OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full JAMES DOUGLAS MACLEAN (b) Reg'l. No. 941461
2. (a) Arm of service NAVAL (b) Unit HMCS STADT (c) Rank Leading
3. (a) Date of birth [illegible] (b) Have you any dependents? No (c) Place of residence at time of enlistment ST CATHARINES ONT
4. (a) Place of enlistment HAMILTON ONT (b) Date of enlistment JULY 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? ✓
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 YRS HIGH
7. If you attended a university, give name of university and standing or degree secured ✓
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? MACHINIST (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 36 MONTHS
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? C.M.A.

6

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 [illegible] Address [illegible]
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) AUTO PARTS
20. (a) Your specific occupation [illegible] (b) Number of years' experience at this occupation with any employer [illegible]
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? ✓ (c) If so, in what kind of farming? ✓
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? [illegible] (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? YES
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.) [illegible]
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form ✓

DATE July 8 1942 SIGNATURE J Douglas Maclean

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Helene G. MacLean,
c/o Mrs. C.R. Moon,
R.R. #1, Harwich Township,
Chatham, Ontario.

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

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

and the following number quoted:—

H.Q. V-41461 FD. 544

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 12 1944

ESTATES BRANCH OCT 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

MACLEAN, James Douglas, Engine room Artificer Fourth Class,

V-41461, 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.

A. L. Wade
Commander RCNR
for Director of Estates.

GC/

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Helene Gertrude Maclean	20	R.R.3, Chatham, Ont. (Harwich Twp)
2	Children of the Deceased and dates of their Births		none		
3	Father of the Deceased		James W. Maclean		76 York St. St. Catherines, Ont
4	Mother of the Deceased		Margaret Maclean		76 York St. St. Catherines, Ont.
5	Brothers of the Deceased	Full Blood	Bruce Maclean		overseas. Home address is 76 York St St. Catherines, Ont.
		Half Blood			
6	Sisters of the Deceased	Full Blood	none		
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
			none		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Douglas MacLean
9	Date of his birth.	June 15, 1921.
10	Place and date of his marriage.	St. Catherines, Ont, April 1st, 1943.
11	Place and date of his parents' marriage.	no record.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. Catherines, Ont.
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 (b) Lincoln (c) Lifetime until enlistment. (d)
14	Nature of employment before enlistment.	Maintenance Dept. of General Motors of Canada Ltd.
15	State whether he owned the premises in which he lived, and, if so, where situated.	Did not own house. was married while on active service
16	Name place where deceased stated he intended to make his permanent home.	St Catherine's Ont.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Cannot locate
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	not as I know.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$65.00 Held by wife Selenie G. MacLean at Chatham, Ont.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50.00. Registered only as to principal
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life Insurance Co. $5000.00 payable to mother.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Personal effects and clothing aboard ship at time of sinking. Value $150

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

*Widow of the deceased.

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

Helene Gertrude MacLean — Signature of Informant

R.R. 3 Harwich, Chatham — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Helene Gertrude MacLean {Name of informant} is the* widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Chatham, Ont. this 18th day of October 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. B. L. Rodgers — Qualification Notary Public

Address Kurow & Erie Bldg., Chatham, 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

Personal effects in item 23 included a valuable Camera set of engineering books, watch, pen & pencil set &c.

Unemployment Insurance- Yes.
Enrolled in accordance with Headquarters'
E.D. 124
Memorandum N.S. 62-21-5 "M" FD889
P.D. 49
of 23rd June 1942.

N. V. 5
50M—10-41 (1994)
N.S. 815-11-5

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

JUL 10 1942
N.S. 113 874829
CANADA

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME MacLEAN OFFICIAL NO. V41461

CHRISTIAN NAMES James Douglas MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS	RELIGION
76 York Street, ST.CATHARINES, Ontario	United Church.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
June 15th, 1921 *Original Nationality of: Father British Mother British	Town ST. CATHARINES County Lincoln Province Ontario	(Mother) Margaret Ferry MacLean, same address.

