A4506
PEDWELL
JACK ALDON

DECEASED 7 May 1944

DEPARTMENT OF VETERANS AFFAIRS **AWARDS** NAVY D.D. WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
PEDWELL	Jack Aldon	A-4506	L. Sto.		

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
Atlantic Star	8074
C.V.S.M. & Clasp	
War Medal	
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

RCNR "VALLEYFIELD" Feb/46

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mrs. Amelia Pedwell - Mother

ADDRESS: 222 9th St. East,
Owen Sound , Ont.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER Mrs. Amelia Pedwell

ADDRESS: 222 - 9th Street East
OWEN SOUND, Ontario

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO 1846
(2)
(3) 28 October 1944

N.V. 17
60M—11-40 (7836)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

Jack Aldon PEDWELL

in the Royal Canadian Naval ~~Volunteer~~ Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number A-4506
Halifax	Toronto	"
		"

Date of Birth 18 Dec., '19.

Place of Birth Lion's Head, Ontario.

Place of Residence 222 9th St. E. Owen Sound Ont.

Trade brought up to Stoker.

Religion C. of E.

O.H.F.

Name and Address of Nearest Relative or Friend (in pencil)
Mother Amelia
Same address
1/4/42

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

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

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
	6th May, '41.	Dur.Host.	Stoker I

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration

PERSONAL DESCRIPTION

—	Height Feet	Height Inches	Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
On Entry	5	6	35½	137	Dark Brown	Brown	Med.	None.
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER List	LEDGER No.	RATING	FROM	TO	CAUSE OF DISCHARGE
	Active Service						
1941	Toronto Div. RCNVR			Stoker I	6 May '41	6 Aug. '41	
	Stadacona			Sto. I	7 Aug. 41	30 Sep 41	
	(yote Vessel) Shelburne			—	1 Oct 41	30 Nov. 41	
	Stadacona			—"—	1 Dec 41	2 Dec 41	
	Sambro (Oakville)	✓		—"—	3 Dec 41	3 Feb 42	
	Stadacona			—"—	4 Feb 42	11 May 42	
	Stadacona (Drummondville)	✓		—"—	12 May 42	13 May 42	
	H.M.C.S. Fort Ramsey (—"—)	✓		—"—	14 May 42	31 July 42	
	Stadacona (—"—)	✓		—"—	1 Aug. 42	12 Sep 42	
	Fort Ramsey (—"—)	✓		—"—	13 Sep 42	30 Sep 42	
	Protector (—"—)	✓		—"—	1 Oct 42	9 Jan. 43	
	Stadacona (—"—)	✓		—"—	10 Jan. 43	2 July 43	
	Protector (—"—)	✓		A/Leg. Sto. —"—	1 June 43 3 July 43	29 Oct 43	
	Protector			—"—	30 Oct 43	11 Nov 43	
	Stadacona			—"—	12 Nov 43	25 Nov 43	
	Hochelaga II			—"—	26 Nov 43	7 Dec 43	
	Stadacona (Valleyfield)	✓		—"—	8 Dec 43	29 Feb 44	
	Avalon (Valleyfield)	✓		—"—	1 Mch 44	7 May 44	"D.D."

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

Date	Details	Captain's Signature
16-1-42	S C T W # B-15364	1598
5 Mch '43	—"— 856177	

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER List	LEDGER No.	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
7 May '41	Identity Card N.S. 23061 issued	G. Beamond H.R.C.N.V.R. for Commanding Officer on leave	A/Ldg. Sto. (tg)	1 June '43	G. Shedden
29 May, 1943	Granted Cert. W/K Cert.	J. W. Cauffey			

Name Jack Aldon PEDWELL **Conduct**

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31ST DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		VG	Sat (Sto. I.)	31 Dec. '41	[illegible]
		V.G.	Sat. (Sto. I.)	31 Dec. '42	[illegible]
		VG	SAT (1/Lty Sto)	31 Dec. '43	[illegible]
		V.G.	Sat. (1/Lty. Sto. (T/L))	7 May 44	[illegible]

Previous time to count towards G.C. Badges — 322 days
N.S. 123-P-232
21 May '41

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
10 June '43	G.C.B.	1st	Granted

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

Can. B. 207

100 M—11-40 (7881)
N.S. 815-2-207

P 53862 DEPT. OF NATIONAL DEFENCE
MAY 14 1941
N.S. 123-232

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined PEDWELL J.

