V16395
FAREWELL
ELMO RETLA

OCCUPATIONAL HISTORY FORM 113-71-554

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full ELMO RETLAW FAREWELL (b) Reg'l. No. V16395
2. (a) Arm of service Navy (b) Unit Prince Rupert Div RCNVR (c) Rank ORD SEA
3. (a) Date of birth Jan 30/22 (b) Have you any dependents? ✓ (c) Place of residence at time of enlistment FLIN FLON MAN
4. (a) Place of enlistment PORT ARTHUR DIV RCNVR (b) Date of enlistment ~~May~~ 3/44 APRIL

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? ✓
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.) 2 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? ✓ (b) If so, for what occupation? ✓ (c) Did you finish it? ✓ (d) If you did not finish it, how long did you serve at it? ✓
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? ✓

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 NORTH STAR FUEL · ICE Address FLIN FLON MAN
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) COAL · ICE DEALERS
20. (a) Your specific occupation TRUCK DRIVER (b) Number of years' experience at this occupation with any employer 1 YEAR
21. (a) Did your employer promise definitely to give you employment on discharge? 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? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (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? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) ✓
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form CARPENTER

P.A.

DATE June 3 1941 SIGNATURE E R Farewell

RCNVR Apr. 42 'WINDFLOWER"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR
DATE DESP.
REGN. NO. 199

(1) MEDALS
PERSON
ENTITLED TO Mrs. Maude L. Farewell - Mother

ADDRESS: Box 68,
SWAN RIVER, Man.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER Mrs Maude L. Farewell

ADDRESS: Box 68
SWAN RIVER, Man

(3) 2 January 1942

DECEASED 7 December 1941

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
FAREWELL	Elmo Retlaw	V-16395	O/S.		

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	
War Medal	
	4730 25-11-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEMORANDUM FOR

Mrs. Maude L. Farewell,
Box 68,
Swan River, Man.

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. 113-F-554 FD.410

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

March 12, 1942

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

FAREWELL, Elmo Retlaw, Ord. Smn.

No. V.16395, RCNVR

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) Major,
Administrator of Estates.

M.F.W. 77
5M—9-41 (1669)
H.Q. 1772-39-972

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.....		Reltaw. A. Farewell	51	unknown.
4	Mother of the Deceased.....		Maude. L. Farewell	45	Swan River, Man
5	Brothers of the Deceased	Full Blood	Albert. E. Farewell	23	in Canadian army Overseas address unknown.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. Syd Wilson	22.	Flin Flon Man.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	none				

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....	~~Mrs. M. Smith 27 Clarence St Faltestone. Kent England.~~	75	~~27 Clarence St Faltestone. Kent England.~~
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?	Elmo. Retlaw. Farewell
11	Give the month and year of his birth.	January 30th. 1922.
12	Where and when were his parents married?	Sept 11th 1918 at Folkestone, Kent. England
13	If deceased was married, state place and date of marriage.	
14	Did he leave a Will? If so, a copy should be attached hereto.	no
15	Did he leave a bank account? If so, give full particulars.	no
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.	Swan. River, Manitoba.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Breelman, 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.	Swan River, manitoba Birch River manitoba Flin Flon, manitoba.
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?	with his Mother at Swan River, Man.

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.	no.

(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.)

(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.

Maude L Farewell. {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Maude L. Farewell

*See above ..... {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 Swan River, Manitoba this 21st day of March, 1942.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } J G Barrett

Qualification Notary Public in and for the Province of Manitoba

Address Swan River, Manitoba

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

My husband, Retlaw A. Farewell, deserted me about June 15, 1936. On October 29, 1941 I obtained a divorce from my husband. At the time my husband left me my son, Elmo Retlaw Farewell was 14 years of age and I had the expense of his education and up-keep for three years. I also kept him for an additional year until he obtained employment.

I feel that under the circumstances I should be re-embursed out of my son's estate for my expenses for his up-keep and education. Furthermore in a letter written to me by him at the time of his enlistment he stated that in the event of his not surviving the war that anything he had would be mine, but unfortunately I did not keep this letter.

Maude L. Farewell.

