

**A2239**  
**MORRISON**  
FRANCIS

ALEXA

MEMORANDUM FOR

P. 64

MRS. LILLIAN MORRISON  
CURLING  
BAY OF ISLANDS, Nfld.

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. 123-M-361 fd 166

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

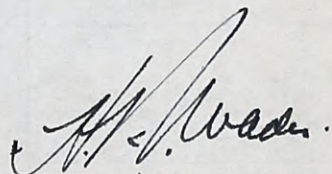
OCTOBER 14th, 1942. 194

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

MORRISON, FRANCIS ALEXANDER. STO. P. O.

O. N. A. 2239, R.C.N.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, 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. COMMANDER  
FOR (L. M. FIRTH) LT. COLONEL  
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.....	Christopher C. Marison	54	Bay of Islands Curling, Newfoundland
4	Mother of the Deceased.....	Lillian M. Marison	49	Bay of Islands, Curling, Newfoundland
5	Brothers of the Deceased	Full Blood Donald S. Marison	23	" " "
		Half Blood John C. Marison	19	" " "
6	Sisters of the Deceased	Full Blood Averil J. Marison	16	" " " "
		Half Blood Marie M. Marison	21	" " " "
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	
	One brother, Age 8 mos., died, March 1937.			

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?	Francis Alexander Morrison
11	Give the month and year of his birth.	February 27 <sup>th</sup> , 1918.
12	Where and when were his parents married?	Bay of Isld's, Sept 27 <sup>th</sup> , 1917
13	If deceased was married, state place and date of marriage.	Not married.
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?	
17	State your own postal address in full.	P.O. Box 71, Curling, Bay of Isld's Newfoundland.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Curling, Bay of Isld's, Newfoundland.
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.	Newfoundland 17 yrs, 7 yrs Sailing
20	What was the nature of his employment?	Stayed Home with Parents.
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.	(a) no. (b) 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.)	

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 Lillian Morrison {Signature of Informant

CERTIFICATE

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

\*See above Mrs L. Morrison { 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 Curling this 7<sup>th</sup> day of December 19 72

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

Rev J. J. Sheehan Qualification Clergyman

Address Curling, Newfoundland.

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

JH

N. R. 5  
15M-2-40 (4149)  
N.S. 815-12-5



1008.

5/11/387

R/M  
F/

DEFENCE  
JUL 29 1940  
S. CANADA

123 m 361

3

# ATTESTATION FORM

P048281

## FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME... **MORRISON** ..... OFFICIAL No. **A 2239**

CHRISTIAN NAMES... **Francis Alexander** ..... MARRIED, SINGLE OR WIDOWER... **Single**

PERMANENT ADDRESS	RELIGION
<b>Petries Crossing, Corner Brook, Nfld.</b>	<b>Presbyterian.</b>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<b>27th Feb., 1918</b>	Town <b>Petries Crossing,</b> County <b>Corner Brook,</b> Province <b>Nfld.</b>	<b>Mrs. Lillian Morrison, (Mother)</b> <b>Petries Crossing,</b> <b>Corner Brook,</b> <b>Newfoundland.</b>

### PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <b>5</b>	Inflated.....	<b>Brown</b>	<b>Blue</b>	<b>Fair</b>	<b>Tattos on both arms.</b>
Inches..... <b>9</b>	Deflated.....				
.....	Mean..... <b>40</b>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<b>20th June, 1940</b>	<b>Engineman.</b> <b>(Temp)</b>	<b>Stoker and Donkeyman on</b> <b>S. S. "HUMBER ARM".</b>

### (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 Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) ~~(a) That it is my intention to follow the sea for a period of at least five years from this date.~~  
~~(b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.~~  
(c) That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.  
 Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.  
 Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.  
 Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Personnel Records	
Division.	
1. Noted in Records	.....
2. Index Card	.....
3. Non-Sub. Card	.....
4. Statistical Card	.....
5. Roneo Strip	.....
6. Pension Card	.....
7. ....	.....
8. ....	.....
DATE	<b>13-8-40</b>

7081

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

\*Cross out clause not applicable.

(5) That (a)\* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

(b) ~~I served in~~ ..... ~~for~~ ~~the~~ ~~XXXX~~

Served in	Rank	From	To
Not applicable	- - - - -	- - - - -	- - - - -

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

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

**AND/OR DURATION OF HOSTILITIES**

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

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Registrar or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on Naval duty.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 20th day of June, 1940

*Francis A. Morrison*  
(Signature of Applicant)

**(C) OATH OF ALLEGIANCE**

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

Signature of Applicant *Francis A. Morrison*

Witness *E. E. Hart*

Date 20th June, 1940 Rank Lieutenant, R.C.N.V.R.

