

BONNER, JOHN WILLARD

O7480

123-B-66

33

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

- 1. (a) Print name in full **BONNER, John Willard** (b) Reg'l. No.
- 2. (a) Arm of service **Navy** (b) Unit (c) Rank **Lieut. R.C.N.R.**
- 3. (a) Date of birth **Jan'y 6, 1898** (b) Have you any dependents? **Yes** (c) Place of residence at time of enlistment **Halifax, N. S.**
- 4. (a) Place of enlistment (b) Date of enlistment **13 Sept 39**

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school **16** (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.) **3 Years 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? **English only** (b) What languages do you read well? **English only**

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- 10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) **Working** (b) At time of enlistment of what trade union or professional society were you a member?

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

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

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

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

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

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

- 18. Name of employer **Royal Canadian Mounted Police** Address
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **R.C.M. Police**
- 20. (a) Your specific occupation **Commanding Patrol Ship** (b) Number of years' experience at this occupation with any employer **22 years at sea**
- 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? **Yes**

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

- 24. (a) Do you wish to engage in farming after the war? **No** (b) Do you feel competent to operate a farm? **No** (c) If so, in what kind of farming? **Nil**
- 25. (a) Were you born on a farm? **No** (b) How many years' actual farming experience have you had? **Nil** (c) In what provinces did you have experience? **Nil**

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

DATE **March 21st** 194

SIGNATURE

J.W. Bonner, Lieut. R.C.N.R.



MEMORANDUM FOR

P. 64

Mrs. Mary Bonner,
423 Oxford Street,
Halifax, ~~Ont.~~ N.S.

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. 123-B-66 FD. 279

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

September 29, 1942.

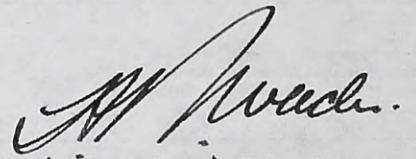
194.....

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

BONNER, John Willard

A/Lieut. Cdr., R.C.N.R.

it is necessary that the requisite information regarding the deceased and his relations should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.



(H.R. Wade) Lt.-Cdr.,
for (L.M. Firth) Lt.-Col.,
Administrator 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 inquired for	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.....	Mary Bonner	38	423 Oxford St. Halifax, N.S.
2	Children of the Deceased and dates of their Births.....	^{Maria} Marilyn Bonner	10	423 Oxford St. Halifax, N.S.
		Another child expected to be born - last of October, 1942.		
3	Father of the Deceased.....	Robert Bonner.		deceased. 1904
4	Mother of the Deceased.....	Ellen Bonner.	✓	deceased. 1914.
5	Brothers of the Deceased	Full Blood	Wendell Bonner 40 Thomas Bonner 42	61 Lancaster ave. St. John, N.B. 487 Townsend St. Sydney, N.S.
		Half Blood		
6	Sisters of the Deceased	Full Blood	May Bonner MacVicar 52 Bessie Bonner 50	783 N. Adams St. Glendale, Calif. Court St., North Sydney Nova Scotia
		Half Blood	Eleanor Brown 36	487 Townsend St. Sydney, N.S.
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

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....	_____		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	_____		

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	John Willard Bonner.
11	Give the month and year of his birth.	Jan. 6 / 1898.
12	Where and when were his parents married?	Sydney Mines ^{N.S.} , 1889.
13	If deceased was married, state place and date of marriage.	Sydney Mines ^{N.S.} , July 8, 1930.
14	Did he leave a Will? If so, a copy should be attached hereto.	Yes. at Naval Headquarters, Ottawa, Ont. Halifax, N.S.
15	Did he leave a bank account? If so, give full particulars.	NO - it was changed over to his wife's name.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	The house at 423 Oxford St. is in Commander Bonner's name.
17	State your own postal address in full.	423 Oxford St., Halifax, N.S.

PARTICULARS OF DOMICILE

U.S.A.

18	Where was deceased born?	Sydney Mines, N.S.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Nova Scotia, Canada. 17 yrs. Sailing out of American Ports - 13 years Boston + New York.
20	What was the nature of his employment?	Nova Scotia - 14 years. Master Mariner.
21	Did he own the premises in which he lived? If so, where?	He was buying the home at 423 Oxford St., Halifax, N.S.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	HE planned to retire to Sydney Mines, N.S. later.

