

REYNOLDS, FRANK CLARIN

061810

Mrs. Constance Reynolds.

74 Roxborough St. East.

Toronto, Ont.

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

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

and the following number quoted:—

H.Q. N.S. 0-61810 FD 427

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

June 5 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

REYNOLDS, Frank Clarin, Lieutenant,

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.



A handwritten signature in blue ink, appearing to read "H.R. Wade".

(H.R. Wade) Cdr. RCNVR
for (L.M. Firth) Colonel
Administrator of Estates.

HRW/NM

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ~~over~~ 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.....	Constance Whipple REYNOLDS	31	74 Roxborough St. East TORONTO, ONT.
2	Children of the Deceased and dates of their Births.....	SHELAGH JANE REYNOLDS. BORN SEPT. 14, 1939	4	74 ROXBOROUGH ST. EAST TORONTO. ONT.
3	Father of the Deceased.....	LAWRENCE REYNOLDS (DECEASED)		
4	Mother of the Deceased.....	ADA REYNOLDS		74 ROXBOROUGH ST. EAST
5	Brothers of the Deceased	Full Blood	JAMES WHALEY REYNOLDS	33
		Half Blood	NONE	
6	Sisters of the Deceased	Full Blood	NONE	
		Half Blood	NONE	
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
		NONE		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	FRANK CLARIN REYNOLDS
9	Date of his birth.	JUNE 25, 1912
10	Place and date of his marriage.	CHURCH OF THE REDEEMER
11	Place and date of his parents' marriage.	AT HOME, 1910

PARTICULARS OF DOMICILE

12	Place where deceased was born.	TORONTO
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) TORONTO, ONTARIO. (b) (c) (d)
14	Nature of employment before enlistment.	SALESMAN
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.	TORONTO.

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?	
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.	SERVICE PAY. APRIL/43 ISSUE. OCTOBER/43
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$50.00 + \$100.00 ✓
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NO

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NO
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	NO

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

(PLEASE TURN OVER)

DECLARATION

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

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

WIDOW * WIDOW 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.

Signature of Informant: Constance Reynolds
Address: 74 Roxborough St. East Toronto.

CERTIFICATE

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

See above. { Name of informant } is the of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Toronto this 22nd day of June 19 44

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

Signature: McLaughlin
Qualification: Commissioner of Ontario
Address: 375 Bay Street Toronto.

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



CANADA

P050619

N. V. 4
2M-2-40 (4016)
N.S. 815-11-4

103 RD
CANADA

Aug 1940
D.V. 9/8

85
89

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

SURNAME..... REYNOLDS		PERMANENT ADDRESS	
CHRISTIAN NAME..... Frank Clarin		74 Roxborough St. E.	
RELIGION..... C. of E.		Toronto, Ont.	
DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN	
June 25, 1912	Town Toronto County York Province Ontario. Country	Wife: Constance W. As Above.	

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 37	Red.	Blue	Fair	Birth mark on R. arm. Appendex Scar
Inches..... 11	Deflated..... 33½				
	Mean..... 35½				
DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY		
July 12, 1940	Lieutenant R.C.N.V.R.(T)	Married	Salesman: Farlinger Realty Toronto		

(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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will 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..... R.C.N.V.R. for the period shown, and attach my record of service.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
R.C.N.V.R.	Sub. Lieut.	1930	1936

- (c) I have never been rejected for 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.

(OVER)

108 V

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I do hereby declare and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 12th day of JULY 1940

F. C. Reynolds
Signature of Applicant.

The above declaration was made and signed in my presence this 12th

day of JULY 1940

A. C. Turner
Signature of Enrolling Officer.

(C) OATH OF ALLEGIANCE

I, Frank C. Reynolds 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. C. Reynolds*

Signature of Witness *A. C. Turner*

Date July 12, 1940

Rank *Lieut-Commander*
R.C.N.V.R.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.

IN FILE
CHARGED TO <i>B.M.9.</i>
SINCE <i>9-8-40</i>
REC'D. CENTRAL REGISTRY
AUG 10 1940
REFERRED TO <i>W.L.</i>
<i>W.P. 20145/16</i>
<i>EW 15/8/40</i>

APPROVED:
J. C. I. EDWARDS
Commander R. C. N.



