DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
JOHNSTON	John Stewart	V-43818	A/ERA 4/c		

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	8984
C.V.S.M. and Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan.45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS PERSON ENTITLED TO Mrs. Hazel B. Johnston - Widow

ADDRESS: ~~831 Maple St.,~~ Box 817, POWELL RIVER, B.C. 9-8-48

(2) MEMORIAL CROSS WIDOW Mrs. H. B. Johnston

ADDRESS: 831 Maple Street POWELL RIVER, B.C.

(3) MEMORIAL CROSS MOTHER Mrs. I. Johnston

ADDRESS: 630 - East 13th. Avenue VANCOUVER, B.C.

MEMORIAL B R

(1) DATE DESP.

REGN. NO 359

(2) 22 September 1944

(3) 28 October 1944

UNEMPLOYMENT INSURANCE COMMISSION

A/Sto. P.O.
V-43818
C

INSURANCE BOOK No. A 68998

OFFICE AT Vancouver, B. C.

DATE September 14, 1942

RECEIPT FOR INSURANCE BOOK ~~AND DIRECTION TO REPORT~~

THIS IS TO CERTIFY THAT JOHN STEWART JOHNSTON

(OCCUPATION) ..... HAS DEPOSITED THE ABOVE NUMBERED INSURANCE BOOK AT THIS OFFICE AS REQUIRED UNDER THE UNEMPLOYMENT INSURANCE ACT, 1940, AND REGULATIONS, FOR THE FOLLOWING REASON Mary

Signature of insured person

M. Ewing
For manager

NOTE: INSURED PERSON MUST RETAIN THIS RECEIPT UNTIL WORK IS OBTAINED IN INSURED EMPLOYMENT. TO RECOVER HIS BOOK INSURED PERSON MUST THEN RETURN THIS RECEIPT TO ABOVE OFFICE; OR INSURED PERSON MAY SURRENDER RECEIPT TO EMPLOYER, WHO WILL RECOVER BOOK NOT LATER THAN 72 HOURS FROM THE TIME THE INSURED PERSON STARTED WORK.

NOTICE TO REPORT ON BENEFIT CLAIM

Insured person's next visit to the office must be at

Time	Date	Office Initials	Time Called
1			

TO: EMPLOYMENT and CLAIMS OFFICE:

Having commenced work with.....
Name of employer

.....at.....on.....
Address of employer hour date

I hereby authorize the party herein named as my employer to recover my Insurance Book as referred to on the reverse side of this form, from the Employment and Claims Office of the Unemployment Insurance Commission.

DATE..... .....
Signature of insured person

ABOVE INSURANCE BOOK
RECEIVED BY.....
Signature of person receiving book

FOR LOCAL OFFICE USE ONLY

.....
Book released by

.....
Address

DATE.....
"UIC 501"

NOTICE TO REPORT ON BENEFIT CLAIM

Insured person's next visit to the office must be at

Time	Date	Office Initials	Time Called

TAG/AOC

N.S. 113-4-1197

COPY FOR N.S. 113-J-928

August 14, 1942.

6

MEMORANDUM:

The enrolment of the undermentioned ratings in the VANCOUVER Division, R.C.N.V.R., is approved:

NAME	RATING	O.N.	DATE
ANDERTON, Gerald Beresford	S.B. Prob.	V43812	27-7-42
BIGGS, Raymond French	A/E.R.A.4/c	V43813	27-7-42
BLACKBURN, Leslie Wilson	A/E.R.A.4/c	V43814	27-7-42
COX, Kenneth Edward	Ord. Sam.	V43815	25-7-42
DALRYMPLE, William Alexander	A/E.R.A.4/c	V43816	27-7-42
EASON, John Edgar	S.N. Prob.	V43817	25-7-42
JOHNSTON, John Stewart	Sto. 1	V43818	27-7-42
MARTIN, John George	E.R.A. 5/c	V43819	27-7-42
McKAY, Frederick Bert	P/S.S.A.	V43820	27-7-42
PENNEY, Leonard James	Ord. Sam.	V43821	24-7-42
SCOTLAND, James Horn	ORD. Coder	V43822	24-7-42
SMITH, Alexander Pirie	Sto. 11	V43823	24-7-42

BY ORDER,

for

SECRETARY, NAVAL BOARD.

The Commanding Officer,
H.M.C.S. "DISCOVERY",

408 Marine Building,
Vancouver, B.C.

Copy to: The Drafting Commander,
H.M.C.S. "STADACONA",
Halifax, N. S.

File No: ~~113~~ J-928

DEPARTMENT OF NATIONAL DEFENCE

- NAVAL SERVICE -

9

NAME Johnston John S.
Surname Christian Names

RATING Stoker 1 OFFICIAL NUMBER V-43818

ACTIVE SERVICE (date of commencement) 27 July 1942

Authority N.V. 10 A 27 July 1942 (Discovery)

Initials G.P.

Checked by WB

DATE OF ACTIVE SERVICE

Noted by MB

Date AUG 28 1942

UNEMPLOYMENT INSURANCE BOOK DEPOSITED AT

V

QUESTIONNAIRE FOR CANDIDATES 189582 113J928

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Name (in full)...John Stewart Johnston.....

Date and place of birth. March 14, 1909 - Glasgow, Scotland.
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence. 531 Maple St. Powell River, B.C.

Nearest town to residence (if living in country).....

Are you a British Subject?....yes.....

Are you single, married or a widower?...married.....

In what capacity do you wish to enrol?...Stoker P.O.....

Present occupation or trade. Stationary Engineer.....
(Attach any testimonials or recommendations)

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

Have you ever served with such forces? Give date and details.

...no.....

