

FLATH, JOHN CARLETON

O23950

" C O P Y "

" ROYAL CANADIAN NAVY "

PRESS RELEASE

RELEASE DATE: SATURDAY MAY 20, 10 A.M., E.D.T.

85-

A NEWFOUNDLAND PORT -- Several survivors of H.M.C.S. "VALLEYFIELD" in hospital here said that "at least two members of the ship's company would have had a better chance of survival if they had not been wearing beards.

Oil and salt water mixed in with the beards hampered breathing, and Chief Petty Officer James F. Laviolette, R.C.N.V.R., coxswain of the ship, says that Lieutenant Carleton 'Tony' Flath, RCNVR, of Medicine Hat, told him while they were clinging to a raft that his beard was choking him. Signalman Victor A. Ward, of Montreal, made a similar complaint.

Able Seaman Henry C. Addison, R.C.N.V.R., of 1115 Arbutus St., New Westminister, who was with Lieut. Flath most of the time, corroborated the coxswain's evidence, saying that the officer was "gasping and unable to breathe properly because of the oil sticking to his whiskers."

EXCERPTS FROM PRESS REPORTS

RE:- Lieutenant John Carleton FLATH  
R. C. N. V. R.

"Interviewed in the big Royal Canadian Navy Hospital here where he was fast recovering from exposure and immersion foot, Lieut. Tate told a graphic story of the sinking and of the deaths of two of his best friends -- Lieut. Carleton (Tony) Flath, R.C.N.V.R., of Medicine Hat, Alta., and Lieut. (g) Frank C. Reynolds, R.C.N.V.R., of Toronto. Both clung to the same carley float on which Tate rode to eventual safety -- and both refused Tate's offers of aid when he suspected their condition was weaker than his own. 86

"By this time the bow had gone down and the stern half was sinking in a hurry. Two of us on our float managed to get our survivor lights flashing on our life-jackets--little, wonderful white lights that winked on and off. I'll never forget 'em. "Tony Flath was on one side of me, and Frank Reynolds on the other. I had an idea I had been luckier than some of the boys, and felt not too bad at all. I remember I asked first Flath and then Reynolds if they were okay or needed any help. Both said they were fine, and not to bother. Then I began feeling faint again, and numbed half to death and I passed out for the umpteenth time. When I came to, Tony Flath was dead. He was one of the liveliest fellows in the ship, and losing him has been tough to us all.

Just a few hours earlier he had put us all into fits of laughter with his gags in a quiz program aboard ship. Even while I clung to the float I recalled how he had recited 'Dan McGrew' -- the whole thing by heart".

# OCCUPATIONAL HISTORY FORM

103 J1167

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 John Carlton FLATH (b) Reg'l. No. \_\_\_\_\_
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank Pr. Sub. Lieut.
3. (a) Date of birth 16 Oct. 1915 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Medicine Hat.
4. (a) Place of enlistment Kingston, Ont. (b) Date of enlistment 10 Aug. 1941

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (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.) Senior Matriculation
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

37

## 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? Alberta Teachers' Association.

## 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 Athabasca School Division Address Athabasca, Alta.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) As above
20. (a) Your specific occupation School teacher (b) Number of years' experience at this occupation with any employer 7 1/2
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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? --
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? --

## Section G—MISCELLANEOUS

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



DATE 26th November, 1942 SIGNATURE John Carlton Flath

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

Mrs. Nina Flath,  
149-8th St. N.E.,  
Medicine Hat, Alberta.

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

and the following number quoted:—

H.Q. 0-23950 FD. 534

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

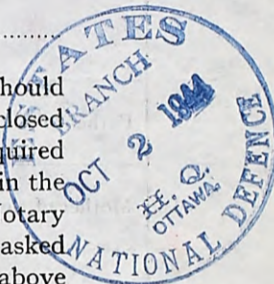
September 12 1944

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

FLATH, John Carleton, Lieutenant,

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.

GC/

*W. A. Beach*  
Commander  
for Director of Estates.

## 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.....	<i>Nina Flath</i>	<i>27</i>	<i>149-8 St. N. E. Medicine Hat.</i>
2	Children of the Deceased and dates of their Births.....	<i>Mary Louis Flath July 27, 1935</i>	<i>9</i>	<i>149-8 St. N. E. Medicine Hat, Alta</i>
		<i>Dan Carleton Flath August 28, 1936</i>	<i>8</i>	<i>149-8 St. N. E. Medicine Hat, Alta</i>
3	Father of the Deceased.....	<i>John Albert Flath</i>	<i>61</i>	<i>149-8 St. N. E. Medicine Hat, Alberta</i>
4	Mother of the Deceased.....	<i>Nelly Emiline Flath</i>	<i>59</i>	<i>149-8 St. N. E. Medicine Hat, Alberta</i>
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		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	
	<i>William Louis Flath Killed in Action in France Aug. 1, 1944</i>			

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	<i>John Carleton Flath</i>
9	Date of his birth.	<i>Oct. 16 - 1913</i>
10	Place and date of his marriage.	<i>Medicine Hat, Jan. 5, 1935.</i>
11	Place and date of his parents' marriage.	<i>Grand Valley, Ontario June 7, 1911,</i>

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Redcliff, Alberta.</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) <i>Alberta -</i> (c) (d)
14	Nature of employment before enlistment.	<i>Public School Teacher.</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<i>No</i>
16	Name place where deceased stated he intended to make his permanent home.	<i>Alberta</i>

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	<i>Not to my knowledge</i>
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	<i>No</i>
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?	<i>Not to my knowledge</i>
20	Amount of War Savings Certificates held by deceased. Indicate where located.	<i>None</i>
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	<i>None</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	<i>Manufacturers Life - \$1,000 Mina Flath, wife Confederation Life; Return of premiums paid</i>
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	<i>None</i>

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	<i>No</i>
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	<i>No</i>

(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.