DEFENCE
JUL 17 1940
N.S. 103-R-7
CANADA

Can. D. 207
GOM-4-40 (4686)
N.S. 815-2-207

P046230

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 REYNOLDS F.C.
 †candidate for entry as LIEUTENANT R.C.N.V.R.
 and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. } He has signed
 the Certificate given below in my presence.

†Strike out if inapplicable. * Delete one.

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

Age (Years Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re- vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
28 ymo.	lbs. 137	ft. ins. 5.11.	Good.	inches (a) maximum 33 1/2 (b) minimum 37. (c) mean 35 1/4	right eye 20/20 left eye 20/20 colour vision normal	childhood 1924 *X-Ray	Normal.	Normal	Normal	Normal	Normal	Normal.	Normal.	Normal

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

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

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

F.C. Reynolds
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, ONT. the JUL 20 1940 of 19

J. T. A. Pomach
Examining Medical Officer
SURGEON LIEUT. R. C. N. V. R.
(Rank).....

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

Sir: 10 May, 1944.
 (Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u> 201
REYNOLDS, Frank Clarin	Lieutenant	R.C.N.V.R.

DATE OF ENLISTMENT - 12 July, 1940. (Previous Service: 30/6/32 - 16/4/36)

DATE OF DISCHARGE - 7 May, 1944.

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

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

Reason for discharge and - "DEAD". Killed in action when the ship in which
 when and where any disability he was serving was lost by enemy action.
 was incurred, or where death occurred.

(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- Wife NAME- Mrs. Constance Reynolds.
ADDRESS- 74 Roxborough St. East, Toronto, 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.

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

10/5/44. N.P.R./5.

A.B. Money
 for
 SECRETARY, NAVAL BOARD. *EMC*

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

*Royal & Canadian
 Messengers
 13/5/44
 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)

OFFICE
JAN 20 1932
103-2-1R
CANADA

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

5 1477

Name (in full)..... *Frank Clarin Reynolds*

Date and Place of Birth..... *Toronto, County of York, Prov of Ont.*
(Birth certificate, declaration by parents or affidavits to date of birth must be attached)

Permanent Place of Residence..... *74 Roxborough Street East*

Nearest Town to Residence (if living in country)..... ✓

Are you a British Subject?..... *Yes*

Are you single, married or a widower?..... *Single*

In what capacity do you wish to enrol?..... *Midshipman*
(See standards of qualifications in attached pamphlet)

Present occupation or trade..... *clerk - Investment Banker*
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force?..... *no*

Have you ever served with such forces? Give dates and details..... *no*

.....

Have you ever been discharged from any of H. M. Forces as medically unfit?..... *no*

Have you ever offered to serve in any of H. M. Forces and been rejected?..... *no*

What is your weight?..... *139 (with clothes)* What is your height?..... *5' - 9 1/4"*

What is your chest measurement (not inflated)?..... *32 1/2"*

Are you free from all physical defects or malformation, and not subject to fits?..... *yes*

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities?..... *yes*

I hereby declare that the above answers are true in every respect.

..... *F. Reynolds* Signature

..... *Jan 24th 1932* Date

..... *74 Roxborough East* Address

E. G. Orde
.....
(Witness to Signature) *Lieut R.C.N.V.R.*

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be.....

Signed..... *E. G. Orde Lieut*
.....
for Company Commanding Officer *R.C.N.V.R.*

By command of the Honourable the Minister of National Defence
for Naval Services of the Dominion of Canada

1097334

To Lieutenant (g) Frank C. Reynolds, R.C.N.V.R., (Temporary),--

You are hereby appointed

Lieutenant (g), R.C.N.V.R.,

of His Majesty's Canadian Ship VALLEYFIELD for duty with Senior Officer
C-1 Group as Group Gunnery
Officer.

Your appointment is to take effect from Date of joining.

Joseph Jeffrey

Secretary, Naval Board
Division

1. Noted in Records . . .	MB
2. Index Card	
3. Non-Sub. Card	
4. Statistical Card	
5. Roscoe Strip	✓
6. Pension Card	
7.	
8.	
DATE	17/5/44

P.O.

SN
Department of National Defence
Naval Service

Ottawa. 22nd April, 194 4.

H.Q. 36a
20M-1-44 (68)
N.S. 815-7-36

SASKATCHEWAN.

