

V56590
CANT
DANIEL

V56590

OFFICIAL NUMBER

FILE NUMBER

113-C-4177

OFFICIAL NUMBER

V56590

NAME

CANT
(Surname)Daniel
(Given Names)

DATE OF BIRTH 25 February 1925

PLACE OF BIRTH

Winnipeg Manitoba

OCCUPATION

Telegraph Messenger

RELIGION

United Church

EDUCATION

Grade 10

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

493 Simcoe Street

Town

Winnipeg

Province, etc.

Manitoba

ENGAGEMENTS			Period	DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)				Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								From	To	
11	3	43	H.O.	5'8 1/2"	Dark brown	Hazel	Med.	None	2nd Reserve Bn. Winnipeg Grenadiers	Pte.	6/42	10/42

NEXT OF KIN RELATIONSHIP (in pencil)

Mother

NAME (in pencil)

Mrs. Janet Cant

ADDRESS (in pencil): Street and No.

493 Simcoe St.

Town

Winnipeg

Province, etc.

Manitoba

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY			EXAMINATIONS, CERTIFICATES, ETC.								
Date (in figures)			Particulars			Date (in figures)			Particulars		
Day	Month	Year				Day	Month	Year			
			Eligible for C.V.S.M. & Clasp.	23	11	43	Qual. Anti-Gas, one day.				

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		

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

O.H.F. Received.

FILM NO. WSR-5935-3
DATE

SECOND CLASS FOR CONDUCT

From

To



V56590

OFFICIAL NUMBER

NAME CANT
(Surname)

Daniel
(Given Names)

OFFICIAL NUMBER V56590

P.I.B.

Ship or Establishment	Rating Shpt. course	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS Chippawa	Stoker 2/cl	11	3	43	Div. Str. Winnipeg	V.G.	Sat.	31	12	43.							
"	"	15	3	43	Active Service DL 25-3-43.	V.G.	Sat.	7	5	44.							
York Protector	"	18	3	43	DL 17-3-43.												
"	"	16	6	43	DL 17-6-43.												
Cornwallis	"	4	8	43	W.R.D. #23.												
Stadacona	"	2	10	43	DRD H-2766.												
Hochelaga II	"	26	11	43	DRD H-3342.												
Chaleur II	"	6	12	43	WRD Q69.												
Valleyfield	"	7	12	43	WRD Q69.												
DISCHARGED	Stoker I	7	5	44.	"Missing" per Casualty List.												

Presumed Dead".7.5.44.Casualty List #95.

GENERAL REMARKS

Canadian Memorial Cross awarded to (Mother) Mrs. Janet Cant., 493 Simcoe St., Winnipeg. Man. to date 22.9.44.

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.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK		
25	2	25	16	533	0	40	3	6	06	06	9	06	0	15	95	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR		RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK			
11	03	43	15	03	43					1200	0	15	95			
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.										
15	03	43	10	00	00	21				D.W.						

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

NAME IN FULL *CANT Daniel* RANK/RATING *Sto 1/c*

SHIP	SERVICE			AREA	QUAL		
	FROM	TO	DAYS		FROM	TO	L
	15-3-43						
<i>Valleyfield</i>	<i>8-12-43</i>	<i>7-5-44</i>	<i>152</i>	<i>at</i>			
	<i><u>Disch</u> Dead</i>			<i>7-5-44</i>			

VERIFIED BY *Roger Leguin*

VERIFIED BY

VERIFICATION FORM

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

...RANK/RATING *Sto 1/c* ...OFF. NO. *V-56590* ...ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>star</i>
<i>at</i>							ATLANTIC		
							FRANCE G.		
							AFRICA		
<i>7-5-44</i>							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.		<i>2 x clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

VERIFIED BY *R. Seguin*
lms

VERIFIED BY DIR. OF PERSONNEL RECORDS.