N. V. 5

25M—9-40 (6793)
N.S. 815-11-5

Copy

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Farewell OFFICIAL NO. 16395

CHRISTIAN NAMES Elmo Retlaw MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
Swan River Man	Anglican

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
30th JAN 1922.	Town Grulman	Mrs. Maude L. Farewell (mother)
*Original Nationality of: Father Canadian Mother English.	County Province Sask.	Swan River, Man

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 7	Inflated 36 Deflated 34 Mean 35	Fair	Blue	Fair	None

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
April 28, 1941	Ord Sea.	Carpenter
R.C.N.V.R. Division (or other establishment) at which enrolled Port Arthur		Casual Employment Bridge River, Man

(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) I served in .....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

(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.

(3) On being enrolled as a member of the Port Arthur 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 28th day of April 1941

Signature of applicant Elmo R. Farewell

(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 28th day of April 1941

G Harrison Lieut RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Elmo Retlaw Farewell 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 Elmo R. Farewell

Witness [illegible]

Date April 28th 1941 Rank S/L RCNVR

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

(E) CERTIFICATE OF ATTESTING OFFICER

Elmo Retlaw Farewell 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 Port Arthur Division of the R.C.N.V.R. or in the appropriate official documents.

G Harrison Lieut RCNVR
Attesting Officer.

April 28 1941

R.C.N.V.R. Division (or other establishment) Port Arthur

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.

Can. B. 207

100 M—11-40 (7881)
N.S. 815-2-207

DUPLICATE

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined ELMO FARWELL

‡candidate for entry as ORD SEA PORT ARTHUR DIVISION RCNVR

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 (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum	right eye									
				36	20/20									
				(b) minimum	left eye									
19YR. 4 MO.	137.	5·7.	GOOD	34	20/20	NOT VACINATED	NORMAL	NORMAL	NORMAL	HEALTHY	NORMAL	NORMAL	TEETH GOOD	NORMAL.
				(c) mean	*colour vision									
				35.	NORMAL ISHIHARA									

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

X-ray { Not taken. / Approved. / Positive. / Doubtful. } X-ray chest negative

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.

Elmo Retlaw Farewell

Signature of Candidate

† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡ Strike out if inapplicable.

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of .....

*{which renders him medically unfit for service, / not considered of sufficient importance to cause his rejection, he being desirable in other respects.}

* Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at PORT ARTHUR ONT. the 17TH of APRIL 1941

J A Singer

Examining Medical Officer

(Rank) Lieut-Colonel

R 6/6

L 6/6

CVN

B. P. 138/80

E. A. Hunt.

SURGEON LIEUT.

JUN 19 1941

V16395 OFFICIAL NUMBER | FILE NUMBER 113-F-554 | OFFICIAL NUMBER V16395

NAME FAREWELL (Surname) Elmo Retlaw (Given Names) DATE OF BIRTH 30th Jan. 1922

PLACE OF BIRTH Creelman, Sask. OCCUPATION Carpenter

RELIGION Anglican EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Swan River Province, etc Man.

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
28	4	41	H. O.	5' 7"	Fair	Blue	Fair	None				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Maude I. Farewell

ADDRESS (in pencil): Street and No. Box 68 Town Swan River Province, etc. Man.

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
				26	7	41	Qual. TR.				

Badges, G.C. or G.S.				
Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

O.H.F. Received

FILM NO. WSA-5312-5
DATE

Second Class For Conduct

From	To

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

V16395 OFFICIAL NUMBER

NAME FAREWELL (Surname) Elmo Retlaw (Given Names)

OFFICIAL NUMBER V16395

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
Duty Div. Hdqtrs.	Ord. Smn.	28	4	41		V.G.		7	12	41	Q.&R.A/S.D.	23	8	41			
Stadacona	" "	16	6	41													
Windflower	"	11	9	41													
DISCHARGED	"	7	12	41	Missing Believed Killed.												

GENERAL REMARKS

to mother Memorial cross issued 2-1-42
Mother: Mrs. Maude L. Farewell.
Box 68? Swan River.
Manitoba- Awarded a pension of $15.00 dollars monthly commencing 1st. February, 1942.

DATE OF BIRTH DY.	MO.	YR.	PLACE BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	PERM. RESIDENCE PR.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
30	1	22	19	430	0	30	X6	15	02	0	10	0	08	95

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	CAT.	PR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
28	04	41	16	06	41			9830	0	08	95

SERVICE	NON-SUB CAT.	A	B	ST.		CODED	CHECKED
16	06	41	04	22	00	20	07-12-41	ER	

Record of Service as Submarine Detector (ASDICS)

Submarine Detector.