Nina Flath ..... {Signature of Informant  
149-8 St. A.E. ..... Address  
Medicine Hat, Alberta.

CERTIFICATE

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

\*See above Nina Flath { 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 Medicine Hat this 26 day of September 1948  
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. E. A. Bell Qualification Police Magistrate  
Address Medicine Hat Alberta

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

There was a credit of <sup>88</sup>92.37 on Income Tax which my husband did not receive.



ORIGINAL  
DUPLICATE  
TRIPPLICATE

M.F.M. 2  
A.F.B. 271  
450M-5-40 (5237)  
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit R.C.C.S. (Reinforcements) ..... Regimental Number W-41912 .....

## CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

1. Surname..... FLATH .....
2. Christian Names..... JOHN CARLETON .....
3. Present address..... 149 8th. Street, Medicine Hat, Alberta, Canada .....
4. Date of birth..... 16th. October, 1913 .....
5. Place of birth..... Canada ..... Alberta ..... Redcliffe .....  
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... Anglican .....
7. Trade or Calling..... School Teacher .....
8. Married, Widower or Single..... Married .....
9. Name of next of kin..... Nina Flath .....
10. Relationship..... Wife .....
11. Address of next of kin..... 149 8th. Street, Medicine Hat, Alberta, Canada .....
12. Do you belong to, or have you served in the Active Militia of Canada?..... 2 years 1931-1932 .....  
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force?..... No ..... (Yes or No)  
(If Yes, Give Regimental No. and Unit) : (b) Any other Naval, Military, or Air  
Force?..... No ..... (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918?..... No .....  
(If Yes, specify Regimental No., Unit and Dates of Service)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, JOHN CARLETON FLATH ..... do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 1st August, 1940 ..... John C. Flath .....  
(Signature of recruit)

### OATH TO BE TAKEN BY MAN ON ATTESTATION

I, JOHN CARLETON FLATH ..... do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

..... John C. Flath ..... (Signature of Recruit)

### CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Calgary, Alberta, ..... this first ..... day of August ..... 1940 .....  
Canada

(J.H. CAVE) MAJOR RCASC

Adjutant

No. 1, District Depot CASF

{ Signature of Magistrate, Justice  
or Attesting Officer.

{ Office or Rank and Unit  
or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of FLATH (Surname) JOHN CARLETON (Christian Names) Regimental Number M-41912

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military Militia 2 years 1931-1932 High School } Grade 12 - 4 Graduation } Matriculation  
 or } (years completed) } or } (specify)  
 Collegiate }  
 Business or Professional Nil \*College Normal 1 year  
 Trade or Civil Nil \*University Nil  
 Technical Nil  
 Languages English  
 \*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
<sup>b</sup> 5-8-40		Joined on appointment T.O.S. #13 District Depot, CASF	Sigmn.	1-8-40	#13 D.D.	Calgary	#2067	<sup>6</sup> 5-8-40
27-8-40		S.O.S. Transfer RCCS TC Barriemfield	"	27-8-40	"	"	#225	27-8-40
		Att'd. to the C.S.T.C., Kingston, Ont., as Reinf. from D.D. No. 13, Calgary, Alta.	Sigmn.	30-8-40	RCS	CSTC	CSTC Pt. II #207	31-8-40
		Granted furlough to 20-4-41 (14 days)	"	7-4-41	"	"	S.T.C. No. 79	3-4-41
		Ceases to be Att'd. to CSTC, Kingston, Ont., as a Reinf. from D.D. 13, Calgary, Alta., on being discharged under CARO. 1029(15): "For purpose of enlistment in another force," and S.O.S., at Kingston, Ont. (Service 1 year and 8 days. Not eligible for the Rehabilitation Grant. Address on discharge - RCMVR, Princess Str., Kingston, Ont.) Character: Very good during his 1 year and 8 days service.	Sigmn.	8-8-41	R.C.S.	S.T.C.	S.T.C. No. 191	14-8-41.

For additional entries use M.F.M. 1 and 2 (a)

1209.

Name in full  
Part  
1. Age.....  
2. Rheuma  
3. Tubercu  
4. Bronchi  
5. Heart d  
6. Kidney  
7. Gastro-i  
8. Rupture  
9. Varicose  
i. Flat or  
j. Nasal to  
NO PE  
Part  
1. Identifi  
2 R  
2. Height  
3. Comple  
4. Comple  
5. Chest r  
6. Vision,  
7. Vision,  
8. Condit  
9. Condit  
10. The ab  
Part 3  
reported in  
and Instruc  
Special rem  
Far  
Date  
29-7-  
21-9-40  
21-9-40  
21-9-40  
28-9-40  
5-10-40  
15-2-41  
24-4-41

1209.

CERTIFICATE OF MEDICAL EXAMINATION

Name in full FLATH JOHN CARLETON Date 29-7-40

Part 1. Information obtained from the recruit.

- 1. Age 26 2. Have you ever suffered from any of the following diseases? a. Rheumatism NO b. Tuberculosis NO c. Bronchitis or asthma NO d. Heart disease NO e. Kidney or bladder disease NO f. Gastro-intestinal NO g. Rupture NO h. Varicose veins NO i. Flat or deformed feet NO j. Nasal trouble NO k. Ear disease NO l. Eye disease NO m. Epilepsy NO n. Nervous or mental disease NO o. Syphilis NO p. Gonorrhoea NO q. Have you ever worn glasses? NO r. Are you now or have you in the past received disability pension or compensation? If so, give details NO

John C. Flath Signature of Applicant

NO PENSIONABLE DISABILITY PAST OR PRESENT

Part 2. Information obtained by medical examination. The recruit must be stripped.