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

Have you ever offered to serve in any of H.M. Forces and been rejected?

...no.....

What is your weight?...140.....What is your height?...5'8".....

What is your chest measurement (not inflated)?...32.....

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

Are you willing to be vaccinated or re-vaccinated and innoculated as considered necessary by the appropriate authorities?...yes.....

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

J. Stewart Johnston — Signature

July 27/42 — Date

Vancouver. — Address

[illegible] S/L
Witness to Signature

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

.....14th March 1909.....

Signed...[illegible] S/L RCNVR.....
for Commanding Officer

N. V. 5

50M—1-41 (8973)
N.S. 815-11-5

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME JOHNSTON OFFICIAL NO.

CHRISTIAN NAMES John Stewart MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS	RELIGION
831 Maple St., Powell River, B. C.	United Church

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
14th March, 1909	Town Glasgow	Wife: Mrs. Hazel B. Johnston, 831 Maple St., Powell River, B. C.
*Original Nationality of: Father Scottish Mother Scottish	County Province Scotland	

*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 5	Inflated 39	Brown	Brown	Fair	First joint amputated left thumb
Inches 6½	Deflated 35½				
	Mean 37				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Completed Grade 10	Engineer Powell River Paper Co.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
27th July, 1942. Active Service	27 July'42 Sto 1 rated 28 July'42 Act. Stoker P.O.	H.M.C.S. "DISCOVERY"

(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 ..... for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
- - - - - - - - -	- - - - - - - - N I L	- - - - - - - - -	- - - - - - - - -

(c) I have never been rejected 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.

IN POSSESSION OF U.I. BOOK YES

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

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

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

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

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

Dated this 27th day of July, 1942.

Signature of applicant J. Stewart Johnston

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 27th day of July, 1942.

W. Thomson Sub-Lieut. RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, John Stewart Johnston 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 J. Stewart Johnston

Witness W. Thomson

Date 27th July, 1942 Rank Sub-Lieutenant, RCNVR

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

(E) CERTIFICATE OF ATTESTING OFFICER

John Stewart Johnston 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 Vancouver Division of the R.C.N.V.R. or in the appropriate official documents.

W. Thomson Sub-Lieut. RCNVR
Attesting Officer.

27th July 2 194 R.C.N.V.R. Division H.M.C.S. "DISCOVERY" (or other establishment)

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.

This is to acknowledge that I have not been induced to enter the Stoker Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

J. Stewart Johnston
Signature

Fit for Active Service 27-7-42
"Discovery" –
relaved left ring finger
Lieut Sg Lt

169.84

113J928

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

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

4

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

I, the undersigned, have examined John. Stewart Johnston.

‡candidate for entry as ~~Prob. Sub-Lieut RCNVR~~ Sto P.O.

and I believe him to be *{in all respects fit for His Majesty's Service. / ~~unfit for His Majesty's Service for the reason stated below.~~} He has signed the Certificate given below in my presence. White Race Mine Rep.

‡ Strike out if inapplicable. * Delete one.

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

Age {Years / Months (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum / (b) minimum / (c) mean	right eye / left eye / *colour vision									
32 10/12	133	5' 6 1/2"	Good	(a) 39. (b) 34 1/2 (c) 37.	6/6 / 6/6. / N.	1933.	110/70 Good	normal	normal except as below.	normal	normal	normal	Adenoids extracted	Normal.

Eye normal. Ht. 4 ft normal

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

X-ray {Not taken. / Approved. / Positive. / Doubtful.} Approved Plate no 36228 24.6-1942

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

J. Stewart Johnston
Signature of Candidate

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

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

This Candidate is the subject of ① amputated left thumb ½" distal to metacarpophalangeal joint ② Severed extensor digitorum longus – first left finger tendon. There is good function & grip is quite normal.

*{~~which renders him medically unfit for service~~, / not considered of sufficient importance to cause his rejection, he being desirable in other respects.

* Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at Vancouver BC the 2 of February 1942

Robt Burns
Examining Medical Officer

(Rank) Surg Lieut RCNVR(T)

"COPY"

CANADA

Department of National Defence

Naval Service
Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. NS 62-21-5 "J"
FD 502

July 9th, 1942.

VIA AIR MAIL

(V)

MEMORANDUM:

With reference to your RO-FTO of the 2nd July, 1942, it is approved to enter Mr. John S. Johnston, 425 Maple St., Powell River, B. C., as Stoker 1st class R.C.N.V.R. (Temp) rated Acting Stoker Petty Officer R.C.N.V.R. (Temp) the following day or Able Seaman R.C.N.R. (Temp) on Active Service at your Divisional Headquarters, if he is considered to be suitable and is medically fit.

If entered as Acting Stoker Petty Officer, he is to be drafted in accordance with NS 114-1-46 of the 28th March, 1942.

If entered as Able Seaman R.C.N.R., he is to be included in your next regular Active Service training class.

Credentials are returned herewith.

BY ORDER,

Secretary, Naval Board,

The Commanding Officer,
H.M.C.S. "Discovery",
c/o Naval Officer-in-Charge,
408 Marine Building,
Vancouver, B.C.

Encl.

D 2258
1500M—11-40 (7828)
N.S. 815-5-2258

C.N.S. 264 (S. 264)
30M-10-41 (2181)
N.S. 815-9-264

(E.O.TRUE COPY)

Name JOHNSTON, John Stewart

Sub-Rating and Seniority WLPO 28-7-42 Non-Sub

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

Joined Ship 27-7-42 from Shore

Engagement: Period Hostilities Expires

Date of Birth 14th. March, 1909 Religion United Church

Character Efficiency Date

Badges Class for Conduct Class for Leave

Date due for: Next Badge

Progressive Pay

L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1			
Higher Educ. Test.			
Professional or higher Sub-rating			
do Non-Sub.			