Date From	Date To	SHIP	Sub. Rating	S.D.ϕ. or Acting S.D.ϕ.	Set, Type No.	Operation of Asdic Set: Ability	Operation of Asdic Set: Experience (Months)	REMARKS	Initials of Captain
24-7-41		STADACONA	O.D.	SEE	EXAM RESULT				

Higher Submarine Detector.

Date From	Date To	SHIP	Sub. Rating	S.D. 1st Cl. or Acting S.D. 1st Cl.	Set, Type No.	Maintenance of Asdic Set: Ability	Maintenance of Asdic Set: Experience (Months)	Operation of Asdic Set: Ability	Operation of Asdic Set: Experience (Months)	REMARKS	Initials of Captain

Submarine Detector Instructor.

Date From	Date To	SHIP	Sub. Rating	Set, Type No.	Ability to: Instruct	Ability to: Take Charge	REMARKS	Initials of Captain

Higher Submarine Detector Requalifying.

	Obtainable	—	—	75	50	—	150	100	—	100	200	25	—	700					
	Required	—	—	45	30	—	90	60	—	60	120	15	—	420					
	Obtained																		
	Obtained																		
	Obtained																		
	Obtained																		

Submarine Detector.

	Obtainable	300	—	—	75	—	200	100	100	100	100	25	—	~~1000~~ 500					
	Required	180	—	—	45	—	120	60	60	60	60	15	—	~~600~~ 300	48.6	QUAL.			
23-8-41	Obtained	COMPLETED	SHORTENED	WAR	COURSE									393					

"C" CLASS A/S SCHOOL HALIFAX N.S.

Submarine Detector Requalifying.

	Obtainable	—	—	—	75	—	200	100	100	100	100	25	—	700					
	Required	—	—	—	45	—	120	60	60	60	60	15	—	420					
	Obtained																		
	Obtained																		
	Obtained																		
	Obtained																		

Acting Submarine Detector.

	COMPLETED SYLLABUS IN ACCORDANCE WITH CURRENT C.A.F.O.					

WINDFLOWER

S.—1246 J.
(Established—July, 1924)
(Revised—July, 1939)
1M—6-40 (5590)
N.S. 815-9-1246j

Submarine Detector History Sheet

Name FAREWELL, E.R.

Port Division R.C.N.V.R.

Official No. V. 16395.

This History Sheet is to be kept attached to the Service Certificate until Final Discharge from the Service when it is to be handed to the Rating.

Examination Record

Submarine Detector Instructor.

Date	SUBJECT	School	Electrics Pract.	H/P,E/S & Loops		Asdic Operating				Asdic Materiel		SS/T.	Lecture	Total Marks	%	Qual., Requal., Failed	REMARKS	Initials of	
				Theory	Pract.	Theory	At Sea	A.T.H.	P.T.H.	Theory	Pract.							A/S Officer	Captain
	Obtainable.....	200	25	75	75	75	100	75	—	150	100	25	100	1000					
	Required.....	140	17	52	52	52	70	52	—	105	70	17	70	750					
	Obtained.....																		

Submarine Detector Instructor Requalifying.

	Obtainable.....	—	—	75	75	75	100	75	—	150	100	25	—	675					
	Required.....	—	—	45	45	45	60	45	—	90	60	15	—	405					
.....	Obtained.....																		
.....	Obtained.....																		
.....	Obtained.....																		
.....	Obtained.....																		

Higher Submarine Detector.

	Obtainable.....	200	50	75	50	—	150	100	50	100	200	25	—	1000					
	Required.....	130	33	49	33	—	98	65	33	65	130	15	—	700					
	Obtained.....																		

N.V. 17
15M-[illegible]40 (4717)
N.[illegible]15-11-17

113-51-554

CERTIFICATE of the SERVICE of

35

Elmo Retlaw FAREWELL

NS6217

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V16395
Esquimalt	Port Arthur	"
		"

Date of Birth 30th Jan. 1922

Place of Birth Creelman, Sask.,

Place of Residence SWAN RIVER, MAN.

Trade brought up to Bell boy.

Religion Anglican

O.H.F.

Name and Address of Nearest Relative or Friend (in pencil)

(MOTHER)
MRS MAUDE L. FAREWELL
SWAN RIVER, MAN.

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

P.S.T. Date ..... 19..... Signature ..... Rank .....

