

V65496  
HOWE  
RALPH                      INGRA



N.V. 17  
COM-9-42 (5943)  
N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

*Ralph Ingraham HOWE*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-65496</i>
	<i>HMCS "Brunswick"</i>	"



Date of Birth *14 January, 1926*  
 Place of Birth *Welsford, N.B.*  
 Place of Residence *Martinon, St. John Co., N.B.*  
 Trade brought up to *grocery clerk*  
 Religion *Church of England*

Name and Address of Nearest Relative or Friend (in pencil)

*Father:  
Alders  
same address*

Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....  
 P.S.T. Date.....19..... Signature..... Rank.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>5 July '43</i>	<i>Duration of Hostilities</i>	<i>Ord. Smmr</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>9 3/4</i>	<i>34 3/4</i>	<i>132 1/2</i>	<i>Dark Brown</i>	<i>Brown</i>	<i>Med.</i>	<i>None</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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







Unemployment Insurance Book- Yes.  
 Nearest Office,  
 Prince William Street,  
 Saint John, N.B.



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

**ATTESTATION FORM**  
 (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME HOWE, OFFICIAL No. V-65496  
 CHRISTIAN NAMES Ralph Ingraham. MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>Martinon, Saint John Co. N.B.</u>	<u>Church of England.</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>14th January 1926</u>	Town <u>Welsford,</u> County <u>Queens,</u> Province <u>New Brunswick.</u>	<u>Father:</u> <u>Mr. Alden McHarg Howe,</u> <u>Martinon, N.B.</u>
*Original Nationality of: Father <u>Irish.</u> Mother <u>English.</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet... <u>5</u>	Inflated... <u>36</u>	<u>Dark Brown</u>	<u>Brown</u>	<u>Medium</u>	<u>None</u>
Inches... <u>9<math>\frac{3}{4}</math></u>	Deflated... <u>33<math>\frac{1}{2}</math></u>				
	Mean... <u>34<math>\frac{3}{4}</math></u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Grade VIII and 1 yr IX</u>	<u>Grocery Clerk,</u> <u>A.M. Howe,</u> <u>Martinon, N.B.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>5th July, 1943</u>	<u>Ordinary Seaman</u>	<u>H.M.C.S "Brunswicker".</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That \* (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

\* (b) ~~I served in the Royal Canadian Naval Volunteer Reserve Force from the date of my enlistment to the date of my discharge, and I have a record of service, in corroboration of this statement.~~

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

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

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

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

(b) To report for active service when called and to serve ashore or afloat as may be directed, according to where my services are required.

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

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

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

Dated this 5th day of July, 1943

Signature of applicant Ralph I. Howe

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 5th

day of July, 1943

My authority for attestation is RD 7-3-1-RD 8-3-2, 2nd June, 1943

Thos. L. Peckitt, Lieut. R.C.N.V.R.  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Ralph Ingraham Howe, 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 Ralph I. Howe

Witness Thos. L. Peckitt

Date 5th July, 1943 Rank Lieutenant, R.C.N.V.R.

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

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

Certificates of previous service will be returned after examination.



RCNVR Oct.45 "VALLEYFIELD"

**MEDALS AND MEMORIALS—DECEASED PERSONNEL**

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mr. Alexander N. Howe - Father

MARTINON, N.B.

ADDRESS:

(2) MEMORIAL CROSS  
WIDOW

ADDRESS:

(3) MEMORIAL CROSS  
MOTHER

Mrs. A. M. Howe

Martinon

R.R. #2

ADDRESS:

FAIRVILLE, N.B.

**MEMORIAL BAR**

DATE DESP.....

REGN. NO.....

575

(2)

(3) 28 October 1944

DECEASED 7 May 1944

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.  
WAR SERVICE RECORDS

HOWE	Ralph Ingraham	V-65496	O.S.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	
War Medal	
	6378 24.11.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V65496 OFFICIAL NUMBER

NAME HOWE  
(Surname)

Ralph Ingraham  
(Given Names)

**PIB**  
OFFICIAL NUMBER V65496

Ship or Assignment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. BRUNSWICKER	O/SMN.	5	7	43	Div. Str. Saint John	V.G.	Sat.	31	12	43							
" "	" "	5	7	43	Active Serv. #97 6-7-43	V.G.	Sat.	7	5	44							
Cornwallis	"	25	8	43	D.L. 25-8-43 (Beaver 23/10/43)												
Stadacona	"	6	11	43	DRD #3122												
HMCS "Hochelaga 11	"	27	11	43	DRD # 3345												
Valleyfield		8	12	43	"Service Certificate"												
DISCHARGED		7	5	44	"Missing" Casualty List												

Presumed dead (Casualty List Pg. 98.)