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

**(D) CERTIFICATE OF ATTESTING OFFICIAL**

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this 20th day of June, 1940

*E. E. Hart*  
(Signature of Officer and rank)

Lieutenant, R.C.N.V.R.

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

**APPROVED:**  
**J. C. I. EDWARDS**

Commander R. C. N.



CANADA

Can. B. 207

60M-4-40 (4638)  
N.S. 815-2-207

ORIGINAL

2

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES) P048282

JUL 29 1940  
N.S. 723-11361

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 MORRISON Francis Alexander  
candidate for entry as Engineer R.C.N.R.(T)  
and I believe him to be \* in all respects fit for His Majesty's Service. He has signed  
the Certificate given below in my presence. unfit for His Majesty's Service for the reason stated below.

†Strike out if inapplicable. \* Delete one.

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

(a) Age Years Months	(b) Weight without Clothes lbs.	(c) Height with Bare Feet ft. ins.	(d) General Development	(e) Chest Girth inches	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re- vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Variocele, etc.	(o) Mouth, Teeth, No. deficient and No. defective, if any, Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
22 1/2	179.	5 9 1/4	good	(a) maximum 41 (b) minimum 39 (c) mean 40.	right eye 6/6 left eye 6/9 colour vision <u>Normal</u>	<u>never</u>	N  *X-Ray	N	N	clear	N	N	<u>deficient 2 Partially deficient and No. defective, if any, Nose, Tonsils, etc.</u> <u>throat clear</u>	N

\*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

### 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.

\* Francis A Morrison  
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

[Empty box for 'IF REJECTED' text]

Dated at Halifax, N.S. the 19 of June 19 40

W. L. Todd  
Examining Medical Officer

(Rank)..... **SURGEON LIEUT.**



DECEASED 13 September 1942

DEPARTMENT OF VETERANS AFFAIRS

### AWARDS

NAVY

D.D.  
WAR SERVICE RECORDS

MORRISON	Francis Alexander	A-2239	Sto. P.O.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	8721.
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

HMCS "OTTAWA" Apr. /43. R.C.N.R.  
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON  
ENTITLED TO Mr. Christopher A. Morrison - Father

ADDRESS: Curling, Bay of Islands, Nfld.

(2) MEMORIAL CROSS  
WIDOW

ADDRESS:

(3) MEMORIAL CROSS  
MOTHER

Mrs. L. Morrison

ADDRESS: CURLING  
Bay of Islands, Nfld

MEMORIAL BAR

DATE DESP

REGN. NO

45

(2)

(3) 25 November 1942

Dead 13-9-42

S.P.O.

Ottawa 11-11-41 ✓

~~MAN'S~~  
~~Room~~ **Engine Room Artificer's History Sheet**

Name MORRISON FRANCIS ALEXANDER

Port Division HALIFAX Official Number A 2237

Served apprenticeship \_\_\_\_\_ for \_\_\_\_\_ years at the trade of \_\_\_\_\_

E.R.A. V. in H.M.S. " \_\_\_\_\_ " for \_\_\_\_\_ years

Date rated ~~Acting E.R.A. IV~~ 21-6-40

I. Certified as capable of taking charge of a Watch in the Boiler Room, and, having proved an efficient workman, is recommended for confirmation.

Date \_\_\_\_\_ Engineer Officer \_\_\_\_\_ Captain \_\_\_\_\_

Confirmed E.R.A. IV. \_\_\_\_\_

II. Certified as capable of taking charge of a Watch in the Engine Room, and able to calculate readily the H.P. developed (from Torsiometer/Indicator), and recommended in all respects for the rating of Chief Petty Officer.

Date \_\_\_\_\_ Engineer Officer \_\_\_\_\_ Captain \_\_\_\_\_

Rated E.R.A. III. \_\_\_\_\_

Rated E.R.A. II. \_\_\_\_\_

Rated E.R.A. I. \_\_\_\_\_

III. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit for the rating of C.E.R.A., and is recommended for this advancement.

Date \_\_\_\_\_ Engineer Officer \_\_\_\_\_ Captain \_\_\_\_\_

Rated Acting C.E.R.A. II. \_\_\_\_\_

Confirmed C.E.R.A. II. \_\_\_\_\_

Rated C.E.R.A. I. \_\_\_\_\_

IV. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit in every respect for advancement to Warrant Rank, and is recommended for this advancement.

