

V49646
LONSBERRY

FREDERICK

MURRA

DECEASED 7 May 1944

AWARDS NAVY

D.D.

LONSBERRY Frederick Murray		V-49646	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	611
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "VALLEYFIELD" Dec/44

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS
PERSON

ENTITLED TO Mr. Angus Lonsberry - Father

ADDRESS: 191 Blake St.,
Cobourg, Ont.

DATE DESP.....

(1)

REGN. NO. 2277.....

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. E. Lonsberry

ADDRESS: 191 Blake Street
COBOURG, Ontario

(3) 10 October 1944

113-L-2366

N. V. 5
50M-1-41 (8973)
N.S. 815-11-8
3826



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME LONSBERRY OFFICIAL NO. 49646
CHRISTIAN NAMES Frederick Murray MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 306 Tweed St. Cobourg Ont. RELIGION Baptist.

DATE OF BIRTH " 28 Dec .1922 *PLACE OF BIRTH
Town Fenella NAME AND ADDRESS OF NEXT OF KIN
County Northumberland Mrs. Ethel Lonsberry (Mother)
Province Ontario. (Same address)

*Original Nationality of:
Father British
Mother "

*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>Grey</u>	<u>Medium</u>	<u>Scar on right arm. Scar on left knee.</u>
Inches <u>7 1/4</u>	Deflated <u>33</u>				
	Mean <u>35 1/2</u>				

EDUCATIONAL STANDING Grade 8 TRADE OR CALLING AND IN WHOSE EMPLOY
Factory worker
Mr. H. W. Cooley,
Cobourg, Ont.

DATE OF ENROLMENT D/S 28 Oct. 1942 RATING FOR WHICH ENROLLED Ord. Smn. R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED Kingston, Ont.

(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 xxx~~ for the period ~~shown~~ and at ~~factory~~

~~record of service in collaboration of this statement~~

*Cross out Clause not applicable:

SERVED IN	RANK	FROM

Division.

1. Noted in Records C.M.
2. Index Card C.M.
3. Non-Sub. Card C.M.
4. Statistical Card Done
5. Renoo Strip
6. Pension Card
- 7.

His Majesty's Forces on ...
DATE 10/11/42

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

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

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

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

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

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

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

Dated this 28th day of October 1942

Signature of applicant *Fred Lonsberry*

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 28th day of October 1942

J.W. Green Sub. Lieut. RCNVR
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Frederick Murray LONSBERRY 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 *Fred Lonsberry*

Witness *J.W. Green*

Date 28 October 1942 Rank Sub. Lieut. RCNVR

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

(E) CERTIFICATE OF ATTESTING OFFICER

Frederick Murray Lonsberry having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Kingston, Ontario Division of the R.C.N.V.R. or in the appropriate official documents.

J.W. Green Sub. Lieut. RCNVR
Attesting Officer.

" 28 October 1942 R.C.N.V.R. Division (or other establishment) Kingston, Ont.

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

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

Fred Lonsberry
Signature

V49646

OFFICIAL NUMBER

FILE NUMBER

113-I-2366

OFFICIAL NUMBER V49646

NAME LONSBERRY Frederick Murray DATE OF BIRTH 28 Dec. 1922
(Surname) (Given Names)PLACE OF BIRTH Penella Ontario OCCUPATION Factory WorkerRELIGION Baptist EDUCATION Grade 8RESIDENCE AT TIME OF ENLISTMENT: Street and No. 306 Tweed Street Town Cobourg Province, etc. Ontario

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
28	10	42	H.O.	5'7 1/2"	Brown	Grey	Medium	Scar on right arm Scar on left knee				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs Ethel Forsberg
ADDRESS (in pencil): Street and No. 191 Blake St Town Cobourg Province, etc. Ontario

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
			Eligible for award of C.V.S.M. and Clasp (249A#A13906)	3	11	43	Qual. anti-gas I day (249AA17589)				
				10	9	43	Marked "TR"				
				2	9	43	Passed Night Vision (Good) 216014699				

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.		