‡candidate for entry as STOKER. I VR.

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.

Age {Years / Months (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
21	lbs. 137	ft. ins. 5 6	Good	inches (a) maximum 37 (b) minimum 34 (c) mean 35½	right eye 20/15 left eye 20/15 *colour vision NORMAL	1940	NORMAL	NORMAL	deformed nail right toe	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL

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

X-ray { ~~Not taken.~~ 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.

J. Pedwell
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 Toronto the 5th of May 1941

John A McLachlin
Examining Medical Officer

(Rank) Surg Lieut

N. R. 5
15M—2-40 (4149)
N.S. 815-12-5

DEPT. NATIONAL DEFENCE
MAY 11 19
N.S. 123-P232
CANADA

P 53861

CANADA

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME PEDWELL OFFICIAL No. A4506

CHRISTIAN NAMES JACK ALDON MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
354 - 10th St. East, Owen Sound, Ontario	C. of E.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
18 Dec., '19	Town Lion's Head County Bruce Province Ontario	Mother: Amelia, 354 - 10th St. East, Owen Sound, Ontario.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 6	Inflated 37 Deflated 34 Mean 35½	Dark Brown.	Brown.	Med.	None.

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
6th May., '41	Stoker I	Stoker: Canadian Steamship Lines, Toronto, Ontario.

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.

(3) (a) ~~That it is my intention to follow the sea for a period of ten or five years from this date.~~

(b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.

(c) ~~That it is my intention to follow the sea in an Engineman capacity for a period of five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) ~~and (c) above.~~
Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.
Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.
Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Personnel Records Division.
1. Noted in Records
2. Index Card
3. Non-Sub. Card
4. Statistical Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE 18-5-41

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

*Cross out clause not applicable.

(5) That (a)* ~~I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.~~

(b)* I served in The Irish Regiment of Canada, A.F. for the period shown.

Served in	Rank	From	To
Irish Regiment of Canada A.F.	Pte.	18 June, '40	5 May, '41.

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

AND OR DURATION OF HOSTILITIES

(a) To serve from the date thereof for five consecutive years, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 6th day of May, 1941.

x Jack Aldon Pedwell
(Signature of Applicant)

(C) **OATH OF ALLEGIANCE**

I, Jack Aldon Pedwell 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 x Jack Aldon Pedwell

Witness A. M. Linkletter

Date 6th May, '41. Rank LIEUTENANT R. C. N. V. R.

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

(D) **CERTIFICATE OF ATTESTING OFFICIAL**

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of allegiance in my presence this 6th day of May, 1941.

A. M. Linkletter
(Signature of Officer and rank)
LIEUTENANT R. C. N. V. R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

1138628

CANADA

Department of National Defence

Naval Service

OTTAWA, Ont., 30 August, 1944.

IN REPLY PLEASE QUOTE

N.S. A-4506 PERS. (N)

Sir:

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

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
PEDWELL, Jack Aldon, Leading Stoker, Official Number A-4506, Royal Canadian Naval Reserve.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Mother: Mrs. Amelia Pedwell, 222-9th St., East, Owen Sound, Ontario.

ALLOTMENTS IN FORCE

In favor of		Amount	Initials
Mrs. Amelia Pedwell,	222-9th St. East, Owen Sound, Ont.	D.A. 25.00 A.P. 30.00	GW
	total	$55.00	

GW

ALLOTMENT STOPPED PAID 31ST MAY, 1944.

Will: Attached.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ont.

D 2258 A
1000M—4-42 (4259)
N.S. 815-5-2258

ESTATES BRANCH

HQ.NS.A-4506 FD 605

10th April, 1945.

Mrs. Amelia Pedwell,
Apt. 9, 222-9th Street East,
OWEN SOUND, Ont.

PEDWELL, Jack, Aldon, Ldg.Sto. (Deceased)
NO. A.4506 R.C.N.V.R.

