

V36506
ALMON
RALPH

EVERE

W D OF D 15-1-45

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS (NAVY)

WAR SERVICE RECORDS

ALMOND Ralph Everett		V 36506	ERA4C	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	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Mar. 46

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Audrey D. Ernst - Sister

ADDRESS: Box 71 Block House,
Lunenburg Co., N.S.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

(1) MEMORIAL B R

DATE DESP.....

REGN. NO. 641

(2)

(3)

7602.

23/11/49.

TRUE COPY OF

CERTIFICATE of the SERVICE of

Ralph Everett ALMON

in the Royal Canadian Naval Volunteer Reserve

ICNS ~~44007~~ 48062 X

Training Headquarters	R.C.N.V.R. Division	Official Number <u>V 36506</u>
	<u>York</u>	"
		"

Date of Birth..... <u>23 July 1909</u>	Name and Address of Nearest Relative or Friend (in pencil) <u>65/10/43</u>
Place of Birth..... <u>St. John New Brunswick</u>	<u>SISTER</u> <u>Mrs Audrey Davis ERNST</u>
Place of Residence..... <u>10 Bristol Ave. Toronto, ONT</u>	<u>BLOCK HOUSE P.O. Box 71</u>
Trade brought up to..... <u>Machinist</u>	<u>LUNenburg COUNTY</u>
Religion..... <u>Church of England</u>	<u>NOVA SCOTIA</u>
Can Swim:—P.P. (FAIR) Date..... <u>21 August 1942</u> 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	
	<u>12 May '42</u>	<u>HOST</u>	<u>ORDSMAN</u>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<u>5</u>	<u>6 3/4</u>	<u>38</u>	<u>138</u>	<u>Brown</u>	<u>Blue</u>	<u>Med.</u>	<u>SCAR ON LEFT WRIST</u>
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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
<u>ACTIVE SERVICE</u>							
1942	York			ORD SMN	12 May '42	20 June '42	
"	Naden			"	21 June '42	5 Sep '42	
	Chatham			"	6 Sep '42	11 May '43	Transferred in accordance with C. S. Ladson's H. 45-277 P. 2 of 17 July '43.
	Chatham			A. 1. A. B.	12 May '43	10 June '43	
	Chatham			ERA s/c	11 June '43	27 Aug '43	
	Naden			"	28 Aug '43	12 Dec '43	
	Naden II			"	13 Dec '43	15 Dec '43	
	Givensby M.T.E.			"	16 Dec '43	29 Jan '44	
	Givensby (M.T.E. for Union Steamships)			"	30 Jan '44	17 Feb '44	
	Naden (M.T.E. for Union Steamships)			"	18 Feb '44	30 Mar '44	
	Givensby (Eng. Supt.)			"	31 Mar '44	20 Apr '44	
	Burrard			"	21 Apr '44	19 June '44	
	R.M.S. "Sham"			"	20 June '44	15 Jan '45	"D.D."

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature

Date
30 June
3 Sep

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

NAME IN FULL ALMOND Ralph Everett RANK/RATING F.P.A. 4/c OFF. NO. V 36506 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.
	12-5-42											1939-45	1 <i>Star</i>
<i>Union Steamships</i>	30-1-44	30-3-44	61	<i>W.C.</i>								ATLANTIC	
<i>Thane (HMS)</i>	20-6-44	15-1-45	210	<i>ATH.</i>								FRANCE G.	
												AFRICA	
<i>Des. Dead (HMS Thane)</i>												PACIFIC	
<i>to date</i>		15-1-45										BURMA	
												ITALY	
												DEFENCE	
												C.V.S.M.	2 <i>clasp</i>
												" CLASP	
												WAR 1945	1 <i>medal</i>
												WAR 1915	

VERIFIED BY *[Signature]*

VERIFIED BY *C.M. Wright* VERIFIED BY DIR. OF PERSONNEL RECORDS.

5-612
R/chr.
F/creg



CANADA

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

ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME ALMON OFFICIAL NO. V-36506
CHRISTIAN NAMES Ralph Everett MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>10 Bristol Ave., Toronto, Ontario.</u>	<u>C. of E.</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>23 July, 1909.</u>	Town <u>St. John</u>	<u>Sister: Mrs. Howard Ernst, Block House, Lunenburg County, N.S.</u>
*Original Nationality of: Father <u>Canadian</u> Mother <u>Canadian</u>	County	
	Province <u>New Brunswick</u>	

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

(A) **PERSONAL DESCRIPTION ON ENROLMENT**

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>39</u>	<u>Brown</u>	<u>Blue</u>	<u>Med.</u>	<u>Scar on left wrist.</u>
Inches <u>6 3/4</u>	Deflated <u>37</u>				
	Mean <u>38</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Grade VIII.</u>	<u>Machinist: Massey-Harris Ltd., King & Strachan Ave., Toronto.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>12th May, '42.</u>	<u>Ord. Smn., RCNVR, (Temp.)</u>	<u>H.M.C.S. "YORK", Toronto.</u>

(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.

(5) On being enrolled as a member of the Toronto 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 12th day of May, 1942.

Signature of applicant Ralph E. Almon

(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 12th day of May, 1942.