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 6¾ 142½	Inflated 37 Deflated 34 Mean 35	Fair	Hazel	Fair	Nil.

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
2 Years High School.	Machinist Apprentice, McKinnon Industries Ltd., ST. Catharines, Ontario.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
July 8th, 1942	Engine Room Artificer 5th Class	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, Reserve, or Territorial Force.

* (b) I served in ..... for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
	NOT APPLICABLE.		

(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.

Personnel Records Division.
1. Noted In Records
2. Index Card
3. Non Sub. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE 22/7/42

(5) On being enrolled as a member of the HAMILTON 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 8th day of July 1942

Signature of applicant J. Douglas MacLean

(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 8th, day of July 1942

J. W. D. Vessey

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, James Douglas MacLean do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant J. Douglas MacLean

Witness J. W. D. Vessey

Date July 8th, 1942 Rank Lieut. R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

James Douglas MacLean 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 HAMILTON Division of the R.C.N.V.R. or in the appropriate official documents.

J. W. D. Vessey

Attesting Officer.

July 8th 1942 R.C.N.V.R. Division (or other establishment) H.M.C.S. 'STAR'

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 E.R.A. Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

J. Douglas MacLean

Signature

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

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 ONLY WITH INDELIBLE INK ON THIS PERMANENT RECORD

36

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

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

3. PRINT FULL NAME OF DECEASED MACLEAN (Family name) James Douglas (Given name or names in usual order)

RESIDENCE No. 76 Street York St. City, Town, Village or Township St. Catharines Province Ont.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE St. Catharines, Ontario. (Province or Country)

9. DATE OF BIRTH June (Month) 15th (Day) 1921 (Year)

10. AGE in

Years	Months	Days	If less than one day old
22	11		..... hrs. or ..... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Machinist Apprentice

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. McKinnon Industries, Ltd.

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 H.B. Money
Paymr. Cdr., R.C.N.R.
Address Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased Officer i/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 (Month) 7th (Day) 19 44 (Year)

25. I HEREBY CERTIFY that I attended deceased from:

..... 19..... to ..... 19.....

and last saw h..... alive on ..... 19.....

CAUSE OF DEATH

I. Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Missing, presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed
due to and sunk by enemy action in

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

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? ..... (State which) Date of injury ..... 19.....
Manner of injury ..... (How sustained)
Nature of injury .....
Specify whether injury occurred in **industry,** in **home,** or in **public place** .....

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

30. Division Registrar's Record No. .....

31. Filed ..... 19..... ..... (Division Registrar)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "VALLEYFIELD" May / 45. R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Helene G. ~~MacLean~~ Evans (Re-married) - Widow

ADDRESS: ~~c/o Mrs. C.R. Moon, R.R. # 1, Harwich Township, Chatham, Ont.~~ Box 67, LEAMINGTON, Ont. 17-2-48

(2) MEMORIAL CROSS

WIDOW Mrs. H. G. MacLean

ADDRESS: c/o Mrs. C. R. Moon
R.R. #1, CHATHAM, Ontario

(3) MEMORIAL CROSS

MOTHER Mrs. Margaret MacLean

ADDRESS: 76 York Street
ST. CATHARINES, Ontario

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO. 429

(2) 10 October 1944

(3) 25 November 1944

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
MACLEAN	James Douglas	V-41461	ERA.4		

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
~~1939-45 Star~~	
~~Atlantic Star~~	5762
~~C:VS.M. & Clasp~~	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

N.P.R/5-1 FORM A. File: N.S. V-41461 Pers.N

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

13 May, 1944
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
MacLEAN, James Douglas	Engine Room Artificer 4th Class	V-41461, R.C.N.V.R.

DATE OF ENLISTMENT - 8 July, 1942. Active Service: 8 July, 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 - Wife: NAME - Mrs. Helene G. MacLean,

ADDRESS - c/o Mrs. C.R. Moon, R.R. #1, Chatham, 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.

