

A4589
SLAUNWHITE

HARRY

MELVIN

MAY 20 1941

N.S. 123.00

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

PLEASE LEAVE BLANK

- 1. (a) Print name in full HARRY MELVIN SLAUNWHITE (b) Reg'l. No. _____
- 2. (a) Arm of service Army (b) Unit 205th (c) Rank Private
- 3. (a) Date of birth 8/11/07 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Halifax N.S.
- 4. (a) Place of enlistment Halifax N.S. (b) Date of enlistment 12/3/41

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 16 years (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.) junior public school
- 7. If you attended a university, give name of university and standing or degree secured —
- 8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Barber (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? 14 years
- 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? F.M.R.A.

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? Halifax N.S.
- 23. (a) Number of years engaged in this business 14 years (b) Have you made, or will you make plans to return to the same or a similar business on discharge? Yes

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 Barber

DATE 14th May 1941

SIGNATURE Harry M. Slaunwhite



TO
VWD
ES

Copy To
VWD
ES

MAY 28 1941

MEMORANDUM FOR

P. 64

Mrs. Rita M. Slaunwhite,
32 Market Street,
Halifax, N.S.

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

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

and the following number quoted:—
H.O.123-S-368 FD.137

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 10, 1942. 194

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

SLAUNWHITE, Harry M. S-Smn.

No. O.N. A.4589, R.C.N.R.

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



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

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Rita M. Slaunwhite	32	32 Market St. Halifax
2	Children of the Deceased and dates of their Births.....	Harry E. Slaunwhite, Nov 27	10	"
		Shirley ^{M.} Slaunwhite, Feb. 14	8	"
3	Father of the Deceased.....	Robert	74	137 Argyle St Halifax
4	Mother of the Deceased.....	Annabella	72	137 Argyle St
5	Brothers of the Deceased	Ellsworth	38	Starr St., Halifax
6	Sisters of the Deceased	Hattie Irene Slaunwhite	47	Water St., Halifax
		Stella T. Conway	35	Brunswick St., "
		Lillian Bella Stewart	26	
	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	
7	George M.	Violet, 13 yrs.	Market St., Halifax	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Harry Melvin Slaunwhite
11	Give the month and year of his birth.	Nov. 8, 1908.
12	Where and when were his parents married?	Upper Prospect
13	Was he ever married? If so, state exact place and date of marriage.	Halifax, May 18/31 St. Mary Church.
14	Did he leave a (later) Will? If so, it should be forwarded.	No.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No.

PARTICULARS OF DOMICILE

16	Where was deceased born?	Terrence Bay, N.S.
17	In what Province, Country or State did he reside, and in which last?	Nova Scotia
18	How long in each?	Life.
19	What was the nature of his employment?	?
20	Did he own the house or homestead in which he lived? If so, where?	No.
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No
22	State <u>your</u> postal address in full.	32 Market St., Halifax, N.S.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	—
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	—

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

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

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

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

* widow of the deceased.

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

Mrs. Rita M. Slawwhite

{Signature of Informant

CERTIFICATE

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

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

Dated at Halifax this 16 day of October 19 42

Signature of Clergyman, Priest or Magistrate } A. B. Levernau Qualification..... Priest

Address..... St. Mary's Glebe, Halifax, N.S.

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

P 57594

N. R. 5

80M-7-40 (5932)
N.S. 815-12-5

DEPT. OF
NATIONAL DEFENCE

MAY 17 1941

N.S. 1232-368
CANADA



ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME SLAUNWHITE OFFICIAL No. A4589

CHRISTIAN NAMES Harry Melvin MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS	RELIGION
32 Market St., Halifax, N. S.	R.C.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
8th Nov. 1907.	Town Terrence Bay, County Halifax, N. S. Province	Mrs. Rita Slaunwhite, (Wife) 32 Market St., Halifax, N. S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u> Inches <u>1 1/2</u> <u>110</u>	Inflated <u>35</u> Deflated <u>33</u> Mean <u>34</u>	Brown	Blue	Fair	34 Tattoes: 17 on each arm
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
12th May, 1941.	A. B. (Temp)	Aboard Seaman			

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) That it is my intention to follow the sea for a period of at least five years from this date.
- (b) ~~That it is my intention to follow the calling of a Fireman either at sea or on shore for a period of five years from this date.~~
- (c) ~~That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.~~

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

PERSONNEL RECORDS Division.	
1. Noted in Records
2. Index Card
3. Non-Su. Card
4. Stat. Seal Card
5. Photo Strip
6. Pension Card
7.
8.
DATE	22/5/41

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

*Cross out clause not applicable.