Date \_\_\_\_\_ Engineer Officer \_\_\_\_\_ Captain \_\_\_\_\_

NOTE.—Certificates I., II., III. and IV., when granted, are to be noted on Service Certificate. The Depot is to be informed as soon as each Certificate is granted.

25/9/40 - 2/12



## COURSES TAKEN AND EXAMINATIONS PASSED

(To be filled up when applicable.)

Date	Particulars	Initials of Engineer Officer, if of Lieutenant's rank or above, otherwise Captain

## VOCATIONAL TRAINING CERTIFICATE

*To be filled up on completion of a Vocational Training Course, other than a Correspondence Course*

(Vocational Training is optional)

Vocation \_\_\_\_\_

We certify that (name)\* \_\_\_\_\_

\_\_\_\_\_ (residence) \_\_\_\_\_

\_\_\_\_\_ has satisfied us

that he possesses a † \_\_\_\_\_ knowledge of the vocation mentioned, and we consider that ‡ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Examiners \_\_\_\_\_

Business and Business Address \_\_\_\_\_

\_\_\_\_\_

Date of Examination \_\_\_\_\_

Signed \_\_\_\_\_ President,

\_\_\_\_\_ Vocational Training Committee.

\* Name in full. † Here insert qualification. ‡ Special notation as applicable. § Include power of command, intelligence, initiative, energy and any qualification not otherwise recorded. || See article 610, clauses 3 to 7, King's Regulations and Admiralty Instructions. To be filled in by the Captain of the ship from which the man is discharged to shore, or to Depot as a preliminary to discharge to shore.

## SPECIAL REMARKS §

TO BE FILLED ONLY ON FINAL DISCHARGE

TO BE FILLED ONLY ON FINAL DISCHARGE

His character during service was || \_\_\_\_\_

His general efficiency in carrying out his duties

was || \_\_\_\_\_

His efficiency on discharge was assessed as || \_\_\_\_\_

\_\_\_\_\_

Captain's signature \_\_\_\_\_

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 them by dealing with cases of discharged Naval ratings.

DURATION OF HOSTILITIES

~~True Copy of the~~  
**CERTIFICATE of the Service of**

..... Francis Alexander M O R R I S O N .....

**in the Naval Service of Canada**

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

PORT DIVISION	H A L I F A X, Nova Scotia.	OFFICIAL NUMBER	A. 2239
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Date of birth.....27th February, 1918.....

Where born { Town...Petries Crossing,.....  
 County and province...Corner Brook, Newfoundland.....

Usual place of residence...Petries Crossing, Corner Brook, Nfld.....

Trade brought up to...Stoker and Donkeyman--S. S. "HUMBER ARM".....

Religious denomination...Presbyterian.....

Next of kin...Mother: R. Gillies, same address.....

Can swim.....

Man's signature on discharge to pension.....

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
20th June, 1940		Duration of Hostilities		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy.....						
On advancement to man's rating, or on entry under 28 years.....	5	9	Fair	Brown	Blue	Tattoos on both arms.
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....						
Further description if necessary.....						









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

2239

NAME IN FULL *Morrison James Watson* RANK/RATING *Sub. P. 1.* OFF. NO. *4-2235* ADDRESS .....

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
	<i>206-40</i>											1939-45	<i>1</i>	<i>Star</i>
<i>Ranguna</i>	<i>258-40</i>	<i>312-40</i>	<i>70</i>									ATLANTIC	<i>1</i>	<i>Star</i>
<i>General</i>	<i>151-41</i>	<i>511-41</i>	<i>295</i>	<i>AFRICA</i>								FRANCE G.		
<i>Det. Yank</i>	<i>12-44</i>	<i>139-42</i>	<i>300</i>									AFRICA		
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	<i>20</i>	<i>Clasp</i>
												" CLASP		
												WAR 1945	<i>1</i>	<i>Medal</i>
												WAR 1915		
											VERIFIED BY <i>R. Shillit</i>			
VERIFIED BY <i>R. Shillit</i>					VERIFIED BY .....					DIR. OF PERSONNEL RECORDS.				

JCD

NO. B 388

ORIGINAL

P149186

DEPT. NATIONAL DEFENCE

H.Q. File No.

