

V62261  
**LONG**  
JEFFREY ALFRE

DECEASED 7 May 1944

(NAVY)

DEPARTMENT OF VETERANS AFFAIRS  
P.

AWARDS

WAR SERVICE RECORDS  
D.D.

LONG Jeffery Alfred		V-62261	O/S	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE  
BADGE  
(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star,	
C.V.S.M. & Clasp,	
War Medal.	

5198

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

R.C.N.V.R. "VALLEYFIELD" Jan./45.

MEDALS <sup>51A</sup> AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Kathleen Long - Mother

35 Duke St., Apt. 9,

ADDRESS: Hamilton, Ontario.

DATE DESP.....

(1)

REGN. NO. 2278

(2) MEMORIAL CROSS  
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS  
MOTHER

Mrs. M. Long

c/o R. A. Whitesides

ADDRESS:

PORT DOVER, Ontario

(3) 10 October 1944

Unemployment Insurance Yes FY

113-2-2974

ED 100  
PD 40

N. V. 5  
100M-12-42 (7804)  
N.S. 815-11-5



*no H.H.*

ATTESTATION FORM  
(HOSTILITIES FORM)

109413

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME LONG OFFICIAL No. 162261  
CHRISTIAN NAMES Jeffery Alfred MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 35 Duke Street, Apt. 9, HAMILTON, Ontario RELIGION Roman Catholic

DATE OF BIRTH 27th July, 1924 \*PLACE OF BIRTH  
Town Rotheran NAME AND ADDRESS OF NEXT OF KIN  
County Yorkshire (Mother)  
Province English Mrs. Kathleen Long,  
same address  
\*Original Nationality of:  
Father English  
Mother English

\*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</u>	<u>Brown</u>	<u>Blue</u>	<u>Dark</u>	<u>scar right knee inner aspect</u>
Inches <u>9 1/2</u>	Deflated <u>33</u>				
<u>146 1/2</u>	Mean <u>35</u>				

EDUCATIONAL STANDING 1 year High School TRADE OR CALLING AND IN WHOSE EMPLOY  
Electrical Apprentice  
International Machinery Co.,  
HAMILTON, Ontario.

DATE OF ENROLMENT 26th May, 1943 RATING FOR WHICH ENROLLED Div. Str.  
Ordinary Seaman H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED H.M.C.S. "STAR"

(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, Air Force, 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
<b>NOT APPLICABLE</b>		

(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.

Personal Records Division.

- Noted in Records
- Index Card
- Non-Sub. Card
- Statistical Card
- Photo Strip
- His Majesty's Forces on
- Card
- 
- 

9/6/43

(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.

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

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

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

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

Dated this **26th** day of **May, 1943**

Signature of applicant *Jeffery A Long*

(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 **26th**

day of **May, 1943**

My authority for attestation is **xx**

*Russel R Taylor*  
Signature and rank of Attesting Officer.  
**P. Sub. Lieut. RCNVR.**

(D) **OATH OF ALLEGIANCE**

I, **Jeffery Alfred Long** 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 *Jeffery A Long*

Witness *Russel R Taylor*

Date **26th May, 1943** Rank **P. Sub. Lieut. 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.

TO	FROM	RANK	SERVED IN

(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.

V62261

OFFICIAL NUMBER

FILE NUMBER

113-L-2974

OFFICIAL NUMBER V62261

NAME LONG Jeffery Alfred DATE OF BIRTH 27 July 1924  
(Surname) (Given Names)PLACE OF BIRTH Rotheran Yorkshire England OCCUPATION Electrical ApprenticeRELIGION Roman Catholic EDUCATION 1 Year High SchoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 35 Duke Street Apt. 9 Town Hamilton Province, etc. Ontario

Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	PREVIOUS SERVICE		
Day	Month	Year							Served in	Rank or Rating	Dates From To
26	5	43	H.O.	5'9 1/4"	Brown	Blue	Dark	Scar right knee inner aspect.			

