

113 - F-280	
➤ OCCUPATIONAL HISTORY FORM 204258	
THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVIS MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABL INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE	ORY COM- ISHING IN OF MUCH
PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FOR	
Section A—GENERAL INFORMATION	PLEASE LEAVE BLANK
1. (a) Print name in full. LOUIS FRIESEN (b) Reg'l. No. V-30201	BLANK
2. (a) Arm of service	1.
4. (a) Place of enlistment. Victoria, B. C. (b) Date of enlistment 7 June, 1940	,1
5. (a) State age on (b) Were you attending school	1 -
finally leaving school	
(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	
university and standing or degree secured	1
8. (a) Did you ever (b) If so, enter upon a trade for what (c) Did you finish it, how long apprenticeship?	
do you speak fluently?	
Section C-EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
WORKING or NOT WORK- ING at time of enlistment. (Enter here only "Work- Istment of what trade union or	
as case may be: particu- Yes professional society No	
lars are asked for below) were you a member?	
Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT	
QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a) 11. Had you ever been employed fairly regularly since leaving school?	
12. (a) If answer to 11 be "Yes", (b) State how long you	
state exact trade or occupation of the state exact trade or occupation for which you actually worked	
14. If you had been employed after leaving school state	
<ul> <li>when you last worked fairly regularly before enlistment</li></ul>	
employer, if any: Name	
17. (a) If your last employment was in a business of your own, state nature and address of business	
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 (2). 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 OUESTIONS 18 TO 21 18. Name of employer	
<ol> <li>Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).</li> </ol>	
20. (a) Your Oiler (b) Number of years' experience at 4 years this occupation with any employer	
21. (a) Did your employer promise       (b) Did your employer       (c) Do you wish         definitely to give you       no       refuse to promise you       to return to your         employment on discharge?       employment on discharge?       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, (b) Where was	
22. (a) State nature of business, or professional practice	
Section F-PARTICULARS OF FARMING EXPERIENCE	
24. (a) Do you wish to engage to (b) Do you feel competent (c) If so, in what Grain Perming after the war?	
25. (a) Were you to the farming experience have you had?	
Section G-MISCELLANEOUS 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	L
27. If so, state nature of your plans (for example, do you plan	
<ul> <li>28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Mould like a course in Stationary Englished and the stationary a</li></ul>	loering
	An
DATE 194 SIGNATURE Tries	Rep
Other	1 0

COMPLETION AND RETURN BY

Form P. 64

Mrs. Annie Friesen,

...c/o.Mr. Delcourt,

Cloverdale, B.C.

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- 30201 FD. 557

# DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

## 

For the purpose of record and in the event of there being any Service estate BRANCH available for distribution (according to law) on account of the late

FRIESEN, Louis Stoker Petty Officer

### .Official Number V-30201, 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 S Wade Commander Derived

Director of Estates.

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M.F.W. 77 6-44 (4878) H.Q. 1772-39-972

GC/

110V 24 1944 ATION

# 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:

rees		100.00	INFORMANT'S ST	TATEM	ENT
f ela- ip	RELAT required to be	and the second second	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 De	eceased	none		
				3	
2	Children of the I dates of their	Deceased and Births	noul	ų uvi,	ant with
			and the day of the states		
			and a state of the		<i>p</i>
3	Father of the De	eceased	Mr. Henry C. Friesen	57	Depburn Sast
4	Mother of the D	Deceased	Mis, Quie Friesen	54	R.R. */ Cloverdale 13.
5	Brothers of the Deceased	Full Blood	Harry H. Friesen Walter Friesen Horman Friesen Gondon Friesen Ruben Friesen Ruben Friesen	34 328 14 19 11	10 7 Rosevelt Cre North Van Vanc, Vanc, R. R. #1 Cloverdale
		Half Blood	none		
	-		Moro. Dan Frost	26	
	Sisters	Full Blood	Frances Friesen Linda Friesen	20	
6	of the Deceased		ander ~ necer		
		Half Blood	none		
7	death of each.	or sisters (whether e half blood) of the re dead, and date of			Address of their children
	mes Flor	ence Sawatz	ky. Larry Dwayne Sawatzky	43	ves. R.RT

3. ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY 8 Full names of the deceased. Mar. 00 9 Date of his,birth. 10 Place and date of his marriage. 11 Place and date of his parents' marriage. man as PARTICULARS OF DOMICILE 12 Place where deceased was born. (a) State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. 13 (b) 1935 Port alle (c) (d) assistant 14 Nature of employment before enlistment. State whether he owned the premises in which he lived, and, if so, where situated. 15 Name place where deceased stated he intended to make his permanent home. 16 PARTICULARS OF ESTATE 17 Did he leave a Will? If in your custody, please forward. 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? 18 4 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? 19 1 Amount of War Savings Certificates held by deceased. Indicate where located. 20 Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. 21 If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. 22 ped the had bu dro ne in Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. 23 none OTHER PARTICULARS Did the deceased after enlistment incur any debts for:—
(a) His own separate board and lodging while on service.
(b) Service clothing and equipment.
An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars no 24 no particulars. 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. 25 no (Note:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION "Insert degree of relationship "Widow". I hereby declare that all the particulars shown on this form are correct, and a true and complete "Widow". Statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Brother", etc. I hereby declare that all the particulars shown on this form are correct, and a true and complete Mrs annie Friesen Signature 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 H's Majesty's Forces. Informant Y. R. 1 Mover dale Address CERTIFICATE I hereby certify that to the best of my knowledge and belief that Mus annie. Friesen { Name of } is the\* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence. Dated at Langley Grainie Bilis 30 day of September 1944 Rev. Um E.K. Drug Qualification Clergyman Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Com-missioned Officer of any of His Majesty's Forces. Address 2470 - Glover Rd. dangley fraine 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 at would like to have the truck Jours had there its a boot trunk a bluish tin on the out side. He wrote in his last letter to me that he got the trunk and camera back from May as she wag put in gail so it must be in Halifax thats where he wrote his letter, and he wrote that Mr. Ed. Bird was suppose to send me the pair of wallen blankets he had there, I under stood that he coresponded with May as she was in sail. But I don't know his address. Hoping that you'll send everything to my address Mrs. annie Friesen R.R. 1 Cloverdale B. C.

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

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

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

Dated this 10th day of June, 1940

# Signature of applicant Louis Friesen

### (C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

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

day of 10th June, 1940

Lieutenant, R.C.N

Signature of Commanding Officer.

### (D)

# OATH OF ALLEGIANCE

I, LOUIS FRIESEN 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 Witness Rank Lieutenant R.C.N.R

Date 10th June, 1940

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

(E)

### CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Louis Friesen 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 Naden Division of the R.C.N.V.R.

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.



N. V. 5 3м—8-39 (1761) N.S. 815-11-5 P034611 DEFENCE

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ATTESTATION FORM

# FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME FRIESEN OFFICIAL NO.....

CHRISTIAN NAMES LOUIS MARRIED, SINGLE or WIDOWER Single

		RELIGION				
	P.O. Box 892,	Port Alberni, B.C.	United			
-	DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN			
2nd	July, 1914	Town Hepburn County Province Sask.	Mr. H.C. Friesen Hepburn, Sask.			

## PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MI	EST MEASUREMENT		EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
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DATE OF EN	ROLMENT	RATING ENRO	OLLING FOR	TRA	DE OR CALLI	NG AND IN WHOSE EMPLOY
7th June	, 1940	Stoker : R.C.N			ler, Por lumber C	t Albernia Pacific

(B)	DECLARATION TO BE MADE BY APPLICA	NT Division,
(1) (2)	by declare as follows:— That I am a British Subject domiciled in Canada. That I am desirous of being enrolled as a member of the Royal Canadian Na	1. No. ad in Records OC 2. INC 34 Card 3. Non-Str., Card val Volunteer Reserve OC
Force, an	nd that I accept and agree to abide by the rules of the said Force. That * (a) I-have-never-served, and am not-serving-in any-Naval, Military, - Force.	5. F. Strip
* Cross ou	* (b) I served in 16.th Canadian Scottish for the period s record of service, in corroboration of this statement. at Clause not applicable.	hown, and attach my <sub>22</sub> /6/4

SERVED IN	RANK	FROM	то
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6th Canadian Scot- ish	private	January 1935	April, 1935

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

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

						CANADA					)34		A SWICI	(3063)
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### CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Signature of Candidate

2 Cea

When a Candidate is subject to a defect or disability, the following Certificate is to be filled up

This Candidate is the subject of

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

Examining Medical Officer

. . . . . . . . . .

