

V686
NODWELL
JOSEPH

WINSL

CERTIFICATE of the SERVICE of

Joseph Winslow NODWELL

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax, N.S.</i>	R.C.N.V.R. Division <i>Saint John, N.B.</i>	Official Number <i>1686</i>
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Date of Birth <i>18/9/23</i>	Place of Birth <i>Saint John, N.B.</i>	Place of Residence <i>397 Herne Ave, Saint John, N.B.</i>	Trade brought up to <i>Rivet Buckler</i>	Religion <i>Church of England</i>	Can Swim:—P.P.T. <i>fair</i> Date <i>16th June</i> 19 <i>42</i> Signature <i>A. Perrone</i> Rank <i>S/Lt.</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>FATHER—</i> <i>WILLIAM PERCEVAL</i> <i>same address</i>
				P.S.T. <i>fair</i> Date <i>18 July</i> 19 <i>42</i> Signature <i>A. Perrone</i> Rank <i>S/Lt.</i>		

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>29/7/41</i>	<i>11/2/42</i>	<i>Hostil</i>	<i>Red Sun</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>8 1/4</i>	<i>35</i>	<i>151</i>	<i>Reddish Brown</i>	<i>Grey</i>	<i>Fair</i>	<i>red scar on left side of back</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

Official No. 1686.

MEDICAL HISTORY SHEET FOR MEN IN NAVAL SERVICE OF CANADA

When entered <u>11/2/42</u>	NAME Joseph Winslow NODWELL	Where Born <u>Saint John, N.B.</u>
When entered <u>Saint John, N.B.</u>		Previous Occupation <u>Rivet bucker</u>
Date of Birth <u>18/9/23</u>		
Age at entry <u>18 years 5 months</u>		

RATING	SHIP'S NAME	No. on Ship's Books	Date of Admission on Sick List	Date of Discharge from Sick List	No. of Days Sick	Weight- 151 DISEASE OR HURT	HOW DISPOSED OF	Surgeon of Ship's Initials	No. of Days in Hospital	If invalidated, where? and when?	Medical Officer of Hospital's Initials
O/SEA.	<i>H. M. S. Brunswick</i>		<i>1-5-42</i>	<i>1-5-42</i>		<i>Influenza</i>	<i>St. James St. Mil. Hosp.</i>			X-ray survey approved	
<i>O/Sea</i>	<i>St. James St. Mil. Hosp.</i>		<i>1-5-42</i>	<i>5-6-42</i>		<i>Poliomyelitis; Parotitis</i>	<i>3 days Sick Leave</i>		<i>36</i>	Smallpox Vaccine 16-3-42. Diph. Toxoid Completed 24-3-42.	
	<i>Capitol II</i>		<i>11-3-43</i>	<i>T.A.B.T</i>		<i>1cc completed</i>		X-RAY SURVEY SATISFACTORY		T.A.B.T. Completed 29-4-42.	
	<i>H.M.C.S. Capitan (Base)</i>		<i>Crossing presumed dead Signal N.S. 142 (R) C. in P.N.W.A. 14207 14-A-23</i>								
<i>14-4-43</i>	<i>Reported missing on active service (Morbididity Code # 2061)</i>										

MEMORANDUM FOR

P. 64

Mrs. Margaret Nodwell
 39 Thorne Avenue
 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-N-397 FD. 191

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

NODWELL, Joseph Winslow, Ord. Smn.

No. V. 686, 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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	William P. Nodwell	50	39 Shore Ave Saint John N.B.
4	Mother of the Deceased.....	Margaret J. Nodwell	45	39 Shore Ave. Saint John N.B.
5	Brothers of the Deceased	Full Blood	William James Nodwell 17 Murray Robert Nodwell 15	39 Shore Ave Saint John N.B.
		Half Blood		
6	Sisters of the Deceased	Full Blood	Gracie Nodwell 13 Margaret Joan Nodwell 11	39 Shore Ave Saint John N.B.
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Joseph Winslow Nodwell
9	Date of his birth	September 18 th 1924
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	St. John's N. B. 19 th of December 1923.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Saint John N. B.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) New Brunswick (b) (c) (d)
14	Nature of employment before enlistment.	Saint John Dry Dock.
15	State whether he owned the premises in which he lived and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Saint John N. B.