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	A/S 30th APRIL/41		
28th Apr. 1941		Hostilities	Ord. Sea.

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	7	35	137	Fair	Blue	Fair	None.
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER List	LEDGER No.	RATING	FROM	TO	CAUSE OF DISCHARGE
1941	PORT ARTHUR DIV. HDQTS.			ORD SEA	APRIL 28	April 30	
1941	On Active Service			Ord Sea	April 30	June 16	
1941	Stadacona			—"—	17 June 41	10 Sept '41	
1941	Blue flower			—	11 Sept	7 Dec 41	D.D.

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

Date	Details	Captain's Signature

DOMINION OF CANADA

NATIONAL REGISTRATION REGULATIONS, 1940

REGISTRATION CERTIFICATE

This certificate must always be carried upon the person of the registrant.

Electoral District	No. 173	Churchill (Name)
Polling Division	No. 11	Flin Flon (Name if any)

THIS IS TO CERTIFY THAT

ELMO FAREWELL

residing at Flin Flon, Man.

was duly registered under the above-mentioned Regulations this 19th day of August 1940.

Deputy Registrar.

Signature of Registrant

Elmo Farewell

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
Identification Card No. NS 6217		F A Bryan			
26 July 41	"Tr" issued	J C Morton			
23 Aug 41	Q+R at S.D.	David Kerr			

Name ..... Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		—	—	—	J. A. Bryan
		—	—	—	J. A. Bryan
		V.G.	— (O Smy)	7 Dec 41	C. B. Hopes

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

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

NAME IN FULL FAREWELL Elmo ..... RANK/RATING Ord. Seaman ..... OFF.NO. J.16395 ..... ADDRESS .....

SHIP	SERVICE FROM	SERVICE TO	SERVICE DAYS	AREA	QUALIFYING PERIODS IN DAYS FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
												1939-45	1	Star
Port Arthur	30.4.41	16.6.41												
												ATLANTIC	+	
Windflower	11.9.41	7.12.41	88	Atl.										
												FRANCE G.		
"Direct Dead" to date		7.12.41												
												AFRICA		
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	C. Clasp
												" CLASP		
												WAR 1945	1	Medal
												WAR 1915		

VERIFIED BY S. Robin

VERIFIED BY Shirley Robin ..... VERIFIED BY ..... DIR.OF PERSONNEL RECORDS.

DC

4
NAVY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Elmo Retlaw (CHRISTIAN NAMES) FAREWELL (SURNAME)

REGISTER NO. 10577
FILE NO. NSV-16395
DATE 6 July'45
SERVICE NO. V-16395
FINAL RANK OR RATING O/Smn.
DATE OF DISCHARGE 7 Dec'41

PAYEE Mrs. Maude L. Farewell,
ADDRESS Box 68,
Swan River, Man.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 Dec'41

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 222 / 30 EQUAL TO 7 COMPLETE PERIODS AT $7.50	52.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 88 LESS 12 INELIGIBLE DAYS, EQUAL TO 76 DAYS @ 25c. PER DAY	19.00
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.45; ADDITIONAL PAY A/S.D $ .15; H.L.M. $ .20; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $	
TOTAL $ 3.30 ×7 = $ 23.10	
NO. OF DAYS 88 / 183 ×$ 23.10	11.11
D. WAR SERVICE GRATUITY	82.61
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ NIL	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	82.61

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ____ OF $ ____ = $ 82.61
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Cheque 40042 – July 18/45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
JE	[illegible]	[illegible]	10-7-[illegible]

SERVICE REPRESENTATIVE
for Dir. Naval Pay Acctng.

R.C.

THIS IS NOT A WILL*

No. on Ship's Books 1232

NAME Appleby, H.

Official No. [illegible] Rank or Rating L/Sto.
(Ratings)

Ship H.M.C.S. Charlottetown

Date 29/5/44

Nearest known Relative or Friend (in block letters):—

Relationship (Wife, Father, Friend, etc.) wife

Christian Names in full of Relative or Friend: Walker, Geo.

Surname of Relative or Friend: Appleby.

Full Address Relative or Friend: Darlings Island
Kings Co. N.B.

*NOTE 1.—The nomination on this form does not in any way control the disposal of effects in the event of death, for which purpose ratings should make a Will, duly witnessed by two disinterested witnesses. (See Form of Will, S.—545.)

