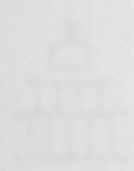
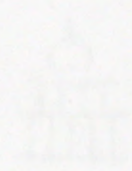


V50606
ROWE
ROBERT EVERE

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

 Permalife
25% COTTON CONTENT

 Permalife
25% COTTON CONTENT

*Unemployment Insurance Book - Yes.
 Saint John Dry Dock.
 Saint John N.B.*



CANADA

*113-R-2335
 N. V. 5
 50M-10-41. (1994)
 N.S. 815-11-5*

**ATTESTATION FORM
 (HOSTILITIES FORM)**

277009

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME *Rowe* OFFICIAL NO. *150606*
 CHRISTIAN NAMES *ROBERT EVERETT* MARRIED, SINGLE OR WIDOWER *Single*

PERMANENT ADDRESS *Eastmount Coldbrook P.O. NB* RELIGION *R.C.*

| DATE OF BIRTH | *PLACE OF BIRTH | NAME AND ADDRESS OF NEXT OF KIN |
|----------------|--------------------------|---------------------------------|
| <i>25/8/21</i> | Town <i>Saint John</i> | <i>Mother:</i> |
| | County <i>Saint John</i> | <i>Mary Rowe</i> |
| | Province <i>N. B.</i> | <i>Eastmount</i> |
| | | <i>Coldbrook N.B.</i> |

*Original Nationality of:
 Father *English*
 Mother *French*

*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..... <i>5</i> | Inflated..... <i>35 1/2</i> | <i>Light</i> | | | |
| Inches..... <i>5 1/2</i> | Deflated..... <i>33 1/2</i> | <i>Brown</i> | <i>Brown</i> | <i>Fair</i> | <i>None.</i> |
| | Mean..... <i>34 1/2</i> | | | | |

| EDUCATIONAL STANDING | TRADE OR CALLING AND IN WHOSE EMPLOY |
|----------------------|---|
| <i>Grade 7.</i> | <i>Apprentice Saint John Dry Dock Saint John N.B.</i> |

| DATE OF ENROLMENT | RATING FOR WHICH ENROLLED | R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED |
|-------------------|---------------------------|--|
| <i>4/11/42</i> | <i>Act. Sqn.</i> | <i>HMS Brunswick</i> |

(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 |
|-----------|------|------|----|
| | | | |

(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 *VB*

2. Index Card *VB*

3. Non-Sub. Card *VB*

4. Statistical Card *VB*

5. Rehec

6. Pension Card

7.

8.

DATE *1.12.42*

(5) On being enrolled as a member of the Hues Brunswick 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 4 day of November 1942

Signature of applicant Robert Everett Rowe

(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 4

day of November 1942

J. P. Shouldice S/Lt.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

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

Signature of Applicant Robert Everett Rowe

Witness J. P. Shouldice

Date 4/11/42

Rank Sub. Lt. 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

Robert Everett Rowe 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 Hues Brunswick Division of the R.C.N.V.R. or in the appropriate official documents.

J. P. Shouldice S/Lt.
Attesting Officer.

Nov. 4 1942

R.C.N.V.R. Division
(or other establishment) Hues Brunswick

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.

Robert Everett Rowe
Signature

MEDALS AND MEMORIALS—DECEASED PERSONNEL

R.C.N.V.R. Feb.46

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

1) MEDALS
PERSON

ENTITLED TO Mr. W.R. Rowe - Father

ADDRESS: Eastmount,
COLDBROOK P.O., Saint John, N.B.

DATE DESP

(1)

REGN. NO

527

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Mary Rowe

ADDRESS: Eastmount Coldbrook P.O., Saint John, N.B.

(3)

18-7-45

D OF D 29-3-45

| | | | | |
|----------------------------|-----------------|----------|-------------------|---------------|
| ROWE | Robert Everett | V-50606 | A.B. | FILE No. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|-----------------------|---|
| 1939-45 Star | 283 17.10.49 |
| Fr. Ger. Star & Clasp | |
| Defence Medal | |
| C.V.S.M. & Clasp | |
| War Medal | |
| | |
| | |
| | |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CONDUCT SHEET