PARTICULARS OF ESTATE

17	Did he leave a Will?	No.
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.	
20	Amount of War Savings Certificates held by deceased.	\$65 ⁰⁰ ✓
21	Amount of Victory Loan Bonds held by deceased.	\$50 ⁰⁰ ✓
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.	Continental Insurance Co \$1,000 London Life Insurance \$1,000
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.	No.
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 Mother of the deceased.

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

Mrs. Margaret Rodwell {Signature of Informant
39 Thorne Avenue Address

CERTIFICATE

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

See above. Mrs. Margaret Rodwell {Name of Informant} is the Mother 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 August St. John this 24 day of August 1943

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

George Luthers

Qualification SALVATION ARMY OFFICER

Address 242 CITY RD. SAINT JOHN - N.B.

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

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the day of 19.....

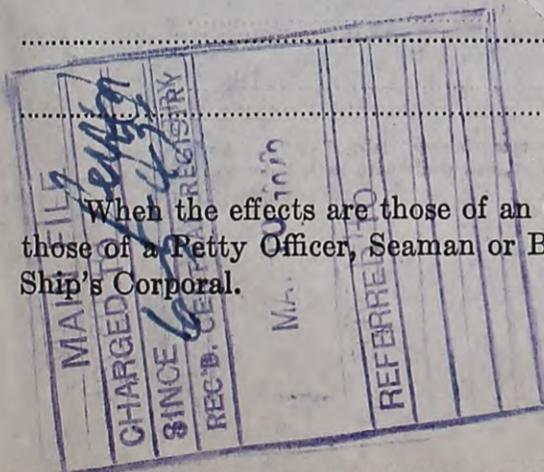
TO WHOM SOLD		PARTICULARS	Charged in Ledger	Paid for in Cash
No. Ship's Book in consecutive order	NAME <small>(If any are not sold, state how they are to be disposed of)</small>			
	Effects forwarded to Administrator of XXXXXX Estates Ottawa, Ont.			
	No will found amongst effects			
		Total proceeds of sale carried to account on the other side		

{ Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

..... Signature | Signature
..... Rank | Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.



94166

DEPT. NATIONAL DEFENSE
MAY -8 1943
H.Q. 113-N-394
CANADA

ACCOUNTS OF MEN DISCHARGED

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

Name... Joseph NODWELL Rating Ord. Seaman
Official No... V-686 H.M.C.S. "CAPTOR II" List 511/316
Who* D.D. (Missing-Presumed Dead) the P.M. 14th April 1943

Net sum due on ledger on account of Wages.....		\$	cts.
		57	57
Proceeds of sale of Effects charged against Wages, brought from the other side		-	-
CASH—			
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.	
	-	-	
Found amongst Effects.....	-	-	
Debts collected \$.....	-	-	
Cash debited in the Accountant Officer's Cash Acct.....		-	-
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words).....			
Name of ship from which transferred.....			
Total†.....		\$	57.57

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. "CAPTOR II" amounting to a net balance† Creditor of FIFTY-SEVEN - - - - - dollars ~~XXXXXX~~ FIFTY-SEVEN cents.

Dated on board H.M.C.S. "CAPTOR II" at Saint John, N.B. this Twenty Second day of April 19 43

Approved *[Signature]* Accountant Officer
Paymaster Lieut. Cdr. RCNVR.
[Signature] { Initials of the Assistant Accountant Officer
P.D. *[Signature]* Paymaster Lieut. RCNVR.
for CAPTAIN RCNR. Commanding Officer.

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

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

Six copies to be rendered to Naval Service Headquarters

2

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. **"CAPTOR II"** at **St. John, New Brunswick**

Name **NODWELL, Joseph Winslow**
(Christian names in full)

Rank of Rating **Ordinary Seaman** Official No. **V-686 R.C.N.V.R.**
(If unknown, date of first entry)

Place of Birth **St. John, N.B.** Date of Birth **18th September, 1923**

Occupation in Civil Life **Rivet Bucker** 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) **One year two months and three days**

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

Cause of Death **Accidental drowning due to the capsizing of H.D.C. 15**
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name **William Perceval NODWELL** Relationship **Father**
Address **39 Thorne Avenue, Saint 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.....

[Signature]
Commanding Officer,
CAPTAIN, R.C.N.V.R. 194.....
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.