113-6-4177



I.C.N.S. 73144

N. V. 5
50M-8-42 (5715)
N.S. 815-11-5

665135

4

**ATTESTATION FORM
(HOSTILITIES FORM)**

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME CANT OFFICIAL No. 156590
CHRISTIAN NAMES Daniel MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
493 Simcoe Street, Winnipeg, Manitoba	United Church

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
25th February, 1925	Town Winnipeg County Province Manitoba	Janet CANT (mother) 493 Simcoe Street, Winnipeg, Manitoba.
*Original Nationality of: Father <u>Scottish</u> Mother <u>Scottish</u>		

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

(A) **PERSONAL DESCRIPTION ON ENROLMENT**

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Fect. <u>5</u>	Inflated <u>35 1/2</u>	<u>D. Brown</u>	<u>Hazel</u>	<u>Medium</u>	<u>No.</u>
Inches <u>8 1/4</u>	Deflated <u>33</u>				
	Mean <u>34</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Grade X</u>	<u>Telegraph Messenger, Canadian Pac. Railways. (Unemployed)</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>Divisional Strength 11th March, 1943.</u>	<u>Stoker 2/c for Shpt. Course.</u>	<u>H.M.C.S. CHIPPAWA.</u>

(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 2nd (R) Bn. The Winnipeg Grenadiers. for the period 6th June 1942 to 26th October 1942 and attach my record of service, in corroboration of this statement.~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	PERSONAL RECORDS
<u>2nd (Reserve) Bn. The Winnipeg Grenadiers</u>	<u>Private</u>	<u>6th June 1942 Discharged from # H-425,911.</u>	1. Noted in Records <u>Yes</u> 2. Index Card <u>Yes</u> 3. Non-Sub. Card <u>Yes</u> 4. Pension Card <u>Yes</u> 5. <u>26th October, 1942</u> 6. <u>Winnipeg</u> 7. <u>DATE 23343</u>

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

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

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

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

(b) To report for active service when called and 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 naval establishment 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, until called into active service, not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

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

(e) I have not been induced to enter as Stoker 2/c by the prospect of being transferred at some future date to any other branch or rating.

Dated this 11th day of March, 1943.

Signature of applicant Daniel Cant

(C) CERTIFICATE OF ATTESTING OFFICER

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

day of March, 1943.

My authority for attestation is C.O.R.D. 2123/6/43

H. Sigurdson
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE LIEUTENANT R. C. N. V. R.

I, Daniel CANT, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant Daniel Cant

Witness H. Sigurdson

Date 11th March, 1943. Rank LIEUTENANT R. C. N. V. R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

CERTIFICATE of the SERVICE of

Daniel CANT

in the Royal Canadian Naval Volunteer Reserve

I.C.N.S. 73144

Training Headquarters	R.C.N.V.R. Division <u>"Chippawa"</u>	Official Number <u>V-56590</u>

Date of Birth <u>25th February, 1925</u>	Name and Address of Nearest Relative or Friend <small>(in pencil)</small> <u>Mother</u> <u>Janet</u> <u>Same address</u>
Place of Birth <u>Winnipeg, Manitoba.</u>	
Place of Residence <u>493 Simcoe Street, Winnipeg, Man.</u>	
Trade brought up to <u>Telegraph Messenger</u>	
Religion <u>United Church</u>	
Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....	
P.S.T. Date.....19..... Signature..... Rank.....	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<u>11 Mch '43</u>	<u>Duration of Hostilities</u>	<u>Sto. 2/c.</u>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<u>5</u>	<u>8 7/8</u>	<u>34</u>		<u>Dark Brown</u>	<u>Hazel</u>	<u>Medium</u>	<u>Nil</u>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

This form if placed in an envelope, marked "Dominion Statistics—FREE, penalty for improper use, \$300," and properly addressed will pass through the mail "FREE"

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

23

1. PLACE OF DEATH { If in Rural Municipality AT SEA Sec. Twp. Rge.
 (Name)
 If in City, Town or Village. Street. House No.
 (Name) (If in hospital or institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant)
 (in years, months and days)

3. PRINT FULL NAME OF DECEASED CANT Daniel
 (Surname) (Given name or names in usual order)

RESIDENCE 493 Sincove Street, Winnipeg, Manitoba.
 (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX <u>Male</u>	5. NATIONALITY (Citizenship) <u>Canadian</u>	6. RACIAL ORIGIN <u>Scottish</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) <u>Winnipeg, Manitoba.</u>
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9. DATE OF BIRTH	Month <u>February</u> (Write the word)	Day <u>25</u>	Year <u>1925</u>	10. AGE IN	Years <u>19</u>	Months <u>6</u>	Days	If less than one day hrs. or min.
------------------	--	------------------	---------------------	------------	--------------------	--------------------	------	--------------------------------------

OCCUPATION

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Telegraph Messenger.