Page 1

NAME Robert Everett ROWE RATING AB { PORT DIVISION AND OFFICIAL NUMBER V 50606

| NAME OF SHIP | Date of Entry | No. of G.C. Badges held | Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil" | Class for Conduct If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration. | Class for Leave If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2) | Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8) | | | Efficiency (Art. 607) | For Art. 413 ratings only (See Notes 5, 6 and 7) | | Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge) | In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9) | R.M.G. or R.R. (where applicable) | Commanding Officer's Signature |
|------------------|------------------------------|-------------------------|--|---|---|---|-------------------|----------------------|-----------------------|---|---|---|---|-----------------------------------|--------------------------------|
| | | | | | | From | To | Character Assessment | | Whether recommended for advancement (Must be fit for immediate advancement and fully qualified) | Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified) | | | | |
| <u>Stadacona</u> | <u>1943</u> <u>12 Nov</u> | <u>NIL</u> | <u>3 Nov '43</u> | <u>1</u> | <u>1</u> | <u>1944</u> <u>1 Jan</u> | <u>16 June</u> | <u>V.G.</u> | <u>Sat</u> | <u>NY (NO)</u> | <u>NO</u> | <u>None</u> | | <u>S. S. Armstrong</u> | |
| <u>Niobe</u> | <u>17 Jan '44</u> | <u>NIL</u> | <u>10 Nov '43</u> | <u>1</u> | <u>1</u> | <u>1 Jan '43</u> | <u>14 Jan '43</u> | <u>V.G.</u> | <u>Sat</u> | <u>NY (NO)</u> | <u>NO</u> | <u>Temp. "P.O." of "Niobe"</u> | | <u>R. Sturmer</u> | |
| <u>Zeus</u> | <u>5 Jan '43</u> | <u>NIL</u> | | | | <u>5 Jan '43</u> | <u>29 March</u> | <u>V.G.</u> | <u>Sat</u> | <u>NY (NO)</u> | <u>NO</u> | | | <u>H. Harvey</u> | |

NOTES

- Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
- Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
- Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
- Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
- Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
 - "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
 - "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
 - "No"—Not recommended, whether qualified or not.
 For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
- Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
- Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
- Offences and Punishments.**—To be recorded on page 2.
- Training Service.**—This column is always to be completed for E.R.As, E.As, O.As, C.P.Os, P.Os and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No".

CONDUCT SHEET

NAME Robert Everett ROWE RATING Ord. Smm. { PORT DIVISION AND OFFICIAL NUMBER V 50606

| Date of Offence | OFFENCE | PUNISHMENT AWARDED | By whom awarded, Ship and date | REMARKS |
|-----------------|---|---|------------------------------------|---------|
| 29 Oct. '43 | Did improperly leave his Majesty's ship "Chelsea" at 1155 on Oct. 29/43, reporting onboard H.M.C.S. Stadacona at 0050 on Oct. 30/43, thereby remaining absent without leave to the P.M. and fifty-five min., and missing his ship on sailing. | 7 days Cells (first 3 days "low diet") 5 days pay forfeited 5 " leave stopped | Warrant # 54 dated 3rd. hour 1943. | |
| 27 Nov 43 | Was absent from his place of duty namely duty watch to muster at 1315 Nov 27/43 | 7 days # 11 | X.O. Sted. | |
| 25 Feb 44 | Was absent from his place of duty namely manual party from 0810 to 0915 on 25 Feb 44 | 5 days # 11 | X.O. Sted. | |
| June '44 | Was absent from his place of duty namely hands fell in at 1315 on June 1944 | 2 days # 11 | X.O. Sted. | |
| 13 Aug '44 | 1. Did improperly leave H.M.C.S. "NIobe" (Camp Rothmut) whilst duty watch at about 1930, 13th August, 1944, rejoining on board at 2300, 13th August, 1944, thereby remaining absent without leave 3 hours, 10 minutes. 2. Was improperly dressed ashore, namely wearing white singlets, blue trousers. | 14 days # 11 30 days # 12 2 days # 14. | C.O. Niobe. | |
| 3 Oct '44 | So that he was absent from his place of duty namely Shipwright's Shop at 0820 on the 3rd of Oct 1944. | 10 days No 12 | C.O. Niobe. | |

