

V7574
JASPER
LAWRENCE CYRIL

N.V. 17
 3M-12-39 (3289)
 N.S. 815-11-17

Copy

CERTIFICATE of the SERVICE of

Lawrence Cyril Jasper

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax</i>	R.C.N.V.R. Division <i>Toronto</i>	Official Number <i>V 7574</i>
		<i>Number NS 10557</i>

Date of Birth..... *22nd April 1921* Name and Address of Nearest Relative or Friend

Place of Birth..... *Toronto, Ont.* *Wife:*

Place of Residence..... *510 1/2 Clinton St Toronto, Ont* *Mary Kathleen*

Trade brought up to..... *Electricians Apprent* *7 Serrmain St*

Religion..... *Baptist R.C.* *West Samuel John MS*

Can Swim:—P.P.T. () Date.....19..... Signature.....

P.S.T. () Date.....19..... Signature.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>19 Apr 39</i>	<i>17 May 39</i>	<i>3 Years</i>	<i>Ord Sea</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>7</i>			<i>Brown</i>	<i>Brown</i>	<i>Fair</i>	<i>— Inil —</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

Page 47 Original Certificate
NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
	<i>Staduegna</i>			<i>Ord. Lt.</i>	<i>20 Nov 39</i>	<i>31 Dec 39</i>	
	<i>" " (Lunch ship)</i>			<i>of Sig</i>	<i>12 Jan 40</i>	<i>12 Feb 40</i>	
	<i>" " (Lunch ship)</i>				<i>1 Jan 40</i>	<i>11 Feb 40</i>	
	<i>N.O.I.C. St John (Murray)</i>			<i>" "</i>	<i>13 Feb 40</i>	<i>31 Feb 41</i>	
	<i>" " (Murray)</i>			<i>" "</i>	<i>12 Dec 40</i>		
	<i>Captain "</i>			<i>" "</i>	<i>10 Apr 41</i>	<i>15 Nov 41</i>	
	<i>Captain II (Joarces)</i>			<i>" "</i>	<i>16 Nov 41</i>	<i>29 Nov 41</i>	
	<i>Captain "</i>			<i>" "</i>	<i>30 Nov 41</i>	<i>13 Jan 43</i>	
	<i>Captain II (Murray Steward)</i>			<i>" "</i>	<i>14 Jan 43</i>	<i>28 Jan 43</i>	
	<i>Captain II (H.D.C.#B)</i>			<i>" "</i>	<i>29 Jan 43</i>	<i>14 Apr 43</i>	<i>DD.</i>

(Staff Resumption)

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
<i>12 Jan 40</i>	<i>Rated & Qualified Ord. Lt. by</i>	<i>J. B. Edwards</i>			

Name Lawrence Curtis Jasper 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
		V.G.	Sat (Oblig)	31 Dec 40	Roll Alford
		V.A.	Sat (Oblig)	31 Dec 41	L.P. Dumas
		V.S.	Sat (Oblig)	31 Dec 42	L.P. Dumas
		V.G.	Sat (Oblig)	14 Apr 43	L.P. Dumas

Discharged Presumed Dead to date
14th April 1943 reference Headquarters
letter N.S. 123 W. 75 (113 J. 11.6)

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
20 Nov 42	GC.B.	1st	Granted

TIME FORFEITED			
Date	P. D.C., C.P., or W.T.	No. of Days	
		Awarded	Served
20 Nov 42	1st	Granted	



CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 JASPER Lawrence Cyril
candidate for entry as Ordinary Seaman R.C.N.V.R. (Toronto)
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.

Dated at Halifax N.S. the 21st of November 1939

[Signature]
Examining Medical Officer

(Rank).....

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(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.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hæmorrhoids, etc.
	lbs.	ft. ins.		inches (a) maximum (b) minimum (c) mean	right eye (i) left eye (ii) colour vision									
18 7/ 12	148.	5.5 1/2	good	38 34 36	6/5 6/5 N. (C.H.)	None NEVER.	~	~	slightly flat feet	~	~	~	1. deficient 2. defective throat	~

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

Jasper
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of non-vaccination - slightly flat feet.

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

[Signature]
Examining Medical Officer

(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

VERIFICATION FORM
CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL,
NAVAL GENERAL SERVICE MEDAL

NAME IN FULL *J. ASPER*..... *Lawrence Cyril*..... RANK/RATING *O-1. Sig*.....

SHIP	SERVICE			AREA	QUALIFY		
	FROM	TO	DAYS		FROM	TO	1939
<i>Stadacona</i>	<i>18-11-39</i>						
<i>Nunny Stewart</i>	<i>13-3-40</i>	<i>31-3-41</i>	<i>384</i>	<i>atlantic</i>			
<i>zouaves</i>	<i>16-11-41</i>	<i>29-11-41</i>	<i>14</i>	"			
<i>Nunny Stewart</i>	<i>14-1-43</i>	<i>28-1-43</i>	<i>15</i>	"			
				" "			
	<i>rescheduled</i>	<i>Need</i>					
<i>to date</i>	<i>14-4-43</i>						

VERIFIED BY *G. G... ..*.....

VERIFIED BY

VERIFICATION FORM

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

RANK/RATING *O. I. Sig.* OFF. NO. *✓ 7574* ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	Star
<i>Atlantic</i>							ATLANTIC	1	Star
"							FRANCE G.		
"							AFRICA		
"							PACIFIC		
"							BURMA		
"							ITALY		
"							DEFENCE		
"							C.V.S.M.		
"							" CLASP	2	4 clasps
"							WAR 1945	1	medal
"							WAR 1915		

VERIFIED BY *[Signature]*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

CONDUCT SHEET

NAME

Lawrence Jasper

RATING

Ord Seaman

PORT DIVISION AND
OFFICIAL NUMBER

7574

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for Conduct If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	Class for Leave If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl.2)	Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8)			Efficiency (Art. 607)	For Art. 413 ratings only. (See Notes 5, 6 and 7.)		Ship Discharged to (giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
						From	To	Character Assessment		Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)				

NOTES

- Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
- Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
- Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
- Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
- Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
 - "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
 - "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
 - "No"—Not recommended, whether qualified or not.
 For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
- Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement," columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
- Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
- Offences and Punishments.**—To be recorded on page 2.
- Training Service.**—This column is always to be completed for E.R.A.s, E.A.s, O.A.s, C.P.O.s, P.O.s and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No."

III. Boys Examinations.

(I.) ON PASSING OUT OF TRAINING ESTABLISHMENT.

Date	Paper	Oral	School	Pro- cedure Pract.	Buzzer		Flashing	Morse Flag	Semaphore		Passed or Failed	Training Establishment	Initials of Examining Officer	
					T	R			Mech.	H.F.				
	% Required	75	65	40	75	75	85	90	88	90	90	—	—	—
	% Obtained													

(II.) FOR ACCELERATED ADVANCEMENT TO ORDINARY SIGNALMAN.

Date	Paper	Oral	Coding Pract.	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
				T	R			Mech.	H.F.			
	% Required	75	75	70	75	85	95	92	96	96	—	—
	% Obtained											
	% Obtained											

IV. Examination for Ordinary Signalman ^{UR.} (S.S).

Date	Fleet Work		FLAGS Oral PTS	Procedure		Co- ding Pract.	W/T Paper	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Initials of Examining Officer	
	Paper	Mast		Paper	Pract.			T	R			Mech.	H.F.			
	% Required	65	90	75	65	80	65	75	75	85	75	75	90	90	—	—
12/1/40	% Obtained		80								92	84	98	P	Signed	

V. Training Class Certificate.

No Ordinary Signalman is eligible for advancement to the rating of Signalman until this Certificate has been obtained.