(Rank).....

.....

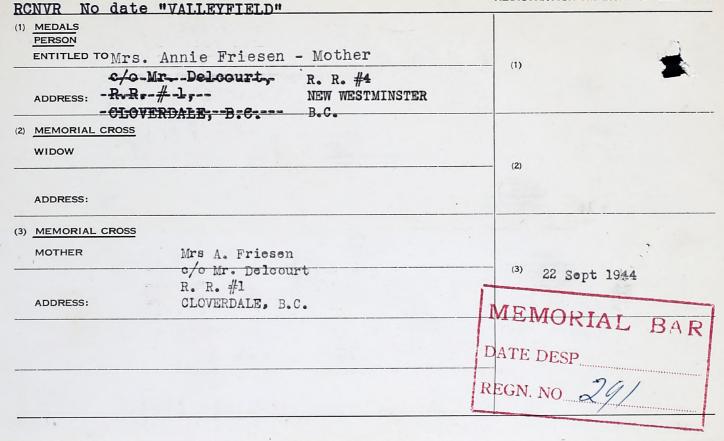
<sup>†</sup> The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer. <sup>‡</sup>Strike out if inapplicable.

\*Delete one

DEPARTMENT OF VETERANS AFFAIRS WAR SERVICE RECORDS 0 DECEASED 7 May 1944 AWARDS NAVY D.D. FILE No. Louis Richard V-30201 S.P.O. FRIESEN SURNAME (IN BLOCK LETTERS) RANK ON DISCHARGE CHRISTIAN NAMES REG. No. C.A.S.F. UNIT WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED: ADDRESS: CAMPAIGN MEDALS REGISTRATION NUMBER AND DATE DESPATCHED 1939-45 Star Atlantic Star Africa Star 85 49 0 C.V.S.M. & Clasp War Medal /939-45 (THE REVERSE TO BE USED FOR ESTATE PURPOSES) 17.4.73 **DVA 806** 

MEDALS AND MEMORIALS-DECEASED PERSONNEL

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			·····	V.C.	GAT (SPO)	31 Vec 42	h. Ridout.		
			, , , , , , , , , , , , , , , , , , ,	V.G.	Sat. (S. P.O. 77)	7 May 44	Simontine		
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GOOD CONDU Date	G.S.B. G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored			a			
7. June 43	19		-	43013			р т.		
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Date	P., D.C., C.P., or W.T.	Award	ed Served		· · · · · · · · · · · · · · · · · · ·				
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A CONTRACTOR

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C.N.S. 264 5M-9-39 (2093) N.S. 815-9-264

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Name FRIESEN LOUIS Sub-Rating and Seniority 57010 7/6/40 Non-Sub. O.N. V-30201 S.B. No. W.B. No..... Joined Ship NADEN 7/6/40 from SHORE Engagement: Period Hastilitus Expires Date of Birth 2 see July - 1914 Religion United Efficiency Sal Date 1.21 Character... 124 ......Class for Leave Badges Next Badge 7/6/43 Date due for: Progressive Pay..... L.S. & G.C. Recommended And the state WISHES TO PASS? RECOMMENDED? DATE QUALIFIED? Advancement. 1º ang. 194 Race a/ s.P.O. Educ. Test Pt. 1 Higher Educ. Test. Professional for higher Sub-rating do Non-Sub. (For Ordinary Seamen Form T.S. 34 must be used in addition) i tore Any Non-Service Attainments And. **Swimming Qualification** Athletic Capabilities... General Remarks (including intelligence, energy, initiative, powers of command). Completed Disciplinary Gurse 28 Jun 110. Satisfactory in Gumary, Superior in Glamouslip 1 day series H.M.C.S. " NADEN Officer of Division Date Leely 18 12 HO

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.

ENGINE ROOM DEPARTMENT GENERAL REMARKS : -H.M.C.S. \*\* OFFICEF 10 Date \_\_\_\_ GENERAL REMARKS :neat afferrance, Good worker, dverage Les A. Powell Leut RC AVE H.M.C.S. "<u>Majanee</u>" Date <u>May 6, 1843</u> GENERAL REMARKS :-Time Only H.M.C.S. "Stadacona" DIVISIONAL OFFICER Date 6-1-44 GENERAL REMARKS :-H.M.C.S. " DIVISIONAL OFFICER Date GENERAL REMARKS :-H.M.C.S. "\_\_\_\_\_ 11 DIVISIONAL OFFICER Date\_\_\_\_ GENERAL REMARKS: -11 H.M.C.S. 11 DIVISIONAL OFFICER Date

5M-4-37 N.S. 815-9-98	KIT	LIST-MEN	DRESSED	AS	SEAMEN	0.N. N.K.
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REG.	FRIESEN LOUIS DATES		4/1	11						1
REG. KIT			1/40	40		2.4				
3	Serge Jumper with cuffs	2	2	2		-	Ji.		b Will	
3	Prs. Serge Trousers	2	2	2						
2	Drill Uniform Jumpers		1.64	Se a S						
3	Duck Working Jumpers (Seamen, etc.)			2						
2	" (Stokers, etc.)			1 - P		1.				
3	Prs. Duck Trousers (Seamen, etc.)									
2	" " (Stokers, etc.)			2		:5 :				
2	" Drill Trousers							1		
1	Blue Overall Suit (Seamen, etc.)									
2	" " (Stokers, etc.)	2	2	2						
3	Blue Jean Collars	2	4	3						-
2	" Cloth Caps	1	7	1						-
		2	2	2						-
1	White Duck Cap		-							-
1	Cap Box	1		1						
2	" Ribbons	2	2	2						
2	B.S. Scarves	2	2	2						
2	Prs. Socks or Stockings	2/2	3/2	2						
2	" Half Boots	1	1	2						
1	" Shoes, gymnastic	1	1	\$						
1	Bed	1	1	1						
1	Blanket	2	2	2						
2	Bed Covers	2	2	2						
3	Flannels	3	3	3						
1	Jersey	1	1	1						
*1	Knife									
2	" Lanyards	2	2	2						
1	Soap Bag	1	1	1						
1	Horn Comb	1	1	1				1		
1	Hair Brush	1		1						
1	Tooth "	1	1	1						
1	Clothes Brush	1	!!				-			-
1	Blacking "	(	1	8						
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1	Hard Boot Brush	· ·	1	1	-					1
1	Polishing Boot Brush	1				-			12	-
1	Housewife									
1	Type		1	1						
1	Ditty Box ATTACH care	-	1						-	
24	Clothes Stops				-			-	-	
2	Prs. Drawers	2	2	2			1			
2	Check Shirts							-		
2	Towels	2	2	2						
1	Waist Belt	1	1	1				-		
1	Overcoat	1	1	1						
1	Oilskin Coat		1	1						
3	Singlets Tropical			-						
3	Shorts Tropical									
1	Vol. I. Seamanship Manual (O.S. and Boys only)		1	1						
<u>‡2</u>	Hammocks	1	2	2						
<b>‡</b> 1	Set Clews	1		ø						
‡1	Lashing	1	1	1		5				
+- ‡1	Kit Bag	0		8	-					-

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REG. KIT DATES IL 40 **OPTIONAL ARTICLES** 1 Pr. Leggings 1 Sou'wester †1 Canvas Jacket (Stoker ratings only) 1 Pr. Black Leather Shoes 1 Razor or 1 pr. Scissors Pr. Gloves or Mitts 1 6 Pocket Hankerchiefs 1 Shaving Brush 2 Cholera Belts 1 Pr. Black Leather Gaiters 1 Comforter 1 Cap Cover 1 Scarf, plain white 1 Pair Brown Leather Gloves 1 Pair Trousers Fearnought Gym angerters 2 fin Shorts 2 11012 Divl. Officer AT Stairs Lieur RPNNR Divl. Officer H.M.C.S. NADEN. H.M.C.S. Date 28 F Janua 1940. Date..... Divl. Officer & anow WARRANT ENG Divl. Officer H.M.C.S. NADEN Z H.M.C.S. Date 13 Nov - 1940 Date..... Divl. Officer Divl. Officer H.M.C.S. H.M.C.S. Date..... Date..... Divl. Officer Divl. Officer ..... H.M.C.S. H.M.C.S. Date ..... Date .....

