

A4747
ROOP
ROY MUNRO

Do not remove documents from this
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numérisés. Ne pas les déplacer.

QH

N. R. 5

30M-7-40 (5932)
N.S. 815-12-5

P 82005

DEPT.
NATIONAL DEFENCE

JUN 27 1941

N.S. 122-R-214
CANADA**ATTESTATION FORM****FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE**SURNAME.....ROOP.....OFFICIAL No. A4747CHRISTIAN NAMES.....Ross Munroe.....MARRIED, SINGLE OR WIDOWER.....Single

PERMANENT ADDRESS		RELIGION
Clementsport, N.S.		C. of E.
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
10th October, 1907	Town Clementsport County Annapolis Province N.S.	Mrs. Katherine Roop, (mother) Clementsport, Anna. Co., N.S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet.....5..... Inches.....8.....145.....	Inflated..... Deflated..... Mean.....37.....	Brown	Blue	Fair	Tattooes; Woman l. forearm. Ship r. forearm.
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
16th May, 1941	A.B. (temp)	Lumberman.			

(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.

Person's Record Card	
Division.	
1. N. test in Rec. Card	
2. N. test in Rec. Card	
3. Non-Sub. Card	
4. Stat. test Card	
5. R. test Card	
6. Pension Card	
7.	
8.	
DATE 9-7-41	

(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 z..... Nil..... for the~~
~~period shown z x~~

Served in	Rank	From	To
Nil....		

(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 16th day of May, 1941.

X Roy m Roop
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

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

Signature of Applicant X Roy m Roop

Witness H. Lemmon

Date 16th May, 1941 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 16th day of May, 1941.

H. Lemmon
(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

*Presented
Noted*

R.C.N.R.

Duration of Hostilities.

~~True Copy of the~~
CERTIFICATE of the Service of
.....
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	Halifax	OFFICIAL NUMBER	A4747
---------------	---------	-----------------	-------

Date of birth.....10th. October 1907.....

Where born { Town.....Clementsport.....
County and province.....Annapolis, N.S.....

Usual place of residence.....Clementsport, N.S.....

Trade brought up to.....Lumberman.....

Religious denomination.....C. of E.....

Next of kin.....Katherine, mother, 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
16th. May 1941.		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	8	Fair	Brown	Blue	Tattooes: Woman l. fore-
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....						arm. Ship r. arm.....
Further description if necessary.....						

Name. Ross Munroe ROOF

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Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet[illegible]

[illegible]

OFFICIAL NUMBER.....A....4747

NAME..... ROOP,..... Ross Munroe..... DATE OF BIRTH..... 10 October, 1907
(Surname)..... (Given Names)

PLACE OF BIRTH Clementsport, Annapolis, N. S. OCCUPATION Lumberman

RELIGION Church of England EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Clementsport, Province, etc Nova Scotia

[illegible]

NEXT OF KIN RELATIONSHIP (in pencil)..... NAME (in pencil).....

ADDRESS (in pencil): Street and No. Town Chennai Province, etc. Tamil Nadu

[illegible][illegible]

O.H.F. Received

[illegible]

SECOND CLASS FOR CONDUCT

From	To
------	----

FILM
NO. *NR-4432-6*
DATE

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

A 4747

OFFICIAL NUMBER

NAME ROOP
(Surname)

Ross Munroe
(Given Names)

OFFICIAL NUMBER A 4747

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
HMCS "Stadacona"	Able Seaman	16	5	41													
Hoch. II "Lethbridge"	" "	25	6	41													
Prescott	" "	1	7	41		V.G.	Mod.	31	12	41							
Avalon	" "	12	4	42													
Ottawa	" "	11	7	42													
DISCHARGED	" "	13	9	42	"Missing, believed killed in action" (Ottawa Casualty List)	V.G.		13	9	42							
GENERAL REMARKS																	
<p>Hosp. 14-1-42 Canadian Memorial Cross forwarded to Mother: Mrs. Katherine Roop, R.R. #2, Annapolis Royal, Annapolis County, N.S. 9-11-42</p>																	

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160541160541	03500008194	
160541108	2013-09-42	HK

R.C.N.R. "OTTAWA" APR/43

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Katherine Roop - Mother

R.R. #2, Annapolis Royal,
ADDRESS: Annapolis Co., N.S.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER , Mrs. Katherine Roop

RR # 2, Annapolis Royal,
ADDRESS: Annapolis Co., N.S.