OTHER PARTICULARS

23	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 debts.
24	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, 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.)	No.

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for ; and that I am the

* Widow of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Mary Bonner

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Mary

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

Dated at Halifax this 13th day of October 19 42

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

Alister E. Morrison

Qualification Clergyman - Presbyterian Church in Canada.

Address 3 Stanley Place, Halifax, N.S.

NOTE.—Before signing the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated for her to have died, and that the full name and address and age of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

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

Filed off

17 NR ("French") #1

17259

ATTESTATION FORM FOR OFFICERS OF THE

ROYAL CANADIAN NAVAL RESERVE

DEPENDENCE
SEP 14 1939
N.S. 123-1066
CANADA

(A) DESCRIPTION OF APPLICANT

Surname <u>BONNER</u>		Permanent Address 423 Oxford Street, Halifax, N.S.
Christian Names <u>John Willard</u>		
Religion <u>Prebyterian</u>		
Date of Birth <u>January 6th 1898</u>	Place of Birth Town <u>Sydney Mines</u> County <u>Cape Breton</u> Province <u>Nova Scotia</u> Country	Name and Address of Next of Kin <u>Mrs. Mary Bonner, (Wife)</u> <u>Same Address.</u>

PERSONAL DESCRIPTION

Height	Chest Measurement	Hair	Eyes	Complexion	Wounds, Scars, Marks
Feet <u>5</u>	Inflated	<u>Brn.</u>	<u>Blue</u>	<u>Ruddy</u>	<u>Scar over left eye.</u>
Inches <u>8</u>	Deflated				
	Mean <u>35 1/2</u>				
Date of Enrolment	Rank in which enrolled	Married, Single, or Widower	Trade or Calling and in whose employ		
<u>September 13th 1939</u>	<u>Lieutenant (T)</u>	<u>Married</u>	<u>Master A Class, R.C.M.P. Marine Section.</u> <u>(French)</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 an Officer of the Royal Canadian Naval Reserve Force, and that I accept and will abide by the rules of the said Force.

*Cross out clause not applicable.

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

* (b) I ~~served in~~ ... Nil. ... for the period shown, and attach my record or service.

Served in	Rank	From	To
---	---	---	---

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

†This is not essential in the case of Engineer and Accountant Officers

† (4) That I intend to follow the sea as my profession.

Noted in Service Records by ...

(Over)

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

On being enrolled as an Officer of the Royal Canadian Naval Reserve, I undertake and bind myself

And / or duration of Hostilities

(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 governing 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 provide myself with the necessary uniform as laid down in R. C. N. R. regulations.

Dated this 13th day of September 1939.

John Willard Bonner
Signature of Applicant

The above declaration was made and signed in my presence this 13th

day of September 1939.

Edwin Stedler
Signature of Enrolling Officer

pay. Lt. Cdr. RCNVR.

(C)

OATH OF ALLEGIANCE

I John Willard BONNER do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance of His Britannic Majesty.

Signature of Applicant

John Willard Bonner

Signature of Witness

Edwin Stedler

Date September 13th 1939.

Rank Paymaster Lieutenant Commander, RC NVR.

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.

M.O. R.C.N. [Signature]

Approved [Signature]
COMMANDER.



CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 BONNER. John Willard.
candidate for entry as Master "a" R.C.M.P.
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Halifax N.S. the 5th of September 1939.

Carl Stoddard
Examining Medical Officer
(Rank) Surgeon Major R.C.N.R.

This examination has been made in accordance with the Instructions for Recruiting.

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, Variocele, etc.	Mouth, Teeth (No. defi- cient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
		lbs.	ft. ins.		inches (a) maximum (b) minimum (c) mean	right eye left eye colour vision									
		165.	58	Good	38 33 35½	6/6 6/6 N. (FSR)	Yes 1938	Normal	Normal	Normal	Clear	Normal W.V. 20 ft.	Normal	Teeth all good throat normal	Normal Nil.

CERTIFICATE TO BE SIGNED BY THE 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 as may be authorized.

J.W. Bonner
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....
.....
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

.....
Examining Medical Officer
(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

[Signature]

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR. Apr. 43 "CHARLOTTETOWN"

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Mary Bonner - Widow

ADDRESS: ~~423 Oxford Street,~~ Oxford Avenue,
~~Halifax, N.S.~~ Sydney Mines, N.S.