No. H. 9113-N398FD 191

39 Shorne Ave
Saint John N.B.



Aug 31/43.

Dear Sir:

In reply to your letter, of Aug. 27th concerning Certificates, which I am forwarding to you, belonging to Joseph Winslow Woodwell O.P. (deceased). NO 686 R.C.N.V.R.

Now concerning the bond, he bought in whole in Halifax Training Unit. The Youth of Oct. 1942. & He had it all paid for, in the Youth of March 1943. Was taken out of his pay each month

Have not rec'd it as yet.
Went to see the pay-
master here at Captor
Base, & they informed me
that it would be forward-
ed to me, at the end of
three months, with the
rest of his pay. that was
coming to him.

Have not rec'd any
personal effects as yet.

Yours sincerely
Mrs. Margaret Nowell.

ESTATES BRANCH

August 27, 1943

Mrs. Margaret Nodwell
39 Thorne Avenue
St. John, N.B.

NODWELL, Joseph Winslow, O.D. (Deceased)
No. V.686, R.C.N.V.R.

Dear Mrs. Nodwell:

Receipt is gratefully acknowledged of completed Form P.64 by which it is noted that there are apparently some War Savings Certificates and a Victory Loan Bond. If these Certificates should be registered in the name of your late son, they should be forwarded to this Branch where they will be redeemed and credited to the Service estate herein and distributed in due course. The same applies to the Victory Loan Bond, but if either of these should be registered in anyone else's name, it will not be necessary for us to deal with them.

It is noted that your son left no Will and there is no record of any Will being on file at the Naval Service Headquarters. Accordingly, the Service estate will be distributed as an Intestacy for the Province of New Brunswick which provides that distribution be made equally to the father and mother.

If you should require a Certificate of Death in order to deal with the two insurance policies, you should write direct to the Secretary of the Naval Board, Naval Service Headquarters, Ottawa, who has authority to issue such Certificates. ✓

This Branch has received no information with regard to the personal effects herein, which are usually forwarded to this Branch where they are checked and passed on to the next of kin and if, by any chance, you have taken delivery of them I would like to be advised.

The finalized statement of pay and allowances has not yet been passed to this Branch, but as soon as particulars of same are received a further communication will be sent to you.

Yours faithfully,



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

HRW/JN



CANADA

Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-N-397
PERS. (N)

113-N-397

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>
NODWELL, Joseph Winslow Ordinary Seaman, Official No. V-636, R.C.N.V.R.	"Missing", presumed dead, to date the 14th of April, 1943, when the craft in which he was serving capsized in the main channel to Saint John Harbour, N.B.	Mother: Mrs. Margaret Nodwell, 39 Thorne Ave., SAINT JOHN, N.B.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Receiver General of Canada, Fourth Victory Loan, Ottawa, Ont.		\$8.41	L.D.

This \$81.41 allotment was stopped in Allot. (n) ledgers with last payment made April 30, 1943.

WILL: No record.

Yours truly,

for
SECRETARY, NAVAL BOARD.

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

W.L.M.
9/8/43

ESTATES
BRANCH
AUG 16 1943
H. O.
OTTAWA
NATIONAL DEFENCE

115-118117



Please make
out false
docket and
forward with
attached letter
to Administrator
of Estates.

11/8

La

NPR/5



0030758 DEPT. OF DEFENCE

Can. B. 207

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

72 18 1942
11322397

2

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined NODWELL Joseph Winslow
‡ candidate for entry as Ordinary Seaman R.C.N.V.R. (Temp)
and I believe him to be * (in all respects fit for His Majesty's Service.
~~unfit for His Majesty's Service for the reason stated below.~~) He has signed
the Certificate given below in my presence.
‡ Strike out if inapplicable. * Delete one.

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

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re-vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
18.5	151 lbs.	5.8½ ft. ins.	Good	inches (a) maximum 37½ (b) minimum 33½ (c) mean 35	right eye 6/6 left eye 6/6 *colour vision Ish N.	Childhood	Normal	Normal	Normal	Normal	Normal	Normal	Complete upper plates 7 defective Normal	Normal

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

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

App.