- 1. Identification marks or scars. (If operative obtain history.) 2 Round scars inner side right knee 2. Height 5 feet 4 inches 3. Weight 118 pounds 4. Complexion fair Eyes grey 5. Development fair Hair brown 6. Chest measurement-Girth on full expansion 35 inches Range of expansion 3 1/2 inches 7. Vision, right 20/20 left 20/20 8. Hearing, right WV 20 left WV 20 9. Condition of mouth and teeth meets dental requirements 10. The abnormalities (congenital and pathological) found on examination are as follows Functional systolei murmur

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category "A"

Special remarks when category lower than A Ears, urine, reflexes negative

Reg. Hart A.B. Singleton H.B. Shear President Member Member VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Table with 4 columns: Date, Brief details and signature, Date, Brief details and signature. Contains medical examination records and reclassification dates.

For additional entries use M.F.M. 1 and 2 (a)



Kingston

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

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

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

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

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

Dated this 8th day of August, 1941.

Signature of applicant X *John C. Flath*

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 8th day of August, 1941.

*S. E. Hill*  
Signature of and rank of Attesting Officer.  
Lieut. R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, John Carleton Flath 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 X *John C. Flath*

Witness *S. E. Hill*

Lieut. R.C.N.V.R.

Date 8th August, 1941.

Rank

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

(E) CERTIFICATE OF ATTESTING OFFICER

John Carleton Flath 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 Kingston Division of the R.C.N.V.R. or in the appropriate official documents.

*S. E. Hill*  
Lieut. R.C.N.V.R. Attesting Officer.

R.C.N.V.R. Division

8th August 1941 (or other establishment) Kingston

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.



Kingston  
Nov. 7/41  
Rechecked  
(Fit.)  
J. Murray  
JLT



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

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined John G. Flath  
 † candidate for entry as Ord. Surg. U/S  
 and I believe him to be \* (in all respects fit for His Majesty's Service.  
 † unfit for His Majesty's Service for the reason stated below. } He has signed  
 the Certificate given below in my presence.  
 † Strike out if inapplicable. \* Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. / ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
27 yrs. / 8 mos.	128	5 / 5 1/4	Very Good	32 1/2 (a) maximum 27 (b) minimum 29 1/2 (c) mean	right eye 6/6 left eye 6/6 *colour vision Normal	1940	Normal	Normal	Normal as below	Normal	Normal	Normal	Fair	Normal

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

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

Negative #1832

Write in the appropriate notation, and any remarks necessary.

### CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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

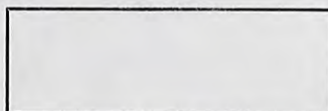
John G. Flath  
Signature of Candidate

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

This Candidate is the subject of Convalescent from t.b.m. there is

slight atrophy of gland - rt. leg - no disability, no nerve disturbance  
 \* (which renders him medically unfit for service, he walks 12 miles a day  
his grounds normal  
 not considered of sufficient importance to cause his rejection, he being desirable in other respects.)  
 \* Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters



Dated at Kingston the 23<sup>rd</sup> July 1941

[Signature]  
Examining Medical Officer  
(Rank) [Signature]

Rechecked by JLT 9/41

OFFICIAL NUMBER | FILE NUMBER 0-23950 | OFFICIAL NUMBER  
 NAME FLATH (Surname) | John C. (Given Names) | DATE OF BIRTH 16th October, 1913.

PLACE OF BIRTH Bedcliffe, Alberta. | OCCUPATION Teacher  
 RELIGION Church of England | EDUCATION  
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 149 8th St. North East | Town Medicine Hat | Province, etc. Alta.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
10	8	42	H.O.	5'11 1/4"	Brown Graying	Blue	Fair	Scar rt knee & lt. calf	RCNVR	O)Tel.	8-8-41	9-8-41

NEXT OF KIN RELATIONSHIP (in pencil) wife | NAME (in pencil) Mrs. Nina Flath  
 ADDRESS (in pencil): Street and No. 149-8th Street N.E. | Town Medicine Hat | Province, etc. Alta. 16.10.43

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				12	12	42	Result P/Sb. Lt. trng. 76.2%				

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

**FILM**  
 NO. W.S.R. 4367-7  
 DATE

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

SECOND CLASS FOR CONDUCT  
 From \_\_\_\_\_ To \_\_\_\_\_

**W.S.G.**  
 APPLICATION  
 3419  
 RECEIVED



0-23950 OFFICIAL NUMBER NAME FLATH John C. OFFICIAL NUMBER 0-23950  
 (Surname) (Given Names)

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			F. Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. Stadacona	Prob. Sub-Lt. T.	10	8	42	Promoted from Ord. Tel. O. N. V. 18523)			Per Appt.	3	9	42						
H.M.C.S. Kings	Prob. Sub-Lt. T.	20	8	42	for trng. and disposal												
" Cornwallis	Sub-Lieut. T.	14	12	42	addl. (Confirmed as Sub-Lieut. with seniority of 10-8-42)			Per Appt.	7	1	43						
" Chippawa	" " T.	31	12	42	Per Appt. 20-1-43												
" Stadacona	" " "	12	7	43	addl. for passage to U.K. )												
" Niobe	" " "	16	7	43	addl. for H/F D/F Course )-Amended Appt. 2-7-43												
" "	Lieut. T.	10	8	43	addl. for H/F D/F Course-Appt. 4-8-43												
" Avalon	" "				addl. for duty as H/F D/F Officer in C-1 Group-Appt. 19-1-44 -Amended by Appt. 27-1-44												
H.M.C.S. Stadacona	Lieut. T.	18	1	44	addl. for disposal												
" Avalon	" "				addl. for duty as H/F D/F Officer in C-1 Group)-Amended Appt. 27-1-44												
DISCHARGED	" "	7	5	44	"Missing" After sinking of H.M.C.S. Valleyfield Per Casualty List --Presumed Dead-per per Casualty Correction sheet pg. 49.												