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr. Herbert LongADDRESS (in pencil): Street and No. 35 Duke St., Apt. 9 Town Hamilton Province, etc. Ontario

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
			Eligible for C.V.S.M. & Clasp.	14	9	43	Qual. in Anti-Gas 1 day				
				22	10	43	Marked Tr.				

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

Date (in figures)			DAYS FORFEITED						O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
									O.H.F. Received.
									Last Will & Testament number 2975 received.
									Last Will & Testament dated 26/5/44 received.

SECOND CLASS FOR CONDUCT

From To

PID

V62261

OFFICIAL NUMBER

NAME LONG  
(Surname)

Jeffery Alfred  
(Given Names)

OFFICIAL NUMBER

V62261

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
HMCS "Star"	Ord. Snn.	26	5	43	Div. Str. Hamilton	V.G.	Sat.	31	12	43	Radar 3/c	19	11	43		
"	"	9	6	43	Act. Svce. D.L. 14-6-43.	V.G.	Sat.	7	5	44.						
" "Cornwallis"	"	10	8	43	D.L. 16/8/43. (Vison) 9-10-43 to 22-10-43) V/O.											
" Stadacona	"	23	10	43	DRD H-2968											
" Hochelaga II	"	26	11	43	DRD H-3342											
" Valleyfield	"	8	12	43	Service Certificate.											
DISCHARGED	"	7	5	44	"Missing" per Casualty List, "DEAD", Casualty List Pg. #100.											

GENERAL REMARKS

CANADIAN MEMORIAL CROSS SENT TO:-  
 Mother,  
 Mrs. Martha Ann Long,  
 c/o R.A. Whiteside, R.R. #2,  
 PORT DOVER, Ontario. (10-10-44).

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELIED		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK		
27	7	24	22	H40	0	12	71	53	12	0	20	0	18	93		
ENLIST. DATE			ACT. SERV. DATE			STR.		ACT. SERV. DATE			SHIP'S EX		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK			
26	05	43	09	06	43											
SENIORITY			STR.		NON-SUB		M.		L.D.			CODED		CHECKED		
DY.	MO.	YR.	CAT.	A	B	ST.										
09	06	43	10	62	00	21										



# 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 Jeffrey A. Long  
candidate for entry as Ordinary Seaman  
and I believe him to be <sup>in all respects fit for His Majesty's Service</sup> ~~unfit for His Majesty's Service for the reason stated below~~ He has signed the Certificate given below in my presence.

†Strike out if inapplicable. \*Delete one.

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

(a) Age	Yrs. 18	Mos. 10	(j) Date of last Vaccination	Child		
(b) Height with bare feet	Feet 5	In. 9 $\frac{1}{4}$	(k) General Development	Good		
(c) Weight without clothes	146 $\frac{1}{2}$		(l) Nose, Throat and Tonsils	T # nil		
(d) Ears and Hearing	NORMAL Lt.		(m) Heart and Lungs	NORMAL		
(e) Chest Girth	Max. 37	Min. 33	Mean 35	(n) Abdomen Hernia, etc.	NORMAL	
(f) Teeth	Deficient 2	Defective 1	Dentures 0	(o) Limbs and Joints	NORMAL	
(g) Vision by Snellens Types	without glasses	6 Rt. 7	6 Lt. 7	6 Both 6	(p) Skin	scar right knee inner aspect
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(q) Anus Haemorrhoids	NORMAL	
(i) Chest x-ray	not taken approved positive doubtful		(r) Testes Varicocele	NORMAL		
	MAY 26 1943		(s) Urine	Sup. alb.	NORMAL	

### CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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

Jeffrey A. Long  
Signature of Candidate

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

This Candidate is the subject of.....

\*{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

AND SICK BAY

Dated at MAY 20 1943 the..... of..... 19.....

