

O36075
JACOBS

ROBERT

ARCHIB

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR April 47

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO

272

(1) MEDALS
PERSON

ENTITLED TO

Mr. Samuel B. Jacobs - Father

ADDRESS:

232 - 14th Ave., East,
CALGARY, Alberta.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

DECEASED

ADDRESS:

(2)

(3)

DECEASED 8 February 1946
DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

AWARDS NAVY

D.D.

JACOBS	Robert Archibald	0-36075	Lieut	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
Atlantic Star	
C.V.S.M. and Clasp	
War Medal	
	137 11-10-47

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

HISTORY

Family history, mental stability, respiratory, cardiovascular, gastro-intestinal, genito-urinary, hernia, locomotor, skin, operations, illnesses, resistance to infection, motion sickness, previous service.

Positive Findings Mother dead - hypertension - age 48.

Otherwise - negative.

PHYSICAL EXAMINATION

Age..... 21 Build Athletic Chest 35-37 1/2 (ins.) Pulse..... 76 Blood pressure: S 108 D..... 66

Physique, mouth, teeth, gums, thyroid, lungs, heart, abdomen, liver, spleen, kidneys, hernia, genitalia, glands, joints, extremities, peripheral vessels, varicosities, haemorrhoids, cranial nerves, reflexes, skin.

40 mm. test..... Tremors Slight fine Balancing Normal.

Positive Findings Negative.

Chest X-ray - negative.

Mazzini - Negative.

Urinalysis: Sugar Neg. Albumin Neg. Microscopic Neg.

Eyes:

History Negative.

Vision and Refraction R. 20/20 c + 2.50 = 20/ Blur sph. cyl. axis = 20/
L. 20/20 c + 2.50 = 20/ Blur sph. cyl. axis = 20/
Maddox Rod Slight exophoria 1 D Colour (Plates Normal.
Diaphragm test: (P.D. = 55) Fusion at 6. Vision (Lantern Grade 1.
Convergence: O.C. 7 cms. S.C. 12 cms. Pupils: Light Brisk Acc. Brisk.
Accommodation 8 Fields Normal.
Cover test Sl. lat. div. Rapid recovery Fundi Normal.

Remarks

Fit for flying duties.

Category:

A.B.
A.3. B.

E.N.T.:

History

Recurrent sore throats.

Hearing: R. 20 L. 20 Nose Airway clear.
Tympanum: R. Normal L. Normal Nasopharynx Normal.
Tubal patency: R. Pat. L. Pat. Tonsils Sl. inflammed. R++, I+++
Mouth Normal. Larynx
Upper denture.

Remarks

Tonsillar enlargement. Fit for full duties.
Not consider sufficient.
To warrant exclusion from flying duties.

MEDICAL EXAMINATION FOR FITNESS FOR FLYING

Surname..... JACOBS Christian Names Archibald Robert.....
 Residence..... 252 14th Ave. East, Calgary, Alta.....
 Recruiting Centre..... Date.....
 Aircrew Medical Board..... Halifax..... Date Aug. 27th 1945.....
 Birthplace..... Calgary..... Date of Birth..... Sept. 22 1923.....
 Previous Service..... Naval 2 years..... Previous Occupation..... Student.....
 Marital Status..... Single..... Athletics..... Football, hockey, swimming.....
 Classification Test..... Flying Hours S..... D..... P..... Some.....

ASSESSMENT

Physical

Fit for full flying duties.

Psychological

Education: 2nd year University - Engineering.
 XII at age 18. Good school progress.
Naval: Normal adjustment. Normal progress.
Stability: Reacts normally to action. No breakdowns.
 No neurotic traits. Normally stable.
Motivation: For experience and interest - Adequate.
 Good candidate for air crew.

Rating Scale

1	2	3	4	5	6	7	8	9	10

ASSESSMENT FACTORS

Factor	Findings	Initials
History and Physical.....	Fit for ffd.	
Ear, Nose and Throat.....	Fit for ffd.	
Height (ins.).....	66 1/2"	
Weight (lbs.).....	147	
Leg Length.....	39 1/2"	
Eye Category.....	A.B. A.3 B.	
Colour Vision.....	Normal - Grade 1.	
Night Visual Capacity.....	Normal.	
Assessment.....		

MEDICAL CATEGORY

A.B.
A.3.B.

W. J. ...

Date..... Aug. 27 1945.....

President, Aircrew Medical Board.....