GENERAL REMARKS  
 Memorial Cross sent to Wife:  
 Mrs. Nina Flath,  
 149-8th St., N.E.,  
 Medicine Hat, Alta.--22-9-44.  
 Memorial Cross sent to Mother:  
 Mrs. Nelly E. Flath,  
 149-8th St., N.E.,  
 MEDICINE HAT, Alta.-----28-10-44  
*Amended from 149 6th St. N.E. from 18.1.44*

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE			
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GIOW.			P.	CTY.	TOWN	SERV.	DIV.	A.	BR.	RANK
10	08	13	17	730	D	30	X		801	04	X	19	2	01	12	
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			
10	08	42	10	08	42					95/10	01	09				
SENIORITY			STR.	NON-SUB.		M.	CODER			CHECKED						
DY.	MO.	YR.	CAT.	A.	B.	SI.										
10	08	43	13			62		273	25			70				

07-05-46 844 5700

V18523

OFFICIAL NUMBER

FILE NUMBER

113-F-740

OFFICIAL NUMBER

V18523

NAME FLATH John Carleton DATE OF BIRTH 16th October, 1913  
(Surname) (Given Names)PLACE OF BIRTH Redcliffe, Alberta OCCUPATION TeacherRELIGION C. of E. EDUCATION Senior Matriculation. Normal School - 7 years Teaching.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 149-8th Street Town Medecine Hat Province, etc. Alta.

ENGAGEMENTS				DESCRIPTION				PREVIOUS SERVICE				
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
8	8	41	H.O.	5' 5 $\frac{1}{4}$	Brown	Blue	Clear	Vacc. scar L. arm 2 small scars inside R. knee. 2" scar L. side L. leg.	R.C.C.S. Vimy Barracks, Kingston	Sig.	1-8	8-8
											40	41

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Nina FlathADDRESS (in pencil): Street and No. 149-8th Street Town Medecine Hat Province, etc. Alta.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				4-5	11	41	Passed E.T. 1 R.C.N.V.R.				
				6	1	42	Passed E.T. 1 R.C.N.				
				28	2	42	Qualified for Tel.				

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						O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	

SECOND CLASS FOR CONDUCT

From

To



V18523

OFFICIAL NUMBER

NAME FIATH  
(Surname)

John Carleton  
(Given Names)

OFFICIAL NUMBER

V18523

0-23950

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Duty Div. Hdqts.	Ord. Smn. V/S	8	8	41		V.G.	Supr.	12	11	41							
St. Hyacinthe	" "	13	11	41		V.G.	Sat.	31	12	41							
"	Ord. Tel.	27	12	41	Transferred (Sub. 5-3-42)	V.G.	Supr.	9	8	42							
Venture	" "	28	3	42	103194												
D-16	" "	3	4	42	78248												
Stadacona	" "	28	7	42	DRD												
DISCHARGED	" "	9	8	42	"Promoted to Commissioned Rank" (S.C.)												

GENERAL REMARKS

X-Ray #1832 Approved

Passed Selection Board 27.6.42 (24917524)

DATE OF BIRTH			PLACE			CIVIL OCCU.			RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DAY	MO.	YR.	BIRTH	MAIN	SUB	GION	R	CTY.	TOWN	SERV	DIV.	A	BR	RANK		
16	0	13	17	Y30	0	30	Y81	01	04	9	21	0	0	0		
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE					
DAY	MO.	YR.	DAY	MO.	YR.	CAT.	DAY	MO.	YR.	ESTAB.	A	BR	RANK			
08	05	41	08	08	41					9830	0	12	95			
SENIORITY			STR.	NON-SUB			CODED			CHECKED						
DAY	MO.	YR.	CAT.	A	B	ST.										
27	12	41	09	00	00	30	09-08-42									

DECEASED 7 May 1944

D.D.

FLATH	John Carleton	0-23950	Lieut	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Defence Medal	
C.V.S.M. and Clasp	
War Medal	
	65-93

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sept. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO

Mrs. Nina Flath - Widow

ADDRESS:

149 - 8th Street, N.E.,  
Medicine Hat, Alta.

7-7-49

(2) MEMORIAL CROSS

WIDOW

Mrs N. Flath

ADDRESS:

149 - 8th Street N.E.  
MEDICINE HAT, Alta

(3) MEMORIAL CROSS

MOTHER

Mrs N. E. Flath

ADDRESS:

149 - 8th Street N.E.  
MEDICINE HAT, Alta

MEMORIAL B R

(1)

DATE DESP

299

REGN. NO

(2)

22 Sept 1944

(3)

28 October 1944

AWARDS—CANADIAN ARMY (ACTIVE)

M

FLATH, John Carleton	M 41912	Sgmn	FILE No. 405-F-1791
	V-18523		
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
War Medal, 1939-45	
	RCAF RCNVR

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

285185

ACTIVE ARMY  
CANADIAN FIELD FORCE

DISCHARGE CERTIFICATE

This is to Certify that No. 41912 (Rank) Signaller  
Name (in full) P. I. A. P. H. John Carleton enlisted in  
the R.C. Signals, A.P.  
~~CANADIAN FIELD FORCE~~ at Calgary, Alberta on the 1st  
day of August 19 40.  
He served in R.C. Signals, A.P. (In Canada)  
and is now discharged from the service by reason of C.A.R.O. 1029 (13). "For purpose  
of enlistment in another force."

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age <u>27 years, 10 months</u>	Marks or Scars <u>two round soars inner side</u>
Height <u>5 feet, 4 inches.</u>	<u>right knee.</u>
Complexion <u>Fair</u>	
Eyes <u>Gray</u>	
Hair <u>Brown</u>	

John C. Flath  
Signature of Soldier

Date of Discharge 6th August, 1941.

Vimy Barracks, Kingston, Ontario.

R. Z. James  
Issuing Officer

Cap. v. Ad.  
Rank

B. S. J. B.

Date 6th August, 1941. 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

To be made out in duplicate.

ORIGINAL

M.F.M. 5  
88M-11-36 (9359)  
H.Q. 1772-45-18

## PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

### INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier..... FLATH JOHN CARLETON.....  
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental Number..... M- 41912.....