B. W. Sherten
Signature of and rank of Attesting Officer.
Lieutenant, RCNVR.

(D) OATH OF ALLEGIANCE

I, Ralph Everett Almon 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 Ralph E. Almon

Witness B. W. Sherten

Date 12th May, 1942. Rank Lieutenant, RCNVR.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Ralph Everett Almon 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 Toronto Division of the R.C.N.V.R. or in the appropriate official documents.

B. W. Sherten
Lieutenant, RCNVR. Attesting Officer.

12th May, 1942. R.C.N.V.R. Division HMCS "YORK".
(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 ENGINE ROOM Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Ralph E. Almon
Signature



REPT. NATIONAL DEFENCE
105131
MAY 15 1942
NO. 113 A956
CANADA

Can. B. 207
100 M-11-40 (7881)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

2

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..... *R. E. Simon*
candidate for entry as..... *Ordnance*
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 (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 revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
32-10	138 lbs.	56 3/4 ft. ins.	<i>fair</i>	(a) maximum 39 (b) minimum 37 (c) mean 38	right eye 20/30 left eye 20/40 *colour vision <i>normal</i>	<i>chila</i>	NORMAL	NORMAL	NORMAL NORMAL	NORMAL NORMAL	NORMAL	<i>deficient</i>	NORMAL	

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

Albumen *They*

X-ray Not taken. *Rwood*
 Approved.
 Positive.
 Doubtful.

Write in the appropriate notation, and any remarks necessary.

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.

R. E. Simon

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

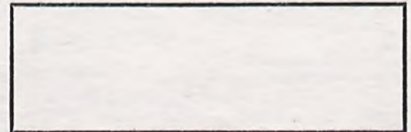
Signature of Candidate

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



TORONTO, ONT.

Dated at..... the *4* of *May* 19*42*

J. T. Hopwood
Examining Medical Officer
(Rank) **SURGEON LIEUT. R. C. N. V. R.**

CONDUCT SHEET

Page 1

NAME Ralph Everett Almon RATING Overboard PORT DIVISION AND OFFICIAL NUMBER V. 36306

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)				
N.M.S. York.	12 May 42	Nil	12 May 42	1st	1st	12 May 42	20 June 42	V.G.	SAT	NY (NQ)	—	Naden			<i>[Signature]</i>
Naden	21 June 42	—	—	1	1	21 June 1942	5 Sep 42	V.G.	under 3 months	—	—	L. Chadam			<i>[Signature]</i>
Clathon	6 Sep 42	—	—	N.C.	1	1 Jan 1943	27 Aug 43	V.G.	1 year	Yes (NQ)	Yes	Naden			<i>[Signature]</i>
Naden	28 Aug 43	—	12 May 42	N.C.	1	28 Aug 1943	15 Dec 43	V.G.	Change of Depart Only	—	—	Givensby (M.T.E.)			<i>[Signature]</i>
Givensby (M.T.E.)	16 Dec 43	—	—	—	—	1 Jan 1944	29 Jan 44	V.G.	SAT	NY (NQ)	NO	Givensby (M.T.E.) for Union Steamships			<i>[Signature]</i>
Union Steamships	30 Jan 44	—	—	—	—	30 Jan 1944	17 Feb 44	V.G.	Change of Depart	—	—	Naden (M.T.E.) for Union Steamships			<i>[Signature]</i>
Naden M.T.E. (Union SS)	18 Feb 44	—	—	N.C.	1	18 Feb 1944	30 Mar 44	V.G.	SAT	NY (NQ)	NO	Gov (Eng Dept)			<i>[Signature]</i>

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

Page 1

NAME Ralph Everett ALMON RATING ERA 57c { PORT DIVISION AND OFFICIAL NUMBER Amcs York - V36506

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>Cow for England</u>	<u>1944</u> <u>31 Mch</u>	<u>Nil</u>	<u>12 May 42</u>	<u>N.C.</u>	<u>1</u>	<u>31 Mch</u>	<u>20 Apr</u>	<u>VG</u>	<u>Sat</u>	<u>Under 3 Months</u>	<u>Burrard</u>			<u>[Signature]</u>	
<u>Burrard</u>	<u>21 Apr</u>	<u>-</u>	<u>—</u>	<u>N.C.</u>	<u>1</u>	<u>21 Apr</u>	<u>19 June</u>	<u>VG</u>	<u>—</u>	<u>—</u>	<u>Thane</u>			<u>—</u>	
<u>Thane</u>	<u>20/6/44</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>20/6/44</u>	<u>19/1/45</u>	<u>V.G.</u>	<u>Sat</u>	<u>—</u>	<u>J.D.</u>			<u>—</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".

ESTATES BRANCH

HQ NS V-36506 FD
935

March 11, 1946.

Mrs. Audrey D. Ernst,
Box 71 Block House,
Lunenburg Co. N.S.

ALMON, Ralph E. E.R.A. 4th Class (Deceased)
No. V-36506 - R.C.N.V.R.

Dear Mrs. Ernst:

Distribution can now be made of the amount of money here at credit for your late brother.