(2) MEMORIAL CROSS

WIDOW Mrs. Mary Bonner

ADDRESS: 423 Oxford St., Halifax, N.S.

(3) MEMORIAL CROSS

MOTHER deceased. North

ADDRESS: St. John's St., Halifax, N.S.

MEMORIAL BAR

DATE DESP.....

REGN. NO.....

652

(2) 25-11-42

(3) 17-1-43

D OF D 10-9-42

D.D.

BONNER	John Willard	0-7480	Lt. Cdr.	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	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	2785
Atlantic Star	
C.V.S.M. and Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OFFICIAL NUMBER

FILE NUMBER

123-B-66

OFFICIAL NUMBER

0-7480

NAME BONNER (Surname) John Willard (Given Names) DATE OF BIRTH 6 January 1898PLACE OF BIRTH Sydney Mines Cape Breton N.S. OCCUPATION Master A class RCMP Marine Section (Fr)RELIGION Presbyterian EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 423 Oxford St. Town Halifax Province, etc. N.S.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From To	
13	9	39		5'8"	Brown	Blue	Ruddy	Scar over left eye				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Mary Bonner
ADDRESS (in pencil): Street and No. 423 Oxford St Town Halifax Province, etc. N.S.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				30	3	40	Passed A/S Control Officers 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		

Date (in figures)			DAYS FORFEITED					In diff. Char.	O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		
									Last Will and Test. 28-11-40

FILM
NO. W.S.R. 4341-8
DATE

SECOND CLASS FOR CONDUCT

From

To

W.S.G.
APPLICATION
2212
RECEIVED

N. R. O-7480 OFFICIAL NUMBER

NAME **BONNER**
(Surname)

John Willard
(Given Names)

OFFICIAL NUMBER **O-7480**

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
Stadacona (French)	A/Lieut.	18	9	39	in command-- With Seniority	as Lieutenant		8-9	39								
Venture (French)	Lieut	8	9	40	in command												
Stadacona Add'l	"	27	2	41	For training and disposal												
Stad. (Rimouski)	"	19	3	41	in command												
Hoch. 11 (Charlottetown)	"	15	11	41													
Charlottetown	"	12	12	41	in command												
"	A/Lieut. Cmdr.	1	7	42	" " (Promoted)												
DISCHARGED	"	10	9	42	"Killed in action" (Casualty List "Charlottetown")												

GENERAL REMARKS

Memorial Cross awarded to Wife: Mrs. Mary Bonner, 423 Oxford Street, Halifax, N.S. -- 24.11.42.

6 days annual leave from 7-7-42

DATE OF BIRTH		PLACE		CIVIL OCCU.		RESID.		PERM. RESIDENCE		PREV. ENL.		RANK OR RATE ON ENLISTMENT						
DAY	MO.	YR.	BIRTH	MAIN	SUB	SEC.	TR	CTV	TOWN	SERV.	DIV.	A	BR	RANK				
06	1	98	14	509	0	50	X	4	08	02	0	19	1	01	09			
ENLIST. DATE		ACT. SERV. DATE		STR.		SHIP OR		RANK OR RATE		ESTAB.		A		BR		RANK		
DAY	MO.	YR.	DAY	MO.	YR.	CAT.	BY	YR.	ESTAB.	A	BR	RANK	A	BR	RANK	A	BR	RANK
18	9	39	18	9	39				1740	1	01	08						
SENIORITY		STR.		NON-SUB		M		CODED		CHECKED								
DAY	MO.	YR.	CAT.	A	B	ST.			ER		EP							
01	07	42	09						61	11	29	42						

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

RATING .. *Ally. bdr* OFF. NO. *Q-7480* ADDRESS

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

VERIFIED BY *Joyce Rose*

BY DIR. OF PERSONNEL RECORDS.

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member John Willard BONNER Rank or Rating O/LT-CMOR O.No. 07480

1. Dependents' Allowance and Assigned Pay in force at date of death:
M. 2.20
D.A. 2.00 Mr Mary BONNER (wife)
AWLOT 423 Oxford Street
A.P. 174.00 Halifax N.S.
D.A. -
A.P. -

2. Pension awarded or being awarded to: wife - as above

3. War Service Gratuity Application(s) received from: Mr Mary BONNER
423 Oxford Street, Halifax, N.S.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

() To be paid to: Mr Mary BONNER - wife In the full proportion of: /

- and -

to: In the proportion of: /

() To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)
Group "C" of the above mentioned Directive.