W. J. ...
A/Sgt cdr



ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME JACOBS OFFICIAL No. V62152
CHRISTIAN NAMES Robert Archibald MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 232 - 14th Ave. East
Calgary, Alta RELIGION United Church

DATE OF BIRTH <u>22 September 1923</u>	*PLACE OF BIRTH Town <u>Calgary</u> County Province <u>Alta</u>	NAME AND ADDRESS OF NEXT OF KIN <u>Father: Mr. Samuel Bradshaw Jacobs 232 - 14th East, Calgary, Alta.</u>
*Original Nationality of: Father <u>Irish</u> Mother <u>Scottish</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>37$\frac{3}{4}$</u>	<u>BROWN</u>	<u>BROWN</u>	<u>MEDIUM</u>	<u>SCAR ON CHEST SCAR MIDDLE FOREHEAD</u>
Inches <u>6$\frac{1}{2}$</u>	Deflated <u>35$\frac{3}{4}$</u>				
<u>140</u>	Mean <u>36$\frac{1}{2}$</u>				

EDUCATIONAL STANDING <u>Completed Junior Matriculation</u>	TRADE OR CALLING AND IN WHOSE EMPLOY <u>Student:</u>
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DATE OF ENROLMENT <u>26 April 1943</u> <u>Divisional Strength</u>	RATING FOR WHICH ENROLLED <u>Stoker II</u>	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED <u>HMCS DISCOVERY</u>
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(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 C.O.T.C. (UBC CONT) 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
<u>C.O.T.C. (UBC CONT)</u>	<u>Cadet</u>	<u>September 1942</u>	<u>29 April 1943</u> Division.

(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.

ARE YOU IN POSSESSION OF A U.I. Book? Yes

1. Noted in Records <u>SB</u>
2. Index Card <u>SB</u>
3. His Majesty's Forces on <u>9/6/43</u>
4. Statistical Card <u>9/6/43</u>
5. Free Slip <u>9/6/43</u>
6. Pension Card <u>9/6/43</u>
7. <u>9/6/43</u>
8. <u>9/6/43</u>
DATE

(5) On being enrolled as a member 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. **and further being subject to the provisions of P.C. 246, 1943, Part III, Sections 305-310**

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

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

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

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

Dated this 26 day of April 1943

Signature of applicant *Robert Archibald Jacobs*

(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 26

day of April 1943

My authority for attestation is RD 6-1-6 of 2 April 1943

W. L. Brudenell **Lieutenant**
Signature of and rank of Attesting Officer. **RCNVR**

(D) **OATH OF ALLEGIANCE**

I, Robert Archibald Jacobs 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 *Robert Archibald Jacobs*

Witness *W. L. Brudenell*

Date 26 April 1943 Rank Lieutenant, RCNVR

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.

V62152

OFFICIAL NUMBER

FILE NUMBER

(113-J-1409) V62152

OFFICIAL NUMBER

V62152

NAME JACOBS (Surname) Robert Archibald (Given Names) DATE OF BIRTH 22 September, 1923PLACE OF BIRTH Calgary, Alta. OCCUPATION StudentRELIGION United EDUCATION Junior MatriculationRESIDENCE AT TIME OF ENLISTMENT: Street and No. 232 - 14th Ave., East Town Calgary Province, etc. Alberta

ENGAGEMENTS			DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								From	To
26	4	43	5'6 $\frac{1}{2}$ "	Brown	Brown	Medium	Scar on chest Scar middle forehead	COTC UBC Cont.	Cadet	9/42	4/43

NEXT OF KIN RELATIONSHIP (in pencil) Follow NAME (in pencil) Mrs. Samuel Brackley JacobsADDRESS (in pencil): Street and No. 232 - 14th Ave. East Town Calgary Province, etc. Alta.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY			EXAMINATIONS, CERTIFICATES, ETC.						
Date (in figures)			Date (in figures)			Date (in figures)			PARTICULARS
Day	Month	Year	Day	Month	Year	Day	Month	Year	
			7	4	44	Marked "TR"			
			28	2	44	Qual. Anti-Gas 1 day			

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

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

SECOND CLASS FOR CONDUCT

From

To



V62152

OFFICIAL NUMBER

NAME JACOBS
(Surname)

Robert Archibald
(Given Names)

OFFICIAL NUMBER

P.I.B. 0-36075
V62152

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Referred		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Discovery"	Stoker II	26	4	43	Div. Str. Vancouver UNTD	V.G.	Supr.	22	5	44							
HMCS "Discovery"	"	29	4	43	Active Service D.L. 29.4.43												
HMCS "York"	"	9	5	43	D.L. 8.5.43												
HMCS "Discovery"	"	25	5	43	Div. Str. D.L. 25.5.43												
" "	Ord. Smn. (O.C.)	23	11	43	Transferred DL. 23-11-43												
" Tecumseh	"	24	11	43	Div. Str. DL. 23-11-43												
" Cornwallis	"	22	1	44	DL. 22-1-44												
" Tecumseh A/S	"	18	1	44	Back Dated DL. 18-1-44												
" Cornwallis (Caribou)	"	25	3	44	V/O Servl Cert.												
" Cornwallis	"	1	4	44	Serv. Cert.												
" (St. Francis)	"	29	4	44	" "												
" Cornwallis	"	20	5	44	" "												
DISCHARGED	"	22	5	44	"Promoted To Comm. Rank." per App't. 6-6-44												

GENERAL REMARKS

Passed Promotion Board and recommended for promotion to the rank of Probationary Sub.-Lieutenant 23-5-44 249A A19582

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV.	ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION			P.	CTY.	TOWN	SERV.	DIV.	A.	BR.	RANK
22	9	23	17	XX	X	0	40	6	8	06	05	9	08	0	25	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			
26	04	43	29	04	43					9850	018	75				
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.										
23	11	43	13	00	00											

OFFICIAL NUMBER _____ FILE NUMBER 0 - 36075 OFFICIAL NUMBER _____
 NAME JACOBS (Surname) Robert Archibald (Given Names) DATE OF BIRTH 22 September, 1923.

