

V12143
BLOCHLINGE

JOHN

EMILE

OCCUPATIONAL HISTORY FORM

113-B-238

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 John Emil Blochlinger (b) Reg'l. No. V12143
2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank STO I
3. (a) Date of birth MAY 14 14 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Edmonton Alta.
4. (a) Place of enlistment Edmonton Alta. (b) Date of enlistment October 1940

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 year high (3) Tech
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? Woodwork (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

46

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? No

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 Provincial Government Alta Address Prov. Inst. Edm. ALTA
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Insane Asylum
20. (a) Your specific occupation Guard (b) Number of years' experience at this occupation with any employer 1 year
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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? Yes
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.) Studying
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Steam Engineering



DATE

May 6

194 1

SIGNATURE

J. Blochlinger

Copy To
VWD
ES

JUL 4 1941

Mrs. Grace Blochlinger,
728-8th Street South,
Lethbridge, Alta.

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

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. V- 12143 FD. 574

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 12 1944

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

BLOCHLINGER, John Emile Stkr. Petty Officer

V-12143, R.C.N.V.R.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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.



A. M. Meade
Commander
Director of Estates.

GC/

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.....	Grace Lorraine Blochlinger	29	9442-118 Ave (Rear) Edmonton, Alta.	
2	Children of the Deceased and dates of their Births.....	Joan Grace Joanne (calling name)	9	9442-118 Ave. (Rear) Edmonton, Alta.	
3	Father of the Deceased.....	Emil Blochlinger	60	P.O. Box 514 Edmonton, Alta.	
4	Mother of the Deceased.....	Ursula Blochlinger	53	do.	
5	Brothers of the Deceased	Full Blood	Gus. A. Blochlinger	28	A.B. Gus Blochlinger V-12321-H.M.C.S. Victoria C. F.M.O. Halifax, N.S.
		Half Blood	Victor P. Blochlinger	26	P.O. Vic Blochlinger V-12626-H.M.C.S. Timmins C. F.M.O. Halifax, N.S.
6	Sisters of the Deceased	Full Blood	Mrs. Lily Fopp nee Blochlinger	34	Davos-Platz Kanton Graubunden Switzerland
		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.	John Emile Blochinger
9	Date of his birth.	14 th May 1914
10	Place and date of his marriage.	Registrar Office - Edmonton Alta. July 17 - 1934
11	Place and date of his parents' marriage.	Zürich, Switzerland, February 1910.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Neosax, Sask.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Edmonton, Alberta (b) (c) (d)
14	Nature of employment before enlistment.	Attendant Prov. Mental Institute Oliver, Edmonton, Alta.
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Edmonton, Alta.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	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. Do you wish it administered with the pay account?	no.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	/
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	/
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	/
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	/

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.	no.

(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.)

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Grace Blockinger

(Signature of Informant

9442-118 Ave (Rear) Edm Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Grace Blockinger

See above. { Name of informant } is the widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Edmonton this 14th day of October 19 44

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

J. C. Fulton

Qualification Docum. for oaths

Address Edmonton

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

1	Did the deceased have any property in the U.S.A. or in a foreign country under the laws of which there is a community of property between spouses?—Was there a marriage contract dealing with property?
2	Did he have bank, loan, office or other deposits? If so, give name and address of bank, etc., and the amount in deposit. Do you wish it administered with the pay account?
3	Amount of War Savings Certificates held by deceased. Indicate where located.
4	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.
5	Did deceased have life insurance, annuities, pensions and annuities? Indicate under what policy and the person named as beneficiary.
6	Describe other assets if any and estimated value thereof. Use space on page 4 if necessary.

OTHER PARTICULARS

7	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized account showing amount paid, and by whom.
8	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized account showing amount paid, and by whom.

MAY 26 1930

NES/13-18238
CANADA

N. V. 5

1M-4-27

N.S. 815-11-5



CANADA

P 6043 LP 3
31/5/30

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Noted in Service

Records by: *ELW.*
20 5.30.

SURNAME..... BLOCHLINGER OFFICIAL No. 12143

CHRISTIAN NAMES John Emile MARRIED, SINGLE or WIDOWER Single

PERMANENT ADDRESS	RELIGION
50th Street 128th Avenue, Edmonton, Alta. (P.O.Box.514)	C. of E.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
May 14th 1912	Town Moose Jaw, County Sask. Province	Orval G. Reiz, (Guardian) 50th Street 128th Ave Edmonton, Alta.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated <u>35½</u>	Black	Grey	Dark	Tattoo mark on upper left arm.
Inches..... <u>9</u>	Deflated..... <u>34</u>				
.....	Mean <u>32½</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>6</u> May 15th 1930	Ord. Sea.	Student, Edmonton Technical School.

(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 Not applicable 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
-----		N i l.	-----

- (c) I have never been rejected from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct, and true according to the best of my knowledge and belief.

Entered on History

Card by *ELW.*

(5) On being enrolled as a member of the Edmonton Half Coy. Company of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for three consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the governing 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 kit and any articles of outfit which may be issued to me and to return the same to my Company Headquarters prior to my discharge or when required so to do by the Commanding Officer of my Company or other person duly authorized by him, and to pay compensation for any loss or damage thereto other than that due to fair wear and tear.

I fully understand that such kit and articles of outfit are Government property issued to me as a person employed in the service of His Majesty, in my capacity as a member of the R.C.N.V.R.

I understand further, that I am not to wear the kit or articles of outfit except when on duty.

Dated this Fifteenth day of May 1930

Signature of applicant John Emil Blochlinger

(C) CERTIFICATE OF COMPANY COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this Fifteenth day of May 1930

W B MacLeod

Signature of C. C. O.

(D) OATH OF ALLEGIANCE

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

Signature of Applicant John Emil Blochlinger

Witness W B MacLeod

Date 15th May 1930 Rank Lt Comm R.C.N.V.R.

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

(E) CERTIFICATE OF COMPANY COMMANDING OFFICER

John E. Blochlinger 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 Edmonton Half Company of the R.C.N.V.R.