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

Any Non-Service Attainments

Swimming Qualification

Athletic capabilities

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

H.M.C.S. "DISCOVERY" J.A.R. CLARK S/LIEUT. RCNVR

Officer of Division.

Date "(TH. July 1942

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.

P.T.O.

(OVER)

Superior rating, anxious toget ahead.

H.M.C.S. CORNWALLIS ....
Officer of Division.
Date.....

H.M.C.S. ....
Officer of Division.
Date.....

H.M.C.S. ....
Officer of Division.
Date.....

H.M.C.S. ....
Officer of Division.
Date.....

H.M.C.S. ....
Officer of Division.
Date.....

S. 1246A. (Revised—July, 1938.) (ORIGINAL)
10M—4-41 (190)
N.S. 815-9-1246a

ORIGINAL

Valleyfield 6/12/43

HISTORY SHEET FOR STOKER RATINGS

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

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

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

Name: Surname	Christian	Official Number	Port Division
JOHNSTON	John Stewart	V 43818 V/n	HALIFAX

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of Commencing	Date of Completing	Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
New Entry Course	11-8-42	24-8-42	COMPLETED NEW ENTRY TRAINING		Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	25-8-42	10-9-42	TECHNICAL TRAINING AT S.T.E.	SUPERIOR	Lieut. RCNVR Engineer Officer.

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

Lieut. Cmdr. (E) RN

Issued with Stoker's Manual:—Date B.R. 77 25-8-42 Signature and Rank:— Comm'd Eng. RCN

Entered H.M. Service as Stoker 2nd Class
Advanced to Stoker 1st Class
Advanced to Leading Stoker
~~Advanced to~~ Stoker Petty Officer 27-7-42 on entry
Advanced to Chief Stoker

Completed 2 years' training for Mechanician
Rated Mechanician 2nd Class
" " 1st Class
Advanced to Chief Mechanician

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

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
Granted Stokehold Watchkeeping Cert.	19-6-43		
Trans. to A/E.R.A. 4/c (A/S A-7422)	12-11-43		

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

S. 1246A

Special Remarks :

STOKER R

Employment and

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

EFFICIENCY:—To be indicated as "Superior," "

Date	← Watchkeeper →									← In Charge				
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineroom Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party
1942														
27-8			BARRACK'S ROUTINE											
31-8														
20-10-43														
5-11-43														
6-12-43.														

RATING

Ability Record

rds "Refitting and Maintenance"

Satisfactory," "Moderate," or "Inferior."

NAME _____

Official Number _____

f → 15 Engineroom Watch Keeping at Sea	16 General Charge of Firing in a Boiler Room	17 Double Bottom Party	18 Regulating Duties	19 Engineer's Writer	20 Charge of Engineers' Stores and Tools	21 Power of Command	22 Present Rating	23 REMARKS (including experience in Engineer's Office or in any special duties)	24 SHIP	25 Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
							S.P.O.		CORNWALLIS	
							S.P.O.		STADACONA	
							S.P.O.		GRANDMERE	
							S.P.O.		STADACONA	
							S.P.O.		CHALEUR II	
									VALLEYFIELD	

RIFLE PRACTICES

(To be filled in immediately on completing Course)

Date	Ship	Practice carried out	Signature

VOCATIONAL TRAINING CERTIFICATE

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

VOCATION _____

We certify that (name) _____

Residence _____

has satisfied us that he possesses a ‡ _____

knowledge of the vocation mentioned, and we consider that § _____

_____

Examiners:— _____

Business and Business Address:— _____

_____

Date of Examination:— _____

Signed:— _____ President.

_____ Vocational Training Committee.

‡ Here insert qualification. § Special notations as applicable.

TO BE FILLED UP ONLY ON FINAL DISCHARGE

His character during service was * _____

His general efficiency in carrying out his duties was * _____

His efficiency on discharge was assessed as * _____

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

N. 3401/38.

Signature and Rank _____

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

189385 113 J 928

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 IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: JOHN STEWART JOHNSTON (b) Reg'l. No. V43818
2. (a) Arm of service: NAVY (b) Unit: R.C.N.V.R. (c) Rank: STOKER P.O.
3. (a) Date of birth: 14 Mar, 1909 (b) Have you any dependents? YES (c) Place of residence at time of enlistment: POWELL RIVER B. C.
4. (a) Place of enlistment: HMCS "DISCOVERY" VANCOUVER (b) Date of enlistment: 27 July 42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16 (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.): 2 yrs. high School
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? NO (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): WORKING (b) At time of enlistment of what trade union or professional society were you a member? PULP & PAPERS MAKERS UNION LOCAL 76

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: POWELL RIVER PAPER CO. Address: POWELL RIVER B. C.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): PULP & PAPER MAKERS
20. (a) Your specific occupation: Engineer (b) Number of years' experience at this occupation with any employer: 7 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? (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

OHF. Received

DATE 27th July 194 2 SIGNATURE J. S. Johnston

Copy To
VWD
ES

AUG 14 1942

V.43818
(WSR.12)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to official information received at the Department of National Defence, V.43818, Engine Room Artificer, Fourth Class, John Stewart JOHNSTON, Royal Canadian Naval Volunteer Reserve, was reported missing in action on the 7th of May, 1944, when the ship in which he was serving, H.M.C.S. "Valleyfield" was lost while on operational duty at sea, and no further information concerning him being available he is for official purposes presumed to have died on that date.

H.M. Jackson.

(H.M. Jackson) Lt.-Col.

Officer of Her Majesty's Forces
authorized to sign certificates
of death and/or presumption of
death for the Canadian Naval Forces.