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

B F 12/5/44 N PRIS to

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)

P.I.B. 1

V41461 OFFICIAL NUMBER

NAME MacLean (Surname) James Douglas (Given Names)

OFFICIAL NUMBER V41461

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
HMCS Star	E.R.A. 5/c	8	7	42	Div. Str. Hamilton	V.G.	Sat.	31	12	42							
" "	"	8	7	42	Active Service	V.G.	Sat.	31	12	43							
Naden	"	12	7	42	DL 8.7.42	V.G.	SAT.	7	5	44							
Prince Henry	"	11	11	42	DRD (Esq) #133												
	A/E.R.A. 4/c	6	3	43	Service Certificate												
Stadacona	"	19	3	43	DRD (Giv) #750												
Comox	"	1	5	43	DRD # H1322												
Stadacona	"	14	9	43	D.R.D. 2617												
Hochelaga 2	"	26	11	43	D.R.D. H 3341												
Valleyfield	"	6	12	43	Ledgers												
DISCHARGED.		7	5	44	"Missing"per Casualty List	249AA 13926	Presumed Dead										
	E.R.A. 4/c	18	4	44	Confirmed. 249A A 13915												

GENERAL REMARKS

Awarded pension in respect of her husband's death, with effect from the 8.5.44 C.P.C.

Canadian Memorial Cross Received. by. Mrs. Helene G. MacLean (Widow) c/o Mrs. C.R.Moon, R.R.#1 , Chatham, Ontario. TO DATE 10-10-44.

Canadian Memorial Cross Received by: Mother Mrs. Margaret MacLean 76 York Street, St. Catharine's ONT Todate 25.11.44

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
15	6	21	11	270	0	40	3	1	28	05	0	20	0	35	95

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
08	07	42	08	07	42						9690	1	35	95

SENIORITY DY	MO.	YR.	STR. CAT.	NON-SUB A	B	M ST.		CODED	CHECKED
06	03	43	13	00	00	21			

07-05-44

V41461 OFFICIAL NUMBER | FILE NUMBER 113-M-4829 | OFFICIAL NUMBER V41461

NAME MacLean (Surname) James Douglas (Given Names) DATE OF BIRTH 15 June, 1921

PLACE OF BIRTH St.Catharines, Ontario OCCUPATION Machinist Apprentice

RELIGION United EDUCATION 2 years High School

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 76 York Street, Town St.Catharines, Province, etc Ontario.

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
8	7	42	Hostilities only	5'6¾"	Fair	Hazel	Fair	NIL				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Helene Gertrude MacLean

ADDRESS (in pencil): Street and No. C/o Mrs C R Moore (RR#1 Harwich Township) Town Chatham Province, etc. Ont.

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
28	2	44	C.V.S.M.&(C) 1012-8-5-F.D. 69	17	4	44	Passed for ERA 4/c Pers File				
26	2	44	Awarded 1939-1943 Star 249A A10338	18	4	44	Granted B.R.W/K Cert. 'AA13915				

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

Second Class For Conduct	
From	To

Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

O.H.F. Received

H.Q. 35—35M—2-43 (8309)
N.S. 815—7-35

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.
NAVAL GENERAL SERVICE MEDAL (191

NAME IN FULL MAC LEAN James Douglas RANK/RATING ERA 4/C

SHIP	SERVICE			AREA	QUALIFYING		
	FROM	TO	DAYS		FROM	TO	1939-45
	8-7-42						
Prince Henry	11-11-42	18-3-43	128	W.C.			
Comox	1-5-43	8-9-43	131	at			
Valleyfield	8-12-43	7-5-44	152	at.			
	Disch. Dead 7-5-44 (Valleyfield)						

VERIFIED BY R. Seguin

VERIFIED BY

VERIFICATION FORM
MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
RAL SERVICE MEDAL (1915).

.....ERA 4/C.....OFF.NO. V-41461.....ADDRESS .....