Dear Mrs. Pedwell:-

In reply to your letter of the 5th instant, I have to advise you that this Directorate has not yet received the finalized statement of pay and allowances herein, to enable us to determine whether any allotments for the purchase of Victory Loan bonds are reflected therein as a credit, but as soon as this is received you will be advised and enquiry will be made tracing any bonds which were purchased by your late son.

Dependents of deceased personnel are entitled to War Service Gratuity and application form for same may be obtained from the Secretary of the Naval Board, Naval Service Headquarters, Ottawa, Ont. The form should be completed and returned to him for the attention of the Director of Naval Pay Accounting.

Yours faithfully,

for Director of Estates.

HRW:PM.

M 16184

This form is for the use of applicants for entry as Officer, Engine-Room Artificer or Engineman, in the R.C.N.R. or R.C.N.V.R. It may also be sent in by Seamen and Stokers *of the Mercantile Marine* who wish to enter the R.C.N.R. in those ratings. Other ratings will only be entered through R.C.N.V.R. Divisions where they must present themselves in person, and applications forwarded on this form will not be considered.

2

FEB 2 1940

N.S. 62215 P

CANADA

OFFER OF SERVICE FOR HOSTILITIES (NAVAL)

Name Jack Rockwell (Surname, Christian Names) Address Irish Regiment

Town or City Camp Borden Ont.

Telephone No.

Date of birth December 18/20 Rank or rating last held (if any) Oiler

Class and No. of any Mercantile Marine Certificate held None (Masters, Mates or Engineers)

Class and No. of any Stationary Engineer's Certificate held None

Brief summary of Naval and/or Mercantile Marine experience (If left the sea, date of last sea service and nature of occupation since

The following are months of service on Great Lakes = April 4th 1938 to Dec 14/38, March 31/39 to August 21st 1939. Oiling time are as follows 27th Sept 1939 to 9th Dec 1939, 22 April 1940 to 5th May 1940

Any other special qualifications likely to be of value to the Navy

Any physical defects (especially eyesight)

Languages spoken (other than English or French) None

Profession, Trade or Occupation in Civil Life Sailor

Are you (1) Actively pursuing your profession or trade on your own account?

or (2) In employment, if so, in what capacity and under what employer

Are you applying for entry as an Officer or as a rating (i.e. in the ranks)? Rating

If you cannot be accepted as an Officer (or not immediately) are you willing to enter as a rating?

Please do not write any further with regard to this application, and do not call in person, unless requested to do so.

The completion of this form does not bind the applicant to accept any position offered in the Naval Service, and does not debar him from seeking a position in the other defence forces.

Certificates, testimonials, photographs, etc. should not be forwarded with this form. If required they will be asked for later.

To be sent, when completed, to:
The Naval Secretary,
The Department of National Defence,
Ottawa, Ontario.

N.V. 3a
50M—7-40 (5933)
N.S. 815-11-3

REGISTERED

AN

FILE NO. N.S. X A/4506 PERS(N)

45

30 August, 1944.

Dear Mrs. Pedwell:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your son, Jack Aldon Pedwell, Leading Stoker, Official Number, A-4506, Royal Canadian Naval Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Deputy

Noted on Estate Card. 5-9-44 G.P.

Mrs. Amelia Pedwell,
222-9th St., East,
Owen Sound, Ont.

Royal Canadian
Message Condolence
Date Sent 30/8/44 NFR 5

Despatched by
Sec. N. B.

Date 1/9/44
Time 1800

BJ 30/9/44 NFR/5 PM

a

N[redacted]R./5-2.

46

FORM "B"

FILE: N.S. A-4506 PERS. (N)

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

AUG 30 1944

Sir:

.....
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
PEDWELL, Jack Aldon	Leading Stoker	A-4506 R.C.N.R.

DATE OF ENLISTMENT - 6 May, 1941

DATE OF DISCHARGE - 7 May, 1944.

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

SERVICE - CANADA & HIGH SEAS
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred. - Missing, presumed dead, when H.M.C.S."VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.

(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. Amelia Pedwell,

ADDRESS - 222 - 9th St. East, Owen Sound, Ont.

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

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

P.A.'S CHECKED IN

C. R.
P. A.
NAVAL TREASURY
DATE 5/9/44
INITIAL

REMARKS:.....