NOTE—This form is to be kept by the Divisional Officer. On a man leaving a Ship or Establishment the form is to be brought up to date and transferred with his other papers.

C.N.S. 264 (S. 536D.) 50M-11-40 (7813) N.S. 815-9-264

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Name Louis.	Friesenn					
	Seniority . Ld.g					
	S.B. No					
	d. Jan. 1942					
	riod Duration					
Date of Birth	2nd. July 1914 .	Religion				
Character	Efficiency	D	ate			
Badges	Class for Conduct	Class f	or Leave			
Date due for:	Next Badge					
	Progressive Pay					
	L.S. & G.C. Recon	nmended				
Advancement.	Wishes to Pass?	Recommended?	Date Qualified?			
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ligher Educ. Test. rofessonal for			
higher Sud-rating			
do Non-Sub.			

Any Non-Service Attainments
Swimming Qualification
Athletic capabilities

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

A very capable & intelligent rating 1 geal agoas 'Sea lawyer', pon-Cooperative & a bad influence in the mess deales

H.M.C.S. " 022 Officer of ees

Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
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(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.

## SATISFACTORY

Herbert Thomas

H.M.C.S. "NADEN" 19-3-41

NEAT APPEARANCE, GOOD WORKER, AVERAGE

G.A. Powell LT. (E)

A.G. BRIDGMAN LT. (E)

H.M.C.S. "NAPANEE" 6-11-43

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TIME ONLY.

H.M.C.S. "STADACONA" 6-1-44

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

# **AUXILIARY MACHINERY COURSE FOR STOKER RATINGS**

CERTIFICATE OF QUALIFICATION

H.M.C.S. "STADACONA"

This is to certify that LOUIS FRIESON

First Class Stoker, Official Number V. 30201 serving in H.M.C.S.

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

odo A/COMMANDER, R.C.N. Engineer Officer

CAPTAIN, R.C.N. Commanding Officer

Date 1st JULY, 19 41.

S. 443 1500-6-40 (5685) N.S. 815-9-443

Orig. on 123-B-548

#### NAVAL SERVICE

FROM: The Commanding Officer, H.MC.S. "CORNWALLIS"

- DATE: 11th September, 1943. , Tile: C. 18-B-83
- TO: The Secretary, Naval Board, Naval Service Headquarters, Ottawa, Ontario.

CONFIDENTIAL

P169602 V

113-F-280.

E.T.R. BIRD, Cook (S), O.N. A-5236, H.M.C.S. "SAGUENAY"

----

Submitted for the consideration of the Department. The Above-named rating has reported to me that he has reason to believe that his wife is drawing an allowance from one Lou Friesen, rating unknown, who is also in the Naval Service.

2. This rating's father has reported that Bird's wife received a cheque while visiting at his home, 150, Swanwich Ave., Toronto, which was addressed to a Mrs. Friesen and which had been redirected to that address.

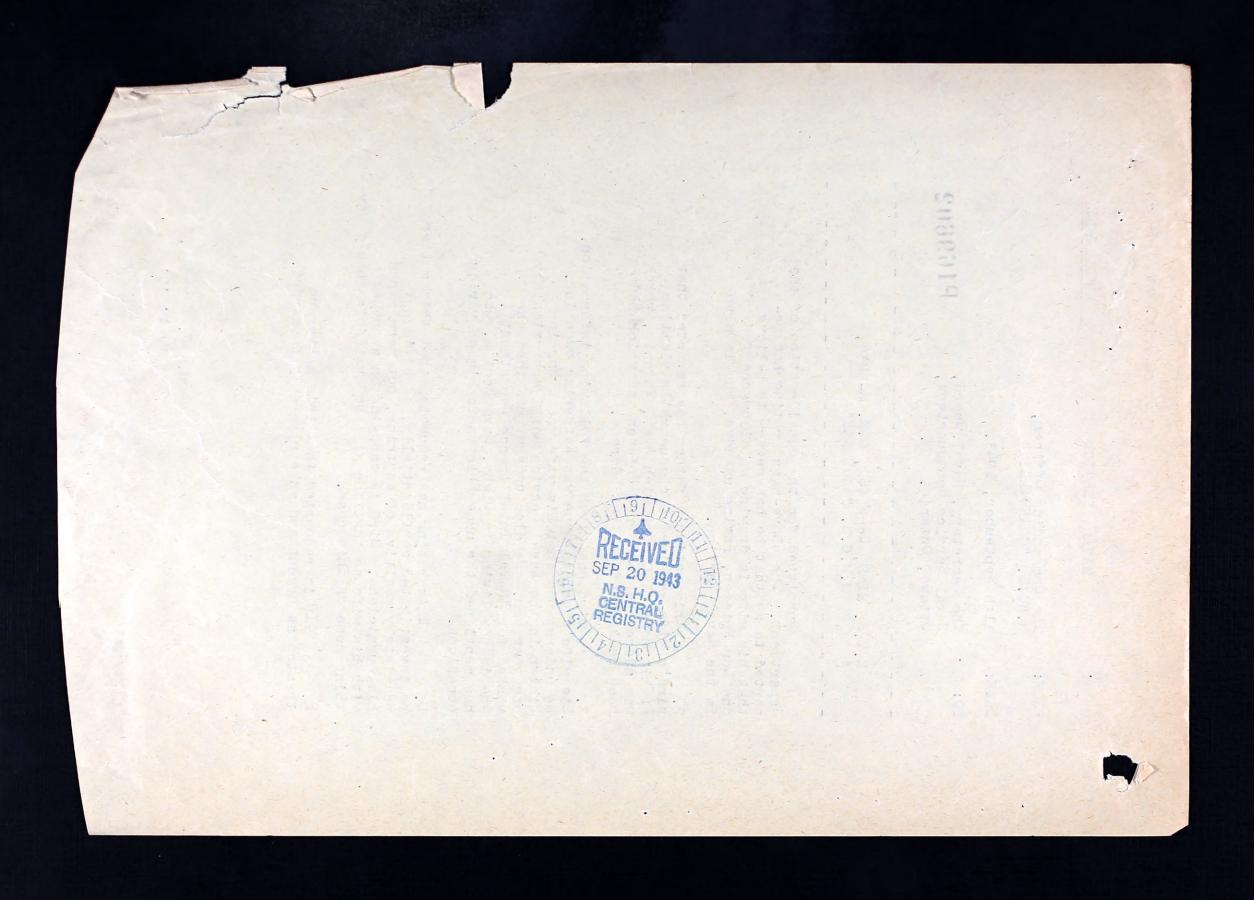
3. Bird has given the following information. His wife's maiden name was Katherine Sweeting. He understands that his wife was a Nursing Sistwr in the Naval Service until approximately one year ago. He also understands that she worked for "Naval Intelligence Department". She is now living in Digby, Nova Scotia. She has mentioned the name Friesen to him on various occasions.

4. This rating has requested that this matter be investigated confidentially, as he is not completely positive of anything, but merely has his suspicions. Bird is carrying on as usual with his wife so that she will be available should anything come of this case.

5. It is requested that this matter be treated as urgent and an early reply forwarded.

> Sgn. J. Edwards, CAPTAIN, R.C.N.

Copy/LM



ALL CORRESPONDENCE TO BE ADDRESSED:4 R. C. M. POLICE. OTTAWA ADDRESSED:4 R. C. M. POLICE. OTTAWA	
HEADQUARTER	
F. 2	Naval Service.
IN REPLY PLEASE QUOTE	h.
FILE NO. 43 D 1282-4-E-19	OTTAWA, November 2, 1943. 🔊
FILE NO. TO D TRODET	CANADA Y
URGENT Re: V-30201, Ldg. Stol	ker Louis FRIESEN Aparty

The above mentioned rating was at Liverpool, N.S., on May 9, 1942, married to Katherine Mary Schafer. It is alleged, however, that the woman, as Kay Sweeting, married A-5236, Bird, E.J.R., R.C.N., at Saint John, N.B., May 8, 1943.

2. This matter has been referred to the Crown Attorney at Saint John, N.B., and it is proposed to charge the woman under Sections 308 and 175 of the Criminal Code.

Leading Stoker Friesen, now believed to be a member 3. of the crew of H.M.C.S. "Nappanee", will be required as a witness for the prosecution. Under the circumstances, therefore, it would be greatly appreciated if you could advise us whether this man will be available at Saint John, N.B., during the coming month. Should this not prove practical, might arrangements be made to have him sent to that port at as early a date as may be conveniently arranged and advise this office when this has been done.