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

(b)* I served in for the period shown.

Served in	Rank	From	To
	N I L		

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

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

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

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

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

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

Dated this 12th day of May, 1941.

Harry M. Slaunwhite (Signature of Applicant)

(C) OATH OF ALLEGIANCE

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

Signature of Applicant Harry M. Slaunwhite

Witness H.P. Connor

Date 12th May, 1941. Rank Lieutenant, R.C.N.V.R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

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

allegiance in my presence this 12th day of May, 1941.

H.P. Connor (Signature of Officer and rank)

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

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



ORIGINAL

P 57595

Can. B. 207

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

MAY 17 1941
N.S. 113-2368
CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined SKAUN WHITE, Harry Melman
candidate for entry as AB REAR
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.

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. / ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
33 years 6 months	110	5.1 1/2	Slight	35 (a) maximum 33 (b) minimum 34 (c) mean	right eye 6/6 left eye 6/6 colour vision 2.0	1 - head	Normal *X-Ray app.	Normal	Normal	Normal	Normal	Normal	Deficient 2.00 Defective 2.00 2 front	Normal

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

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Harry M. Skauwhite

Signature of Candidate

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

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Halifax, N.S. the 10 of May 19 41.

W. H. Mackay
Examining Medical Officer

(Rank) SURGEON LIEUT.

DURATION R.C.N.R. OF HOSTILITIES.

~~This Copy of the~~
CERTIFICATE of the Service of
Harry Melvin SLAUNWHITE
in the Naval Service of Canada

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

PORT DIVISION HALIFAX OFFICIAL NUMBER A 4589

Date of birth 8 November 1907

Where born { Town Terrence Bay,
County and province Halifax Co., N.S.

Usual place of residence 32 Market St., Halifax, N.S.

Trade brought up to Able Seaman

Religious denomination Roman Catholic.

Next of kin Wife: Rita Slaunwhite, same address

Can swim 30/10/41

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

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
12 May	1941	Dur. Host.		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy.....						
On advancement to man's rating, or on entry under 28 years.....	5	11 1/2	Fair	Brown	Blue	34 Tattooes: 17 on each arm.
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....						
Further description if necessary.....						

123-S-368

31

6th November, 1942.

THIS IS TO CERTIFY that according to official information Harry Melvin Slaunwhite, Able Seaman, Official Number A-4589, Royal Canadian Naval Reserve, is missing, believed killed in action to date the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA" which has been reported lost.

La

SECRETARY, NAVAL BOARD.

La

HB

VERIFICATION FORM

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

.....RANK/RATING *A.B.*OFF.NO. *A. 4589*ADDRESS

YS	AREA	QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
									1939-45	✓	<i>None</i>
									ATLANTIC	✓	<i>None</i>
	<i>all</i>								FRANCE G.		
									AFRICA		
									PACIFIC		
									BURMA		
									ITALY		
									DEFENCE		
									C.V.S.M.	2	<i>Clasp</i>
									" CLASP		
									WAR 1945	✓	<i>Medal</i>
									WAR 1915		

VERIFIED BY *[Signature]*

RCNR April 43 "OTTAWA"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. R.M. Slaunwhite - Widow

ADDRESS: 32 Market Street,
Halifax, N.S.

MEMORIAL BAR

(1)
DATE DESP.....

REGN. NO. 1027

(2) MEMORIAL CROSS
WIDOW

Mrs. Rita M. Slaunwhite

ADDRESS: 32 Market St., Halifax, N.S.

(2)

9-11-42

(3) MEMORIAL CROSS
MOTHER

Mrs. Bella Slaunwhite

ADDRESS: 137 Argyle St., Halifax, N.S.