Date of Completion	Subject	% Required	% Obtained	Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
	Seamanship	75				
	Field Training	70				
	W/T	75				

VI. Examination for Signalman. .V.R.

Date	Fleet- work Paper	Misc. Oral	Pro- cedure Paper	Coding Pract.	Buzzer		Flash- ing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer		
					T	R			Mech.	H.F.					
	% Required	75	75	75	75	85	70	85	70	80	75	80	75	80	
8/3/40	% Obtained	68	84				75	98	55	80	75	80	80	82	F.
	% Obtained														HMC Signal School Halifax.
	% Obtained														

* One combined Paper.

S.-1246 (late S.-1326).
T.S.-97.

(Established—July, 1901.)
(Revised—May, 1938.)

5M-6-40 (5505)
N.S. 815-9-1246
Name JASPER L.C.

To be kept attached to the Service Certificate until final discharge from the Service.

SIGNAL HISTORY SHEET

COPY

I. EXAMINATION RECORD.

To be filled up according to the result obtained after examination.

Official No. 7574 TORONTO

9421/D5234 4250/7/39 Wt & Sons Ltd 221c*/64315/

Date	Nature of Examination Qualifying or Requalifying		Fleet Work		Miscellaneous		Procedure		Coding		W/T Paper	Buzzer		Flashing	Morse Flag	Semaphore		Passed or Failed	Ship or Establishment where examined	Initials of Examining Officer
			Paper	Mast and Marching Manoeuvres	Paper	Oral	Paper	Practical	Paper	Practical		T	R			Mechanical	Hand Flags			
	FOR T.O. (V/S) (Provisional)	% Required	80 (oral)	—	—	80	—	80	—	80	—	80	90	97	96	98	98	—	—	—
		% Obtained																		
	FOR T.O. (V/S) (Final)	% Required	80 (oral)	—	—	80	—	80	—	80	—	80	90	97	96	98	98	—	—	—
		% Obtained																		
	FOR V/S 3	% Required	80	—	—	80	80	—	80	80	75	80	90	97	96	98	98	—	—	—
	State whether after a qualifying course	% Obtained																		
	FOR V/S 2	% Required	80	80	80	80	80	80	80	80	75	80	90	97	96	98	98	—	—	—
		% Obtained																		
	FOR V/S 1	% Required	80	85	80	80	80	85	80	80	80	85	90	97	96	98	98	—	—	—
		% Obtained																		

II. Date of Granting of Non-Substantive Rate.

Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain	Rate	Date	Initials of Captain
T.O. (V/S)			V/S 3			V/S 2			V/S 1		

S.-1246.
T.S.-97.

ADDRESS ALL COMMUNICATIONS TO
THE REGISTRAR-GENERAL
PARLIAMENT BUILDINGS, TORONTO



ONTARIO

DEPARTMENT OF PROVINCIAL SECRETARY
REGISTRAR-GENERAL'S BRANCH

Toronto, May-17-1939

Cyril L. Jasper
Toronto
April-22-1921

This is to advise you that a record
of a birth, as noted in the margin hereof, is on
file in this office.

A Certificate respecting such record can
be supplied on your request therefor if this
letter is returned with the sum of \$1.00.

If this letter does not accompany such request,
the fee for such Certificate is \$1.50.

Such fees are in addition to all fees
heretofore paid for any search herein or otherwise.

Yours truly,

A handwritten signature in cursive script, appearing to read "J. V. Johns".

Deputy Registrar-General.

1921-3-97
GH.

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 14 April 1943

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

JASPER	Lawrence Cyril	V-7574	O/Sig.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

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

P 3613

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Oct. 43

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Mary K. Jasper-Widow

ADDRESS: ~~7 Gormain St., W.,~~ 2057 Ottawa St.,
~~SAINT JOHN, N.B.~~ WINDSOR, Ont.
8-4-49

(2) MEMORIAL CROSS

WIDOW Mrs. M. K. Jasper

ADDRESS: 7 German Street
SAINT JOHN, N.B.

(3) MEMORIAL CROSS

MOTHER Mrs. S. Tompson
ADDRESS: 510 $\frac{1}{2}$ Clinton Street
TORONTO, Ontario

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO. 1850

(2) 18 August 1943

(3) 31 August 1943

V7574

OFFICIAL NUMBER

NAME **JASPER**
(Surname)

Lawrence Cyril
(Given Names)

OFFICIAL NUMBER **V7574**

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
Toronto Div. Str.	Ord. Smn.	17	5	39		V.G.	Sat.	31	12	39							
Stadacona	"	20	11	39		V.G.	Sat.	31	12	40							
"	Ord. Sig.	12	1	40		V.G.	Sat.	31	12	41							
Murray Stewart	"	13	3	41		V.G.	Sat.	31	12	42							
Captor II	"	1	4	41		V.G.	Sat.	14	4	43							
Zoarces	"	16	11	41													
Captor II	"	30	11	41													
Murray Stewart	"	14	1	43													
Captor II	"	29	1	43													
DISCHARGED	"	14	4	43	Missing Presumed Dead (20297/14/4/43)												

GENERAL REMARKS

Memorial Cross awarded to Wife:
Mrs. Mary K. Jasper,
7 Germain Street,
West St. John, N.B.

Memorial Cross awarded to Mother:
Mrs. Stella Tompson,
510 1/2 Clinton Street,
Toronto, Ontario.
Dated 31-8-43.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION		P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
22	4	21	11	440	0	66	X	1	56	14	0	23	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK		
17	05	39	20	11	39					9550	0	11	95		
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.									
12	01	40	09	00	00	20	14-04-43			ckg. ck					

V7574

OFFICIAL NUMBER

FILE NUMBER

113-J-116

OFFICIAL NUMBER

V7574

NAME JASPER (Surname) Lawrence Cyril (Given Names) DATE OF BIRTH 22 April, 1921.PLACE OF BIRTH Toronto, Ont. OCCUPATION Electrician's ApprenticeRELIGION Baptist EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 176 Clinton St. Town Toronto, Province, etc. Ontario.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE		
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates
										From	To
17	5	39	3 years & H.O.	5' 7"	brown	brown	fair				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Mary R. JasperADDRESS (in pencil): Street and No. 7 Alexander St. Town West St. John, Province, etc. N.B.

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	

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		
20	11	42	1st G.C.B.	Granted							

FILM
NO WSR-5241-3
DATE

Date (in figures)			DAYS FORFEITED						O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
									O.H.F. Received Last Will & Testament dated 16-3-40 received

SECOND CLASS FOR CONDUCT

From

To





P8310

N. V. 5
2M-10-37
N.S. 815-11-5

RECEIVED
MAY 20 1939
113-9-416
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME JASPER OFFICIAL NO. 7574

CHRISTIAN NAMES Lawrence Cyril MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
176 Clinton St., Toronto Ont.	Baptist

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
April 22nd 1921	Town <u>Toronto</u> County <u>York</u> Province <u>Ontario</u>	Mrs. M. Jasper (Mother), Same Address.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>39</u>	<u>Brn.</u>	<u>Brn.</u>	<u>Fair</u>	<u>Nil.</u>
Inches <u>7 1/2</u>	Deflated <u>33 1/2</u>				
	Mean <u>37</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
May 17th 1939.	Ordinary Seaman	Electrician's Appr. Unemp.