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Canadian Pac. Railways, (Unemployed)

13. Date deceased last worked at this occupation.

14. Total years spent in this occupation.

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased.

PARENTS

16. Name of father.

17. Birthplace of father. (same as item No. 8)

18. Maiden name of mother.

19. Birthplace of mother. (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant H. B. McGeer
Payer, Cdr. R.C.N.R., Officer i/c Naval Personnel Records,
 Address Nav. 1 Service Headquarters, Ottawa, Ontario.

21. Relationship to deceased Personnel Records,

22. Place of burial, cremation or removal Body not recovered. Date of burial 19....

23. Burial Permit was issued by Address.....

24. Signature of Undertaker or person acting as Undertaker Address.....

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH 7th May 1944
 (Hour) (Day) (Month) (Year)

26. I HEREBY CERTIFY that I attended deceased from 19....
 to 19...., and last saw h..... alive on 19....

CAUSE OF DEATH

I
 Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) "MISSING" presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) (c)

II
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

27. If a woman, was the death associated with pregnancy?.....

28. Was there a surgical operation?..... Date of operation..... 19....
 State findings..... Was there an autopsy?.....

29. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide?..... Date of injury..... 19....
 (State which)

Manner of injury..... (How sustained)
 Nature of injury.....
 Specify whether injury occurred in industry, in home, or in public place.....

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by..... M.D.
 Address..... Date..... 19....

30. Registered number..... filed this..... day of..... 19....

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)

"M" Test 150/211 Education grade IX

Average rating. Shows fair amount of interest
Bears watching.

H.M.C.S. Proctor II

W. J. Langston

Officer of Division.

Date 26/7/43

Very weak student, below average intelligence,
inadequate.

H.M.C.S. Comwallis

A. J. Booth G. 10

Officer of Division.

Date 6/10/43

For Time Only

H.M.C.S. Stutson

Creepers. K. H. Meek

Officer of Division.

Date 25/11/43

H.M.C.S.

Officer of Division.

Date

H.M.C.S.

Officer of Division.

Date

ORIGINAL

Name Daniel CANT

Sub-Rating and Seniority Sto. 2/c 18-6-43 Non-Sub

O.N. V-56590 S.B. No. W.B. No.

Joined Ship 7-10-43 from Cornwallis

Engagement: Period 11 mch '43 Expires

Date of Birth 25 Feb '25 Religion United Church

Character G Efficiency Fair Date 25-11-43

Badges nil Class for Conduct 1 Class for Leave

Date due for: Next Badge 15/3/46

Progressive Pay 15/9/43

L.S. & G.C. Recommended

Advancement. Wishes to Pass? Recommended? Date Qualified?

Educ. Test Pt.1 yes yes

Higher Educ. Test.

Professional or higher Sub-rating

do Non-Sub.

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

Any Non-Service Attainments

Swimming Qualification No facilities Protector II dry land drill

Athletic capabilities Baseball, rugby, basketball

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

TIME ONLY

H.M.C.S. "Chippawa" A.S. Rayburn Lieutenant, R.C.N.V. Officer of Division.

Date 17 March '43

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

S. 98B

100M-7-42 (5/38)
N.S. 81-9-33

KIT LIST—MEN DRESSED AS SEAMEN

(REDUCED KIT FOR DURATION OF HOSTILITIES)

CANT Daniel

V Sto. 2

V-

Name

Rating

Official No.

* State where issue made.