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

Joseph Nodwell

Signature of Candidate

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

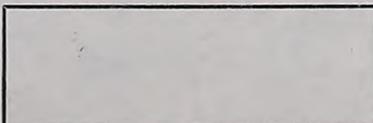
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of Dental Caries

* (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 Saint John, N.B. the 10th of February, 1942

T. Farmer

Examining Medical Officer

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

DECEASED 14 April 1943

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS
D.D.

NODWELL Joseph Winslow		V-686	Ord .Smn.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
C.V.S.M. Medal, War Medal.	353-19.10.49.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

R.C.N.V.R. Nov.43

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mr. William P. Nodwell - Father
39 Thorne Ave.,
ADDRESS: Saint John, N.B.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER Mrs. Margaret Nodwell

ADDRESS: 39 Thorne Avenue
SAINT JOHN, N.B.

MEMORIAL BAR

(1) DATE DESP

REGN. NO

577

(2)

(3) 18 August 1943

V686

OFFICIAL NUMBER

FILE NUMBER

113-N-397

OFFICIAL NUMBER V686

NAME NODWELL

(Surname)

Joseph Winslow

(Given Names)

DATE OF BIRTH 18th September, 1923.

PLACE OF BIRTH Saint John, New Brunswick

OCCUPATION Rivet Bucker

RELIGION Anglican

EDUCATION Grade VIII

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 39 Thorne Ave.

Town Saint John

Province, etc. New Brunswick

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
11	2	42	HO.	5'8 1/2"	Reddish -Brown	Grey	Fair	Old scar left side of back.				

NEXT OF KIN, RELATIONSHIP (in pencil) mother

NAME (in pencil) Mrs. Margaret Nodwell

ADDRESS (in pencil): Street and No. 39 Thorne Ave.

Town Saint John

Province, etc. New Brunswick

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	
				16	6	42	P.P.T. "Fair".				
				18	7	42	P.S.T. "Fair".				

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

FILM
NO. WAR 5177-6
DATE

SECOND CLASS FOR CONDUCT
From To

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

Ins. Book St John, N.B.

O.H.F. received



V686 OFFICIAL NUMBER

NAME NODWELL
(Surname)

Joseph Winslow
(Given Names)

P.I.B.
OFFICIAL NUMBER V686

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
H.M.C.S. "Brunswicker"	Ord. Smn.	11	2	42	St. John Div. Str.	V.G.	Sat.	31	12	42							
	" "	16	3	42	Active Service.	V.G.	Sat.	14	4	43							
Cornwallis	" "	10	6	42	T.L.												
Stadacona	" "	18	8	42	D.R.D.												
O.C.H.C.	" "	18	8	42	D.R.D.												
Caprot 11 (H.DC #15)	" "	27	12	42	D.R. #21.												
DISCHARGED	" "	14	4	43	Presumed Dead. <i>per DC.</i>												

GENERAL REMARKS

Hosp. 1-5-42 to 5-6-42.

Memorial Cross Awarded to:

MOTHER, Mrs Margaret NODWELL,
30 Thorne Ave.,
Saint John, N.B.

DATE OF BIRTH			PLACE	CIVIL OCCU.		RELIED	PERM.	RESIDENCE	PREV.	ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GRON.	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
18	9	23	15	900	0	301	5	11	01	02	0	08	95	
ENLISTMENT DATE			ACT. SERV. DATE	STR.	ACT. DATE	SHIP	CR.	RANK OR RATE						
DY.	MO.	YR.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK			
11	02	42	16	03	42			9550	0	08	95			
SENIORITY			STR.	NON-SUB.	ST.	CODED		CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.	95							
16	05	42	09	00	00	20	14-04-43							

Unemployment Insurance Card held- Yes
 Employer- Saint John Dry Dock
 Nearest Claims Office-80 Prince William Street, Saint John, N.B.
 N.V. 5

25M-9-40 (6793)
 N.S. 815-11-5



CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... Nodwell OFFICIAL NO. ✓686.
 CHRISTIAN NAMES..... Joseph Winslow MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS		RELIGION
39 Thorne Avenue, Saint John, N.B.		Church of England
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
18/9/23	Town Saint John County Saint John Province New Brunswick	Mother- Margaret Nodwell 39 Thorne Ave, Saint John, N.B.
*Original Nationality of: Father English Mother English		

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 37½	Reddish	Grey	Fair	Old scar left side of back
Inches..... 8½	Deflated..... 33½	Brown			
	Mean..... 35				
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
11/2/42	Ord. Snn ²	Rivet bucker			
R.C.N.V.R. Division (or other establishment) at which enrolled..... C. Brunswicker					