H. M. C. S., "STAR"  
HAMILTON ONT.

P. D. Piddi  
Examining Medical Officer  
SURGEON-LIEUTENANT R.C.N.V.R.  
(Rank).....



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

NAME IN FULL LONG Jeffrey Alfred RANK/RATING Ord Smr OFF.NO. V-62261 ADDRESS .....

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.
	9/6/43											1939-45	1 Star
Nison	9/10/43	15/10/43	7	Atla								ATLANTIC	
Vallyfield	8/12/43	7/5/44	152	Atla								FRANCE G.	
												AFRICA	
												PACIFIC	
												BURMA	
												ITALY	
												DEFENCE	
												C.V.S.M.	2 + Clasp
												" CLASP	
												WAR 1945	1 Medal
												WAR 1915	

VERIFIED BY [Signature]

VERIFIED BY .....

VERIFIED BY [Signature]

DIR. OF PERSONNEL RECORDS.

N.V. 17  
60M-0-42 (5943)  
N.S. 815-11-17

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

# CERTIFICATE of the SERVICE of

*Jeffrey Alfred LONG*

## in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division <b>H.M.C.S. STAR</b>	Official Number <i>V 67261</i>
		"
		"

Date of Birth <i>27 July, 1924</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Mother: Mrs. Kathleen Long</i>
Place of Birth <i>Northfleet, England</i>	
Place of Residence <i>35 Dupont St. apt. 4, Hamilton, Ontario</i>	
Trade brought up to <i>Electrician's Apprentice</i>	
Religion <i>Roman Catholic</i>	
Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....	
P.S.T. Date.....19..... Signature..... Rank.....	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>26 May '43</i>	<i>duration hostilities Ord. Serv.</i>				

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>9 1/4</i>	<i>35</i>	<i>146 1/2</i>	<i>brn</i>	<i>blue</i>	<i>dark</i>	<i>Scars right hand</i>
On re-enrolment—6 years' Service.....								<i>none</i>
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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







# 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

## Section A—GENERAL INFORMATION

1. (a) Print name in full Jeffery Alfred Long (b) Reg'l. No. V62261
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Ord. Smn.
3. (a) Date of birth 27 July '24 (b) Have you any dependents? no (c) Place of residence at time of enlistment Hamilton, Ontario
4. (a) Place of enlistment Hamilton, Ontario (b) Date of enlistment 26th May 1943

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 (b) Were you attending school or college up to the time of enlistment? no
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 9
7. If you attended a university, give name of university and standing or degree secured X
8. (a) Did you ever enter upon a trade apprenticeship? yes (b) If so, for what occupation? Electrician (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? 1 1/2
9. (a) What languages do you speak fluently? (b) What languages do you read well?

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

11. Had you ever been employed fairly regularly since leaving school? 3
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 International Machinery Co. Address Hamilton, Ontario
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Machinery Mfg.
20. (a) Your specific occupation Motor Winding (b) Number of years' experience at this occupation with any employer 1 1/2
21. (a) Did your employer promise definitely to give you employment on discharge? no (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? yes

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm? no (c) If so, in what kind of farming? X
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? none (c) In what provinces did you have experience? X

## 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.) X
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. no

DATE 26th May 1943 SIGNATURE Jeffery Alfred Long



OTTAWA, Ont., 30 August, 4.

V-62261 PERS. (N)

33

Sir:

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

<u>NAME, RANK/RATING, Official No., UNIT</u>	<u>PARTICULARS RE DEATH</u>	<u>NEXT OF KIN</u>
LONG, Jeffery Alfred, Ordinary Seaman, V-62261, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	FATHER: Mr. Herbert Long, 35 Duke St., Apt. 9, Hamilton, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Excelsior Life Ins. Co., Toronto, Ont.	Nil	Nil	DMD
Morris Goldberg, Barrington St., Halifax, N.S.	Nil		

AlLOT. \$4.00 for Excelsior Life and \$5.00 to Morris Goldberg Stopped May 31st, 1944.

*DMD*

Will: Attached.