MEMORIAL B R

(1)

DATE DESP.....

REGN. NO.....

(2)

(3)

9-11-42

D OF D 13-9-42

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS
D.D.

ROOP Roy Munroe		A-4747	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star,	3024 16/1/50
Atlantic Star,	
C.V.S.M. & Clasp,	
War Medal.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEMORANDUM FOR

P. 64

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 123-R-214 FD. 262

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

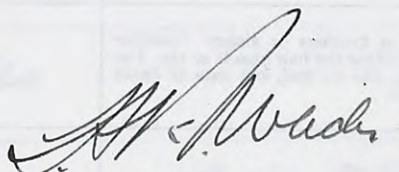
October 9 1942

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

ROOP, Roy Munroe, A.B.

No. A. 4747, H.M.C.S. "Ottawa".

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



(H.R. Wade) Lt.-Cdr. RCNVR,
for (L.M. Firth) Lt.-Col.
Administrator of Estates.



STATEMENT of the Names, Ages and Addresses, or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

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.....	<i>Does not apply - Applicant not married Deceased</i>	-	<i>Does not apply</i>
2	Children of the Deceased and dates of their Births.....	<i>Does not apply Applicant not married Deceased</i>	-	<i>Does not apply</i>
3	Father of the Deceased.....	<i>Father of deceased died Sept 28. 1941</i>	<i>66</i>	<i>Does not apply</i>
4	Mother of the Deceased.....	<i>Katherine Rice Reep.</i>	<i>65</i>	<i>Annapolis Royal R.R. No 2</i>
5	Brothers of the Deceased	Full Blood	<i>No Brothers</i>	<i>Does not apply</i>
		Half Blood	<i>No Brothers</i>	<i>Does not apply</i>
6	Sisters of the Deceased	Full Blood	<i>No Sisters</i>	<i>Does not apply.</i>
		Half Blood	<i>No Sisters</i>	
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	<i>None</i>	<i>does not apply</i>	<i>does not apply.</i>	

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).....		

Does not apply

Does not apply.

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Roy Munroe Roop.
11	Give the month and year of his birth.	Oct. 10 th 1907.
12	Where and when were his parents married?	In Round Hill, Annapolis Co. N.S. Sept. 26 th 1906
13	Was he ever married? If so, state exact place and date of marriage.	No — Does not apply.
14	Did he leave a (later) Will? If so, it should be forwarded.	No will.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No

PARTICULARS OF DOMICILE

16	Where was deceased born?	Clementsport, Annapolis Co. U.S.
17	In what Province, Country or State did he reside, and in which last?	Nova Scotia
18	How long in each?	All his life in N.S.
19	What was the nature of his employment?	Worked on farm at home. also went to sea a good deal.
20	Did he own the house or homestead in which he lived? If so, where?	No.
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No
22	State <u>your</u> postal address in full.	Annapolis Royal, P. R. No. 2 Nova Scotia

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Born at Sea Does not apply.
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	No

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.

2. Detailed statement of particulars of claim with date or dates incurred.

3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship, for example "Widow," "Father," "Brother," etc.

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

* Mother of the deceased.

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

K Catherine Rice Resp

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief (Mrs) Catherine Rice Resp {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 Clementston this 17th day of October 1942

Signature of Clergyman, Priest or Magistrate { W. A. F. K. C. R. D Qualification Rectory, St. Clement's Parish
Address St. Clement's Rectory, Clementston N.S.