Name

Scale Allowed		Article	No.	Forms S.1048 on which issues were made			
R.C.N.	R.C.N.V.R.			231 3/43 Wpg.	Date Apr 18/43	Date 2/6/43	Date Apr 1/43
		Bags, Kit	1		1	1	
		Bags, Soap	1		1	1	
		Belts, Life	1		1	1	
		Belts, Waist	1		1	1	
		Boots, half	2		2	2	
		Brushes, Hard	1		1	1	
		“ Polishing	1		1	1	
		“ Clothes	1		1	1	
		“ Hair	1		1	1	
		“ Tooth	1		1	1	
		Caps, blue cloth	2		2	2	
		Caps, white duck	1		1	1	
		Cases, attache	1		1	1	
		Combs, horn	1		1	1	
		Collars, blue jean	3		3	2	
		Coats, oilskin	1		1	1	
		Drawers	2		2	1	
		Jerseys, naval	1		1	1	
		Jerseys, sport	2		2	2	
		(b) Knives, with spike			—	2	
		Lanyards, knife			1	1	
		Overcoats	1		1	1	
		Ribbons, Cap	2		2	2	
		Scarves, black silk	2		2	2	
		Shoes, black leather			—		
		Shoes, gymnastic	1		1	1	
		Shorts, recreational, drill	2		2	2	
		Shorts, tropical					
		Singlets, tropical			2	2	
		Socks, pairs	2		2	2	
		Stockings, pairs	2		2	2	
		(a) Suits, blue overall	2		2	1	
		Towels	2		2	2	
		Type			1	1	
		Vests, flannel	2		2	2	
		Vests, cotton uniform	2		2	2	
		Vests, Singlets for wear under Vests, cotton uniform				2	
		Jumpers, serge	2		2	2	
		Jumpers, duck working			—		
		Trousers, serge	2		2	2	
		Trousers, duck			—		
		Beds	1		1	1	
		Blankets	1		2	2	
		Bed Covers	2		2	2	
		Hammocks	2		2	2	
		Clews and Lanyards, sets	1		1	1	
		Lashing Stoker	1		1	1	
		(b) Manual of Seamanship	1		1	1	

Daniel Cant

Returns

Winter Issue				Gift Clothing received from Organization			
Description	Year Issued			Description	Year Issued		
	19 43	19 43	19		19	19	19
Caps, Winter				Comforters			
Comforters	1	1		Helmets, Balaclava			
Drawers, Woollen	2	2		Gloves or Mitts			
Helmets, Balaclava				Socks			
Jerseys, Naval				Stockings			
Mitts, leather	1	1		Sweaters			
Rubbers				Wristlets			
Socks				Windbreakers			
Stockings							

(a) Note: Stokers issued with 2 Blue Jean Suits. (b) For Seamen's Branch only.

TFH/VR

REGISTERED
AIR - MAIL
NS V56590 PERS (N)

11th May, 1944.

10

Dear Mrs. Cant:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your son has been reported "missing", are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D. T. English, of Halifax, Nova Scotia, are missing.

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

Yours sincerely,
LETTER distributed by
PERSONNEL NAVAL
MAY 12 1944
SECRETARY, NAVAL BOARD.

Mrs. Janet Cant,
493 Simcoe Street,
WINNIPEG, Manitoba.

10

ERM

REGISTERED

AIRMAIL

N.S. V56590

8th May, 1944.

Dear Mrs. Cant:

I deeply regret that I must confirm the telegram of the 8th May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Daniel Cant, Stoker Second Class, Official Number V56590, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, your son 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 son'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 son has helped to maintain.

Yours sincerely,

LETTER despatched by
PERSONNEL NAVAL

SECRETARY, NAVAL BOARD.

Mrs. Janet Cant
493 Simcoe Street
WINNIPEG, Manitoba

STATEMENT OF ACCOUNT

30

True extract from the ledger of H.M.C.S. 'AVALON " VALLEYFIELD' ending 30 June 19 44

List No. ^{12²} 32 (Name) CANT. Daniel Rank Rating Sto. I. No. V. 56590.

When entered F.B. Date of appearance F.B. Whither discharged DEAD

		\$	c.				
CREDIT from former account.....		47	68				
Pay as.....	Sto. I. from 1 Apl to 31 May (61 days at \$ 2.00 day)	122	00				
Adjust.....	Sto. I. " 15 Mch. " 31 Mch (17 " .40 ")	6	80				
"	" " " " (" ")						
"	" " " " (" ")						
"	" " " " (" ")						
Kit Upkeep Allowance.....		4	33 47				
OTHER CREDITS:.....							
Total credits.....		181	28				
DEBT from former account.....		N I L					
PAYMENTS:—	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....	47.00	8.94				Total.....	55 94
2nd month.....						Total.....	
3rd month.....						Total.....	
Allotment 8.40 chged Apl.....							8 40
Pension deduction (Officers) charged to..... of.....							
Hospital stoppages.....							
Mulcts.....							
OTHER CHARGES: O.R. No. 25181 payable Adm. Naval Estates.....							116 94
(Present War)							
Total debits.....		181	28				
Balance Cr. or Dr.		N I L					
(Balance Dr. to be shown in red)							

LEDGER: *Yett*
AUDIT: *[Signature]*

Number of days actually victualled during period mentioned above.....37.....