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) ~~I served in~~ ~~for the period shown, and attach my record of service, in corroboration of this statement.~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

(3) On being enrolled as a member of the C. Brunswicker Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

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

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

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

Dated this 11th day of February, 1942

Signature of applicant Joseph W. Nodwell

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 11th day of February, 1942

R.D. Munro, Lieut.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Joseph Winslow Nodwell 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 Jos. W. Nodwell

Witness Ralph D. Munro,

Date 11/2/42 Rank Lieut. R.C.N.V.R. (T)

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

(E) CERTIFICATE OF ATTESTING OFFICER

Joseph Winslow Nodwell 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 C. Brunswicker Division of the R.C.N.V.R. or in the appropriate official documents.

R.D. Munro, Lieut.
Attesting Officer.

11/2/42 194..... R.C.N.V.R. Division C. Brunswicker
(or other establishment)

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.

This is to acknowledge that I have not been induced to enter the Seaman Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Jos. W. Nodwell
Signature

LA/C

- Naval Service -

47

113 W-397 PERS. (N)

10 August, 1943.

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name .. **NODWELL** **Joseph Winslow**
(Surname) (Christian Names)

Rank/Rating .. **Ordinary Seaman**

Official No. **V-686, R.C.N.V.R.**
"Missing", presumed dead, when the craft in which he
Nature of Casualty **was serving capsized in the main channel to Saint**
John Harbour, N.B.

Date of Casualty **Presumed dead to date 14 April, 1943.**

Address at time of Enlistment **39 Thorne Ave.,**
Saint John, N.B.

Marital Status at time of Enlistment **Single**

Occupation **Rivet Bucker**

Name & Address of Next of Kin **Mother, Mrs. Margaret Nodwell,**
39 Thorne Ave., Saint John, N.B.

Yours truly,

LETTER dispatched by
PERSONNEL NAVAL
AUG 11 1943
SECRETARY, NAVAL BOARD.

for
SECRETARY, NAVAL BOARD.

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ont.

Royal & Canadian messages
fwd. 10-8-43. **C**
N.P.R./5.

6 August, 1943.

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 to have 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.

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.

43

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 Nodwell,
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.

LA *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.

CONDUCT SHEET

NAME Joseph Winslow Godwell RATING Ord. Seaman { PORT DIVISION AND OFFICIAL NUMBER V 686

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)				
<u>Brunsvicker</u>	<u>16 Mar 42</u>		<u>11 Feb 42</u>	<u>1st</u>	<u>1st</u>	<u>16 Feb 42</u>	<u>9 June 42</u>		<u>NY (NQ)</u>	<u>NO</u>	<u>Cornwallis</u>				
<u>Cornwallis</u>	<u>10 June 42</u>		<u>"</u>	<u>"</u>	<u>"</u>	<u>10 June 42</u>	<u>17 Aug 42</u>	<u>V.G.</u>	<u>Sat</u>	<u>NY (NA)</u>	<u>No</u>	<u>Stadacona</u>			
<u>Stadacona</u>	<u>1 Pang 42</u>		<u>"</u>	<u>"</u>	<u>"</u>	<u>1 Pang 42</u>	<u>1 Pang 42</u>	<u>V.G.</u>	<u>Sat</u>	<u>NY (19)</u>	<u>—</u>	<u>Stadacona</u> <u>(O.C.N.C.)</u>			
<u>Stadacona</u>	<u>18 Aug 42</u>		<u>"</u>	<u>"</u>	<u>"</u>	<u>18 Aug 42</u>	<u>19 Dec 42</u>	<u>V.G.</u>	<u>Sat</u>	<u>NY (NQ)</u>	<u>—</u>	<u>Protecta</u> <u>(H90 #15)</u>			

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.As, E.As, O.As, C.P.Os, P.Os 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".