**No. 13 DISTRICT DEPOT**

(3) Unit..... (C.A.S.F.) R.C.C.S. (Reinforcements).....

(4) Are you married?..... Yes.....

(5) If married, state,

(a) Full name of your wife..... Nina Flath.....

.....

(b) Present postal address of wife..... 149 8th. Street, Medicine Hat, Alberta,  
Canada.....

(6) If married, have you been regularly supporting your wife? If not—state reasons.....  
..... Yes.....

(7) Are you a widower?..... No.....

(8) Have you any children?..... Yes.....

If so, give number of boys and girls..... 2 Boys.....

Also their names and ages..... Garry Louis Flath 5 yrs. Dan Carleton Flat 4 yrs.

(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them..... Yes.....

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name..... Nina Flath.....

Postal Address..... 149 8th. Street, Medicine Hat, Alberta, Canada.....

.....

(SEE OTHER SIDE).



(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?..... No

If so, state her full name and Postal Address..... N/A

(11) Is your father alive?..... Yes

If so, state name and address..... John Albert Flath, Hardware Merchant,  
149 8th. Street, Medicine Hat, Alberta, Canada

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support?

n/A

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. .... N/A

Also state reason he has no other means of support.....

N/A

(14) Is your mother alive?..... Yes

If so, state name and address..... Nellie Emaline Flath  
149 8th. Street, Medicine Hat, Alberta, Canada

(15) If your mother is a widow, are you her sole support?..... N/A

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. .... N/A

Also state reason why she has no other means of support.....

N/A

(17) Are you insured?..... No

If so, in what Company?..... N/A

Have you made arrangements for payment of your Insurance Premium?..... N/A

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

*John C. Flath*  
.....  
(Signature of officer or man)

Date..... 3 - AUG 1940

Date..... 3 - AUG 1940

*[Signature]*  
.....  
CAPTAIN  
No. 15 DISTRICT DEPT  
(C.A.S.F.)  
Officer Commanding

Six copies to be rendered to Naval Service Headquarters

### REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at sea

Name John Carleton Flath  
(Christian names in full)

Rank of Rating Lieutenant RCNVR Official No. C-23950  
(If unknown, date of first entry)

Place of Birth Beaulieu, Alberta Date of Birth 16-10-13

Occupation in Civil Life Teacher Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 2 years 9 months

Date of Death 7-3-44 Place of Death at sea

Cause of Death Enemy action - Torpedoing of HMCS VALLEYFIELD  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Miss Flath Relationship wife  
Address 149 8th Street S.E. Medicine Hat, Alberta

Date on which the above was informed by Ship Informed by RCAF

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

*S. Davis*  
A/Captain, RCN, Commanding Officer,  
HMCS AVALON  
.....194.....

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.

C.N.S. 1121  
15M-641 (831)  
N.S. 815-9-1121

No. 109410  
100-101104  
100-101104

Classification: This file is of Confidential nature.

Comments:

In all cases this form is to be sent to the Bureau as of record of activity relating to the

Offense(s):

Subject(s) or Agency/Division:

File Number:

Continued on back



1. Name of individual: [redacted] on [redacted]

Classification:

Personnel File No. of Bureau:

(Agency)

Name of Bureau:

Type of Bureau:

File No. Bureau:

Classification: This individual is included in the Personnel Group of the Bureau of the Department of Justice.

In the case of individuals who are subject to the provisions of Executive Order No. 9835, the date on which they were so designated must be indicated.

Date on which they were so designated with their Office:

Date on which the records were prepared (if later than 12, 1944):

Signature:

Title of:

Name of Bureau:

Reference:

Name of Bureau:

(If one or several names are given, they should be given in full)

Date of Birth:

Name of Department:

(Classification of Bureau file)

Number of years since in the U.S. (If the individual is a foreign-born naturalized citizen in case of U.S.C.)

Classification in Civil File:

Reference:

Name of Bureau:

Date of Birth:

Date of Birth:

(If necessary, give in full)

Name of Bureau:

(Reference made to file)

Name:

BELOW OF THE DIVISION OF THE OFFICES OF THE FBI

Classification: This file is of Confidential nature.

## OFFICERS RECORD FORM

DATE: AUG. 1, 1942

SURNAME: FLATH

CHRISTIAN NAMES: JOHN CARLETON

RANK: PRO. T SUB. LT

HOME ADDRESS: 149 - 8<sup>TH</sup> ST N.E. MEDICINE HAT ALTA.

DATE OF BIRTH: OCT. 16 1913 PLACE OF BIRTH: REDCLIFF ALTA.

EDUCATION: Matriculation, Senior: SENIOR Junior:

TEACHER'S FIRST CLASS CERTIFICATE

University Degrees:

MERCANTILE MARINE CERTIFICATES: \_\_\_\_\_

No: \_\_\_\_\_

PRECIS MERCANTILE OR YACHTING EXPERIENCE:

OWNED &amp; SAILED SMALL DINGHY ON INLAND LAKE

PRECIS OF BUSINESS EXPERIENCE: TEACHER 7 YEARS

SPORTS: BASEBALL, TRACK TEAMS

OTHER HOBBIES OR INTERESTS: BOATING, SHOOTING

PREVIOUS NAVAL OR MILITARY TRAINING: 4 YEARS N.P. A.M.  
1 YEAR ACTIVE SERVICE R.C.C.S.  
1 YEAR ACTIVE SERVICE R.C.M.V.R.

LANGUAGES SPOKEN FLUENTLY: ENGLISH

LANGUAGES UNDERSTOOD: ENGLISH

BIRTH PLACE OF FATHER: DRAYTON, ONT. BIRTH PLACE OF MOTHER: GRAND VALLEY ONT.