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

Names of Dependents	Relationship	Maiden name of wife	Date of marriage and/or date of birth of children
Mrs. Amelia Pedwell,	mother		

	D. A.	A. P.	TOTAL
Monthly rate:	25.00	30.00	55.00

To Whom Paid: Mrs. Amelia Pedwell, Address 222-9th East, Owen Sound, Ont.

Date of Enlistment: see other side

Date of Discharge: see other side

Inclusive date to which D.A. and/or A.P. was Paid: 31st May 1944.

The final deduction of Assigned Pay for 30.00 has been made for the period

from 1st to 31st of May 1944

Remarks:

Computed by.....

Checked by.....

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

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

Mr Smith

47

Apt 9, 222-9th St East.
Owen Sound, Ont.
Sept 8/44.

C.F.G. Hill, Esq.,
A/Pay Captain, R.C.N.V.R.
Director of Naval Pay accounting,
Dept of National Defence, Naval Service,
Ottawa, Can.

132968

Dear Sir;- Your file N.S. A-4506 (PERS. (N))

I have your favors of June 22nd., July 22nd & Aug 2Ist each with an enclosure of $60. (cheques) for which I thank you. Regret the delay in acknowledging same, but up to the present have been quite ill and did not feel much like letter writing, especially in this case.

Feel confident that your department will do your part regarding Pension mentioned, as we all know Jack has done his. Altho we have been informed, officially, that for official purposes "Jack Aldon Pedwell, Leading Stoker is presumed dead", I cannot give up, and even if Jack should be gone, he will ever be with me, always there has been that little something indefinable bewtween us, and out bond is altogether too close for even death to sever. Since I936, and you can see how tender were his years then, he took his Father's place and from that year on he has contributed to the support of this family, and now while there is really only the one girl who is my dependant, it was Jack's one desire

that she be kept at school as long as possible, and its to this end I hope your Service will see fit to help me and finish this child's education, and incidentally keep our home to-gether.

May I ask you to whom I shall write regarding the bonds Jack has taken out, As I know he took out bonds each time a loan was floated, and your records will show the amounts taken each month to pay for same.

Thanking you for your kindness in the matter, I am

Yours truly,
(Mrs) Amelia Pedwell

Apt 9, 222-9th St East. #927
Owen Sound, Ont. Can.
Feb I/45.

022522

Dept of National Defence,
Naval Service,
Ottawa, Ont.

Dear Sirs;- A-4506 Pers. (N).

Last November I filed my claim as Mother of (the late) Leading Stoker John Aldon Pedwell, A-4506, for War Service gratuity due my Son. Up to the present I have heard nothing definite from your department. Your letter of reply dated Dec I/44 neither confirmed nor denied my eligibility.

Kindly let me hear from you.

Yours truly,

Mrs Amelia Pedwell

OCCUPATIONAL HISTORY FORM 53863

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: JACK ALDON PEDWELL (b) Reg'l. No.
2. (a) Arm of service: Navy (b) Unit: Toronto Division (c) Rank: Stoker I
3. (a) Date of birth: 18 Dec. '19 (b) Have you any dependents? No. (c) Place of residence at time of enlistment: Owen Sound, Ont.
4. (a) Place of enlistment: Toronto, Ontario. (b) Date of enlistment: 7th May, '41.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 14 (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.): 2 monthsin 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? 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? Canadian Seamen's Union.

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

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

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

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

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

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

18. Name of employer: Canadian Steamship Lines Address: Toronto, Ontario
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Shipping.
20. (a) Your specific occupation: Oiler (b) Number of years' experience at this occupation with any employer: 5 months.
21. (a) Did your employer promise definitely to give you employment on discharge? X Yes. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? Yes.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No. (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? 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? No.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Machinist.