COPY

CERTIFICATE of the SERVICE of

Joseph Winslow Rodwell

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Halifax, N.S.</i>	<i>Saint John, N.B.</i>	<i>V686</i>
		"
		"

Date of Birth	<i>18/9/23</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<i>Saint John, N.B.</i>	
Place of Residence	<i>39 Home Ave - Saint John, N.B.</i>	
Trade brought up to	<i>Rivet Bucker</i>	
Religion	<i>Church of England</i>	
Can Swim:—P.P.T.	<i>Yes</i> Date <i>16th June</i> 19 <i>42</i> Signature	Rank
P.S.T.	<i>Yes</i> Date <i>18 July</i> 19 <i>42</i> Signature	Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>29/7/41</i>	<i>11/2/42</i>	<i>Hotel Reddon</i>				

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>8 1/4</i>	<i>35</i>	<i>151</i>	<i>Reddish Brown</i>	<i>Grey</i>	<i>Fair</i>	<i>old scar on left side of back</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

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally { Accelerated Advancement..... For Able Seaman (if G.C. III)..... Educational Test I.....			
Rated Ordinary Seaman.....			

SEAMANSHIP	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours								30 30				
	%									83	15/8/42		Sub-Lt. C. MacPhee H. M. C. S. "Cornwallis"
	%												
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours												
	%	60	70		65	65				65	7/6/42		Sub-Lt. C. MacPhee H. M. C. S. "Cornwallis"
	%												
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes			TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship	
	Hours												
	%												
	%												

* In the event of failure to pass any examination, the percentage is to be noted in RED, and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks	Recommendation for non-sub. rate†

Ordinary Seaman (Special Service).

Qualified for advancement to Able Seaman (S.S.)

on.....Date.....

.....Commodore

.....Depot.....Date.....

Rated Able Seaman and Recommendations inserted on History Sheet

H.M.C.S.....

.....Date

.....Captain.

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME <i>NODWELL, Joseph Winslow</i>	OFFICIAL No. <i>V686</i>	Date of Birth <i>18 Sept. 1942.</i>
--	-----------------------------	--

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....			
Seamanship— Boat work:			
(a) Pulling.....			
(b) Sailing.....			
Gunnery and Disciplinary Training.....			
Shooting.....			
Swimming—P. P. T.		Date qualified.....	
Physical and Recreational Training.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks			
e.g., C. W. Candidate.....			
.....			
.....			
.....			
.....			

On joining:— Weight..... Height..... Date.....

On leaving:— Weight..... Height..... Date.....

* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.C.S. "*Cornwallis*". Date *15 Aug. 42*. Sub. *H. Mac* Captain. *D.O.*

criticizing is average. He adapts himself quite readily to seamanship and has done some sailing while under training here.

I. Q. $\frac{88}{200}$

H.M.C.S. "Carnwallis".....

Sub-Lt. C. MacPhee,.....

Officer of Division.

Date 15/8/42.....

H.M.C.S.....

.....

Officer of Division.

Date.....

H.M.C.S.....

.....

Officer of Division.

Date.....

H.M.C.S.....

.....

Officer of Division.

Date.....

H.M.C.S.....

.....

Officer of Division.

Date.....

To: Stand for Disposal 17-8-42

Name NODWELL, Joseph Winslow
Sub-Rating and Seniority Ord. Inn 11/2/42 Non-Sub
O.N. V686 S.B. No. W.B. No.
Joined Ship 19/6/42 from Berkeley
Engagement: Period 11th. Feb. 1942 Expires
Date of Birth 18th. Sept. 1923 Religion Church of England
Character V.C. Efficiency Sal Date 13/8/42
Badges Nil Class for Conduct 1st Class for Leave 1st

Date due for: Next Badge
Progressive Pay Ord. Inn - over six months 16/9/42
L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1	<u>Yes</u>		
Higher Educ. Test.			
Professional or higher Sub-rating			
do Non-Sub.			

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments

Swimming Qualification Yes - able to swim P.P.T. (Fair) P.S.T. (Fair)
Athletic capabilities Hockey, Baseball, Basketball P.T. (Fair)

General Remarks (including intelligence, energy, initiative, powers of command).

Average in all respects

H.M.C.S. " BRUNSWICKER "

[Signature]
Officer of Division.

Date May 9 1942

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -
Ottawa, Canada.

17

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

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>NODWELL, Joseph Winslow</u>	<u>Ordinary Seaman,</u>	<u>V-686, R.C.N.V.R.</u>

DATE OF ENLISTMENT - 11 February, 1942. Active Service: 16 March, 1942.