FATHERS OCCUPATION: SUMMER RESORT PROPRIETOR

NEXT OF KIN: WIFE

Surname: FLATH

Christian Names: NINA

Full Address: 149 - 8<sup>TH</sup> ST. N.E. MEDICINE HAT ALTAHAVE YOU BEEN REJECTED BY ANY OTHER OF THE ARMED FORCES?  
IF SO GIVE DETAILS:- NO

RELIGION: C. of E.

NAVAL IDENTITY CARD NO: 40688

MARRIED or SINGLE: MARRIED

DEPENDENTS: 3

HEIGHT: 5' 4  $\frac{3}{4}$ "

WEIGHT: 123

NOTE: HALIFAX ADDRESS:-

TELEPHONE NUMBER:-

OFFICERS RECORDS

0-23950

Date: AUG 21/42

Surname: FLATH Christian Names: JOHN CARLETON

Rank: PROBATIONARY SUB. LIEUTENANT

Home Address: 149 8TH ST. N.E. MEDICINE HAT ALTA.

Date of Birth OCT. 16 1913 Place of Birth: REDCLIFF ALTA.

Education: Matriculation: Senior   
Junior

University Degrees: NORMAL SCHOOL

Mercantile Marine Certificates: No.

Precis Mercantile or Yachting Experience:

Precis of Business Experience: 8 YEARS TEACHING SCHOOL

Sports: BASEBALL

Other Hobbies or Interests:

Previous Naval or Military Training: 2 YRS SOUTH ALTA REG. MONT.  
2 YRS CALGARY HIGHLANDERS PERM.

NAVAL 1 YR RCNVR 1 YR. R. C. SIGNALS (ACTIVE)  
Languages spoken fluently: ORD. TEL 4 MOS. SEATIME  
ENGLISH

Languages understood: ENGLISH

Place of Birth of Father: Place of Birth of Mother:

DRAYTON ONT. GRAND VALLEY ONT.

Fathers Occupation: SUMMER RESORT PROPRIETOR

Next-of-Kin: WIFE

Surname: FLATH Christian Names: NINA

Full Address: 149 8TH ST. N.E. MEDICINE HAT ALTA

Have you been rejected by any other of the Armed Forces? NO

If so give details:

Religion: C.P.E. Naval Identity Card No.

Married or Single MARRIED Dependents: 3

Height: 5' 5 1/2" Weight: 123

1 12093 NAVAL SERVICE

DEFENCE  
AUG 20 1941 N. V. 3a  
35M-3-41 (9824)  
135740 N.S. 815-11-3a

OFFER OF SERVICE (HOSTILITIES ONLY)

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

Name: FLATH JOHN CARLETON  
Surname (in Block Letters) Christian Names  
Address: 149 8 MEDICINE HAT ALBERTA  
Number Street Town or City County Province  
Date of birth: OCTOBER 16 1918 Place of birth: REDCLIFF ALBERTA  
Nationality: IRISH Are you British by birth? YES or by Naturalization? YES  
Birth place of (a) Father: DRAYTON ONT. (b) Mother: GRAND VALLEY ONT.  
Are you (a) Single.....(b) Married YES (c) Widower.....(d) No. of Children? 2  
Any physical defects (especially eyesight)? NO  
Height: 5'5" Weight: 125 Can you swim? YES 4

B. Education—

Highest school grade passed successfully? XII Any Matriculation? SENIOR  
University: (a) Name: CALGARY (b) Years attended: 1 (c) Course and Degree: 1ST CLASS TEACHER CERT.  
Technical courses taken.....  
Special studies.....  
Languages spoken: ENGLISH

C. Sea Experience—

Have you ever been employed at sea? NO Give number of years and how employed?  
Name and number of Mercantile Marine Certificates held  
State last position held at sea (with dates)  
State employment since leaving sea

D. Occupation: What is your profession, trade or occupation in civil life?

TEACHER  
Are you (a) Actively pursuing your profession or trade on your own account?  
(b) Employed; if so, in what capacity and under what employer?  
General experience (with dates)  
Have you ever served in any of His Majesty's Forces? If so, which? How long? YES.  
SAR (2 YRS N.P.) CH (1 YR N.P.) R.C.C. 5 1 YR 8 days C.A.S.F.  
No. and Class of any Stationary Engineer's certificates or other certificates of competency  
How long would you need to settle up your private affairs?

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

F. Branch Applying for: (a) As Officer.....(b) As Rating (i.e., in the ranks) YES

If you cannot be accepted as an Officer are you willing to serve as a rating?  
In what capacity do you wish to enrol? OS VS

Date of Application: 8 AUGUST 1941 Signature: John G. Flath

# Passing Certificate

**This is to Certify**

that ..... John Carleton FLATH .....

Rating ..... Ord. Sma., R.C.N.V.R. ..... Official Number ..... V-18523 .....

has passed

**THE EDUCATIONAL TEST, I** R.C.N.

held on ..... 6th January, 1942. .....

For advancement to Petty Officer



.....  
~~Naval Secretary~~  
Director of Education

Department of National Defence,

Ottawa, this ..... 15th ..... day of ..... January ..... 1942 .....

Noted in Service  
Records by..... AE .....

DISTRIBUTION OF SERVICE ESTATES  
NAVY

AM Estates Form "P. 4"

Name: FLATH, John C., No.: .....

Surname Christian Names

Lieut. R.C.M.V.R. O/S 7-5-44

Rank Unit Date of Death

AMOUNT

Date: 17 Sept 45

L.P.C.....S 95.26

Other Credits..... 218.87

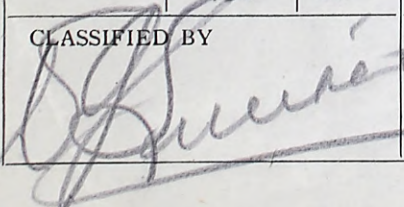
Total..... 314.13

Prev Dist. 187.63

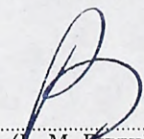
This Dist. 126.50

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Nina Flath, 149 - 8th St. North, Medicine Hat, Alta.	126.50
		(1/3 as next-of-kin entitled) (2/3 benefit of two minors)	

P4. TO TREAS. 25-9-45, QM

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	126.50
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

  
.....  
(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer



3419

TO: D.N.P.A.