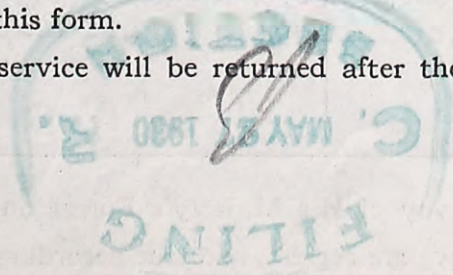
W B MacLeod

Company Commanding Officer.

NOTE—This form when completed and when the particulars on it have been noted in the Company 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.



Can. { B. 207
C. 40

H.Q.N.S. 815-2-207
2M-1-29



DEPT
NATIONAL DEFENCE
MAY 26 1930
N.S. 113-13288
CANADA

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined John E. Blochlinger.

candidate for entry as Ord. Sea. R. C. N. V. R.
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Edmonton, Alta. the 16th of May 1930

C. A. M. C.
Examining Medical Officer
Capt. C. A. M. C.
(Rank)

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

Age	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.	Mouth, 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 yrs.	132 lbs.	5'9" ft. ins.	Good	inches (a) maximum 35 1/4 (b) minimum 34 (c) mean 32 1/4	right eye 20/1 left eye 20/20 colour vision Normal	No	nor	nor	nor	nor	nor	nor	nor	nor

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

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

John Blochlinger
Signature of Candidate

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

This Candidate is the subject of.....

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

Examining Medical Officer

(Rank).....

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



RECEIVED
MAY 27 1930
SECTION

DEPT
NATIONAL DEFENSE
MAY 26 1930
113-132
CANADA

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

P 6045

Name (in full) John Emile Blochlinger

Date and Place of Birth Moose Jaw Sask. May 14 1912
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent Place of Residence Edmonton

Nearest Town to Residence (if living in country)

Are you a British Subject? Yes

Are you single, married or a widower? Single

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

Present occupation or trade Student
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force? No

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

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

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

What is your weight? 135 What is your height? 5 ft 9 ins

What is your chest measurement (not inflated)? 37 ins

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

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

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

J. E. Blochlinger Signature

April 17 1930 Date

50th 128 Ave P.O. Box 514 Address
72167

A. Gross
(Witness to Signature)

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

I certify his date of birth, according to legal documentary evidence, to be May 14 1912

Signed A. Macleod
Company Commanding Officer

FILING
C. MAY 27 1930 R.
SECTION

RECEIVED BY DIRECTOR GENERAL MAY 27 1930
SECTION FOR THE ROYAL CANADIAN MOUNTED POLICE

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

RCNVR Jan. 45 "VALLEYFIELD"

(1) MEDALS
PERSON

ENTITLED TO Petruk (Re-married)
Mrs. Grace L. Blochlinger - Widow

ADDRESS: ~~728 - 8th Street South,~~ 640-12th St.
~~LETHBRIDGE, Alta.~~ NEW WESTMINSTER, B.C.
8-12-49

(1)

(2) MEMORIAL CROSS

WIDOW Mrs. G. Blochlinger

ADDRESS: 9442 - 118th Avenue, Edmonton, Alta.
(issued 22-9-44)

(2)

DATE DESP.....

REGN. NO.....

(3) MEMORIAL CROSS

MOTHER Mrs. E. Blochlinger

ADDRESS: Box 514, Edmonton, Alta.

(3)

13-10-44

MEMORIAL BAR

401

D OF D 7-5-44

AWARDS NAVY

D.D.

BLOCHLINGER	John Emile	V-12143	S.P.O.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	9733
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DOMINION OF CANADA

PROVINCE OF

TO WIT:

IN THE MATTER OF THE WAR SERVICE GRANTS ACT, 1944

A F F I D A V I T

I. I, Grace L. Brown of the Vancouver
(Name) (City or Town of)

in the British Columbia declare as follows:-
(Province or State)

- (i) My maiden name was Grace Lorraine Booth
(Name in full)
- (ii) On the 17 day of July 1934 at the Office of the Registrar - Edmonton, Alberta
(Month) (Place of marriage)

I was married to John Emile Blochlinger
(Name of 1st husband in full)

Staker
Petty Officer V-12143
(Rate) (O.N.)

- (iii) The said John Emile Blochlinger died at
(Name of 1st husband in full)
(H.M.C.S. Valleyfield)
Sea on the 7 day of May 1944
(Place of death) (Month)

While the said John Emile Blochlinger was serving on
(Name of 1st husband in full)

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

Dependents' Allowance on account of the said } John Emile
and/or } Blochlinger
~~Assigned Pay from the said~~ }
Name of 1st husband

II. On the 6 day of November 1944 at the Office of the Registrar, Edmonton, Alberta
(Place of 2nd marriage)

I married Harry Lee Brown
(Name of 2nd husband in full)

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

DECLARED BEFORE ME AT)
THE City OF Vancouver)
IN THE Prov. OF B.C.)
THIS 12 DAY OF June)
19 45

Grace L. Brown.....

E. S. Johnson
.....
(Signature of Magistrate or Notary Public, or Commissioner for Oaths, or Justice of Peace,



Mrs. N. L. Brown,
1726 - West 5th Ave.
Vancouver, B.C.

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

67

Sir:

..... 10th May, 1944.....
(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
BLOCHLINGER, John Emile Stoker Petty Officer V12143 R.C.N.V.R.

DATE OF ENLISTMENT 10 October, 1939.
(15th June, 1940 - Active Service)

DATE OF DISCHARGE - Will be reported later

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

SERVICE - Canada & High Seas.
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "Missing" at sea when the ship in which he was serving
when and where any disability was lost by enemy action. While this casualty is
was incurred, or where death listed as missing, it is impossible to make an estimate as to his chances of
occurred. survival. Should no information be received to the contrary, you will be notified
when official presumption of death with date has been set.

(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. Grace Blochlinger

ADDRESS- 728-8th Street South, LETHBRIDGE, Alberta.

