</i>	<i>264</i>	<i>atl. Apr.</i>	

*Discharged "missing" in action
 6/2/43.*

VERIFIED BY *J. Munn*

VERIFIED BY

VERIFICATION FORM

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

RANK/RATING *Ord / Sqn* OFF. NO. *✓-33364* ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>Star</i>
<i>atl. afc.</i>							ATLANTIC	1	<i>Star</i>
							FRANCE G.		
							AFRICA		<i>2^d Clasp</i>
<i>charged "missing, presumed killed in action" 6/2/43</i>							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.		<i>2^d Clasp</i>
							" CLASP		
							WAR 1945		<i>1 Medal</i>
							WAR 1915		

VERIFIED BY *[Signature]*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

File

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:- Mrs. Olive Annable,
799 Greene Ave.,
MONTREAL, Que.

Date forwarded:- MAR 19 1943

Registered Mail No:- 4954

108

TLB/CM

REGISTERED
AIR-MAIL

12

N.S. 113-A-737

PERS (NAVAL)		
REFER.	INIT	DATE
CNP		
DCNP		
DMNA		
DTNA		
PDG		
MDG		
DWS		
DNE		
C&W		
NPR		
S.P.A.		
P.B.		
D.P.		
P.A.		
B.F.		

12th February, 1943.

Dear Mrs. Annable:

I deeply regret that I must confirm the telegram of the 11th of February, 1943, from the Minister of National Defence for Naval Services informing you that your son, Grant Carl Annable, Ordinary Seaman, Official Number V-33367, Royal Canadian Naval Volunteer Reserve, 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.

Mrs. Olive Annable,
799 Green Avenue,
Montreal, P.Q.

Despatched by
Sec. N. B.
[Signature]
Date 12/12
Time 4:00

(SGD) J. W. C. BARCLAY
DEPUTY SECRETARY PERSONNEL

[Handwritten initials]

MEMORANDUM FOR

P. 64

Mrs. Olive Annable,
799 Green Ave.,
Montreal, P.Q.

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. N.S. 113-A-737 FD. 64

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

ANNABLE, Grant Carl, Ord. Smn.,

V-33367 R.C.N.V.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, 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) Lieut.-Cdr., RCNVR,
for (L.M. Firth) Lt.-Col.,
Administrator 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 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.....		/		
2	Children of the Deceased and dates of their Births.....		/		
3	Father of the Deceased.....		Ira Harry Annable	61	799 Greene Ave Montreal
4	Mother of the Deceased.....		Oliver Smith Annable	58	" " " "
5	Brothers of the Deceased	Full Blood	Richard John Annable	31	" " " "
		Half Blood	Bruce Ira Annable	29	2527 Jacques St Montreal
			Franklin Kitchener Annable	27	799 Greene Ave Montreal
6	Sisters of the Deceased	Full Blood	Helen Annable Robertson	25	2051 Paris St Montreal
		Half Blood	(Mrs D)		
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
	Sidney Edward Annable		died January 16/43. aged 21 years.		

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

Degrees of Relationship	RELATIVES	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).....	/		

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Grant Carl Annable
11	Give the month and year of his birth.	December 3 rd 1921
12	Where and when were his parents married?	Montreal Oct 11 th 1911
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	_____
14	Did he leave a Will? If so, a copy should be attached hereto.	Not to my knowledge
15	Did he leave a bank account? If so, give full particulars.	Not to my knowledge
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No
17	State your own postal address in full.	799 Greene Ave. Montreal P. 2.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Montreal
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.	Lived in Montreal. Part of Quebec during Civil life.
20	What was the nature of his employment?	Clerical Work in A & P. Grocery.
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?	No

OTHER PARTICULARS

23	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
24	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. (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as 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.)	No

(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

* Mother of the deceased.

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

Mrs. Olive Annable {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief

See above Mrs Olive Annable { Name of Informant } is the Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Westmount this 18th day of March 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

Rev. J. W. Jones Qualification Minister of religion
Calvary United Church
Address 4210 Dorchester St. Westmount P. Q.