GENERAL REMARKS

Can. Memorial Cross awarded to mother  
2 to date 28-10-44

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	MAIN	SUB.	MAIN	SUB.	GION		P.	CTY.	TOWN	SERV.	DIV.	A.	BR.	RANK
14	1	26	15		660	0	38		2	506	000	02	0	08	95	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP - CR.	RANK OR RATE					
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	BR.	RANK			
05	07	43	05	07	43					9690	0	08	73			
SENIORITY			STR.	NON-SUB.		M.	CODED			CHECKED						
DY.	MO.	YR.	CAT.	A.	B.	ST.										
05	07	43	10	00	00	21										

09 07-05-44

V65496

OFFICIAL NUMBER

FILE NUMBER 113-H-4227

OFFICIAL NUMBER V65496

NAME HOWE (Surname) Ralph Ingraham (Given Names) DATE OF BIRTH 14 Jan. 1926PLACE OF BIRTH Welsford, Queens, N.B. OCCUPATION Grocery ClerkRELIGION Church of England EDUCATION Grade VIII & 1 yr. in IXRESIDENCE AT TIME OF ENLISTMENT: Street and No. \_\_\_\_\_ Town Martinon Province, etc N.B.

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
5	7	43	H.O.	5' 9 <sup>3</sup> / <sub>4</sub> "	D. Brown	Brown	Medium	None				

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr. Eldon M. Howe  
ADDRESS (in pencil): Street and No. RP#2 Town Fairvale Province, etc N.B.

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	
			Eligible for C.V.S.M. & Clasp	27	9	43	Qual. Anti-Gas 1 day 249A 7651				
				5	11	43	Marked TR 249A A17524				
				20	11	43	Failed Radar 3 course 249 A A5815				

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

NOV 5th 60378

DATE

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

CLASS FOR CONDUCT

From

To



FORM C-3

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG. No.

1. PLACE OF DEATH { Sub-Health District AT SEA Area (City, Town or Civil Parish).....  
 { If in City, Town or Village..... Street..... House No.....  
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
 (a) In City, Town or Civil Parish where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. NAME OF DECEASED HOWE (Surname) Ralph Ingraham (Given name or names)  
Martinson,  
 RESIDENCE No..... Street..... City, Town, Village or Civil Parish St. John County Province N.B.  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality (Citizenship) Canadian 6. Racial Origin Irish 7. Single, Married, Widowed or Divorced (write the word) Single

8. BIRTHPLACE Queens County, New Brunswick  
 (Province or Country)

9. DATE OF BIRTH January 14th 1926  
 (Month) (Day) (Year)

10. AGE in Years Months Days If less than one day old  
18 4 hrs. or min.

11. Trade, profession or kind of work as Grocery Clerk  
 spinner, teamster, office clerk, etc.

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. A.M. Howe, Martinon, N.B.

13. Date deceased last worked at this occupation..... 14. Total yrs. spent in this occupation.....

15. If married give name of wife or husband of deceased.....

FATHER 16. NAME.....  
 17. BIRTHPLACE.....  
 (Province or Country)

MOTHER 18. MAIDEN NAME.....  
 19. BIRTHPLACE.....  
 (Province or Country)

20. Name of informant N.B. Magill  
Payar. Cdr. R.C.N.R., Officier i/c Naval Personnel Branch,  
 Address Naval Service Headquarters, Ottawa, Ontario.  
 Relationship to deceased.....

21. Place of Burial, Cremation or Removal Body not recovered  
 Date of burial or removal.....

22. UNDERTAKER.....  
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH

I Immediate cause  
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) "MISSING" presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy  
 due to.....

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

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

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

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

27. If death was due to external causes (violence) fill in also the following:—  
 Accident, suicide or homicide?..... Date of injury..... 19.....  
 (State which)  
 Manner of injury..... (How sustained)  
 Nature of injury.....  
 Specify whether injury occurred in industry, in home, or in public place.....

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

28. S.D.R. No.....

29. Filed..... 19..... (Sub-Deputy Registrar)

VITAL STATISTICS, REGULATION 210, MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions.) Every item of information should be carefully supplied.