CONDUCT SHEET

Page 1

NAME Rowe, Robert Everett RATING Ord. Seaman { PORT DIVISION AND OFFICIAL NUMBER "Bunsuridhu" V-50606

| NAME OF SHIP | Date of Entry | No. of G.C. Badges held | Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil" | Class for Conduct If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration. | Class for Leave If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2) | Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8) | | | Efficiency (Art. 607) | For Art. 413 ratings only (See Notes 5, 6 and 7) | | Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge) | In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9) | R.M.G. or R.R. (where applicable) | Commanding Officer's Signature |
|-------------------|------------------|-------------------------|--|---|---|---|------------------|----------------------|-----------------------|---|---|--|---|-----------------------------------|--------------------------------|
| | | | | | | From | To | Character Assessment | | Whether recommended for advancement (Must be fit for immediate advancement and fully qualified) | Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified) | | | | |
| <u>Bunsuridhu</u> | <u>31-12-42</u> | <u>Nil</u> | <u>31 Dec '42</u> | <u>1st</u> | <u>1st</u> | <u>31-12-42</u> | <u>2-3-43</u> | <u>U.P.</u> | <u>SAT.</u> | <u>N.Y.(N.Q)</u> | <u>No.</u> | <u>Cornwallis</u> | | | <u>W. J. [Signature]</u> |
| <u>Cornwallis</u> | <u>3 Feb 43</u> | <u>—</u> | <u>—</u> | <u>1st</u> | <u>1st</u> | <u>3 Feb 43</u> | <u>27 May 43</u> | <u>V.G.</u> | <u>SAT</u> | <u>N.Y.(N.B)</u> | <u>No</u> | <u>Stadacona</u> | | | <u>[Signature]</u> |
| <u>Stadacona</u> | <u>30 May 43</u> | <u>—</u> | <u>—</u> | <u>—</u> | <u>—</u> | <u>30 May 43</u> | <u>June 43</u> | <u>V.G.</u> | <u>Under 3 months</u> | <u>—</u> | <u>—</u> | <u>—</u> | | | <u>[Signature]</u> |

NOTES

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 For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
- Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
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CONDUCT SHEET

Page 1

NAME Robert Consett ROWE

RATING O/D

PORT DIVISION AND OFFICIAL NUMBER V50606

| NAME OF SHIP | Date of Entry | No. of G.C. Badges held | Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good," insert "Nil" | Class for | | Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8) | | | Efficiency (Art. 607) | For Art. 413 ratings only (See Notes 5, 6 and 7) | | Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge) | In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9) | R.M.G. or R.R. (where applicable) | Commanding Officer's Signature |
|--------------|---------------|-------------------------|---|--|--|---|----|----------------------|-----------------------|---|---|---|---|-----------------------------------|--------------------------------|
| | | | | Conduct | Leave | From | To | Character Assessment | | Whether recommended for advancement (Must be fit for immediate advancement and fully qualified) | Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified) | | | | |
| | | | | If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration. | If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2) | | | | | | | | | | |
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NOTES

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CANADA

113.R.2235

Can. B. 207

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

F277010

3

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 ROWE, Robert Everett
candidate for entry as O/Sia. B.C.N.V.R. Temp.
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.

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

| | | | | | |
|------------------------------|--------------------------------------|-------------|---|--------------------------|--|
| (a) Age | Yrs. 21 | Mos. 3. | (j) Date of last Vaccination for Smallpox | Childhood. | |
| (b) Height with bare feet | Feet 5 | In. 5 1/2 | (k) General Development | Good | |
| (c) Weight without clothes | 134 3/4 | | (l) Nose, Throat and Tonsils | Normal | |
| (d) Ears and Hearing | Normal | | (m) Heart and Lungs | B.P. 139/78 Normal | |
| (e) Chest Girth | Max. 35 1/2 | Min. 33 1/2 | Mean 34 1/2 | (n) Abdomen Hernia, etc. | Normal |
| (f) Teeth | Deficient 2 | Defective 3 | Dentures 0 | (o) Limbs and Joints | Normal |
| (g) Vision by Snellens Types | without glasses | Rt. 6/6 | Lt. 6/6 | (p) Skin | Normal |
| | with glasses where worn | Rt. | Lt. | (q) Anus Haemorrhoids | Normal |
| (h) Colour Vision | Ishihara — NORMAL. | | R.C.N. Lantern | (r) Testes Varicocele | Normal |
| (i) Chest x-ray | not taken approved positive doubtful | Approved | | (s) Urine | S.G. 1022 sugar - neg alb. - neg |

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Robert Everett Rowe
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 Saint John N.B. the 9th of November 1942