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		

Date 5 June 19 44

[Signature]
PAY. LIEUT. CDR., R.C.N.V.R.
ACCOUNTANT OFFICER

C.N.S. 2426
25M-5-42 (4545)
N.S. 815-9-2426

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

24

H.M.C.S. VALLEYFIELD at SEA

Name DANIEL CAHNE (Christian names in full)

Rank or Rating STEWART 1/c Official No. V-50590 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth WINNIPEG, MAN. Date of Birth 25 FEB., 1925

Occupation in Civil Life TELEGRAPH MESSENGER Religion UNITED CHURCH.

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 10 MONTHS.

Date of Death AT SEA Place of Death 7th. MAY, 1944

Cause of Death ENEMY ACTION - TORPEDOING OF HMS VALLEYFIELD.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend Name MRS. JANET CAHNE Relationship MOTHER

Address 422 DUNDAS STREET
WINNIPEG, MANITOBA.

Date on which the above was informed by Ship INFORMED BY NEWS

Date on which death was registered with local Officials NOT REGISTERED.

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

Place of Burial (If known) Date of Burial (If known)

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

Undertaker employed (If any)

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

[Signature]
A/Captain, R.C.N.
Commanding Officer
H.M.C.S. "AVALON"

7 MAY, 1944 19

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

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

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

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Daniel Cant
9	Date of his birth.	February 25 th 1925
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Winnipeg Man. Dec. 20 th 1919

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg Man.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Manitoba (b) (c) (d)
14	Nature of employment before enlistment.	nil
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.	Winnipeg Man.

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?	Unknown
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Ten Dollars 493 Simece St.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	One Hundred Dollars. Bearer 493 Simece St. Winnipeg
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life Insurance Co. Man. \$1000.00 payable to Janet Cant
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nil

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.	none
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

* 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

* Father 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.

Robert Cant { Signature of Informant
493 Lincoln St. Winnipeg Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Robert Cant

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

Dated at Winnipeg, Man. this 22nd day of September 19 44

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

D. O. Raham Qualification Clergyman

Address 41 Balmoral Place, Winnipeg, Man.

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

Mrs. Janet Cant,
 493 Simcoe Street,
 Winnipeg, Man.

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-56590 FD-554

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

CANT, Daniel, Stoker First Class,

V-56590, 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.

H. H. Wade
 Commanding Officer
 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.....	_____			
2	Children of the Deceased and dates of their Births.....	none			
3	Father of the Deceased.....	Robert Cant	64	493 Simcoe St. Winnipeg.	
4	Mother of the Deceased.....	Janet Cant		Deceased. Feb. 7. 1944	
5	Brothers of the Deceased	Full Blood	Robert Edward Cant	24	Reaburn Man
		Half Blood	Richard Cant	26	493 Simcoe St. Winnipeg.
			John Cant	35	579 W-17 th Ave. Vancouver
6	Sisters of the Deceased	Full Blood	James Bernard Wheeler	29	Reaburn Man
		Half Blood	Ruth Cant	15	Traynor Sask
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.		Mrs. Mary Parker	33	450 Centennial St. Winnipeg
		Names and ages of their children (if any)		Address of their children	



Department of National Defence

Naval Service

124090

OTTAWA, Ont., 30th August, 1944.

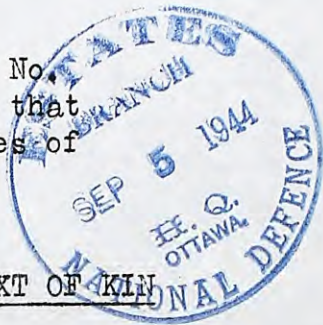
IN REPLY PLEASE QUOTE

V-56590 (Pers.N)

N.S.

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:



NAME, RANK/RATING,
Official No., UNIT

PARTICULARS RE
DEATH

NEXT OF KIN

CANT, Daniel,
Stoker First Class,
V-56590, R.C.N.V.R.

Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.

Mother: Mrs. Janet Cant,
493 Simcoe Street,
Winnipeg, Man.