H. Darling, Supt. Assistant Director.

Criminal Investigation.

The Deputy Minister. Department of National Defence, NAVAL SERVICE, Ottawa, Ontario.

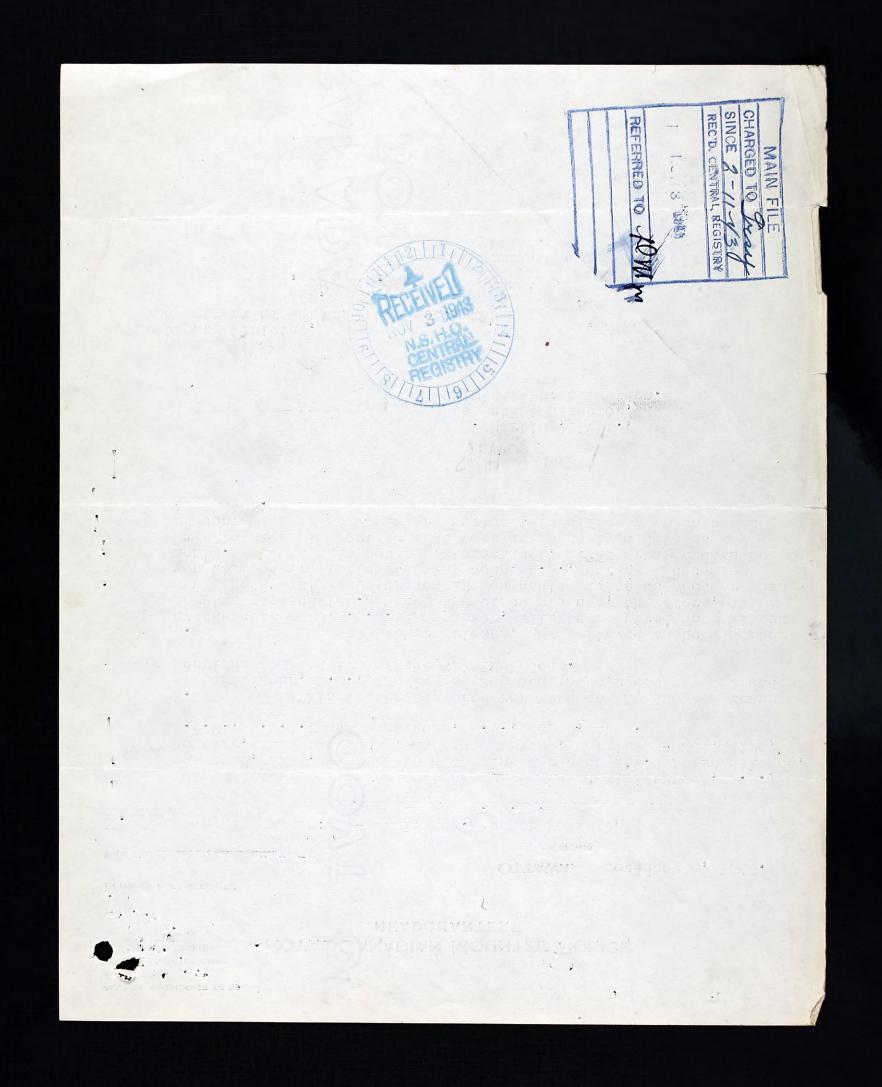
(2)

C.N.P.

Referred for your comments and draft reply, please.

3/11/43

1164 Deputy Minister







November 1, 1943.

The Chief Treasury Officer, Department of National Defence, Naval Services, O T T A W A.

I am enclosing the undermentioned cheques for your inspection and return.

B-26 1943-44 No. F 13838 for \$82.40, dated July 31, // 1943 in favour of Mrs. Kathrine M. Friesen.

B-26 1943-44 No. G 14284 for \$82.40, dated Aug. 31, / 1943 in favour of Mrs. Kathrine M. Friesen1

B-26 1943-44 No. H 14705 for \$82.40, dated Sept.30, / 1943 in favour of Mrs. Kathrine M. Friesen.

B-26 1943-44 No. F 3176 for \$66.40, dated July 31, 1943 in favour of Mrs. Katherine Bird.

B-26 1943-44 No. G 3262 for \$66.40, dated Aug. 31, 1943 in favour of Mrs. Katherine Bird.

B-26 cheque No, H 3339 for \$66.40, dated Sept. 30, 1943 in favour of Mrs. Katherine Bird is still outstanding.

Thacestoer

Cheque Adjustment Branch.

UTM Encls. EMC/PM

REGISTERED

AIR MAIL

FILE NO.: N.S. V-30201, F.D.337 PERS(N)

26 May, 1944.

Dear Mrs. Friesen:

Your letter of the 15th of May, 1944, addressed to the Honourable, the Minister of National Defence for Naval Services has been referred to me for attention.

As Mr. H. C. Friesen, Hepburn, Sask., was listed as official next-of-kin of Louis Friesen, Stoker Petty Officer, Official Number V-30201, Royal Canadian Naval Volunteer Reserve, a telegram was forwarded to him on the 8th of May, 1944, advising that your son is missing at sea. A confirming letter was also sent by the Department on the same day, and on the 11th instant further information was forwarded.

The following are particulars of your son's sad

loss:

Stoker Petty Officer Friesen is missing when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action while on Convoy escort duty in the North Atlantic, the ship sinking almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors, five were killed in action, the remaining 120, including the Commanding Officer, Lieutenant Commander D. T. English, of Halifax, N.S., are missing.

There is little hope for your son's survival, but you may rest assured that as soon as any further information is received, you will be notified immediately.

Should Stoker Petty Officer Friesen be officially presumed dead at a later date, his service estate, consisting of personal effects and balances of pay and allowances which have accrued to his account, will be distributed according to law by the Administrator of Estates, Estates Branch, Department of National Defence, Ottawa. It is believed, however, that all your son's personal effects went down with the sinking of his ship.

Please allow me at this time 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 PERSONNEL NAVAL helped to maintain disuniohed by

Yours sincerely,

27 10

TARY, NAVAL BOARD.

Mrs. Annie Friesen, c/o Mr. Delcourt, R. R. 1, Cloverdale, B. C.

Secretary, Naval Board. Nous, letter of the 26 th your letter of the 26 th May 1944 recieved. I have to make some explaination. My hisband has not suported his family as he should so that the children all had to leave home befor they were of age and befor I left I had to report him of bigging so the Police told me that he wasif to be among the family so I have to battle my way alone with 5 children of which the oldest is only 14 yrs. so if there is anything coming of Louis payment I don't think he should have anything at least hours wouldn't want & him to have anything. Souis has a big trunk & a moving camara at Helafen where he sent his last letter. 9 He also had 2 white wollen blankets he the wanted Mr. Ed. Bud and to me but as yet I havit recieved any. over

So if there is any allowance after he paid The last to his wife (Kay) which is behind bars as bigamist Please and it to me as I have quite a struggle with four youngsters with no income and Din 54 years. A cource if I only could get back my dear boy I would gladly struggle along. But I hope and pray to see him again some day or hear from him coon so please do for me all you can and let me know by yours truly Mrs. Quie Friesen R.R. 1 Cloverdal B. C. NO

	P.M.
C. R.P.R. /5-2.	FORI "B"
• P.A.	FILE: N.S. V-30201 Pers, (N)
NAVAL TREASURY	DEPARTMENT OF NATIONAL DEFENCE
DATE 3/18/44	- Naval Service -
INITIAL MAS	Ottawa, Canada. AUC. 3 0 10442613
Sirt	(Date)
	The following casualty has been reported -
NAME	RANK OF RATING NAVAL NO.
FRIESEN, Louis	Stoker Petty Officer V-30201 R.C.N.V.R.
DATE OF ENLISTME	
DATE OF DISCHARC	E - 7 May, 1944
HOSPITAL -	lischarged in hospital under jurisdiction of D.P. & .N.H.)
(Indi	ADA & HIGH SEAS .cate whether in Canada only; or in Canada and the high seas or
else	ewhere.)
Reason for disch when and where a	
was incurred, or	where death was torpedoed and sunk by enemy action in the Atlantic.
occurred.	
(Show	v clearly whether death or disability due to enemy action, ease, and whether it occurred in Canada, or on the high seas or
elsewhere outsid	le Canada.)
NEXT OF KIN & RI	ELATIONSHIP -
RELATIONSHIP -	Nother NAME - Mrs. Annie Friesen,
ADDRESS -	c/o Mr. Delcourt, R.R. No. 1, CLOVERDALE, B. C.
NOTE: If re	ecords indicate that rating was separated from his wife, legally
or of	therwise, details to be furnished and copy of any Court Order, Separation Agreement, etc., to be furnished.
0110	Separation ingreement, cover, co se ramantation
	and the second se
FOR	"A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY
FORW	ARDED. PLEASE SEE REVERSE SILE FOR DETAILS OF MAR-
RIAG	E ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.
	P.A.'S CHECKED IN
	P.A. 'S CHECKED IN

REARKS: .....