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

(Information extracted from Naval Service Headquarters' Records.)

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

23

H.M.C.S.: Naval Service Headquarters at Ottawa.

Name ASHALL, Grant Carl,
(Christian names in full)

Rank of Rating Ordinary Seaman, Official No. V-33347, R.C.N.V.S.
(If unknown, date of first entry)

Place of Birth Montreal, Que. Date of Birth 3rd December, 1923.

Occupation in Civil Life Printers Apprentice. Religion Presbyterian

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) 15th December, 1941, to 5th February, 1943.

Date of Death 5th February, 1943. Place of Death Overseas.

Cause of Death Missing, presumed killed in action on date the 5th February, 1943.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Was on the ship in which he was serving was sunk by enemy action Overseas.

Nearest known relative or friend { Name Mrs. Olive Annable, Relationship Mother,
Address 799 Green Ave.,
Montreal, Que.

Date on which the above was informed by Ship: Naval Service Headquarters 11th Feb. 1943.

Date on which death was registered with local Officials.....

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..... Date of Burial.....
(if known) (if known)

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

Undertaker employed.....
(if any)

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

~~Commanding Officer,~~

15th March,

1943

~~Secretary, Naval Board.~~
The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.

for J.B. Money
~~SECRETARY, NAVAL BOARD.~~

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.



P182288

N. V. 5
50M-1-41 (8973)
N.S. 815-11-5

(DJG)

V. S. 113-a-737
DEC 13 1941
CANADA

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME ANNABLE OFFICIAL NO. 133367
CHRISTIAN NAMES Grant Carl MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
<u>799 Greene Avenue, MONTREAL, Quebec.</u>		<u>Presbyterian</u>
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>3 December 1923</u>	Town <u>Montreal</u> County Province <u>Quebec.</u>	MOTHER:- <u>Mrs. Olive ANNABLE,</u> <u>799 Greene Ave.,</u> <u>Montreal, Que.</u>
*Original Nationality of: Father <u>Canadian</u> Mother <u>Canadian</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>6</u>	Inflated <u>38</u>	<u>Auburn</u>	<u>Brown</u>	<u>Fair</u>	<u>Birth mark over right eye.</u>
Inches <u>6 1/2</u>	Deflated <u>36</u>				
<u>162</u>	Mean <u>37</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Two years high school completed.</u>	<u>Clen-Mathers Press Ltd.,</u> <u>Montreal, Que.</u> <u>Printers Apprentice.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>10 December 1941</u>	<u>Ordinary Seaman</u>	<u>H.M.C.S. MONTREAL</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, Reserve, or Territorial Force.

* (b) XXXXXX 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>NIL</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.

ENTERED IN PAY LEDGERS
P.M. (c) "BY TOWN"
ROUGH
Annable

Personnel Records Division	
1. Noted in Reports	<i>[Signature]</i>
2. Index Card	<i>[Signature]</i>
3. Post Card	<i>[Signature]</i>
4. Statistical Card	<i>[Signature]</i>
5. Pension Card	
6. Pension Card	
7.	
8.	
DATE	<u>19/12/41</u>

(5) On being enrolled as a member of the H.M.C.S. MONTREAL Division of the Royal Canadian Naval Volunteer Reserve, I undertake to 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 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 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.

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

Dated this 10th., day of December 1941

Signature of applicant G. Annable

(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.....

day of 10th., December 1941

M. Bobully
Signature of and rank of Attesting Officer.

(D) SUB/LIEUTENANT R.C.N.V.R.
OATH OF ALLEGIANCE

I, Grant Carl ANNABLE 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 G. Annable

Witness: M. Bobully

Date 10th., December 1941 Rank Sub/Lieutenant R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Grant Carl ANNABLE, 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..... Division of the R.C.N.V.R. or in the appropriate official documents.