PLACE OF BIRTH Calgary, Alta. OCCUPATION Student
 RELIGION United EDUCATION _____
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 232 - 14th Ave. East Town Calgary Province, etc. Alta.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
23	5	44	Hostilities only	5'6 1/2	Brown	Brown	Med.	Scar on chest Scar middle forehead	COTC UBC Cont. R.C.N.V.R.	Cadet O/D	From	To
											9/42	4/43
											26-4-	22-5-
											43	44

NEXT OF KIN RELATIONSHIP (in pencil) _____ NAME (in pencil) Mr. Samuel B Jacobs
 ADDRESS (in pencil): Street and No. 232 - 14th Ave. East Town Calgary Province, etc. Alta.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.			
Date (in figures)			Particulars	Date (in figures)			Particulars
Day	Month	Year		Day	Month	Year	
				22	1	45	N.E. Entry A/S Crse. 85%
				30	1	45	Result Conf. Trng. Report 83.4%
				2	11	45	Passed Observers Crse. No. 88.

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

FILM
 NO WSA-4333-4
DATE

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

SECOND CLASS FOR CONDUCT
 From _____ To _____



OFFICIAL NUMBER

NAME **JACOBS**
(Surname)

Robert Archibald
(Given Names)

OFFICIAL NUMBER

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. Cornwallis	P/Sub-Lieut. T.	23	5	44	addl. Promoted from O/D	O.N. V62152)										
H.M.C.S. York	P/Sub-Lieut. T.	18	6	44	for initial trng. & duty)				6-6-44						
H.M.C.S. Kings	P/Sub-Lieut. T.	9	9	44	addl. for trng. & disposal						per Appt. List No. 200-44						
HMCS Kings & Corn.	P/Sub-Lieut. T.	9	9	44	addl. for trng. & disposal						per Amended Appt. 12-10-44						
H.M.C.S. Stratford	Sub-Lieut. T.	28	1	45	Confirmed and appt'd. Sen.	26.11.45					Pay to commence 23.8.45						
H.M.C.S. Grou	Sub-Lieut. T.	1	5	45	per Appt. 4-6-45.												
HMCS Stadacona	" "	28	8	45	addl. for passage to U.K.;												
HMCS Niobe	" "	7	9	45	addl. for observer's Crse.)						Appt. 20-8-45.						
St. Vincent	" "	9	9	45	for Part 1. of Observs. Crse. -						Ad. Ret. of Appts. 10-10-45.						
" "	A/Lieut. T.	26	11	45	promoted & re-apptd. - per						List. 276/45.						
DISCHARGED	" "	8	2	46	"Died from Injuries" Per						NAS Rattray N/M 082000/2/46						

GENERAL REMARKS

*Leave for 21 days + 6 days
 25-8-44
 33-11-44
 Leave for 28 days + 6 days TT from 16-3-48
 Address: 232 14th Ave. Calgary
 Paid for 36 + 8 days TT from (no dates given)
 per appt/45 - address as above.*

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

NAME IN FULL JACOBS, Robert Archibald RANK/RATING A/SN

SHIP	SERVICE			AREA	QUALITY		
	FROM	TO	DAYS		FROM	TO	19
TECUMSEH	18.1.44						
CARIBOU	25.3.44	31.3.44	7	Atlantic			
ST. FRANCIS	29.4.44	19.5.44	21	Atlantic			
STRATFORD	28.1.45	30.4.45	93	Atlantic			
GRON	1.5.45	2.9.45	125	Atlantic			
<i>Discharged. Died from Injuries</i>							
<i>to date 8/2/46.</i>							

VERIFIED BY Jayce Row

VERIFIED BY

VERIFICATION FORM

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

.....RANK/RATING A/LN.....OFF.NO. O-36075.....ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45		
<i>Atlantic</i>							ATLANTIC		<i>1 Star</i>
<i>Atlantic</i>							FRANCE G.		
<i>Atlantic</i>							AFRICA		
<i>Atlantic</i>							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.		<i>2 Clasp</i>
							" CLASP		
							WAR 1945		<i>1 Medal</i>
							WAR 1915		