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.

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R./5

H.B. Money

for
SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

B7
12/18/44
NPR/5
e

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)

113 B 238
1 31988

THIS CERTIFICATE IS TO BE COMPILED IN DUPLICATE, THE SECOND
COPY BEING FORWARDED TO THE MAN'S DEPOT.

AUXILIARY MACHINERY COURSE FOR STOKER RATINGS.

CERTIFICATE OF QUALIFICATION.

H.M.S. " F O R T H "

47

This is to certify that.....John BLOCHLINGER (R.C.N).....

First Class Stoker, Official Number.....V.12142.....serving in H.M.S.

"FORTH" (temporarily).....has successfully passed through the
Auxiliary Machinery Watchkeeping Course, as laid down in K.R. and
A.I. Appendix XVII., Part I, No. 39 (F), and notations have been made
on his History Sheet accordingly.

[Signature]

ENGINEER COMMANDER.

[Signature]

COMMANDER for
Commanding OfficerCAPTAIN.

Date...12th September.....19 41.

Sta. 1/37.

[Handwritten]
26 Sep 41.

NOTED.
[Handwritten]
Records
Master

AV. I-490

DEPT NATIONAL DEFENCE

OCT -1 1941

N.S. 113-B-2

ORIGINAL

H.Q. File No. P135008

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
AVALON 34 5A-2/137	Surname..... BLOCHLINGER Christian Names } John E.	Sto. I	V.12143	48 2.00 1.00MA.

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..... BLOCHLINGER Christian Names } Grace L.	wife	P.O. Box 514, Edmonton, Alberta.	61.00 Incr.	OCTOBER

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

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
60.00	Mrs. Grace Blochlinger,	Edmonton, Alta.	To be incr. as Sec. "A"
10.00	Particulars not known.		To be continued.

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

Allotter's Signature authorizing charges.....

Sto. I Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

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:—

Pay to Wives	Object No. 111	\$ 30.00
Unassigned Pay to other Dependents	" 113	"
Marriage Allowance	" 116	21.00
Dependents Allowance	" 119	"
Other Allotments	" 128	"
Total		\$ 61.00

Pay. Sub-Lieutenant, RCNVR. for Accountant Officer

H.M.C.S. "AVALON"

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

Forwarded..... SEP 25 1941

S. 63

100M-2-41 (9291)
H.Q. 815-9-63



43
JUN 26 1933
N.S. 113-B. 235
CANADA

RE-ENROLMENT FORM FOR MEN
OF THE
ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

26659

SURNAME..... **BLOCHLINGER** OFFICIAL No. **12143**

CHRISTIAN NAMES..... **John E.** MARRIED, SINGLE, OR WIDOWER..... **Single**

DATE OF RE-ENROLMENT	RATING IN WHICH RE-ENROLLING	FORMER PERIODS OF ENROLMENT
May 15th 1933	Able Sea	1st period, from May 15th 1930, to May 14th 1933
.....	2nd " " 19....., to 19.....
.....	3rd " " 19....., to 19.....
.....	4th " " 19....., to 19.....
.....	5th " " 19....., to 19.....

(B) DECLARATION TO BE MADE BY APPLICANT

- (1) I hereby declare that I am desirous of being re-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.
- (2) On being re-enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—
 - (a) To serve from the date hereof for three consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the Customs and usages of His Majesty's Canadian Naval Service.
 - (b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.
 - (c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Company Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on Naval duty.

Dated this **Twentieth** day of **June** 19**33**

Signature of Applicant..... *John E. Blochlinger*

(C) CERTIFICATE OF COMPANY COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this **Twentieth** day of **June 1933** 19**33**

..... *Arzmacliod*
Signature of C.C.O.

N.V. 5A
1M-429
N.S. 815-11-5A

Entered on History Card by

(OVER)

(D)

OATH OF ALLEGIANCE

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

Signature of Applicant John E. Blochlinger

Witness A. P. D. D. D.

Date 20th June 1933

Rank Lieutenant

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

(E)

CERTIFICATE OF COMPANY COMMANDING OFFICER

John E. Blochlinger having been duly re-enrolled to serve in the Royal Canadian Naval Volunteer Force, I have caused his name and every prescribed particular to be recorded in the Record Book of this Unit.

A. P. D. D. D.
Company Commanding Officer

NOTE—When this form has been completed and the particulars in it have been noted in the Company Commanding Officer's Record Book, the form is to be forwarded to Headquarters, Ottawa, for custody.

The certificate of medical examination B-207 is to be sent to Headquarters, Ottawa, with this form.

F10925

N.V. 27
6M-12-25
815-11-27

R. C. N. V. R.

TRAINING REPORT, 192

NATIONAL DEFENCE
AUG 21 1931
113-B-238
CANADA

Company EDMONTON HALF COMPANY Training Headquarters ESQUIMALT, B.C.
 Name BLOCHLINGER, John Emile Rating ORDINARY SEAMAN O.N. 12143

Training Period No. 10 VOLUNTARY SERVICE 14
 Entered for N.T. 18th May, 1931
 Completed N.T. 31st May, 1931. EIGHT WEEKS
 Entered for V.S. 1st June, 1931.
 Final discharge 25th July, 1931.

INSTRUCTION

SUBJECT	No. HOURS	ABILITY	REMARKS
1. P. and R.T.	7	Sat.	"A" CLASS. SECOND YEAR
2. Signals	2½	Mod. 50 %	NAVAL TRAINING
3. Seamanship	14	Sat. 70 %	
4. Boat Pulling	7	Sat.	29th May, 1931. Passed
5. Mine Sweeping	-		for A.B.
6. Torpedo	2	Sat.	
7. Gunnery	16	Sat. 67 %	
8. Discipline	2	Kit & Medical Inspection.	
9. Miscellaneous	28	Part-of-Ship.	
10.	2 days	Holidays	
11.			

Total hours.....