QUALIFYING PERIODS IN DAYS								✓	
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	1 2	ELIGIBLE FOR AWARDS OF
							1939-45	1	star
							ATLANTIC	1	star
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	+ clasp
							" CLASP		
							WAR 1945	1	medal
							WAR 1915		

VERIFIED BY R. Seguin
Cpl

.....DIR.OF PERSONNEL RECORDS.

Pers(n) 12/9/44 142543

ACCOUNTS OF MEN DISCHARGED

44

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 MacLEAN, James D. *Rating* E.R.A. 4/c

Official No. V.41461 *H.M.C.S.* AVALON "VALLEYFIELD" *List* 121/3

*Who** DISCHARGED DEAD *on the* 7 May *19* 44

	$	cts.
Net sum due on ledger on account of Wages	N	I L
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH— Proceeds of sale of Effects, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash deposited by official Receipt No. 25181 Administrator of Naval Estates (Present War)	83	72
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 AP words) FORTY-SEVEN DOLLARS charged to 31 May 1944		
Name of ship from which transferred HMCS. "VALLEYFIELD"		
Total† CREDITOR	83	72

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 EIGHTY-THREE - - - - - - - dollars - - Seventy-two - - cents.

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

Approved ..... Accountant Officer

PAY LIEUT. CDR., R.C.N.V.R.

..... { Initials of the Assistant Accountant Officer

A/CAPTAIN. RCN Commanding Officer.

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

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

Signature.....

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

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

C.N.S. 46 AUTHORITY: Avalon's CNS. 249A #A13926 dated 19 May, 1944

5M—2-42 (3601)
H.Q. N.S. 815-9-46

Ledger:
Audit:

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.

STATEMENT OF ACCOUNT

43

True extract from the ledger of H.M.C.S. "AVALON "VALLEYFIELD" ending 30 JUNE 19 44

List 12-1 No. 3 (Name) MACLEAN James D. Rank Rating ERA 4 No. V-41461

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

	$	c.
CREDIT from former account	51	12
Pay as ERA 4 (Rank Rating) from 1 Apl to 31 May (61 days at $ 3.05 a day)	186	05
" E.R. Wk Cert " 18 Apl " 31 May (44 " .25 ")	11.	00
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
Kit Upkeep Allowance Adj March 1944 1 Apl-7 May	6	33 50
OTHER CREDITS:		
Total credits	255	00

							$	c.
DEBT from former account							N I L	
PAYMENTS:—	1st	2nd	3rd	4th	5th			
	$ c.	$ c.	$ c.	$ c.	$ c.			
1st month	51.00	17.88				Total	68	88
2nd month						Total		
3rd month						Total		
Allotment Apl A.P. 47 & 8.40 May A.P. 47.							102	40
Pension deduction (Officers) charged to of								
Hospital stoppages								
Mulcts								
OTHER CHARGES: O.R.#25181 Adm of Nav Est. (Present War)							83	72
Total debits							255	00
Balance Cr. or Dr.								

(Balance Dr. to be shown in red)

LEDGER: [illegible]

AUDIT: [illegible]

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED

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

Date 5 June 19 44

[illegible]

PAY LIEUT. CDR., R.C.N.V.R. ACCOUNTANT OFFICER

C.N.S. 2426
25M—5-42 (4545)
N.S. 815-9-2426

124038

Department of National Defence

Naval Service

CANADA

OTTAWA, Ont., 30th August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-41461 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
MACLEAN, James Douglas, Engine room Artificer Fourth Class, V-41461, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Wife: Mrs. Helene G. MacLean, c/o Mrs. C.R. Moon, R.R. #1, Harwich Township, Chatham, Ontario.