DATE: 7th May, 1. 194..... SIGNATURE

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL Redwell, Jack Aldon RANK/RATING A/Leg'l/Sto OFF.NO. A-4506 ADDRESS

SHIP	SERVICE FROM	SERVICE TO	SERVICE DAYS	AREA	QUALIFYING PERIODS IN DAYS FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
												1939-45	1	star
	6-5-41													
												ATLANTIC	1	star
Oakville	3-12-41	3-2-42	63	AT										
												FRANCE G.		
Drummondville	12-5-42	29-10-43	536	AT										
												AFRICA		
Valleyfield	8-12-43	7-5-44	152	AT										
												PACIFIC		
												BURMA		
				Dead Dead 7-5-44										
												ITALY		
												DEFENCE		
												C.V.S.M.	2	+ Clasp
												" CLASP		
												WAR 1945	1	medal
												WAR 1915		

VERIFIED BY

VERIFIED BY

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

Can. S. 545
10M—2-40 (4019)
N.S. 815-9-545

P162914 NOV 1941 N.S. 123-P-232 CANADA A·4506

IN THE NAME OF GOD, AMEN

Stoker I

I, Jack Aldon Pedwell of His Majesty's Ship Toronto Division, R.C.N.V.R. (now a Patient* in), being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my Mother, Amelia Pedwell, ~~354 - 10th St. East,~~ 222, 9th E Owen Sound, Ontario.

13

*If in Hospital or in Hospital Ship.

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.

And I do hereby appoint my Mother, Amelia Pedwell, 354 - 10th St. East, Owen Sound, Ontario.

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

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 7th day of May, in the Year of Our Lord One Thousand Nine Hundred and forty-one.

Jack Aldon Pedwell

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* { A. M. Linklettes / [illegible]

PAY LIEUT. R. C. N. V. R.

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 MRB

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 Beer ..... { Signature of the person by whom the Will was prepared.

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Amelia Pedwell,
222-9th St., East,
Owen Sound, Ontario.

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. NS. A - 4506 FD. 605

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 12 1944

ESTATES BRANCH OCT 4 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

PEDWELL, Jack Aldon, Leading Stoker,

Official Number A-4506, Royal Canadian Naval Reserve.

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.

H. H. Meade
Commander R.C.N.
for Director of Estates.

GC/

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

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		Christopher, Charles Pedwell		unknown
4	Mother of the Deceased		Amelia Pedwell		222-9th St E. Owen Sound, Ont
5	Brothers of the Deceased	Full Blood	Douglas Milton		B 79669 Pte Pedwell, D.M. 2 C.B.R.G. Can. Army Overseas
		Half Blood			
6	Sisters of the Deceased	Full Blood	Clarissa (Pedwell) Hardman Ruth Mildred Pedwell Anne Yvonne Pedwell	( ) (	Wiarton, Ont. W 22840 # 3 C.W.A.C. Kitchener. Ont. 222-9th St E Owen Sound, Ont
		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.	John Aldon Pedwell
9	Date of his birth.	Dec 18th 1919.
10	Place and date of his marriage.	-------
11	Place and date of his parents' marriage.	Wiarton, Ont. October 1915

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Lion's Head, Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Brinkman's Corner, Ont. (b) Owen Sound, Ont. (c) (d)
14	Nature of employment before enlistment.	farming----sailor on Great Lakes.
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.	Owen Sound or vicinity

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	------
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?	---------
20	Amount of War Savings Certificates held by deceased. Indicate where located.	-------
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Know he had some, but don't know exactly where.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	-------
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	---------

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.	---------
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.	---------

(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

*.....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.

.....Amelia Pedwell..... Signature of Informant

.....222-9th St E. Owen Sound, Ont. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Amelia Pedwell

See above. .....{Name of informant} is the mother .....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Owen Sound this 3rd day of October 19 44

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

Address Belgrave Block Owen Sound Ont.

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

Regarding the bonds. We do know Jack made purchases each loan as I have letters here which tell me of this. Have the receipt for ~~one~~ two as he left ~~this~~ these with me on one of his furloughs home. The last loan, I know he again purchased a bond as he told me in the last letter I got from him prior to his fatality. You know doubt will have the records of these as they were ~~no doubt~~ purchased on the installment plan.

Mrs (Amelia Pedwell)

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY HG

Name: PEDWELL (Surname) Jack A. (Christian Names) No.: A.4506

L/S. (Rank) R.C.N.V.R.O/S (Unit) 7-5-44 (Date of Death)

AMOUNT

L.P.C. $ 57.93

Date: 30-1-46

Other Credits

Total 57.93

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Amelia Pedwell, Apt. 9, 222-9th St., E., OWEN SOUND, Ont. (Sole beneficiary under will)	$57.93

P4. TO TREAS. 7-2-46, QW.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$57.93

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

Supt

P284772 P28477

No. 111 jst

M.F.M. 16A
75M—4-40 (4688-9)
H.Q. 1772—39-1665

123-P-232

77

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

NAVAL
(.....)