SECOND CLASS FOR CONDUCT	
From	To



FILM
NO. ANSR 5750-8
DATE

V49646

OFFICIAL NUMBER

NAME LONSBERRY
(Surname)

Frederick Murray
(Given Names)

OFFICIAL NUMBER

V49646

P.1.3

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. "CATARAQUI"	Ord.Smn.	28	10	42	Div.Str. Kingston												
" "	" "	5	12	42	Active Service D.I. 5-12-42												
" YORK	" "	11	12	42	D.L. 10-12-42												
" "CATARAQUI"	" "	15	2	43	D.L. 15-2-43												
" Cornwallis	" "	20	7	43	D.L. 20-7-43	V.G.	Sat.	31	12	42							
" "	A/A.B.	5	12	43	Rated(249A#A17873)	V.G.	Sat.	31	12	43							
" Stadacona	" "	8	1	44	Service Certificate.	V.G.	Sat.	7	5	44							
Valleyfield	" "	28	1	44	DRD S/55 p-2.												
Stadacona V/O	" "	28	1	44	DRD #-51 p-2												
Valleyfield	" "	16	2	44	DRD S/74 p-40.												
DISCHARGED:	" "	7	5	44	"Missing". Casualty List.	V.G.	Sat.	7	5	44							
					Presumed Dead(Corr.Sh.P.100)												

GENERAL REMARKS

Mother: Mrs. Ethel Lonsberry, 191
Blake St. Cobourg, Ont. awarded the
Canadian Memorial Cross to date the
10th. October, 1944.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI-ED		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	MAIN	SUB.	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK			
28	R	22	11	900	0	60	1	1	34	03	0	05	0	05	95	
ENLIST. DATE			ACT. SERV. DATE		STR.		ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	A	BR	RANK				
28	10	42	05	12	42					1220	1	05	94			
SENIORITY			STR.		NON-SUB.		M.		CODED		CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.										
05	12	43	13	62	00	21										

07-02-44

VERIFICATION FORM
CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAME IN FULL *LONSBERRY Frederick Murray* RANK/RATING *A1.P1B.* OFF.NO. *V49646* ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL					
	<i>5-12-45</i>											1939-45	<i>1 Star</i>	
<i>Valley field</i>	<i>28-1-44</i>	<i>7-5-44</i>	<i>101</i>	<i>Atl.</i>								ATLANTIC		
<i>Shush "head" popete</i>	<i>7-5-44</i>											FRANCE G.		
												AFRICA		
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	<i>2nd Clasp</i>	
												" CLASP		
												WAR 1945	<i>1 Medal</i>	
												WAR 1915		

VERIFIED BY *H. P. ...*

VERIFIED BY *General P. ...*

DIR. OF PERSONNEL RECORDS.



CANADA

113 L-2366
Can. B. 207

100M-3-42 (3733)
N.S. 815-2-207

5263828

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

130/84

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

I, the undersigned, have examined Frederick Murray LONSBERRY

candidate for entry as Ord. Smm.
and I believe him to be ~~unfit for His Majesty's Service for the reason stated below~~ ^(in all respects fit for His Majesty's Service) He has signed the Certificate given below in my presence.

†Strike out if inapplicable

*Delete one.

B.P. 134/90

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

(a) Age	Yrs. <u>19</u> Mos. <u>10</u>	(j) Date of last Vaccination for Smallpox	<u>None.</u>
(b) Height with bare feet	Feet <u>5</u> In. <u>7 1/4</u>	(k) General Development	<u>Good.</u>
(c) Weight without clothes	<u>143</u>	(l) Nose, Throat and Tonsils	<u>Negative.</u>
(d) Ears and Hearing	<u>ears normal. CV=20' both ears.</u>	(m) Heart and Lungs	<u>normal</u>
(e) Chest Girth	Max. <u>37</u> Min. <u>33</u> Mean <u>34 1/2</u>	(n) Abdomen Hernia, etc.	<u>negative.</u>
(f) Teeth	Deficient <u>3</u> Defective <u>0</u> Dentures <u>0</u>	(o) Limbs and Joints	<u>negative.</u>
(g) Vision by Snellens Types	without glasses Rt. <u>6</u> Lt. <u>6</u> with glasses where worn Rt. <u>6</u> Lt. <u>9</u>	(p) Skin	<u>Satisfactory</u>
(h) Colour Vision	Ishihara <u>normal.</u> R.C.N. Lantern	(q) Anus Haemorrhoids	<u>negative.</u>
(i) Chest x-ray	# <u>7321</u> <u>29-10-42</u> <u>Mc. Home Major.</u>	(r) Testes Varicocele	<u>negative.</u>
		(s) Urine	<u>Negative</u>

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.