OCT 23 1941  
N.S. 123-M-361  
CANADA

# DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"AVALON" FOR "FENNEL"  12-1/6	Surname MORRISON  Christian Names FRANK	S.P.O.	A 2239 R.C.N.R. OCT 20 1941 N.S. CANADA	2.65 <i>b</i>

## Section A ALLOTMENT NOW DECLARED

387002

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname RUBIN'S Christian Names	Naval OUTFITTERS	65 GOTTINGEN ST. HALIFAX N.S.	5.00	NEW OCTOBER NOVEMBER <i>WT</i>

## 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):-
30.00 ✓	MRS. LILLIAN MORRISON	CURLING, WELD	TO BE CONTINUED.
5.00 ✓	BOND CLOTHES SHOP	HALIFAX N.S.	TO BE CONTINUED.

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.

Allotter's Signature authorizing charges.....

*F. Morrison*  
S P O Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

*E. T. Grant*

*Bourgeois*

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	5.00
Total		\$ 5.00

THE NAVAL SECRETARY,

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

*Ray*  
PAY S.A.B. LIEUTENANT, R.C.N.V.R.  
Accountant Officer

H.M.C.S. "AVALON" FOR "FENNEL"

Forwarded OCT 18 1941

ACCOUNTANT OFFICER  
HMCS "AVALON"  
OCT 13 1941  
ST. JOHNS, Newfoundland  
FILE \_\_\_\_\_ Log \_\_\_\_\_

S. 63

40M-4-40 (4787)  
N.S. 815-9-63

**NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET  
FOR USE AT HEADQUARTERS ONLY**

	INITIALS	DATE
Declaration received at Headquarters.....		
Declaration examined.....		
Approved.....		
Index card made.....		
Allotment ledger sheet made.....		
Allotment ledger sheet checked.....		
Type plate made.....		

*[Handwritten signature]*

AIR MAIL

19th September, 1942.

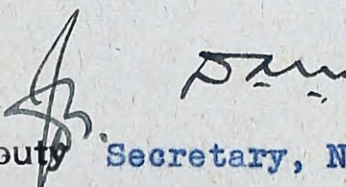
Dear Madam:

It is with deep regret that I must confirm the telegram of the 18th September from the Minister of National Defence for Naval Services informing you that your son, Francis Alexander Morrison, Stoker Petty Officer, O.N. A.2239, R.C.N.R., is missing believed killed in action.

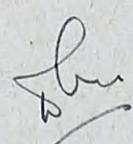
It is in the public interest that the name of his ship and the fact that she has been in action should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your son is missing, may be treated as confidential.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, 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. Lillian Morrison,  
Curling,  
Bay of Islands, Nfld.



LA/IF

File: N.S. 123-M-361

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

Ottawa, Canada,

5 October, 1942.

(Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.  
**MORRISON, Francis Alexander, Stoker Petty Officer, A.2259, R.C.N.R.**

DATE OF ENLISTMENT - 20 June, 1940.

DATE OF DISCHARGE - 13 September, 1942.

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.

"DEAD" - Missing, believed killed in action. He was on board H.M.C.S. "OTTAWA".

(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. Lillian Morrison  
ADDRESS CURLING, Bay of Islands, Newfoundland.

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

\$ 30.00 PAID TO Stall in force

MARRIAGE ALLOWANCE AT \$ nil PER DIEM PAID TO - nil

DEPENDENTS ALLOWANCE AT \$ 30.00 PAID TO Stall in force

TOTAL MONTHLY PAYMENT TO - WIFE \$ nil

Computed by EG 6/10/42 DEPENDENTS \$ 30.00  
Checked by EG 6/10/42

The Secretary,  
The Canadian Pension Commission.

Copy to: The Sec., D.P. & N.H.

*R. W. ...*  
SECRETARY,  
NAVAL BOARD.

(See reverse side for further instructions.)

# ACCOUNTS OF MEN DISCHARGED

24

Account of the Balance of Wages, the Sale of Clothes and Effects  
and the other Credits of Men Discharged to the  
Shore, D. D. or Run

Name Morrison, Francis Rating S.P.O.  
 Official No. A-2239 H.M.C.S. OTTAWA List 5AI-57  
 Who\* D.D. on the 13 Sep 19 42

	\$	cts.
Net sum due on ledger on account of Wages.....	106	57
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words)..... <u>Thirty-five and five</u> charged to <u>30 Sep</u>		
<u>dollars</u>		
Name of ship from which transferred..... <u>Ottawa</u>		
Total † <u>creditor</u>	106	57

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S.  
Ottawa amounting to a net balance † creditor  
 of One Hundred and Six - - - - dollars Fifty-seven - - - - cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S  
Nfld. this thirteenth day of November 19 42

Approved [Signature] Accountant Officer  
A/Pay Lieut. Commander, RCNVR  
[Signature] Initials of the Assistant Accountant Officer  
Pay Lieut., RCNVR  
[Signature] Commanding Officer.  
Lieut. Commander, RCN

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate  
 No.....to.....  
 Signature.....  
 Date.....19.....