(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~~ Nil. ~~for the period shown, and attach my record of service, in corroboration of this statement.~~

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
-----	-----	<u>Nil.</u>	-----

- (c) I have never been rejected 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.

Lawrence Cyril Jasper

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

(a) To serve from the date thereof for three 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 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.

Dated this 17th day of May 1939.

Signature of applicant Lawrence C. Jasper

(C) CERTIFICATE OF DIVISIONAL COMMANDING 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 17th day of May 1939.

[Signature]
Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, Lawrence Cyril JASPER 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 Lawrence C. Jasper

Witness [Signature]

Date May 17 1939 Rank Sub-Lieut. Comd. RCNVR

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Lawrence Cyril JASPER 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 Toronto Division of the R.C.N.V.R.

[Signature]
Commanding Officer.

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.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

2

H.M.C.S. **"Ceptor II"** at **Saint John, New Brunswick.**

Name **Lawrence Cyril JASPER**
(Christian names in full)

Rank of Rating **Ordinary Signaller** Official No. **V7574 R.C.N.V.R.**
(If unknown, date of first entry)

Place of Birth **Toronto, Ontario.** Date of Birth **22nd April 1921**

Occupation in Civil Life **Electrician's Apprentice** Religion **Roman Catholic**

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) **Three years, and five months.**

Date of Death **14th April, 1943** Place of Death **Saint John Harbour**

Cause of Death **Accidental drowning due to the capsizing of H.D.C. 18**
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name **Mary Kathleen JASPER** Relationship **Wife**
Address **7 Germain Street, West St. John, N.B.**

Date on which the above was informed by Ship **10th August, 1943.**

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

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality.....

Place of Burial **Unknown** Date of Burial **Unknown**
(if known) (if known)

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

Undertaker employed.....
(if any)

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

Commanding Officer,

CAPTAIN, R.C.N.V.R. 20194

10th August, 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.

MEMORANDUM FOR

P. 4

Mrs. Mary K. Jasper
 7 Germain Street
 WEST SAINT JOHN, N.B.

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-J-116 FD. 192

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

August 18, 1943

For the purpose of record and in the event of there being any Service estate
 available for distribution (according to law) on account of the late

JASPER, Lawrence Cyril, Ord. Sig.

No. V. 7574, R.C.N.V.R.



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

A deceased's Service estate, the administration of which is the responsibility of
 the Estates Branch, consists of any balance of pay and allowances at credit, cash on
 hand and the personal effects which are under the control of the Service authorities.
 To obtain such assets, it is not necessary for the person(s) legally entitled thereto to
 obtain through the Courts Probate of the Will, or if none, Letters of Administration
 of his estate.

In addition to the administration of those Service assets, the Administrator of
 Estates is authorized to withdraw into Government account any funds (within a
 defined amount) on deposit to the deceased's credit in Banks, Post Offices or other
 financial institutions in Canada and Overseas, without expense or trouble to the
 person(s) legally entitled to the estate, and to distribute such funds at the same time
 as any balance of pay is distributed. Also, War Savings Certificates and Victory
 Loan Bonds owned by the deceased may be redeemed and similarly distributed, or
 transmitted into the name(s) of the person(s) legally entitled. Such Certificates and
 Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters
 of Administration, the Administrator of Estates may transfer and hand over the
 Service assets to the executor or administrator appointed by the Court so that all
 the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of import-
 ance in determining whether or not the deceased's assets are such that they may all
 be administered by the Administrator of Estates to the person(s) legally entitled,
 that is, without the need for Probate or Administration.

If there is insufficient space for complete particulars to be given opposite any
 question on Pages 2 and 3 of this form, the space under "additional remarks" on
 page 4 should be used.

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

HRW/JN

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 specified	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.....	Mary Kathleen Jasper	22 yrs.	Home address 7 Germain St West Saint John N.B. visiting at late husband's home 510 1/2 Clinton St Toronto Ont at present.
2	Children of the Deceased and dates of their Births.....	none		
3	Father of the Deceased.....	Arthur Cyril Jasper. dead.	43 yrs.	
4	Mother of the Deceased.....	remarried Stella May (Jasper) Tompson.		510 1/2 Clinton St Toronto Ont.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
		Edward George Jasper.	21 yrs.	28 M.B.S. note 10 Haymarket St London England.
6	Sisters of the Deceased	Full Blood		
		Half Blood		
		married Aug. 1913. Gene Stella Adams.	17 yrs.	510 1/2 Clinton St Toronto Ont.
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	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	<i>Lawrence Cyril Jasper.</i>
9	Date of his birth	<i>April 22. 1921</i>
10	Place and date of his marriage.	<i>Oct 22. 1941</i>
11	Place and date of his parents' marriage.	<i>Alliston Ont. July 10. 1918</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Toronto Ont. 606 Manning Ave.</i>
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) (b) <i>Toronto. Ontario</i> (c) (d)
14	Nature of employment before enlistment.	<i>App in Electric work</i>
15	State whether he owned the premises in which he lived and, if so, where situated.	<i>no</i>
16	Name place where deceased stated he intended to make his permanent home.	<i>Toronto.</i>

PARTICULARS OF ESTATE

17	Did he leave a Will?	<i>no</i>
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	<i>no</i>
20	Amount of War Savings Certificates held by deceased.	<i>none</i>
21	Amount of Victory Loan Bonds held by deceased.	<i>none</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	<i>\$ 2000 Prudential Insurance. Mary Kathleen Jasper (Widow) named as beneficiary</i>
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

OTHER PARTICULARS

24	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.	<i>Deceased had allotment made to American clothing Co Charlotte St St John NB for clothes I believe to cost \$12.50</i>
25	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 or elsewhere in the North American zone, 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 all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* *widow* of the deceased.

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

Mary Kathleen Jasper {Signature of Informant
7 Germain St West Saint John NB. Address

CERTIFICATE

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

*See above. *Jasper* {Name of Informant} is the* *widow* of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at *Toronto.* this *25th* day of *August* 19 *43*

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } *Hyler R. Riley.* Qualification *Clergyman.*
Address *Christie St Hospital. Toronto.*

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 specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

visiting Toronto at present.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

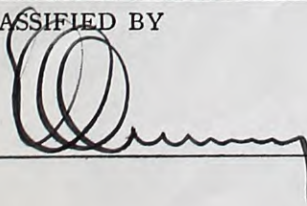
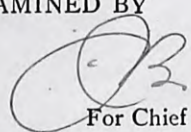
Name: JASPER Laurence G. No: 7.7574
 Surname Christian Names

Rank Ord/31g. Unit H.M.C.S. "Cerberus III" Date of Death 14-1-43

AMOUNT

Date: 1-10-43
 L.P.C.....\$ 35.85
 Other Credits.....
 Total..... 35.85

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
Part	Creditor 52685	American Clothing House Ltd., 9 Charlotte Street, Saint John, N.B.	<u>12.25</u>
Balance	Widow 52686	Mrs. Mary E. Jasper 7 Garsin St., West St. John, N.B. (as next of kin entitled)	<u>23.60</u>

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<u>831</u>	<u>000</u>	<u>90</u>	<u>000</u>	<u>35.85</u>
CLASSIFIED BY 			EXAMINED BY  For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT


For Chief Treasury Officer

S. 446. (Est'd Dec. 1914.)

P012103

MAR 25 1945
113 9 116
CANADA

Can. S. 545
Imq. S. 545
Late Can. S. 446

IN THE NAME OF GOD, AMEN.