1 14

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

Names of Dependents	Relationship	Maiden name of wife	Date of marriag date of birth o	
				· · · · · · · · · · · · · · · · · · ·
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		and Physe.		an denter a la seconda de anticipation de la seconda d anticipation de la seconda d
<u>D.</u>	<u>A.</u>	<u>A. P.</u>	TOTAL	· And Same
Monthly rate: Nil.		Nil.	Nil.	al Salah produces to
To Whom Paid: Nil.		Address		
Date of Enlistment:	ee other side.			
Date of Discharge:	See other side.			
Inclusive date to wh	ich D.A. and/or	A.P. was Paid		
The final deduction	of Assigned Pay	for N11.	has been ma	de for the period
from 1st to	of	N11. 19	94	the state of the second
Remarks:		K • **		
Carde and Arts			the state of the s	

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for R.C.Playfair. Chief Treasury Officer, DEPARTMENT OF NATIONAL DEFENCE, (Naval Service).

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



# Department of National Defence

Raval Service

St. pl 2 1. 90

IN REPLY PLEASE QUOTE

N.S. N.S. V-30201 PERS. (N)

124120

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NEXT OF KIN

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ATIONA

30 August, 194 4.

### Sir:

Will:

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

FRIESEN, Louis, Missing, presumed dead to Stoker Petty Officerdate 7 May, 1944. He was serv-Official Number ing in H.M.C.S. "VALLEYFIELD", c/o Mr. Delcourt. c/o Mr. Delcourt, V-30201, R.C.N.V.R. which was torpedoed and sunk by R. R. #1, enemy action while on Convoy es- Cloverdale, B. C. cort duty in the Atlantic.

### ALLOTMENTS IN FORCE

In favor of

Bank of Montreal, George & Hollis St., Halifax, N.S.

Amount \$50.00 Initials M.C.

Yours truly, Money. for SECRETARY, NAVAL BOARD,

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

No Will.



. Julia Mar

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139. It is address of March Order fo. 139. It is actified for an information that the following monumeter of formes of S STATES AND STATES STA

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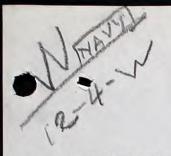
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HAM wheel CLOR 2. VI. REACTOR

> Assistants to return at Schutzer Aters Scenet. 2 jembri - of Lettent Liferon. Octomy 1.1.



## THE CORPORATION OF THE DISTRICT OF SURREY

P. O. DRAWER 210 PHONE: CLOVERDALE 25



OFFICE OF THE MUNICIPAL HALL

BRANCH

April 17th.1945.

#### CLOVERDALE, B.C.

Dept. of National Defence, Estates Branch, Naval Service, Ottawa, Ont.

Dear Sir:

#### Re;FRIESEN, Louis, Sto.P.O. (Deceased) No.V. 30201.

With reference to your file HQ NS V.30201,FD557, and letters addressed to Mrs. Annie Friesen, I am asked by Mrs.Friesen to answer same and explain the circumstances.

Mrs. Friesen states that she is separated from her husband, although there is no legal separation.Her husband was sentenced to mine months at Hepburn, Sask. or Hague, Sask. in August 1941 on a serious charge and the police suggested to her that she take her family away.They came to B.C. in March, 1942 and Mrs.Friesen has had quite a struggle bringing up and maintaining her family. At the present time she is keeping four children, ages 15,13,12 and a grandson of a deceased daughter, age 5 years. Her sole income is what the family cares to give her from time to time and she is very often without funds. Her late son, Louis, she states, sent her money fairly regular and when he was on leave last, told her that if anything happened to him, she would get the estate and she thought he had made a will to this effect. I suppose legally, the husband should receive half the estate, but I submit that if you were aware of the nature of the charge under which he was committed and taking into consideration that he has made no effort to either support the wife or family for years, that your Department might consider allowing Mrs.Friesen the full estate, if such is possible. At the present time, I might state that Mrs.Friesen is

At the present time, I might state that Mrs.Friesen is badly in need of financial assistance and anything you can do in this regard would be appreciated by her and our community at large, who are interested in them.

Thanking you, I am

Yours truly.

H. E. Matthews. Welfare Officer.

open R. R. 1 Cloverdale B.C. Teb. 21 24 1946. L. FRIESEN Dept. I National Defence. Estate branch V 30201 FD557

Dear Sir. At one time I sent the birth Ertificates of Gordon, ano & Ruben Friesen to you so would you be so Kind as to send them back again as I have to send them to the depen. of National Health & Weffare

Yours very truly

Miro. Camie Friesen



T. 137	Contraction of the second	Circle.	1
10.024	423.0	LiO.	11
4.2.		N - 1 - 1	-910

Date	Commissioner
Forwarded	
The Co. Deptember, Immigration and Colonization, Ottawa, Ont.	
De "F" D	Supt. Commanding Division
Corwarded to the 443.1223-4111M. Police.	SASKATOON SUB/DIVISION
Date.	Saskato n-July 6,1944
Dute B.C. W. D. BEG INV: C.C. Lu DIAT STOU Forwarded to the Division bounds out Dept. of Innagration and Colonization	Commanding Sub-District Supt Commanding Division
Forwarded to the STL: Commanding.	Inap.
Forwarded by Low re: Henry C. FRIE	SEN - IRecord to Passaskatoon, Sk.
Investigated by 1. Quoted hereunde	r are contents of communication RIESEN dated July 3,1944, R.R.1,
Friesen was in P.A.jail as he has not sent me anythin in black and white as I (w) in black and white as I (w) is black and white as I (w) is black and white as I (w) is black and white as I (w) in b	ill need it now as I have to show ser where Louis my son in the Navy t Valley ship and is missing so I very thing to me as that's what Louis Commanding Officer will have to write will you help me as I think he (H.C. to any money coming to Lou. as all home before they were of age as he ated us as he did so hoping you will record please. ame fore him he said that he wasn't
Pt. Has he taken steps to become nationary country to	
12 Has residence in Canada been continuous 13. Prinot, what this oboint. Confd same bl Canada and Searc Lips correspondent	ee has not been acknowledged from ease be done from Div.Hdgtrs.
11. Passport No. and Country of issue	가장 방법에 대한 방법 가지 않는 것 같아요. 그는 것 같은 것 같아요. 한 것이 가지 않는 것 같아요. 이 가지 않는 것이 같아요. 이 가지 않는 것이 같아요. 이 가지 않는 것이 같아요. 이 가지
a, Ship,	10. Port of Arrival (h Chade)
Peri of Entry	(TO Canada)
<ul> <li>Port of barbark tien</li> <li>1/ by rail</li> </ul>	6. Date of Embackation
4. Residence previous to coming to Canada. (G.Bi	nning).Sunt.
3: Larents, same	Saskatoon S/Division
4. Place of Burth and District	2. Date of
MUGRATION PARTICULARS Re	
Rendeparters 1516 Number	Date
Liveon Tyle No.	Detachment in a subject and a subject of the second
ROYAL CANADIAN	WOUNTED POLICE