Department of National Defence,
OTTAWA, Canada.
24th November, 1952.

H.Q. 1000
15M (ENGLISH)-9-44
N.S. 7570-H.Q. 100

RR

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
NAVY

STATEMENT OF WAR SERVICE GRATUITY

Deceased member's NAME John Stewart (CHRISTIAN NAMES) JOHNSTON (SURNAME)

REGISTER NO. 1181
FILE NO. NS.V43818
DATE 9 Mch/45
SERVICE NO. V43818
FINAL RANK OR RATING A/E.R.A.4/C
DATE OF DISCHARGE 7 May/44

Payee: ADDRESS Mrs. Hazel Breen Johnston,
Box 817
Powell River, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 651/30 EQUAL TO 21 COMPLETE PERIODS AT $7.50	157.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 567 LESS 21 INELIGIBLE DAYS, EQUAL TO 546 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	136.50
SUBTOTALS	
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
PAY $ 3.05	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
ADDITIONAL PAY $	
$	
$	
DEPENDENTS' ALLOWANCE 1/30 OF $ $ 1.25	
TOTAL $ 5.55 X7 = $ 38.85	
NO. OF DAYS 546/183 X$ 38.85	115.92
D. WAR SERVICE GRATUITY	409.92
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	Nil
OTHER DEDUCTIONS $	
F. AMOUNT PAYABLE (THIS AMOUNT IS PAYABLE IN ____ MONTHLY INSTALMENTS OF $ ____ EACH)	409.92

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

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

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

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	409.92								
CHEQUE No.	115246								
DATE	20/3-45								

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

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
SJD	[illegible]	J. Lebeau	13/3/45

[illegible]
SERVICE REPRESENTATIVE
for Dir. Naval Pay Acctng.

1181

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member John L. JOHNSTON Rank or Rating A/ERA 4/C O. No. V-43818

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. 37.20 Mrs. H. B. Johnston (wife)
A.P. 45.00
D.A. —
A.P. —

2. Pension awarded or being awarded to: No record

3. War Service Gratuity Application(s) received from: Mrs. Hazel Breen Johnston
Box 819
Powell River, B.C.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

(X) To be paid to: widow as above In the proportion of: 1

- and -

to: In the proportion of: 1

( ) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 1/3/45

for D.N.P.A. (G)

☐ Navy
☐ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

Naval Service File N.S - V 43818 (Pers) (N)

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

DEPARTMENT OF NATIONAL DEFENCE

Application for War Service Gratuity

(Canadian Armed Forces)

Re:- Johnston, J. S. - E.R.A(4) "Missing". Officially presumed dead as at May 7. 1944.

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service JOHNSTON (Print)

2. Christian Names JOHN STEWART (Print)

3. Service No. V 43818 4. Paid rank or rating at date of termination of Service E.R.A 4/bl.

5. Address, in full, to which payments of gratuity are to be forwarded
Mrs. Hazel Breen Johnston
Box 817
Powell River, B.C.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
Navy	V43818	E.R.A 4/bl.	July 1942	May 7th 1944 (Officially presumed dead)

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? No If so, state name of Force or Forces

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? No If so, state the Force or Forces, with dates of commencement and termination of service.

NAVAL PERSONNEL RECORDS
NOV 8 1944 1181
WAR SERVICE GRATUITY SECTION

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

October 27. 1944
(Date)

Hazel Breen Johnston
(Signature of Applicant)
Widow of John Stewart Johnston
Box 817
Powell River, B.C.

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

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

46

Name John Stewart JOHNSTON
(Christian names in full)

Rank or Rating E.R.A. 4th Class Official No. P-43818
(If unknown, date of first entry)

Place of Birth Glasgow, Scotland Date of Birth 14th March, 1909

Occupation in Civil Life ENGINEER Religion UNITED CHURCH

Number of years in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 1 yr 9 mos

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 Mrs Hazel B JOHNSTON Relationship WIFE

Address 631 Maple Street, Powell River, B.C.

Date on which the above was informed by Ship. Informed by N.S.H.Q.

Date on which death was registered with local Officials Not registered

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

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

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

Undertaker employed (If any)

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

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

17th MAY 1944

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

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

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

C.N.S. 1121

Noted

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. H.B. Johnston,
831 Maple Street,
Powell River, 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- 43818 FD. 560

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

JOHNSTON, John Stewart, Engineroom Artificer 4th Class,

Official Number V-43818, 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. A. Wade
Commander R.C.N.V.R.
for Director of Estates.

GC/

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

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		Hazel Breen Johnston	31	831 Maple Ave Powell River, B.C. P.O. Box 817.
2	Children of the Deceased and dates of their Births		James Stewart Johnston Born June 23rd, 1944.	3 months	831 Maple Ave Powell River B.C.
3	Father of the Deceased		John Johnston		Died in 1917.
4	Mother of the Deceased		Helen Johnston	60	630 - East 13th Ave Vancouver. B.C.
5	Brothers of the Deceased	Full Blood	David Alexander Johnston	32	326 - East Keith Road North Vancouver, B.C
			James Robertson Johnston	29	Bahrein Petroleum A.P.O 816 c/o Postmaster New York, N.Y.
			~~Charles Johnston~~	20.	Pte. in Canadian Service Corps - address c/o Mrs Helen Johnston (mother)
		~~Half Blood~~	Charles Johnston Half-brother		
6	Sisters of the Deceased	Full Blood	None		
		~~Half Blood~~			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Stewart Johnston
9	Date of his birth.	March 14, 1909
10	Place and date of his marriage.	Powell River, B.C. September 18. 1940
11	Place and date of his parents' marriage.	Scotland. I have no record of the city or date.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Glasgow, Scotland
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) British Columbia (b) (c) (d)
14	Nature of employment before enlistment.	Steam Engineer
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.	Powell River, B.C.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes. Enclosed herewith
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?	No.
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?	Had a Post office a/c at one time in Sydney, Nova Scotia. I have no record of number or balance.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None that I know of
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Had started deducted from naval pay paying for bearer bond to be sent to me, during last loan drive - April/44
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. (See Page 4) $2000- War blanse states in event of death	Aetna Life Insure Co - Vancouver Hazel B. Johnston - Beneficiary - only amount of premiums paid on active service.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

*Widow of the deceased.