Frederick Lonsberry
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.....

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

*Delete one

IF REJECTED
insert here
UNFIT
in block letters

Dated at Kingston the 27 th of October 19 42

Mc. Home
Examining Medical Officer
(Rank) Major



CANADA

113-L-2366

Can. B. 207

100M-3-42 (3733)
N.S. 815-2-207

263829

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 Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined Frederick Murray LONSBERRY

candidate for entry as Ord. Snn.
and I believe him to be ~~in all respects fit for His Majesty's Service~~ unfit for His Majesty's Service for the reason stated below He has signed the Certificate given below in my presence.

†Strike out if inapplicable

*Delete one.

BP. 134/98

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

(a) Age	Yrs. <u>19</u>	Mos. <u>10</u>	(j) Date of last Vaccination for Smallpox	<u>None</u>	
(b) Height with bare feet	Feet <u>5</u>	In. <u>7 1/4</u>	(k) General Development	<u>Good</u>	
(c) Weight without clothes	<u>143</u>		(l) Nose, Throat and Tonsils	<u>neg</u>	
(d) Ears and Hearing	<u>Both normal</u>		(m) Heart and Lungs	<u>normal</u>	
(e) Chest Girth	Max. <u>37</u>	Min. <u>33</u>	Mean <u>35 1/2</u>	(n) Abdomen Hernia, etc.	<u>neg</u>
(f) Teeth	Deficient <u>3</u>	Defective <u>0</u>	Dentures <u>0</u>	(o) Limbs and Joints	<u>neg</u>
(g) Vision by Snellens Types	without glasses	Rt. <u>6/6</u>	Lt. <u>6/9</u>	(p) Skin	<u>Asphorachony</u>
(h) Colour Vision	Ishihara	<u>normal</u>		(q) Anus Haemorrhoids	<u>neg</u>
(i) Chest x-ray	R.C.N. Lantern	<u>normal</u>		(r) Testes Varicocele	<u>neg</u>
	not taken <u>approved</u> positive <u>doubtful</u>	<u>#7321</u>	<u>29-10-42</u>	(s) Urine	<u>neg</u>
		<u>Mc. Home Major</u>			

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.

Frederick Lonsberry

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.....

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

*Delete one

IF REJECTED
insert here
UNFIT
in block letters

Dated at Kingston the 27 th of October 19 42

Mc. Home
Examining Medical Officer

(Rank) Major

3/153

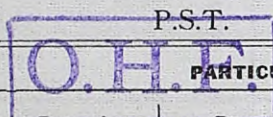
CERTIFICATE of the SERVICE of

Frederick Murray LONSBERRY
in the Royal Canadian Naval Volunteer Reserve

1005 # 78418
656

Training Headquarters	R.C.N.V.R. Division	Official Number <i>✓ 49646</i>
	<i>HMCES Ontario</i>	"
		"

Date of Birth <i>28 December 1922</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Mother) Ethel Lonsberry 191 Blake St Cobourg Ont 1-11-43</i>
Place of Birth <i>Acadia Ontario</i>	
Place of Residence <i>191 Blake St Cobourg Ont</i>	
Trade brought up to <i>Factory Worker</i>	
Religion <i>Baptist</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>28 Oct '42</i>	<i>Duration of Hostilities</i>	<i>Ord Smm</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>7 1/4</i>	<i>30 1/2</i>	<i>143</i>	<i>Brown</i>	<i>Gray</i>	<i>Med</i>	<i>Scar on right arm</i>
On re-enrolment—6 years' Service.....								<i>Scar on left knee</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