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

.....Mr. Alden M. Howe,.....  
.....Martinon, N.B. ....  
.....  
.....

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

and the following number quoted:—

H.Q. V-65496 FD. 537.....

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

.....HOWE, Ralph Ingraham, Ordinary Seaman,.....

.....Official Number V-65496, 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.



*M. Wade*  
Commande R.C.N.V.R.  
Director of Estates.

GC/

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	<i>Alexander (Alden) M. Howe</i>	55	Fairville RR # 2
4	Mother of the Deceased.....	<i>Bertha G. Howe</i>	45	Fairville RR # 2. n.b.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	<i>Harriet G. Howe</i>	14 Fairville RR # 2 n.b.
		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>Nil.</i>		

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Ralph Ingraham Howe
9	Date of his birth.	January 14th 1926
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Westfield N.B. Dec. 13 - 1922.

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Welsford, Zulys Co. N.B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) New Brunswick (b) Zulys Co. 14 yrs (c) St. John's Co. 3 yrs (d)
14	Nature of employment before enlistment.	Garage Work.
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	✓

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	✓
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	5 B Certificates Prince Henry St. St. John's N.B. Bank Nova Scotia + Home
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	1000 <sup>00</sup> Bond purchased Apr 17/44 to be paid by installment of pay
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insurance \$7500 - 1000 <sup>00</sup> . Bertha S. Howe
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No.

## 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.	Not as known
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)



DECLARATION

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

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

\* Father .....of the deceased.

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

A M Howe

{ Signature of Informant

Fairville N.B. # 2 St. John Co N.B.

Address

CERTIFICATE

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

\*See above.

A M Howe { Name of informant } is the \* Father .....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Wartman N.B. this 19th day of September 19 44

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

A M Finley

Qualification Lieutenant R.N.V.R.

Address 108 Church Ave, Fairville, N.B.

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

142575

# ACCOUNTS OF MEN DISCHARGED

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

Name... HOWE Ralph I ..... Rating Ordinary Seaman.....

Official No... V-65496... H.M.C.S. AVALON FOR VALLEYFIELD List 12<sup>2</sup>/<sub>4</sub>.....

Who\* DISCHARGED DEAD ..... on the 7 MAY ..... 1944.....

38

	\$	N	I	cts.
Net sum due on ledger on account of Wages.....				
Proceeds of sale of Effects charged against Wages, brought from the other side				
CASH—				
Proceeds of sale of Effects, brought from the other side.....				
Found amongst Effects.....				
Debts collected \$.....				
Cash deposited by official Receipt No. <u>O.R. #25181 Adm of Nav Estates (Present War)</u> .....			86	80
Cash debited in the Accountant Officer's Cash Acct.....				
If in debt in ledger, amount to be stated (in red ink).....				
Rate of allotment (in words) <u>N I L</u> ..... charged to.....				
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u> .....				
Total† <u>CREDITOR</u> .....			86	80

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of HMCS AVALON FOR HMCS "VALLEYFIELD" amounting to a net balance† CREDITOR of EIGHTY-SIX dollars EIGHTY cents.

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

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

[Signature] { Initials of the Assistant Accountant Officer

[Signature] A/CAPTAIN RCN Commanding Officer.

For Use at Headquarters. \$..... cts..... credited on Inspector's certificate

No..... to.....

Signature.....

Date..... 19.....

\*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".  
 Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 AUTHORITY: AVALON'S C.N.S. 249A #A-13927 DATED 19 MAY, 1944.

5M-242 (3601)  
H.Q. N.S. 815-9-45

LEDGER: [Signature]  
 AUDIT: [Signature]



N.C.R.

PLEASE MAKE OUT FALSE  
DOCKET AND FORWARD WITH  
ATTACHED LETTER TO ADMIN-  
ISTRATOR OF ESTATES.



Department of National Defence

124124

Naval Service

AUG 30 1944 194

IN REPLY PLEASE QUOTE

N.S. V-65496 PERS. (N)



Sir:

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

<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
HOWE, Ralph Ingraham, Ordinary Seaman, Official Number V-65496, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Father - Mr. Alden M. Howe, Martinon, N.B.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
NIL	NIL	NIL	DMCD.

Will: No Record.

Yours truly,

*AB Money*

for SECRETARY, NAVAL BOARD.