L. H. Rowse
Examining Medical Officer
(Rank) Surg. Lieut. B.C.N.V.R.

OCCUPATIONAL HISTORY FORM

F 343 R 2235
E 377013

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 Robert Ernest Wright (b) Reg'l. No. 150606
2. (a) Arm of service Army (b) Unit 150606 (c) Rank Private
3. (a) Date of birth 2/2/1912 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Coltford, Ont.
4. (a) Place of enlistment Point St. Charles, Ont. (b) Date of enlistment 7/11/42

PLEASE
LEAVE
BLANK

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? 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.) 7 yrs public school
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Ship fitter (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 1 1/2 yrs
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? Ship Workers Union

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 Point St. Charles Dry Dock Address Point St. Charles
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Dry Dock
20. (a) Your specific occupation Ship fitter (b) Number of years' experience at this occupation with any employer 1 1/2 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 (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? (b) How many years' actual farming experience have you had? (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?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Ship work

DATE Nov 4 1942

SIGNATURE



210

CERTIFICATE of the SERVICE of

Robert Everett ROWE

in the Royal Canadian Naval Volunteer Reserve

| | | |
|------------------------|-------------------------|-------------------------------|
| Training Headquarters | R.C.N.V.R. Division | Official Number <i>150606</i> |
| <i>Blairford, N.S.</i> | <i>Point John, N.S.</i> | " |
| | | " |

Date of Birth *25/8/21*

Place of Birth *Point John, N.S.*

Place of Residence *Eastmount, Baddeck, N.S.*

Trade brought up to *Apprentice*

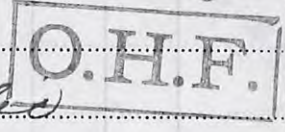
Religion *Roman Catholic*

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

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

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

Father: Walter Robert Rowe, Address



| 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>2/1/22</i> | <i>4/1/22</i> | <i>Point John</i> | <i>Ordinary</i> | | | |
| | | | | | | |
| | | | | | | |

| | Height | | Chest (mean) | Weight | Hair | Eyes | Complexion | MARKS, WOUNDS, SCARS |
|--|----------|--------------|---------------|----------------|--------------------|--------------|-------------|----------------------|
| | Feet | Inches | | | | | | |
| On Entry..... | <i>5</i> | <i>5 1/2</i> | <i>34 1/2</i> | <i>134 3/4</i> | <i>Light Brown</i> | <i>Brown</i> | <i>Fair</i> | <i>Nil.</i> |
| On re-enrolment—6 years' Service..... | | | | | | | | |
| On re-enrolment—12 years' Service..... | | | | | | | | |
| Further Description if necessary..... | | | | | | | | |

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

W.S.G. Application No. 15489

TO: D:N.P.A. "G"

FILE NO. N.S. V-50606

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

| | | | |
|-------------|----------------------------|--------------------|--------------------------------|
| <u>ROWE</u> | <u>Robert Everett</u> | <u>V-50606</u> | <u>A/B</u> |
| SURNAME | CHRISTIAN NAMES IN FULL | OFFICIAL NUMBER | RANK OR RATING ON DISCHARGE |

CAUSE OF DISCHARGE: D.D.

~~Applicant mother Mrs. Mary Rowe (No D.A. or A.P.)~~

| | | | |
|-------------------------------|----------------------|---|-----------------------|
| | <u>TOTAL SERVICE</u> | | <u>2037</u> |
| Date of Active Service | <u>31 Dec. 42</u> | ✓ | <u>1218</u> |
| Date of Discharge | <u>29 Mch. 45</u> | ✓ | <u>819</u> |
| Total No. of Days | <u>820</u> | ✓ | <u>820</u> |
| # Less non qualifying service | <u>7</u> | ✓ | |
| | | | Total Days <u>813</u> |

| | | | |
|-------------------------------|-------------------------|---|-----------------------|
| | <u>OVERSEAS SERVICE</u> | | |
| Total No. of Days | <u>421</u> | ✓ | |
| # Less non Qualifying service | <u>7</u> | ✓ | |
| | | | Total Days <u>414</u> |

Record of Service in other Forces (per Naval Records)

Branch of Service N

Date of Active Service 1

Date of Discharge L

& % Overleaf

Computed By Ester Azulay

Checked By E. Madin

J. M. Underhill
for (R.W. Underhill)
A/Captain (s) R.C.N.V.R.
Director of Naval Pay Accounting

DATE: AUG 16 1945

"D.D."
N.D.A.