113-L-2366
F263831

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 FREDERICK MORRAN LANSBERRY (b) Reg'l. No. V 49646
2. (a) Arm of service Army (b) Unit R 2 NVR (c) Rank and Lt
3. (a) Date of birth 23 Oct 1922 (b) Have you any dependents? no (c) Place of residence at time of enlistment Calverton Ont
4. (a) Place of enlistment Kingston (b) Date of enlistment 28 Oct 1942

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 yrs (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 11
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? - (c) Did you finish it? - (d) If you did not finish it, how long did you serve at it? -
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING
- (b) At time of enlistment of what trade union or professional society were you a member? 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? no
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked no (b) State how long you had worked at this trade or occupation no
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified no
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment no
15. Give details of last employer, if any: Name no Address no
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) no
17. (a) If your last employment was in a business of your own, state nature and address of business no (b) Date of discontinuing it no

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer A.W. Corp. Co. Address Calverton, Ont
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) no
20. (a) Your specific occupation factory worker (b) Number of years' experience at this occupation with any employer 3 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? yes (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? yes

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

22. (a) State nature of business, or professional practice no (b) Where was it located? no
23. (a) Number of years engaged in this business no (b) Have you made, or will you make plans to return to the same or a similar business on discharge? no

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? no
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? no

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



DATE 28 Oct 1942 SIGNATURE Fred Lansberry

Copy to
VW
ES

NOV 14 8-2

TFH/AE

REGISTERED
AIR-MAIL
N.S. V-49646 PERS.(N)

11th May, 1944.

Dear Mrs. Lonsberry:

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

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

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

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

LETTER dispatched by
PERSONNEL DIVISION

Yours sincerely,

MAY 12 1944

SECRETARY, NAVAL BOARD

Mrs. Ethel Lonsberry,
191 Blake Street,
COBOURG, Ont.

25

Emm

MEMORANDUM:

With reference to your
of the it is approved
to transfer
to

BY ORDER.

R. A. [Signature]
SECRETARY, NAVAL BOARD.

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

13 May, 1944

Sir:

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
LONSBERRY, Frederick Murray	Able Seaman	V-49646, R.C.N.V.R.

DATE OF ENLISTMENT - 28 Oct. 1942 Active Service: 5 Dec. 1942

DATE OF DISCHARGE - Will be reported later

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

SERVICE - Canada and High Seas

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

Reason for discharge and -
when and where any disability
was incurred, or where death
occurred.

"Missing" at sea when the ship in which he was
serving was lost by enemy action. While this casualty

is listed as missing, it is impossible to make an estimate as to his chances of
survival. Should no information be received to the contrary, you will be notified
when official presumption of death with date has been set.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Ethel Lonsberry,

ADDRESS - 191 Blake Street, Cobourg, Ontario.

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

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

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

H.B. Money
for SECRETARY, NAVAL BOARD.

28

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

BP
12/18/44
NPR/IS
6

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

(See reverse side for further instructions)

REMARKS:.....

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

ML.

OTTAWA, Ont., 30th August,

4

V-49646 Pers.(N)

Sir:

46

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>
LONSBERRY, Frederick Murray, Able Seaman, V-49646, 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.	Mother: Mrs. Ethel Lonsberry, 191 Blake Street, Cobourg, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Ethel Lonsberry, 191 Blake St., Cobourg, Ont.	Nil	Nil	
	(\$15.00 allotment stopped May 31, 1944)		
Crown Life Ass. Co., Toronto, Ont.	Nil	Nil	
	(\$2.00 allotment stopped May 31, 1944).		

*J.H.W.
30/8/44*

Will: No record.

Yours truly,

A.B. Money

for SECRETARY, NAVAL BOARD.

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

ad

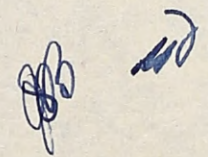
N.S. V-49646 PERS. (N)

THIS IS TO CERTIFY that according to official information Frederick Murray Lonsberry, Able Seaman, Official Number V-49646, 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 Escort duty in the North Atlantic.

49



Deputy ~~SECRETARY~~, NAVAL BOARD.