(3)

?

D OF D 13-9-42

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D. WAR SERVICE RECORDS

SLAUNWHITE	Harry Melvin	A-4589	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	3694
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name _____ No: _____

Surname SLAUNWHITE Christian Names Harry H. A-4589

Rank H.S. Unit R.N.C.S. "Ottawa" Date of Death 13-9-42

AMOUNT

L. P. C. \$ _____

Other Credits 74.44

Total 74.44

Date March 18, 1943.

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Wife	<p>Mrs. Rita H. Slaunwhite, 32 Market St., Halifax, N.S.</p> <p>(1/3 as next of kin entitled) (2/3 for benefit of 2 minors)</p>	74.44

AUTHORITY							
NO F.E. No.	DIV	EST	VOTE	PRI	DA OR HO SUB	OBJ	AMOUNT
9999			831	00	50	000	74 44
CLASSIFIED BY <i>[Signature]</i>						EXAMINED BY <i>[Signature]</i>	74 44
						FOR TREASURY OFFICER	TOTAL

Distribution approved and authorized.

AUDITED FOR PAYMENT

[Signature]
 (L.M. Firth) Lt.-Col.,
 Administrator of Estates.

[Signature]
 for Chief Treasury Officer

123-5-368

ACCOUNTS OF MEN DISCHARGED

F290378

42

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 Slaunwhite, Harry Rating A.B.
Official No. XX A-4589 H.M.C.S. "OTTAWA" List 5/2/432
Who* Discharged Dead on the 13th September 1942

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>Eighty-nine dollars</u> charged to <u>30 Sep.</u>		
Name of ship from which transferred..... <u>Ottawa</u>		
Total †..... <u>Creditor</u>	74	44

Handwritten notes:
Total
Avalon
NA(6)
2-7-42

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. "OTTAWA" amounting to a net balance †..... Creditor of Seventy four dollars forty four cents.

Dated on board H.M.C.S. "AVALON" at St. John's Newfoundland this Thirteenth day of November 19 42

Approved [Signature] Accountant Officer
A/ Pay. Lieutenant R.C.N.V.R.
[Signature] { Initials of the Assistant Accountant Officer
Lieut. Commander, R.C.N. PAY. LIEUTENANT R.C.N.V.R. 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.

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>			
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.

Six copies to be rendered to Naval Service Headquarters
REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

123-8-368
43

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

Name (Cristian names in full) Harry Melvin SLAUBWHITE
Rank or Rating Able Seaman Official Number 44989
(If unknown, date of first entry)
Place of birth Torrence Bay N.S. Date of birth 6th November 1907
Occupation in Civil Life Able Seaman Religion Roman Catholic
Number of years service in the Navy (Long Service R.C.N. or mobilized
service in the case of R.C.N. (Temp) Reserve ratings)
One year and one hundred and twenty-five days (Active Service)

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

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

Nearest known relative of friend Name Rita Relationship Wife
Address 32 Market Street, HALIFAX, N.S.

Date on which the above was informed by ship Not known

Date on which death was registered with local Officials Not known

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

Place of Burial No burial Date of Burial
(If known) (If known)

Location, Number etc. of Grave
(If known)

Underraker employed
(If any)

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

S. Davis
Lieutenant Commander R.C.N.
COMMANDING OFFICER

12th October 1942

The Secretary
Naval Board, Ottawa, Canada

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

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

C.N.S. 1121

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

2nd October, 1942.

(Date)

73

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>SLAUNWHITE, Harry Melvin</u>	<u>Able Seaman,</u>	<u>A-4589, R.C.N.R.</u>
<u>DATE OF ENLISTMENT</u> -	<u>12th May, 1941.</u>	
<u>DATE OF DISCHARGE</u> -	<u>13th September, 1942.</u>	
<u>HOSPITAL</u> -	<u>(If discharged in hospital under jurisdiction of D.P. & N.H.)</u>	
<u>SERVICE</u> -	<u>"Canada & High Seas."</u>	
	<u>(Indicate whether in Canada only; or in Canada and on high seas or elsewhere).</u>	

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

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Wife, NAME Mrs. Rita M. Slaunwhite,
ADDRESS 32 Market Street, HALIFAX, N.S.