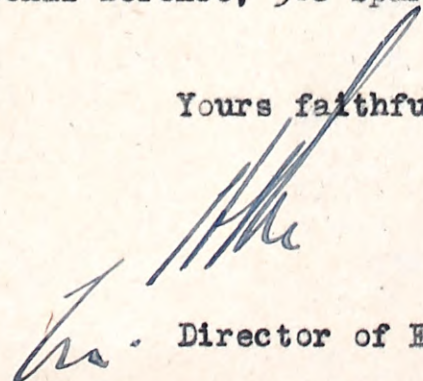
The total amount available to this Branch for distribution is the sum of \$610.20, made up as follows:

Balance of Pay and Allowances	\$104.04
Value of Personal Effects	43.16
Balance of Account Bank of Montreal, Vancouver, B.C.	115.60
Balance Post Office Savings Account, Ottawa,	1.44
War Service Gratuity as per award attached	345.96
	<u>\$610.20</u>

The abovementioned sum is paid to you as sole beneficiary named in the last Will of your late brother.

A cheque for this amount has been requisitioned from the Treasury Department and on receipt of the same, would you kindly sign and return the enclosed form of acknowledgement to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,



Director of Estates.

HRW/JB
Encls. 2.



DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

*Wife
P. 2/2/1*

Date

The Estates Branch has received the following personal effects of:
V-36506 ERA 4/c ALMON, Ralph.

NAME

- 1 Leather (Brown) Wallet (zippered) with Photographs.
- \$1.62 in Silver.
- 7 Foreign Coins.
- 1 Box Crayon Pencils.
- 1 Tool Box - 1D. Disck
- 1 Flashlight.
- Assorted Exercising Springs.
- Assorted Tools.
- 1 Ruler.
- 1 Packet Correspondence.
- 1 Hair Brush in Case.
- 1 Pair Canada Badges.
- 1 Gold Cloth Hook.
- 1 Package Canadian Legion Text Books.
- 1 Copy "How to run a lathe".
- 2 Black Ties.
- 1 White Silk Scarf.
- 10 Handkerchiefs.
- 1 Towel.
- 1 Pair Swimming Trunks.
- 12 Soft Collars.
- 1 Pr. Black Leather Gloves.
- 1 Dictionary.
- 1 Knife and Lanyard.
- 2 Prs. Socks.
- 1 Copy: "Simple Navigation"
- "Seamanship for Scots"
- "Mathematics Pocket Book"
- Wrist Watch (Badly damaged & rusted)
- 1. Fibre Board.
- 1. Manual of Seamanship.
- 3. Handkerchiefs. in Box.
- 1. Marine Engineers Hand Book.
- 1. Mathematical Set.
- 1. Sweater.
- 1. Grey Socks. (Pr.)
- (1 Suitcase).
- 1 Leather Case with Sandpaper block and Pencil.
- 1 Tooth Brush, 1 Nail File, 1 Comb. Snaps, Badges, Miscellaneous Buttons.

Received the effects as listed

SIGNATURE ... *Mrs. Audrey D. Crust*

DATE REC'D ... *Jan. 14th 1946*

Blockhouse P.O.

Dec. 7th 1945



Department of National Defence,

Thanking you for these things received, I was under the impression, that Personal effects would be cards, letters, Photos, presents we had sent him last Xmas, including a wrist watch given him by his Franicee, which I would have liked to return.

Yours Truly

Mrs. Howard Ernst.

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date

Wade
PA-10/12

The Estates Branch has received the following personal effects of:

NAME V36506, ERS 4/c ALMON, R.

- 1 note book
- 1 Engineering manual
- 1 machinery handbook
- 4 shirts
- 1 pr. shorts
- 1 towel
- 2 sweatshirts
- 1 pr. drill gloves
- 1 burberry
- 1 skipping rope
- 1 exerciser
- 1 hand grip exerciser
- 1 pr. braces
- 5 prs. socks
- 1 razor in case
- 1 shaving brush
- 1 pr. white shoes
- 1 pr. black shoes
- 1 pr. white socks



Received the effects as listed

SIGNATURE *Mrs. Audrey D. Ernst*

DATE REC'D *Dec. 1st 1945*

JG

39

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

XXXXXXXX NAVAL SERVICE HEADQUARTERS at OTTAWA, Ontario.
H.M.C.S.

Name..... **ALMON** **Ralph Everett**
(Christian names in full)
Rank or Rating..... **Engine Room Artificer 4th Class** Official No. **V-36506** Unit **R.C.N.**
R.C.N.R.
R.C.N.V.R.
Place of Birth..... **St John, New Brunswick** Date of Birth..... **23rd July, 1909**
Occupation in Civil Life..... **Machinist** Religion..... **Church of England**
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 12th May, 1942 to 15th of January, 1945.**
Date of Death..... **15 January, 1945.** Place of Death..... **AT SEA**
Cause of Death..... **Killed at sea due to enemy action. (death occurred as result of**
(If due to accident, violence, or enemy action, particulars to be stated briefly)
shock, haemorrhage and multiple injuries.)

Nearest known relative or friend. { Name..... **Mrs. Howard Ernst** Relationship..... **Sister**
Address..... **Box 71, Block House, Lunenburg Co., N.S.**

Date on which the above was informed by Ship..... **Naval Service Headquarters: 19th Jan. 1945.**

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.....
Greenock, Scotland **20 January, 1945.**

If applicable { Place of Burial..... Date of Burial.....
Location, Number, etc., of grave..... **Plot No. Laar 1273, Section 3/C, Greenock Cemetery**
Undertaker employed.....

ENTERED IN
S.N.P.A.'s LOG BOOK
8-5-45 MAR 8 1945
CLERK No. 1

H.B. Money

for ~~SECRETARY~~ (Commanding Officer) NAVAL BOARD.

The SECRETARY, NAVAL BOARD
Department of National Defence,
Ottawa, Canada.