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

Hazel Breen Johnston — Signature of Informant

831 Maple Ave - Powell River, P.O. Box 817 B.C. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Hazel Breen Johnston (Name of informant) is the* Widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Powell River, B.C. this 22nd day of September 1944

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

W. R. Gardiner — Qualification Commissioner Oaths

Address Powell River BC

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

$1000.00 Policy with Sun Life Assurance Co.
Beneficiary - Mrs. Helen Johnston
(Mother of John Stewart Johnston)

CANADA

Department of National Defence

Naval Service

124022

AUG 30 1944 194

IN REPLY PLEASE QUOTE

N.S. V-43818 Pers (N)

ESTATES BRANCH SEP 5 1944 H.Q. OTTAWA NATIONAL DEFENCE

Sir:

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

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
JOHNSTON, John Stewart, Engineroom Artificer 4th Class, Official Number V-43818 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.	Wife: Mrs. H.B. Johnston, 831 Maple Street, Powell River, B.C.

ALLOTMENTS IN FORCE

In favor of		Amount	Initials
Mrs H.B. Johnston 831 Maple St. Powell River, B.C.	D.A.37.20 A.P. 45.00 Allotment Stopped May 30-44	82.20	G.C.M.

Will: No Will.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

D 2258 A
1000M—4-42 (4259)
N.S. 815-5-2258

LA/HS

N.S. V-43818, F.D.357, PERS.(N)

27 November, 1944.

THIS IS TO CERTIFY that according to official information John Stewart Johnston, Engine Room Artificer Fourth Class, Official Number V-43818, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 7th of May, 1944. He was serving in H.M.C.S. "VALLEYFIELD" which was torpedoed and sunk by enemy action whilst on Convoy duty in the North Atlantic.

SECRETARY, NAVAL BOARD.

Deputy Secretary,
Naval Board.

A/Pay. Capt. R.C.N.V.R.,
Director of Naval Pay Accounting,
Dept. Nat. Defence,
Naval Service,
OTTAWA.

R 927 No. 1665

#573

1114205

Per Duza 29-6.

Re - Johnston, J.S., E.R.A. (4) "Missing"
Your File N.S. V 43818 (Pers) (4)

82

Dear Sir:-

I beg to acknowledge receipt of your letter of June 22nd, 1944 enclosing cheque for Eighty-two Dollars and Twenty Cents ($82.20) for the month of June 1944.

I am enclosing Birth Certificate of my son, James Stewart Johnston and shall be grateful if you will enter this birth on your records for the necessary allowance, which I presume will commence with the month of July 1944.

I have not received a statement from the Powell River General Hospital as yet, but have been informed by their Secretary that the total amount of my hospitalization will be approximately One Hundred and Twenty Dollars ($120.00). Please advise me if the Naval Department or the Dependents' Allowance Board will help me with this debt.

9

Would you kindly return the Birth Certificate as soon as possible.

Thanking you,

Yours truly,

Hazel Breen Johnston

Notify Valleyfield accounting
A/E R A/4
12/1/43

Registered.
Enclosure 1.

ENCLOSURES CHECKED IN N.C.R.

SECTION	NO.	INIT.
Mail		
Index		
Routeing		
Remarks:		Initials

REM/LB

REGISTERED:

NS. V-43818 F.D.573
(PERS.)(N))

37

7th August, 1944.

Sir:

Re: John Stewart Johnson, E.R.A.4/Cl., O.No. V-43818
"Missing"

With reference to the attached mimeographed form and enclosure, it is advised that the above named rating was serving on H.M.C.S. "VALLEYFIELD" and was reported missing at sea to date 7th May, 1944, when this ship was sunk by enemy action.

It is, therefore, requested that authority for payment of Dependents' Allowance on behalf of the child be forwarded to Headquarters as soon as possible.

Yours truly,

--Encl.--

(C.F.G. Hill)
A/Pay.Captain, R.C.N.V.R.
Director of Naval Pay Accounting.

The Chairman,
Dependents' Allowance Board,
Records Bldg.,
Experimental Farm,
Ottawa, Ont.

BF
5/9/44
Rem by Dnpa

File No. N.S. V-43818 Pers. N.

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

14,696

N.C.R.
Ba

Issued to:-

Wife:-

Mrs. Hazel B. Johnston,
831 Maple Street,
POWELL RIVER, B. C.

Mother:-

Date forwarded:- SEP 22 1944

Registered Mail No:- 6989

2013524 File No. N.S. V-43818 PERS. (N).

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

N.C.R.
P.A.

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:-

Mrs. Helen Johnston,
630 - East 13th Ave.,
VANCOUVER, B.C.