VERIFIED BY *Jayce Rose...*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

Section A—GENERAL INFORMATION

1. (a) Print name in full..... **Robert Archibald JACOBS** (b) Reg'l. No. **V62152**
2. (a) Arm of service..... **Navy** (b) Unit..... **RCNVR** (c) Rank..... **Stoker II**
3. (a) Date of birth..... **22 Sep. 1923** (b) Have you any dependents?..... **No** (c) Place of residence at time of enlistment..... **Vancouver, B.C.**
4. (a) Place of enlistment..... **Vancouver, B.C.** (b) Date of enlistment..... **26 Apl. 1943**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... **--** (b) Were you attending school or college up to the time of enlistment?..... **Yes**
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.)..... **Junior Matriculation**
7. If you attended a university, give name of university and standing or degree secured..... **Yes 1st year Pre-Applied Science**
8. (a) Did you ever enter upon a trade apprenticeship?..... **No** (b) If so, for what occupation?..... **No** (c) Did you finish it?..... **No** (d) If you did not finish it, how long did you serve at it?..... **No**
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)..... **No** (b) At time of enlistment of what trade union or professional society were you a member?..... **--**

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... **No** (b) Do you feel competent to operate a farm?..... **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?..... **No** (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.)..... **Finish Science Course U.B.C.**
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... **Electrical Engineer**



DATE..... **26 April** 194..... **3** SIGNATURE..... *Robert Jacobs*

Copy . . .
VWD
ES

NOV 5 1943

N.V. 17A
50M-7-42 (5319)
N.S. 815-11-17

TRUE COPY

OF THE

CERTIFICATE of the SERVICE of

Robert Archibald JACOBS

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-62152</i>
		"
		"

Date of Birth *22 September 1923*
 Place of Birth *Calgary, Alberta*
 Place of Residence *232-14 Ave E Calgary*
 Trade brought up to *Student*
 Religion *United Church*

Name and Address of Nearest Relative or Friend (in pencil)
father
Samuel B Jacobs
same address

Can Swim:—P.P.T. () Date 19..... Signature.....
 P.S.T. () Date 19..... Signature.....

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>26 Sep 43</i>	<i>West Indies</i>	<i>Stoker 2/c</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>6 1/2</i>	<i>36 1/2</i>	<i>140</i>	<i>Brown</i>	<i>Brown</i>	<i>Med</i>	<i>Scars on chest</i> <i>Scars on forehead</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



Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined JACOBS, Robert Archie

candidate for entry as P/Sub. Lieut. from O/Sea V-62152

and I believe him to be * $\left. \begin{array}{l} \text{in all respects fit for His Majesty's Service} \\ \text{unfit for His Majesty's Service for the reason stated below} \end{array} \right\}$ He has signed the Certificate given below in my presence.

†Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 20	Mos. 9	(j) Date of last Vaccination	1942.		
(b) Height with bare feet	Feet 5	In. 5½	(k) General Development	Fair		
(c) Weight without clothes	139		(l) Nose, Throat and Tonsils	Clear Tonsils atrophy		
(d) Ears and Hearing	Rt. Normal	Lt.	(m) Heart and Lungs	Clear B.P. 110/50		
(e) Chest Girth	Max. 37¾	Min. 35¾	Mean 36½	(n) Abdomen Hernia, etc.	Normal	
(f) Teeth	Deficient 0	Defective 1	Dentures 0	(o) Limbs and Joints	Normal	
(g) Vision by Snellens Types	without glasses	Rt. 6/5-0	Lt. 6/5-3	Both 6/5-0	(p) Skin	Scar on forehead & burn scar on chest
	with glasses where worn	Rt.	Lt.	Both		
(h) Colour Vision	Ishihara R.C.N. Lantern Group 1			(r) Testes Varicocele	Normal	
(i) Chest x-ray	not taken approved positive doubtful # 2986			(s) Urine		

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.

Robert Archie Jacobs
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.....

* $\left\{ \begin{array}{l} \text{which renders him medically unfit for service,} \\ \text{not considered of sufficient importance to cause his rejection, he being desirable in other respects.} \end{array} \right.$

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Cornwallis the 22nd of May 1944

Henry J. Saa
Examining Medical Officer
(Rank) SURGEON LIEUT.

(copy)

232--14th Ave., E.,
Calgary, Alta.
Nov. 3, 1943

Recruiting Officer
H.M.C.S. "DISCOVERY"
Vancouver, B. C.

Dear Sir:

As I wrote to you over three weeks ago and received no reply, I take it that my letter must have been mislaid and have taken the privilege of writing again.

I was in the U.N.T.D. attending the University of B.C. and decided to go on Active Service with the option of going active immediately, thereby forfeiting my officer candidate status, or waiting to be called.

On deciding which course to take you advised me to write you and as I have decided to wait until being called.

I was hoping that you might give some information as to how long it will be before my call comes up.

Also as I enlisted as a Stoker II being in 1st year Applied Science, I wanted to go on Active Service as an ordinary seaman.

I have talked with Lt. Underhill, the Recruiting Officer at H.M.C.S. Tecumseh, here in Calgary and he said that it might be possible to have my records transferred here.

Any information that I might have on these matters would be duly appreciated.

Yours truly,

"Archie Jacobs"

Lieut. J. T. Dewar, RCNVR, 1st Lieut--Keen and conscientious, has a good organization. Good disciplinarian.