ALLOTMENTS IN FORCE

In favor of	Amount	Initials
Mrs. Helene G. McLean, C/o Mrs. C.R. Moon, R.R.#1, Harwich Township, Chatham, Ont.	Nil (D.A.$37.20 and A.P.$47.00 stopped 31/5/44)	Nil
Hon.Rec.Gen. for 5th Victory Loan	Nil ($8.40 stopped April 30, 1944).	Nil

MEM

Will: No Will.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

30/8/44

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

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

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

RR

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

4
NAVY

STATEMENT OF WAR SERVICE GRATUITY

Deceased member's NAME James Douglas (CHRISTIAN NAMES) MacLEAN (SURNAME)

REGISTER NO. 1461
FILE NO. NS.V41461
DATE 9 Mch/45
SERVICE NO. V41461
FINAL RANK OR RATING E.R.A.4/C

Payee: ADDRESS Mrs. Helene G. MacLean,
c/o C.R. Moon,
R.R.#3, Harwich Twp. Chatham, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44
DATE OF DISCHARGE 7 May/44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 670 (30) EQUAL TO 22 COMPLETE PERIODS AT $7.50	165.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 411 LESS 10 INELIGIBLE DAYS, EQUAL TO 401 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	100.25
SUB TOTAL	
C. SUPPLEMENT FOR OVERSEAS SERVICE	

DAILY RATES AT DISCHARGE

PAY		$ 3.05
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE		$ 1.25
ADDITIONAL PAY	1 Cert.	$ .25
		$
		$
DEPENDENTS' ALLOWANCE 1/30 OF	$ 37.20	$ 1.25
TOTAL		$ 5.80 X7 = $ 40.60
NO. OF DAYS 401 (183)		X$ 40.60

88.96

D. WAR SERVICE GRATUITY	354.21
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	Nil
OTHER DEDUCTIONS $	
F. AMOUNT PAYABLE (~~THIS AMOUNT IS PAYABLE IN ____ MONTHLY INSTALMENTS OF $ ____ EACH~~)	354.21

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

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

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

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	354.21								
CHEQUE No.	116530								
DATE	20/3/45								

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

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

PREPARED BY	CHECKED BY
SJD	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	14/[illegible]

[signature]
SERVICE REPRESENTATIVE
for Dir. Naval Pay Acting.

N.P.R./5-2.

P.M.

53

FORM "B"

FILE: N.S. V-41461 PERS. (N)

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

146289

AUG 30 1944
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
MacLEAN, James Douglas	Engine Room Art. 4/c	V-41461, R.C.N.V.R.

DATE OF ENLISTMENT - 8 July, 1942 Active Service: 8 July, 1942

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

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Wife NAME - Mrs. Helene G. MacLean.

ADDRESS - c/o Mrs. C. R. Moon, R.R. #1, CHATHAM, 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, DEPENDENTS ALLOWANCE, etc.

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

C. R.
P. A.
NAVAL TREASURY
DATE 22/9/44
INITIAL K

REMARKS:.....

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

Names of Dependents	Relationship	Maiden name of wife	Date of marriage and/or date of birth of children
Mrs. Helen McLean	Wife	---	--------

	D. A.	A. P.	TOTAL
Monthly rate:	$37.20	$47.00	$84.20

To Whom Paid: Mrs. Helen McLean

Address: R.R.#1, Harwich Township Chatham, Ont.

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 $47.00 has been made for the period from 1st to 31st of May 1944.

Remarks:

Computed by.....L.D.....

Checked by.....DMD.....

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

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

144899

FILE NOS.:

V-796
V-19239
V-68471
V-54372
V-12143
V-25531
V-4538
A-2453
A-4681
V-31063
V-4427
V-51452
V-19206
V-43309

V-56590
V-10506
V-11244
V-53512
V-61903
V-49761
V-16586
V-23508
V-39924
V-59892
A-5954
O-22420
O-23950
V-30201
V-22262
V-38722
V-31768
V-55196
V-905
V-65619
V-55803
N-4472
V-50475
V-23128

V-65496
O-35660
V-54304
V-3538
V-43818
V-52497
V-64138
V-25279
V-50961
V-57850
V-51441
V-65120
V-62261
V-49646
V-35602
O-47000
V-44690
V-67335
V-54554