\*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".  
 ‡Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.







File No. 123-M-361

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:-

Mrs. Lilliam Morrison,  
CURLING,  
BAY OF ISLANDS,  
Newfoundland.

Date forwarded:- NOV 25 1942

Registered Mail No:- 4229

*W.S.*

DL

DEPARTMENT NATIONAL DEFENCE  
NAVY                      AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

4  
NAVYDECEASED  
MEMBER'S  
NAMEFrancis Alexander MORISON  
(CHRISTIAN NAMES) (SURE)

REGISTER NO.

15756

FILE NO.

NS A 2239

DATE

30 Oct. 45

SERVICE NO.

A 2239

FINAL RANK OR RATING

Sto. P.O.

DATE OF DISCHARGE

13 Sep. 42

DATE OF TERMINATION OF OVERSEAS SERVICE

1 Sep. 42

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 81 EQUAL TO 27 COMPLETE PERIODS AT \$7.50

\$ 202.50

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 671 LESS 6 INELIGIBLE DAYS, EQUAL TO 665 DAYS @ 25C. PER DAY

\$ 166.25

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY \$ 2.65  
SUSTINENCE OR LODGING  
AND PROVISION ALLOWANCE \$ 1.45

ADDITIONAL PAY HLM \$ .15

DEPENDENTS' ALLOWANCE 1/30 OF \$ nil

TOTAL \$ 4.25 X 7 = \$ 29.75

NO. OF DAYS 671 X \$ 29.75  
183

\$ 109.08

## D. WAR SERVICE GRATUITY

\$ 477.83

## E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE  
AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$ nil

\$ nil

## F. TOTAL AMOUNT PAYABLE

\$ 477.83

## G. YOUR PORTION OF GRATUITY IS—

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

= \$ 477.83

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CHEQUE # 109297 - NOV. 7/45

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

LJM

CHECKED BY

TREASURY

CHECKED BY

DATE

5/11/45

SERVICE REPRESENTATIVE

For Director of Naval Pay Accounting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

*Typed*

Deceased Member's Name **FRANCIS ALEXANDER MORRISON**  
 (Christian Names) (Surname)

Payee **Mrs Lillian MORRISON**  
 Address **PO Box 71  
 Curling  
 Bay of Islands, Newfoundland**

Register No. 15756  
 File No. A 2239  
 Date 23.8.45  
 Service No. A 2239  
 Final Rank or Rating STO. P.O.  
 Date of Discharge 135 Feb 42

Date of termination of overseas service 135 Feb 42  
 A. TOTAL QUALIFYING SERVICE \$ 0

No. of days  $\frac{816}{30}$  equal to 27 complete periods at \$7.50 202.50

B. QUALIFYING OVERSEAS SERVICE  
 No. of days 671 less 6 ineligible days equal to 665 days @ 25¢ per day 166.25

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

Pay	\$	2.65	
Subsistence or Lodging and Provision Allowance	\$	1.45	
Additional Pay H. L. M.	\$	.15	
Dependents' Allowance 1/30 of \$ Nil			
Total		4.25	x 7 = \$ 29.75
No. of days		$\frac{671}{183}$	x \$ 29.75 = 109.08

D. WAR SERVICE GRATUITY 477.83

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

F. TOTAL AMOUNT PAYABLE 477.83

G. YOUR PORTION OF GRATUITY IS  
 Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ = \$ 477.83  
 Total Dependents' Allowance in issue \$ \_\_\_\_\_

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

- 1        6
- 2        7
- 3        8
- 4        9
- 5        10



# Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S.123-M-361

5 October, 1942.

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:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
MORRISON, Francis Alexander Stoker Petty Officer, A.2239, R.C.N.R.	Missing, believed killed in action on the 13th of Sept., 1942. He was on board H.M.C.S. "OTTAWA".	Mother: Mrs. Lillian Morrison, Curling, Bay of Islands, Nfld.