NON QUALIFYING SERVICE

| (#) | Date | Reason | No. of Days | TOTAL SERVICE | OVERSEAS SERVICE |
|-----|-----------|--------|-------------|---------------|------------------|
| | 3 Nov. 43 | Calls | 7 | 7 | 7 |
| " | " | " | " | | |
| " | " | " | " | | |
| " | " | " | " | | |
| " | " | " | " | | |
| " | " | " | " | | |
| | | | Total days | 7 | 7 |

(%) OVERSEAS SERVICE:

| Where Serving | From | To | No. of Days |
|---------------|-------------|------------|-------------|
| Nanoose | 2 June 43 | 24 Aug. 43 | 84 |
| Chulsa | 22 Sept. 43 | 11 Nov. 43 | 51 |
| Niobe | 17 June 44 | 29 Mch. 45 | 286 |
| Temie | | | 421 |

| <u>M.</u> | <u>N.</u> | <u>C.</u> | <u>NET</u> |
|-----------------|-----------|-----------|------------|
| 1454 | 1454 | 1533 | 2037 |
| 1371 | 1371 | 1483 | 1752 |
| 171 | 83 | 50 | 285 |
| 145 | 84 | 51 | 286 |

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Robert E. Rowe ROWE
 (Christian Names) (Surname)

Payee: Director of Estates } for service estate
 Address: 308 Sparks St } Robert E. Rowe
Ottawa, Ont } N.S. V50606
 Register No. 13489
 File No. V-50606
 Date 21/8/45
 Service No. V-50606
 Final Rank or Rating AB
 Date of termination of overseas service 29 Mch '45 Date of Discharge 29 Mch '45

A. TOTAL QUALIFYING SERVICE
 No. of days 813 equal to 27 complete periods at \$7.50
 30 202.50

B. QUALIFYING OVERSEAS SERVICE
 No. of days 414 less 3 ineligible days equal to 411 days @ 25¢ per day 102.75

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

| | | | |
|--|------------|-------------|----------------|
| Pay | \$ | 1.85 | |
| Subsistence or Lodging and Provision Allowance | \$ | 1.25 | |
| Additional Pay | N/M | | 13.0 |
| Dependents' Allowance 1/30 of \$ <u>N/A</u> | | | |
| Total | | <u>3.23</u> | x 7 = \$ 22.61 |
| No. of days | <u>414</u> | | x \$ 22.61 |
| | <u>183</u> | | <u>57.15</u> |

D. WAR SERVICE GRATUITY 356.40

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

F. TOTAL AMOUNT PAYABLE 356.40

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ 356.40
 Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

| | | | |
|-------------|------------|------------|------|
| Prepared by | Checked by | Treasury | |
| | | Checked by | Date |

Service Representative

D.N.P.A. CHECK

| | | | |
|---|-----------|----|--|
| 1 | <u>up</u> | 6 | |
| 2 | <u>up</u> | 7 | |
| 3 | <u>up</u> | 8 | |
| 4 | <u>up</u> | 9 | |
| 5 | <u>up</u> | 10 | |

(7)

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

| | | |
|------------------------------|--------------------------|--------------------------|
| NAME ROWE, Robert Everett | OFFICIAL No. V- 50606 | Date of Birth 25/8/21 |
|------------------------------|--------------------------|--------------------------|

ON LEAVING HARBOUR TRAINING SERVICE

| Subject | Ability | REMARKS— (percentages obtained, etc.) | Initials of Instructing Officer |
|---|----------------|--|---------------------------------------|
| *School..... | <i>Poor</i> | | <i>JEM</i> |
| Seamanship— Boat work: | | | |
| (a) Pulling..... | <i>Fair</i> | <i>Had no practical Bookwork</i> | <i>JL</i> |
| (b) Sailing..... | | | |
| Gunnery and Disciplinary Training..... | <i>Good</i> | | <i>JL</i> |
| Shooting..... | | | |
| Swimming—P. P. T. | <i>Average</i> | Date qualified..... | <i>JL</i> |
| Physical and Recreational Training..... | | <i>Took part in all P+R.T</i> | <i>JL</i> |
| Special qualifications..... | | | |
| Call Boy..... | | | |
| Bugler (Sea Service)..... | | | |
| Special Remarks e.g., C. W. Candidate..... | | <i>Made fair progress</i> | <i>JL</i> |
| | | | |
| | | | |
| | | | |