V-35412
A-1271
V-41543
V-35526
V-46463
V-22563
V-65055
O-44950
O-45010
V-41461
V-15283
V-3417
V-51108
V-27849
V-2299
V-34242
V-44790
V-18039
V-399
A-4506
V-64486
N-4649
V-57455
N-4122
N-4323
V-5995
O-62255
V-13701
O-65010
V-48962
V-17305
V-41902
V-63143
O-70570
V-50046
V-35344
V-5794
O-71320
V-17781
V-14540
V-516
V-25850
V-3386
V-688
V-50598
O-76380
V-5911
V-37893
N-21989
V-56565
V-599
N-21498
V-8662
V-50658
V-51989
V-6388
V-17703

- NAVAL SERVICE -

CASUALTY NOS.
436 - 486 incl.
488 - 550 incl.

5-2

NAVAL INFORMATION

D.N.P.A.

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

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

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

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

Individual forms for these casualties have been previously forwarded.

H B Money

(H. B. Money),
Paymr. Lieut.Cdr., R.C.N.R.,
Officer i/c, Naval Personnel Records

OTTAWA, Ont.

SEP 20 1944

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

REGISTERED

TFH/JM

AIR MAIL

N.S. V 41461 Pers.(N)

14

8th May, 1944.

Dear Mrs. MacLean:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, James Douglas MacLean, Engine Room Artificer Fourth Class, Official Number V 41461, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Helene G. MacLean,
c/o Mrs. C.R. Moon,
R.R. # 1, Harwich Township,
CHATHAM, Ontario.

Submit

1-1-3 M

6-2-1-5 M

NAVAL SERVICE

N. V. 3a

60M—4-42 (4173)

N.S. 815-11-3a

OFFER OF SERVICE (HOSTILITIES ONLY)

JUN 30 1942

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

Name MACLEAN (Surname (in Block Letters)) JAMES DOUGLAS (Christian Names) Telephone { Bus..... Home 1995

Address 76 (Number) York (Street) St. (Town or City) St. Catharines (County) Lincoln (Province) Ontario

Date of birth June 15th 1921 Place of birth St. Catharines, Ont.

Nationality Canadian Are you British by birth? Yes or by naturalization?

Birth place of (a) Father Fetelon Falls, Ont. (b) Mother Niagara Township

Are you (a) Single Yes (b) Married (c) Widower (d) No. of Children? none

Any physical defects (especially eyesight?) none

Height 5'8" Weight 150 Can you swim? Yes P 8972

B. Education—

Highest school grade passed successfully? Second Year High School Any Matriculation? 2½ yrs.

University: (a) Name (b) Years attended (c) Course and Degree

Technical courses taken 2 yrs. ~~techni~~ High School Machine Shop

Special studies

Languages spoken English

C. Sea Experience—

Have you ever been employed at sea? No Give number of years and how employed

Name and number of Mercantile Marine Certificates held

State last position held at sea (with dates)

State employment since leaving sea

D. Occupation: What is your profession, trade or occupation in civil life? Apprentice Machinist

Are you (a) Actively pursuing your profession or trade on your own account? Yes

(b) Employed; if so, in what capacity and under what employer? Apprentice Machinist McKinnon Industries Ltd.

General experience (with dates) General machinist apprentice May 20/40 — June 15/42 Lathe, shaper, milling machines, slotter some grinding.

No. and Class of any Stationary Engineer's certificates or other certificates of competency

Have you ever served in any of His Majesty's Forces? If so, which? How long?

Have you had 30 days' training?

Where registered

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.) Four years High School Cadet Corps.

F. Branch Applying for: (a) As Officer (b) As rating (i.e., in the ranks) X

If you cannot be accepted as an Officer are you willing to serve as a rating?

In what capacity do you wish to enrol? ~~4th Class Engine Room Artificer~~ Stoker I.

How long would you need to settle up your private affairs? Already settled

Date of Application June 15th 1942 Signature J. Douglas MacLean