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

The names required by Questions 1, 2 & 12 must be shown in block capitals.

1. Surname of applicant PEDWELL

2. Full Christian name or names John Aldon

3. Official Number A-4506 4. Rank Stoker I

5. Unit, Station, or Establishment H.M.C.S. "PROTECTOR" for H.M.C.S. "DRUMMONDVILLE"

6. Date appointment or enlistment 18-6-40 transferring to Navy, 5-5-41

Question 7: In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

7. Date reported for duty May 6, 1941

8. Are you a member of the permanent forces, military or air? NO

If so (*a*) State permanent establishment, unit or station .....

.....(*b*) Are you receiving permanent force rates of pay and allowances? Yes.

Questions 9 & 10: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment .....

10. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month .....

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment Before enlisting in Army was oiler on Canada Steamship lines, Great Lakes Freighter. Earnings $540.00 for six months.

12. Name of dependent ~~XXX~~ PEDWELL (Surname) Amelia (Christian Name) Mrs. (Mr. Mrs. or Miss)

Question 13: Give street name and number or post office box number, R.R. No. city, town or village and province.

13. Address 222-9th St. E., Owen Sound, Ontario.

14. Age of dependent 49 15. Relationship Mother

Questions 16 to 28 Have a bearing on the eligibility for the allowance and the amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?
Myself, sisters, and brother. Same address as #13.
State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter? Trying to maintain
(State relationship) a home, so we can be together again. Same address.

18. Is dependent being maintained in a Public Institution at the public's expense? No.
Yes or no

If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any Dr. Whyte, 10th St. West, ~~XXXX~~ Owen Sound.

(Illness connected with middle age, had partial stroke.

20. From what date have you been contributing to the support of this dependent? 1936

21. Are you the sole or partial support? Partial
State whether sole support or partial support

22. (*a*) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months $75.00 per month
$450.00 total

(*b*) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? Entitled me to board and lodging any time I was at home.

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?

24. If dependent is your mother, is your father living? Yes
Yes or No

If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.

Desertion, whereabouts not known.

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
CLARISSA	TORONTO	25		Married
RUTH	TORONTO	19	Part time work	School
DOUGLAS	ENGLAND	20	Soldier	Single
Anne	222.9th St.E. Owen Sound		Attending collegiate 2nd yr. work.	

26. (*a*) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

Douglas assigns $20.00 per month(now)

Worked but a short time prior to enlistment, trying to finish school.

(*b*) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: Always, the family stayed at home for their board and lodging when in ~~We~~ Owen Sound.

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

Dependent's Average Monthly Income from:		*Dependent's Average Monthly Allowances from:*	
Personal earnings	$ XX	Workmen's Compensation Award.	$ XX
Contributions and allowances from other members of family.	$ 20.00	Widow's Pension	$ XX
Insurance	$ XX	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority)	$ XX
Dividends from shares, bonds, etc.	$ XX		$ XX
Interest on loans or mortgages.	$ XX		$ XX
Rentals.	$ XX		$ XX
Other	$ XX		
Total	$ 20.00	Total	$ XX

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance.
If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

15 days' pay. $30.00

29. Date assigned pay effective February, 1942.

30. Have you made a prior assignment of pay. If so state number of days and to whom

No.

[OVER]

31. Have you made a previous claim for dependent's allowance? Yes

If so give particulars of previous unit and official number under which applied for and date of application May or June, 1942. H.M.C.S. "STADACONA"
(No action taken on this application.)

Certified that authorization for assigned pay as stated has been received.

Paymaster Sub. Lt. R.C.N.V.R. Rank

I certify that the above is a true statement.

John Aldon Redwell
Signature of Applicant

Date Nov. 26, 1942.

Establishment, unit or station
H.M.C.S. "PROTECTOR"

Place Sydney, N.S.