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

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT
\$ 89.00 PAID TO Mrs. Rita M. Slaunwhite
MARRIAGE ALLOWANCE AT \$ 1.95. PER DIEM PAID TO Still in force.
DEPENDENTS ALLOWANCE AT \$ Nil. PAID TO Nil
TOTAL MONTHLY PAYMENT TO - WIFE \$ 89.00

Computed by J.H.
Checked by OR

DEPENDENTS \$ Nil.

R. Slaunwhite
SECRETARY,
NAVAL BOARD.

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

(See reverse side for further instructions.)

DC

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

DECEASED
 MEMBER'S
 NAME

Harry Melvin
 (CHRISTIAN NAMES)

SLAUNWHITE
 (SURNAME)

REGISTER NO.

10979

FILE NO.

NSA 45

DATE

13 July

SERVICE NO.

A-4589

FINAL RANK OR RATING

A.B.

PAYEE
 ADDRESS

Mrs. Rita Marie Slaunwhite,
 32 Market St.,
 Halifax, N.S.

DATE OF TERMINATION OF OVERSEAS SERVICE

13 Sep '42

DATE OF DISCHARGE

13 Sep '42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 490 EQUAL TO 16 COMPLETE PERIODS AT \$7.50

\$ 120.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 394 LESS 10 INELIGIBLE DAYS, EQUAL TO 384 DAYS @ 25C. PER DAY

\$ 96.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$ 1.95

TOTAL \$ 5.38 X7 = \$ 37.66
 NO. OF DAYS 394 X \$ 37.66

183

\$ 81.08

D. WAR SERVICE GRATUITY

\$ 297.08

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

\$ 297.08

G. YOUR PORTION OF GRATUITY IS—

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

\$ 297.08

Cheque 43668 - July 24/45

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

PREPARED BY		CHECKED BY		TREASURY	
				CHECKED BY	DATE
IM		[Signature]		J Stock	17/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

10979

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

Name of Deceased Member Harry Melvin SLAUNWHITE Rank or Rating A-B O.No. A4589
(wife)

1. Dependents' Allowance and Assigned Pay in force at date of death:
M.A. 1.95
D.A. 89.00
A.P. —
D.A. —
A.P. —
Mrs Rita M. SLAUNWHITE
32 Market Street
Halifax, N.S.

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

3. War Service Gratuity Application(s) received from: Mrs Rita M. SLAUNWHITE
32 Market Street
Halifax, N.S.
(wife)

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

(X) To be paid to: Mrs Rita M. SLAUNWHITE - wife
- and -
In the full proportion of: /

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 10 July 45

Ronald J. Thorne, C.P.O. WTR.
for D.N.P.A. (G) DNJ.

W.S.G. Application No. 10979

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

FILE NO. N.S. A-4589

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>SLAUNWHITE</u>	<u>HARRY MELVIN</u>	<u>A-4589</u>	<u>A.B.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (1942 OTTAWA)

APPLICANT'S WIFE — A.P. \$67.00
Receiving pension — D.A.

	<u>TOTAL SERVICE</u>		
Date of Active Service	<u>12 MAY 41</u>	365	
		20	
Date of Discharge	<u>13 SEPT 42</u>	30	
		31	
Total No. of Days	<u>490</u>	31	
		13	
# Less non qualifying service	<u>Nil</u>	<u>490</u>	Total Days <u>490</u>

	<u>OVERSEAS SERVICE</u>		
% Total No. of Days	<u>39.7</u>		
# Less non qualifying service	<u>Nil</u>		Total Days <u>39.7</u>

Record of Service in other Forces (per Naval Records)

Branch of Service _____

Date of Active Service _____

Date of Discharge _____

& % Overleaf _____

Computed By J. B. Money

Checked By J. B. Money

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

DATE: JUN 28 1945

00F
Pension

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
"	_____	"	_____
"	_____	"	_____
"	_____	"	_____
"	_____	"	_____
"	_____	"	_____
"	_____	"	_____
			Total days