Skpr. B. C. Reynolds, RCNR, N.O.--An excellent seaman. Inexperienced navigator but learning quickly.

A/Lt. I. A. L. MacLean, RCNVR, G.O.--Inexperienced but keen.

A/Lt. G. E. Mara, RCNVR, C.B.'s--Average Officer, needs to take more interest in what goes on outside his department.

S/Lt. D. J. Daley, RCNVR, A/S.C.O.--Power of command weak.

S/Lt. G. Barr, RCNVR, Signals--A good signal Officer.

S/Lt. A. R. Jacobs, RCNVR, Torpedo--Average Officer

36340

Lt. (S) P. G. Campbell, RCNVR, Engineer Officer--Keen and conscientious. Power of command weak.

REMARKS ON CAPABILITY OF COMMANDING OFFICER.

LIEUT. R. G. MAGNUSSEN, RCNVR--The Commanding Officer, Lt. R. G. Magnussen is keen, and conscientious. A good disciplinarian and excellent ship handler, but must learn to think a little more quickly in unexpected emergencies.

GENERAL IMPRESSION OF SHIP AS A FIGHTING UNIT (ALL DEPARTMENTS)

The ship should become a well-knit fighting unit. The ship's company is keen and will be well lead when the officers are more experienced, cleanliness is above average for a ship of her class and I believe that the ship will be an excellent ship in every way if she continues to carry out the drill which have been recommended to her.

REGISTERED

LA/CM

AIR - MAIL 57

N.S. 0-36075, PERS.(N) "N"/5.

9 February, 1946.

Dear Mr. Jacobs:

It is with deepest regret that I must confirm the telegram of the 9th of February, 1946, from the Minister of National Defence for Naval Services, informing you that your son, Lieutenant Robert Archibald Jacobs, Royal Canadian Navy (Reserve), has passed away as the result of injuries received due to an aircraft accident on the 8th of February, 1946, off the coast of Scotland.

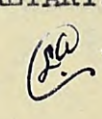
According to the report received from the Canadian Naval Authorities overseas your son was stationed at the Royal Naval Air Station, Rattray, Aberdeenshire, Scotland, as part of the 753rd Squadron. His death occurred when a Barracuda torpedo bomber in which he was a member of the crew, while on a non-operational flight sank when a forced landing into the sea was made due to engine failure, approximately ten miles north east of Fraserburgh, Aberdeenshire, Scotland, at 3.11 o'clock in the afternoon of the 8th of February, 1946.

There were survivors from the mishap but full reports from them are not as yet available. Please be assured that immediately any further particulars are received they will be forwarded to you.

Please allow me to express sincere sympathy with you in your bereavement on behalf 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,


NAVAL SECRETARY.

Despatched by
N. Sec. 

Mr. Samuel Bradshaw Jacobs,
232 - 14th Avenue East,
CALGARY, Alberta.

Date 9.2.46
Time 1300

4.9.46
J. J. J.
A/DAP

LA/CM

67

N.S. 0-36075,
PERS.(N) "N"/5.

20 February, 1946.

Dear Mr. Jacobs:

Further to my letter of the 9th of February, 1946, information has now been received that your son, the late Lieutenant Robert Archibald Jacobs, Royal Canadian Navy (Reserve), was buried with full naval honours at 3.00 o'clock in the afternoon Tuesday the 12th of February, 1946, in the St. Fergus Cemetery, St. Fergus, Aberdeenshire, Scotland.

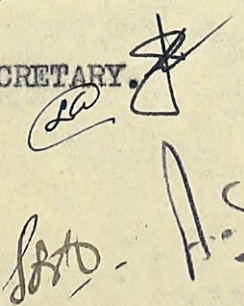
It is understood that his grave will be temporarily marked with a specially designed wooden cross bearing his official particulars until such time as a permanent headstone can be erected by the Imperial War Graves Commission.

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

Yours sincerely,



NAVAL SECRETARY.



Mr. Samuel B. Jacobs,
232 - 14th Ave. East,
CALGARY, Alta.

Despatched by
N. Sec.
Date 23/2/46
Time 1220

N.S. 0-36075,
PERS.(N) "N"/5.

20 Decemb

Six copies to be rendered to Naval Service Headquarters

73

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

~~H.M.C.S.~~ Naval Service Headquarters, OTTAWA, Ontario.

Name JACOBS Robert Archibald
(Christian names in full)

Rank or Rating Lieutenant Official No. R.C.N.(R) Unit R.C.N.
R.C.N.R.
R.C.N.V.R.

Place of Birth Calgary Alta. Date of Birth 22 September, 1923

Occupation in Civil Life Student Religion United Church

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) Pa from 26 April, 1943, to 8 February, 1946.

Date of Death 8 February, 1946. Place of Death Fraserburgh, Aberdeenshire, Scotland.