### ALLOTMENTS IN FORCE

<u>In favour of</u>		<u>Amount</u>	<u>Initials</u>
Mrs. Lillian Morrison	Curling Bay of Islands Newfoundland.	\$ 30.00	
Bond Clothes Shop	434 Barrington St., ✓ Halifax, N.S.	\$ 5.00	E.G. 6/10/42.
Rubin's Men's Wear	65 Gottingen St., ✓ Halifax, N.S.	\$ 5.00	

WILL: No record.

Yours truly,



*R. C. Harrington*  
SECRETARY, NAVAL BOARD.

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

Six copies to be rendered to Naval Service Headquarters

123-M 361

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

1

H.M.C.S. "AVALON" at ST. JOHN'S, Newfoundland.

Name (Christian names in full) Francis Alexander MORRISON

Rank or Rating Stoker Petty Officer Official Number 42239 (If unknown, date of first entry)

Place of birth Petries Crossing, Grand Brook, Nfld. Date of birth 27th February 1918

Occupation in Civil Life Stoker-Donkeyman, Religion Presbyterian S.S. "HUMBER ARM"

Number of years service in the Navy (Long Service R.C.N. or mobilized service in the case of R.C.N. (Temp) Reserve ratings) Two years and eighty-six days. (Active Service)

Date of Death 13th September 1942. Place of Death At sea.

Cause of Death Enemy action/Loss of H.M.C.S. "OTTAWA"

Nearest known relative or friend Name Lillian Relationship Mother Address Petries Crossing, Grand Brook, Nfld. Curling, Bay of Islands, Newfoundland.

Date on which the above was informed by ship Not known

Date on which death was registered with local Officials Not known

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 No burial Date of Burial (If known)

Location, Number etc. of Grave (If known)

Undertaker employed (If any)

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

Lieutenant Commander P.C.N. COMMANDING OFFICER

12th October 1942.

The Secretary Naval Board, 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., Registrar

C.N.S. 1121

A 2239

OFFICIAL NUMBER

FILE NUMBER

123-M-361

OFFICIAL NUMBER A 2239

NAME MORRISON, Francis Alexander DATE OF BIRTH 27 February, 1918  
(Surname) (Given Names)

PLACE OF BIRTH Petries Crossing, Corner Brook, Nfld OCCUPATION Stoker and Donkeyman on S.S. "Humber arm"

RELIGION Presbyterian EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Petries Crossing, Corner Province, etc Brook, Newfoundland

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
20	6	40	Hostilities Only	5' 9"	Brown	Blue	Fair	Tattoos on both arms				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. William Morrison

ADDRESS (in pencil): Street and No. Town Petries Crossing Province, etc Newfoundland

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	
				1	6	42	Granted Boiler Room W/K.Cert.				
				1	6	42	Granted Stokehold Certificate.				

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		

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

SECOND CLASS FOR CONDUCT

From To

FILM  
NO. 74PR 4473-3-  
DATE



A 2239

OFFICIAL NUMBER

NAME MORRISON  
(Surname)

Francis Alexander  
(Given Names)

OFFICIAL NUMBER

A 2239

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Stadacona"	Engmn	20	6	40													
HMAMC "Rampura"	"	25	9	40													
HMCS "Stadacona"	"	4	12	40													
HMCS "Bittersweet"	"	6	12	40													
HMCS "Stadacona"	"	25	12	40		V.G.	Sat.	31	12	40							
HMCS "Stadacona"	Sto. P.O.	1	1	41													
HMCS "Fenne"	" "	7	1	41													
HMCS "Stadacona"	" "	6	11	41													
HMCS "Ottawa"	" "	12	11	41		V.G.	Sat.	31	12	41							
DISCHARGED	"	13	9	42	Missing believed killed in action" (Ottawa Casualty List)	V.G.											

GENERAL REMARKS

Canadian Memorial Cross forwarded to Mother: Mrs. Lillian Morrison, Curling, Bay of Islands, Nfld.

DATE OF BIRTH	PLACE	CIVIL OCCUPATION	RESIDENCE	REG. NO.	REG. DATE	REG. OFF.	REG. DIV.	REG. CLASS.	REG. GRADE
27 2 18 24	525 0	50 X 10	04 00	0 19 0	8592				
REG. DATE	REG. OFF.	REG. DIV.	REG. CLASS.	REG. GRADE					
20 06 40	26 06	40							
REG. DATE	REG. OFF.	REG. DIV.	REG. CLASS.	REG. GRADE					
01 01 41	09								