2.—Should any alteration occur in the name, address, or relationship given above, the Ship's Office must be informed immediately in order that the Service Certificate may be brought up to date, and the form forwarded to N.S.H.Q.

C.N.S.—537

300M—4-43 (9593)
N.S. 815-9-537

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name ELMO RETLAW FAREWELL
(Christian Names) (Surname)

Payee Mrs. Maude L. FAREWELL

Address Box 68, Swan River, Manitoba.

Register No. 10577
File No. V-16395
Date 27-6-45
Service No. V-16395
Final Rank or Rating ORD. SMN
Date of Discharge 7 DEC. '41

Date of termination of overseas service 7 DEC '41

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days 222/30 equal to 7 complete periods at $7.50	52 50
B. QUALIFYING OVERSEAS SERVICE No. of days 88 less 12 ineligible days equal to 76 days @ 25¢ per day	19.00
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay $ 1.50 Subsistence or Lodging and Provision Allowance $ 1.45 Additional Pay A/S.D. $ .15 H.L.M. $ .20 Dependents' Allowance 1/30 of $ N.L. $ — Total 3.30 x 7 = $ 23.10 No. of days 88/183 x $ 23.10	11.11
D. WAR SERVICE GRATUITY	82.61
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $ nil	
F. TOTAL AMOUNT PAYABLE	82.61

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance ~~in issue~~ to you $_____ of $ = $ 82.61
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	Treasury Date

Service Representative

D.N.P.A. CHECK

1 JF 6
2 JF 7 BB
3 JF 8
4 W.P.G. 9
5 Stmb 10

10577

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

Name of Deceased Member ELMO. Ratlow FAREWELL Rank or Rating Ord. Smn. O.No. V16595

1. Dependents' Allowance and Assigned Pay in force at date of death;

D.A. — (MOTHER) Mrs. Maude L. Farewell
ALLOT. Box 68
~~A.P.~~ 15.00 Swan River, Man.

D.A. —

A.P. —

2. Pension awarded or being awarded to: mother - above

3. War Service Gratuity Application(s) received from: mother - above

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:

(X) To be paid to: Mrs Maude L. FAREWELL - mother Box 68, Swan River, Man - and - In ~~the~~ full proportion of: 1

to: In the proportion of: 1

( ) 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 28 June 1945

Ronald J. Thorne, C.P.O. Wtr.
for D.N.V.A. (G)

W.S.G. Application No. 10577

TO: D.N.P.A. "G"

FILE NO. N.S. V-16395

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
FAREWELL	ELMO RETLAW	V-16395	ORD. SMN.

CAUSE OF DISCHARGE: DISCHARGED DEAD (HMCS WINDFLOWER)

APPLICANT MOTHER — IN RECEIPT OF PENSION

TOTAL SERVICE

Date of Active Service 30 APRIL 41

Date of Discharge 7 DEC 41

Total No. of Days 222

Less non qualifying service Nil

1
31
30
31
31
30
31
30
7
222

Total Days 222

OVERSEAS SERVICE

% Total No. of Days 88

Less non qualifying service Nil

Total Days 88

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

& % Overleaf

Computed By G. Dwoll

Checked By F. Hamilton

for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: JUN 21 1945

Original on file

NON QUALIFYING SERVICE

(#)

Date	Reason	No. of Days		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
		Total days		

(%)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
WINDFLOWER	11 SEPT 41	7 DEC 41	88

20
31
30
7
88

No. 96/507

June 12th 1945.

113-F-554

Swan River, Man.

Dept of National Defence.
Ottawa.

N.S. Y16395. Pers. (N)(N-15)

Dear Sir:- 047726

Your letter of June 5th to hand.

I am the mother of the late Elmo Farewell, + at the time of his enlistment he was the only support I had. During his stay in the navy he helped support me. I am his next of kin, being divorced from his father.

Trusting this is the information you need I am

Yours Truly.

Maude L. Farewell.

NAVAL PERSONNEL RECORDS
10577
JUN 20 1945
WAR SERVICE GRATUITY SECTION

PS/ I desire to make application for gratuity as a dependant of the deceased.

RECEIVED
JUN 16 1945
F.M.O.
N.S.H.Q.

17

Inc
1821.