I, *Lawrence Cyril Jasper,*
Majesty's Ship *C. S. Murray Stewart,*
(now a Patient* in _____),
being sound of mind, do hereby make this my last Will and Testament: I
give and bequeath unto my *Mother.*

*If in Hospital or
in Hospital Ship.

Insert the degree
of relationship (if of
any) and place of re-
sidence of the Leg-
atee or Legatees.

See instructions
on the back hereof.

Mrs. M. Jasper
510 1/2 Blinton St.
Toronto Ont.

9

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money,
as now are, or hereafter may be due to me for my service on board the said
Ship, or any other Ship or Vessel, of the Royal Navy, together with all other
my Estate and Effects whatsoever and wheresoever.

Insert the degree
of relationship (if of
any) and place of re-
sidence of the Exe-
cutor or Executors.

And I do hereby appoint *Mrs. James Handwick*
194. Major St
Toronto Ont.

Executors of this my last Will and Testament; and hereby revoking all
former Wills by me made, I declare this to be my last Will and Testament.

In witness whereof I have at *St John N.B.* hereunto set my hand,
this *Sixteenth* day of *March*, in the Year of Our Lord
One Thousand Nine Hundred *and Forty.*

*Noted
S.H.*

L Jasper

Signed by the said Testator, as his last Will and
Testament, in the presence of us present at the
same time, who in his presence at his request
and in the presence of each other have sub-
scribed our names as Witnesses.

Witnesses

R C Buttchick

A. G. Lindsey *H. Renuer*

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the
Law of England in the case of other persons, every such Will must be executed in the presence of, and be
attested by, *two disinterested* Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall
be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or
Marine or Military Force.

Where the Will is made elsewhere than on board one of His Majesty's Ships, one of the two requisite attesting
Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor,
Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice
of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the
Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or
in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written
or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is
prepared.

Instructions for filling up the Form.

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE.

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

Joseph Thornby.

} Signature of the person
} by whom the Will was prepared.



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-J-116
PERS. (N)

113-J-116

10 August, 1943.

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 & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
JASPER, Lawrence Cyril Ordinary Signalman, Official No. V-7574, R. C. N. V. R.	"Missing", presumed dead, to date the 14th April, 1943, when the craft in which he was serving capsized in the main channel to Saint John Harbour, N.B.	Wife:- Mrs. Mary K. Jasper, 7 Germain St., WEST SAINT JOHN, N.B.

ALLOTMENTS IN FORCE

<u>In favor of</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Mary K. Jasper, 7 Germain St., West Saint John, N.B.	\$72.00 bonus	F. 40
American Clothing House, 9 Charlotte St., Saint John, N.B.	\$5.00	

WILL: Attached.

Yours truly,

for *[Signature]*
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.



CERTIFICATE OF DEATH

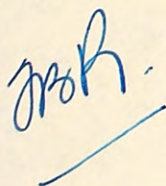
THIS IS TO CERTIFY that according to official information received at the Department of National Defence, number V.7574, Ordinary Signaller Lawrence Cyril JASPER, Royal Canadian Naval Volunteer Reserve, is missing presumed dead on April 14th, 1943, when the craft in which he was serving capsized in the main channel to Saint John Harbour, New Brunswick.



(H. M. Jackson) Lt.-Col.

Officer of Her Majesty's Forces
authorized to sign certificates
of death and/or presumption of
death for the Canadian Naval
Forces.

Department of National Defence,
OTTAWA, Canada.
28th November, 1956.



1316 Torrance Ave.
Windsor Ont.

Dear Sir, I am applying for a visa
to work in the United States. The
immigration papers require ⁽²⁾ proof of
death in a death certificate
in duplicate of the death of
my first husband who was
drowned while serving in the
Royal Canadian Navy in St John
New Brunswick on April 14 1943
his full name was Signal. Lawrence
Byrd Jasper 7554. and enlisted in
Front Canada if this is impossible
could I have 2 letters stating he
is officially dead. sent to me

Thanking you for your trouble
Mrs Mary Kathleen Jasper Banks

1316 Torrance Ave
Windsor Ont

MG

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

4
NAVY

DECEASED MEMBER'S NAME	Lawrence Cyril (CHRISTIAN NAMES)	JASPER (SURNAME)	REGISTER NO.	15473
PAYEE	Mrs. Mary K. Banks,		FILE NO.	NSV-7574
ADDRESS	2057 Ottawa St., Windsor, Ont.		DATE	27 Sep/45
			SERVICE NO.	V-7574
			FINAL RANK OR RATING	Ord. Sig.
DATE OF TERMINATION OF OVERSEAS SERVICE	28 Jan/43		DATE OF DISCHARGE	14 Apr/43
A. TOTAL QUALIFYING SERVICE				\$
	NO. OF DAYS	1244	EQUAL TO	41
			COMPLETE PERIODS AT \$7.50	307.50
B. QUALIFYING OVERSEAS SERVICE				
	NO. OF DAYS	413	LESS	N11
			INELIGIBLE DAYS, EQUAL TO	413
			DAYS @ 25c. PER DAY	103.25
C. SUPPLEMENT FOR OVERSEAS SERVICE				
DAILY RATES AT DISCHARGE				
	PAY		\$	1.60
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE		\$	1.45
	ADDITIONAL PAY	H.L.M.	\$.20
		G.C.B.	\$.05
			\$	
	DEPENDENTS' ALLOWANCE 1/30 OF \$	M.A.	\$	1.15
		TOTAL	\$	4.45
			X7 = \$	31.15
		NO. OF DAYS	413	X \$
				31.15
				70.30
D. WAR SERVICE GRATUITY				481.05
E. DEDUCTIONS				
	OVERPAYMENT OF	PAY AND ALLOWANCES	\$	
		DEPENDENTS' ALLOWANCE	\$	
		AND ASSIGNED PAY	\$	N11
	OTHER DEDUCTIONS		\$	
F. TOTAL AMOUNT PAYABLE				481.05

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 481.05
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Cheque 87944 - Oct 5/45

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	
W		R. J. Hendry		11/10/45	
				for Dir. Naval Pay Acctng. SERVICE REPRESENTATIVE	

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Lawrence Cyril JASPER
 (Christian Names) (Surname)

Payee Mrs. Mary K. BANKS
 Address 2057 Ottawa St., Windsor, Ont.

Register No. 15473
 File No. V7574
 Date 1-9-45
 Service No. V7574
 Final Rank or Rating O. Sig.

Date of termination of overseas service 28 Jan. 43 Date of Discharge 14 April 43

A. TOTAL QUALIFYING SERVICE
 No. of days 1264 equal to 41 complete periods at \$7.50
 30 307.50

B. QUALIFYING OVERSEAS SERVICE
 No. of days 413 less ineligible days equal to 413 days @ 25¢ per day
103.25

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$ 1.60	
Subsistence or Lodging and Provision Allowance	\$ 1.45	
Additional Pay H.L.M.	\$.20	
G.C.13	\$.05	
Dependents' Allowance 1/30 of \$ <u>M.A. 1.15</u>		
Total	<u>4.45</u>	x 7 = \$31.15
No. of days	<u>413</u>	x \$31.15
	<u>183</u>	<u>70.30</u>

D. WAR SERVICE GRATUITY 481.05

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

F. TOTAL AMOUNT PAYABLE 481.05

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 481.05
 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	<u>W</u>	6	<u>[Signature]</u>
2	<u>W</u>	7	<u>[Signature]</u>
3	<u>W</u>	8	<u>[Signature]</u>
4	<u>[Signature]</u>	9	<u>[Signature]</u>
5	<u>[Signature]</u>	10	<u>[Signature]</u>

8/8

15473.