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

OFFICE OF THE  
DIRECTOR OF THE  
CENTRAL REGISTER  
(Personnel Section)

FOR THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

WILLIAM H. HARRIS



WIT

WIT

WIT

RECEIVED

RECEIVED

RECEIVED

WILLIAM H. HARRIS

OFFICE OF THE  
DIRECTOR OF THE  
CENTRAL REGISTER  
(Personnel Section)

WILLIAM H. HARRIS  
DIRECTOR OF THE  
CENTRAL REGISTER  
(Personnel Section)

OFFICE OF THE  
DIRECTOR OF THE  
CENTRAL REGISTER  
(Personnel Section)

WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS  
DIRECTOR OF THE  
CENTRAL REGISTER  
(Personnel Section)

WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

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

Sir: ..... 11 May, 1944 .....  
(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
HOWE, Ralph Ingraham	Ordinary Seaman	V-65496 R.C.N.V.R.

DATE OF ENLISTMENT - 5 July, 1943 Active Service: 5 July, 1943.

DATE OF DISCHARGE - Will be reported later

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

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

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

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

NEXT OF KIN & RELATIONSHIP -  
RELATIONSHIP- Father NAME- Mr. Alden M. Howe  
ADDRESS- Martinon, N.B.

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

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

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

*H.B. Money*  
for  
SECRETARY, NAVAL BOARD. *EMC*

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

*132/18/44*  
*12/18/44*  
*NPR/13*  
*C*

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the  
Chief Treasury Officer (Allotment Section), Department of National  
Defence, Naval Service, for completion respecting the details of  
Marriage Allowance, Dependents Allowance, etc., and subsequent  
transmission to you.

(See reverse side for further instructions)

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 Ralph Ingraham HOWE  
(Christian names in full)

Rank of Rating Ordinary Seaman Official No. 7.05450  
(If unknown, date of first entry)

Place of Birth Wainford, N.B. Date of Birth 14th January, 1925

Occupation in Civil Life Grocery Clerk 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) 10 months

Date of Death 7th May, 1944 Place of Death at sea

Cause of Death Enemy action. Torpedoing of H.M.C.S. "VALLEYFIELD"  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Mr. Alton HOWE Relationship Father  
Address Marston, St. John Co., N. B.

Date on which the above was informed by Ship Informed by H.M.C.S. Not registered.

Date on which death was registered with local Officials

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 invalidated

*[Signature]*  
H.M.C.S. Valleyfield / Captain,  
17th May, 1944 R.C.N.  
.....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.



# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING INDUSTRIAL LIFE FOR THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF 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 HOWE, Ralph Ingraham (b) Reg'l. No. V65496
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Ord. Sqn.
3. (a) Date of birth 14th Jan/26 (b) Have you any dependents? No (c) Place of residence at time of enlistment Martinton, N.B.
4. (a) Place of enlistment Saint John, N.B. (b) Date of enlistment 5th July, 1943

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade IX
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Welding (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 2 weeks
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

## 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 A. H. Howe Address Martinton, N.B.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Grocery store
20. (a) Your specific occupation Clerk (b) Number of years' experience at this occupation with any employer 1 1/2 yrs
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? None
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? None

## Section G—MISCELLANEOUS

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

DATE 5th July, 1943 194..... SIGNATURE Ralph D. Howe



DEPARTMENT OF NATIONAL DEFENCE

ID NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4  
NAVY

DECEASED  
MEMBER'S  
NAME

Ralph Ingraham  
(CHRISTIAN NAMES)

HOWE  
(SURNAME)

REGISTER NO.

10580

FILE NO.

NSV-65496

DATE

18 Oct/45

PAYEE

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

for service Estate of  
Ralph I. Howe,  
NSV-65496

SERVICE NO.

V-65496

ADDRESS

FINAL RANK OR RATING

Ord. Smn.

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

DATE OF DISCHARGE

7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 307 EQUAL TO 10 COMPLETE PERIODS AT \$7.50

\$ 75.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 159 LESS 7 INELIGIBLE DAYS, EQUAL TO 152 DAYS @ 25c. PER DAY

\$ 38.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ 1.25  
ADDITIONAL PAY H.L.M. \$ .10

DEPENDENTS' ALLOWANCE 1/30 OF \$

NIL

TOTAL \$ 2.85 X 7 = \$ 19.95  
NO. OF DAYS 159 X \$ 19.95

\$ 17.33

D. WAR SERVICE GRATUITY

\$ 130.33

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

NIL

F. TOTAL AMOUNT PAYABLE

\$ 130.33

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 130.33

*Voucher 3068 - Oct. 27/45*

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

PREPARED BY  
LJM

CHECKED BY

TREASURY  
CHECKED BY  
A. Polowski

DATE

21/10/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay. Accting.