IG

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

4
NAVY

Deceased member's
NAME **Frank Clarin** REYNOLDS
(CHRISTIAN NAMES) (SURNAME)
Payee: **Mr. Constance REYNOLDS,**
ADDRESS **c/o Farling Realty Co.,**
2000 Yonge St.,
Toronto, Ont.
REGISTER NO. **162**
FILE NO. **NS.O-61810**
DATE **24 Feb/44.**
SERVICE NO. **R.C.N.V.R.**
FINAL RANK OR RATING **Lieut.**
DATE OF TERMINATION OF OVERSEAS SERVICE **7 May/44** DATE OF DISCHARGE **7 May/44**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1384 EQUAL TO 46 COMPLETE PERIODS AT \$7.50 \$ 345.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 681 LESS 4 INELIGIBLE DAYS, EQUAL TO 677 DAYS @ 25c. PER DAY \$ 169.25
SEE PAR. 2 OVERLEAF FOR EXPLANATION

[SUB-TOTAL]

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	6.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.70	
ADDITIONAL PAY	\$.25 Spe. (B)	
DEPENDENTS' ALLOWANCE 1/30 OF \$ <u>66.12</u>	\$	2.20	
TOTAL	\$	10.65	X7 = \$ 74.55
NO. OF DAYS <u>677</u>			X\$ 74.55
		<small>183</small>	275.79

D. WAR SERVICE GRATUITY 790.04

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES	\$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$	
OTHER DEDUCTIONS	\$	NIL

F. AMOUNT PAYABLE 790.04

(THIS AMOUNT IS PAYABLE IN _____ MONTHLY INSTALMENTS OF \$ _____ EACH)

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB-TOTAL OF A & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$ _____ X30 \$ _____

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	790.04								
CHEQUE No.	111070								
DATE	10/3/45								

INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

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 SJD	CHECKED BY <i>[Signature]</i>	TREASURY CHECKED BY <i>[Signature]</i>	DATE 7-1-45
			SERVICE REPRESENTATIVE <i>[Signature]</i> for Dir. Naval Pay. Accting.

TFH:FMB

REGISTERED
AIR MAIL

FILE: O-61810 (Pers.N.)

8th May, 1944

Dear Mrs. Reynolds:

It is with deepest 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 husband, Lieutenant Frank Clarin Reynolds, Royal Canadian Naval Volunteer Reserve, has been killed in action.

According to the report received, your husband was killed in action when the ship in which he was serving was lost by enemy action. For reasons of security it may be some time before details of this incident of war may be released.

Your husband's body is now in St. John's, Newfoundland, where it is understood funeral and burial will take place, with full Naval honours. It is anticipated that additional details in this regard will be forthcoming in a short time. In this connection I might add that wartime regulations do not permit the return to Canada of the bodies of deceased Naval personnel.

It is requested that you will regard as confidential anything beyond the fact of your husband'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 sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD

Mrs. Constance Reynolds,
74 Roxborough St. East,
TORONTO, Ontario

195-

Dispatched by
MAIL ROOM NAVAL
9 1944

[Handwritten signature]

[Handwritten initials]

[Handwritten initials]

TFH:PMB

REGISTERED
AIR MAIL

FILE: U 61810 (Pers.N.)

11th May, 1944.

Dear Mrs. Reynolds:

Further to my letter of the 8th of May, 1944, particulars respecting the loss of H.M.C.S. "Valleyfield", from which your husband has been reported "killed in action" are being released to the press, and I am accordingly passing them on for your information.

H.M.C.S. "Valleyfield" was torpedoed and sunk by enemy action while on Convoy Escort duty in the North Atlantic. Details of the action are not being released beyond the fact that the ship sank almost immediately after being hit.

Thirty-eight members of her complement are listed as survivors; five were killed in action; the remaining one hundred and twenty-one, including the Commanding Officer, Lieutenant Commander D. T. English, of Halifax, Nova Scotia, are missing.

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

LETTER dispatched by
PERSONNEL
MAY 12 1944
Yours sincerely,
[Signature]
SECRETARY, NAVAL BOARD

Mrs. Constance Reynolds,
74 Roxborough St. East,
TORONTO, Ontario

Edwin

LA/JMS

N.S. C-61810 Pers (N).

204

15th May, 1944.

Dear Mrs. Reynolds:

Further to my letter of the 11th of May, 1944, it has now been learned from the Naval authorities in Newfoundland that your husband was buried in the Joint Services Cemetery, St. John's, Newfoundland, on Wednesday, the 10th of May, with full Naval honours. As soon as the exact location of the grave within the cemetery is known this information will be passed on to you.

Your husband's grave is being cared for and will be temporarily marked with a specially designed wooden cross bearing his official particulars. While the Imperial War Graves Commission is the authority responsible for permanently marking, by the use of a uniform type of headstone, the graves of all members of His Majesties Forces who die on Active Service, it is understood that due to war conditions these headstones cannot be erected at the present time.

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

②

Mrs. Constance Reynolds,
74 Roxborough St. East,
TORONTO, Ont.

Despatched by
Sec. N. B.

.....
Date 17-5-44
Time 1530

H. B. Money
PAYMENT, CDR. S. C. N. B.
OFFICER IN CHARGE
NAVAL PERSONNEL RECORDS

JWW/BO

NS. 0-61810
18280-C.N.S. 28 FD.689
(Pers.N)

GR

24th August, 1944.

Dear Madam:

I am to inform you that in February last while at sea, your husband, the late Lieutenant F.C. Reynolds, R.C.N.V.R., made several hazardous attempts to repair certain essential under-wat equipment in his ship. This involved five dives under the ship with the Sladen suit in swells which made conditions unsuitable for such work.

Your husband has been highly commended for his efforts on this occasion by Admiral Max Horton, R.N., Commander-in-Chief, Western Approaches and by Naval Service Headquarters at Ottawa.

It is felt you would appreciate being advised officially of the commendable work performed by your husband on this occasion.

Yours truly,

P.A.'S CHECKED IN

C.R. BY *m*

Secretary, Naval Board.

Mrs. Constance Reynolds,
74 Roxborough St. E.,
TORONTO, Ont.

Ms. 0-81810
18280-0.1.2. 28 PD. 888
(Pers. M.)

24th August, 1944.

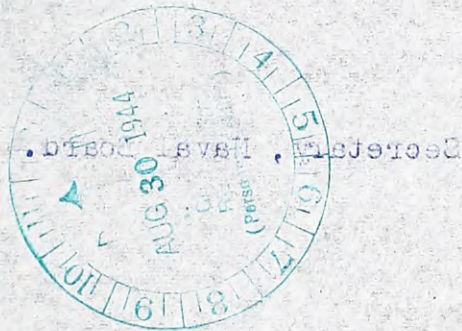
Dear Madam:

I am to inform you that in February last
while at sea, your husband, the late Lieutenant F. W.
Reynolds, R.O.M.V.R., made several nervous attempts
to repair certain essential under-way equipment in his
ship. This involved five dives under the ship with the
sladen suit in swells which made conditions unsuitable
for such work.

Your husband has been highly commended for his
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Commander-in-Chief, Western Approaches and by Naval
Service Headquarters at Ottawa.

It is felt you would appreciate being advised
officially of the commendable work performed by your
husband on this occasion.

Yours truly,



Mrs. Constance Reynolds,
14 Roxborough St. E.,
TORONTO, Ont.

D OF D 7-5-44

AWARDS

(NAVY)

D.D.

REYNOLDS

Frank Clarin

0-61810

Lieut(g)

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

C.V.S.M. and Clasp

War Medal

REGISTRATION NUMBER AND DATE DESPATCHED

9271

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

RCNVR May 46 "VALLEYFIELD"

(1) MEDALS
PERSON

ENTITLED TO

Taylor (Re-married)
Mrs. Constance Reynolds - Widow

ADDRESS:

~~74 Roxborough St., East,~~ 5 Killarney Rd.,
TORONTO, Ont. 5-7-49

(2) MEMORIAL CROSS

WIDOW

Mrs. Constance Reynolds

ADDRESS:

74 Roxborough St. East, Toronto, Ont.
(Issued 26-5-44)

(3) MEMORIAL CROSS

MOTHER

Mrs. Ada F. Reynolds

ADDRESS:

74 Roxborough St. E., Toronto, Ont.

(1)

MEMORIAL BAR

DATE DESP.....

REGN. NO.....

2154

(3)

14-6-44

OFFICIAL NUMBER

FILE NUMBER

103-R-7

0-61810

OFFICIAL NUMBER

NAME

REYNOLDS
(Surname)Frank Clarin
(Given Names)

DATE OF BIRTH

25 June 1912

PLACE OF BIRTH

Toronto, Ontario

OCCUPATION

Salesman

RELIGION

Church of England

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

74 Roxborough St. East.

Town

Toronto

Province, etc.

Ontario

ENGAGEMENTS			Period	DESCRIPTION					PREVIOUS SERVICE		
Date (in figures)				Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	To
Day	Month	Year									
24	7	40	Hostilities only	5'11"	Red	Blue	Fair	Birth mark on right arm. Appendix scar	R.C.N.V.R.	Sub-Lt.	1930 1936

NEXT OF KIN, RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

74 Roxborough St. East.

Town

Toronto

Province, etc.

Ontario

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		
18	3	44	C.V.S.M. (Ribbon & Clasp)		7	1	42	Watch-keeping Certificate.						
24	1	44	Commendation (N.O. 3918).		19	8	42	7th Long Gunnery Course						

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		

FLM
NO. NS14483-2
DATE

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

Last Will and Testament made in favour of wife; Mrs. Constance W.N. Reynolds dated 22-7-40

SECOND CLASS FOR CONDUCT

From

To



V.R.

OFFICIAL NUMBER

NAME (Surname)

REYNOLDS

Frank Clarin (Given Names)

OFFICIAL NUMBER

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
Duty Div. Hdqts.	A/Lieut.	24	7	40													
H.M.C.S. Stadacona	" "	25	7	40													
Stadacona for R.N.	" "	30	7	40													
H.M.S. King Alfred	" "	16	8	40													
H.M.S. President 111	" "	16	9	40	for A.A. Guard												
Spartiate (Violet)	Lieut.	5	11	40	with seniority of 24-7-40.												
H.M.C.S. Venture (Vison)	"	6	1	42	and duty with A.S.C.B.S. & Violet on commg.												
Benbow addl.	Lieut.	17	1	42) Per Ad. Ret. of Appts. 11-3-42												
Benbow II	Lieut.	22	1	42	in Cd.)												
H.M.C.S. Cornwallis	Lieut.	-	-	-	for trng. & Long G. Crse. per Appt. 7-5-42.												
H.M.C.S. Cornwallis	Lieut.	20	8	42	for leave per appt. 8-9-42.												
H.M.C.S. Naden	Lieut.	7	9	42	per appt. 8-9-42.												
H.M.C.S. Cornwallis	Lieutenant (g)	20	8	42	for leave per Appt. 19-9-42.												
H.M.C.S. Naden	Lieutenant (g)	23	9	42	for duty in Gunnery School per Appt. 19-9-42.												
H.M.C.S. Cornwallis	Lieutenant (g)	8	10	43	for duty in Gunnery School Per Appt. 1.9.43												
H.M.C.S. Saskatchewan	Lieut. (g) T.	15	12	43	per Appt. 26-11-43												
H.M.C.S. Valleyfield	" " "				for duty with Sr. Off. C-1 Group as Group Gunnery Officer Appt. 22.11.44												
DISCHARGED	" " "	7	5	44	"Dead" After sinking of H.M.C.S. Valleyfield Per Casualty List												

GENERAL REMARKS

Canadian Memorial Cross sent to
Mother: Mrs. Ada F. Reynolds,
74 Roxborough St., E., Toronto, Ont.

Canadian Memorial Cross sent 26.5.44 to
Mrs. Constance Reynolds,
74 Roxborough St., East, Toronto, Ont.

DATE OF BIRTH		PLACE OF BIRTH		CIVIL	OCCU.	RELI.	ED.	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT				
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GIOR.		P.	CTV.	TOWN	SERV. DIV.	A.	BR.	RANK
25	6	12	11	660	X	30	X	7	5	6	14	3	19	109
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	
24	07	40	24	07	40					0420	0	01	09	
SENIORITY		STR.	NON-SUB		M	COBOD		CHECKED						
DY.	MO.	YR.	CAT.	A	B	ST.								
24	07	40	13	00	00	02								

07-05-44