

V30945

COPP

GARNET

CLAYT



D OF D 18-12-42

L  
DEPARTMENT OF VETERANS AFFAIRS

AWARDS (NAVY)

WAR SERVICE RECORDS  
D.D.

COPP Garnet Clayton		V-30945	Sto. 2/c	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPATCHED:
---------	-----	------------------

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	884. 24-1-50.
Africa & Clasp	
C.V.S.M & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Jun. 46

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Mr. Rupert S. Copp - Father

ADDRESS:

Box 45,  
MCADAM, N.B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

deceased

ADDRESS:

**MEMORIAL BAR**

DATE DESP.....

(1)

REGN. NO.....

517

(2)

(3)



V30945

OFFICIAL NUMBER

FILE NUMBER

113-C-2261

OFFICIAL NUMBER V30945

NAME COPP (Surname) Garnet, Clayton (Given Names) DATE OF BIRTH 26th August, 1923  
 PLACE OF BIRTH Mc Adam, N.B. OCCUPATION Freight handler  
 RELIGION Baptist EDUCATION Grade 10  
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. Mc Town Mc Adam, Province, etc. N.B.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
9	3	42	H.O.	5'3 1/2"	L. Brown	Blue	Fair	Mole on chin.				

NEXT OF KIN, RELATIONSHIP (in pencil) Sister NAME (in pencil) Miss Winifred Copp  
 ADDRESS (in pencil): Street and No. Box 45 Town Mc Adam Province, etc. N.B.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	

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

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

O.H.F. received.  
 Ins. Book-Saint John, N.B.



SECOND CLASS FOR CONDUCT

From To



V30945

OFFICIAL NUMBER

NAME

COPP

Garnet Clayton

OFFICIAL NUMBER

V30945

(Surname)

(Given Names)

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Brunswicker"	Stoker 11	9	3	42	St John Div. Str.	V.G.	Sat.	18	12	42							
"	"	16	3	42	Active Service.												
HMCS "Cornwallis"	"	12	5	42	T.L.												
HMCS "Stadacona"	"	27	7	42	D.R.D.												
HMCS "Niobe"	"	7	8	42	D.R.D.												
HMS "Partridge"	"	29	10	42													
<del>DISCHARGED</del>	<del>"</del>	<del>18</del>	<del>12</del>	<del>42</del>	<del>Missing, Presumed killed on War Service. (W/T 1510A/19--20-12-42)</del>												

GENERAL REMARKS

DATE OF BIRTH	PLACE OF BIRTH	CIVIL OCCU.	RELIED PERM RESERVE	ENL.	RANK OR RATE OF ENLISTMENT
26 8 23 15	900	0 603	5 15 00 0	02 0	15 95
ENLIST. DATE	ACT. SERV. DATE	STR.	ACT. SERV. DATE	SHIP OR ESTAB.	RANK OR RATE
09 03 42 16	03 42				9740 0 15 95
SENIORITY	STR.	NON-ENL.	CODED	CHECKED	
16 03 42 09					
			20 18-12-42		











Employment Insurance Card held- *Yes*  
C.P.R.  
Nearest Claims Office- *80 Pr W on St. East N.B.*

53076

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

CANADA

NATIONALITY

ATTESTATION FORM  
(HOSTILITIES FORM)

MAR. 1942

N.S. *113C 2261*  
CANADA

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME *Copp* OFFICIAL NO. *130945*  
CHRISTIAN NAMES *Ernest Clayton* MARRIED, SINGLE OR WIDOWER *Single.*

PERMANENT ADDRESS *McAdam, York County N.B.* RELIGION *Baptist*

DATE OF BIRTH *Aug 26/23* PLACE OF BIRTH Town *McAdam* County *York* Province *N.B.* NAME AND ADDRESS OF NEXT OF KIN *Sister: Miss Winnifred Copp, McAdam N.B.*

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

\*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>34</i>	<i>Light Brown</i>			<i>Mole on chin</i>
Inches <i>3 1/2</i>	Deflated <i>32</i>	<i>Curly</i>	<i>Blue</i>	<i>Fair</i>	
	Mean <i>33</i>				

EDUCATIONAL STANDING *Grade 9 completed and part grade 10.* TRADE OR CALLING AND IN WHOSE EMPLOY *C.P.R. Freight Handler*

DATE OF ENROLMENT *9/3/42* RATING FOR WHICH ENROLLED *Stoker II* R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED *HMCS Brunswick*

(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 *RAF* for the period shown, and attach my record of service in corroboration of this statement.