SERVICE AFLOAT

SHIP	DATE ENTERED	DATE DISCHARGED	REMARKS
"ARMENTIERES"	4th June '31	7th June '31	Comox Rifle Range.
"VANCOUVER"	8th June '31	21st June '31.	Seamanship & General Training
H.M.S. "DRAGON"	23rd June '31	21st July '31.	General Training.

QUALIFICATIONS

Qualified as efficient..... YES Character..... V.G. Ability..... Sat.
 Recommended for confirmation..... -
 Qualified for advancement..... To A.B.
 Recommended for advancement..... -
 Recommended for special branch..... Gunnery.
 General remarks Clean & smart. Recommended for Gunnery Branch if he has plenty of Field Training at Company Headquarters this year.

E.W.
9.10.31Entered on History
Card by A.M.Cdr.
LIEUTENANT R.C.N.
RESERVE TRAINING OFFICER

Personnel Records Division

1. Noted in Records *mb*

2. Index Card

3. Non-Su. Card

4. Statistical Card *mb*

5. Roneo Strip

6. Pension Record

7.

8.

DATE



22837

DEFENCE
OCT 14 1939
N.S. 113-0238
CANADA
MB

RE-ENROLMENT FORM FOR MEN

OF THE

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

30

SURNAME.....BLOCHLINGER..... OFFICIAL No. 12143

CHRISTIAN NAMES.....John Emile..... MARRIED, SINGLE, OR WIDOWER married

DATE OF RE-ENROLMENT	RATING IN WHICH RE-ENROLLING	FORMER PERIODS OF ENROLMENT
		1st period from <u>May 15, 1930</u> to <u>May 15, 1933</u>
		2nd " <u>May 15, 1933</u> to <u>Feb. 14, 1934</u>
<u>Oct. 10, 1939</u>	<u>A.B.</u>	3rd "19....., to.....19.....
		4th "19....., to.....19.....
		5th "19....., to.....19.....

(B) DECLARATION TO BE MADE BY APPLICANT

(1) I hereby declare that I am desirous of being re-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.

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

- (a) to serve from the date hereof for three consecutive years, ^{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.

Dated this 10th day of October 1939.

Signature of Applicant J. Blochlinger

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this..... 10th.....

day of October 1939.

[Signature]
Signature of Commanding Officer.

(D)

OATH OF ALLEGIANCE

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

Signature of Applicant.....*J. Blochlinger*.....

Witness.....*[Signature]*.....

Date.....Oct. 10, 1939.....

Rank.....Lieut. Commander,

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

(E)

CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

John, E. BLOCHLINGER.....having been duly re-enrolled to serve in the Royal Canadian Naval Volunteer Force, I have caused his name and every prescribed particular to be recorded in the Record Book of this Unit.

[Signature]
.....
Commanding Officer

NOTE—When this form has been completed and the particulars in it have been noted in the Company Commanding Officer's Record Book, the form is to be forwarded to Headquarters, Ottawa, for custody.

The certificate of medical examination B-207 is to be sent to Headquarters, Ottawa, with this form.

S. 1246A. (Revised—July, 1938.) Transferred from A.B. to Sto.1/c. 9/1/41.

Wiley
6-12-43

ORIGINAL
HISTORY SHEET FOR STOKER RATINGS.

This form is to be kept by the Engineer Officer, and is to be completed :—

- (a) When a man leaves a ship after a period of not less than three months' service in her.
- (b) Annually on 31st December, unless completed within the previous three months.
- (c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

Surname	NAME Christian	Official Number	Port Division
BLOCHLINGER BLOCHINGER <i>M.Y.</i>	John Emil	V-12143	Western

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING.
(To be filled in on completion of courses in Depot)

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course 2 Weeks Gunnery.	<i>Uncertain date</i>		<i>Sat.</i>		<i>J. Harris</i> Lieut. RCNVR Training Commander.
Technical Training at Stokers' Training Establishment :— (1) Marine Engineering (2) Electrical	1/5/41	20/6/41	<i>Supr.</i> SUPR.		Engineer Officer.

* Insert :—" Superior," " Satisfactory " or " Moderate." (Failure to be noted in RED INK).

Issued with Stoker's Manual :— Date 24 March 1941 Signature and Rank :— *V.H. Mackenzie*
Lieut. (E)

Entered H.M. Service as Stoker 2nd Class	Completed 2 years' training for Mechanician
Advanced to Stoker 1st Class <i>9/1/41</i>	
Advanced to Leading Stoker <i>1/2/42</i>	Rated Mechanician 2nd Class
Advanced to Stoker Petty Officer	" " 1st Class
Advanced to Chief Stoker	Advanced to Chief Mechanician

RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote.)

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
On completion of 3 months course of mechanical training, qualified for Stoker Petty Officer. MARKS: 64 $\frac{3}{4}$ % TRADE: Boilermaker and Bricklayer ABILITY IN TRADE: Superior	29-7-42	<i>J. Harris</i>	<i>H.K.</i>
Granted Auxiliary Watchkeeping Certificate	12/9/41		

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

Special Remarks.

STOKER RATING. Employment and Ability Record.

NAME BLOCKINGER, John Emil

NOTE.—When a Stoker rating has become a Mechanician the words "Refitting and Maintenance" are to be inserted over columns 3, 4, 5, 6, 7, and 8.

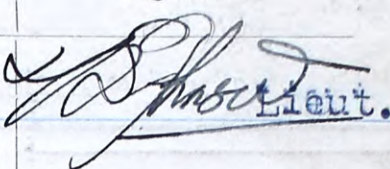
Official Number V-12143

EFFICIENCY :—To be indicated as "Superior," "Satisfactory," "Moderate," or "Inferior."