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

Date forwarded:- OCT 28 1944

Registered Mail No:- 0-7986

N.C.R.
8a

144340

SEP 20 1944

FILE NOS.:

V-796	V-35412
V-19239	A-1271
V-68471	V-41543
V-54372	V-35526
V-12143	V-46463
V-25531	V-22563
V-4538	V-65055
A-2453	O-44950
A-4681	O-45010
V-31063	V-41461
V-4427	V-15283
V-51452	V-3417
V-19206	V-51108
V-43309	V-27849
V-56590	V-2299
V-10506	V-34242
V-11244	V-44790
V-53512	V-18039
V-61903	V-399
V-49761	A-4506
V-16586	V-64486
V-23508	N-4649
V-39924	V-57455
V-59892	N-4122
A-5954	N-4323
O-22420	V-5995
O-23950	O-62255
V-30201	V-13701
V-22262	O-65010
V-38722	V-48962
V-31768	V-17305
V-55196	V-41902
V-905	V-63143
V-65619	O-70570
V-55803	V-50046
N-4472	V-35344
V-50475	V-5794
V-23123	O-71320
V-65496	V-17781
V-17703	V-14540
O-35660	V-516
V-54304	V-25850
V-3538	V-3386
V-43818	V-688
V-52497	V-50598
V-64138	O-76380
V-25279	V-5911
V-50961	V-37893
V-57850	N-21989
V-51441	V-56565
V-65120	V-599
V-62261	N-21498
V-49646	V-8662
V-35602	V-50658
O-47000	V-51989
V-44690	V-6388
V-67335	
V-54554	

Sir:

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 H.M.C.S. "VALLEYFIELD" as having occurred on the 7th of May, 1944.

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

Individual forms for these casualties have been previously forwarded.

Yours truly,

H.B. Monell
for
SECRETARY, NAVAL BOARD.

Secretary,
Canadian Pension Commission,
228 Daly Building,
Ottawa, Ont.

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

TFH/MHM

REGISTERED

AIR MAIL

N.S. V-43818 PERS(N)

11th May, 1944.

21

Dear Mrs. Johnston:

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

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

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

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

Yours sincerely,

LETTER dispatched
PERSONNEL NAVAL
MAY 12 1944

SECRETARY, NAVAL BOARD.

Mrs. Hazel B. Johnston,
831 Maple Street,
POWELL RIVER, B.C.

TFH/CED

REGISTERED

AIR MAIL
N.S. V-43818 Pers (N)

8th May, 1944.

20

Dear Mrs. Johnston:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, John Stewart Johnston, Engineroom Artificer Fourth Class, Official Number V43818, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

LETTER ... by PERSONNEL NAVAL
MAY 1944

SECRETARY, NAVAL BOARD.

Mrs. Hazel B. Johnston,
831 Maple Street,
POWELL RIVER, B.C.

MEMORANDUM:

With reference to your

of the it is approved

to transfer

to

BY ORDER.

R. Ingersoll

SECRETARY, NAVAL BOARD.

Form 6

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

1. PLACE OF DEATH
Name of city or place: AT SEA — Name of Municipality (if any):
Street or road: — House No.:
(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) — In Municipality where death occurred: — In Province: — In Canada (if immigrant):

3. PRINT FULL NAME OF DECEASED JOHNSTON (Surname or last name) John Stewart (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: Powell River — Name of Municipality (if any): British Columbia
Street or road: Maple Street — House No.: 831

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
Male		Scottish	Married	Scotland

10. Date of Birth: March (Month by name) 14th (Day) 1909 (Year)

11. AGE: Years 35 — Months 2 — Days — If less than one day: hrs. or min.

OCCUPATION
12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Engineer
(b) Kind of industry or business, as paper mill, lumber, bank, etc.: Powell River Paper Co.
(If labourer specify kind of work above)
13. Date deceased last worked at this occupation:
14. Total years spent in this occupation:

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

16. Name of father: (Surname or last name) (Given or Christian names)

17. Maiden name of mother: (Surname or last name) (Given or Christian names)

18. Birthplace:—
Father: (Province or Country) Mother: (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at: H.B. Money, this: day of: 19
Signature of informant: Relationship to deceased:
Address: Payr. Cmdr. R.C.N.R., Officer i/c Naval Personnel Records, Naval Service Headquarters, Ottawa, Ontario.

20. Burial, Cremation or Removal: Date: (Month by name) (Day) 19 (Year)
Place of Burial: Body not recovered (Municipality) Cemetery:

21. Undertaker:—
Name: Address:

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May (Month by name) 7th (Day) 19 44 (Year)

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

I — CAUSE OF DEATH		DURATION Yrs.	Mos.	Dys.
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			
	due to H.M.C.S. "VALLEYFIELD" was torpedoed			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) and sunk by enemy action in the			
	due to (c) Atlantic.			
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? (State which) Date of injury: 19
Manner of injury (How sustained)
Nature of injury:
Specify whether injury occurred in **industry**, in **home** or in **public place**

Signed by **Designation** M.D., Coroner, etc.
Address **Date** **19**

28. I hereby certify that the above return was made to me at:
Dated: 19 (District Registrar)
District Registration No.:

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

INSTRUCTIONS

Physician's Statement of Cause of Death.—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

(a) Name first the "Immediate Cause" of death, i.e. the disease, injury or complication which caused death (not mode of dying or terminal condition).

(b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.

(c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.

(d) Use always accepted terms for morbid conditions and never record mere symptoms.

(e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal", e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.

(f) **Cancer.—In all cases the organ or part first affected should be specified.**

(g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to **accident, suicide** or **homicide,** and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an **automobile accident** should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) —— due to (c) ——	due to (b) —— due to (c) ——	due to (b) Acute appendicitis due to (c) ——	due to (b) Operation due to (c) Strangulated inguinal hernia	due to (b) Chronic nephritis due to (c) ——
II.	II.	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	——	——	——	Chronic interstitial nephritis	Chronic bronchitis

STILLBIRTH

"A dead-birth (stillbirth) is the birth of a (viable) foetus, after at least twenty-eight weeks pregnancy, in which pulmonary respiration does not occur; such a foetus may die either: (a) before, (b) during or (c) after birth, but before it has breathed."