M. Bobully
Attesting Officer.
SUB/LIEUTENANT R.C.N.V.R.
R.C.N.V.R. Division H.M.C.S. MONTREAL
(or other establishment)

10th., December 1941

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.



CANADA

Can. B. 207

100 M-11-40 (7881)
N.S. 815-2-207

P182289

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

DEC 13 1941
V.S. 113-6737
CANADA

Note—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa, CANADA

I, the undersigned, have examined ANNABLE Grant
o/d
candidate for entry as
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.

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re-vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
18	162 lbs.	6' 6 1/4" ft. ins.	Fair	inches (a) maximum 38 (b) minimum 37 (c) mean 37	right eye 6/8 left eye 6/8 *colour vision N	I.S.O.L.A./C.	NORMAL	RINGS RELAXED	NORMAL SEE BELOW	NORMAL	NORMAL	NORMAL	2 deficient 2 defective CRYPTIC TONSILS	ONE TAG	

*If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

X-ray { Not taken.
Approved.
Positive.
Doubtful.

100754 approved

Write in the appropriate notation, and any remarks necessary.

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.

G. Annable

† 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 ~~Marked scoliosis to the rt. of upper thoracic vertebrae~~
~~No interference with function, no pain.~~ X-ray of spine #110150-51-52-53-54 shows
~~no evidence of disease or anomalies.~~
* (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 MONTREAL the 5 of DECEMBER 41, 19.....

Chas. McDonald
Examining Medical Officer

(Rank) Surg. Lieut. R.C.N.V.R.

V33367

OFFICIAL NUMBER

FILE NUMBER

113-A-737

OFFICIAL NUMBER V33367

NAME ANNABLE (Surname) Grant Carl (Given Names) DATE OF BIRTH 3 Dec. 1923

PLACE OF BIRTH Montreal OCCUPATION Printers apprentice

RELIGION Presbyterian EDUCATION two years high

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 799 Greene Ave. Town Montreal Province, etc. Que.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
10	12	41	H.O.	6'6 $\frac{1}{4}$	auburn	brown	fair	birth mark over right eye.				

NEXT OF KIN, RELATIONSHIP (in pencil) mother 10/12/41 NAME (in pencil) Alice

ADDRESS (in pencil): Street and No. 799 Greene Ave. Town Montreal Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				15	5	42	Qual. Tr. (249A-2031)				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

FILM
NO. WSR 5512-5
DATE

Date (in figures)			DAYS FORFEITED					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

O.H.F. Rec.

SECOND CLASS FOR CONDUCT

From To



V33367

OFFICIAL NUMBER

NAME ANNABLE

Grant, Carl

OFFICIAL NUMBER

V33367

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
Div. Str. Montreal	Ord. Seaman	10	12	41		V.G.	Sat.	31	12	42							
Duty Div. Hdqs. Stadacona	"	29	1	42													
Cornwallis	"	30	3	42	D.												
Louisburg	"	1	5	42	DRD												
	"	19	5	42	Via Stad. (207406)												
	"	6	2	43	Missing, presumed killed in action. per casualty list												

GENERAL REMARKS

Awarded to Mother: Memorial Cross.
 Mrs. Olive Annable
 799 Green Ave.
 MONTREAL, Que.
 to date 19-3-43.

DATE OF BIRTH	PLACE OF BIRTH	CIVIL STATUS	RELIGION	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT
BY NO. YR. BIRTH	MAIN SUB HIGH			PT. CIV. TOWN CERR. DIV.	A BR RANK	A BR RANK
03 R 23 12	300	0 50	3223	02 0 09	0 08 95	
ENLIST. DATE	ACT. SER. DATE	STR.	NON-SUB	DATE	SNIP. OR	RANK OR RATE
DY. MO. YR.	DY. MO. YR.	A B M	A B M	YR.	ESTAB.	A BR RANK
10 12 41	29 01 42				3/60	0 08 95
SENIORITY	STR.	NON-SUB	M		CODED	CHECKED
DY. MO. YR.	A B M	A B M			219	2111
29 01 42	09			20 06.02.43		