Cause of Death Passed away as the result of injuries received due to an aircraft accident off the coast of Scotland.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Mr. Samuel B. Jacobs Relationship Father
Address 232 - 14th Ave., East, CALGARY, Alta.

Date on which the above was informed by ~~Ship~~ Naval Service Headquarters, 9 Feb., 1946.

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 ---

If applicable { Place of Burial St. Fergus Cemetery, St. Fergus, Aberdeenshire, Scotland. Date of Burial 12 February, 1946.

Location, Number, etc., of grave

Undertaker employed

NOTED
ESTATES CARD
APR 2 1946
D.N.P.A. SECT. 11
Sperry

H.S. Money
(Commanding Officer)
for NAVAL SECRETARY.

The SECRETARY, NAVAL BOARD
Department of National Defence,
Ottawa, Canada.

Date Ottawa, Ont., 26 March, 1946.

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, Sec. C.P.C., Dir. of Records.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, **CALGARY**

.....Ottawa, **March 2nd, 1946.**

From.....Head Office.....

Lieut. JACOBS, Robert Archibald.

~~RECORDED~~
D.V.A. 940-R

The Department of National Defence, **Naval Service,**
officially reports that the marginally named was reported -
**Passed away as the result of injuries received due
to an aircraft accident off the coast of Scotland,**
on the **8th February, 1946** ~~in~~ service **Canada & High Seas.**

His next of kin is reported as - **Father -**
Mr. Samuel Bradshaw Jacobs,
232 - 14th Ave. East,
Calgary, Alta.

The Addressograph Stencil shows payment of Assigned Pay of
\$ Nil a month to -

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/LR

E. Clewes,
for
Canadian Pension Commission.

This form, if placed in an envelope marked "Dominion Statistics—Free, penalty for improper use \$300," and addressed to the Division Registrar of Vital Statistics of the Division in which the death occurred, will pass through the mail "FREE"

PROVINCE OF ALBERTA

For use of the Department only

Record No. _____ of 74

REGISTRATION OF DEATH

1. Name of Deceased in full <i>(Christian name first)</i>		JACOBS Robert Archibald	
2. Date of Death		8th day of February, 19 46	
3. Place of Death <i>(Street and No., if any) or Name of Hospital</i>		Municipality <i>(Name and Number)</i> 10 miles north east of Fraserburgh, Town or Village <i>(Name)</i> Aberdeenshire, Scotland	
4. Length of Stay <i>(in years, months and days)</i>		(a) In municipality where death occurred (b) In Province (c) In Canada (if immigrant)	
5. Regular Residence		232 - 14th Ave., CALGARY, Alta. <i>(Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)</i>	
6. Sex <i>(Male or Female)</i>	7. Nationality <i>(Citizenship)</i>	8. Racial Origin	9. Single, Married, Widowed or Divorced <i>(Write the word)</i>
Male			single
10. Place of Birth <i>(City or Town, Province or Country)</i>		11. Date of Birth <i>(Month, day and year)</i>	
Calgary, Alta.		22 September, 1923	
12. Age in	Years	Months	Days
	22	5	
			If less than one day old hrs. ormin.
Occupation	13. Trade, profession or kind of work as <i>spinner, teamster, office clerk, etc.</i> Student		
	14. Kind of industry or business, as <i>cotton mill, lumbering, bank, etc.</i>		
	15. Date deceased last worked at this occupation		16. Total years spent in this occupation
Parents	17. Birthplace of Father <i>(Province or Country)</i>		
	18. Birthplace of Mother <i>(Province or Country)</i>		
19. Cause of Death Passed away as the result of injuries received due to an aircraft accident off the coast of Scotland.			
20. Name of Physician (if any) attending Fatal Illness			
21. Name and Address of Undertaker or Person in charge of Funeral		Place of Interment <i>(Name of Cemetery)</i>	
		St. Fergus Cemetery, St. Fergus, Aberdeenshire, Scotland.	

WRITE PLAINLY WITH UNFADING BLACK INK.
THIS IS A PERMANENT RECORD.

All information asked for must be given. (See reverse side for instructions.)

I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Windsor, Ontario, this 26th day of March, 19 46
H.B. Money, Commander (S.B.), R.C.N. Naval Service Headquarters, Ottawa,
Signature of Informant (nearest available relative) *(Post Office Address)* Ont.

I hereby certify the above return was made to me at
on the day of 19
Registrar's Record No. of 19
(Registrar)

RMG/TDC.

STATEMENT OF ACCOUNT

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R. N. A. S. Rattray

True extract from the ledger of H.M.C.S. ".....**MERGANSER**....." ending **31st March**.....19**46**.

List **N.K.** No.....(Name)**R.A. Jacobs RCN(R)**.....Rank ~~xxxx~~**A/Lieut.** No **0-36075**.....

When entered **F.B.**.....Date of appearance.....Whither discharged **Discharged Dead P.M.**.....**8/2/46**.....