Yours truly,

*A.B. Money*

for SECRETARY, NAVAL BOARD. \*

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

Redmond M. Long  
MAY 28 1944

V-62261 2D 163

26th May, 1944.

Dear Mrs. Long:

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

As Mrs. Kathleen Long, residing at 35 Duke Street, Apt. 9, Hamilton, Ont., was listed as mother, and official next-of-kin of Jeffery Alfred Long, Ordinary Seaman, Official Number V-62261, Royal Canadian Naval Volunteer Reserve, initial notification of his loss was forwarded to her on the 8th of May, 1944.

While you have no doubt learned from the newspapers particulars of your son's loss, the following details are passed on for your information.

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

Thirty-eight members of her complement are listed as survivors, five were killed in action, the remaining 121, including the Commanding Officer, Lieut. Commander D.T. English of Halifax, N.S., are missing.

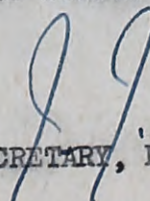
There is little hope for your son's survival, but you may rest assured that as soon as any further information is received, you will be notified immediately.

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

I am returning herewith the Certificate of Birth which you forwarded.

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

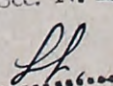
Yours sincerely,

  
SECRETARY, NAVAL BOARD.

Encl.

Mrs. Martha Ann Long,  
C/o R.A. Whiteside,  
R.R. # 2, Port Dover, Ont.

Despatched by  
Sec. N. B.

  
Date 28/5/44  
Time 1230



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

Sir:

..... 30 August, 1944 .....  
(Date)

The following casualty has been reported -

NAME LONG, Jeffery Alfred RANK or RATING Ordinary Seaman NAVAL NO. V-62261 R.C.N.V.R.

DATE OF ENLISTMENT - 26 May, 1943 Active Service: 9 June, 1943

DATE OF DISCHARGE - 7 May, 1944

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

SERVICE - CANADA & HIGH SEAS  
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - FATHER: NAME - Mr. Herbert Long,

ADDRESS - Apt. 9, 35 Duke St., HAMILTON, Ont.

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

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

P.A.'S CHECKED IN

C.R. BY R

78

C. E.  
P. A.  
NAVAL TREASURY  
DATE 6/9/44  
INITIAL R

REMARKS:.....

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

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

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	Nil	Nil	Nil

To Whom Paid: \_\_\_\_\_ Address \_\_\_\_\_

Date of Enlistment: (See other side)

Date of Discharge: (See other side)

Inclusive date to which D.A. and/or A.P. was Paid: \_\_\_\_\_

The final deduction of Assigned Pay for \_\_\_\_\_ has been made for the period from 1st to \_\_\_\_\_ of \_\_\_\_\_ 194

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

Computed by DMD .....

Checked by Dmp .....

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


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

LA/ERM

V62261, F.D. 763 PERS(N)

11th October, 1944.

THIS IS TO CERTIFY that according to official information Jeffery Alfred Long, Ordinary Seaman, Official Number V62261, 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.~~







Every item of information should be carefully supplied. (See reverse side for instructions)

FORM 6

This form if placed in an envelope, marked "Dominion Statistics-Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of ...
2. LENGTH OF STAY (in years, months and days)
3. PRINT FULL NAME OF DECEASED LONG JEFFREY ALFRED.
RESIDENCE No. 35 Street Duke St. City, Town, Village or Township Apt. 9, Hamilton Province Ontario.

4. Sex Male 5. Nationality Canadian 6. Racial Origin British 7. Single, Married, Widowed or Divorced Single
8. BIRTHPLACE Rotheren, Yorkshire, England.
9. DATE OF BIRTH July 27 1924
10. AGE in Years 19 Months 9 Days
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Electrical Appren.
12. Kind of industry or business, as cotton mill, lumbering, bank, etc. International Machinery Co.
13. Date deceased last worked at this occupation
14. Total years spent in this occupation

15. If married give name of wife or husband of deceased
16. NAME
17. BIRTHPLACE (Province or Country)

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

20. Person giving information sign here. Paymr. Cdr. R.C.N.R.
Address Naval Service Headquarters, Ottawa.
Relationship to deceased O/c Naval Personnel Records.