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Personal Records TO Division
	<i>Stoker II</i>		1. Noted in Reports 2. Index Card 3. Non-Sub. Card 4. Statistical Card 5. Royal Canadian Naval Volunteer Reserve 6. Pension Card 7. <i>His Majesty's Forces on</i> 8. <i>the best of my knowledge</i> DATE <i>5/3/42</i>

- (c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.



(5) On being enrolled as a member of the H.M.C.S. 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 9th day of March/42

Signature of applicant Garnet Clayton Copp

(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 9th day of March/42

R.D. Adams  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Garnet Clayton Copp 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 Garnet Clayton Copp

Witness R.D. Adams

Date 9/13/42 Rank Leut 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

Garnet Clayton Copp 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 H.M.C.S. Brunswick Division of the R.C.N.V.R. or in the appropriate official documents.

R.D. Adams  
Attesting Officer.

9/13/42 194..... R.C.N.V.R. Division (or other establishment)

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

Garnet Clayton Copp  
Signature



MG

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

4  
NAV

DECEASED  
MEMBER'S  
NAME

Garnet Clayton  
(CHRISTIAN NAMES)

COPP  
(SURNAME)

REGISTER NO.

83006

FILE NO.

NSV-30945

DATE

2 Apr/46

PAYEE

Director of Estates, for Service Estate of  
308 Sparks St., Garnet C. COPP  
Ottawa, Ont. NSV-30945

SERVICE NO.

V-30945

ADDRESS

FINAL RANK OR RATING

Sto. 2/c

DATE OF TERMINATION OF OVERSEAS SERVICE

18 Dec/42

DATE OF DISCHARGE

18 Dec/42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 278 EQUAL TO 9 COMPLETE PERIODS AT \$7.50

\$ 67.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 134 LESS 8 INELIGIBLE DAYS, EQUAL TO 126 DAYS @ 25C. PER DAY

31.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.60  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ 1.45  
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ N11

TOTAL \$ 3.05 X 7 = \$ 21.35  
NO. OF DAYS 134 X \$ 21.35  
183

15.64

D. WAR SERVICE GRATUITY

114.64

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE \$

OTHER DEDUCTIONS

\$ N11

F. TOTAL AMOUNT PAYABLE

114.64

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 114.64

Voucher 6655 May 6/46

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.

AT

PREPARED BY AS  
CHECKED BY

TREASURY  
CHECKED BY  
DATE

64-46 for Dir. Naval Pay Acctr  
SERVICE REPRESENTATIVE

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# ACCOUNTS OF MEN DISCHARGED

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

Name Garnet Clayton COPP Rating Stoker II  
 Official No. V-30945 H.M.C.S. N. S. H. Q. Overseas List Control Ledger  
 Who\* D. D. on the 18th December, 19 42.

	\$	cts.
Net sum due on ledger on account of Wages.....		
Proceeds of sale of Effects charged against Wages, brought from the other side	#	\$44.48
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>and Forty seven, Twenty and Four dollars</u> charged to <u>Nov. /42.</u>		
Name of ship from which transferred.....		
Total† <u>Creditor</u>		\$44.48

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 Overseas Control Ledger amounting to a net balance† Creditor of Forty-four dollars forty-eight cents.

Dated on board H.M.C.S. N. S. H. Q. at OTTAWA, Ontario. this Twenty-First day of October, 19 43.

Approved D. N. P. A. Accountant Officer

{ Initials of the Assistant Accountant Officer

..... 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** # See Official Receipt No. 60-3531 for \$44.48 dated 4th October, 1943.



Six copies to be rendered to Naval Service Headquarters

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# REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Naval Service Headquarters at Winnipeg

Name CDR. GORDON CLAYTON  
(Christian names in full)

Rank of Rating Master and Class Official No. 20919, R.C.N.V.R.  
(If unknown, date of first entry)

Place of Birth Walden, N. B. Date of Birth 26th August, 1913.