PRO	VINCIAL BOA	ARD OF HE	F BRITISH C ALTH-DIVISION ATION OF D	OF VITAL S		Reg. I	No. (Off	ice use	only)
Name	of city or place.	-		Name	of Munici-				
			eath occurred in a hospi						
LENG	TH OF STAY	(If de	eath occurred in a hospi ality where death occu	tal or institutio	n, give the nar n Province	ne instead of st   In Ca	nada (if	immig	rant)
in years,	months and days	;)							
. PRINT	FULL NAME	OF DECEA	SED FRIES	en	(0)	Louis			
. PERM	ANENT RESID	ENCE OF D	ECEASED:	Name	of Munici				
			I. B.C.	pality	(if any)				
Street	or road		x 892 7. RACIAL ORIGIN			House I			
	(See margina	al note)	(See marginal note)	Widowed or Di (Write the w	vorced ord)				
Male		an	British	Singl		ths Days		s than c	
Ju	ly	2nd		<b>11.</b> AGE	29	10			
	Month by name)	(Day)	(Year)	)					
NOILY (I	as spinner, grad b) Kind of industr	ler, clerk, etc. ry or business	Oiler.			-			
B as p			Port Alb	(If labourer specif	y kind of work a	bove)	-		
13. 1 13. 1	Date deceased las	st worked		14. To this	otal years spe occupation	nt in		1	
TC TC	and and have a set	- dimand air	e name of deceased					1 1	and a
								manfaron	ment ho
			ame or last name)						
			ame or last name)						
Fat	her	Province or Cour	itry)	Mother		(Province or	Country)		
19. I certi	fy the foregoing	to be true an	d correct to the best	of my knowled	ge and belief.				
		Removal	Body not reco	ve <b>reå</b> Date	(Month by na	ume) (	(Day)		19 (Ye
1 Tinda	taliont	a second second							
	ne inal Notations (C			Address.					
			MEDICAL CERTIF	ICATE OF D	ЕАТН				
23. DATI	OF DEATH		May			7	th		.19. (Year)
			led deceased from						
									19
to				d last saw h	alive on			URATIO	N
Immediate (	l ause			d last saw h	alive on		Di Yrs.	Mos.	Dvs.
Immediate ( Give dia caused d	cause ease, injury or com eath, not the mode	nplication which e of dying, such	19, ar C/ (a) due to H. N. C. S	d last saw h AUSE OF DE G" presu VALLEX	alive on ATH ned dead, FIELD <sup>a</sup> w	, when as torped	Yrs.	Mos.	Dvs
Immediate ( Give dia caused d as heart	cause mease, injury or com eath, <b>not</b> the mode failure, asphyxia, asth	nplication which e of dying, such henia, etc.		d last saw h AUSE OF DE G" presu VALLEX	alive on ATH ned dead, FIELD <sup>a</sup> w	, when as torped	Yrs.	Mos.	Dys.
Immediate di Give dia caused d as heart i Morbid con diate cau	ause ease, injury or com eath, not the mode ailure, asphyxia, asth ditions, if any, giving Se (stated in ord	nplication which e of dying, such henia, etc. g rise lo imme- ler proceeding	(a)	d last saw h AUSE OF DE G" presu VALLEX by enem	alive on ATH med dead, FIELD" w y action	, when as torped in the A	Yrs. Oed tlant	Mos.	Dys.
Immediate of Give dia caused d as heart i Morbid con diate cau	ause ease, injury or com eath, not the mode failure, asphyxia, asth ditions, if any, giving	nplication which e of dying, such henia, etc. g rise lo imme- ler proceeding	(b)	d last saw h AUSE OF DE G" presu VALLEX by enem	alive on ATH med dead, FIELD" w y action	, when as torped in the A	Yrs. Oed tlant	Mos.	Dys.
Immediate Give dia caused d as heart Morbid con diate cau backwa Other mort tributin	cause mease, injury or com eath, not the mode ailure, asphyxia, astr ditions, if any, giving Sg (stated in ord rds from immedia	nplication which e of dying, such henia, etc. g rise to imme- ler proceeding tte cause).	19, ar C, MISSIM due to H.N.C. S and sum { (b)	d last saw h AUSE OF DE G" presu VALLEX k by enem	alive on ATH ned dead. FIELD" wi y action	, when as torped in the A	Yrs. Oed tlant	Mos.	Dys.
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Immediate ( Give dia caused d as heart ( Morbid con diate cau backwa Other mort tributin to immed 25. If 2 w 26. Was t	ause ease, injury or com eath, not the mode ailure, asphyxia, asth ditions, if any, giving se (stated in ord rds from immedia II id conditions (if in g to death but not iate cause. oman, was the dea here a surgical ope	nplication which e of dying, such henia, etc. g rise to imme- ler proceeding tte cause). nportant) con- causally related ath associated pration?	19, ar C, MISSIM due to H. N.C. S (b)	d last saw h AUSE OF DE G" presu VALLEX E by energy Date of operation	alive on ATH ned dead, FIELD* w/ y action	, when as torped in the A	Vrs. oed tlant	Mos.	Dys.
Immediate of Give dia caused d as heart of Morbid con diate cau backwa Other mort tributin to immed 25. If a w 26. Was t	ause ease, injury or com eath, not the mode ailure, asphyxia, asth ditions, if any, giving Se (stated in ord rds from immedia II id conditions (if in g to death but not iate cause. oman, was the des here a surgical ope findings.	nplication which e of dying, such henia, etc. g rise to imme- ler proceeding the cause). nportant) con- causally related ath associated eration?		d last saw h AUSE OF DE G" presu VALLEX by energy Date of operation	alive on ATH ned dead, FIELD* w/ y action	, when as torped in the A	Vrs. oed tlant	Mos.	Dys.
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Immediate of Give did caused did as heart i Morbid con diate cau backwa Diher mort tributin to immed 25. If a w 26. Was t State 27. If dea Accide Manne	ause ease, injury or com eath, not the mode ailure, asphyxia, asth ditions, if any, giving se (stated in ord rds from immedia II did conditions (if in g to death but not iate cause. oman, was the des here a surgical ope findings	nplication which e of dying, such henia, etc. g rise to imme- ler proceeding tte cause). nportant) con- causally related ath associated pration?		d last saw h AUSE OF DE G" presu VALLEX by energi Date of operation ollowing:	alive on ATH ned dead, FIELD* wi y action	, when as torped in the A there an autops	y?	Mos.	.19
mmediate Give die caused d as heart 1 Worbid con backwa Dither mort tributin to immed 5. If a w 6. Was t State 7. If dea Accide Manne Natur	ause ease, injury or com easth, not the mode ailure, asphyxia, asth ditions, if any, giving se (stated in ord rds from immedia lid conditions (if in g to death but not late cause. ooman, was the des here a surgical ope findings	aplication which e of dying, such henia, etc. g rise to imme- ler proceeding tte cause). nportant) con- causally related ath associated eration?		AUSE OF DE G" presu VALLEX by energy Date of operation ollowing:	alive on ATH ned dead, FIELD* v; y action	, when as torped in the A there an autops	yrs.	Mos.	19

Address.

Dated...

28. I hereby certify that the above return was made to me at ....

(District R

.19

Date.

.19.....

ith consult reverse side before making out certificate.

# 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

NT 4	1.1	C XIV				\$
	n ledger on account					N
Proceeds of sal	e of Effects charged	against wages	, brought ire	m the othe	r side	
Cash— Proceeds o side	of sale of Effects, br			\$ cts	5.	
Found	l amongst Effects					
Debts	collected §	2				
Cash deposited	by official Receipt I	No. 25181 A	dminist	ator of	Naval	53
Cash debited in	n the Accountant Of	Estates ficer's Cash Ac	(Present	War)		
If in debt in le	dger, amount to be s	stated (in red in	nk)			
Rate of allotme	ent (in words) FIFT	Y DOLLARS		charged to	1 May	
Name of ship f	rom which transferre	edHMCSV	ALLEYFIE	I.D.	1744	
			OPED THE	R		53
		Total <sup>†</sup>	CREDITC			
true statement	v certify that we hav of all wages, Effects IELD" amounti	ve every reason , and other Cre	to believe t	hat the abo is on the La		at conta
true statement <b>VALLEYF</b> of <b>FIFTY</b> Dated on 1	of all wages, Effects IELD" amounti THREE	ve every reason , and other Cra ang to a net bal 	to believe t	hat the abo is on the La IEDITOR	edger of A SEVEN ST.	t conta VALO
true statement <b>VALLEYF</b> of FIFTY- Dated on MFLD.	of all wages, Effects IELD" amounti THREE	ve every reason , and other Cra ang to a net bal 	to believe t edits or Debr lance† <b>CI</b>	hat the abo s on the Lo EDITOR SIXTY- at of JU	edger of A SEVEN ST.	At conts VALOI JOHI
true statement <b>VALLEYF</b> of <b>FIFTY</b> Dated on 1	of all wages, Effects IELD" amounti THREE	ve every reason , and other Cra ang to a net bal 	to believe t edits or Debr lance† <b>CI</b>	hat the abo s on the Lo EDITOR SIXTY- at of JU	edger of A SEVEN ST. IE Accou	At conta VALOI JOHI 19 ntant C
true statement <b>VALLEYF</b> of FIFTY- Dated on MFLD.	of all wages, Effects IELD" amounti THREE	re every reason , and other Cra ang to a net bal 	to believe t edits or Debu lance†Cl dollars	hat the abo s on the Lo EDITOR SIXTY- at of JUN STATY-	edger of A SEVEN ST. IE Accou	At conts VALOI JOHI
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true statement <b>VALLEYF</b> of FIFTY- Dated on MFLD. Approved Approved For Use at Hea	of all wages, Effects IELD" amounti THREE board H.M.C.S. A this this AIN. RON adquarters.	ve every reason , and other Cra ang to a net bal VALON FIFTH PAY	to believe t edits or Debu lance†Cl dollars	hat the abo s on the Lo ED FFOR SIXTY- at of UN R.C.N.W.R icer.	edger of A SEVEN ST. JE Accou	At conta VALOI JOHI 
true statement <b>VALLEYF</b> of FIFTY- Dated on I NFLD. Approved Approved For Use at Hea	of all wages, Effects IELD" amounti THREE board H.M.C.S. A this this AIN. RON adquarters.	ve every reason , and other Cra ang to a net bal VALON FIFTH PAY	to believe t edits or Debu lance†Cl dollars	hat the abo s on the La <b>EDITOR</b> SIXTY- at of JUN A, R.C.N.W.R icer.	edger of A SEVEN ST. IE Accou { Initial Acc	at conta VALOI JOHI 19 ntant C sol the Assountant Off
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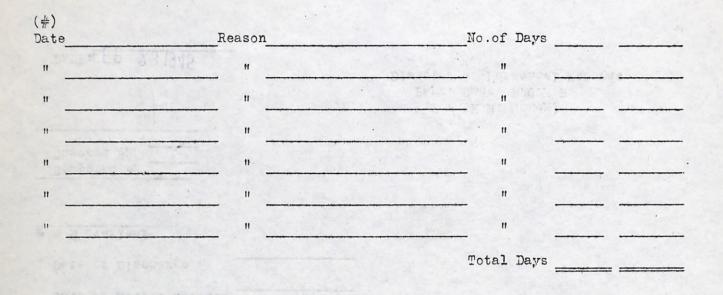
1944

	W.S.G. Application No. 6584-
TO: D.N.P.A. "G"	FILE NO. N.S. 130201 -
"WAR SERVIC	E GRATUITY"
COMPUTATION	I OF SERVICE
ra. 1. P.1	1 130201 STO. P.O
FRIESEN - houis Richard SURNAME CHRISTIAN NAMES	OFFICIAL RANK OR RATING
IN FULL	NUMBER ON DISCHARGE
CAUSE OF DISCHARGE: DEAD (Hmes VA	NALE/FIRAD) -
application made by	
- JU	365 or pension.
	365 365
TOTAL SERVICE	366
Date of Active Service 7 Jone 40	30 luns
Date of Discharge 7 MAY 44-	1431
Total No. of Days 1431-	
# Less non qualifying	Total Days 1431
OVERSEAS SERVICE	4
% Total No. of Days991	
# Less non qualifying	Total Days 991 -
Record of Service in other Forces (per 1	Naval Records)
Branch of Service N.L	
Date of Active Service	
Date of Discharge	Cotal Deve
# & % Overleaf	
<u> </u>	an Anno an
Computed By	1
Checked By	
	Bucaregor
	for (H.B. Mone#) Payr. Cmdr. R.C.N.R.
DATE:FFB 231945	Director of Personnel Records
FLO AN KARON	No.of Days
No. COTIMIRO	SERVICE
CFC	

2.

3

NON QUALIFYING SERVICE



(%) OVERSEAS SERVICE:

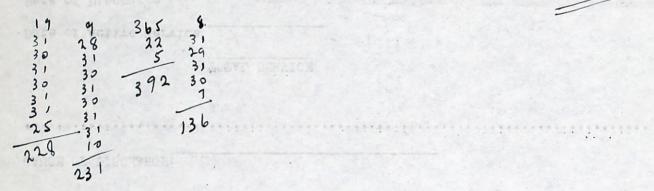
R.

CUDUIDE 21 OLAS 2000 (Las Sair burger)

Where Serving	From	To	No. of Days
ALBERNI	3 FEB 41"	6 FEB 41-	228-
KAMNOOPS	10 FEB 41	25 SEP -11-	
CHINLIWACK	23 JAN: 42-	10 SEP. 42	231-
NAPANEE	10 0:01 42 -	5 Nov 43-	392-
VALLEY FIELD	24 DEC 43-	7 MAY 44.	136-
Sotal Study Days			991

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AND THE WOOTLE PT IL NOT T



IG	
DEPARTMENT OF NATIONAL DEFENCE	守 NAVX
NAVY ARMY ARMY AIR FORCE	NAVY
EASED	
	NS.V-30201
PAYEE Mrs. Annie Friesen, Address R.R. /1, Cloverdale, B.C. Service NO. FINAL RANK OR RATING	2 5 6
DATE OF TERMINATION OF OVERSEAS SERVICE 7th May 44. DATE OF DISCHARGE	
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1431 EQUAL TO 47 COMPLETE PERIODS AT \$7.50	352.50
B. QUALIFYING OVERSEAS SERVICE	242.50
NO. OF DAYS 991 LESS INELIGIBLE DAYS, EQUAL TO 970 DAYS @ 25C. PER DAY	e4e. 30
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1 15	
ADDITIONAL PAY 0.0.8 \$ 05	
H.L.M. \$ .15	
DEPENDENTS' ALLOWANCE 1/30 OF \$ \$ TOTAL \$ 4.30 ×7=\$ 30.10	
NO. OF DAYS 991 X\$ 30.10	163.00
183	
D. WAR SERVICE GRATUITY	758.00
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCES AND ASSIGNED PAY \$	
OTHER DEDUCTIONS \$	
F. TOTAL AMOUNT PAYABLE	758.00
G. YOUR PORTION OF GRATUITY IS-	No. of Concession, Name
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$OF \$=\$	758.00
Q. Q. Q. 28187 11/2 11	
- Cheque 38101 - 14/1-45	
CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACC	ORDANCE WITH
THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEF	REUNDER.
	1
PREPARED BY CHECKED BY DATE	-1
Service Rep	PRESENTATIVE
for "ir. saval ray AC	0.07118 .

STATEMENT OF WAR SERVICE GRATUITY - NAVY Deceased Name Louis Richard FRIESEN (Christian Names) mre. annie Ariecen - Register No. 6584 Payee File No. V - 30201 R R # 1, Cloverdale, -BC., Date 7-7-45-Date of termination of overseas service 7 may 44 Date of Discharge 7 may 44 A. TOTAL QUALIFYING SERVICE No. of days/45/equal to 47 complete periods at 37.50 352.58 Address 30 B. QUALIFYING OVERSEAS SERVICE No. of days 99/less 2/ ineligible days equal to 970 days @ 25¢ per day C. SUPPLEMENT FOR OVERSEAS SERVICE 242.50 . DAILY RATES AT DISCHARGE \$ 2.65--Pay ging Subsistence or Lodging and Provision Allowance Dependents' Allowance 1/30 of 8 m/ 9 Total 43 0 x 1 430x7=\$ 30.10-No. of days <u>991</u> - x \$ 30.10- 163.00 758.00-D. WAR SERVICE GRATUITY E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOVANCE AND ASSIGNED PAY mil \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS Dependents' Allowance in issue to you \$ of \$ = \$ 25800 Total Dependents' Allowance in issue CERTIFICATE: I certify that the amount has been correctly computed and is payable / in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder. Treasury Checked by Date Prepared by Checked by Service Representative D.N.P.A. CHECK