21. Place of Burial, Cremation or Removal No burial
Date of burial or removal

22. Burial Permit was issued by
Address

23. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH May 7 1944
25. I HEREBY CERTIFY that I attended deceased from:
and last saw h. alive on 19

CAUSE OF DEATH

I. Immediate cause (a) "Missing" presumed dead when H.M.C.S. "VALLEYFIELD" was sunk by enemy action.
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

PHYSICIAN Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance 19 (b) Duration of disease days

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

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

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

Signed by M.D.
Address Date 19

30. Division Registrar's Record No.

31. Filed 19 (Division Registrar)

Handwritten initials 'JAL' and '69' in blue ink.

WRITE MAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

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

.....Mr. Herbert Long,.....  
35 Duke St., Apt. 9.....  
Hamilton, Ont. ....

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

and the following number quoted:—

H.Q. NS. V-62261, ED 624

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

.....November 24,.....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

.....Long Jeffery A. OD.....

.....V62261 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.

HRW/AK

  
*H. H. Wade;*  
Commander  
for Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	None		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	Herbert Long	50	35 Duke Street Hamilton, Ontario
4	Mother of the Deceased.....	M. A. Long		"
5	Brothers of the Deceased	Full Blood	None	
		Half Blood	None	
6	Sisters of the Deceased	Full Blood	None	
		Half Blood	None	
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
		None		

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Jeffery Alfred Long
9	Date of his birth.	July 27 1924
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	FEB. 1923 Dewsbury Yorkshire Eng

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Marsboro, Yorkshire, England
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario 15 years (b) Norfolk 12 " (c) — (d) Wentworth 3 "
14	Nature of employment before enlistment.	Apprentice, Electrical.
15	State whether he owned the premises in which he lived, and, if so, where situated.	Nil
16	Name place where deceased stated he intended to make his permanent home.	35 Duke Street Hamilton Ontario

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not to my Knowledge
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?	None
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?	Not to my Knowledge
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None at home
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None at home
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
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.	Nothing to him being an apprentice he need not take any board money for him after joining the Army, or before
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.	✓

(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

\* <sup>Father</sup> ~~Father~~ <sup>Mother</sup> Mother of the deceased.

<sup>E.C.M.</sup> <sup>R.L.</sup>

<sup>E.C.M.</sup> <sup>R.L.</sup>

~~Herbert Long~~ <sup>Step</sup> Kathleen Long

{ Signature of Informant

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.

35 Duke Street Hamilton Ont. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Kathleen Long

\*See above. { Name of informant } is the \* <sup>Step</sup> Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at <sup>Hamilton</sup> this <sup>28<sup>th</sup></sup> day of <sup>November</sup> 19 <sup>44</sup>

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

<sup>J.C. Mahon</sup>

Qualification

<sup>Just Secy. P.C.N.O.R.</sup>

Address <sup>Ames Stn Hamilton, Ont</sup>

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

Since the boys step mother he was with me for nine years. I had to take this and get it sign for Matt Long is father is ill in bed Mrs. Kathleen Long.



113-2-2974

Read this whole Form and Instructions  
on other side before commencing to  
complete.

FY

Can. S. 545  
30M-1-43 (8044)  
N.S. 815-9-545

# WILL

(1) I, Jeffery Alfred Long, of His  
Majesty's Canadian Ship 'STAR' do  
hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother, Mrs. Kathleen Long,  
35 Duke Street, Apt. 9, Hamilton, Ontario, all my estate.

Relationship,  
names and  
addresses of  
beneficiaries,  
and what  
each is to  
receive.

2975

~~(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,  
to the said Mrs. Kathleen Long and whomever she may think fit.~~

Relationship,  
names and  
addresses of  
residuary  
beneficiaries.