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

15

H.M.C.S. "AVALON" (WINDFLOWER) AT St. John's, Newfoundland

Name.....Elmo Ratlaw..F. A R E W E L L.....
(Christian Names in full)

Rank of Rating. Ordinary Seaman.....Official Number. V16395.....
(If unknown, date of first entry)

Place of Birth. Creelman, Sask..... Date of Birth. 30th January, 1922...

Occupation in Civil Life. Bell boy.....Religion..Anglican.....

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)
. 222. days. Active. Service. R.C.N.V.R.....

Date of Death 7. December. 1941....Place of Death. At. sea.....

Cause of Death.....Loss. of. H.M.C.. Ship.....

.....

.....

Nearest known relative or friend (Name..Mrs.. Maude. Farewell.....Relationship..Mother....
(Address...Swan River. Manitoba.....
(.....

Date on which the above was informed by ~~Ship~~. By N.S.H.Q., 9th December, 1941.

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

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 London, Edinburgh or Dublin, according to the nationality

.....

Place of burial...No 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.-.-.-.-.-.-.-.-.-

CAPTAIN, R.C.N. Commanding Officer

.....10. December.....194.1...

The Naval Secretary
Department of National Defence
Ottawa, Canada.

In all cases this form is to be sent in addition to the report by Telegraph required by the Regulations.

Distribution: File, Imp.W.G. Com., Dom. Stat., Register

C.N.S.1121

NAVY GL

DISTRIBUTION OF SERVICE ESTATES

Naval - ~~Military~~ - Air Force

Name FARWELL Elmo R. No. V.16395

Surname Christian Names

O.Seaman : H.M.C.S. WINNIPEGER : 7/12/41

Rank Unit Date of Death

AMOUNT	
L. P. C.	$ 53.60
Other Credits	
Total	53.60
Shares Retained	
NET TOTAL	53.60

Date April 17, 1942

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	mother	Mrs. Maude L. Farwell, Box 68, Swan River, Man. (next of kin entitled)	$53.60
SHARES RETAINED			

FISCAL YEAR 1942-43

AUTHORITY

H.O. File No.	DIV	EST	VOTE	PRI	DA OR HO SUB	OBJ	AMOUNT
9999			821	00	~~00~~ 50 9	000	53 60

CLASSIFIED BY EXAMINED BY

FOR TREASURY OFFICER TOTAL 53 60

Distribution approved and authorized

AUDITED FOR PAYMENT

(L.M. Firth) Major,
Administrator of Estates.

For Chief Treasury Officer

IN REPLY PLEASE QUOTE

No. N.S. 113-F-554

CANADA

Department of National Defence

Naval Service

Ottawa, Canada.

P182181

Dec. 12, 1941.

Sir:

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

NAME	RANK/ RATING NUMBER	PLACE & DATE OF DEATH	NEXT OF KIN
FAREWELL, Elmo Retlaw	Ord. Smn. V 16395 R.C.N.V.R.	Missing believed killed on Active Service. He was serving in H.M.C.S. "Windflower" which was sunk on war service on the 7th December, 1941.	Mother: Mrs. Maude L. Farewell Box 68, Swan River, Manitoba.

ESTATES BRANCH DEC 16 1941 H.Q. OTTAWA NATIONAL DEFENCE

WILL: No record

Yours truly,

(J. O. Cossette)
NAVAL SECRETARY.

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

H.Q. 1010 A
N.S. 815-7-1010

19

P010939

Maude L. Farewell
Swan River
Man
Jan 16. 1942

Dept of National Defence
Naval Service
Ottawa

Dear Sir

I am writing about the cheque of $15.00 allotted over to me by my son Elmo who lost his life on the Windflower. as I have only received the one cheque which was Nov: to date I have not heard or recieved any more. I do hope you have not stopped this coming to me as Elmo was my only defender. he use to send me this $15.00 every month out of his Pay until he wrote and told me in Oct that the Nov $15.00 would be coming from the Government as he had allotted that much over to me. he has supported me as long as he has worked when he was working at Flin Flon he alway sent me $15.00 to help me along as my

health as been failing me the last 6 years. Dr Bruce of Swan River is my Dr. so would you be kind enough to see if I could still get this $15.00 to help me out I would be very grateful to you I am not asking for any more but the $15.00 as it kept me going with 3 days work I do to help along it was a terrible shock to me when my son was killed. I know I am only one of thousands of Mothers but it is hard. thanking you for anything you may do for me. I am

yours Truly

Maude L. Farewell.