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
OTTAWA	16 AUG 41	12 SEPT 42	394
			365
			16
			13
			<u>394</u>



STATEMENT OF ACCOUNT

Extract from the ledger of H.M.C.S. "OTTAWA" ending 30 Sep. 1942

List 5/2 No. 432 (Name) SLAUNWHITE, Harry Rank Rating A.B. No. A/4589

When entered F.B. Date of appearance Whither discharged D.D. 13 Sep. 42

		\$	c.
CREDIT from former account			.09
Pay as	A.B. from 1 July to 30 Sep. (92 days at \$ 1.85 a day)	170.20	
"	M.A. " " " (92 " 1.95 ")	179.40	
"	H.L.M. " " 13 Sep. (75 " .13 ")	13.80	
"	" " " (" " ")	9.75	
"	" " " (" " ")		
Kit Upkeep Allowance 10.00 July Aug and Sep.		10.00	
OTHER CREDITS:			
Total credits		369.44	

DEBT from former account								
PAYMENTS:—	1st	2nd	3rd	4th	5th	Total		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
1st month								
2nd month	28.00						28.00	
3rd month								
Allotment 89.00 Chd. July Aug Sep							8	267.00
Pension deduction (Officers) charged to _____ of _____								
Hospital stoppages								
Mulcts								
OTHER CHARGES:								
<i>Noted. (ed) D.M.P.A. - dm 5/17/45</i>								
Total debits							295.00	
Balance Cr. or Dr.							74.44	
(Balance Dr. to be shown in red)								

Number of days actually victualled during period mentioned above 75

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date 13/11/42 19 _____ ACCOUNTANT OFFICER *L. Wright*

Can. 2041
25M-4-40 (4789)
N.S. 815-9-2041

A.....53.....

NATIONAL ID 58624

MAY 22 1941

N.S. 123 8368
CANADA Number 6

ORIGINAL

APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA SEC. 3 DIV. 1 5-2-2325	Surname.....SLAUNWHITE Christian Names.....HARRY M.	A.B. R.C.N.R.	N.K. NEW ENTRY A4589	\$1.85

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname.....SLAUNWHITE Christian Names..... HARRY M. RIT A MARIE	32 MARKET ST., HALIFAX, N.S.

CHILD OR CHILDREN

Name	Sex	Date of Birth	Attains majority
(1) SHIRLEY MARIE	FEMALE	14 FEB. 1935	14 FEB. 1952 ✓
(2) HARRY EARLE	MALE	27 NOV. 1932	27 NOV. 1949 ✓
(3) [Redacted]	[Redacted]	[Redacted]	[Redacted]
(4) [Redacted]	[Redacted]	[Redacted]	[Redacted]

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

Signed in the presence of:

K. D. DeLittle
WRITER, RCNVR. ✓

Signature *Harry M. Slaunwhite*
Rank or Rating ABLE SEAMAN ✓

M.A. & B. Certs
fwd 17/7/41

Marriage Allowance in force per diem.....NIL ✓

Marriage Allowance claimed per diem.....1.25 OR

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

**SPECIAL STADACONA CASH ACCT.
FOR MAY IN ORDER TO QUALIFY
FOR M.A.**

A/CAPTAIN R.C.N.

Commanding Officer

This amount per day has been credited from.....13 MAY OR.....19 41

at List 5-2 No. 2325 Ledger ending 30 JUNE

Allotment of \$ 67.00 OR in force from the month of JUNE

Ledgers P-B.L. J. Gump

PAY. SUB. LIEUT. RCNVR
H. M. C. S. STADACONA

THE NAVAL SECRETARY,
Department of National Defence,
Ottawa.

Forwarded

Personnel Record	1941
Division	
1. Noted in Records	✓
2. Index Card	✓
3. Non-Sub. Card	✓
4. Status Card	✓
5. Roneo Strip	✓
6. Pension Card	✓
7. [Redacted]	✓
8. [Redacted]	✓

DATE 11/6/41 JW

DATED 19 May 41
 AMOUNT \$19.41
 CHEQUE MAILED 21 May 41

A. 335
ORIGINAL

P 58625
DEPT NATIONAL DEFENCE
MAY 22 1941
N.S. 123 368
CANADA
H.Q. File No.