OTTAWA, Ont. March 1, 1945. *e*
Date.....

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, Sec. C.P.C., Dir. of Records.

IG

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

44

2
NAVYDECEASED
MEMBER'S
NAME

Ralph Everett

(CHRISTIAN NAMES)

ALMON

(SURNAME)

REGISTER NO. 8439

FILE NO. NS.V-36506

DATE 23rd June '45.

PAYEE
ADDRESSDirector of Estates,
308 Sparks St.,
Ottawa, Ont.for Service Estate of
Ralph E. Almon,

SERVICE NO. V-36506

FINAL RANK OR RATING ERA 4/C

DATE OF TERMINATION OF OVERSEAS SERVICE

NS.V-36506

DATE OF DISCHARGE

15 Jan '45.

15th Jan '45.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 980 EQUAL TO 32 COMPLETE PERIODS AT \$7.50

\$ 240.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 271 LESS 20 INELIGIBLE DAYS, EQUAL TO 251 DAYS @ 25c. PER DAY

62.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$ 3.05		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45		
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$		
TOTAL	\$ 4.50	x7 = \$	31.50
NO. OF DAYS	251	x \$	31.50
	183		

NPA 5-3

43.21

D. WAR SERVICE GRATUITY

345.96

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

nil

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

345.96

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

=\$ 345.96

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	
G. D. A. Bayne		G. D. A. Bayne		29/6/45	
DATE		SERVICE REPRESENTATIVE			

AT

EP

for Dir. Naval Pay Accting

Blockhouse; Box 71
Lunenburg Co. N.S.
July 25, 1945

#157

Department of National Defence; 1167555

V. 36506

Dear Sir;

I have waited so long to receive my late brother Ralph E. Almon personnel's, that I am beginning to think they must have went astray. The Captain wrote me in March and said Ralph's personnel's had been shipped to Ottawa.

I am very anxious to receive them, especially his wrist watch, which was given to him, by his fiancée Miss Marjory Fraser, who is now visiting me, and to whom I would like to return the watch to in person.

Please send Ralph's personnel's as soon as possible, or let me know the reason for the delay.

Yours Truly
Mrs. Howard Ernst.

Estates (N)
Referred please
@ DPK/5

31/7



FIFTH VICTORY LOAN

Certificate

On behalf of the
Dominion of Canada
I am pleased to acknowledge that

Ralph E. Almon, E.R.A., V36506

has purchased Victory Bonds

Oct-Nov.
1943

J. H. Aspley
Minister of Finance



113-A-956

v. 36506

IN THE NAME OF GOD, AMEN

I, Ralph Everett Almon, Ord. Smn., R.C.N.V.R., of His Majesty's Ship H.M.C.S. "YORK", Toronto, (now a Patient* in 234485),

*If in Hospital or in Hospital Ship. being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my sister, Mrs. Howard Ernst, Block House, Lunenburg County, N.S.,
Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.
See instructions on the back hereof.

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint my sister, Mrs. Howard Ernst, Block House, Lunenburg County, N.S.,

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at Toronto hereunto set my hand, this 12th day of May, in the Year of Our Lord One Thousand Nine Hundred and forty-two.

Ralph E. Almon

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses

G. W. Sherwin
L. H. [Signature]

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, two disinterested Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Noted in Service
Records by

PA

Instructions for filling up the Form

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words " And I give and bequeath unto " should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing " all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

..... *Jack Bees* { Signature of the person
by whom the Will was prepared.

Blockhouse Box 71
Lunenburg Co. N.S.
Feb. 26th 1945

Department of National Defence;

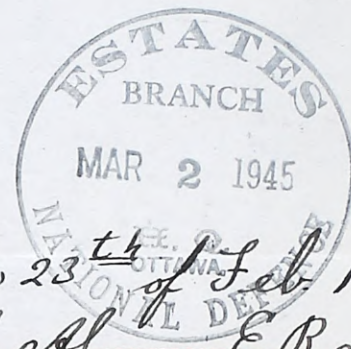
Dear Sir:

Received your letter of the 23rd of Feb. 1945,
in which you say my late brother Ralph E. Adams E.R.A.
V36506 in his will named me the sole executor. It will be
a great help to me, to have a copy of that will, if it will
not inconvenience you.

The first opportunity I will see if the War Bond is a
bearer, or registered, if so I will forward it at once.

The Miss Marjorie Fraser 1769 E 12th Ave. Vancouver B.C.
was my late brother's "Frances", and the regular allotment
was for their wedding which was to take place on my
brother's next leave.

Yours Truly
Audrey D. Ernst.



Mrs. Howard Ernst,

Box 71, Block House,

Lunenburg Co., N.S.

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. N.S. V36506 FD 935

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

February 1 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

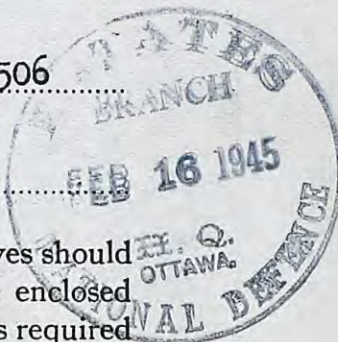
ALMON Ralph Everett. E.R.A. V-36506

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.

HRW/HO



A. Swack
Commissioner
R.C.N.V.R.
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>Welsey Ottie Almon</i>		<i>May 22th 1940</i>
4	Mother of the Deceased.....	<i>Elizabeth Mabel Leggett</i>	<i>28</i>	<i>Feb. 8th 1928</i>
5	Brothers of the Deceased	Full Blood	_____	
		Half Blood	_____	
6	Sisters of the Deceased	Full Blood	<i>Florence Evelyn Upton 29</i> <i>Edith Maud Payne 25</i> <i>Audrey Doris Ernst 31</i>	<i>Maugerville, Sunbury R.R. 1. N.B.</i> <i>42 Clarence St. St. John City</i> <i>Blockhouse, P.O. Lunenburg Co. N.</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>Detald. Richard</i> <i>Madeline</i> <i>Hazel</i>	_____	_____

I do not know the Dates of death. They all died infants.

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Ralph Everett Almon
9	Date of his birth. <i>I'm not quite sure if it was July 23th or 24th</i>	July 24 th 1910
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Sept 20 th 1904 St. John city, St. John Co. N.B.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. John city, St. John Co. 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) He was working and living in (b) Toronto, about a year, before (c) that in other parts of Ontario, (d)
14	Nature of employment before enlistment.	General all round Mechanic
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	In the Maritimes, Canada.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	He made a will, when he entered the Navy, it must be with his personals on the boat. I can't find it in his things here.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	I do not know of any he had
20	Amount of War Savings Certificates held by deceased. Indicate where located.	I do not know of any.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	I hold one \$50. War Bond. I do not know of any others. ✓
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insurance Company, one policy, amount \$4,367 To be divided equal shares to Mrs. Florence Evelyn Lepton (Sister) Mrs. Edith Maud Payne (Sister)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Mrs. Audrey Doris Ernst (Sister)

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	I do not know of any.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

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

(PLEASE TURN OVER)

DECLARATION

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

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

* Sister 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.

Audrey Doris Ernst wife of Howard Ernst (Signature of Informant)
Blockhouse Lunenburg Co. N.S. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Audrey Doris

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

Dated at Lunenburg this 10th day of February 1945

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

[Signature] Qualification Notary Public
Address [Address]

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

I found a certificate to acknowledge that Ralph E. Almon E.R.A; V36506 had purchased a Victory Bond in the Fifth Victory Loan Oct-Nov. 1943. But I haven't it and I never heard Ralph say where it was.



LA/C

Dnpca

60

N.S. V-36506
PERS. (N) "N" 5.

30 August, 1945.

Dear Mrs. Ernst:

As it is felt that you would like to have it in your possession, I am passing on a snapshot taken of the grave in Greenock Cemetery, Greenock, Scotland, of your brother, the late Ralph Everett Almon, Engine Room Artificer Fourth Class, Official Number V-36506, Royal Canadian Naval Volunteer Reserve.

The grave is being cared for by the superintendent of the cemetery and the temporary wooden marker will be replaced at a later date by a permanent headstone erected by the Imperial War Graves Commission.

Yours sincerely,

Encl.

[Signature]
SECRETARY, NAVAL BOARD.

Mrs. Howard Ernst,
Box 71, Blockhouse P.O.,
Lunenburg Co., N.S.

Despatched by
Sec. N. B.

[Signature]
Date 30.8.45
Time 1600
[Signature]

CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

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

NAME	OFFICIAL No.	Date of Birth
<i>Ralph Everett Almon</i>	V. 36506.	<i>23 July, 1909.</i>

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
"M" Test	Grade C.	<i>with 74%</i>	<i>E.A.</i>
*School	<i>Satisfactory</i>	<i>Eng. 66%</i>	<i>E.A.</i>
Seamanship— Boat work:	<i>Satisfactory</i>	<i>NO TEST</i>	<i>B.H.</i>
(a) Pulling			
(b) Sailing			
Gunnery and Disciplinary Training	<i>Satisfactory</i>		<i>B.H.</i>
Shooting			
Swimming—P. P. T.	FAIR 21-8-42	Date qualified <i>NOT TESTED</i>	
Physical and Recreational Training	<i>Satisfactory</i>		<i>B.H.</i>
Special qualifications			
Call Boy			
Bugler (Sea Service)			
Special Remarks		<i>2 days A/G 30-6-42</i>	
e.g., C. W. Candidate			
	<i>Satisfactory - Trials have</i>		<i>B.H.</i>

On joining:— Weight *138* Height *5'6 3/4"* Date *12 May, '42*

On leaving:— Weight _____ Height _____ Date *20 June 42.*

* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.C.S. "*York*" Date *20 June 42.* Captain.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally	Accelerated Advancement.....		
	For Able Seaman (if G.C. III).....		
	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		
Boat Work		92%	Field Training	175/250	70%	Whitehead			91.2%	3-9-42	<i>H. B. M. Gregor</i> Lieut VR H.M.C.S. Naden	
Anchors and Cables		95%	Gun Drill	165/200	82.5%	Low Power						
Compass and Wheel Rule of the Road		82%	Stripping	88/125	70.4%	High Power						
Rigging Sheers and Derricks			Fire Control	134/150	89.3%	Instruments			78.0%	22 July 42	<i>D. M. R. Carr</i> H.M.C.S. Naden	
Sounding Machine, Lead and Line		88%	Ammunition	85/100	85%	Explosives		66%				
Bends and Hitches, Blocks and Tackles		97%	Director and Sighting	88/100	88%	Paravanes						
Part of Ship Evolutions			Machine Gun	45/75	60%				SAT.	1-8-42	<i>G. B. Potheroe</i> Lieut (S) R.C.N. H.M.C.S. "Naden"	
Signals		N.R.	LOOKOUTS									

* 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 †

Ordinary Seaman (Special Service).
 Qualified for advancement to Able Seaman (S.S.)
 on.....Date.
Commodore
DepotDate.

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

Trans. from A.B. to ERA 5/c 11th June 1943. (13121)

Form S. 1233g (Revised—March, 1938)
15M-42 (6889)
N.S. 815-9-1233g.

TRUE COPY of

Engine Room Artificer's History Sheet

Name ALMON, Ralph E.

Port Division Esquimalt, B.C. Official Number V-36506

Served apprenticeship _____ for _____ years at the trade of _____

Trans. to E.R.A. V. ~~XXXXXX~~ 11th. June '43. for _____ years.

Date rated Acting E.R.A. IV 21 August 1944

I. Certified as capable of taking charge of a Watch in the Boiler Room, and, having proved an efficient workman, is recommended for confirmation.

Date _____ Engineer Officer _____ Captain _____

Confirmed E.R.A. IV _____

II. Certified as capable of taking charge of a Watch in the Engine Room, and able to calculate readily the H.P. developed (from Torsionmeter/Indicator), and recommended in all respects for the rating of Chief Petty Officer

Date _____ Engineer Officer _____ Captain _____

Rated E.R.A. III _____

Rated E.R.A. II _____

Rated E.R.A. I _____

III. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit for the rating of C.E.R.A., and is recommended for this advancement.

Date _____ Engineer Officer _____ Captain _____

Rated Acting C.E.R.A. II _____

Confirmed C.E.R.A. II _____

Rated C.E.R.A. I _____

IV. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit in every respect for advancement to Warrant Rank, and is recommended for this advancement.

Date _____ Engineer Officer _____ Captain _____

NOTE.—Certificates I, II, III and IV, when granted, are to be noted on Service Certificate. The Depot is to be informed as soon as each Certificate is granted.

RECORD OF EMPLOYMENT

To be completed annually, and always on discharge from a Ship or Establishment

SHIP	S.H.P.	From	To	No. of Months Watchkeeping		Number of Months REFITTING AND MAINTENANCE														Special Machinery
						Main Engines				Dynamometers				Boats		Welding		Workshop		
				Engine Room	Boiler Room	Turbines	Recipro.	I.C.	Boilers	Turbines	Recipro.	I.C.	Cooling Machinery	Distilling Plant	Air Compressors	Hydraulic Machinery	Steam		Motor	
"NADEN" "H.T.E." "NADEN" GIVENCHY.		1943 11 June	1944 31 DEC.			Completed ERA's Steam Classes & Days Com. Ships. WORK PARTY.														
		1 JAN.	31 MAR.			COMPLETED 60 DAYS. COMM. SHIP. TRAINING.														
"BURRARD" C.V.E.		19 Apr	19 Apr			GENERAL REPAIR WORK ENG. SUPT'S WORK SHOP														
		21 Apr	19 June			Watchkeeping and E.R. Maintenance on C.V.E.'s.														

Initials of the Engineer Officer, if of Lieutenant's rank or above; otherwise Captain

T.F.

T.F.

OG

C.H.D

COURSES TAKEN AND EXAMINATIONS PASSED

(To be filled up when applicable)

Date	Particulars	Initials of Engineer Officer, if of Lieutenant's rank or above, otherwise Captain
1943 28th Sept.	FAILED Trade Test for A/ERA 4/c	B.H.D.
7th Dec.	ERA's Cl.#76--70%	T.F.

VOCATIONAL TRAINING CERTIFICATE

To be filled up on completion of a Vocational Training Course, other than a Correspondence Course

(Vocational Training is optional)

Vocation _____

We certify that (name)* _____

_____ (residence) _____

_____ has satisfied us

that he possesses a † _____ knowledge of the vocation mentioned, and we consider that ‡ _____

Examiners _____

Business and Business Address _____

Date of Examination _____

Signed _____ President,

_____ Vocational Training Committee.

SPECIAL REMARKS §

TO BE FILLED ONLY ON FINAL DISCHARGE

His character during service was || _____

His general efficiency in carrying out his duties

was || _____

His efficiency on discharge was assessed as || _____

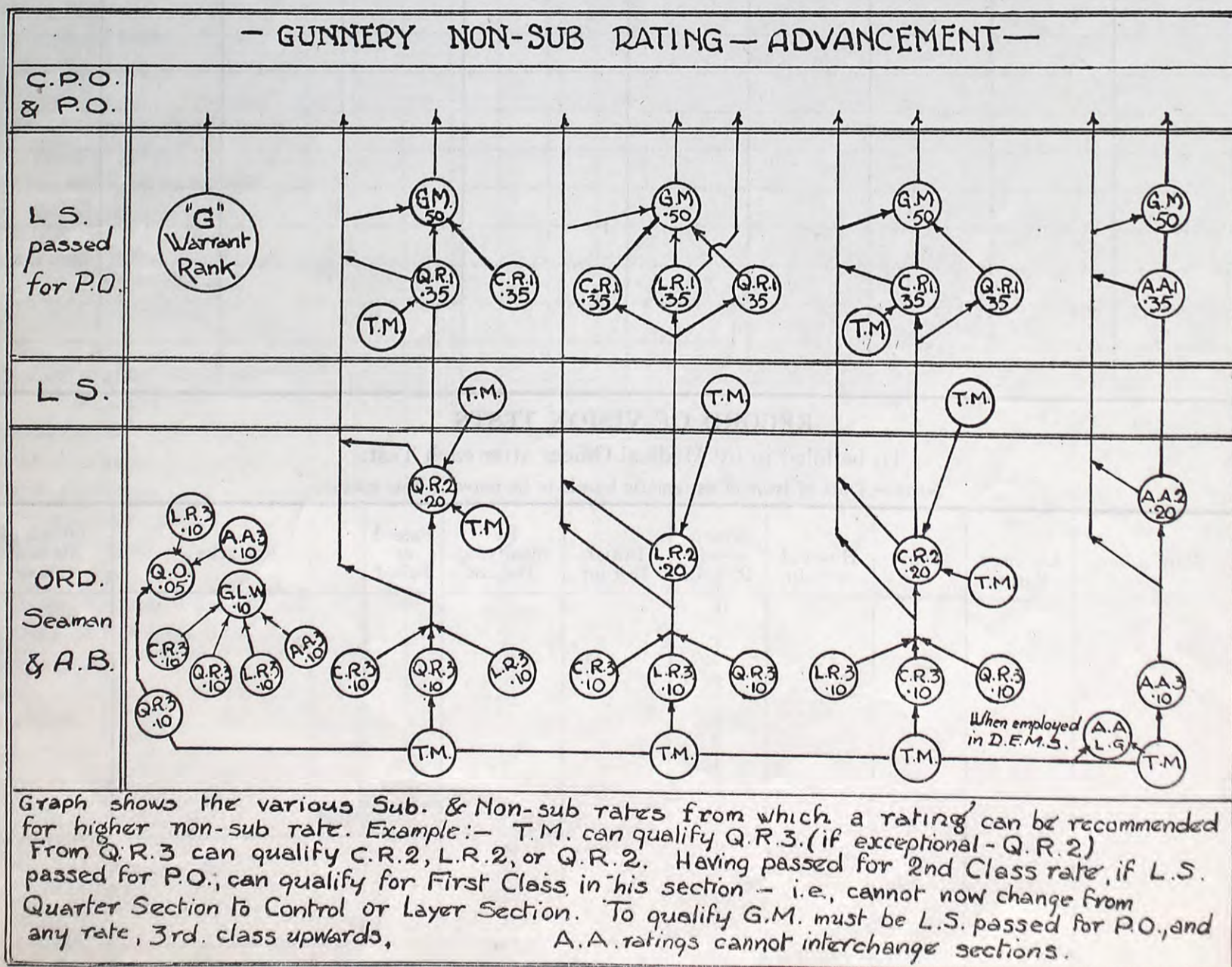
Captain's signature _____

* Name in full. † Here insert qualification. ‡ Special notation as applicable. § Include power of command, intelligence, initiative, energy and any qualification not otherwise recorded. || See article 610, clauses 3 to 7, King's Regulations and Admiralty Instructions. To be filled in by the Captain of the ship from which the man is discharged to shore, or to Depot as a preliminary to discharge to shore.

RECOMMENDATIONS FOR GUNNERY RATING AND SPECIAL QUALIFICATIONS NOT PROVIDED FOR ON OTHER PAGES

To be filled in as soon as a man is recommended. Recommendations for qualified men are to be forwarded subsequently on Form S1303 in accordance with the instructions on that form. Column 1 is to show the same date of recommendation as that on Form S1303. Column 4 is to state the rating for which recommended, using the suffix (N.Q.) to distinguish a man not yet qualified by rating or experience, and suffix (H) for a man highly recommended (whether qualified or not).

Table with 5 columns: Date, Ship, Present Gunnery Rating, Recommendation or Special Qualification, Initials of Gunnery Officer. The table is mostly blank with horizontal dotted lines for writing.



This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of _____
 If in City, Town or Village _____ Street _____ House No. _____
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED ALMON Ralph Everett
(Family name) (Given name or names in usual order)

RESIDENCE No. 10 Street Bristol Ave. City, Town, Village or Township TORONTO Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality <u>Canadian</u> <small>(Citizenship)</small>	6. Racial Origin <u>Canadian</u>	7. Single, Married, Widowed or Divorced <u>Single</u> <small>(Write the word)</small>
-----------------------	---	-------------------------------------	---

8. BIRTHPLACE Saint John, New Brunswick
(Province or Country)

9. DATE OF BIRTH July 23, 1909
(Month) (Day) (Year)

10. AGE in

Years <u>35</u>	Months <u>6</u>	Days	If less than one day old hrs. or min.
--------------------	--------------------	------	--

OCCUPATION

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

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Massey-Harris Co.

13. Date deceased last worked at this occupation _____

14. Total years spent in this occupation _____

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

FATHER

16. NAME _____

17. BIRTHPLACE _____
(Province or Country)

MOTHER

18. MAIDEN NAME _____

19. BIRTHPLACE _____
(Province or Country)

20. Person giving information sign here H.B. Money
Paymaster-Commander, R.C.N.R.
 Address Naval Service Headquarters, Ottawa, Ont.
Director Personnel Records.
 Relationship to deceased _____

21. Place of Burial, Cremation or Removal Greenock, Scotland
 Date of burial or removal 20th January, 1945.

22. Burial Permit was issued by _____
 Address _____

23. UNDERTAKER _____
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH January 15, 1945
(Month) (Day) (Year)

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

CAUSE OF DEATH		PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>Killed at sea due to enemy</u>	Underline the cause to which death should be charged statistically
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) <u>action. (Death occurred as</u> (c) <u>result of shock, haemorrhage and multiple injuries.)</u>	
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.		

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance _____ 19____ (b) Duration of disease _____ days

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

28. Was there a surgical operation? _____ Date of operation _____ 19____
 State findings _____ Was there an autopsy? _____

29. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? _____ Date of injury _____ 19____
(State which)
 Manner of injury _____
(How sustained)
 Nature of injury _____
 Specify whether injury occurred in industry, in home, or in public place _____

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

30. Division Registrar's Record No. _____
 31. Filed _____ 19____
(Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)
 THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED
 WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

88

MAY 15 1942
113 A 95-6
15435EA

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 Ralph Everett Almon (b) Reg'l. No. V36506
2. (a) Arm of service RCNVR (b) Unit HMCS "YORK" (c) Rank Ord. Smm.
3. (a) Date of birth 23 July, '09 (b) Have you any dependents? No. (c) Place of residence at time of enlistment Toronto, Ont.
4. (a) Place of enlistment Toronto. (b) Date of enlistment 12 May, '42.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade VIII
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? -----

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 Massey-Harris Ltd. Address Toronto, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Mfg. farm machinery.
20. (a) Your specific occupation Machinist. (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? ----- (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? ----- (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.) None.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form -----



DATE 12th May, 1942 SIGNATURE Ralph E. Almon

MAY 30 1942

Copy To
VWD
ES

V36506

OFFICIAL NUMBER

FILE NUMBER

113-A-956

OFFICIAL NUMBER V36506

NAME ALMON (Surname) Ralph Everett (Given Names) DATE OF BIRTH 23rd July, 1909.

PLACE OF BIRTH St. John, N.B. OCCUPATION Machinist

RELIGION C. of E. EDUCATION Grade VIII

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 10 Bristol Ave., Town Toronto, Province, etc. Ont.

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
12	5	42	H.O.	5'6 ³ / ₄ "	Brown	Blue	Med.	Scar on left wrist.				

NEXT OF KIN RELATIONSHIP (in pencil) Sister NAME (in pencil) Mrs. Thelma J. Everett ADDRESS (in pencil): Street and No. Box 31 Black House Town Lunenburg, Province, etc. N.S.

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	
				21	8	42	P.P.T. Fair				
				3	9	42	Qual. "TR"				
				28	9	43	Failed Trad Test for A/E.R.A. 4/c				
				30	6	42	Qual. Anti-Gas 2 days.				

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			

FILM

NO. WAA 5552-7

DATE

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

O.H.F. Received
Unemployment Insurance Book 172 Spadina Ave.,
Toronto, Ont.
Last Will and Testament dated 12/5/42 received.

SECOND CLASS FOR CONDUCT

From To



V36506 OFFICIAL NUMBER NAME ALMON Ralph Everett (Surname) (Given Names) OFFICIAL NUMBER V36506 **P.I.B.**

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. York	Ord. Smn.	12	5	42	Div. Str. Toronto	V.G.	Sat.	31	12	42							
"	"	12	5	42	Active Service D.L.	V.G.	Sat.	31	12	43							
Naden	"	21	6	42	D.L. 19.6.42	V.G.	Sat.	31	12	44							
Chatham	"	6	9	42	EDD 1280	V.G.	Sat.	17	1	45							
"	A/Able Seaman	12	5	43	Rated 249A 13096												
"	E.R.A. 5/cl.	11	6	43	Transferred (249A/13121)												
Naden	" " " "	28	8	43	Givenchy DRD #1542.												
Givenchy MTE	" $\frac{3}{4}$ " "	16	12	43	DRD # 2003												
Union S.S. (Givenchy)	" " " "	29	1	44	DRD # 2176												
Union S.S. (Naden)	"	18	2	44	DRD # 2262												
Givenchy (For Eng. Supt.)	"	31	3	44	DRD 2381.												
Burrard	"	21	4	44	DRD # 2490												
HMS Thane	"	20	6	44	DRD # 2721												
	ERA 4/c (D)	21	8	44	Serv. Cet.												
DISCHARGED	"	15	1	45	"Dead" (Sub. 20.2.45.)												

GENERAL REMARKS

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED		PERM. RESIDENCE			PREV. ENLI		RANK OR RATE ON ENLISTMENT		
DY	MO	YR.	BIRTH	MAIN	SUB	GION	R	CTY	TOWN	SEW	DIV.	A	BR	RANK		
23	7	09	15	270	0	30	1	1576	14	0	23	0	08	95		
ENLIST. DATE			ACT. SERV. DATE			STR.			ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE		
DY	MO	YR.	DY	MO	YR.	CAT.	DY	MO	YR.	ESTAB.	A	BR	RANK			
12	05	42	12	05	42					9430	0	35	96			
SENIORITY			STR.		NON-SUB		M		8976			CODED		CHECKED		
DY	MO	YR.	CAT.	A	B	ST.										
11	06	43	13	00	00											