144872

FILE NOS.:

- NAVAL SERVICE -

CASUALTY NOS.

436 - 486 incl.  
488 - 550 incl.

V-796  
V-19239  
V-68471  
V-54372  
V-12143  
V-25531  
V-4538  
A-2453  
A-4681  
V-31063  
V-4427  
V-51452  
V-19206  
V-43309  
  
V-56590  
V-10506  
V-11244  
V-53512  
V-61903  
V-49761  
V-16586  
V-23508  
V-39924  
V-59892  
A-5954  
O-22420  
O-23950  
V-30201  
V-22262  
V-38722  
V-31768  
V-55196  
V-905  
V-65619  
V-55803  
N-4472  
V-50475  
V-23128  
  
V-65496  
O-35660  
V-54304  
V-3538  
V-43818  
V-52497  
V-64138  
V-25279  
V-50961  
V-57850  
V-51441  
V-65120  
V-62261  
V-49646  
V-35602  
O-47000  
V-44690  
V-67335  
V-54554  
  
V-35412  
A-1271  
V-41543  
V-35526  
V-46463  
V-22563  
V-65055  
O-44950  
O-45010  
V-41461  
V-15283  
V-3417  
V-51108  
V-27849  
V-2299  
V-34242  
V-44790  
V-18039  
V-399  
A-4506  
V-64486  
N-4649  
V-57455  
N-4122  
N-4323  
V-5995  
O-62255  
V-13701  
O-65010  
V-48962  
V-17305  
V-41902  
V-63143  
O-70570  
V-50046  
V-35344  
V-5794  
O-71320  
V-17781  
V-14540  
V-516  
V-25850  
V-3386  
V-688  
V-50598  
O-76380  
V-5911  
V-37893  
N-21989  
V-56565  
V-599  
N-21498  
V-8662  
V-50658  
V-51989  
V-6388  
V-17703

NAVAL INFORMATION

D.N.P.A.

C.T.O. (N) (NAVAL ALLOTS.)

C.T.O. (N) Re: Dependents' Allowance

45

With reference to Canadian Naval Casualty Lists, pages 92 to 106 inclusive, it is notified for your information that the approval of the Canadian Naval Authorities has now been given to presume the death of the 11 Officers and 103 ratings, previously reported "missing" from HMCS "VALLEYFIELD" as having occurred on the 7th of May, 1944.

Your attention is called to the fact that the name Lorne Irwin Clinton Johnson, Ord. Smn., V-47125, has been deleted from page 99 (See Correction Sheet Page #34).

Individual forms for these casualties have been previously forwarded.

*H. B. Money*

(H. B. Money),

Paymr. Lieut. Cdr., R.C.N.R.,  
Officer i/c, Naval Personnel Records

OTTAWA, Ont.

SEP 20 1944

P.A.'S CHECKED IN

C.R. BY *[Signature]*

ALL R.C.N.V.R. DIVISIONS advised on above date.  
See File 30-17-1.



P.M.

136490

Ottawa, Ont. SEP 11 1944

N.S. V-65496 Pers. N.



P.A.'S CHECKED IN

C.R. BY *R*

Dear Sir:

It will be appreciated if you will be good enough to inform me whether Mrs. Howe, mother of the late Ralph Ingraham Howe, Ordinary Seaman, Official Number V-65496, Royal Canadian Naval Volunteer Reserve, is living. If so, arrangements will be made to forward to her a Memorial Cross as a memento of her personal loss and sacrifice.

43

Yours very truly,

*H.B. Money*

for SECRETARY, NAVAL BOARD.

Mr. Alden M. Howe,  
MARTINON, N. B.

*[Handwritten mark]*



# ACCOUNTS OF MEN DISCHARGED

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

Name HOWE Ralph I Rating Ordinary Seaman  
 Official No. V-65496 H.M.C.S. AVALON FOR VALLEYFIELD List 12<sup>2</sup>/4  
 Who\* DISCHARGED DEAD on the 7 MAY 1944

96

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>O.R. #25181<sup>2</sup> Adm of Nav Estates (Present War)</u> .....	86	80
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>N I L</u> charged to.....		
Name of ship from which transferred <u>H.M.C.S. "VALLEYFIELD"</u> .....		
Total† <u>CREDITOR</u> .....	86	80

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of HMCS AVALON FOR HMCS "VALLEYFIELD" amounting to a net balance† CREDITOR of EIGHTY-SIX dollars EIGHTY cents.