ALLOTMENTS IN FORCE

In favor of

Amount

Initials

NIL.

hal

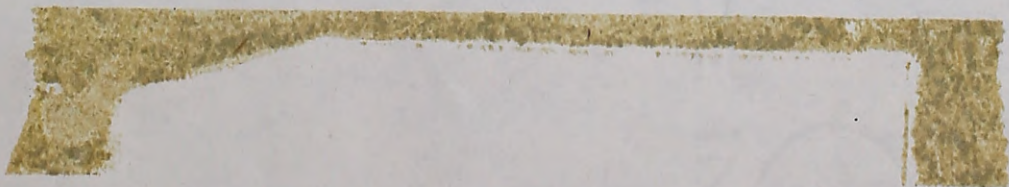
Will: No Will

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.



00000

Faint header text, possibly a title or reference number.

Faint header text on the right side.

In accordance with the provisions of
the Act, the following information
is being furnished to you.

RECEIVED

RECEIVED

Faint text on the left side, possibly a date or reference.



Faint text on the right side, possibly a date or reference.

RECEIVED

RECEIVED

1964

RECEIVED

Faint text at the bottom right, possibly a signature or date.



NCR

DOCKET AND FORWARD WITH
ATTACHED LETTER TO ADMINI-
STRATOR OF ESTATES.

FJH/EM

OTTAWA, Ont. 4th Oct.

5

NS V-56590
Pers(N) (P-19)

Sir:

With further reference to your letter of the 19th June, 1945 written on behalf of Mr. Robert Cant regarding War Service Gratuity in respect of his late son, Daniel Cant, Stoker 1/c, Official Number V-56590, Royal Canadian Naval Volunteer Reserve.

You are informed that your letter has been accepted as application made on behalf of Mr. Cant, and you will be advised further in this regard at the earliest possible date.

Yours truly,

SECRETARY, NAVAL BOARD.

Mr. Arthur C. Miller,
707 McIntyre Block,
WINNIPEG, Manitoba.

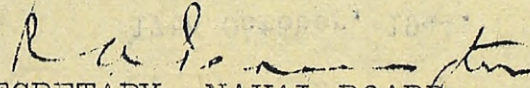
LETTER dispatched by
PERSONNEL NAVAL
5 1945

Category "E" approved for:

Date of discharge is to be reported
at an early date.

Medical Board Proceedings ()
respecting the above named, attached for
record purposes.

BY ORDER,






SECRETARY, NAVAL BOARD.

LA/HS

H.S. V-56590, F.D. 764, Pers. (N)

17th October, 1944.

THIS IS TO CERTIFY that according to official information Daniel Cant, Stoker First Class, Official Number V-56590, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEY-FIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.


SECRETARY, NAVAL BOARD.




29

ACCOUNTS OF MEN DISCHARGED

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

Name CANT. Daniel Rating Sto. I.
Official No V. 56590 H.M.C.S. AVALON " VALLEYFIELD List 12²/32 32
Who* DISCHARGED DEAD on the 7 May 19 44

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, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
Cash deposited by official Receipt No. <u>25181² Adm. Naval Estates (Present War)</u>		116	94
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>Nil --</u> charged to <u>31 May</u>			
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u>			
Total†.....	<u>CREDITOR</u>	116	94

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 AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of ONE HUNDRED & SIXTEEN -- dollars -- NINETY-FOUR -- cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S Nfld. this FIFTH day of JUNE 19 44
Approved PAY. LIEUT. CDR., R.C.N.V.R. Accountant Officer

[Signature] { Initials of the Assistant Accountant Officer
A/CAPTAIN. RCN. 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.

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13925 dated 19 May, 1944.

5M-2-42 (3801)
H.Q. N.S. 815-0-45

LEDGER: [Signature]
AUDIT: [Signature]

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

2
 NAVY

DECEASED
 MEMBER'S
 NAME

Daniel
 (CHRISTIAN NAMES)

CANT
 (SURNAME)

REGISTER NO. 20838
 FILE NO. NSV 56590
 DATE 30 Oct '45
 SERVICE NO. V-56590
 FINAL RANK OR RATING Sto.1/c
 DATE OF DISCHARGE 7 May '44

PAYEE Director of Estates,
 ADDRESS 308 Sparks St.,
 Ottawa, Ont.

for Service Estate of
 Daniel CANT,
 N.S.V-56590
 7 May '44

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 420 EQUAL TO 14 COMPLETE PERIODS AT \$7.50

\$ 105.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 152 LESS NIL INELIGIBLE DAYS, EQUAL TO 152 DAYS @ 25C. PER DAY

38.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.25
 ADDITIONAL PAY H.L.M. \$.13



DEPENDENTS' ALLOWANCE 1/30 OF \$ NIL

TOTAL \$ 3.38 X7 = \$ 23.66
 NO. OF DAYS 152 X \$ 23.66

183

19.65

D. WAR SERVICE GRATUITY

162.65

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

162.65

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 162.65

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 JSB
 CHECKED BY [Signature]

TREASURY
 CHECKED BY [Signature]
 DATE 2.11.45

for Dir. Naval Pay Actg.

AT

142582

91

ACCOUNTS OF MEN DISCHARGED

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

Name.. CANT. Daniel Rating..... Sto. I.

Official No. V. 56590 H.M.C.S. AVALON " VALLEYFIELD List..... 12² / 32 32

Who*..... DISCHARGED DEAD on the..... 7 May 19. 44

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side		L
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25181 Adm. Naval Estates (Present War)</u>	116	94
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>Nil --</u> charged to <u>31 May</u>		
Name of ship from which transferred..... <u>HMCS. "VALLEYFIELD"</u>		
Total†..... <u>CREDITOR</u>	116	94

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..... AVALON..... for "VALLEYFIELD"..... amounting to a net balance† CREDITOR..... of..... ONE HUNDRED & SIXTEEN -- -- dollars..... -- NINETY-FOUR -- cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S Nfld. this FIFTH day of JUNE 19. 44

Approved PAY. LIEUT. CDR., R.C.N.V.R. Accountant Officer

[Signature]

..... { Initials of the Assistant Accountant Officer

..... Commanding Officer.

A/CAPTAIN. RCN.

22

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.

C.N.S. 46 AUTHORITY: AVALON'S CNS 249A #A13925 dated 19 May, 1944.

5M-2-42 (3801)
H.Q. N.S. 815-9-45

LEDGER: *[Signature]*

AUDIT: *[Signature]*

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 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 Daniel CAUT (b) Reg'l. No. 156590
2. (a) Arm of service NAVAL (b) Unit R.C.N.V.R. (c) Rank 1st Lt S/c for Supt
3. (a) Date of birth 25 Feb 1925 (b) Have you any dependents? No (c) Place of residence at time of enlistment Winnipeg Man. course
4. (a) Place of enlistment Winnipeg, Manitoba. (b) Date of enlistment 11th March, 1943.

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 yrs. (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade X.
7. If you attended a university, give name of university and standing or degree secured No.
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? - (c) Did you finish it? - (d) If you did not finish it, how long did you serve at it? -
9. (a) What languages do you speak fluently? 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? -

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? Yes.
12. (a) If answer to 11 be "Yes" state exact trade or occupation at which you actually worked. Telegraph Mgr. (b) State how long you had worked at this trade or occupation. 7 mos
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. May 1942.
15. Give details of last employer, if any: Name Canadian Pacific Railways Address Winnipeg, Manitoba.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Transportation.
17. (a) If your last employment was in a business of your own, state nature and address of business. (b) Date of discontinuing it.

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

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

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

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

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice. (b) Where was it located?
23. (a) Number of years engaged in this business. (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? Yes. (c) If so, in what kind of farming? Mixed
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 14 (c) In what provinces did you have experience? Manitoba.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) -
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. No.

DATE 11th March, 1943. 194. SIGNATURE Daniel Caut



MAR 27 1943

Copy To
WD
ES

D OF B. 7-5-44

273-D AWARDS (NAVY)

D.D.

CANT	Daniel	V-56590	Sto.1	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	5111 22/11/49
C.V.S.M. & Clasp	
War Medal	

02-67676 M



P

(THE REVER

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

No Later Add.

ENTITLED TO Mr. Robert Cant - Father

ADDRESS: 493 Simcoe St.,
WINNIPEG, Man.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Janet Cant

ADDRESS: 493 Simcoe St.,
WINNIPEG, Man.

MEMORIAL B R

DATE DESP

REGN. NO ~~122~~ 2

(2)

(3) 22-9-44