On joining:— Weight..... $134\frac{3}{4}$ Height $5' 5\frac{1}{2}"$ Date $4/11/42$

On leaving:— Weight..... 139 Height $5' 5\frac{1}{2}"$ Date $2/3/43$

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. " BRUNSWICKER "

Date $2/3/43$

Henry ... Captain.
LIEUTENANT R. C. N. V. R.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

| Educational Examinations | Date | Ship | Signature and Rank of Divisional Officer |
|---|------|------|--|
| Passed Educationally { Accelerated Advancement..... | | | |
| { For Able Seaman..... | | | |
| { Educational Test I..... | | | |
| Rated Ordinary Seaman..... | | | |

| SEAMANSHIP | | | GUNNERY | | | TORPEDO | | | TOTAL | | * Date of Passing | | Signature and Rank of Divisional Officer, and Ship | |
|--|-------|----|-----------------------|-------|----|---------------|-------|---|-------|-------------------|--|--|--|--|
| Subject | Hours | % | Subject | Hours | % | Subject | Hours | % | TOTAL | * Date of Passing | Signature and Rank of Divisional Officer, and Ship | | | |
| Boat Work | | 75 | Field Training | | 65 | Whitehead | | | 77.1 | 29-5-43 | K. E. Cann Lieut. V.R. H.M.C.S. Cornwallis. | | | |
| Anchors and Cables | | 80 | Gun Drill | | 70 | Low Power | | | | | | | | |
| Compass and Wheel Rule of the Road | | 76 | Stripping | | | High Power | | | | | | | | |
| Rigging Sheers and Blocks | | 78 | Fire Control | | 65 | Instruments | | | 62.5% | 22-3-43 | K. E. Cann Lieut. V.R. H.M.C.S. Cornwallis. | | | |
| LOOK OUT Sounding Machine, Lead and Line | | 70 | Ammunition | | 50 | Explosives | | | | | | | | |
| Bends and Hitches, Blocks and Tackles | | 84 | Director and Sighting | | | Paravanes | | | | | | | | |
| Part of Ship Evolutions | | | Machine Gun | | | Depth charges | | | TOTAL | * Date of Passing | Signature and Rank of Divisional Officer, and Ship | | | |
| Signals | | 20 | A.A. | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | TOTAL | * Date of Passing | Signature and Rank of Divisional Officer, and Ship | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | 5-4-43 | K. E. Cann Lieut. V.R. H.M.C.S. Cornwallis. | | | |

* In the event of failure to pass any examination, the percentage is to be noted in RED. and the word "FAILED" noted.
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

| Ship | Total Period of Practical Experience as Ord. Seaman in part of Ship | Recommended for Advancement to Able Seaman on (Date) |
|------|---|--|
| | | |

| Divisional Officer's Remarks | Recommendation for non-sub. rate† |
|-----------------------------------|-----------------------------------|
| Failed 29-5-43. works well. | S.T. |

Ordinary Seaman
 Qualified for advancement to Able Seaman
 on.....Date.
Commodore
DepotDate.

Rated Able Seaman and Recommendations inserted on History Sheet
 H.M.C.S.....
Date
Captain.

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG. No.

1. PLACE OF DEATH { Sub-Health District... AT SEA Area (City, Town or Civil Parish).....
 { 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 Civil Parish where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. NAME OF DECEASED..... ROWE..... Robert Everett
 (Surname) (Given name or names)

RESIDENCE No..... Street..... City, Town, Village or Civil Parish Goldbrook P.O., SAINT JOHN..... Province..... N.B.
 (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>English</u> | 7. Single, Married, Widowed or Divorced (write the word) <u>Single</u> |
|-----------------------|---|------------------------------------|---|

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH..... March..... 29..... 1945
 (Month) (Day) (Year)

8. BIRTHPLACE..... Saint John, N.B......
 (Province or Country)

9. DATE OF BIRTH..... August..... 25..... 1921
 (Month) (Day) (Year)

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

| | | | | |
|------------|-----------|----------|------|--------------------------|
| 10. AGE in | Years | Months | Days | If less than one day old |
| | <u>24</u> | <u>7</u> | | hrs. or..... min. |

CAUSE OF DEATH

I
 Immediate cause (a) Missing, presumed dead, due
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
 (b) to enemy action at sea.
 due to
 (c).....

