

V30412
HOUSE
ROBERT ARTHU

9 Jan 45 Post disch death (Related to ^{AWARDS NAVY} service)

HOUSE	Robert Arthur Lindsay	V-30412	L/Wtr.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
C.V.S.M. Medal	2519 29.9.51
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS

PERSON

Mr. C.J. House (Father)

ENTITLED TO

2360 S.E. Marine Drive,
Vancouver 16, B.C. 28 Sep 51

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Margaret House

2360 South East, Marine Drive,
Vancouver, B.C.

ADDRESS:

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

(1)

REGN. NO.....

685

(2)

(3)

18-5-45

G.H.F.

True Copy of the
CERTIFICATE of the Service of
Robert Arthur Lindsay HOUSE.
in the Naval Service of Canada

The corner of this Certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

PORT DIVISION *Naden* I.C.N.S. ~~26154X~~ OFFICIAL NUMBER *V. 30412*

Date of birth *1st January, 1921.*
Where born { Town *New Westminster.*
County and province *British Columbia.*
Usual place of residence *2360 SE. Marie Dr. Vancouver B.C.*
Trade brought up to *Student*
Religious denomination *United Church.*
Next of kin *Mother - Margaret Love. (same address)* *21/10/42*
Can swim.....
Man's signature on discharge to pension.....

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
	<i>9 Dec '40</i>	<i>Hostilities</i>		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy.....				<i>Dark</i>		
On advancement to man's rating, or on entry under 28 years.....	<i>5</i>	<i>6</i>	<i>Med.</i>	<i>Brown</i>	<i>Brown</i>	<i>Scar on left side of chin.</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....						
Further description if necessary.....						

VERIFICATION FORM

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

NAME IN FULL *HOUSE Robert Arthur Lindsay* RANK/RATING *Lt. Col. (Rtd.)* OFF. NO. *30412* ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF	
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.
	<i>9.12.40</i>											1939-45	
												ATLANTIC	
												FRANCE G.	
												AFRICA	
												PACIFIC	
												BURMA	
												ITALY	
												DEFENCE	
												C.V.S.M.	<i>1 Medal</i>
												" CLASP	
												WAR 1945	<i>1 Medal</i>
												WAR 1915	

VERIFIED BY *Therese P. Quinn*

VERIFIED BY

VERIFIED BY *[Signature]*

DIR. OF PERSONNEL RECORDS.



P097288 DEC 21 1940
NS 113-H943
CANADA

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 HOUSE Robert Arthur
candidate for entry as R/Writer R.C.N.V.R.
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. White Race Urine: - Neg

This examination has been made in accordance with the current Instructions as to Medical Standards. Chest x-rayed at Vancouver B.C. - neg

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- cinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Limbs and Joints	(j) Skin	(k) Ears and Hearing	(l) Testes, Variocele, etc.	(m) Mouth, Teeth (No. deficient and No. defective, if any), etc. Nose, Tonsils, etc.	(n) Anus, Haemorrhoids, etc.
<u>19 yrs 11 mths</u>	<u>135 lbs</u>	<u>5' 4" 6"</u>	<u>Good</u>	<u>36 inches (a) maximum</u> <u>34 (b) minimum</u> <u>35 (c) mean</u>	<u>right eye 6/6</u> <u>left eye 6/6-1</u> <u>colour vision N</u>	<u>1930</u>	<u>B.P. 132/90</u> <u>*X-Ray neg</u>	<u>Very tiny umbilical hernia</u> <u>Normal</u>	<u>Normal</u>	<u>Clear</u> <u>Both drums Normal</u> <u>W.V. = 20'</u>	<u>Normal</u>	<u>1 deficient</u>	<u>Normal</u>

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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

Signature of Candidate

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Esquimalt, B.C. the 12th of December 1940

W. McKernan
Examining Medical Officer
(Rank) Sgt. R.C.N.V.R.

APPENDIX:- 1225/29th November, 1940.



CANADA

P097285

N. V. 5
15M-2-40 (4047)
N.S. 815-11-5

DEPT.
NATIONAL DEFENCE

DEC 21 1940
N.S. 113 H. 943
CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....HOUSE..... OFFICIAL NO. V 30412

CHRISTIAN NAMES.....Robert Arthur Lindsay..... MARRIED, SINGLE OR WIDOWER.....Single

PERMANENT ADDRESS	RELIGION
2360 S.E. Marine Drive, Vancouver, B.C.	United Church

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
1st January, 1921	Town New Westminster County Province B.C.	Mrs. Margaret Love (mother) 2360 S.E. Marine Drive, Vancouver, B.C.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet.....5.....	Inflated.....36".....	Dark Brown	Brown	Medium	Scar on left side of chin.
Inches.....6 1/2.....	Deflated.....34".....				
	Mean.....35".....				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
9th December, 1940.	Prob. Writer, R.C.N.V.R. (Temporary)	Student

(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
Nil	Nil	Nil	

Personal Records
Division.

1. Noted in Records.....
2. Index Card.....
3. Medical Card.....
4. Statistical Card.....
5. Roneo Strip.....
6. Pension Card.....
7.
8.
DATE 27-12-40

- (c) I have never been rejected 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.

36,000

(5) On being enrolled as a member of the " N A D E N " Division of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for ^{duration of hostilities} three consecutive years, 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.

Dated this 16th day of December, 1940.

Signature of applicant Robert House

(C) CERTIFICATE OF DIVISIONAL COMMANDING 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 16th day of December, 1940.

Signature of Commanding Officer. Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Robert Arthur Lindsay HOUSE 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 House

Witness John Wood

Date 16th December, 1940. Rank Lieutenant, R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

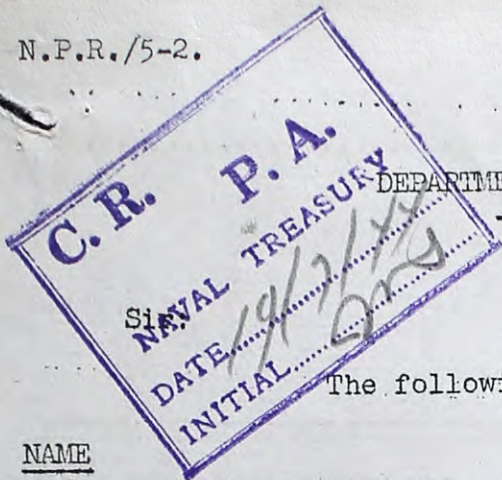
Robert Arthur Lindsay HOUSE having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the " N A D E N " Division of the R.C.N.V.R.

Signature of Commanding Officer. Lieutenant, R.C.N.V.R.

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.



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

1120148

13th July, 1944.

(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
HOUSE, Robert Arthur Lindsay **Leading Writer** **V-30412 - R.C.N.V.R.**

DATE OF ENLISTMENT - **9th December, 1940.**

DATE OF DISCHARGE - **16th June, 1944.**

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. **"Medically Unfit" Erythroblastosis (0409) Date of Origin: July 1943. Place of Origin: Prince Rupert, B.C. Cause: Unknown.**

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - **Mother** NAME - **Mrs. Margaret Love (House)**

ADDRESS - **2360 South East Marine Drive, Vancouver, B.C.**

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

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

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

REMARKS:.....

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

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

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

<u>To Whom Paid:</u>	<u>Address</u>
<i>nil</i>	<i>nil</i>

Date of Enlistment: *see other side*

Date of Discharge: *see other side*

Inclusive date to which D.A. and/or A.P. was Paid: *nil*

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

Remarks:

Computed by.....*E. Storey*

Checked by.....*A.*

Alec J. Boswell

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

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

AMENDED

HG

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

4
NAVY

DECEASED
MEMBER'S
NAME

Robert Arthur Lindsay HOUSE

(CHRISTIAN NAMES)

(SURNAME)

PAYEE
ADDRESS

Mrs. Margaret HOUSE,
2360 S.E. Marine Drive,
Vancouver, B.C.

REGISTER NO.

1186 A

FILE NO.

NSV-30412

DATE

13 Oct/45

SERVICE NO.

V-30412

FINAL RANK OR RATING

Ldg. Wtr. (T)

DATE OF DISCHARGE

16 June/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1286 EQUAL TO 42 COMPLETE PERIODS AT \$7.50

\$ 315.00

B. QUALIFYING OVERSEAS SERVICE

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

NIL

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$
ADDITIONAL PAY \$
DEPENDENTS' ALLOWANCE 1/30 OF \$ \$
TOTAL \$ X7 = \$
NO. OF DAYS 183 X \$

NIL

D. WAR SERVICE GRATUITY

315.00

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$ N11

F. TOTAL AMOUNT PAYABLE

315.00

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ = \$ 315.00
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Cheque 98164 - Oct. 22/45

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

PREPARED BY DHJ
CHECKED BY [Signature]

TREASURY
CHECKED BY [Signature] DATE [Signature]

for Dir. Naval Pay Accting. SERVICE REPRESENTATIVE

19th. April, 1945

N.S. V-30412(PERS.(N)(18)

Dear Madam:

I am directed to inform you that your application for the War Service Gratuity in respect of your late son has been referred to the Dependents' Allowance Board for decision concerning whether you may be classed as dependent as provided under the War Service Grants Act, 1944.

This procedure is required in all cases where records at Headquarters disclose the fact that you were not in receipt of Dependents' Allowance as at the death of your late son.

Immediately upon receipt of a decision from the Dependents' Allowance Board, steps will be taken to place your claim in line for payment, if eligible.

In the meantime, would you kindly inform this department of any change of address.

Yours truly,

SECRETARY, NAVAL BOARD

Mrs. Margaret House,
2360 S.E. Marine Drive,
Vancouver, B.C.

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. 113-H-943

Mrs. Margaret House,
2360 S.E. Marine Drive,
Vancouver, B.C.

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

March 15, 1945

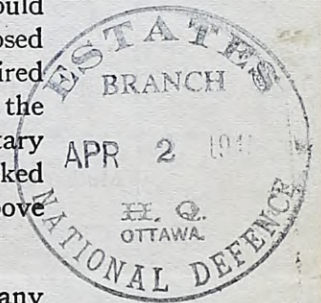
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

HOUSE, Robert,

V.30412, 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.



M. W. Wacker
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	—		—
2	Children of the Deceased and dates of their Births.....	—		—
3	Father of the Deceased.....	<i>B. J. Housel.</i>	66	2360-SE-Marine Dr. Vancouver BC.
4	Mother of the Deceased.....	<i>Margaret Housel.</i>	63	2360-SE-Marine Dr. Vancouver BC.
5	Brothers of the Deceased	Full Blood	<i> Cyril James 36 Herbert George 32 William Hamilton 30 Alfred Gordon 26</i>	<i>Vancouver " on active service " " "</i>
		Half Blood	—	
6	Sisters of the Deceased	Full Blood	<i>Mrs. Eleanor Harvey 34</i>	<i>Ottawa</i>
		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	
	<i>Jeannette age 10 July 18th 1927 Age - drowned.</i>	—	—	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert Arthur ^{L.} Howse
9	Date of his birth.	January 1 st . 1921
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Vancouver July 17 th 1906.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Vancouver B.C.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) British Columbia (b) Vancouver B.C. (c) (d)
14	Nature of employment before enlistment.	Hudson Bay Co
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	2360 - SE. Marine Dr. Vancouver.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
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?	No.
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?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	No.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	No.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No.

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.
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.	<u> </u>

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

DECLARATION

*Insert degree of relationship 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.

Margaret House Signature of Informant
2360 S E Main St Vancouver BC Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Margaret House

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 Vancouver this 27th day of March 19 45
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Chas J Wolke Qualification Notary Public for British Columbia
Address 411 Bank of Nova Scotia Vancouver BC

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

N.S. V-30412, F.D. 179
PERS. (N)

22 March, 1945.

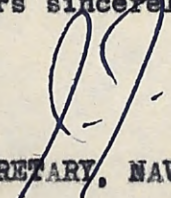

Dear Mrs. House:

The Department has learned with regret of the passing of your son, Robert Arthur Lindsay House, former Leading Writer, Official Number V-30412, Royal Canadian Naval Volunteer Reserve.




A silver Memorial Cross, which is now in the hands of the engravers, is being forwarded to you as a memento of your personal loss and sacrifice.

Please allow me at this time 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.

Yours sincerely,


SECRETARY, NAVAL BOARD. 

Mrs. Margaret House,
2360 South East Marine Drive,
Vancouver, B.C.




Despatched by
Sec. N. B.

Date 23.3.45
Time 1800



270

Department of National Defence

QUOTE No. 54-27-88-2 Vol. 13
D.R. 2 (D)

Ottawa, Canada,

037098 *R*

March 5th, 1945.

The Secretary,
Dept. of National Defence for Naval Services,
Ottawa, Ontario.

V.30412 L.Wrt. Robert HOUSE

In order that arrangements may be made to permanently mark the grave of the marginally named deceased, may this office be furnished with the following information in his respect, on the duplicate copy of this letter.

J. B. Radwing

for R.T.E. Hicks-Lyne, Colonel,
Acting Director of Records,
for Adjutant-General.

Number - V-30412 Rating - Leading Writer

Full name - Robert Arthur Lindsay HOUSE,

Service (RCN, RCNR or RCNVR) - R.C.N.V.R.

Religion - United Church

Date of Discharge - 16 June, 1944.

Date of Death - 9th January, 1945.

Place of Death - Shaughnessy Hospital, Vancouver, B.C.

Cause of Death - Anaemia Aplastic

Name of Cemetery - Mt. View Cem. Vancouver, B.C.

Location of Cemetery -

Grave Location within the Cemetery - 3-24-7 Soldiers Plot.
Mt. View Cem. Vancouver, B.C.

Date of Birth - 1st January, 1921.

Name & Address of Next of Kin - Mother: Mrs. Margaret House,
2360 South East Marine Drive,
VANCOUVER, B.C.

Name & Address of Mother -

Name & Address of Father - Mrs. Margaret House,
2360 South East Marine Drive, Vancouver, B.C.
- no record

Name & Address of Widow (if any) - Nil

If his service was during the Great War, please state whether in the RNCVR or RCNVR.

NOTE

OTTAWA, Ont.,
22 March, 1945.

H.B. Money
H.B. MONEY,

Cdr.(S) R.C.N.R.
DIRECTOR OF PERSONNEL RECORDS.

OCCUPATIONAL HISTORY FORM

3

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

PLEASE LEAVE BLANK

- 1. (a) Print name in full Robert Arthur Lindsay House (b) Reg'l. No. V 30412
- 2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Writer
- 3. (a) Date of birth 1st Jan./41 (b) Have you any dependents? No. (c) Place of residence at time of enlistment 3500 S.E. Marine Dr., Vancouver, B.C.
- 4. (a) Place of enlistment Esquimalt, B.C. (b) Date of enlistment 9th December/41.

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 18 (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.) Junior Matriculation and 1 year Business 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? No. (b) If so, for what occupation? - (c) Did you finish it? - (d) If you did not finish it, how long did you serve at it? -
- 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- 10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No.

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 Hudson's Bay Co., Ltd. Address Vancouver, B.C.
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Retail Store.
- 20. (a) Your specific occupation Assistant receiver (b) Number of years' experience at this occupation with any employer. 1 yr.
- 21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? Yes.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

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.) -
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Accountant.

DATE 25th April, 1941.

SIGNATURE

Robert A. House



Copy To
VWD
ES

JUN 21 1941

P.L.B.
U.I.C.

V30412

OFFICIAL NUMBER

NAME HOUSE
(Surname)

Robert, Arthur, Lindsay

(Given Names)

OFFICIAL NUMBER

V30412

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
Naden	Wtr. Prob.	9	12	40		V.G.		31	12	40							
Naden	Writer	10	13	41	Service Cert.	V.G.	Sat.	31	12	41							
"	Idg. Writer	1	6	42	Advanced. Memo 8/6/42.	V.G.	Suprl	31	12	42							
Chatham	"	22	4	43	DRD No. 932	V.G.	Sat.	31	12	43							
Burrard	"	17	9	43	DRD + 16/0	V.G.	Sat.	16	6	44							
Discovery	"	27	4	44	DRD 2510.												
DISCHARGED	"	16	6	44	Medically Unfit. Per Sub. of 27.6.44.												

GENERAL REMARKS

AWARDED CANADIAN MEMORIAL CROSS to:
 Mother: Mrs; Margaret House,
 2360 South East Marine Drive
 VANCOUVER, B.C.
 May 18, 1945.

*Category "E" earned
 (1943-1944)*

Awarded War Service Badge "General Service" Class No. 112332 dated 26 Oct., 1944.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL	OCCU.	RELI.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE		
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GION.	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK	
01	1	21	18	XXX	0	40	X	04	10	0	13	D	53	95	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP. CR.	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK		
09	12	40	09	12	40					9530	0	23	93		
SENIORITY			STR.	NON-SUB		M.	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.									
01	06	42	13	00	00		E.V.			830					

213

V30412

OFFICIAL NUMBER

FILE NUMBER

113-H-943

OFFICIAL NUMBER

V30412

NAME HOUSE Robert Arthur Lindsay DATE OF BIRTH 1 January, 1921
 (Surname) (Given Names)

PLACE OF BIRTH New Westminster, B.C. OCCUPATION Student

RELIGION United EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 2360 S.E. Marine Drive Town Vancouver Province, etc. B.C.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
										From	To	
9	12	40	H.O.	5'6	D. Brown	Brown	Med.	Scar on l. side of chin.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Margaret Rose

ADDRESS (in pencil): Street and No. 2360 S.E. Marine Drive Town Vancouver Province, etc. B.C.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
5	6	47	C.V.S.M. (R)	19	4	41	Passed Prof. Writers Technical Course. Sat.				
5	6	47	War Medal 1939-45	17	11	41	Passed Prof. for Leading Writer				

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		
9	12	43	1st G.C.B.	Granted							

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

SECOND CLASS FOR CONDUCT	
From	To



FILM
NO. 113P-5495-6
DATE