Date	← Watchkeeper								← In Charge of										19 Engineer's Writer	20 Charge of Engineers' Stores and Tools	21 Power of Command	22 Present Rating	23 REMARKS (including experience in Engineer's Office or in any special duties)	24 SHIP	25 Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineer Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineer Watch Keeping at Sea	16 General Charge of Firing in a Boiler Room	17 Double Bottom Party	18 Regulating Duties							
20 June '41	Employed at H.M.C.S. "Royal Roads" & Completed Technical Training - Sat.																		Sto. 1/4.				"NADEN" KAMARANGI		
1941																			Sto. 1 To 1/4/5/10				AVALON		
27/6	Barracks Routine																		1/4/5/10				STADACONA (H.S.)		
1942																			1/4/5/10				CORNWALLIS (H.S.)		
8/5	Barracks Routine																		1/4/5/10				STADACONA (H.S.)		
13/5																							MILLTOWN (H.S.)		
1/8																							STADACONA		
27/8																							Hochelega		
17-11-43	BARRACK'S Routine Employed MANUAL PARTY																						Valleyfield		
25-11																									
6-12																									

RIFLE PRACTICES.

(To be filled in immediately on completing Course).

Date	Ship	Practice carried out	Signature
Feb. 1941	"HADEN"	"A" Course 57	 Lieut.

VOCATIONAL TRAINING CERTIFICATE.

(To be filled in on completion of a Vocational Training Course, other than a Correspondence Course).
(Vocational Training is Optional.)

VOCATION _____

We certify that (name) _____

Residence _____

has satisfied us that he possesses a † _____
knowledge of the vocation mentioned, and we consider that § _____

Examiners :— _____

Business and Business Address :— _____

Date of Examination :— _____

Signed :— _____

President.
Vocational Training
Committee.

† Here insert qualification. § Special notations as applicable.

TO BE FILLED UP ONLY ON FINAL DISCHARGE.

His character during service was * _____

His general efficiency in carrying out his duties was * _____

His efficiency on discharge was assessed as * _____

* See Article 610, clauses 3 to 7 K.R. & A.I.

N. 3401/38.

Signature and Rank _____

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.

DEPARTMENT OF NATIONAL DEFENCE

7583

13th June 1932 19 192

DEPT. OF NATIONAL DEFENCE
JUN 20 1932
N.S. 113 B. 238
CANADA

From-
Company Commanding Officer RCNVR.,
Prince of Wales Armouries,
Edmonton, Alta.

To-
Director of Naval Stores,
Department of National Defence,
Ottawa, Ont.

John. E. Blochlinger, A.B., R.C.N.V.R., O.N.12143.

With reference to your N.S.113-B.238 of May 31st 1932, re. the issue of one pair of Trousers, serge, and one handkerchief, B.S., to the above rating in exchange of worn articles, the following report is submitted.

2) Blochlinger's kit was inspected before leaving for Training Headquarters, Esquimalt, and the legs of the trousers were found worn and frayed out at the bottoms. The silk was found worn threadbare in the centre. From appearance no other reason could be given for the condition but fair wear and tear.

3) In checking this rating's service, records show that he has completed four months Naval Training and Voluntary service subsequent to the issue of the articles in question, during which time he would wear them almost constantly. He was a regular attendant at drills at C. H. Q. and generally wears his uniform.

4) It is acknowledged that the clothing was issued "new", 30/5/30, but it cannot be varified that the C.C.O.'s note on the demand S.80, stated that it was issued worn, at C.H.Q. 30/5/30, as no copy of the demand was taken. There is a possibility of the words on the S. 80 and these on the issue note having been transposed. Careful check is made of clothing records before demands for replacements are made and several demands have been forwarded for replacements on re-payment when it was considered that ratings were responsible for damage or loss.

Posted in N. Stores
22.6.32
[Signature]

A.B. MacLeod
(Lieut.-Cdr. A.B. MacLeod, R.C.N.V.R.)
Company Commanding Officer

TFH:PMB

R E G I S T E R E D

AIR MAIL

FILE: V-12143 (Pers.N.)

62

8th May, 1944

Dear Mrs. Blochlinger:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, John Emile Blochlinger, Stoker Petty Officer, Royal Canadian Naval Volunteer Reserve, Official Number V-12143, is missing at sea.

According to the report received, your husband is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security it may be some time before details of this incident of war may be released.

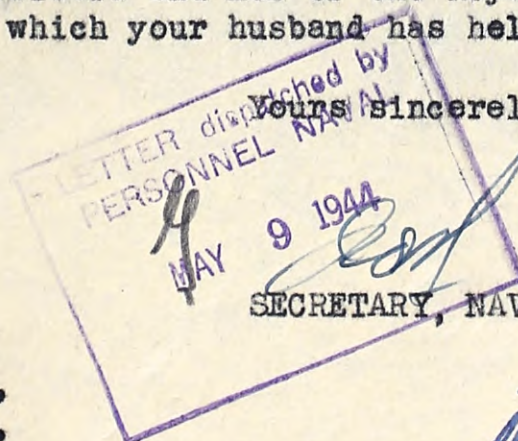
It is requested that you will regard as confidential anything beyond the fact of your husband's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD

Mrs. Grace Blochlinger,
728 - 8th Street South,
LETHBRIDGE, Alberta.



PM

REGISTERED

FILE NO: N.S. V-12143 PERS (N).

78

30th August, 1944.

Dear Mrs. Blochlinger:

Further to my letter of the 11th May, 1944, in view of the length of time that has elapsed since your husband, John Emile Blochlinger, Stoker Petty Officer, Official Number V-12143, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th May, 1944.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

Mrs. Blochlinger,
728 - 8th Street South,
Lethbridge, Alta.

Handwritten initials and marks in blue and red ink.

Royal ✓ Canadian ✓
Message Condolence
Date Sent 30/8/44 NPR 5

Handwritten notes in red ink:
30/9/44
NPR 5
C.M.

a

9442 - 118 Ave, 'Pear',
Edmonton, Alta.

Oct. 31 - 44.

#397

The Secretary, Naval Board,
Naval Service Headquarters,
Ottawa

183916

I would like to make application
for war service gratuity.