NOTE—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. OTTAWA at SEA

Name ROOP, Ross Munroe
(Christian names in full)

Rank of Rating Able Seaman Official No. A-4747
(If unknown, date of first entry)

Place of Birth Clementsport, N.S. Date of Birth 10th October, 1907

Occupation in Civil Life Lumberman Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 1 year 121 days

Date of Death 13th September, 1942 Place of Death At Sea

Cause of Death Loss of H.M.C.S. "OTTAWA" by enemy action
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name Katherine Roop Relationship Mother
Address R.R. #2 Annapolis Royal, Clementsport, Annapolis Co., N.S.

Date on which the above was informed by Ship N.S.H. 2 15th Sept, 1942

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 (if known) Date of Burial (if known)

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

Undertaker employed (if any)

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

S. Davis
COMMANDER, R.C.N.
Commanding Officer,

4th January, 1943

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.

JUN 27 1941

OCCUPATIONAL HISTORY FORM

N.S.

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 Roy M. Poooy (b) Reg'l. No. A 4747
2. (a) Arm of service 100th Bn. C.P.M.R. (H) (b) Unit A.B.
3. (a) Date of birth 10 May 1911 (b) Have you any dependents? yes (c) Place of residence at time of enlistment Clementsport N.S.
4. (a) Place of enlistment Clementsport N.S. (b) Date of enlistment 10 May 1941

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 yrs. (b) Were you attending school or college up to the time of enlistment? no
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.) 8 yrs. Public 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? barber (c) Did you finish it? yes (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

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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? none

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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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? (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?
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 16 May 1941

SIGNATURE

Roy M. Poooy

O.H.F.

RECEIVED



ORIGINAL

Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

NATIONAL DEFENCE

JUN 27 1941

N.S. 1237-214

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 POOP Roy Eugene
candidate for entry as AB
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 revac- cinated 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)
33 yrs 6 mths	146 lbs.	5.7 1/2 ft.	Good.	inches (a) maximum 37 (b) minimum 35 (c) mean 36	right eye 6/6 left eye 6/6 colour vision N	—	Normal. *X-Ray Opp.	normal	normal	normal	normal	normal	Dependent 12 Dilatation 5 Subnormal	normal

*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.

†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.....

*{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 Halifax N.S. the 14 of May 19 41

A. G. H. G. H.
Examining Medical Officer
SURGEON LIEUT.
(Rank).....

MAIN FILE	
CHARGED TO	NSC
SINCE	13/6/41
REC'D. CENTRAL REGISTRY	
JUL 4 1941	
REFERRED TO	

CONFIDENTIAL TO BE KEPT IN A SECRET PLACE

CONFIDENTIAL TO BE KEPT IN A SECRET PLACE

DC

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

4
NAVYDECLARED
MEMORANDUM

ROSS Munroe

(CHRISTIAN NAMES)

ROOP

(SURNAME)

PAYEE

Mrs. Katherine Roop,

ADDRESS

R.R. No. 2 Annapolis Royal,
Annapolis Co., N.S.

REGISTER NO.

10295

FILE NO.

NSA-4747

DATE

27 June '45

SERVICE NO.

A-4747

FINAL RANK OR RATING

A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE 13 Sep '42

DATE OF DISCHARGE 13 Sep '42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 486 EQUAL TO 16 COMPLETE PERIODS AT \$7.50

\$ 120.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 356 LESS 6 INELIGIBLE DAYS, EQUAL TO 350 DAYS @ 25C. PER DAY

\$ 87.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING \$ 1.45
AND PROVISION ALLOWANCE \$.13
ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$.50

TOTAL \$ 3.93 X 7 = \$ 27.51
NO. OF DAYS 356 X \$ 27.51

\$ 53.52

D. WAR SERVICE GRATUITY

\$ 261.02

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 261.02

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 261.02

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 36011- July 10/45

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

GW

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

AIR MAIL

19th September, 1942. 25

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, Roy Munroe Roop, Able Seaman, R.C.N.R., O.N. A.4747, 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,

[Signature]
Deputy Secretary, Naval Board.

Mrs. Katherine Roop,
R.R. #2,
ANNAPOLIS ROYAL,
Annapolis County, N.S.

[Signature]