The special stillbirth registration form (green coloured) must be used in registering a stillbirth.

This is the last Will and Testament of me,

(A) John Stewart Johnston.
425 Maple Street - Powell River, B.C.
Occupation - stationary steam engineer.

hereby revoking all Wills, Testaments or Codicils by me at any time heretofore made.

I devise and bequeath all my Estate, real and personal, to my executors and trustees hereinafter named in trust for the purposes following :—

Firstly, to pay my just debts, funeral and Testamentary expenses, and thereafter in trust to dispose of and pay over or convey the same to the person or persons or corporations hereinafter named as follows :—

(B) To my wife, Hazel Breen Johnston, all household effects to keep, or dispose of, as she wishes; also any personal belongings.

To my brothers, all firearms & tackle to be shared among themselves.

All the rest and residue of my Estate I devise and bequeath to

I nominate, constitute and appoint (C) my wife Hazel Breen Johnston.

executors

and trustees of this my last Will, with full power and authority to sell and dispose of all my estate where necessary, and execute any and all Documents requisite to carry out this my Will, and should one or more of my said Executors or Trustees wish to retire I authorize them to appoint a successor instead thereof.

In Witness whereof, I subscribed these presents as printed and written this (D) 26th day of July A.D. 1942

Signed, published and declared by the said Testator as (E) his last Will and Testament in the presence of us both present at the same time, who in (F) his presence and in the presence of each other have hereunto set and subscribed our names as witness.

(G) John Stewart Johnston

Witness (H) Peter W. A. MacKenzie

Address 421 Maple St Powell River B.C.

Witness (I) Marie MacKenzie.

Address 421 Maple St. Powell River B.C.

(A) Fill in full Name, where Residing (City, Town, Village or Township), and Occupation.
(B) Fill in Names of Beneficiaries, with amounts or articles you wish to give them.
Use your own every day wording.
(C) Fill in names of Trustees, Residence, Occupation, two or more, although one is sufficient.
(D) Fill in date.
(E) Fill in word his or her as the case may be.
(F) Fill in word his or her as the case may be.
(G) Testator sign here.
Parties taking benefits under Will cannot be Witnesses, but may be Trustees or Executors.
A husband or wife of a witness cannot take as a beneficiary. The Will is valid otherwise.
Two witnesses necessary, usual signatures.
Testator must sign in presence of Witnesses, and Witnesses together in presence of Testator.
No seal required.
Any alterations or erasures must be initialed in the margin, by testator and both witnesses.
(H) First Witness signs here.
(I) Second Witness signs here.

SEE SPECIMEN WILL ON THE FOLLOWING PAGE

SPECIMEN—HOW TO MAKE A WILL

This is the last Will and Testament of me, EDWARD SMITH, of the City of Toronto, Merchant, hereby revoking all Wills, Testaments or Codicils by me at any time heretofore made.

I devise and bequeath all my Estate, real and personal to my Executors and Trustees hereinafter named in trust for the purposes following :—

Firstly, to pay my just debts, funeral and testamentary expenses, and thereafter in trust to dispose of and pay over or convey the same to the person or persons or corporations hereinafter named as follows :—

1. To convey to my Wife, Eliza, my farm, being Lot 10, Concession 6, Township of Peel, for her sole use and benefit.

Or to pay my wife, Eliza, the income from my farm, being Lot 10, Concession 6, Township of Peel, during her lifetime, and upon her death to convey said Lot to my son, John, for his sole use and benefit.

Or same wording, if house in City or Town, giving Street Number.

2. To pay to my son, John, five hundred dollars ; to my daughter, Mary, five hundred dollars ; to my daughter, Kate, five hundred dollars ; to my son, William, eight hundred dollars, to assist him in his education and support. Such sums to be advanced from time to time in the discretion of my executors, and any balance to be paid to him at the age of twenty-one.

3. To my wife, Eliza, the use of my furniture and effects during her lifetime, and thereafter to my son, John.

4. To my son, William, my gold watch and chain.

5. To the Home for Incurable Children, Toronto, two hundred dollars.

All the rest and residue of my Estate I devise and bequeath to my children, John, Mary, Kate and William Smith, to be divided equally share and share alike, or in such proportions or manner as the Testator may desire.

I nominate, constitute and appoint William T. Thompson, of Toronto, salesman; Thomas Reid, of Toronto, Merchant, and James Clark, of Toronto, Manufacturer, executors and trustees of this my last Will, with full power and authority to sell and dispose of all my Estate where necessary, and execute any and all Documents requisite to carry out this my Will, and should one or more of my said Executors or Trustees wish to retire with power to appoint a successor in stead thereof.

In Witness whereof, I subscribe these presents as printed and written this second day of January, 1914.

Signed, published and declared by the said Testator as his last Will and Testament in the presence of us both present at the same time, who in his presence and in the presence of each other have hereunto set and subscribed our names as witness. } EDWARD SMITH.

Witness, THOMAS R. WILSON.
Address, TORONTO.

Witness, H. J. JACKSON.
Address, TORONTO.

The Will

OF

John Stewart Johnston

DATED July 26th 1942.

N.V. 17
25,000—2-42 (3665)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

John Stewart JOHNSTON

in the Royal Canadian Naval Volunteer Reserve

Identification Card No. 64815 Issued

Training Headquarters	R.C.N.V.R. Division	Official Number V-43818
Esquimalt	Vancouver	"
		"

Date of Birth 14th March, 1909.

Place of Birth Glasgow, Scotland.

Place of Residence 831 Maple St., Powell River B.C.