II
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause. {

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc...... Apprentice Saint John
 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc...... Drydock
 13. Date deceased last worked at this occupation..... Saint John, N.B.
 14. Total yrs. spent in this occupation.....

15. If married give name of wife or husband of deceased.....

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

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

FATHER

16. NAME.....

17. BIRTHPLACE..... (Province or Country)

MOTHER

18. MAIDEN NAME.....

19. BIRTHPLACE..... (Province or Country)

27. 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.....

20. Name of informant..... H.B. Money
 Address..... COMMANDER (S), R.C.N.R., Naval Service Headquarters, Ottawa, Ont.
 Relationship to deceased..... Director, Personnel Records.

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

21. Place of Burial, Cremation or Removal.....
 Date of burial or removal.....

22. UNDERTAKER..... (Name and address)

28. S.D.R. No.....

29. Filed..... 19..... (Sub-Deputy Registrar)

VITAL STATISTICS, REGULATION 210, MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)

Mrs. Mary Rowe,

Eastmount, Coldbrook P.C.

St. John, N.B.

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.S. V-50606 FD 176

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

18 June 1945

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

ROWE, Robert Everett, A/B

V-50606 Canadian Army



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.

Robert Smith Col.

Director of Estates.

HRW/AK

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..... | Walter Robert Rowe | 53 | Coldbrook P. O. Saint John County New Brunswick | |
| 4 | Mother of the Deceased..... | Mary Henrietta Rowe | 52 | Same as above | |
| 5 | Brothers of the Deceased | Full Blood | Gordon Walter Rowe David Douglas Rowe Kenneth Earl Rowe William Rowe John Joseph Rowe | 27 25 22 12 10 | Hickey Road, Saint John Co., NB Coldbrook P. O., NB R. C. N. V. R. Coldbrook P. O., N " |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | Mrs. Carl Nelson Carmeletta Jean Rowe Kathleen Rowe Shirley Rowe | 29 19 17 14 | Hickey Road, St. John Co., NB Coldbrook PO., NB " " |
| | | 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 | None | | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

| | | |
|----|--|------------------------------------|
| 8 | Full names of the deceased. | Robert Everett Rowe |
| 9 | Date of his birth. | July 25, 1921 |
| 10 | Place and date of his marriage. | Unmarried |
| 11 | Place and date of his parents' marriage. | Saint John, N. B. Aug. 15, 1915 |

PARTICULARS OF DOMICILE

| | | |
|----|--|--|
| 12 | Place where deceased was born. | Saint John, N. B. |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) (b) Saint John County (c) New Brunswick (d) |
| 14 | Nature of employment before enlistment. | Prentice Plater Saint John Dry Dock |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | No real estate |
| 16 | Name place where deceased stated he intended to make his permanent home. | No statement made |

PARTICULARS OF ESTATE

| | | |
|----|--|--|
| 17 | Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is? | No Will |
| 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? | Not married |
| 19 | (a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased. | No bank account or deposit a/c |
| 20 | Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located. | Not known to have purchased any war Savings Certificates |
| 21 | (a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they? | I do not know how many bonds he purchased, but he sent me a \$50 bond as a present before Xmas. 1944 ✓ |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | No life insurance |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | No assets of any kind |

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 known debts |
|----|--|----------------|

(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

* 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.

Mrs Mary Rowe

{ Signature of Informant

Coldbrook, Saint John, Co. NB Cana.

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Mary Rowe

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 Silver Falls this 6 day of August 1945

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

Rev H. G. Ramage

Qualification Clergyman

Address Silver Falls, N.B.

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

EMC

REGISTERED
AIR MAIL

FILE NO.: N.S. V-50606 PERS(N)

11 June, 1945.

Dear Mrs. Rowe:

Further to my letter of the 31st of March, 1945, I regret to inform you that in view of the length of time which has elapsed since your son, Robert Everett Rowe, Able Seaman, Official Number V-50606, Royal Canadian Naval Volunteer Reserve, was reported missing from the ship in which he was serving, the fact that all the circumstances surrounding the mishap have been carefully reviewed and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 29th of March, 1945.

May I express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

Despatched by
Sec. N. B.

[Signature]
Deputy
SECRETARY, NAVAL BOARD.

.....
Date 11.6.45
Time 10 20

Mrs. Mary Rowe,
Eastmount,
Coldbrook P.O.,
Saint John, N.B.

See N.S.S. 14160-381/106
[Signature]