Date Feb 19/1945.

[Signature]
for D.V.P.A. (G) D.V.G.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Naval Service Headquarters at OTTAWA, Ont.

Name BONNER, John Willard (Christian names in full)

Rank of Rating Lieutenant Commander, R.C.N.R. Official No. (If unknown, date of first entry)

Place of Birth Sydney Mines, Cape Breton, Nova Scotia Date of Birth 6 January, 1898.

Occupation in Civil Life R.C.M.P. Marine Section Religion Presbyterian.

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 18 September, 1939 to 10 September, 1942.

Date of Death 10 September, 1942 Place of Death At sea

Cause of Death Missing, believed lost at sea on the 10th of September, 1942. (If due to accident, violence, or enemy action, particulars to be stated briefly)

He was serving in H.M.C.S. "CHARLOTTETOWN" which has been sunk as a result of enemy action.

Nearest known relative or friend Name Mrs. Mary Bonner, Relationship Wife Address 483 Oxford Street, HALIFAX, N.S.

Date on which the above was informed by Ship H.M.C.S. Naval Service Headquarters - 18 September, 1942.

95

Date on which death was registered with local Officials

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

If borne for discipline only, date D.S.Q. or invalidated

Commanding Officer,

17 November, 1942.

The NAVAL SECRETARY, Secretary, Naval Board, Department of National Defence, Ottawa, Canada.

for H.B. Money SECRETARY, NAVAL BOARD.

In all cases this Form is to be sent in addition to the Report by Telegram required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

Ottawa, Canada,

... 23 September, 1942
(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>BONNER, John Willard</u>	<u>A/Lieutenant Commander</u>	<u>R.C.N.R.</u>
<u>DATE OF ENLISTMENT</u>	<u>15 September, 1939. Active Service - 18 Sept. 1939 with seniority of 8 Sept. 1939.</u>	
<u>DATE OF DISCHARGE</u>	<u>10 September, 1942</u>	
<u>HOSPITAL</u>	<u>(If discharged in hospital under jurisdiction of D.P. & N.H.)</u>	
<u>SERVICE</u>	<u>Canada and High Seas</u> (Indicate whether in Canada only; or in Canada and on high seas or elsewhere).	

Reason for discharge and -
when and where any disability
was incurred; or where death
occurred:

"DEAD". Missing, believed lost at sea. He was serving in H.M.C.S. "CHARLOTTETOWN" which has been sunk as a result of enemy action.

(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. Mary Bonner,

ADDRESS 423 Oxford Street, HALIFAX, N.S.

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.

OFFICER'S OR RATING'S MONTHLY PAY ALLOTTED TO WIFE AND/ OR DEPENDENT -

\$ 174.00 PAID TO Still in force.

MARRIAGE ALLOWANCE AT \$ 2.00 PER DIEM PAID TO - Still in force

DEPENDENTS ALLOWANCE AT \$ Nil PAID TO Nil.

TOTAL MONTHLY PAYMENT TO - WIFE \$ 174.00

Computed by H.P. DEPENDENTS \$ _____
Checked by kok

R. A. Smith
SECRETARY,
NAVAL BOARD.

The Secretary,
The Canadian Pension Commission.

(See reverse side for further instructions.)

R.C.N.R. Lieutenant

89221 20
NATIONAL
DEC 1 1940
N.S. 123 B 66
CANADA

IN THE NAME OF GOD, AMEN

I, **John Willard BONNER**
Majesty's Ship **H.M.C.S. "French"**
(now a Patient* in

*If in Hospital or in Hospital Ship. Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my

Wife; Mary BONNER

See instructions on the back hereof.

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

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

And I do hereby appoint

My Wife

Mary BONNER

423 Oxford Street; Halifax; N.S.

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

In witness whereof I have at **Halifax, N.S.** hereunto set my hand, this **twenty eighth** day of **November**, in the Year of Our Lord One Thousand Nine Hundred **Forty**

J. W. Bonner, Lieut. R.C.N.R.

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

McCormack Sub-Lieut. R.C.N.R.
Kenneth Hall Stj. R.C.N.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.

J. A.

15228

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.

J. W. Bonner

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



Department of National Defence
Naval Service

IN REPLY PLEASE QUOTE

No. N.S. 123-B-66.