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA SEC. 3 DIV. 1 5-2/2325	#17024 Surname SLAUNWHITE Christian Names } HARRY M.	A. B. RCNR	N. K. NEW ENTRY A4589	\$1.85 \$1.25

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname... SLAUNWHITE Christian Names } RITA MARIE	WIFE	32 MARKET ST., HALIFAX, N. S.	\$67.00	NEW JUNE

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

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	Initials
	N I L		

Allotment Declarations

Ent'd. on Index Card

Ent'd. on Allotment Ledgers

29/5/41

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

Allotor's Signature authorizing charges *Harry M. Slaunwhite*
ABLE SEAMAN Rank or Rating

ENTERED IN FAIR LEDGER <i>[Signature]</i>	ENTERED IN ROUGH LEDGER <i>R. I.</i>
--	---

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

Assigned Pay to Wives	Object No. 111	\$ 27.75
Assigned Pay to other Dependents	113	
Marriage Allowance	116	\$ 38.75
Dependents Allowance	119	
Other Allotments	122	\$ 50.00
Total		\$ 67.00

A. Wright
for Accountant Officer
PAY. SUB. LIEUT., RCNVR
H.M.C.S. STADACONA

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

Forwarded *19 May 41*

ARREARS OF MARRIAGE ALLOWANCE PAID
 BY CHECK NUMBER 14360
 TO *4/3/00*
 CHEQUE MAILED

A 4589

OFFICIAL NUMBER

NAME SLAUNWHITE
(Surname)

Harry Melvin
(Given Names)

OFFICIAL NUMBER

A 4589

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. "Stadacona"	A.B.	12	5	41													
H.M.C.S. Ottawa	"	16	8	41	Hosp. 26-10-41 to 5-11-41												
H.M.C.S. "Avalon 11"	"	5	11	41													
H.M.C.S. "Ottawa"	"	10	11	41	from hosp.	V.G.	Sat.	31	12	41							
DISCHARGED	"	13	9	42	"Missing, believed killed in action" (Ottawa Casualty List)	V.G.	Sat.	13	9	42							
GENERAL REMARKS																	
Canadian Memorial Cross forwarded to Wife: Mrs. Rita M. Slaunwhite, 32 Market St., Halifax, N.S. 9-11-42																	
Canadian Memorial Cross forwarded to Mother: Mrs. Bella Slaunwhite, 137 Argyle St., Halifax, N.S. 5-1-43																	

DATE OF BIRTH	PLACE	CIVIL	SECURITY	POSTAL	RESIDENCE	PROVINCIAL	ON	PROVINCIAL
DAY MO YR	BIRTH	MAIN	SUB	NO.	TOWN	NO.	A	SR
08 07 14	754	0	10	488	02	0	19	0894
ENLIST. DATE	ACT. SER.	DATE	NO.	NO.	NO.	NO.	NO.	NO.
DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR
12 05 41	12 05 41	12 05 41	12 05 41	12 05 41	12 05 41	12 05 41	12 05 41	12 05 41
SENIORITY	NO.	NO.	NO.	NO.	NO.	NO.	NO.	NO.
DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR	DAY MO YR
12 05 41	09	20	13	09	42	ms/m	HK	

A 4589

OFFICIAL NUMBER

FILE NUMBER

123-S-568

OFFICIAL NUMBER

A 4589

NAME SLAUNWHITE

(Surname)

Harry Melvin

(Given Names)

DATE OF BIRTH 8 November, 1907

PLACE OF BIRTH Terrence Bay, Halifax Co., N.S.

OCCUPATION Able Seaman

RELIGION Roman Catholic

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

32 Market St.

Town Halifax,

Province, etc N.S.

ENGAGEMENTS			DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								From	To
12	5	41	5' 1 1/8"	brown	blue	fair	34 tattoos: 17 on each arm.				

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

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		

FILM
NO. *NSR 4618-1-*
DATE

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

SECOND CLASS FOR CONDUCT	
From	To

W.S.G.
APPLICATION
RECEIVED
10979
5/6/45