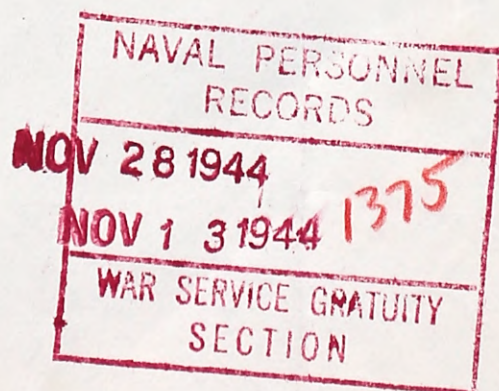
My husband was, Stores Petty Officer
John E. Blochlinger O.N. 2147 and a
casualty of H.M.C.S. Valleyfield which
was sunk May 7 - 1944.

He joined up in the fall of 1940 and
was in the reserve navy for some years
before that.

I hope I have enclosed all the
necessary information.

Sincerely,

Mrs. Grace Blochlinger,
9442 - 118 Ave 'Pear',
Edmonton, Alta.



V-12143 (PERS. (N) (18))

26th. April, 1945

Dear Madam:

Further to your application for War Service Gratuity in respect of the late John Emil Blochlinger, I am directed to enclose a declaration which is required in all cases where Official Records show that the applicant has re-married subsequent to the date of casualty.

This form should be completed and returned to the Department as soon as possible in order that payment of the Gratuity may be undertaken with a minimum of delay.

Yours truly,

SECRETARY, NAVAL BOARD

Mrs. H. L. Brown,
Fort Simpson,
N. W. T.

Enc:2

COPY

RR

Nov. 25-44

#574

The Canadian Pensions Commission.

Dear Sirs:

I am writing this to inform you that I am the widow of V-12143, John E. Blocklinger, Stoker Petty Officer of the H.M.C.S. "VALLEYFIELD" and that I was married again a week ago.

I would like you to send me particulars in regards to the allowance I receive for my one child, also I've heard rumors that I receive a lump sum instead of my pension in case I remarry. Would you please send me information about this. Also if I am entitled to the War Service Gratuity.

My name and address previous to my remarriage was Mrs. Grace Blocklinger, 9442 - 118 Ave. (Near) Edm.

and is now:

(SGD) Mrs. H.L. Brown,
Fort Simpson,
N.W.T.

Yours truly,
(Sgd) Grace Brown

SERVICE CERTIFICATE

N. V. No. 17
3M-10-39 (2176)
N.S. 815-11-17

OF

Name in full John Emil BLOCHLINGER. Company Edmonton

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Training Headquarters _____ I.C. N.S. 23103
Official Number V 12143

Date of Birth May 14th, 1912

Place of Birth Moose Jaw, Saskatchewan.

Usual Place of Residence P.O. Box, 514, Edmonton Alberta.

Trade brought up to Northern Alberta Dairy Poole,

Name and Address of next of kin ^{wife} Mrs. Grace Blochlinger - (same address)

Religious Denomination Church of England.

Can Swim _____

PARTICULARS OF SERVICE

DATE OF ACTUAL VOLUNTEERING	DATE OF ENROLMENT	PERIOD VOLUNTEERED FOR	RATING ON ENROLMENT	MEDALS, DECORATIONS, ETC.	
				DATE RECEIVED	NATURE OF DECORATION
	<u>Oct. 16th, 1939</u>	<u>3 yrs. or duration, hostilities</u>	<u>A.B.</u>		

PERSONAL DESCRIPTION

	HEIGHT		COMPLEXION	HAIR	EYES	MARKS, WOUNDS, SCARS
	FEET	INCHES				
On Entry	<u>5</u>	<u>11</u>	<u>dark</u>	<u>black</u>	<u>grey</u>	<u>Tattoo mark on left upper arm (bird)</u>
On attaining 28 years						
Further Description if necessary						

NAVAL TRAINING

YEAR	SHIP'S NAME	LIST AND NO.	RATING	FROM	TO	CHARACTER	ABILITY
1939	R.C.N.V.R. Edmonton		A.B.	Oct. 16	Dec. 31	V.G.	Out.
1940	R.C.N.V.R. Edmonton		A.B.	1 Jan.	16 June	V.G.	Out.

EXAMINATIONS AND NOTATIONS OTHER THAN

DATE	WOUNDS AND HURT CERTIFICATE. MERITORIOUS SERVICE. SPECIAL RECOMMENDATIONS	CAPTAIN'S SIGNATURE
5 Aug 42	I.C.T.M. #B391401	9981
17 Apr 43	S.C.T.W. #B58635	#28188

P.M.

128784

N.P.R./5-2.

FORM "B"

FILE: N.S. V-12143 PERS. (N)

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

Sir:

..... 30th August, 1944
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
<u>BLOCHLINGER, John Emil</u>	<u>Stoker Petty Officer</u>	<u>V-12143 R.C.N.V.R.</u>

DATE OF ENLISTMENT - 10 Oct., 1939 Active Service: 16 June, 1940

DATE OF DISCHARGE - 7th May, 1944

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

SERVICE - CANADA & HIGH SEAS
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead, when H.M.C.S. "VALLEYFIELD"
when and where any disability was torpedoed and sunk by enemy action in the
was incurred, or where death Atlantic.
occurred.

(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. Grace Blochlinger,

ADDRESS - 728 - 8th St. South, LETHBRIDGE, Alta.

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

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

P.A.'S CHECKED IN
C.R. BY R.

C. R.
P. A.
NAVAL TREASURY
DATE <u>6/19/44</u>
INITIAL <u>K</u>

REMARKS:

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Grace Blochlinger 728-8th St. South, Lethbridge, Alta.	(WIFE)		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	\$51.12	\$57.00	\$108.12

To Whom Paid: Mrs. Grace Blochlinger Address 728-8th St. South, Lethbridge, Alta.

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: May 31, 1944.

The final deduction of Assigned Pay for \$57.00 has been made for the period from 1st to 31st. of May. 194 4

Remarks:

Computed by..... *AB*

Checked by..... *MW*

for *Alec J. Powell*
 Chief Treasury Officer,
 DEPARTMENT OF NATIONAL DEFENCE,
 (Naval Service).

Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.

CLOTHING CLASS
H. M. C. S. "NADEN"
KIT PASSED
BY *A. Stevens P.O.*
INSTRUCTOR
DATE *2/2/41*

This form, if placed in an envelope marked "Dominion Statistics—Free, penalty for improper use \$300," and addressed to the Division Registrar of Vital Statistics of the Division in which the death occurred, will pass through the mail "FREE"

PROVINCE OF ALBERTA

For use of the Department only
Record No. of

REGISTRATION OF DEATH

1. Name of Deceased in full <i>(Christian name first)</i>		BLOCHLINGER, John Emile	
2. Date of Death		7th day of	May 1944
3. Place of Death <i>(Street and No., if any) or Name of Hospital</i>		Municipality <i>(Name and Number)</i>	At Sea
		Town or Village <i>(Name)</i>	
4. Length of Stay <i>(in years, months and days)</i>		(a) In municipality where death occurred	
		(b) In Province	
		(c) In Canada (if immigrant)	
5. Regular Residence		50th St., 128th Ave., Edmonton, Alta. (P.O. Box 514.) <i>(Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)</i>	
6. Sex <i>(Male or Female)</i>	7. Nationality <i>(Citizenship)</i>	8. Racial Origin	9. Single, Married, Widowed or Divorced <i>(Write the word)</i>
Male	Canadian		Married
10. Place of Birth <i>(City or Town, Province or Country)</i>		11. Date of Birth <i>(Month, day and year)</i>	
Moose Jaw, Sask.		May 14, 1912	
12. Age in	Years	Months	Days
	32		
13. Trade, profession or kind of work as <i>spinner, teamster, office clerk, etc.</i>		Guard	
14. Kind of industry or business, as <i>cotton mill, lumbering, bank, etc.</i>		Provincial Insane Asylum, Edmonton, Alta.	
15. Date deceased last worked at this occupation		16. Total years spent in this occupation	
17. Birthplace of Father <i>(Province or Country)</i>			
18. Birthplace of Mother <i>(Province or Country)</i>			
19. Cause of Death Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.			
20. Name of Physician (if any) attending Fatal Illness			
21. Name and Address of Undertaker or Person in charge of Funeral		Place of Interment <i>(Name of Cemetery)</i>	

WRITE PLAINLY WITH UNFADING BLACK INK.
THIS IS A PERMANENT RECORD.

All information asked for must be given. (See reverse side for instructions.)

I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at H.B. Money this day of 19.....

Signature of Informant (nearest available relative) (Post Office Address)
Paymr. Cdr. R.C.N.R., Officer i/c, Naval Personnel Records.
I hereby certify the above return was made to me at Naval Service Headquarters, Ottawa.

on the day of 19.....
Registrar's Record No. of 19..... (Registrar)

INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medical profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German, etc. (The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, the entry should be **housewife**. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation the entry should be **none**.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as **spinner, weaver**, etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as **grocery store, soap factory, cotton mill**, etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as **carpenter, painter, machinist**, etc. A careful distinction should be made between **retail merchants** and **wholesale merchants**. The term "clerk" without qualification should always be avoided. A person who sells goods should be called a **salesman**. A stenographer, typist, accountant, bookkeeper, cashier, etc., should be reported as such, never as a "clerk."

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

DECEASED
MEMBER'S
NAME

John Emil
(CHRISTIAN NAMES)

BLOCHLINGER
(SURNAME)

REGISTER NO. 1375
FILE NO. NS.V-12
DATE 25th Ju
V-12143
SERVICE NO. S.P.O.
FINAL RANK OR RATING
DATE OF DISCHARGE 7th May

PAYEE
ADDRESS

Mrs. Grace L. Brown,
1726 - W-5th Ave.,
Vancouver, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE

7th May '44.

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE		\$
NO. OF DAYS	1821 EQUAL TO 47 30 COMPLETE PERIODS AT \$7.50	352.50
B. QUALIFYING OVERSEAS SERVICE		\$
NO. OF DAYS	576 LESS 11 INELIGIBLE DAYS, EQUAL TO 565 DAYS @ 25c. PER DAY	141.25
C. SUPPLEMENT FOR OVERSEAS SERVICE		\$
DAILY RATES AT DISCHARGE		
PAY	\$ 2.65	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45	
ADDITIONAL PAY	\$ 1 B .05	
	\$ H.L.M. .15	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$ 51.12 \$ 1.70	
	TOTAL \$ 6.00 X7 = \$ 42.00	
	NO. OF DAYS 576 X \$ 42.00	132.19
	183	
D. WAR SERVICE GRATUITY		625.94
E. DEDUCTIONS		\$
OVERPAYMENT OF PAY AND ALLOWANCES	\$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$ Nil	
OTHER DEDUCTIONS	\$	
F. TOTAL AMOUNT PAYABLE		625.94
G. YOUR PORTION OF GRATUITY IS—		\$
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU	\$ _____ OF \$ _____	= \$ 625.94
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE	\$ _____	

Cheque 34638- July 6/45

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.

TREASURY					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PREPARED BY DHJ</td> <td style="width: 50%;">CHECKED BY <i>[Signature]</i></td> </tr> </table>	PREPARED BY DHJ	CHECKED BY <i>[Signature]</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CHECKED BY <i>[Signature]</i></td> <td style="width: 50%;">DATE 29/6/45</td> </tr> </table>	CHECKED BY <i>[Signature]</i>	DATE 29/6/45
PREPARED BY DHJ	CHECKED BY <i>[Signature]</i>				
CHECKED BY <i>[Signature]</i>	DATE 29/6/45				
SERVICE REPRESENTATIVE <i>[Signature]</i> for Dir. Naval Pay Acctg.					

AT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Member's Name John Emil BLOCHLINGER
 (Christian Names) (Surname)

Payee Mrs Grace L. Brown
 Address 1726 - W-5th Ave.
Vancouver B.C.