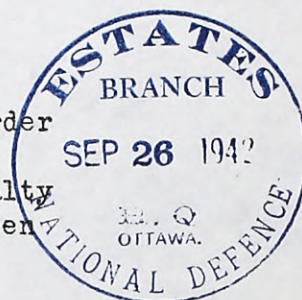
230900

Ottawa, Canada.

23 September, 1942.

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:



<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
A/Lieutenant Commander John Willard Bonner, R.C.N.R.	Missing believed lost at sea on the 10th of September, 1942. He was serving in H.M.C.S. "CHARLOTTETOWN" which has been sunk as a result of enemy action.	Wife: Mrs. Mary Bonner, 423 Oxford Street, HALIFAX, N.S.

ALLOTMENTS IN FORCE

<u>In favour of:</u>	<u>Amount</u>	<u>Initials.</u>
Mrs. Mary Bonner, 423 Oxford St., Halifax, N.S.	\$174.00	<i>MB</i>
Rec. General for Victory Loan ✓	\$ 14.43	

WILL: Attached.

Yours truly,

R. A. ...
SECRETARY, NAVAL BOARD.
per SA

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

*174.00
62.
75/12.15
75
370
375*

*174
6
1044*

Re.

~~Boyer, John W.~~

A/Lt. Col.
(deceased)

423 Oxford St.

Halifax, N.S.

Nov. 9, 45.

Naval Service,

Estates Branch

Ottawa, Canada

NOV 14 1945



Dear Sirs:—

176-NS-123-~~B~~ 66FD 279

The Probate Court officer, Mr. Outhit, has told me to write ~~asking~~ for a certificate of my husband's death, with date and the signature of the naval secretary and the government seal. This is necessary

Arrange for this
Certificate.

Needless to say, I
am sorry to disturb
you again.

yours truly,

Mary Bonner.

widow of the late
A/Lt. Col. J. W. Bonner.

11

in order to probate my
husband's will.

Would your directorate
have the facility to
arrange this? I know
you must be terribly
busy, even though
the war is won. And
no one appreciates more
than I, how hard your
officials at Ottawa have
worked to win the war.

However, I hope
you find time to

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

NAVY

Deceased Member's
NAME **John Willard**
(CHRISTIAN NAMES)
Payee: **Mrs. Mary Bonner,**
ADDRESS **423 Oxford St.,
Halifax, N.S.**

BONNER
(SURNAME)

REGISTER NO. **2212A**
FILE NO. **NSO-7480**
DATE **5 Nov/45**
SERVICE NO. **RCNR**
FINAL RANK OR RATING **A/Lt. Car.**
DATE OF DISCHARGE **10 Sep/42**

DATE OF TERMINATION OF OVERSEAS SERVICE **10 Sep/42** DATE OF DISCHARGE **10 Sep/42**

A. TOTAL QUALIFYING SERVICE \$ **270.00**
NO. OF DAYS **1089** EQUAL TO **36** COMPLETE PERIODS AT \$7.50
30

B. QUALIFYING OVERSEAS SERVICE \$ **258.25**
NO. OF DAYS **1042** LESS **9** INELIGIBLE DAYS, EQUAL TO **1033** DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

SUB TOTAL

C. SUPPLEMENT FOR OVERSEAS SERVICE \$ **497.08**
DAILY RATES AT DISCHARGE
PAY \$ **7.50**
SUSTINENCE OR LODGING AND PROVISION ALLOWANCE \$ **1.70**
ADDITIONAL PAY **H.L.M.** \$ **.43**
C.M. \$ **.75**
DEPENDENTS' ALLOWANCE 1/30 OF \$ **2.20**
TOTAL \$ **12.58** X7 = \$ **88.06**
NO. OF DAYS **1033** X\$ **88.06**
183

D. WAR SERVICE GRATUITY \$ **1025.33**

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

F. AMOUNT PAYABLE \$ **1025.33**
(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	1025.33								
CHEQUE No.	113916								
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 **PK Boyce** TREASURY CHECKED BY **PK Boyce** DATE **8/3/45**
SERVICE REPRESENTATIVE
for Dir. Naval Pay Acct'g.

STATEMENT OF WAR SERVICE GRATUITY - NAVY re typed

Deceased Person's Name **JOHN WILLIAM BONNER**
 (Christian Names) **WILLARD** (Surname)

Payee **MRS. MARY BONNER,**
 Address **423 OXFORD STREET,**
HALIFAX N.S.

Register No. **2212A**
 File No. **07480**
 Date **3 MAR 45**
 Service No. **R.C.N.R.**
 Final Rank or Rating **A/Lt. Cdr.**
 Date of Discharge **10 Sep 42**

Date of termination of overseas service **10 Sep 42**

A. TOTAL QUALIFYING SERVICE
 No. of days 1089 equal to 36 complete periods at \$7.50 \$ 270.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days 1042 less 9 ineligible days equal to 1033 days @ 25¢ per day 258.25

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$ 7.50	
Subsistence or Lodging and Provision Allowance	\$ 1.70	
Additional Pay H.L.M.	\$.43	
C.M.	\$.15	
Dependents' Allowance 1/30 of \$	2.20	
Total	12.58	x 7 = \$ 88.06
No. of days	1033	x \$ 88.06
	183	

497.08

D. WAR SERVICE GRATUITY 1025.33

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES	\$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$	N.L.
OTHER DEDUCTIONS	\$	

F. TOTAL AMOUNT PAYABLE 1025.33

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance ~~in issue to you~~ \$ _____ of \$ _____ = \$ **1025.33**
 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.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

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

2212

TO: D.N.P.A.

FILE No. NS 0-7480

"WAR SERVICE GRATUITY"
COMPUTATION OF SERVICE

BONNER, John Willard 0-7480 Adj. Commandr
SURNAME CHRISTIAN NAMES OFFICIAL RANK OR RATING
IN FULL NUMBER ON DISCHARGE hon.

CAUSE OF DISCHARGE: Dead
Applicant - Widow of deceased - in receipt of pension.

1096
7
1089

TOTAL SERVICE

Date of Active Service 18 September 1939
Date of Discharge 10 September 1942
Total No. of Days 1089
Less non qualifying service _____
Total Days 1089

OVERSEAS SERVICE

% Total No. of Days 1042
Less non qualifying service _____
Total Days 1042

Record of Service in other Forces (per Naval Records)

Branch of Service _____
Date of Active Service _____
Date of Discharge _____

& % Overleaf

Computed By [Signature]
Checked By [Signature]

DEC 13 1944

DATE: _____

[Signature]
for (H.B. Money)
Payr. Cmdr, R.C.N.R.
Officer-in-Charge
Naval Personnel Records

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days	Overseas
_____	_____	_____	_____
"	"	"	_____
"	"	"	_____
"	"	"	_____
"	"	"	_____
"	"	"	_____
"	"	"	_____
		Total Days	=====

(%)
OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
"French"	18 Sep. '39	26 Feb. '41	528 ✓
"Rimouski"	19 Mar. '41	14 Nov. '41	241 ✓
"Charlottetown"	12 Dec. '41	10 Sep. '42	273 ✓
			<u>1042</u> ✓

French	Rimouski	Charlottetown
31	13	20
30	30	31
31	31	28
31	30	31
31	31	30
26	31	31
<u>528</u>	30	30
	31	31
	14	10
	<u>241</u>	<u>273</u>

Naval Personnel Records
Officer-in-Charge
Lt. Col. R. E. H. R.
for (H. B. H. H. H.)

Checked By _____
Computed By _____
DATE: _____

Onpa-9-11-70

1202

16859

Navy X
 Army
 Air Force

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

(Mark X opposite Force in which you last served.)

0.7480

Application for War Service Gratuity (Canadian Armed Forces)

#706

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service..... Bonner *Killed in Action*
(Print) *Sept. 11/1942.*

2. Christian Names John WILLARD.
(Print)

3. Service No. 4. Paid rank or rating at date of termination of Service..... Lieut. Commander

5. Address, in full, to which payments of gratuity are to be forwarded.....
423 Oxford St.
Halifax, N.S.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>Navy</u>	<u> </u>	<u>Lieut. Commander.</u>	<u>Sept. 8, 1939</u>	<u>Sept. 11, 1942.</u>
.....
.....

no credit

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... N.A. If so, state name of Force or Forces N.A.

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... If so, state the Force or Forces, with dates of commencement and termination of service. N.A.

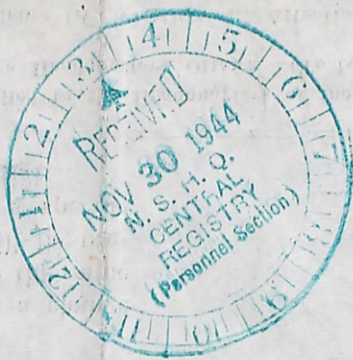
NAVAL PERSONNEL RECORDS
DEC 12 1944
DEC 5 - 1944 2412
WAR SERVICE GRATUITY SECTION

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

Nov. 28, 1944. (Date) (Mrs. J.W.) Mary Bonner. (Signature of Applicant)

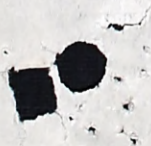
If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.



DEC 2 - 1944

DEC 5 1944



DEPARTMENT OF NATIONAL DEFENSE

OFFICE OF THE SECRETARY

SECTION FOR THE STUDY OF UNUSUAL PHENOMENA

(Formerly known as)

Office of the Director of the Office of the Secretary of Defense
Department of Defense, Washington, D.C.

Administrative routing and filing information, including dates and initials, is visible in this section.

Main body of the document containing the primary text, which is mostly illegible due to fading and bleed-through.

Header section of the document, containing faint text and possibly a title or address.

LA

N. S. O-7480
PERS. N "N" /5

8 DEC.
~~29~~ November, 1945.

THIS IS TO CERTIFY that according to official information Lieutenant Commander John Willard Bonner, Royal Canadian Naval Reserve, is missing, presumed dead to date the 10th of September, 1942. He was serving in H.M.C.S. "CHARLOTTETOWN" which was sunk as a result of enemy action.

JLN
NAVAL SECRETARY.

A.S.

SRH. (pl)
DEPUTY SECRETARY
PERSONNEL (N)

N. Sec.

*This is a copy of cert. date 24-10-45
see flagged files.*

SERVICE

File Number. 123-B-66

NAME: BONNER, John Willard

O.N.

PRESENT RANK/RATING: A/Lieutenant-Commander, R.C.N.R.

DATE TAKEN ON ACTIVE SERVICE: 18 September, 1939 with seniority of 8.9.39.

SERVICE

<u>SHIP OR ESTABLISHMENT</u>		<u>From</u>	<u>To</u>
STADACONA (French)	A/Lieutenant	18.9.39	in command
VENTURE (French)	Lieutenant	8.9.40	in command
STADACONA add'l for training and disposal	"	27.2.41	
STADACONA (Rimouski)	"	19.3.41	in command
HOCHELAGA II (Charlottetown)	"	15.11.41	
CHARLOTTETOWN	"	12.12.41	in command
"	A/Lieutenant-Commander	1.7.42	(Promoted)

55

WILL: Last Will & Testament Dated
28.11.40.

NAME & ADDRESS OF Wife: Mrs. Mary BONNER,
423 Oxford Street,
HALIFAX, N.S.

DISCHARGED PREVIOUSLY? No. REASON: DATE:

Initialed by: J.A.

Date: 14.9.42

Section: 2 (RCNR)

Naval Personnel Records.

(TO BE COMPLETED IN INK.)

13th September, 1942.

Dear Madam:

It is with deep regret that I must confirm the telegram of the 12th September from the Minister of National Defence for Naval Services informing you that your husband, Lieutenant Commander John Willard Bonner, R.C.N.R. (Temporary) is missing believed lost at sea.

The ship in which your husband was serving has been sunk as a result of enemy action and your husband is missing and must be presumed killed.

It is for the public interest that the name of his ship and the fact that she has been sunk should not find its way to the enemy until such time as it is decided to publish the fact in a Naval Casualty List. It is therefore requested that this news, other than the fact that your husband is missing may be treated as confidential.

I wish to express the sincere sympathy of the Chief of the Naval Staff, Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,

Red
Secretary, Naval Board.

Mrs. Mary Bonner,
423 Oxford Street,
HALIFAX, N.S.

123 B66

By Command of the Honourable the Minister of
National Defence of the Dominion of Canada.

4

To Mr. J. W. Bonner, -

The Minister of National Defence hereby appoints you

Acting Lieutenant (Temporary)

of the Royal Canadian Naval Reserve.

*Service Record made
on day card and "S" band
Power Strip
G*

Your appointment is to take effect from 8th September 1939.

R. R.

----- Rear-Admiral,
Chief of the Naval Staff.

Department of National Defence,
Ottawa, 10th September 39.