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

\_\_\_\_\_ { Initials of the Assistant Accountant Officer  
A/CAPTAIN RCN Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate  
 No.....to.....  
 Signature.....  
 Date.....19.....

\*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".  
 Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

**C.N.S. 46 AUTHORITY: AVALON'S C.N.S. 249A #A-13927 DATED 19 MAY, 1944.**

LEDGER: [Signature]  
 AUDIT: [Signature]



N.P.R./5-2  
**C. R.**  
**P. A.**  
**NAVAL TREASURY**  
 DATE.....  
 INITIAL..... Sir:.....

FORM "B"

FILE: N.S. V-65496 PERS. (N)

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

1950

AUG 30 1944  
 (Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
HOWE, Ralph Ingrahan	Ordinary Seaman	V-65496 R.C.N.V.R.

DATE OF ENLISTMENT - 5 July, 1943

DATE OF DISCHARGE - 7 May, 1944

27

HOSPITAL -

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

SERVICE - CANADA & HIGH SEAS

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father NAME - Mr. Alden M. Howe

ADDRESS - MARTINON, N. B.

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

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

P.A.'S CHECKED IN

C.R. BY.....

193



REMARKS:.....

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>
To Whom Paid:	<i>Nil</i>	<u>Address</u>	<i>Nil</i>
Date of Enlistment:			
Date of Discharge:			
Inclusive date to which D.A. and/or A.P. was Paid:			<i>Nil</i>
The final deduction of Assigned Pay for		<i>Nil</i>	has been made for the period
from 1st to _____ of _____ 194			

Remarks: \_\_\_\_\_

Computed by..... *Y. L. O.* .....

Checked by..... *[Signature]* .....

*Alec J. Boswell*

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

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

HS

AUG 30 1944

V-65496 PERS. (N)

24

Sir:

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

<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
HOWE, Ralph Ingraham, Ordinary Seaman, Official Number V-65496, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Father - Mr. Alden M. Howe, Martinon, N.B.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
NIL	NIL	NIL	DMCD.

Will: No Record.

Yours truly,

*H.B. Money*

for SECRETARY, NAVAL BOARD.

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



Department of National Defence  
Naval Service

**AIR MAIL**

IN REPLY PLEASE QUOTE

N.S. ....

Ottawa, Canada

8th May, 1944.

Dear Mr. Howe:

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 son, Ralph Ingraham Howe, Ordinary Seaman, Official Number V65496, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

*Lord Handress*  
SECRETARY, NAVAL BOARD.

Mr. Alden M. Howe,  
R.R. # 2,  
FAIRVALE, N.B.

17

Ottawa, Ont. 11, May 4

N.S. V-65496 PERS.(N)

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name..... HOWE, ..... Ralph Ingraham .....  
(Surname) (Christian Names) 13

Rank/Rating ..... Ordinary Seaman .....

Official No..... V-65496 R.C.N.V.R. .....

Nature of Casualty .. "Missing" at sea from ship in which serving .....

Date of Casualty ..... Will be reported later .....

Address at time of Enlistment Martinon, St. John Co., N.B.  
.....

Marital Status at time of Enlistment..... Single .....

Occupation..... Grocery Clerk .....

Name & Address of Next of Kin .. Father; Mr. Alden M. Howe  
Martinon, N.B.  
.....

Yours truly,

*J. B. Money*

for

SECRETARY, NAVAL BOARD. *EMC*

The Deputy Minister (Taxation),  
Department of National Revenue,  
Ottawa, Ont.

*3/4*  
*2 white*  
*ford.*  
*C*

8th May, 1944.

9

Dear Mr. Howe:

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 son, Ralph Ingraham Howe, Ordinary Seaman, Official Number V65496, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

*[Signature]*  
SECRETARY, NAVAL BOARD.

LETTER dispatched by  
PERSONNEL NAVAL  
MAY 8 1944

Mr. Alden M. Howe,  
R.R. # 2,  
FAIRVALE, N.B.

*Unable to locate  
at this address.*

*[Signature]*  
9/5