Register No. 1375
 File No. V12143
 Date 20 June 45
 Service No. V10143
 Final Rank or Rating S.P.O.
 Date of Discharge 7 May '44

Date of termination of overseas service 7 May '44

A. TOTAL QUALIFYING SERVICE
 No. of days 1421 equal to 47 complete periods at \$7.50 352.50

B. QUALIFYING OVERSEAS SERVICE
 No. of days 576 less 11 ineligible days equal to 565 days @ 25¢ per day 141.25

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	2.65	
Subsistence or Lodging and Provision Allowance	\$	1.45	
Additional Pay	\$	1.05	
	\$	1.35	
	\$.15	
Dependents' Allowance 1/30 of \$	51.12	1.70	42.00
Total	5.96		41.86
	\$6.00		42.00
No. of days	<u>576</u>		41.86
	183		<u>132.19</u>

D. WAR SERVICE GRATUITY 625.94

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

F. TOTAL AMOUNT PAYABLE 625.94

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 625.94
 Total Dependents' Allowance in issue \$ _____

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

Prepared by		Checked by		Treasury	
				Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>D.N.</u>	6	<u>[Signature]</u>
2	<u>D.N.</u>	7	<u>[Signature]</u>
3	<u>D.N.</u>	8	<u>[Signature]</u>
4	<u>[Signature]</u>	9	<u>[Signature]</u>
5	<u>[Signature]</u>	10	<u>[Signature]</u>

V12143 OFFICIAL NUMBER | FILE NUMBER 113-B-238 | OFFICIAL NUMBER V12143
 NAME BLOCHLINGER (Surname) John Emile (Given Names) DATE OF BIRTH May 14, 1912.
 PLACE OF BIRTH Moose Jaw, Sask. OCCUPATION Student
 RELIGION Church of England EDUCATION
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 50th Street, 128 Ave., Town Edmonton, Province, etc. Alta.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE		
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From To
16	5	30	3 yrs.	5'9"	Black	Grey	Dark	Tattoo upper left arm.			
16	5	33	3 yrs.								
10	10	39	Duration of Hostilities.								

NEXT OF KIN RELATIONSHIP (in pencil) *Wife* NAME (in pencil) *Grace Blochlinger*
 ADDRESS (in pencil): Street and No. *728 - 5th St. South* Town *Lethbridge* Province, etc. *Alta.*

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
28	2	44	C.V.S.M. Ribbon & Clasp. (#3)	12	9	41	Granted Aux. W/K Cert.				
26	2	44	1939-1943 Star. (249a/10337)	27	5	32	Passed Pt. I for A/S.G.				
				14	5	42	Recommended for S.P.O.				
				29	7	42	Qual. for S.P.O.				

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		
16	10	43	1 G.C. (13869)	Granted							

FILM NO. *WMP 5304-1*
 DATE

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

O.H.F. Received.

Approved to count 3 yrs. Efficient service with the R.C.N.V.R. 1930-1934 towards award of G.S. Badges.

SECOND CLASS FOR CONDUCT	
From	To

W.S.G. APPLICATION RECEIVED 1375

V12143

OFFICIAL NUMBER

NAME

BLOCHLINGER

John Emile

(Surname)

(Given Names)

OFFICIAL NUMBER **P.L.B. / V12143**

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified	
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Month	Year
Div. Str. Edmonton	Ord. Smn.	16	5	30		V.G.	Sat.	16	8	30						
Naden	" "	2	8	30	17/9/30	V.G.	"	31	5	31						
"	" "	16	5	31	28/5/31	V.G.	"	28	5	32						
"	Able Smn.	29	5	31	27/7/31	V.G.	Sat.	31	12	40						
"	" "	14	5	32	27/6/32	V.G.	Supr	31	12	41						
Div. Str. Edmonton	" "	10	10	39		V.G.	Sat.	31	12	42						
Duty Div. Hdqts.	Able Smn.	16	6	40		V.G.	Sat.	31	12	43						
Naden	" "	18	6	40		V.G.	Sat.	7	5	44						
"	Stoker 1	9	1	41												
Royal Roads	" "	27	1	41												
Naden	" "	12	2	41												
Stadacona	" "															
Avalon	" "	3	7	41												
	A/Ldg.Sto.(ty)	1	2	42	(Sub.4-2-42);											
Stadacona	" " "	8	5	42	1 F 2474											
Cornwallis	" " "	13	5	42	131268											
Stadacona	" " "	1	8	42	DRD?											
Milltown	" " "	27	8	42	DRD.											
"	Ldg. Stoker	1	2	43	Confirmed(249A/3362)											
"	A/Stoker P.O.	1	4	43	Rated(Memo:22-3-43)											
Stadacona	" "	17	11	43	DRD H-3235											
Hoch. (Frigate #8)	" "	26	11	43	DRD H-3342											
	Sto. P.O.	1	4	44	Confirmed											
DISCHARGED	" "	7	5	44	"Missing" (Casualty List.)											
					Presumed "DEAD" (Memo 20-9-44)											

GENERAL REMARKS

Transferred to Stoker 1 9-1-41
 Discharged- Non-attendance at drills
 14-2-34.
**Canadian Memorial Cross awarded to:
 Wife: Mrs. Grace Blochlinger,
 728 - 8th St. South,
 Lethbridge, Alta. On 22-9-44.
 Mother: Mrs. Emil Blochlinger,
 Box 514, Edmonton, Alta.
 On 13-10-44.
 Awarded Pension from 8-5-44. (letter
 of 6-11-44)**

DATE OF BIRTH			PLACE OF BIRTH		CIVIL	OCCU	RELI.	ED.	PERM.	RESIDENCE	PREV.	ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GION	P.	CTV.	TOWN	SERV.	DIV.	A.	BR.	RANK	
14	5	12	19	XXX	0	30	X	8	11	03	3	15	0	0894	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP.	CR.	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	BR.	RANK		
10	10	39	16	06	40										
											96801		1592		
SENIORITY			NON-SUB		M	CODED			CHECKED						
DY.	MO.	YR.	A	B	ST.										
01	04	43	13	00	00										