Trade brought up to Engineer

Religion United Church.

O.H.F.

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

Wife:
Hazel B. Johnston,
same address

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

P.S.T. Date ..... 19..... Signature ..... Rank .....

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	27 July '42	Hostilities	Stoker I

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration
	26 Feb 44	Canadian Volunteer Service Medal. Clasp. Prov. award.
	26 Feb 44	1939-44 Star. Prov. award.

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry 33	5	6½	37	133	Brown	Brown	Fair	first joint left thumb amputated.
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
				ACTIVE SERVICE		
1942	HMCS "Discovery"		Stoker I	27 July '42	27 July '42	
1942	HMCS "Discovery"		acting Stoker P.O.	28 July '42	30 July '42	
1942	HMCS "Cornwallis"		acting Stoker P.O.	31 July '42	26 Aug	
	Stadacona		—"—	27 Aug.	31 Aug '42	
	Prairiton (Trendmere)		—"—	1 Sep 42	4 Jan. 43	
	Stadacona (—"—)		—"—	5 Jan. 43	19 Oct '43	
	Stadacona		—"—	20 Oct '43	5 Nov 43	
	Chaleur II		—"—	6 Nov 43	11 Nov 43	A7422
	Stadacona (Valleyfield)	A/E.R.A 4/c	—"—	12 Nov 43	6 Dec 43	
	Avalon (Valleyfield)		—"—	7 Dec 43	29 Feb 44	
				1 Mch 44	7 May 44	D.D.

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
19 June '43	Stokehold W/K Cert.	L Davis	Acting Stoker PO.	28 July '42	NS 62-21-5 "J" FD502 of 9th July '42.

Name John Stewart JOHNSTON Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	Sat. (A/S.P.O.)	31 Dec. 42	Lyn Wm Lawrie
		V.G	SAT (A/ERA 4/c)	31 Dec. 43	L. Redout
		V.G.	Sat. (A/E.R.A. 4/c)	7 May 44	[illegible]

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

W.S.B.

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

NAME IN FULL Johnston: John: Stewart: RANK/RATING A/ERA 4/c OFF.NO. V-43818 ADDRESS .....

SHIP	SERVICE FROM	SERVICE TO	SERVICE DAYS	AREA	QUALIFYING PERIODS IN DAYS FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	27-7-42											1939-45	1	star
Crandemere	1-9-42	19-10-43	414	Atl.								ATLANTIC	1	star
Valleyfield	7-12-43	7-5-44	153	Atl. (Lost)								FRANCE G.		
	Dosch. "Dead"											AFRICA		
												PACIFIC		
		7-5-44										BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	@ Clasp.
												" CLASP		
												WAR 1945	1	medal.
												WAR 1915		

VERIFIED BY J.W.

VERIFIED BY J.Allaire

VERIFIED BY .....

DIR.OF PERSONNEL RECORDS.

P.I.B.

V43818 OFFICIAL NUMBER | NAME JOHNSTON (Surname) John Stewart (Given Names) | OFFICIAL NUMBER V43818

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
HMCS "Discovery"	Sto. 1	27	7	42	Div. Str. Vancouver	V.G.	Sat.	31	12	42							
" "	"	27	7	42	Active Service D.L. 27-7-42	V.G.	Sat.	31	12	43							
" "	A/S.P.O.	28	7	42	Attestation Form	V.G.	Sat.	7	5	44							
" Cornwallis	"	31	7	42	D.L. 30-7-42												
" Grandmere	"	27	8	42	Ledger (Via Stadacona)												
" Stadacona	"	20	10	43	D.R.D. #H-2935												
" Chaleur 11	"	6	11	43	D.R.D. #H-3127												
" Valleyfield	"	8	12	43	W.R.D. #69												
"	A/E.R.A. 4	12	11	43	Trans. Back Dated A'A7422												
DISCHARGED.	"	7	5	44	Missing per Casuality List 249AA 13926 (DEAD)												

GENERAL REMARKS

Canadian Memorial Cross granted to
Wife: Mrs. Hazel B. Johnston,
831 Maple Street,
Powell River, B.C. to date
22nd Sept., 1944.
Canadian Memorial Cross granted to
Mother: Mrs. Helen Johnston,
630 - East 13th Ave.,
VANCOUVER, B. C. to date
28th October, 1944.

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
14	3	09	22	320	X	40	3	9	07	00	0	08	0	14	74

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
27	07	42	27	07	42						1220	1	35	75

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B	M ST.		CODED	CHECKED
12	11	43	13	00	00	21	07-03-44		

V43818 OFFICIAL NUMBER | FILE NUMBER 113-J-928 | OFFICIAL NUMBER V43818

NAME JOHNSTON (Surname) John Stewart (Given Names) DATE OF BIRTH 14th, March, 1909

PLACE OF BIRTH Glasgow, Scotland OCCUPATION Engineer

RELIGION United EDUCATION Grade X

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 831 Maple St. Town Powell River Province, etc B.C.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
27	7	42	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'6½"	Brown	Brown	Fair	First joint amputated of lt. thumb

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Mabel E. Johnston

ADDRESS (in pencil): Street and No. 831 Maple St Town Powell River Province, etc. B.C.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars
28	2	44	Awarded C.V.S.M. (R&C)
26	2	44	" 1939-43 Star A'A10339

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
19	6	43	Granted W/K Stokehold Cert.				

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

O.H.F. Received
U.I.B. at 425 Howe St., Vancouver, B.C.

FILE NO. WSR 5797-5-
DATE

SECOND CLASS FOR CONDUCT

From	To

H.Q. 35—35M—2-43 (8309)
N.S. 815—7-35

W.S.G. APPLICATION 1181 RECEIVED