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

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

FORM 6

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 ..... (Name) Street ..... House No .....
(If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED Redfield (Family name) Jack Alden (Given name or names in usual order)

RESIDENCE No. 222-9th Street East City, Town, Village or Township Owen Sound Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian	British	Single

8. BIRTHPLACE Ontario. (Province or Country)

9. DATE OF BIRTH December (Month) 18 (Day) 1919 (Year)

10. AGE in

Years	Months	Days	If less than one day old
24	5		hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Stoker, Can. Steamship

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. Lines, Toronto.

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 H.B. Money
sign here .....
Paymr. Cdr., R.C.N.R.
Address Naval Service Headquarters, Ottawa.
Relationship to deceased Officer i/c Naval Personnel Records.

21. Place of Burial, Cremation or Removal No burial
Date of burial or removal .....

22. Burial Permit was issued by .....
Address .....

23. UNDERTAKER ..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH

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

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

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

PHYSICIAN: Underline the cause to which death should be charged statistically

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? ..... (State which) Date of injury ..... 19.....
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)

4
NAVY

DEPARTMENT OF NATIONAL DEFENCE

ID NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

[illegible]SED [illegible]BER'S [illegible]AME Jack Aldon (CHRISTIAN NAMES) PEDWELL (SURNAME)

REGISTER NO. 2071
FILE NO. NSA-4506
DATE 10 Apl/45
SERVICE NO. A-4506
FINAL RANK OR RATING A/L/Sto.

PAYEE Mrs. Amelia Pedwell,
ADDRESS Apt. 9,
222-9th St. E., Owen Sound, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 7 May/44 DATE OF DISCHARGE 7 May/44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1420/30 EQUAL TO 47 COMPLETE PERIODS AT $7.50	352.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 751 LESS 10 INELIGIBLE DAYS, EQUAL TO 741 DAYS @ 25C. PER DAY	185.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE PAY $2.25 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.45 ADDITIONAL PAY H.L.M. $ .13 1 B. $ .05 $ DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00 $ .83 TOTAL $4.71 ×7 = $ 32.97 NO. OF DAYS 741/183 ×$ 32.97	133.50
D. WAR SERVICE GRATUITY	671.25
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $ NIL	
F. TOTAL AMOUNT PAYABLE	671.25

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ =$ 671.25
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Cheque # 5172 - 2/5/45

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
SJD	[illegible]	[illegible]	1/1/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay. Acting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member Name Jack Aldon PEDWELL
(Christian Names) (Surname)

Payee Mrs Amelia PEDWELL

Address Apt 9. ~~229~~ 222 Ninth St East Owen Sound. Ont

Register No. 2071
File No. A 4506
Date 6-4-43
Service No. A 4506
Final Rank or Rating A/Lcdr. S.T.O.
Date of Discharge 7 May 44

Date of termination of overseas service 7 May 44

	$ ¢
A. TOTAL QUALIFYING SERVICE NAVY 1098 ARMY 322 No. of days ~~42~~ 420 / 30 equal to 47 complete periods at $7.50	352.50
B. QUALIFYING OVERSEAS SERVICE (NAVY - 741 ARMY - NIL) No. of days 751 less 10 ineligible days equal to 741 days @ 25¢ per day	185.25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay $ 2.25 Subsistence or Lodging and Provision Allowance $ 1.45 Additional Pay H.L.M $ .13 I.B. $ .05 Dependents' Allowance 1/30 of $ 25.00 $ .83 Total 4.71 x 7 = $ 32.97 No. of days 741 / 183 x $32.97	133.50
D. WAR SERVICE GRATUITY	671.25
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	Nil
F. TOTAL AMOUNT PAYABLE	671.25

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you $ _____ of $ = $ 671.25
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	Treasury Date

Service Representative

D.N.P.A. CHECK

1 Lfm 6
2 Lfm 7
3 Lfm 8
4 W.O. 9
5 10

Army time

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Name JACK ALDON PEDWELL
(Christian Names) (Surname)

Address Mrs Amelia Pedwell
Apt 9-229-9th St. E.
Owen Sound. Ont.