Occupation in Civil Life S.P.R. Freight Lumber Religion Baptist

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) From 16th March, 1942, to 18th December, 1942.

Date of Death 18th December, 1942. Place of Death Crevasse

Cause of Death Blasting, presumed killed on war service.  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Miss Winifred Cook, Relationship Sister  
Address Box 47, Walden, N. B.

Date on which the above was informed by ~~Ship~~ Naval Service Headquarters - 21 Dec., 1942.

Date on which death was registered with local Officials.....

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality.....

Place of Burial..... (if known) Date of Burial..... (if known)

Location, Number, etc., of grave..... (if known)

Undertaker employed..... (if any)

If borne for discipline only, date D.S.Q. or invalided.....

SECRETARY, NAVAL BOARD.  
The NAVAL SECRETARY,  
Department of National Defence,  
Ottawa, Canada.  
  
26th January, 1943  
For SECRETARY, NAVAL BOARD.  
H.B. Money  
C.A. J.S.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.



FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Garnet Clayton Copp
11	Give the month and year of his birth.	August 26 - 1923
12	Where and when were his parents married?	Harvey, Albert Co., N. B. April 24 - 1912
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	nil
14	Did he leave a Will? If so, a copy should be attached hereto.	nil
15	Did he leave a bank account? If so, give full particulars.	nil
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	nil
17	State your own postal address in full.	P.O. Box 45 - McAdam, N. B.

PARTICULARS OF DOMICILE

18	Where was deceased born?	McAdam, York Co., N. B.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	New Brunswick. Canada (Lifetime)
20	What was the nature of his employment?	Student in McAdam High School until three months before enlisting when he worked in C.P.R. freight shed.
21	Did he own the premises in which he lived? If so, where?	nil
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	nil

OTHER PARTICULARS

23	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.	nil
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.  (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, 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.)	nil

(PLEASE TURN OVER)



DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

\* Sister of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

(Miss) Winifred Anne Bopp {Signature of Informant

CERTIFICATE

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

\*See above Winifred Anne Bopp { Name of Informant } is the\* Sister of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at W. Adam, N.B. this 24<sup>th</sup> day of February 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } D. A. Maitland Qualification Clergyman

Address W. Adam, 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 enquired after is stated in its proper place in the Statement opposite.

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE



MEMORANDUM FOR

P. 64

Miss Winnifred Copp.

Box 45,

McAdam, N.B.

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

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

and the following number quoted:—

H.Q. 113 -C- 2261 FD 23

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

February 16th, 1943

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

COPP, Garnet Clayton, Sto. 2 V-30945

R.C. N.V.R.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

*H.K. Wade*  
(H.K. Wade) Lt/Col., R.C.N.V.R.  
for (L.M. Firth) Lt.-Col.,  
Administrator of Estates.





ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....	<i>nil</i>		<i>nil</i>	
2	Children of the Deceased and dates of their Births.....	<i>nil</i>		<i>nil</i>	
3	Father of the Deceased.....	<i>Respect Stillman Copp</i>	<i>64</i>	<i>McAdam, N.B.</i>	
4	Mother of the Deceased.....	<i>Died August 14 - 1936</i>			
5	Brothers of the Deceased	Full Blood	<i>Signalman Victor A. Copp</i> <i>Clinton M. Copp</i> <i>Clifford B. Copp</i>	<i>30</i> <i>23</i> <i>21</i>	<i>1st Canadian Division Overseas</i> <i>McAdam, N.B.</i> <i>McAdam, N.B.</i>
		Half Blood	<i>nil</i>		<i>nil</i>
6	Sisters of the Deceased	Full Blood	<i>Winifred A. Copp</i> <i>Sto Nora B. Copp</i> <i>C. St. A. C.</i>	<i>26</i> <i>25</i>	<i>McAdam, N.B.</i> <i>St John, N.B.</i>
		Half Blood	<i>nil</i>		<i>nil</i>
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children	
	<i>Vincent A. Copp</i> <i>died October</i> <i>3 - 1923</i>	<i>nil</i>		<i>nil</i>	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	





# Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-C-2261

113-C-2261

29 December, 1942.

Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
COPP, Garnet Clayton, Stoker II, V-30945, R.C.N.V.R.	Missing, presumed killed on war service (Report received from overseas)	Sister: Miss Winnifred Copp, Box 45, McADAM, N.B.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF:</u>	<u>AMOUNT</u>	<u>INITIALS</u>
Miss Winnifred Copp, Box 45, McAdam, N.B.	\$20.00	Stopped Paid November 30, 1942. <i>hcf</i>

WILL: No Record.