	\$	s.	d.
CREDIT from former account.....			
Pay as A/Lieut. from 1 Jan. to 28 Feb. (59 days at \$ 6.00 a day).....			
" Flying pay " 11 Nov. " 28 Feb. (110 " " 2.00 ").....			128.19.9
" Leave Allowance " 1 Jan. " 4 Jan. (4 " " 4/2 ").....			16.8
"..... "..... "..... (..... " ".....).....			
"..... "..... "..... (..... " ".....).....			

Kit Upkeep Allowance.....

OTHER CREDITS:
RECOVERABLE FROM W.S.G. 136.89
IRRECOVERABLE FROM W.S.G.
TOTAL DEBT \$ 136.89
 Date **7-11-46** per *[Signature]*
C.T.O. (N) Public Accounts

Total credits..... **129.16.5**

DEBT from former account..... **108.13.7**

PAYMENTS:—

	1st		2nd		3rd		4th		5th		Total
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	
1st month.....											Total.....
2nd month.....											Total..... 15-19-0
3rd month.....											Total.....

Allotment **January & February @ 30.00 and 50.00 2 x 30.00, 2 x 50.00 35.19.0**

Pension deduction (Officers) charged to..... of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES:
ALLOTMENT SECTION
Re - War Service Gratuity
ALLOTS PAID FOR PERIOD ENDING 8 Feb 46
2 MONTHS @ \$ 50..... P.M. \$ 160
AMT. RECOVERED AS PER S/ACCT.....
2 MONTHS @ \$ 50..... \$ 160
TO BE RECOVERED FROM W.S.G. \$ 200
[Signature] **6/11/46**

Total debits **160.11.7**

Balance ~~Cr~~ **Dr. DR.** **30-15-2**
 (Balance Dr. to be shown in red)

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

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
		1 Jan	4 Jan	4	

Date..... **4th June**.....19**46**.

[Signature]
DIRECTOR OF NAVAL PAY ACCOUNTING.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name..... JACOBS. Robert A. No. 1
 Surname Christian Names

Rank A/Lieut. Unit R.C.H. (R) O/S Date of Death 8-2-46

AMOUNT

W.S.G. 301.39
 L.P.C. \$

Date October 22, 1947

Other Credits..... 151.29

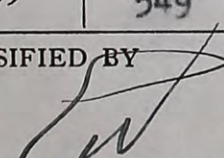
Total..... 452.68

Prev. Dist. 151.29

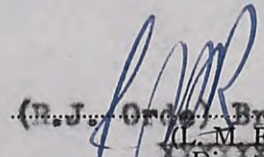
This Dist. 301.39

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
ALL	FATHER	Samuel B. Jacobs, 232 - 14th Ave. E., Calgary, Alta. (As next-of-kin entitled)	301.39

*P. H. to Treas
30-10-47*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	549	00	50	000	301.39
CLASSIFIED BY 			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


 (R. J. Orde) Brigadier
 (C. M. Firth) Colonel
 Director of Estates
JUDGE ADVOCATE GENERAL
 AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

Mr. Samuel B. Jacobs,
232- 14th Ave., East,
Calgary, Alta.

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. 0-36075 FD 373

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

February 26, 1946

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

JACOBS, Robert Archibald, Lieut.

R.C.N. (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.

HRW/NM

Robert Smith Col.

Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS.

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	<i>Nil</i>		
2	Children of the Deceased and dates of their Births.....	<i>Nil</i>		
3	Father of the Deceased.....	<i>Samuel Bradshaw Jacobs</i>	<i>64</i>	<i>232-14th Ave E. Calgary Alberta</i>
4	Mother of the Deceased.....	<i>Mary Ethel Jacobs</i>		<i>Deceased.</i>
5	Brothers of the Deceased	Full Blood	<i>Alex Bradshaw Jacobs</i>	<i>32</i> <i>Kaslo B.C.</i>
		Half Blood	<i>Samuel Bruce Jacobs</i>	<i>30</i> <i>232-14th Ave E. Calgary Alberta</i>
6	Sisters of the Deceased	Full Blood	<i>Nil</i>	
		Half Blood	<i>Nil</i>	
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.	Robert Archibald Jacobs
9	Date of his birth.	Sept 22 nd 1923
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Calgary Alta Dec 4. 1912

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Calgary Alberta
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Alberta (b) (c) (d)
14	Nature of employment before enlistment.	None
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 the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	Not known
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	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	Not known
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	Not known
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	Not known
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Not known
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.	Lived at home of his Father while on leave
----	--	--

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.

Samuel B. Jacobs

{Signature of Informant

232 - 14 ave E. Calgary

Address

CERTIFICATE

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

*See above.

Jacobs { 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 Calgary this 20 day of April 19 46

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

M. Johnston

Qualification Capt. R.C.M.C.

Address C.S. Belcher Hospital

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

Lieutenant Robert Archibald Jacobs, lived at home + was supported by his Father Samuel Bradshaw Jacobs. He was attending University of British Columbia at time of his enlistment, All his expenses were paid by his Father.