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

NAME of Deceased Member Laurence JASPER Rank or Rating O - SIC O.No. V7574

1. Dependents' Allowance and Assigned Pay in force at date of death:
m. D.A. \$ 1.15 Mr Mary K JASPER
A.P. 72.00 7 Germania Street
D.A. - West St John. N.B
A.P. -

2. Pension awarded or being awarded to: wife - as above.

3. War Service Gratuity Application(s) received from: Mr Mary K. BANKS
(formerly JASPER)
2057. Ottawa Street
Windsor. Ont

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: Mr Mary K. BANKS - wife In the full proportion of:

- and -

to: In the proportion of:

() 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 4 Sep' 45.

[Signature]
for D.N.P.A. (G) D.H.J.

118
No. 812
2057 Ottawa St.
Windsor Ont.

Dear Sir.

V. 7574

1171530

I would like to state that I have remarried. my next of kin address was 7 Berman St. West Saint John. New Brunswick. my present address is 2057 Ottawa St. Windsor. Ont. This form is in reply to the letter I received asking for me to apply for my late husbands gratuity.

Thanking you.

Mrs Mary Kathleen (Jasper) Banks

RECEIVED
AUG 6 1945
F. M. O.
N. S. H. Q.



long b

W.S.G. Application No. 15473

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

FILE NO. N.S. V-7574

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>JASPER</u>	<u>Lawrence Cyril</u>	<u>V-7574</u>	<u>O/Sig</u>
SURNAME	CHRISTIAN NAMES	OFFICIAL	RANK OR RATING
	IN FULL	NUMBER	ON DISCHARGE

CAUSE OF DISCHARGE: Discharged Dead (ADC #15)
 ... Applicant - Widow ... Pension Awarded D.A. & A.P. #72⁰⁰
Since Remarried (Mrs. Mary K. Banters.)

	TOTAL SERVICE	1322
Date of Active Service	<u>18 Nov 39</u>	79
Date of Discharge	<u>14 Apr 43</u>	1243
Total No. of Days	<u>1305</u>	1244
# Less non qualifying service	<u>—</u>	Total Days <u>1244</u>
		<u>1305</u>

	OVERSEAS SERVICE	
% Total No. of Days	<u>413</u>	
# Less non qualifying service	<u>—</u>	Total Days <u>413</u>

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service — ✓

Date of Discharge L

& % Overleaf

Computed By Attempson

Checked By Kalbovian

J. B. Underhill
 for (R.W. Underhill)
 A/Captain (S) R.C.N.V.R.
 Director of Naval Pay Accounting.

DATE: AUG 25 1945

NO. 27-2

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days	TOTAL SERVICE	OVERSEAS SERVICE
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
"	_____	"	"	_____	_____
			Total days	=====	=====

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Murray Stewart	13 Mch '40	31 Mch '41	384
Zoances	16 Nov '41	29 Nov '41	14
Murray Stewart	14 Jan '43	28 Jan '43	15
			<u>413</u>

578	821	1246
195	808	1232
<u>383</u>	13	14
384	14	15

Navy
 Army
 Air Force
 (Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
 1 Mil. 9-44 (5449)
 H.Q. 1772-39-2326

113-2-116

#532

Application for War Service Gratuity
 (Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service JASPER (Print)
2. Christian Names LAWRENCE CYRIL (Print)
3. Service No. V-7574 4. Paid rank or rating at date of termination of Service O/S
5. Address, in full, to which payments of gratuity are to be forwarded
MRS. MARY K. BANKS
2057 OTTAWA ST.
WINDSOR ONT.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>NAVY</u>	<u>V-7574</u>	<u>O/S.</u>	<u>3 Sept. 39</u>	<u>14 Apr. 43</u> <i>(killed on active service)</i>
.....
.....

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? no If so, state name of Force or Forces.....

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? no If so, state the Force or Forces, with dates of commencement and termination of service.....

DIRECTORATE OF
 NAVAL PAY ACCT'G.
 15473
 APR 13 1945

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.
4 Aug. 45 (Date)
Mrs. Mary Kathleen Banks (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
 Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
 Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
 Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

DOMINION OF CANADA
PROVINCE OF Ontario

TO WIT:

IN THE MATTER OF THE WAR SERVICE GRANTS ACT, 1944

A F F I D A V I T

I. I, Mary K. Banks of the City of Windsor
(Name) (City or Town of)

in the Province of Ontario declare as follows:-
(Province or State)

- (i) My maiden name was Mary McHugh
(Name in full)
- (ii) On the 22nd day of Oct. (1941) at the St. John, N.B.
(Month) (Place of marriage)

I was married to Lawrence Cyril Jasper
(Name of 1st husband in full)

O.S. Sig. (Rate) (O.N.)

- (iii) The said O.S. Sig. Lawrence C. Jasper died at
(Name of 1st husband in full)
- St. John N.B. on the April 14 day of April 1943.
(Place of death) (Month)

While the said O.S. Sig. Lawrence C. Jasper was serving on
(Name of 1st husband in full)

Active Service in the Naval Forces of Canada I was in receipt of:

Dependents' Allowance on account of the said)
Lawrence C. Jasper and/or) 74.00
Assigned Pay from the said)
Name of 1st husband

II. On the Nov 20 day of Nov 1943 at the Windsor Ontario
(Place of 2nd marriage)

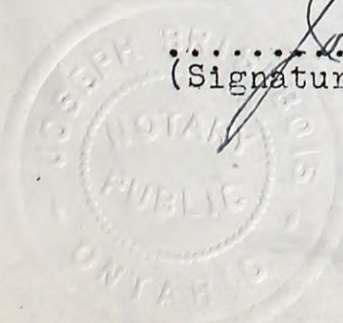
I married Archie D. Banks
(Name of 2nd husband in full)

and I make this solemn declaration conscientiously believing it to be true and knowing it to be of the same force and effect as if made under and by virtue of the Canada Evidence Act.

DECLARED BEFORE ME AT)
THE City OF Windsor
IN THE OF)
THIS 14th DAY OF Sept.
1945

J. S. Brisebois
(Signature of Magistrate or
Notary Public, or
Commissioner for Oaths, or
Justice of Peace.)

Mary K. Banks



LA/C



N.S. 113-D-1530, 123-E-77,
✓ 113-J-116, 113-N-397

PERS. (N)

20 January, 1944.

FROM: Secretary, Naval Board,
Department of National Defence,
(Naval Service),
Naval Service Headquarters,
Ottawa, Ont.

TO: Secretary, Imperial War Graves Commission,
312 Transportation Building,
Ottawa, Ont.

The following particulars respecting the burial of two unidentified bodies, believed to have been members of the crew of the Harbour Craft which capsized in the Main Channel to Saint John Harbour, Saint John, N.B., on the 14th of April, 1943, are forwarded for your information.

- | | | |
|--------------------------------------|---|---|
| (1) Place of Burial | - | Fernhill Cemetery |
| (2) Date of Burial | - | 17 November, 1943. |
| (3) Location, number, etc., of grave | - | Central Avenue Lot,
No. 3693, Graves No.
1-137 - No. 2 - 138. |
| (4) Undertaker employed | - | Brenan's Funeral Service,
11 Paradise Row,
Saint John, N.B. |

H.B. Money

for SECRETARY, NAVAL BOARD.