Yours truly,



*R. C. Robertson*  
SECRETARY, NAVAL BOARD.

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
OTTAWA.



LA/CM

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113-C-2261. PERS.(N)

9th August, 1943.

THIS IS TO CERTIFY that according to official information Garnet Clayton Copp, Stoker 2nd Class, Official Number V-30945, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed when the ship in which he was serving was lost as a result of enemy action on the 18th of December, 1942.

  
SECRETARY, NAVAL BOARD.  
 



113-D-2261  
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CERTIFICATE of the SERVICE of

*Garnet Clayton COPP*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Pacific, N.S. Saint John, N.B.</i>	R.C.N.V.R. Division <i>Saint John, N.B.</i>	Official Number..... <i>V-30945-</i>
--	--	--------------------------------------

Date of Birth..... <i>26/8/23</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Sister Trinidad same address</i>
Place of Birth..... <i>McAdam, N.B.</i>	
Place of Residence..... <i>McAdam, N.B.</i>	
Trade brought up to..... <i>Freight Handler - C.P.R.</i>	
Religion..... <i>Baptist</i>	

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

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>7/3/42</i>	<i>9/3/42</i>	<i>Hostel</i>	<i>Sto II</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>3 1/2</i>	<i>33</i>	<i>116 1/2</i>	<i>Light Brown curly</i>	<i>Blue</i>	<i>Fair</i>	<i>None on chin.</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















43

113-C-2261.



25<sup>th</sup> March, 1943.

Dear Miss Copp:

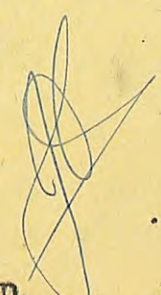
I have your letter of the 14th of March, 1943, in which you request further particulars respecting the sad loss of your brother, Garnet Clayton Copp, Stoker 2nd Class, Official Number V-30945, Royal Canadian Naval Volunteer Reserve. I regret that the department has received no information in this respect other than that contained in my letters dated the 21st of December, 1942 and the 21st of January, 1943. A communication has been directed to the Royal Naval authorities in Great Britain requesting any details which may be available, and you will be notified immediately on receipt of a reply.

The fact that your late brother was in the Service less than six months prior to being sent overseas is not unusual. All personnel enlisting in the Canadian Naval Service volunteer for duty ashore and afloat in any part of the world, and are drafted as necessity arises. The question of leave is wholly dependent upon the exigencies of the Service and therefore, cannot be governed by hard and fast rules. However, the general policy is to grant Naval personnel all leaves to which they are entitled, if at all possible.

Yours very truly,


  
 DEPUTY SECRETARY, NAVAL BOARD.
 

Miss Winnifred Copp,  
Box 45,  
MCADAM, N.B.


  
 Despatched by  
 Sec. N. B.
   
*Good*
  
*mov*

 Date 25/3  
 Time 4.00



PERS (NAVAL)

REFER.	INIT	DATE
CNP		
DCNP		
DMNA		
DTNA		
PDG		
MDG		
DWS		
DNE		
C&W		
NPR.		
SNPA		
PIB		
DEP		
P.A.		
B.F.		



REMARKS:

.....

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



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

29 December, 1942.

(Date)

20

Sir:

The following casualty has been reported -

NAME COPP, Garnet Clayton RANK or RATING Stoker II NAVAL NO. V-30945, R.C.N.V.R.

DATE OF ENLISTMENT - 9 March, 1942. Active Service - 16 March, 1942.

DATE OF DISCHARGE - 18 December, 1942.

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.

"DEAD". Missing, presumed killed on war  
service. (Report received from overseas)

(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 Sister NAME Miss Winnifred Copp

ADDRESS Box 45, McADAM, N.B.

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.

THIS PORTION OF FORM COMPLETED BY NAVAL ALLOTMENT SECTION (Treasury)  
OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/OR DEPENDENT-

\$ 20.00 (Sister) PAID TO November 1942.

MARRIAGE ALLOWANCE AT Nil PER DIEM PAID TO Nil.

DEPENDENTS ALLOWANCE AT Nil PAID TO Nil.

TOTAL MONTHLY PAYMENT TO - WIFE \$ Nil.

Computed by [Signature] DEPENDENTS \$ Nil.

Checked by [Signature]

The Secretary,  
The Canadian Pension Commission,  
Copy To: D.P. & N.H.

for  
SECRETARY, NAVAL BOARD.  
(See reverse side for  
further instructions.)



LA/CM

N.S. 113-C-2261

*mark*

*12*

21st December, 1942.

Dear Miss Copp:

I deeply regret that I must confirm the telegram of the 21st of December, 1942, from the Minister of National Defence for Naval Services, informing you that your brother Garnet Clayton Copp, Stoker 2nd Class, Official Number V-30945, Royal Canadian Naval Volunteer Reserve is missing, presumed killed on War Services.

I regret that I have no further information at present other than a report from Overseas that your brother was presumed killed on the 18th December, 1942. I can assure you, however, that immediately further details are available you will be informed.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff and the Officers and men of the Royal Canadian Navy, the high tradition of which your brother has helped to maintain.

Yours sincerely,

*[Handwritten signature]*

*[Handwritten signature]*

SECRETARY, NAVAL BOARD.

Miss Winnifred Copp,  
Box 45,  
McADAM, N.B.

Despatched by  
Sec. N. B.

*N/D*

Date *22/12/42*  
Time *10.40*

*Canadian Message Cond. - 31/12*  
*Royal " " Overseas*  
*(22) N.P.R.*



# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

- 1. (a) Print name in full *Garnet Clayton Goff* (b) Reg'l. No. *V30945*
- 2. (a) Arm of service *Army* (b) Unit *1st Canadian Trench Battalion* (c) Rank *Sgt*
- 3. (a) Date of birth *1/21/19* (b) Have you any dependents? *No* (c) Place of residence at time of enlistment *St. John's, N.S.*
- 4. (a) Place of enlistment *St. John's, N.S.* (b) Date of enlistment *11/15/42*

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school *16* (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.) *Graduated*
- 7. If you attended a university, give name of university and standing or degree secured *No*
- 8. (a) Did you ever enter upon a trade apprenticeship? *No* (b) If so, for what occupation? *No* (c) Did you finish it? *No* (d) If you did not finish it, how long did you serve at it? *No*
- 9. (a) What languages do you speak fluently? *English* (b) What languages do you read well? *English*

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

- 11. Had you ever been employed fairly regularly since leaving school? *No*
- 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked *No* (b) State how long you had worked at this trade or occupation *No*
- 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified *No*
- 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment *No*
- 15. Give details of last employer, if any: Name *No* Address *No*
- 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) *No*
- 17. (a) If your last employment was in a business of your own, state nature and address of business *No* (b) Date of discontinuing it *No*

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

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

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

- 18. Name of employer *City of St. John's* Address *St. John's, N.S.*
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) *City of St. John's*
- 20. (a) Your specific occupation *Inspector* (b) Number of years' experience at this occupation with any employer *1 year*
- 21. (a) Did your employer promise definitely to give you employment on discharge? *No* (b) Did your employer refuse to promise you employment on discharge? *No* (c) Do you wish to return to your former employment? *No*

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

- 24. (a) Do you wish to engage in farming after the war? *No* (b) Do you feel competent to operate a farm? *No* (c) If so, in what kind of farming? *No*
- 25. (a) Were you born on a farm? *No* (b) How many years' actual farming experience have you had? *No* (c) In what provinces did you have experience? *No*

## Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? *No*
- 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) *No*
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form *No*

DATE *11/3/42* 194 SIGNATURE *Garnet Clayton Goff*

OFF. RECEIVED



Copy To  
VWD  
ES

MAR 30 1942