Samuel Bradshaw Jacobs

232 - 14 ave E. Calgary

Alberta

Canada

OTHER PARTICULARS

Did the deceased have any other relatives of the degrees specified in the Statement? If so, give their names and addresses and relationship to the deceased. If the deceased was a member of any organization, give the name of the organization and the date of joining. If the deceased was a member of any organization, give the name of the organization and the date of joining.

DMC

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

4
 NAVY

DECEASED
MEMBER'S
NAME**Robert A. JACOBS,**

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO. 55031

FILE NO. NS 0-36075

DATE 29-8-47

SERVICE NO. R.C.N.(R)

FINAL RANK OR RATING A/Lieut.

DATE OF DISCHARGE 8 Feb. '46

PAYEE
ADDRESS

Dir. of Estates,)for service estate of
 National Defence Bldg.,)JACOBS, R.A.,
 Slater St.,)NS 0-36075
 OTTAWA, Ont.)

DATE OF TERMINATION OF OVERSEAS SERVICE

8 Feb. '46

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 755 EQUAL TO 25 COMPLETE PERIODS AT \$7.50
30

\$ 187.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 405 LESS 3 INELIGIBLE DAYS, EQUAL TO 402 DAYS @ 25C. PER DAY

\$ 100.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 6.00
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.70
 ADDITIONAL PAY F.P. \$ 2.00

DEPENDENTS' ALLOWANCE 1/30 OF \$ nil

TOTAL \$ 9.70 X 7 = \$ 67.90

NO. OF DAYS 405 X \$ 67.90
183

\$ 150.28

D. WAR SERVICE GRATUITY

\$ 438.28

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$ 136.89
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

\$ 136.89

F. TOTAL AMOUNT PAYABLE

\$ 301.39

G. YOUR PORTION OF GRATUITY IS—

=\$ 301.39

Journal Voucher 2195-9/9/47-#301.39

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
 FS

CHECKED BY
W.S.W.

TREASURY
 CHECKED BY
P. Lalonde 29-47 for Dir. Naval Pay Accounting

DATE

SERVICE REPRESENTATIVE

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY



DATE.....

The Estates Branch has received the following personal effects of

NAME..... Lieut. JACOBS A.R......

- | | |
|---|---|
| 1 Sheet | 1 First Aid book |
| 1 Pillow slip | 1 Manual of Seamanship |
| 18 Collars | 1 Book (Fair stood the wind for France) |
| 2 Woollen sweaters(long sleeves)
(1 grey, 1 white) | 1 Black leather belt |
| 3 White silk scarfs | 1 Black leather toilet case |
| 1 Woollen scarf | 1 Screwdriver |
| 1 Pr. swim trunks | 1 Gillette razor |
| 2 Sweat shirts (1 maroon, 1 white) | 1 Nail file |
| 4 Pr. shorts | 1 Box of lead refills |
| 3 Pr. pyjamas | 1 Toothbrush |
| 1 White bag with 5 white cap covers | 1 Shaving brush |
| 1 Tea towel | 10 Packs razor blades |
| 5 Towels (3 face towels, 2 bath towels) | 1 Celluloid soap box |
| 12 White shirts | 1 Oil skin tobacco pouch |
| 2 Khaki shirts | 1 Case (sunglasses) |
| 1 Woollen vest | 1 Pr. braces |
| 2 Pr. brown leather gloves | 1 Knife in sheath |
| 1 White canvas money belt | 1 Hair brush |
| 2 Handkerchiefs | 1 Toilet case with 3 brushes |
| 2 Loose leaf note books | 9 Souvenir coins |
| 1 Brown leather writing case | 1 Pr. cuff links |
| Snaps, miscellaneous papers | 2 Collar studs |
| 1 Envelope with snaps | 21 Pr. socks |
| 2 Group photos | 2 Pr. brown leather shoes |
| 1 Address book | 1 Pr. shoe trees |
| 2 Pocket manuals (Seamans) | 1 Pr. black oxfords |
| 1 Blue leather writing case (empty) | 1 Pr. half wellingtons |
| 1 Dictionary | 1 Pr. rubber boots |
| | 13 Prs. socks |
| | 1 Burberry |
| | 1 Pr. grey flannel trousers |
| | 1 Grey wool sports jacket |
| | 3 Officers Dress hats (1 w/badge) |

Received the effects as listed

SIGNATURE..... *Samuel A. Jacobs*

DATE REC'D.....

JG

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

DATE.....

The Estates Branch has received the following personal effects of

NAME..... Lieut. JACOBS A.R. (Cont)
(2)

- 4 White collars
- 1 Epaulet
- 4 Pr. undershorts
- 1 Kit bag
- 1 Laundry bag
- 4 Handkerchiefs
- 3 White shirts
- 3 Sets of aerial wire
- 1 Pr. brown mocassins
- 1 Cleaning bag
- 4 Brushes
- 1 Kit bag handle
- 1 Lock
- 1 Key

- 1 Suitcase
- 2 Gladstone bags

Received the effects as listed

SIGNATURE.....

DATE REC'D.....

JG