// (4) I appoint Mrs. Kathleen Long 35 Duke Street, Apt. 9,  
Hamilton, Ontario.  
(Name) (Address)  
Housewife, to be the ~~EXECUTOR~~ Executrix of this my Last Will.  
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 26th day of May  
1943...

Signed, published and declared by the  
above-named testator as and for his  
last will and testament in the presence  
of us both present at the same time,  
who at his request and in his presence  
have hereunto subscribed our names  
as witnesses.

Jeffery A Long  
(Name)  
Ordinary Seaman  
(Rank or Rating) V62261  
Official No.

First witness  
sign here.

(5) Signature Russel B Taylor  
Civil Address H.M.C.S. "STAR"  
Civil Occupation Prob. Sub. Lieut. RCNVR.

Second witness  
sign here.

Signature J Haymen  
Civil Address H.M.C.S. "STAR"  
Civil Occupation Writer, RCNVR.

(Beneficiaries are not to be Witnesses.)

[OVER]

Noted in Service  
Records by MLG

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

4  
 NAVY

BASED ON MEMBER'S NAME **Jeffery Alfred** (CHRISTIAN NAMES) **LONG** (SURNAME) REGISTER NO. **3797**  
 PAYEE **Director of Estates** for service Estate of FILE NO. **NSV-62261**  
 ADDRESS **308 Sparks St.,** **Jeffery A. Long,** DATE **21 May/45**  
**Ottawa, Ont.** **NSV-62261** SERVICE NO. **V-62261**  
 DATE OF TERMINATION OF OVERSEAS SERVICE **7 May/44** FINAL RANK OR RATING **Ord. Smn.**  
 DATE OF DISCHARGE **7 May/44**

A. TOTAL QUALIFYING SERVICE		NO. OF DAYS <u>334</u> EQUAL TO <u>11</u> COMPLETE PERIODS AT \$7.50	\$ <b>82.50</b>
B. QUALIFYING OVERSEAS SERVICE		NO. OF DAYS <u>159</u> LESS <u>4</u> INELIGIBLE DAYS, EQUAL TO <u>155</u> DAYS @ 25C. PER DAY	\$ <b>38.75</b>
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
	PAY	\$ <b>1.50</b>	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ <b>1.25</b>	
	ADDITIONAL PAY <b>Rad. III</b>	\$ <b>.10</b>	
	<b>H.L.M.</b>	\$ <b>.10</b>	
		\$	
	DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
	TOTAL	\$ <b>2.95</b> X7 = \$ <b>20.65</b>	
	NO. OF DAYS <u>155</u>	X \$ <b>20.65</b>	\$ <b>17.49</b>
D. WAR SERVICE GRATUITY			\$ <b>138.74</b>
E. DEDUCTIONS		OVERPAYMENT OF PAY AND ALLOWANCES \$	
		DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
	OTHER DEDUCTIONS	\$ <b>NIL</b>	
F. TOTAL AMOUNT PAYABLE			\$ <b>138.74</b>

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ **138.74**  
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

*Voucher 245 - 26/5-45*

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

PREPARED BY <b>DHJ</b>		CHECKED BY <i>[Signature]</i>	
TREASURY		DATE <i>25/5/45</i>	
CHECKED BY <i>[Signature]</i>		DATE <i>[Signature]</i>	

for Dir. Naval Pay. Accounting. SERVICE REPRESENTATIVE

# STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " AVALON " VALLEYFIELD ending 30 June 1944

List 12<sup>2</sup> No. 61 (Name) LONG, Jeffrey A. Rank Rating O.Smn. No. V.62261