Register No. 2071.
File No. A-4506
Date 4/12/44.
Service No. A-4506.
Final Rank or Rating A/LOG, STO.
Date of Discharge 7 MAY 44

Date of termination of overseas service 7 May 44

	$	¢
A. TOTAL QUALIFYING SERVICE No. of days 1098 / 30 equal to complete periods at $7.50		
B. QUALIFYING OVERSEAS SERVICE No. of days 751 less ineligible days, equal to days @ 25¢ per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE — SUB TOTAL		

DAILY RATES AT DISCHARGE

Pay	$ 9.25	
Subsistence or Lodging and Provision Allowance	$ 1.45	
Additional Pay 1B.	$ .05	
Dependents' Allowance 1/30 of $ 25.00	$ ~~10.~~ .83	
Total	$ ~~4.55~~	x 7 = $
No. of days 183		x $

D. WAR SERVICE GRATUITY		
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. AMOUNT PAYABLE (This amount is payable in monthly instalments of $ each)		
G. MONTHLY INSTALMENT NOT TO EXCEED Daily rate of pay and allowances $ x 30	$	

Instalm. Payable	1	2	3	4	5	6	7	8	9
AMOUNT									
Cheque No.									
DATE									

Instalm. Payable	10	11	12	13	14	15	16	17	18
AMOUNT									
Cheque No.									
DATE									

D.N.P.A. CHECK

1	CRB	6	
2		7	
3		8	
4		9	
5		10	

Army
DA

P.I.B.

A 4506 OFFICIAL NUMBER | NAME PEDWELL (Surname) Jack Aldon (Given Names) | OFFICIAL NUMBER A 4506

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
Toronto D.H.Q.	Stoker 1	6	5	41													
H.M.C.S. Stadacona	Stoker 1	6	8	41	(D)												
Venture "Shelburne	Base " "	2	10	41													
Venture "St. Eloi"	"	3	10	41													
HMCS Stadacona	"	2	12	41													
Sambro "Oakville"	"	4	12	41													
Stadacona	"	11	5	42	4/2												
Drummondville	"	12	5	42	111908												
"	A/Ldg.Sto.(ty)	1	6	43	Advanced 249A # 2811)												
Protector	"	30	10	43	WRD 34	V.G.	Sat.	31	12	41							
Stadacona	"	15	11	43	DRD H 3217	V.G.	Sat.	31	12	42							
Hochelaga II	"	26	11	43	DRD H 3342	V.G.	Sat.	31	12	43							
Valleyfield		8	12	43		V.G.	Sat.	7	5	44							
DISCHARGED		7	5	44	"Missing" after sinking of HMCS "Valleyfield" (Casualty List) S.C. Presumed Dead 7-5-44												

GENERAL REMARKS

(Correction Sheet Pg. # 49)

Canadian Memorial Cross issued to Mother; Mrs. Amelia Pedwell 222-9th St, East, Owen Sound, Ont.

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
18	R	19	11	525	0	30	X	1	16	09	0	23	0	15	94

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.	ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
06	05	41	06	05	41					1220	1	15	93

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	SUB B	M ST.				CODE	CHECKED
01	06	43	09	00	00	20	10-05-44			AM	

A 4506 OFFICIAL NUMBER | FILE NUMBER 123-P-232 | OFFICIAL NUMBER A 4506

NAME PEDWELL (Surname) Jack Aldon (Given Names) DATE OF BIRTH 18 December, 1919

PLACE OF BIRTH Lion's Head, Bruce Co., Ontario OCCUPATION Stoker: Canadian Steamship Lines, Toronto, Ont.

RELIGION Church of England EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 354-10th St. East, Town Owen Sound, Province, etc Ontario.

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
6	5	41	Hostilities only	5' 6"	D.brown	brown	medium	none				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Amelia Pedwell

ADDRESS (in pencil): Street and No. 222 - 9th St East Town Owen Sound Province, etc. Ontario

17-3-43

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
			Eligible for C.V.S.M. & Clasp	29	5	43	Granted Aux. W/K Cert.				
			Eligible for 1939-43 Star								
			2492 139415								

Badges, G.C. or G.S.				
Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored
10	6	43	1st G.C.B.	granted

Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

O.H.F. Received

Last Will & Testmanent Received 7-5-41

FILM NO. WSK 4616-3-

DATE

Second Class For Conduct

From	To

W.S.G. APPLICATION 2076 RECEIVED A.T.

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35