TO:

NCR

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



Department of National Defence

Naval Service

126737

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-49646 Pers.(N)



Sir:

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

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
LONSBERRY, Frederick Murray, Able Seaman, V-49646, 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.	Mother: Mrs. Ethel Lonsberry, 191 Blake Street, Cobourg, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Ethel Lonsberry, 191 Blake St., Cobourg, Ont.	Nil	Nil	
		(\$15.00 allotment stopped May 31, 1944)	
Crown Life Ass. Co., Toronto, Ont.	Nil	Nil	
		(\$2.00 allotment stopped May 31, 1944).	

*YLN
30/8/44*

Will: No record.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

SECRET
U. S. DEPARTMENT OF DEFENSE
WASHINGTON, D. C. 20315

SECRET

SECRET

(S) (U) (R) (A) (C) (E) (S) (E) (C) (R) (E) (T)

SECRET

(S) (U) (R) (A) (C) (E) (S) (E) (C) (R) (E) (T)



SECRET

(S) (U) (R) (A) (C) (E) (S) (E) (C) (R) (E) (T)

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

SECRET

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 _____
 If in City, Town or Village _____ Street _____ House No. _____
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED LONGBERRY Frederick Murray
 (Family name) (Given name or names in usual order)

RESIDENCE No. 306 Street Tweed St. City, Town, Village or Township Cobourg Province Ont.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
8. BIRTHPLACE <u>Penella</u> (Province or Country)			
9. DATE OF BIRTH <u>December 28 1922</u> (Month) (Day) (Year)			
10. AGE in { Years Months Days If less than one day old <u>21 4</u> hrs. or min.			
OCCUPATION			
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. <u>Factory Worker</u>			
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. <u>Mr. H.M. Cooney, Ont.</u>			
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			
FATHER			
16. NAME			
17. BIRTHPLACE (Province or Country)			
MOTHER			
18. MAIDEN NAME			
19. BIRTHPLACE (Province or Country)			
20. Person giving information sign here <u>H.B. Money</u> <u>Payar. Cdr., R.C.N.R.</u> <u>Naval Service Headquarters, Ottawa, Ont.</u> Relationship to deceased <u>Officer i/c, Naval Personnel Records</u>			
21. Place of Burial, Cremation or Removal <u>No burial</u>			
22. Burial Permit was issued by _____ Address _____			
23. UNDERTAKER _____ (Name and address)			

MEDICAL CERTIFICATE OF DEATH

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

25. I HEREBY CERTIFY that I attended deceased from: _____ 19 to _____ 19
 and last saw him alive on _____ 19

CAUSE OF DEATH

i. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed due to and sunk by enemy action in the Atlantic.</u>	PHYSICIAN Underline the cause to which death should be charged statistically
	(b) <u>the Atlantic.</u>	
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(c) _____	
ii. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	_____	

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
 (State which)
 Manner of injury _____ (How sustained)
 Nature of injury _____

Specify whether injury occurred in **industry**, in **home**, or in **public place** _____

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

30. Division Registrar's Record No. _____

31. Filed _____ 19 _____ (Division Registrar)

525

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Mrs. Ethel Lonsberry,
191 Blake Street,
Cobourg, Ont.

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. NS. V-49646

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13 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

LONSBERRY, Frederick Murray, Able Seaman,

V-49646, 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.

GC/

A. W. ...
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.....	✓		
2	Children of the Deceased and dates of their Births.....	✓		
3	Father of the Deceased.....	Angus Lonsherry	63	191 Blake St Cobourg Ont.
4	Mother of the Deceased.....	Ethel Lonsherry	53	191 Blake St Cobourg. Ont.
5	Brothers of the Deceased	Elmer Edgar Lonsherry	34	8 Alexander St Port Hope. Ont.
		Walter Milton Lonsherry	28	Bramly St. Port Hope. Ont
6	Sisters of the Deceased	Elva Jean Kathleen Leach	26	306 Tweed St Cobourg. Ont
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	
	Amy Evelyn Lonsherry Died: Dec. 31 ST 1913	✓	✓	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	<i>Frederick Murray Lonsberry</i>
9	Date of his birth.	<i>Dec. 28th 1922</i>
10	Place and date of his marriage.	<input checked="" type="checkbox"/>
11	Place and date of his parents' marriage.	<i>Cobourg. Feb 10th 1909</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Denella Ontario</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) <i>resided in Haldimand</i> (b) <i>township 16 yrs and in</i> (c) <i>Cobourg 3 yrs. and 6 mos.</i> (d) <i>Cobourg</i>
14	Nature of employment before enlistment.	<i>Buffer for Cooley Machine + Arms</i> <i>Cobourg, Ont.</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<input checked="" type="checkbox"/>
16	Name place where deceased stated he intended to make his permanent home.	<i>Cobourg. Ont.</i>