LA

M



LA/CM

AIR/MAIL

6TH NOVEMBER, 1943.

113-N-397. 113-D-1530.

113-J-116. FERR. (N).

MEMORANDUM:

With reference to your signal 031833 November, Service and Medical Documents requested therein for the undermentioned ratings are enclosed for information and subsequent return to Headquarters.

<u>NAME</u>	<u>RATING & O.N.</u>	<u>NEXT OF KIN</u>
Lawrence Cyril <u>Jasper</u> ,	Ord. Sig., V-7574, R.C.N.V.R.	Wife: Mrs. Mary K. Jasper, 7 Germain Street, West ST. JOHN, N.B.
Joseph Winslow <u>Nodwell</u>	Ord. Seaman, V-686, R.C.N.V.R.	Mother: Mrs. Margaret Nodwell, 39 Thorne Avenue, SAINT JOHN, N.B.
John Patrick <u>Daly</u> ,	Ord. Seaman, V-33743, R.C.N.V.R.	Mother: Mrs. Annie Daly, 130 Clinton Street, TORONTO, Ontario.

BY ORDER,

H.B. Money

Naval Officer-in-Charge,
ST. JOHN, New Brunswick.

for SECRETARY, NAVAL BOARD.

LA/C

- Naval Service -

81

113-J-116.
F.D. 7999.
PERS.(N).

11 August, 1943.

THIS IS TO CERTIFY that according to official information Lawrence Cyril Jasper, Ordinary Signaller, Official Number V-7574, Royal Canadian Naval Volunteer Reserve, is missing and presumed dead by Naval Authority to date the 14th of April, 1943. This rating was lost when the craft in which he was serving capsized in the main channel to Saint John Harbour, N. B.

SECRETARY, NAVAL BOARD.

[Handwritten signature]

LA/C

- Naval Service -

N.S. 113-J-116
PERS. (N)

73

10 August, 1943.

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 & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
JASPER, Lawrence Cyril Ordinary Signalman, Official No. V-7574, R. C. N. V. R.	"Missing", presumed dead, to date the 14th April, 1943, when the craft in which he was serving capsized in the main channel to Saint John Harbour, N.B.	Wife: Mrs. Mary K. Jasper, 7 Germain St., WEST SAINT JOHN, N.B.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Mary K. Jasper, 7 Germain St., West Saint John, N.B.		\$ 72.00	bonus \$1.40
American Clothing House, 9 Charlotte St., Saint John, N.B.		\$ 5.00	ED

WILL: Attached.

Yours truly,

for
SECRETARY, NAVAL BOARD.

LETTER dispatched by
PERSONNEL NAVAL
AUG 11 1943

Administrator of Estates,
Estates Branch,
Department of National Defence

LA/C

A I R M A I L

- Naval Service -

N.S. 123-W-75
PERS (N) 123-E-77
113-N-397
113-D-1530
113-J-116 ✓

6 August, 1943.

68

MEMORANDUM:

With reference to your submission, File--
S.J. 1-W-1, of the 23rd of July, 1943, Canadian Naval
Board approval has now been given to presume the death
of the under-mentioned ratings as having occurred on
the 14th of April, 1943. These ratings were aboard
H.D.C. 15 when this craft capsized in the main channel
to Saint John Harbour.

Odin Arthur Elliott,
Able Seaman, Official No. A-4441,
Royal Canadian Naval Reserve

Joseph Winslow Rodwell,
Ordinary Seaman, Official No. V-686,
Royal Canadian Naval Volunteer Reserve

John Patrick Daly,
Ordinary Seaman, Official No. V-33743,
Royal Canadian Naval Volunteer Reserve

Lawrence Cyril Jasper,
Ordinary Signalman, Official No. V-7574,
Royal Canadian Naval Volunteer Reserve.

Next of kin is to be informed accordingly, and
Headquarters notified by Signal when this action has been
taken.

Forms C.N.S. 1121, Reports of Death, are to be
forwarded to Headquarters for these ratings.

BY ORDER,

H.B. Money

for SECRETARY, NAVAL BOARD.

ca *W*

Naval Officer-in-Charge,
SAINT JOHN, N. B.

Commander-in-Chief,
Canadian North West Atlantic.

Forwarded for your information.

BY ORDER,

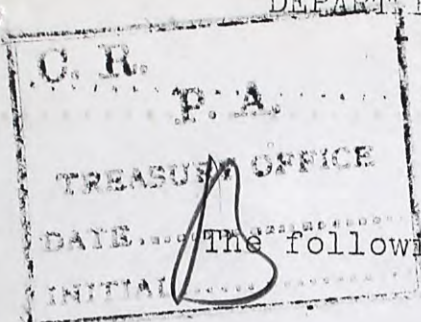
H.B. Money

for SECRETARY, NAVAL BOARD.

49

DEPARTMENT OF NATIONAL DEFENCE

Naval Service -
Ottawa, Canada.



....15 April, 1943.....
(Date)

Sir:

The following casualty has been reported -

NAME JASPER, Lawrence Cyril RANK or RATING Ordinary Signalman, NAVAL NO. V-7574, R.C.N.V.R.

DATE OF ENLISTMENT - 17 May, 1939. Active Service: 18 September, 1939.

DATE OF DISCHARGE - _____

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

SERVICE - Will be reported at a later date.
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "Missing" when the ship in which he was
when and where any disability serving capsized in the main channel at
was incurred, or where death the entrance to Saint John Harbour, N.B., on 14th April, 1943.
occurred.

While this rating is missing, it is impossible to make an estimate as to his chances of survival. When date of presumption of death is received you will be notified.
(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 Wife NAME Mrs. Mary K. Jasper,

ADDRESS 7 Germain St.; West St. John, N.B.

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.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

24

REMARKS:

NOTES: This form to be accompanied by documents only in cases of (a) discharge medically unfit (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

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

.....^{72.00}..... ASSIGNED TO Mrs. Mary K. Jasper,
7. Gorman St. W.
St John, N.B.
(stopped as April 30/43)

MARRIAGE ALLOWANCE (rate) \$...^{1.15}..... PER DIEM (date) April 30/43
PAID TO

DEPENDENTS ALLOWANCE (rate) \$...nil..... PAID TO (date) nil.....

TOTAL MONTHLY PAYMENT TO - WIFE \$...^{72.00}.....

DEPENDENTS nil.....

Computed by... [Signature].....

Checked by... [Signature].....

for [Signature]
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service.)

The Secretary, The Canadian Pension Commission,
Room 404, Daly Building, OTTAWA, Ont.

The Secretary, The Department Pensions & National Health,
Daly Building, OTTAWA, Ont.

For T.O.

138449

DEPT. NATIONAL DEFENCE

JUN 15 1942

NS 113-9-116
JA 25

Distribution.—Original N.S.H.Q.: Duplicate Ledger enclosure: Triplicate file in Accounting Establishment.

Number.....

42

NAME OF RATING

(a) Ship HMCS. "CAPTOR II" List and No. 5 II 6 Rating 0/Sig.
Surname JASPER
Christian Name Lawrence
Daily Rate of Pay \$1.60

PARTICULARS OF ALLOTTEE

Whether Wife or Guardian WIFE Name of Wife or Guardian in Full Mary Kathleen JASPER Address of Wife or Guardian in Full 7 Germain st. West Saint John, N.B.

PARTICULARS OF ALLOTMENT

(b) Rate per month of present allotment in favour of wife or guardian \$ 50.00 Rate per month of allotment taking into consideration increased marriage allowance \$ 62.00 To be increased at H.Q. from * JUNE 1942

PARTICULARS OF CHILDREN

Names of children _____ Ages of children last birthday _____

I have read the notations overleaf and increased my allotment as indicated.

L.L. Jasper
Signalman, RCNVR Signature of rating (Allotter)

(c) FOR USE IN ACCOUNTING ESTABLISHMENT.

M.A. increased from \$.75 to \$ 1.15 from 1st April, 1942.
Allotment of \$ 50.00 increased to \$ 62.00 effective * June * 1942
(to reach Headquarters by the 15th of the month effective.)

Allotment arrears amounting to \$ 24.40 have been charged in the ledger in GREEN INK,
List 5 II No. 6 and paid through H.M.C.S. "CAPTOR II" Cash Account
Month of JUNE 1942 Vr. No. 301

Marriage allowance increase has been credited in the ledger and has been allotted to wife or guardian as indicated hereon.

Fair Ledger Binnell Rough Ledger Cox
H.M.C.S. "CAPTOR II" A/Pay Lt. Cdr. RCNVR Accountant Officer. 1942.

(d) FOR USE AT NAVAL SERVICE HEADQUARTERS Allotment Section.

Allotment Declarations		Initials	a
Ent'd. on Index Card		<u>[Signature]</u>	<u>12/6/42</u>
Ent'd. on Allotment			

TO BE COMPILED BY THE RATING CONCERNED

NEW RATES OF MARRIAGE ALLOWANCE AND LODGING AND COMPENSATION FOR RATINGS
EFFECTIVE 1 APRIL, 1942. FOR DURATION OF HOSTILITIES

All ratings are to be placed on new rates of M.A. as follows:—

Marriage Allowance				
Wife only \$1.15	Wife and one child \$1.55	Wife and two children \$1.95	Wife and three children \$2.25	Wife and four children \$2.45
Motherless Children	One child 75c	Two children \$1.30	Three children \$1.65	Four children \$1.95

Lodging and Compensation

All ratings entered prior to 1st June, 1942 are entitled to \$1.45 per diem L & C when entitled.

All ratings entered on or after 1st June, 1942 are to be paid \$1.25 per diem L & C when entitled.

22/4/42

[Handwritten signature]

[Handwritten signature]

7574
* 6 2 . 0 0

SAINT JOHN, N.B.
 243 LUDLOW ST. W.
 MRS. MARY K. JASPER.
 JASPER, LAWRENCE

* SIXTY TWO *

RWS.

NO. J.M.2

DEPT. NATIONAL DEFENCE

Can. 20
25M-4-4 (89)
N.S. 815-9-2041

NOV 15 1941
113 J-116
P162455

ORIGINAL

Number.....

40
28

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
Captor "II" Signals 12/2/1941	Surname..... Jasper	O/Sig.	V.7574	1.60
	Christian Names..... Lawrence C.			

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname..... Jasper Christian Names..... Mrs. Mary K.	242 143 Ludlow Street, West St. John, N.B.

Noted in Service Records by R/S

CHILD OR CHILDREN

Name	Sex	Date of Birth	Attains majority
(1).....			
(2).....			
(3).....			
(4).....			

M/A. APPLICATIONS

Ent'd in Birth Record Ledger	Initials	Date
Ent'd on M/A. Card	[Signature]	17/11/41
Ent'd in All time Ledger	[Signature]	17/11/41

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

[Signature]
Leading Writer

Signature..... Lawrence C. Jasper
Rank or Rating..... O/Sig.

Marriage Allowance in force per diem..... Nil
Marriage Allowance claimed per diem..... 75

NOV 14 1941

Ledgers h L. J M

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

[Signature]
A/Captain, R.C.N. Commanding Officer.

This amount per day has been credited from..... 22nd October..... 19 41
at List..... 12/2/..... No..... 19..... Ledger ending..... December 31st..... 19 41

Allotment of \$..... 50.00..... in force from the month of..... November..... 19 41 in accordance with regulations.

for [Signature] Pay Subject RCNR
A/Paymaster Lieut. Cdr. RCNR. Accountant Officer.

THE NAVAL SECRETARY,
Department of National Defence,
Ottawa.

H. M. C. S..... Captor "II"

Forwarded.....

OCCUPATIONAL HISTORY FORM

113-2-116
30

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 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 JASPER - MARCELLINE CRIL (b) Reg'l. No. V-7574
2. (a) Arm of service NAVAL (b) Unit REVR (c) Rank O/S
3. (a) Date of birth 28 APR 1921 (b) Have you any dependents? NO (c) Place of residence at time of enlistment TORONTO
4. (a) Place of enlistment TORONTO (b) Date of enlistment 14 SEP 1939

PLEASE LEAVE BLANK

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? 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 YEARS PUBLIC
7. If you attended a university, give name of university and standing or degree secured None
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? ELECTRICIAN (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 1 YEAR
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? 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 LE JONAS (CONTRACTOR) Address TORONTO
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ELEC. CONTRACTOR
20. (a) Your specific occupation WIREMAN (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 —

DATE 26 MAY 1941 SIGNATURE Jasper





Copy To
VWD
ES

JUL 4 1941

Trout May

P 69996

NATIONAL DEFENCE

JUN - 8 1941

Dept Defence

Naval Service

N.S. 113-1116
CANADA

Dear Sirs

I was referring to my
son's allotment -

Laurance C. Jasper. 25

V 75-74 he is a

Signlman well his rating
has been cut-down to \$45-
a month so he was &
explained it to me.

Just as soon as he gets
back his extra \$15- he
will make mine up to \$30
again. So just don't bother
as I understand now
just received his letter
I didn't know before what
was wrong. So don't bother
at this time as I know he
will make it up again
ever

MAIN FILE

CHARGED TO *Mc See*

SINCE *2. 6-41*

REC'D. CENTRAL REGISTRY

JUN 8 1941

REFERRED TO

to Las & try resumption
again & get Back his
regular pay sorry
& have work - but it's
pretty hard for me to get
along. but will manage
until it's made up again

Thanking you in advance
as ever.

Your truly
Doris Satta Jasper
5-10 $\frac{1}{2}$ Clinton St
Toronto

✓

Toronto June 2d 1941.

P 69270

Dept of National Defence
Naval Service

JUN - 7 1941
N.S. 113/116
CANADA

Dear Sirs:

Am writing in regards to my son Lawrence Cyril Jasper. Nov 7 5. 74. He is a. Signalman R/B HESO St. John's N.B. well am widow of since my son has been in the service he has allotted me \$30 a month. Am practically a invalid with Arthritis Rheumatism of lower part of he is my chief of main support - he has cut my allotment down to \$15 a month now he has \$45. I is single not married and really any mother with father living and I never heard of any one giving their mother less than \$20 anyhow its real out-rage to serve me like that I raised him up & he a man his father dead 6 years of a respectable mother of. always willing of sent him every thing I can as a mothers duty but I really cant get along like this.

He has his food & clothes & could
 save as well as keep me so I
 wrote him & told him I wanted him
 to do better & intitled to the least
 \$20 a month. He & I always get along
 good & has a home to come to on
 leave of. In line of the best mother
 I can be in every way he wanted
 for nothing when at home if it
 was in my power to get it for him
 it really seems terrible to me.
 So I wrote & told him I'd write to
 allana of explain my case so
 hoping he takes the right attitude
 as it's not fair to a widowed mother

Yours Truly,

Mrs Stella Jasper.

5-10 1/2 Clinton St -

Toronto

Cheque no 43236

Toronto Sept 14 / 40

PO 59850 6 1940

NATIONAL DEFENCE

CANADA

Dear Sir

In writing to your Dep. planning to your my very sorrowful trouble in in. My son is a signalmen Lawrence C. Jasper No 75-74 R.C.N. & R. has been stationed at St-Johns N.B since last March 15. as he was good to me & allotted me \$30 a month since in Navy. 1 year this last and. He got leave & wired him money to come home and he has been spending most of his time with a girl 22. & he is 19. April and told me he was going to get married and cut my allotment off so he sure fought with me. so much & made me sign the allotment letter. I was scared of him for don

3

he has wrote to yurse Inced
me to sign and I don't
want him to get Married
if please look after me and
his mother and I have
Arthritis & Rheumatism & real
sick so I need his help.
I know yurse will see I
get looked after I've been a
good mother to him always
his address has been. he will
be going back Saturday
he is Mr. Murray Stewart
please write me & let
me know earliest date
this girl has a passion
of don't need his help
like I do

Mrs Stella Jasper.
6-10 1/2 Clinton St
Toronto

a sick woman my letter
 certificate is in
 file 5 cent work and I
 brought him up a gentleman
 and never gave him any
 permission to marry only
 by force. He promised me
 when he come home it
 would be the war. So
 if youse would please see
 I get at least \$20 a month
 for he is only a boy yet
 and I cant get along
 with out his help he is my
 main support his father dead
 6 years so please see I get
 looked thru for near crazy
 he said I'd get this
 cheque so please look in to
 it for see thru that I get
 the mothers allowance or
 his. your truly Mrs Stella Jagger
 (never) 5-10 1/2 Clinton St

NO. 28941/4

M.F.M. 16A
50M-11-39 (3048)
H.Q. 1772-39-1665

12

CANADIAN ACTIVE SERVICE FORCE

SERVICE: ~~MILITARY OR AIR~~

NAVAL

(.....)

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

The names required by Questions 1, 2 & 12 must be shown in block capitals.

1. Surname of applicant..... **JASPER**.....

2. Full Christian name or names..... **LAWRENCE CYRIL**.....

3. Official Number..... **7574**..... 4. Rank..... **Ordinary Seaman**.....

5. Unit, Station, or Establishment..... **H.M.C.S. STADACONA (RCNVR)**.....

6. Date appointment or enlistment..... **24th., April 1939**.....

Question 7: In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

7. Date reported for duty..... **2nd., October 1940 (Active Service)**.....

8. Are you a member of the permanent forces, military or air?..... **NO VR-Toronto**

If so (a) State permanent establishment, unit or station.....

..... (b) Are you receiving permanent force rates of pay and allowances?..... **Yes**.....

Questions 9 & 10: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment.....

10. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment. **Electrician's Assistant**
Approximately \$12.00 weekly. Unstable employment
approximately for four months.....

12. Name of dependent **JASPER**..... **MAY STELLA**..... **MRS**.....
Surname Christian Name Mr. Mrs. or Miss

Question 13: Give street name and number or post office box number, R.R. No. city, town or village and province.

13. Address **510 1/2 Clinton St. Toronto Ontario**.....

14. Age of dependent **44** 15. Relationship **Mother**

Questions 16 to 28
Have a bearing
the eligibility for
allowance and the
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?

With brother and ister at 510 1/2 Clinton ST Toronto
State name, address and relationship to dependent **Alene and Edward**

17. With whom will the dependent make his or her home hereafter?

(State relationship) **Alene and Edward**

18. Is dependent being maintained in a Public Institution at the public's expense? **NO**
Yes or no

If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any

Infirmity of health .
Dr Glenderring, Sherbourne and Bloor Toronto Ontario

20. From what date have you been contributing to the support of this dependent?

January 1938

21. Are you the sole or partial support? **Partial**
State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months **\$32 per month per month for previous 6 months and \$45 per month to the last of November 1939 6 months previous total \$192.00**

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? **Board and lodging**

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?

24. If dependent is your mother, is your father living? **NO**
Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.

28. Fifteen day
per month mu
assigned to dep
to obtain allowa
If 15 days' pa
month has bee
signed to dep
wife and childr
additional 5 day
per month mu
assigned to thi
pendent.

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Ilene	As in No 13	14	Student	Singb
EDWARD	As in No 13	17	Stock clerk	Single
	Brown Bros. Stationery Toronto.			

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months precedings your enlistment.

Ilene-- Mothers Allowance in support of her \$35 per month.

Edward / no definite amount, his earnings \$8 per week
Self supporting only sleeps at home.

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: Ilene board and lodging
Edward-- lodging only.

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

Dependent's Average Monthly Income from: January	Dependent's Average Monthly Allowances from:
Personal earnings.....\$.....	Workmen's Compensation
Contributions and allowances from other members of family. \$ 12.00	Award.....\$.....
Insurance.....\$.....	Widow's Pension.....\$ 35.00
Dividends from shares, bonds, etc.....\$.....	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority).....\$.....
Interest on loans or mortgages.....\$.....\$.....
Rentals.....\$.....\$.....
Other.....\$.....\$.....
Total.....\$ 12.00	Total.....\$ 35.00

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance. If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

\$30 per month.....days' pay. 18 days pay

29. Date assigned pay effective.....31st., September 1939.....

30. Have you made a prior assignment of pay. If so state number of days and to whom

Mr Bob Crowhurst 1029 Weston Road Toronto \$10 per month

[OVER]

31. Have you made a previous claim for dependent's allowance?.....**NO**.....

If so give particulars of previous unit and official number under which applied for and date of application.....
.....

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

W. M. [Signature]
Paymaster ~~Commander~~ **R.C.N.** Rank
Lieutenant

Lawrence C. [Signature]
Signature of Applicant **O/Signalman**

Date **4th., April 1940**.....

Enclosed 1 Affidavit signed by Dr H Glendinning 387 Bloor St Toronto
1 Copy of Birth Certificate of Cyril Jasper, O/Sig RCNVR

Establishment, unit or station
..... **H.M.C.S. STADACONA**.....
Place **HALIFAX N.S.**.....

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

P8311

NATIONAL DEFENCE
MAY 25 1938
113-2116
CANADA

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full)..... Lawrence Cyril Jasper

Date and place of birth..... April 22 Toronto, Ont.
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence..... Toronto 176 Clinton St.

Nearest town to residence (if living in country).....

Are you a British subject?..... yes

Are you single, married or a widower?..... single

In what capacity do you wish to enrol?..... seaman
(See standards of qualifications in attached pamphlet)

Present occupation or trade..... none
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force?..... none

Have you ever served with such forces? Give dates and details..... no

.....

Have you ever been discharged from any of H. M. Forces as medically unfit?..... no

Have you ever offered to serve in any of H. M. Forces and been rejected?..... no

What is your weight?..... 147 lbs. What is your height?..... 5'7"

What is your chest measurement (not inflated)?..... 37"

Are you free from all physical defects or malformation, and not subject to fits?..... yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities?..... yes

I hereby declare that the above answers are true in every respect.

..... Lawrence C. Jasper Signature

..... April 19 Date

..... 176 Clinton St. Address

..... [Signature]
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be..... 18

Signed..... [Signature] Commanding Officer