FILE No. NS-023950

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>FLATH</u>	<u>John Carleton</u>	<u>0-23950</u>	<u>Lieut.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: D.D. Valley field  
Application by widow: Mrs Nina Flath (Particulars as to Pension, D.A, or A.P. not available)

TOTAL SERVICE

Date of Active Service 8 Aug '41  
Date of Discharge 7 May '44  
Total No. of Days 1004  
# Less non qualifying service —

365  
365  
24 Aug  
30 Aug  
31 Oct  
30 Nov  
31 Dec  
31 Jan  
29 Feb  
31 Mar  
30 Apr  
7 May  
1004

Total Days 1004

OVERSEAS SERVICE

% Total No. of Days 21.3  
# Less non qualifying service —

Total Days 213

Record of Service in other Forces (per Naval Records)

Branch of Service Army - Pte - M41912  
Date of Active Service July '40  
Date of Discharge 8 Aug '41

# & % Overleaf

H.C. { Computed By [Signature]  
Checked By [Signature]

[Signature]  
for (H.B. Money)  
Payr. Cmdr. R.C.N.R.  
Officer-in-Charge  
Naval Personnel Records

DATE: JAN 5 1945

*officer*

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
		Total Days	=====

(%)  
OVERSEAS SERVICE:

	Where Serving	From	To	No. of Days
①	Nisole	12 July '43	17 Jan '44	190
②	Valleyfield	15 Apr. '44	7 May '44	23
				<u>213</u>

(Appointed to Valleyfield 15-4-44 - 1000P Records)

①  
20 July  
31 Aug  
30 Sep  
31 Oct  
30 Nov  
31 Dec  
17  
190

For (L.B. Lacey)  
Naval Personnel Records  
Director-in-Charge  
Naval Base, R.O.L.B.

Checked by \_\_\_\_\_  
Computed by \_\_\_\_\_

DATE: \_\_\_\_\_

Register No. \_\_\_\_\_

Nominal Roll No. \_\_\_\_\_

TO: P.M.G.

H.Q. File No. 405-F-1791

CANADIAN ARMY (ACTIVE)  
COMPUTATION OF SERVICE  
WAR SERVICE GRANT

Rank	When		
Regt. No.	S.O.S.	Surname	Christian Name in Full
<u>M-41912</u>	<u>SGMN</u>	<u>FLATH</u>	<u>JOHN CARLETON</u>

Reason for termination of Service:

1st Enlistment ENLIST IN ANOTHER FORCE CARO 1029 ( 13 )

2nd Enlistment \_\_\_\_\_ CARO \_\_\_\_\_ ( )

3rd Enlistment \_\_\_\_\_ CARO \_\_\_\_\_ ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. <u>1 AUG 40</u>	T.O.S. _____	T.O.S. _____
S.O.S. <u>8 AUG 41</u> MD <u>3</u>	S O S. _____ MD _____	S.O.S. _____ MD _____
Total Days <u>373</u>	Total Days _____	Total Days _____
TOTAL SERVICE		<u>373</u> DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	<u>373</u>	—	<u>373</u>
OVERSEAS SERVICE	—	—	—
Totals	<u>373</u>	—	—
Add non-qualifying Service			<u>N/A</u>
TOTAL SERVICE			<u>373</u>

EMBARKATION DETAILS:

1. Date S.C.S. Overseas N/A 2. Date S.O.S. Overseas \_\_\_\_\_

REMARKS:

Computer's Signature [Signature]

Checker's Signature [Signature]

Date Computed 15 Nov 44

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

[Signature]  
(C.L. Laurin) Colonel,  
Director of Records.



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

Deceased member's NAME John Carleton (CHRISTIAN NAMES) FLATH (SURNAME) REGISTER NO. 3419  
 ADDRESS Mrs. NINA FLATH, FILE NO. NS.O-239  
33 - 8th Street, N.E., DATE 8 Nov/45.  
Medicine Hat, Alta. SERVICE NO. R.C.N.V.R.  
 DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44. FINAL RANK OR RATING Lieut.  
 DATE OF DISCHARGE 7 May/44.

TOTAL QUALIFYING SERVICE \$ 337.50  
 NO. OF DAYS 1377 EQUAL TO 45 COMPLETE PERIODS AT \$7.50

QUALIFYING OVERSEAS SERVICE \$ 46.50  
 NO. OF DAYS 213 LESS 27 INELIGIBLE DAYS, EQUAL TO 186 DAYS @ 25c. PER DAY  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

**SUB TOTAL**

**SUPPLEMENT FOR OVERSEAS SERVICE**

DAILY RATES AT DISCHARGE

PAY	\$	<u>6.00</u>	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	<u>1.70</u>	
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$ <u>78.12</u>	\$	<u>2.60</u>	
<b>TOTAL</b>		<u>30.30</u>	X7 = \$ <u>72.10</u>
		<u>186</u>	X\$ <u>72.10</u>
		<u>183</u>	

73.28

Nil  
*Army Overseas Supplement*

**D. WAR SERVICE GRATUITY** 457.28

**E. DEDUCTIONS**

OVERPAYMENT OF	PAY AND ALLOWANCES	\$
	DEPENDENTS' ALLOWANCE	\$
	AND ASSIGNED PAY	\$ <u>NIL</u>
OTHER DEDUCTIONS		\$

**F. AMOUNT PAYABLE** 457.28  
(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB-TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE  
 FOR EXPLANATION  
 OF ITEMS A, B & C

**G. MONTHLY INSTALMENT NOT TO EXCEED** DAILY RATE OF PAY AND ALLOWANCES \$            X30 \$           

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	<u>457.28</u>								
CHEQUE No.	<u>115236</u>								
DATE	<u>20/3-45</u>								

INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

**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 <u>BJD</u>	CHECKED BY <u>[Signature]</u>	TREASURY CHECKED BY <u>[Signature]</u>	DATE <u>13/3/45</u>	[Signature] SERVICE REPRESENTATIVE
---------------------------	----------------------------------	--	------------------------	---------------------------------------

for Dir. Naval Pay. Accting.

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

WRITE PLAINLY WITH UNFADING BLACK INK.  
 THIS IS A PERMANENT RECORD.  
 All information asked for must be given. (See reverse side for instructions.)

1. Name of Deceased in full (Christian name first)		FLANN John Carleton	
2. Date of Death		7th day of May, 1944	
3. Place of Death (Street and No., if any) or Name of Hospital		Municipality (Name and Number) At Sea Town or Village (Name)	
4. Length of Stay (in years, months and days)		(a) In municipality where death occurred ..... (b) In Province ..... (c) In Canada (if immigrant) ..... 116	
5. Regular Residence		149-3th St., Medicine Hat, Alberta (Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)	
6. Sex (Male or Female)	7. Nationality (Citizenship)	8. Racial Origin	9. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian	Irish	Married
10. Place of Birth (City or Town, Province or Country)		11. Date of Birth (Month, day and year)	
Redcliffe, Alberta		October 16th, 1913	
12. Age in	Years	Months	Days
	30	7	
Occupation	13. Trade, profession or kind of work as spinner, teamster, office clerk, etc.		16. Total years spent in this occupation
	14. Kind of industry or business, as cotton mill, lumbering, bank, etc.		
	15. Date deceased last worked at this occupation		
Parents	17. Birthplace of Father		
	18. Birthplace of Mother		
19. Cause of Death		Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed & sunk due to 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 Body not recovered. (Name of Cemetery)	
I certify the foregoing to be true and correct to the best of my knowledge and belief.			
Given under my hand at		this day of 19	
H.B. Money		Naval Service Headquarters, Ottawa, Ont.	
Payar, Officer i/c, Naval Personnel Records.		(Post Office Address)	
I hereby certify the above return was made to me at			
on the day of 19			
Registrar's Record No. of 19 (Registrar)			

DRAFTED BY NPR PER TWH  
NS 0-23950  
NAVAL MESSAGE

To:

MRS. NINA FLATH  
149-5TH STREET NORTH EAST,  
MEDICINE HAT, ALBERTA.

From:  
NSHQ

0-23950

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES  
DEEPLY REGRETS TO REPORT THAT YOUR HUSBAND, LIEUTENANT  
JOHN CARLETON FLATH, ROYAL CANADIAN NAVAL VOLUNTEER  
RESERVE, IS MISSING AT SEA. LETTER FOLLOWS.

75

/08

DELIVERY CONFIRMED.

L/S P/G

08-5-44

DB

2428

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

TFH/JM

REGISTERED

AIR MAIL

N.S. O-23950 Pers. (N)

8th May, 1944.

Dear Mrs. Flath:

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, Lieutenant John Carleton Flath, Royal Canadian Naval Volunteer Reserve 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.

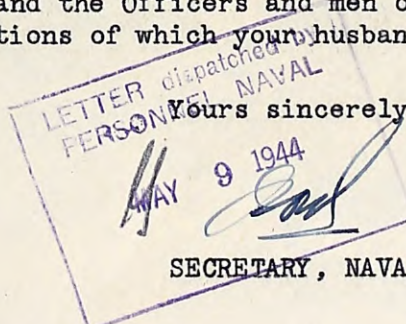
It is requested that you will regard as confidential anything beyond the fact of your husband's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

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. Nina Flath,  
149 - 8th Street North East,  
MEDICINE HAT, Alberta.





#128

1542 St Matthew  
June 7/44.

National Defense  
Naval Service  
Ottawa.

078920  
0-23950

Recd. NPR  
7.5.44  
89

Dear Sir: I was corresponding with Lieut. H. Plath  
R.C.N.V.R. and after January his address was change  
from 10 Haymarket London. To: H.M.C.S. "Niobe"  
St John Newfoundland. The last mail I had  
from him he was in St John on April 17<sup>th</sup>.  
and to-day my last letter was return from  
St John Nfld A.M. saying that Lieut Plath  
is reported presumed missing.  
Will you kindly give me the right information  
if this news is official. Many thanks.

Sincerely yours.

M. A. LePoutillier  
1542 St Matthew  
Montreal.  
P.J.



AN

REGISTERED

FILE NO. N.S. 0.23950 PERS(N).

~~11/1~~  
**D N P A** *lbb*

30th August, 1944.

106

Dear Mrs. Flath:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your husband, Lieutenant John Carleton Flath, 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 of May, 1944.

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

Yours sincerely,

Despatched by  
Sec. N. B.

Date 1/9/44  
Time 1500

Deputy SECRETARY, NAVAL BOARD.

*Noted on Estate Card  
5-9-44 G.P.*

Mrs Nina Flath,  
149 8th St., North East,  
Medicine Hat, Alberta.

*mp*  
30/9/44  
NCR/S  
GM

Royal ✓ Canadian ✓  
Message ordolence  
Date Sent 30/8/44 NFR

a

Dept. of National Defense  
Ottawa.

Box 412  
Post Office "H"  
Montreal, Sept 22/42

0.2395<sup>D</sup>

948812

#449  
Dear Sir,

In June, 1944, I was informed that Lieutenant John Carleton Flach, R.C.N.V.R. was missing when H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action, while on convoy escort duty in the North Atlantic.

Will you kindly tell me if other news has been heard, or if the Naval authorities have now presumed the death of Lieut. J.C. Flach.

Many thanks.

Wm. J. Hillier.