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	<i>not that I know.</i>
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?	<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>
20	Amount of War Savings Certificates held by deceased. Indicate where located.	<i>\$1,000.00</i> <input checked="" type="checkbox"/>
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	<i>1 Bond taken out with navy</i> <i>on or before April 19th 1944</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	<i>\$1,000.00 with Sun Life Insurance</i> <i>Peterborough, Ont</i> <i>Ethel Lonsberry - mother</i>
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	<input checked="" type="checkbox"/>

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.	<i>no</i> <i>no</i> <input checked="" type="checkbox"/>
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.	<i>no.</i>

(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.)

DECLARATION

*Insert degree of relationship of 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 * Mother 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.

Ethel Lonsberry

{Signature of Informant

191 Blake St. Coburg Address

CERTIFICATE

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

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

Dated at Coburg, this 18th day of September 1944

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

St. Francis

Qualification Clergyman

Address 214 Albert St. Coburg. Ont.

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

DC

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

4
 NAVY

PREPARED BY
 MEMBER'S NAME

Frederick Murray
 (CHRISTIAN NAMES)
 Director of Estates,
 308 Sparks St.,
 Ottawa, Ont.

LONSBERRY

(SURNAME)

for Service Estate of
 Frederick M. LONSBERRY,
 N.S.V-49646
 7 May '44

REGISTER NO.

6023

FILE NO.

NSV-49646

DATE

15 Sep '45

SERVICE NO.

V-49646

FINAL RANK OR RATING

A/A.B.

DATE OF DISCHARGE

7 May '44

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 520 EQUAL TO 17 COMPLETE PERIODS AT \$7.50

\$ 127.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 101 LESS 10 INELIGIBLE DAYS, EQUAL TO 91 DAYS @ 25c. PER DAY

22.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.25
 ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ NIL
 TOTAL \$ 3.10 X 7 = \$ 21.70
 NO. OF DAYS 101 X \$ 21.70

11.98

D. WAR SERVICE GRATUITY

162.23

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ NIL
 OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

162.23

G. YOUR PORTION OF GRATUITY IS—

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

-\$ 162.23

Voucher 2485 - Sept. 21/45

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

PREPARED BY
 LJM

CHECKED BY
 V/19/45

TREASURY
 CHECKED BY
 DATE

SERVICE REPRESENTATIVE
 for Dir. Naval Pay Accting.

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

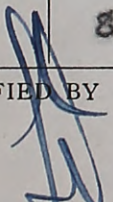
Name..... **LONSBERRY** **Frederick** **M.** No. **V49646**
Surname Christian Names

A/A B **RCNVR O/S** **7-5-44**
Rank Unit Date of Death

<u>AMOUNT</u>	W.S.G.	162.23
	L.P.C.....\$	116.37
	Other Credits.....	
	Total	278.60
	Prev. dist.	116.37
	This dist.	162.23

Date..... **22-10-45**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/5	father	Angus Lonsberry, 191 Blake St., COBOURG, Ontario.	32.45
1/5	mother	Mrs. Ethel Lonsberry, (As above)	32.45
1/5	brother	Elmer E. Lonsberry, 8 Alexander St., Port Hope, Ontario.	32.45
1/5	brother	Delbert M. Lonsberry, Bramly St., Port Hope, Ont.	32.44
1/5	sister	Mrs. Elva J. Leach, 306 Tweed St., COBOURG, Ont.	32.44
		(As next of kin entitled)	
		OCT 30 1945 PA. TO TREAS.	
			WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$162.23
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT