

V44790
OKE
FREDERICK GEORG

Passing Certificate

This is to Certify

that.....Frederick George OKE.....

Rating S.B. Prob., R.C.N.V.R. Official Number V.44790.....

has passed

THE EDUCATIONAL TEST, I , R.C.N.

held on.....3rd November, 1942.....

For advancement to Petty Officer



.....Instr. Cdr., R.C.N.
Director of Naval Education

Naval Service Headquarters

Ottawa, this.....1st.....day of.....December,.....1942.....

OCCUPATIONAL HISTORY FORM

113 0532 P198070

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... (b) Reg'l. No. V44790
2. (a) Arm of service... (b) Unit... (c) Rank...
3. (a) Date of birth... (b) Have you any dependents?... (c) Place of residence at time of enlistment...
4. (a) Place of enlistment... (b) Date of enlistment... 1/8/42

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school... (b) Were you attending school or college up to the time of enlistment?
6. State definitely highest standing reached at public, technical or high school
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?... (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?... (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)
(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... Address...
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)...
20. (a) Your specific occupation... (b) Number of years' experience at this occupation with any employer...
21. (a) Did your employer promise definitely to give you employment on discharge?... (b) Did your employer refuse to promise you employment on discharge?... (c) Do you wish to return to your former employment?

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?... (b) Do you feel competent to operate a farm?... (c) If so, in what kind of farming?
25. (a) Were you born on a farm?... (b) How many years' actual farming experience have you had?... (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

O.H.F. Received

DATE 1/9/42 1942 SIGNATURE F.G. Oke

SIH

COPY
VWD
ES

AUG 20 1942



F198069

113 0532

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 **OKE, Frederick George**

candidate for entry as **Probationary Sick Berth Attendant, R.C.N.V.R. (Temp.)** and I believe him to be ~~in all respects fit for His Majesty's Service~~ ~~fit for His Majesty's Service for the reasons stated below~~ He has signed the Certificate given below in my presence.

†Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 21	Mos. 6	(j) Date of last Vaccination for Smallpox	Childhood
(b) Height with bare feet	Feet 5	In. 6	(k) General Development	Fair
(c) Weight without clothes	130 Lbs.		(l) Nose, Throat and Tonsils	Normal
(d) Ears and Hearing	Normal		(m) Heart and Lungs	Normal
(e) Chest Girth	Max. 35½	Min. 32½	Mean 34	(n) Abdomen Hernia, etc. Appendix Scar.
(f) Teeth	Deficient 4	Defective 1	Dentures ----	(o) Limbs and Joints Normal
(g) Vision by Snellens Types	without glasses	Rt. 6/60	Lt. 6/60	(p) Skin Normal
	with glasses where worn	Rt. 6/6	Lt. 6/6	(q) Anus Haemorrhoids Normal
(h) Colour Vision	Ishihara Normal	R.C.N. Lantern ----		(r) Testes Varicocele Normal
(i) Chest x-ray	{ not taken approved positive doubtful	APPROVED.		(s) Urine ----

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.

F. G. OKE

Signature of Candidate

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

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at **Moncton, N.B.** the **1st.** of **August** 19 **42**

L. E. Prowse

Examining Medical Officer

(Rank) **Surg. Lieut. R.C.N.V.R.**

504-406
AR

CERTIFICATE of the SERVICE of

Frederick George OHE

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax, N.S.</i>	R.C.N.V.R. Division <i>St. John's, N.B.</i>	Official Number <i>044790</i>
Date of Birth <i>(10/1/21) 10 January 1921</i>		Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth <i>Moncton, N.B.</i>		<i>Mother</i>
Place of Residence <i>24 McAllen Lane, Moncton, N.B.</i>		<i>Maudie Rushton</i>
Trade brought up to <i>C. Clerk, C.P.A.</i>		<i>Same Address</i>
Religion <i>Presbyterian</i>		
Can Swim:—P.P.T. Date	19	Signature Rank
P.S.T. Date	19	Signature Rank



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>31/7/42</i>	<i>1/8/42</i>	<i>Duration of Hostilities</i>	<i>Prob. S.B.A.</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>6</i>	<i>34</i>	<i>130</i>	<i>Dark Brown</i>	<i>Grey</i>	<i>Fair</i>	<i>Appendix Scar.</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
1942	Brunswick	Prot. SBA		1 Aug	3 Sept	
	Active Service					
1942	Brunswick	"	"	4 Sept	8 Sept	
1942	Montreal	"	"	9 Sept '42	16 Nov '42	
	Cornwallis	"	"	17 Nov '42	1 Feb '43	
	Stadacona	"	"	2 Feb '43	31 Mar '43	
	Stadacona	S. B. A.		1 Apr '43	27 Nov '43	
	Hochelaga II	"	"	28 Nov '43	7 Dec '43	
	Stadacona (Valleyfield)	"	"	8 Dec '43	29 Feb '44	
	Avalon (Valleyfield)	LOG/S. B. A.	"	1 Mar '44	7 May '44	A-1422Y D.D.

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

Date	Details	Captain's Signature
21 June '43	SCTW B76602	

1/8
3 9/2
1 ap
25

UNEMPLOYMENT INSURANCE BOOK HELD -- YES
 Employer : C.N.R.
 Moncton, N.B.

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



ATTESTATION FORM
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME OKE OFFICIAL NO. 44790
 CHRISTIAN NAMES Frederick George MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
<u>24 McAllen Lane, Moncton, N.B.</u>	<u>Presbyterian</u>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>10/1/21</u>	Town <u>Moncton,</u> County Province <u>N.B.</u>	Mother: <u>Maude Rushton,</u> <u>24 McAllen Lane</u> <u>Moncton, N.B.</u>
*Original Nationality of: Father <u>English</u> Mother <u>English</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>35½</u>	Dark Brown	Grey	Fair	Appendectomy Scar
Inches... <u>6</u>	Deflated... <u>32½</u>				
	Mean... <u>34</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Grade 9</u>	<u>Clerk:</u> <u>C.N.R.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>1/8/42</u>	<u>Prob. S.B.A.</u>	<u>H.M.C.S. Brunswicker</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 Reserve Army 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
<u>19th. N.B. Regt.</u> <u>Tanks (R)</u>	<u>Trooper</u>	<u>10/12/41</u>	<u>1/8/42</u>

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the.....H.M.C.S. Brunswicker.....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 1st.....day of August, 1942.....

Signature of applicant.....F.G. Oke.....

(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 1st.....day of August, 1942.....

.....J.R. Shouldice.....S/L.....
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Frederick George Oke.....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.....F.G. Oke.....

Witness.....J.R. Shouldice.....

Date.....August 1st., 1942..... Rank.....Sub Lieut., R.C.N.V.R., (Temp.)

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....Frederick George Oke.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the H.M.C.S. Brunswicker.....Division of the R.C.N.V.R. or in the appropriate official documents.

.....J.R. Shouldice, S/L.....
Attesting Officer.

.....August 1st., 1942..... R.C.N.V.R. Division
(or other establishment) H.M.C.S. Brunswicker.....

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

.....F.G. Oke.....
Signature

COPY ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT N. B. Regiment (Tank) REGTL. No. 43678

1. Surname? (Block letters) OLKE 0-200
2. Christian names? Fred George
3. Present address? 24 McAllen Lane
Phone No. 7342
4. Date of Birth? 10-1-21 5. British subject? yes
6. Occupation? STENOGRAPHER 7. Religion? PRESBYTERIAN
8. Next of Kin. MRS. M. RUSHTON 9. Relationship? Mother
Address. 24 McAllen Lane.
10. Previous Naval, Military or Air Force Service
(Give particulars, qualifications, etc.)
Nil. 351442

CERTIFICATE OF MEDICAL EXAMINATION

Height 5-6 Weight 130 Chest max. 36 min. 33
 Descriptive marks. Appendix removed five
 I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit for service Category B
 Date. 10/2/42 Signature. P. Thomson

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Fred George do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, Fred George do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
 Signature of Witness [Signature] Signature of Man [Signature]
 Dated this 10 day of Dec 1941 at Moncton

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

Signature of Magistrate, Justice of Peace, or Attesting Officer [Signature]

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from..... <i>TOS 10-12-41</i>	<i>HO #83</i> <i>d/15-12-41</i>		<i>A. Moore</i> Officer Commanding Unit..... <i>MBRT</i>
<i>Local Training</i> <i>S.O.S (RCNVR)</i>	<i>31-7-42</i>	<i>7 days absent</i> <i>WO38</i> <i>d 7-8-42</i>	<i>absent</i> <i>absent</i>
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT N. B. R. (TANK) REGTL. No. 436792

1. Surname? (Block letters) OKE
2. Christian names? FRED GEORGE
3. Present address? 24 McALLEN LANE
Phone No. 7342
4. Date of Birth?* 10-1-21
5. British subject? YES
6. Occupation? STENO G.
7. Religion? PRESBY.
8. Next of Kin MRS. J. D. RUSHTON
Address 24 McALLEN LANE
9. Relationship? MOTHER
10. Previous Naval, Military or Air Force Service
(Give particulars, qualifications, etc.)
NIL

CERTIFICATE OF MEDICAL EXAMINATION

Height 5-6 Weight 130 Chest max. 31 min. 33
Descriptive marks burns scars Appendix R. K.
I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit Category B.
Date Jan 8/41 Signature [Signature]

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned FRED G. OKE do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, FRED GEORGE OKE do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

[Signature] Signature of Witness [Signature] Signature of Man
Dated this 10 day of DEC 1941 at MONCTON

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

[Signature]
Signature of Magistrate, Justice of Peace, or Attesting Officer

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from..... T. O. S. 10-12-41	D.O. # 83 11/8-12-41		<i>[Signature]</i> Officer Commanding Unit..... <i>MBRT</i>
<i>Local training 41-42</i>	<i>7 days</i>		<i>[Signature]</i>
<i>SO S</i>	<i>31-7-42</i>	<i>DD 38</i>	<i>[Signature]</i>
<i>16</i>	<i>16</i>	<i>7-8-42</i>	<i>days.</i>
<i>local training 1942/43</i>			
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

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Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....		 Officer Commanding Unit.....

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

Discharge Certificate
issued

31-8-42

A. L. [Signature]

NAME IN FULL *OKE Frederick George* RANK/RATING *F.L.S.B.*

SHIP	SERVICE			AREA	VERIFICATION	
	FROM	TO	DAYS		FROM	TO
	<i>4/19/42</i>					
<i>Valleyfield</i>	<i>8/12/43</i>	<i>7/5/44</i>	<i>152</i>	<i>Atk.</i>		
<i>Dis</i>	<i>"Dead H.M.C. Valleyfield" to date</i>					
	<i>7 May 44.</i>					

VERIFIED BY *[Signature]*

VERIFIED BY

VERIFICATION FORM

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

RANK/RATING *P.L.B.A.* OFF.NO. *V-44790* ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>Star</i>
<i>Atk.</i>							ATLANTIC		
							FRANCE G.		
<i>5 date</i>							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.		<i>2 + clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *[Signature]*
Lc

VERIFIED BY DIR. OF PERSONNEL RECORDS.

V44790

OFFICIAL NUMBER

NAME OKE
(Surname)

Frederick George
(Given Names)

OFFICIAL NUMBER

V44790

P.L.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. "Brunswicker"	Prob./S.B.A.	I	8	42	Div. Str. SAINT JOHN	V.G.	Sat.	31	12	42							
" "	"	4	9	42	Active Service DL	V.G.	Sat.	31	12	43							
" Montreal "Est"	"	9	9	42	D.L. 8.9.42	V.G.	Sat.	7	5	44							
" Cornwallis	"	16	11	42	DL 18.11.42 #58												
" Stadacona	"	2	2	43	D.R.D. #578												
" "	S.B.A.	1	4	43	249AD. #29077 Rated												
Hochelaga 11	"	28	11	43	D.R.D. #H-3362 (Stad-Valleyfield)												
Avalon (Valleyfield)	"	1	5	44	Ser. Cert.												
DISCHARGED	"	7	5	44	"Missing" Casualty List (DEAD)												

I/S.B.A. 1 3 44 Adv. Main File

GENERAL REMARKS

Canadian Memorial Cross granted to Mother: Mrs. Maude Rushton, 24 McAllen's Lane, MONCTON, N.B. to date 10th October, 1944.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV.	ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A	BR.	RANK	
10	1	21	15	830	0	502	514	01	9	02	0	24	95		
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK		
01	08	42	04	09	42					9690	0	24	94		
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.									
01	04	43	13	00	00	21	08-95-44								

V44790

OFFICIAL NUMBER

FILE NUMBER

113-0-532

OFFICIAL NUMBER V44790

NAME OKE (Surname) Frederick George (Given Names) DATE OF BIRTH Jan. 10, 1921
 PLACE OF BIRTH Moncton, N.B. OCCUPATION Clerk
 RELIGION Presbyterian EDUCATION Grade IX
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 24 McAllen Lane, Town Moncton, Province, etc. N.B.

ENGAGEMENTS			Period	DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)				Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								From	To	
1	8	42	Hostilities only	5'6"	Dk. Brn.	Grey	Fair	Appendectomy scar.	19th N.B. Regt. Tanks (R)	Trooper	10/12 1941	1/8 1942

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mrs. Maud Ruston
 ADDRESS (in pencil): Street and No. 24 McAllen Lane Town Moncton Province, etc. N.B.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
			Eligible for award of CVSM (R&C.) (A13914)	3	11	42	Passed Educational Test 1, RCN				
				1	4	43	Qual. S.B.A. 249A#29077				
				25	2	44	Qual. I/S.B.A. A'A4052				

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
 O. 447-5776-7
DATE

SECOND CLASS FOR CONDUCT	
From	To

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

O.H.F. Received
 Un. Ins. Book, 80 Prince William St., Saint John,
 N.B.
 Passed Can. Legion Educational Services 9-2-44
 (Main File)

W.S.G.
 APPLICATION
 10537
 RECEIVED

14

8th May, 1944

Dear Mrs. Rushton:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Frederick George Oke, Sick Berth Attendant, Royal Canadian Naval Volunteer Reserve, Official Number V-44790, is missing at sea.

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

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

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

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

Yours sincerely,

LETTER distributed by
PERSONNEL NAVAL

MAY 9 1944

-SECRETARY, NAVAL BOARD

Mrs. Maud Rushton,
24 McAllen's Lane,
MONCTON, N.B.

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

18

Sir:

12 May, 1944.

(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
OKE, Frederick George Sick Berth Attendant V-44790, R.C.N.V.R.

DATE OF ENLISTMENT - 1 August, 1942. Active Service: 4 Sept. 1942.

DATE OF DISCHARGE - Will be reported later

HOSPITAL -
(If discharged in hospital under jurisdiction of D. P. & N. H.)

SERVICE - Canada and High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "Missing" at sea when the ship in which he was serv-
when and where any disability
was incurred, or where death ing was lost by enemy action. While this casualty
occurred.
is listed as missing, it is impossible to make an estimate as to his chances of
survival. Should no information be received to the contrary, you will be notified
when official presumption of death with date has been set.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP- Mother NAME- Mrs. Maud Rushton,

ADDRESS- 24 McAllens Lane, Moncton, N.B.

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

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R./5.

H.B. Money
for
SECRETARY, NAVAL BOARD. *imc*

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

B 2 / 12/18/44 / NPR/5 / C

NOTE: Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

EL/DH

NS. V-44790 N.A. (P-11).

M E M O R A N D U M

TO: C.T.O.(N) PRE AUDIT

It is requested that a Journal Voucher be issued to transfer the difference between pension and monthly payments under Article 70.53 (113A) of K.R.C.N. re: Mrs. Maud Rushton, mother of the late Frederick George Oke, Ldg.S.B.A., O.No. V-44790.

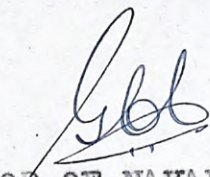
DEBIT

46612-400-02-44 - \$190.00

CREDIT

9999-400-57-62 - \$190.00

Authorized payments for 19 months, June, 1944 to December, 1945, inclusive @ \$30.00	- \$570.00
Less refund from pension for 19 months, deposited by Official Receipt No. 60-A01710	- <u>380.00</u>
Difference between pension and monthly payments	- <u>\$190.00</u>

for  DIRECTOR OF NAVAL PAY ACCOUNTING.

Ottawa, Ontario,
4th February, 1946.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Frederick Geo. OKE
 (Christian Names) (Surname)

Payee, Mrs Mand RUSHTON,
 Address 24 McAllen Lane,
Moncton, N.B.

Register No. 10537
 File No. V-44798
 Date 26-6-45
 Service No. V-44798
 Final Rank or Rating L/S.B.A.

Date of termination of overseas service 7 May 44 Date of Discharge 7 May 44

A. TOTAL QUALIFYING SERVICE
 No. of days 612 equal to 20 complete periods at \$7.50 150.00
30

B. QUALIFYING OVERSEAS SERVICE
 No. of days 152 less 12 ineligible days equal to 40 days @ 25¢ per day 35.00

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<u>2.25</u>	
Subsistence or Lodging and Provision Allowance	\$	<u>1.25</u>	
Additional Pay H.L.M.	\$	<u>.13</u>	
Dependents' Allowance 1/30 of \$ <u>Nil</u>	\$	<u>—</u>	
Total		<u>3.63</u>	x 7 = \$ <u>25.41</u>
No. of days	<u>152</u>		x \$ <u>25.41</u> = <u>21.11</u>
	<u>183</u>		

D. WAR SERVICE GRATUITY 206.11

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

F. TOTAL AMOUNT PAYABLE 206.11

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 206.11
 Total Dependents' Allowance in issue \$ _____

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

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

ACCOUNTS OF MEN DISCHARGED

42

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

Name..... **OKE, Frederick G.** Rating..... **Leading S.B.A.**
 Official No. **V.44790** H.M.C.S. **AVALON-VALLEYFIELD** List..... **12-2-23**
 Who*..... **Discharged Dead** on the..... **7th. May, 44**
 19.....

	\$	cts.
Net sum due on ledger on account of Wages.....	NIL	
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. 25182 ADM. NAVAL ESTATES (PRESENT WAR)	98.	67
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) Thirty Dollars charged to..... 31 May 1944		
Name of ship from which transferred..... VALLEYFIELD		
Total†..... Creditor	98.	67

Cashed
RB
D. W. M. M.
26.4.44

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of **AVALON for VALLEYFIELD** amounting to a net balance†..... **Creditor** of **NINETY-EIGHT** dollars **SIXTY-SEVEN** cents.

Dated on board H.M.C.S. **AVALON** at **St. John's, Newfoundland** this **6th.** day of **September, 19 44**

Approved..... **Pay. Lieutenant Commander RCNVR.** Accountant Officer.
 { Initials of the Assistant Accountant Officer }
 **A/CAPTAIN, R.C.N.** Commanding Officer.

For Use at Headquarters. \$..... cts..... credited on Inspector's certificate
 No..... to.....
 Signature.....
 Date..... 19.....

ESTATES BRANCH

H.Q.NS. V-44790 FD.610

January 16, 1945.

Mrs. Maud Rushton,
24 McAllen Lane,
Moncton, N.B.

OKE, Frederick G., L/SBA (Deceased)
No. V.44790, R.C.N.V.R.

Dear Mrs. Rushton:

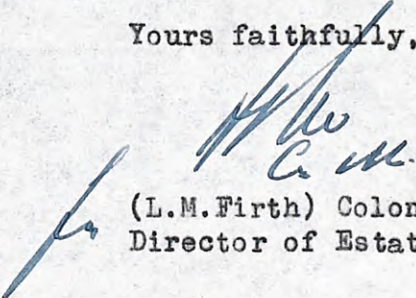
Distribution can now be made of the amount of money here at credit of your late son.


The total amount available for distribution is \$98.67, made up entirely of the balance of pay and allowances.

Your son died without having made a Will and his Service estate is, therefore, payable to you as the next of kin entitled under the Intestacy Laws of his province of domicile.

Treasury has been requested to send you direct a cheque payable to your order in the above amount of \$98.67, and on receipt of same will you kindly sign and return the enclosed form of acknowledgment to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa.

Yours faithfully,


(L.M.Firth) Colonel,
Director of Estates.

HRW/JN
Encl. 

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

Mrs. Maud Rushton,
24 McAllen's Lane,
Moncton, N.B.

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

and the following number quoted:—

H.Q. NS. V-44790. ED. 610.

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.



September 13 1944

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

OKE, Frederick George, Leading Sick Berth Attendant,

V-44790, 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.

GC/

H. S. Wade
Commander, RCNVR
for
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.....	none	✓	✓
2	Children of the Deceased and dates of their Births.....	none	✓	✓
3	Father of the Deceased.....	George William Oke	37	Died June 14 1927
4	Mother of the Deceased.....	Mrs Maud Rushton	55	24 McAllen Lane Moncton N.B.
5	Brothers of the Deceased	Full Blood	William Robert Oke	27 488 St George Street Moncton N.B.
		Half Blood	—	—
6	Sisters of the Deceased	Full Blood	Esther Louise Read	30 157 McAllens Lane Moncton N.B.
		Full Blood	Ruth Edal Leay	26 24 ✓ ✓
Full Blood	Anna Marcella Cosman	22 24 ✓ ✓		
Full Blood	Margaret Helen Oke	18 24 ✓ ✓		
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	
	—	—	—	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Frederick George Oke
9	Date of his birth.	Jan 10 th 1921
10	Place and date of his marriage.	- Single -
11	Place and date of his parents' marriage.	St John's Newfoundland Sept. 27-1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Moncton - New Brunswick
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) New Brunswick (b) Westmorland County (c) Lived in Moncton (d) entire lifetime
14	Nature of employment before enlistment.	Acct. Dept. Canadian Nat. Railway Moncton NB
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.	Moncton NB.

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?	- Single
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.	750 ⁰⁰ North War Certificates in possession of Mother Mrs. Maud Rushton
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	1 - Bearer 100. ⁰⁰ 1959 1 - Registered 100. ⁰⁰ 1957
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	One Policy Class A Canadian National Railway Beneficiary Mrs. Maud Rushton
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	- None -

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.	- No -
<p>(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.)</p>		

(PLEASE TURN OVER)

DECLARATION

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

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

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

Mrs Maud Rushton {Signature of Informant
24 McAllen Lane Moncton N.B. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Maud Rushton {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 Moncton this 27th day of September 1944
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Frank E. Nichol Qualification Minister of St. John's Church
Address 76 Alma St, Moncton, N.B.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

Table with 2 columns: Question number and Question text. Questions include: 10. Did he have a bank, Post Office or other deposit account? 11. Amount of any savings certificates held by deceased. 12. Amount of any other assets held by deceased. 13. Did he have any other assets?

OTHER PARTICULARS

Table with 2 columns: Question number and Question text. Questions include: 14. Did he have any other assets? 15. Did he have any other assets?

By the Government not a chargeable against the estate of the deceased.

STATEMENT OF ACCOUNT

41

True extract from the ledger of H.M.C.S. "AVALON-VALLEYFIELD" ending 30th June, 1944

List ^{12²} No. 23 (Name) OKE, Frederick G. Rank Rating L/SBA. No. V.44790

When entered Former Book Date of appearance Former Book Whither discharged Dead

	\$	c.
CREDIT from former account.....	29.21	
Pay as L/S.B.A. from 1st.Apl. to 31st.May (61 days at \$ 2.25 a day).....	137.25	
" ^(Rank Rating) Adj.L/SBA. " 1st.Mch. " 31st.Mch, 31 " .30 ").....	9.30	
" " " " " " ").....		
" " " " " " ").....		
" " " " " " ").....		
Kit Upkeep Allowance Adj.Mch. .33; 1st.Apl - 7th.May XXX 6.10	6.43	
OTHER CREDITS: Grog Money 1st.Apl - 7th.May 37 days @ .06	2.22	
Total credits.....	184.41	

DEBT from former account..... NIL

PAYMENTS:—	1st	2nd	3rd	4th	5th		
	Cont. c. Pay. Mch. 8.94	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....						Total.....	8.94
2nd month.....						Total.....	
3rd month.....						Total.....	

Allotment Apl. 30.00 and 16.80; May 30.00 76.80

Pension deduction (Officers) charged to..... of.....

Hospital stoppages.....

Mulcts.....

OTHER CHARGES: O.R.No.25182 ADM.NAVAL ESTATES (PRESENT WAR) 98.67

LEDGER: <i>h</i>	Total debits	184.41
AUDIT: <i>Gr</i>	Balance Cr. or Dr.	NIL
	(Balance Dr. to be shown in red)	

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date 6th September, 1944

[Signature]
ACCOUNTANT OFFICER
Pay.Lieut.Commander, RCNVR.

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 7 May 1944

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

OKE	Frederick George	V-44790	L/SBA.	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 AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	
War Medal	
	848 25/11/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

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

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Maud Rushton - Mother

ADDRESS: 24 McAllen's Lane,
Moncton, N.B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Maude Rushton
24 McAllen's Lane
MONCTON, N.B.

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP

REGN. NO.

579

(2)

(3)

10 October 1944

FORM C-3

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG. No.

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

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

3. NAME OF DECEASED OKE Frederick George
 (Surname) (Given name or names)

RESIDENCE No. 24 Street McAllen's Lane City, Town, Village or Civil Parish Moncton Province N.B.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
8. BIRTHPLACE <u>Moncton</u> (Province or Country)			
9. DATE OF BIRTH <u>January 10th 1921</u> (Month) (Day) (Year)			
10. AGE in	Years <u>23</u>	Months <u>4</u>	Days If less than one day old hrs. or min.
11. Trade, profession or kind of work as <u>spinner, teamster, office clerk, etc.</u> <u>Clerk</u>			
12. Kind of industry or business, as <u>cotton-mill, lumbering, bank, etc.</u> <u>C.N.R.</u>			
13. Date deceased last worked at this occupation.....		14. Total yrs. spent in this occupation.....	
15. If married give name of wife or husband of deceased.....			
16. NAME.....			
17. BIRTHPLACE..... (Province or Country)			
18. MAIDEN NAME.....			
19. BIRTHPLACE..... (Province or Country)			
20. Name of informant <u>Paym. Cdr. R.C.N.E.</u> Address <u>Naval Service Headquarters, Ottawa, Ont.</u> Relationship to deceased <u>Officer i/c, Naval Personnel Record</u>			
21. Place of Burial, Cremation or Removal..... Date of burial or removal.....			
22. UNDERTAKER..... (Name and address)			

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH May 7th 1944
 (Month) (Day) (Year)

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

CAUSE OF DEATH

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

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

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

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

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

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

Signed by..... M.D.
 Address..... Date 5/7/44 19.....

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

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