STATEMENT OF WAR SERVICE GRATUITY - NAVY Deceased Louis Richard FRIESEN 's Name E (Surname) (Christian Names) Register No. 65-84 mo annie FRIESON, Payee . File No. 130 201 R. R \* 1, Cloverdale Date 26 Habts Address Service No. V 30 201 Final Rank or Rating JZ. PO. B.C. Date of termination of overseas service 7 may 44 Date of Discharge 7 may 44 A. TOTAL QUALIFYING SERVICE No. of days/43/ equal to 47 complete periods at 37.50 352.50 30 B. CUALIFYING OVERSEAS SERVICE 242.50 No. of days 99/less 2/ ineligible days equal to 970 days @ 25¢ per day C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE 2.65-\$ Pay 1.45 Subsistence or Lodging and Provision Allowance €3 Additional Pay 05 Dependents' Allowance 1/30 of 2905 ŝ Total x\$19.05 days No. of D. WAR SERVICE GRATUITY E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY ŝ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE 192 3 G. YOUR PORTION OF GRATUITY IS = \$ /52.32 of \$ Dependents' Allowance in issue to you \$ Total Dependents Allowance in issue CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder. Treasury Prepared by Checked by Checked by Date Service Representative CHEC D.N.P.A. 2 3 9 10

# Pers (1)2/9/44 # ACCOUNTS OF MEN DISCHARGED

# 71

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

Who* DISCHAR	GED DEAD	7 Mag	7	19.	44.
and the second	Nu.			\$	cts.
	on account of Wages			N	L
Proceeds of sale of Effe	cts charged against Wages, brought	from the oth	er side		
	Effects, brought from the other	\$ c	ts.		
Found amongs	st Effects				
Debts collected	d §			_	
Cash deposited by offici Cash debited in the Acc	ial Receipt No. <b>25181 Admini</b> Estates (Pres countant Officer's Cash Acct	strator ( ent War)	of Naval	53	67
If in debt in ledger, am	ount to be stated (in red ink)				
Rate of allotment (in w	ords) FIFTY DOLLARS	charged t	31 May 1944		
Name of ship from which	ch transferred HMCS . "VALLEY	FIELD			
				EZ	(11)
true statement of all wa "VALLEYFIELD"	Total <sup>†</sup> <b>CRED</b> that we have every reason to belie ages, Effects, and other Credits or I amounting to a net balance <sup>†</sup>	ve that the a Debts on the I <b>CRED ITO</b> F	bove account Ledger ofAT	ALON	[ for
true statement of all was "VALLEYFIELD" of FIFTY-THREE Dated on board H. NFLD. Approved A/CAPTAIN.	that we have every reason to belie ages, Effects, and other Credits or I amounting to a net balance† dollars .M.C.S. AVALON 	ve that the al Debts on the I CREDITOR SIXTY at. twof. JI CDR; R:C.N:V	bove account Ledger of AN C-SEVEN ST. INE R. Account Initials Account	JOHN 19 tant Official	ins a I.for ents. IS 4.4. fficer
true statement of all wa "VALLEYFIELD" of FIFTY-THREE Dated on board H. NFLD. Approved A/CAPTAIN. For Use at Headquarte	that we have every reason to belie ages, Effects, and other Credits or I amounting to a net balance† dollars .M.C.S. AVALON 	ve that the al Debts on the 1 CRED ITOR SIXTY at. at. CDR, R.C.N.V	bove account Ledger of AN C-SEVEN ST. INE R. Account Initials Account	JOHN 19 tant Official	ins a I.for ents. IS 4.4. fficer
true statement of all was "VALLEYFIELD" of FIFTY-THREE Dated on board H. NFLD. Approved A/CAPTAIN.	that we have every reason to belie ages, Effects, and other Credits or I amounting to a net balance† dollars M.C.S. AVALON 	ve that the al Debts on the 1 CREDITOR SIXTY 	bove account Ledger of AN C-SEVEN ST. INE CR. Account Initials Account on Inspector's	JOHN 19 tant Official	ins a I.for ents. IS 4.4. fficer
true statement of all wa "VALLEYFIELD" of FIFTY-THREE Dated on board H. NFLD. Approved A/CAPTAIN. For Use at Headquarte	that we have every reason to belie ages, Effects, and other Credits or I amounting to a net balance† 	ve that the al Debts on the 1 CREDITOR SIXTY 	bove account Ledger of AN C-SEVEN S.T. INE C. Account Initials Account on Inspector's	contai <b>JALON</b> <b>JOHN</b> <b>JOHN</b> tant Office of the Assist intant Office s certif	ins a I.for ents. IS 4.4. fficer
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## ACCOUNT OF SALE OF THE EFFECTS

	TO WHOM SOLD	the the still and	Lina	-
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)	PARTICULARS	Charged in Ledger	Paid for in Cash
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	· · · · · · · · · · · · · · · · · · ·	TAL.V.Y	and the second	
	N = IV	it is a second sec	17 21 27	
	10 E 203 E 8	Total proceeds of sale carried to account on the other side	• • • • • • • • • • • • • • • • • • •	
	SEP 1	5)	{Lieutenant attende	or Officer who ed at the sale Effects.
	CITIES .			Effects.

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

Signature	Signature
Rank	Rank

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

#### DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name	FRIESEN	Louis	No. <b>V30201</b>	
	Surname	Christian Names		
	Sto. P.O.	R.C.N.V.R. (At Sea)	7-5-14	
Rank		Unit	Date of Death	
		AMOU	NT	
			L.P.C\$ 53.67	
	Date	Nay 31st., 1947.	Other Credits 312.66	
			Total	

SHARE	RELA	TIONSHI	P		NAME AND	D ADDRESS	AMOUNT
l				-			
ALL		MOTHER			Nrs. Annie Fri R.R. No. 2. CLOVERDALE, B.	esen 0.	183.16
TA /				(	As Next-of-Kin	entitled)	
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H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT					
9999	549	00	50	000	183.16					
CLASSIFIEI	Jeku	nzen	EXAMINED BY							
an	pur -			For Chief	Treasury Officer					

Mus

(L. M. FIRTH) Colonel Director of Estates

AUDITED FOR PAYMENT

V	30201		OFFICI	AL NUMB	ER	FILE NUI	IBER		11	3-F-280				AL NUMBER	V302	01	
NAME	FRIESI (Surnam	EN ie)				LOU Given Name	i <u>s</u> s)				DATE OF	BIRTH 2	July 19	914			
RELIGION	Hepbu Unite	ed		<b>D</b> O D-					JPATION high sch	001.							
RESIDENCE AT	TIME OF ENLISTME ENGAGEMENTS	NT: Street and I	No	PU	X074.9			Dee		Port A	Lberni,	Province, et	PREVIOUS	B.C.			
Date (in figures)					Height	1	1	1		1				Rank or	Dates		
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	il): Street and No.	0 720 1		÷,	1.1.1	#1.		r	Town		adade		vince, etc	13.	C .		
MEDALS, CI	LASPS, HURT CERTIFICAT	es, Prize Money	7		_		-12		2.0 W II		CERTIFICATES, ETC.	100					
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V30201	ames)					OFFICIAL NUMBER							
Ship or Establishment	Rating	Rating From Day  Month  Year			Remarks	Character	Efficiency	Date Day  Month  Year			Non-Sub. Rating	Qualified Day  Month  Ye	Re-Qualified ar Day  Month  Year
Naden	Stoker 1	7		40	Service Cert.	V.G.	Sat.	31	12	40			
Alberni	11		2	.41	n n	V.G.	Sat.	31	12	41			
Naden	11		2	41	11 11	V.G.	Sat.	31 31	12	42			
Kamloops		.10	2	41	11 11		Sat.		12				
	A/Idg.Sto.	1		47	11 U		Sat.						
Stadacona		.26		41	11 11								
Chilliwack	11	23	1	.42									
- II -	A/Sto.P.O.	1		.42	11 11								
Avalon	11	11		.42	<u>II II</u>							•	
Napanee	11	10	.10	42	11 11								
	Stoker P.O.	1	18	123	11 11								
Stadacona		6	11	43	n n							GENERAL REMAN	KS
Captor 11	11	13	11	43	- n n			-					
Stadacona	11	.22	12	.43							Depated		Patrol
Valleyfield	n	24	12	.43	<u> </u>						Jacon Al		jan D. P. K.
DISCHARGED	11			.44	Missing. Casualty List. (24	9A, A139	25)				5-5-44		
					Presumed Dead (Per Correcti	on Shee	t. Page	e 97	)			lemorial Cr	oss awarded to
											Mother:		
											Mrs.A	nnie Fries	en,
				•••••								Mr.Delcou	rt, R.R.#1.
												Cloverda	en, rt, R.R.#1. le, B.C. on 2
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