DATE OF DISCHARGE - _____

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

SERVICE - Will be forwarded later.
(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 serv
when and where any disability ing capsized in the main channel at the en-
was incurred, or where death occurred.

trance to Saint John Harbour, N.B. on 14 April, 1943. While this rating
is missing, it is impossible to make an estimate as to his chances of sur-
vival. 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 Mother NAME Mrs. Margaret Nodwell,

ADDRESS 39 Thorne Ave., Saint 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.

Copy Form "B" forwarded to Allots. (N) on 15/4

N.P.R./5.

H.B. Money
for
SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 4038 Daly Building, OTTAWA, Ont.

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

NOTE: Duplicate copies of this Form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions.)

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.

Unemployment Insurance Card
 Employer Saint John Dry Dock
 Head Office 80 Prince of Wales Street

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



CANADA
ATTESTATION FORM
 (HOSTILITIES FORM)

18 1942
 11322-397
 0030751

4

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Hodwell OFFICIAL NO. V 656
 CHRISTIAN NAMES Joseph Dunilow MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 397 Home Ave RELIGION Anglican
Saint John N.B.

DATE OF BIRTH Sept 18/23 PLACE OF BIRTH Town Saint John NAME AND ADDRESS OF NEXT OF KIN Mother
 County Saint John Mrs Margaret Hodwell
 Province N.B. 397 Home Ave
Saint John N.B.

*Original Nationality of:
 Father English
 Mother English

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

(A) **PERSONAL DESCRIPTION ON ENROLMENT**

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>37 1/2</u>	<u>Reddish</u>	<u>Grey</u>	<u>Fair</u>	<u>Old Scar left side of back.</u>
Inches <u>8 1/4</u>	Deflated <u>33 1/2</u>	<u>Brown</u>			
	Mean <u>35</u>				

EDUCATIONAL STANDARDS ENTERED IN PAY LEDGERS TRADE OR CALLING AND IN WHOSE EMPLOY
Grade VIII H. M. C. S. "BYTOWN" Rivet Bucker

DATE OF ENROLMENT Feb 11/42 RATING FOR WHICH ENROLLED Ord Seaman R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED HMCS Brunswick

(B) **DECLARATION TO BE MADE BY APPLICANT**

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) I served in for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
	<u>Ord Seaman</u>		

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

Personnel Records Division

1. Noted in Records
 2. Index Card
 3. Statistical Card
 4. Statistical Card
 5. Pension Card
 6. Pension Card
 7.
 8.
 DATE 24/2/42

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

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

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

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

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

Dated this 11th day of February 1942

Signature of applicant Joseph W. Goddwell

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 11th day of February 1942

R.D. Munro Lieut
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Joseph Winslow Goddwell 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 Joseph W. Goddwell

Witness R.D. Munro Lieut

Date 11/2/42 Rank RCNR

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

(E) CERTIFICATE OF ATTESTING OFFICER

Joseph W. Goddwell 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 HMCS Brunswick Division of the R.C.N.V.R. or in the appropriate official documents.

R.D. Munro Lieut
Attesting Officer.

11/2/42 194..... R.C.N.V.R. Division (or other establishment) HMCS Brunswick

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.

This is to acknowledge that I have not been induced to enter the Seaman Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Joseph W. Goddwell
Signature

0030752

NATIONAL DEFENSE
18 1942
NS 113 72 397 3

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

- 1. (a) Print name in full..... (b) Reg'l. No. V 686
- 2. (a) Arm of service..... (b) Unit..... (c) Rank.....
- 3. (a) Date of birth..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment.....
- 4. (a) Place of enlistment..... (b) Date of enlistment.....

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school..... (b) Were you attending school or college up to the time of enlistment?.....
- 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.).....
- 7. If you attended a university, give name of university and standing or degree secured.....
- 8. (a) Did you ever enter upon a trade apprenticeship?..... (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
- 9. (a) What languages do you speak fluently?..... (b) What languages do you read well?.....

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)..... (b) At time of enlistment of what trade union or professional society were you a member?.....

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

- 11. Had you ever been employed fairly regularly since leaving school?.....
- 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
- 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....
- 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
- 15. Give details of last employer, if any: Name..... Address.....
- 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
- 17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

- 18. Name of employer..... 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.....194..... SIGNATURE.....

Copy To
VWD
ES

FEB 24 1942