P. S.

This is my Son's cheque No. 74190

his Name V16395. FAREWELL. ELMO. R.

the cheque has Nov. 1941 on it.

LA/AT

File: N.S. 113-F-004

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,
Dec. 12, 1941.
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
FARWELL, Elmo Retlaw	Ord. Sea.	V 16393, R.C.N.V.R.

12

DATE OF ENLISTMENT - April 28, 1941.

DATE OF DISCHARGE -

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

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).

Reason for discharge and - when and where any disability was incurred, or where death occurred.

Missing believed killed on Active Service.
He was serving in H.M.C.S. "Windflower" which was sank on war service on the 7th December, 1941.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother NAME Mrs. Maude L. Farewell,

ADDRESS Box 53, Swan River, Manitoba.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT -

$ Nil PAID TO Nil.

MARRIAGE ALLOWANCE AT $ Nil PER DIEM PAID TO - Nil.

DEPENDENTS ALLOWANCE AT $ Nil PAID TO Nil.

TOTAL MONTHLY PAYMENT TO - WIFE $ Nil.

Computed by
Checked by

DEPENDENTS $ Nil.

J. A. Cossette
NAVAL SECRETARY.

The Secretary,
The Canadian Pension Commission.
Copy to D.P. & N.H.

(See reverse side for further instructions.)

Maude. L. Farewell
Swan River
Man 32

Treasury Office
Dept. of National Defence
Naval Service
Ottawa. Ont.

35762

Feb 24. 1942.

Dear Sir.

Your letter of Feb. 12/42. received also. cheque Number 147332. you do not state in this letter if I am to receive a cheque each month or what you intend to do.
I cannot understand why you have neglected to write me in reply to my letter as others seem to have such prompt replies.

I am proud my Son was able to be of Service for his Country, but as my health will not enable me to earn enough to fully support me, you can understand why I must have something to take the Place of the support Elmo was able to give me. I would appreciate an early reply.

Thanking you

I am Yours Truly
Maude. L. Farewell

6395. Farewell. Elmo R.)

CJD/RM NS. 113-F-554

AIR MAIL

9th December, 1941.

9

Dear Madam:

It is with deep regret that I must confirm the telegram of the 9th December from the Minister of National Defence for Naval Services informing you that your son, Elmo Retlaw Farewell, Ordinary Seaman, R.C.N.V.R., O.N. V.16395, was missing believed killed on Active Service.

Your son was serving in H.M.C.S. "WINDFLOWER" which was sunk on war service on the 7th December. The exact circumstances of the unfortunate incident of war must be kept secret for reasons of security.

I wish to express the sincere sympathy of the Chief of the Naval Staff, the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

(J.O. Cossette),
NAVAL SECRETARY.

Mrs. Maude L. Farewell,
Box 68,
SWAN RIVER, Man.

JCD

NO. B-455

ORIGINAL P149197

DEPT. NATIONAL DEFENCE OCT 23 1941 CANADA

H.Q. File No. 113-F-554

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTTOR	Rank or Rating	Official No.	Daily Rate of Pay
"AVALON" FOR "WINDFLOWER" 12-2/83	Surname FAREWELL. Christian Names ELMO R.	O/SMN. 1410	V 16395 R.C.N.V.R. 17	1.25 6

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname FAREWELL. Christian Names MRS. MAUDE	MOTHER	BOX 68, SWAN RIVER MANITOBA	15.00	NEW NOVEMBER

Section B DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
	NIL		

Allotment Declarations Ent'd. on Index Card Ent'd. on Allotment Ledgers Initials MW Date 24/10/41

Cheque # for Nov/41 74190

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allottor's Signature authorizing charges.....

Rank or Rating O/SMN. E. R. Farewell

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

Assigned Pay to Wives	Object No. 111	$
Assigned Pay to other Dependents	" 113	
Marriage Allowance	" 116	
Dependents Allowance	" 119	
Other Allotments	" 122	15.00
Total		$ 15.00

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)
Ottawa, Ont.

PAY SUB-LIEUT. for Accountant Officer

H.M.C.S. "AVALON"

Forwarded.....

ACCOUNTANT OFFICER HMCS "AVALON" OCT 16 1941 ST. JOHNS, Newfoundland FILE..... Log.....

S. 63
40M—4-40 (4787)
N.S. 815-9-63