When entered F.B. Date of appearance F.B. Whither discharged DEAD

	\$	c.
CREDIT from former account.....	50	00
Pay as <u>XXB.O.Smn.</u> from <u>1 Apl</u> to <u>31 May</u> ( <u>61</u> days at \$ <u>1.50</u> a day).....	91	50
“ <u>Radar 3</u> “ <u>1 Apl</u> “ <u>31 May</u> ( <u>61</u> “ <u>.10</u> “ ).....	6	10
“ ..... “ ..... “ ..... (..... “ ..... “ ).....		
“ ..... “ ..... “ ..... (..... “ ..... “ ).....		
“ ..... “ ..... “ ..... (..... “ ..... “ ).....		
Adjustment March, 1944	3	67
Kit Upkeep Allowance <u>1 Apl - 7 May</u> .....	4	47
OTHER CREDITS: .....		
Total credits.....	155	74

DEBT from former account..... N I L

PAYMENTS:—	1st		2nd		3rd		4th		5th				
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.			
1st month.....	53.00		8.94								Total.....	61	94
2nd month.....											Total.....		
3rd month.....											Total.....		

Allotment 5.00, 4.00 chged Apl. & May..... 18 00

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

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: O.R.25182 payable Adm. Naval Estates (Present War)..... 75 80

LEDGER: Yes Total debits 155 74

AUDIT: OK Balance Cr. or Dr. N I L

*NA - Nil*

Noted in Allotment  
Ledger Current Rec Correct.  
Date 14/5/45 *JL* Signature  
(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		

46

Date 5 June 19 44

*J.M. White*  
PAY LIEUT. CDR., R.C.N.V.B. ACCOUNTANT OFFICER

#15

Recd (n) 5/9/44

142602

# ACCOUNTS OF MEN DISCHARGED

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

Name LONG, Jeffrey A. Rating O. Smn.  
Official No. V. 62261 H.M.C.S. AVALON " VALLEYFIELD " List 12<sup>2</sup>/61  
Who\* DISCHARGED DEAD on the 7 May 1944

	\$	cts.
Net sum due on ledger on account of Wages.....	N	I
Proceeds of sale of Effects charged against Wages, brought from the other side	L	
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25182</u> Adm. Naval Estates (Present War)	75	80
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>FOUR DOLLARS</u> charged to <u>31 May 1944</u>		
Name of ship from which transferred <u>FIVE DOLLARS</u> <u>HMCS. "VALLEYFIELD"</u>		
Total†.....	75	80

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

Dated on board H.M.C.S. AVALON at ST. JOHN'S Nfld. this FIFTH day of JUNE 1944.  
Approved [Signature] PAY LIEUT. CDR., R.C.N.V.R. Accountant Officer  
[Signature] { Initials of the Assistant Accountant Officer  
Commanding Officer.  
A/CAPTAIN. RCN.

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

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

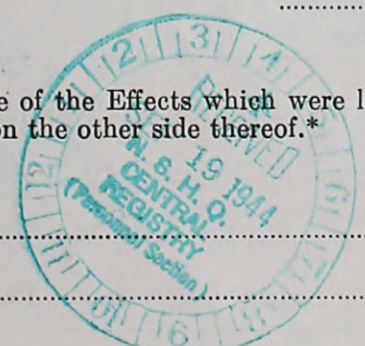
## ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the ..... day of ..... 19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

..... { Lieutenant or Officer who attended at the sale of the Effects.

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



..... Signature | ..... Signature  
 ..... Rank | ..... Rank

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

DISTRIBUTION OF SERVICE ESTATES

NAVY

Name: LONG, Surname Jeffery A. Christian Names No.: V. 62261

Rank O.P. Unit R.O.V.R. O/S Date of Death 7-5-44

AMOUNT

Date: 11-12-44  
 L.P.C.....\$ 75.80  
 Other Credits.....  
 Total..... 75.80

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
Part	Creditor	Morris Goldberg, 275 Harrington Street, HALIFAX, N. S.	5.00
Bal.	Mother	Mrs. Kathleen Long, 35 Duke St., Apt. 9, HAMILTON, Ontario.	70.80
(Sole beneficiary under will)			
TO BE FORWARDED BY REG. MAIL DIRECT.			

P4. TO TREAS. 8/1/45 P4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	875.80
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY  For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by  
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel  
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer