

**A5207**  
**BOWSER**

DONALD

ST

P1731 NOV 30 1943 15223-2543

# 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 INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

### Section A—GENERAL INFORMATION

- 1. (a) Print name in full Donald W. Bowers (b) Reg'l. No. A5207
- 2. (a) Arm of service Navy (b) Unit Bank (c) Rank Boatswain
- 3. (a) Date of birth 13 Feb 1917 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal, Que.
- 4. (a) Place of enlistment Halifax, N.S. (b) Date of enlistment 25 Feb 41

PLEASE LEAVE BLANK

### Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 12 yrs (b) Were you attending school or college up to the time of enlistment? No
- 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade VI
- 7. If you attended a university, give name of university and standing or degree secured No
- 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? —

### 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? No

### 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? No
- 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 / DID 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 Dept of National Defence Address 445 St. Patrick St
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
- 20. (a) Your specific occupation Wrightman (b) Number of years' experience at this occupation with any employer 1 1/2 yrs
- 21. (a) Did your employer promise definitely to give you employment on discharge? 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? No (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.) No
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Same job (Wrightman)

DATE 16 November 41 194 SIGNATURE Donald W. Bowers

O.H.F. Received

COPY TO  
VWD  
ES

DEC - 8 1941

**MEMORANDUM FOR**

P. 64

Mrs. Pearl Bowser,  
.....  
Ostrea Lake,  
.....  
Halifax County, 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. N.S. 123-B-543. FD.283.

**DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.**

September 29, 1942.

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

BOWSER, Donald St. Clair,  
.....

No. A-5207, Able Seaman, R.C.N.R.  
.....  
.....

it is necessary that the requisite information regarding the deceased and his relatives 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*

(H. R. Wade) Lt.- Cdr., RCNVR.  
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.....	Pearl Marie Bower	21	Ostreà Lake Hampden Co. MS
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	Fredrick Lloyd Bower	50	Pleasant Point MS
4	Mother of the Deceased.....	Gladys Norma Bower	46	" " "
5	Brothers of the Deceased	Full Blood	Guy George Bower 27 Fredrick A Bower 11 Warran R. Bower 9 Mack A Bower 4	Pleasant Point MS " " " "
		Half Blood		
6	Sisters of the Deceased	Full Blood	+ Pearl Elsie Bower 21 + Verda Frances Bower 19 Leona Gladys Bower 16 Florence Ma Bower 7	+ Mrs Wm Brewer Flint Heights MS + Mrs Vernon Baker Pleasant Point MS
		Half Blood	Marlie M. Bower 2	" "
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	
4		Gordon L. Loyd. 26. Albert. Rosent. 22.		

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).....	Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	
11	Give the month and year of his birth.	
12	Where and when were his parents married?	
13	If deceased was married, state place and date of marriage.	
14	Did he leave a Will? If so, a copy should be attached hereto.	
15	Did he leave a bank account? If so, give full particulars.	
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	
17	State <i>your own</i> postal address in full.	

PARTICULARS OF DOMICILE

18	Where was deceased born?	<i>Planet Point Halifax N.S.</i>
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.	<i>Nova Scotia always</i>
20	What was the nature of his employment?	<i>Dock yard labourer</i>
21	Did he own the premises in which he lived? If so, where?	<i>NO</i>
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	<i>NO</i>

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.	<i>None</i>
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.)	<i>None</i>

(PLEASE TURN OVER)

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

\* Wife .....of the deceased.

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

Paul Marie Bower. {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief..... Mr Paul Marie Bower

\*See above ..... { Name of Informant } is the \* Wife .....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 Musquodabuit Harbour this 14th day of October 1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Worms Williams Qualification.....

Address Musquodabuit Harbour Halifax N.S

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 enquired after is stated in its proper place in the Statement opposite.

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

I - Estimate about Study Period or Forty Dollars due the decedent on wages  
PMB

3671

5114692  
H/C  
EM



CANADA

## ATTESTATION FORM

### FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME **BOWSER** ..... OFFICIAL No. ....

CHRISTIAN NAMES **Donald St. Clair** ..... MARRIED, SINGLE OR WIDOWER **Married** .....

PERMANENT ADDRESS	RELIGION
<b>Pleasant Point, Halifax Co., N. S.</b>	<b>United Church of Canada.</b>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<b>13th June, 1918.</b>	Town <b>Pleasant Point,</b> County <b>Halifax,</b> Province <b>N. S.</b>	<b>Mrs. Pearl Bowser, (Wife)</b> <b>Pleasant Point,</b> <b>Halifax Co., N. S.</b>

### PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
<b>5</b>	<b>38</b>	<b>Brown</b>	<b>Brown</b>	<b>Medium</b>	<b>Nil</b>
Feet.....	Inflated.....				
<b>7</b>	<b>35</b>				
Inches.....	Deflated.....				
<b>154</b>	<b>37</b>				
.....	Mean.....				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<b>26th Nov. 1941.</b>	<b>A. B. (Temp)</b>	<b>Fisherman</b>

### (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 at least 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 Engine-room 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.

(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)\* ~~Served in~~ for the period shown.

Served in	Rank	From	To
	N I L		

(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 26th day of November, 1941.

x Donald St. Clair Bowser  
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

I, Donald St. Clair Bowser do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant x Donald St. Clair Bowser

Witness G. M. Collins

Date 26th November, 1941. Rank Pay. Sub 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 26th day of November, 1941.

G. M. Collins  
(Signature of Officer and rank)

Pay. Sub 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



P173151

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# 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 BOWSER - Donald St. Clair  
A.B. R.C.N.R.  
candidate for entry as.....  
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 revaccinated 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, Haemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
23 1/2 5 men	154	5-7	Good	38 35 31	right eye 6/9 left eye 6/9 colour vision		134 88 X-Ray						Deficient! Asthma! throat - now	

\*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.

Recog. green colours

### 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.

Donald Bowser

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.

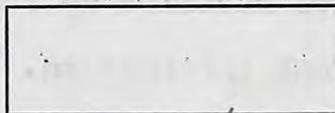
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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 Halifax, N.S. the 24 of November 1943

C. B. Hamant  
Examining Medical Officer

(Rank).....

**SURGEON LIEUT.**

MEDICAL QUESTIONNAIRE.

NOTE: ALL QUESTIONS TO BE ANSWERED SIMPLY "yes" or "no".

1. Have you ever been discharged from the Navy, Army or Air Force.

.. *no* .....

2. Have you ever had any of the following illness' or defect at any time?

- |                                |           |                             |           |
|--------------------------------|-----------|-----------------------------|-----------|
| a. Rheumatism, Rheumatic Fever | <i>no</i> | k. Nose trouble             | <i>no</i> |
| b. Tuberculosis or Pleurisy    | <i>no</i> | l. Ear trouble              | <i>no</i> |
| c. Bronchitis or Pneumonia     | <i>no</i> | m. Eye trouble              | <i>no</i> |
| d. Asthma or Hay Fever         | <i>no</i> | n. Gonorrhoea               | <i>no</i> |
| e. Kidney or Bladder trouble   | <i>no</i> | o. Syphilis                 | <i>no</i> |
| f. Bed wetting at night        | <i>no</i> | p. Broken or diseased bones | <i>no</i> |
| g. Heart trouble               | <i>no</i> | q. Rupture or hernia        | <i>no</i> |
| h. Indigestion or any kind     | <i>no</i> | r. Flat or deformed feet    | <i>no</i> |
| i. Stomach or Bowel trouble    | <i>no</i> | s. Varicose veins           | <i>no</i> |
| j. Any operations              | <i>no</i> |                             |           |

3. Have you ever had an illness of more than one weeks' duration?

.. *no* .....

4. Have you ever been in Hospital or Sanatorium? *no* .....

5. Have you or anyone in your family ever had:

- |                 |           |                                |           |
|-----------------|-----------|--------------------------------|-----------|
| a. Tuberculosis | <i>no</i> | c. Epilepsy                    | <i>no</i> |
| b. Diabetes     | <i>no</i> | d. Mental or nervous breakdown | <i>no</i> |

REMARKS BY EXAMINER.

*Scarlet Fever, Chicken Pox  
German measles.*

*L. M. Leonard*  
Surgeon Lieutenant, R.C.N.V.R.

I certify that I have revealed my full medical history and not withheld any relevant information.

*Donald B. Ganes* .....

Signature or Applicant.

IN THE NAME OF GOD, AMEN

I, **DONALD SAINT CLAIR BOWSER**, Able Seaman A.5207 of His Majesty's Ship "**CHARLOTTE**" (now a Patient\* in ),

\*If in Hospital or in Hospital Ship. being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my **wife Pearl Marie Bowser of Ostron Lake, Halifax County, Nova Scotia**

*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 **Mrs. Gladys Bowser of Pleasant Point, Halifax County, Nova Scotia**

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 **eight** day of **April**, in the Year of Our Lord One Thousand Nine Hundred **forty-two.**

*Donald Bowser*

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

*John P. [unclear] [unclear]*

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.

## Instructions for filling up the Form

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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.

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## CERTIFICATE

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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.

..... Paul Gregory S.H. { Signature of the person  
by whom the Will was prepared.

TRUE COPY  
 OF THE  
 CERTIFICATE of the SERVICE of

DONALD ST. CLAIR BOWSER

in the Royal Canadian Naval ~~Volunteer~~ Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>A-5207</i>
<i>Halifax N.S.</i>	<i>R.C.N.R.</i>	"
		"

Date of Birth <i>13 June 1918</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth <i>Pleasant Point, Hfx Co. N.S.</i>	
Place of Residence <i>Pleasant Point, Hfx Co. N.S.</i>	
Trade brought up to <i>Fisherman</i>	
Religion <i>United Church of Canada</i>	
Can Swim:—P.P.T. ( ) Date..... 19..... Signature.....	
P.S.T. ( ) Date..... 19..... Signature.....	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or Re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>26 Nov</i>	<i>1941</i>	<i>Host.</i>	<i>A.B.</i>			

PERSONAL DESCRIPTION								MARKS, WOUNDS, SCARS
On Entry	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	
	Feet	Inches						
On Entry.....	<i>5</i>	<i>7</i>	<i>37</i>	<i>154</i>	<i>Brown</i>	<i>Brown</i>	<i>Med.</i>	<i>Nil.</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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









IMPERIAL WAR GRAVES COMMISSION

CANADIAN AGENCY

VETERANS MEMORIAL BUILDING,  
WELLINGTON STREET,  
OTTAWA

Ref: 6-1-17.

February 2nd., 1956.

The Director of War Service Records,  
Department of Veterans Affairs,  
325 Slater Street,  
Ottawa, Ont.



Dear Sir,-

It has been brought to my attention that the remains of A.5207 Able Seaman Donald St.Clair Bowser, originally buried in the Protestant Cemetery, Gaspe, Quebec, were transferred in 1943 from that cemetery to Point Pleasant Cemetery, near Jeddore, Nova Scotia.

We have been informed by the District Administrator, Halifax, N.S., of the correct name of the cemetery as above. He also advised that there are no lot numbers in this cemetery.

The Commission headstone was transferred from Gaspe and has been re-erected on the present grave of Able Seaman Bowser in Point Pleasant Cemetery.

In order that our records may be correct and complete, also your's and those of our head office, would you kindly let us have a new G.R.R.Form and R.E.Form to replace those originally raised regarding Able Seaman Bowser. It would also be appreciated if you would let me have a Comprehensive Report to replace that for the Protestant Cemetery, Gaspe, Que.

Yours very truly,

(C.B.Fuller)  
Secretary-General.

Ystrea Lake  
June 16<sup>th</sup> 1945-

To  
Secretary of Naval Board  
Naval Service Head Quarters  
Ystrea Lake

PG17669

Dear Sir:-

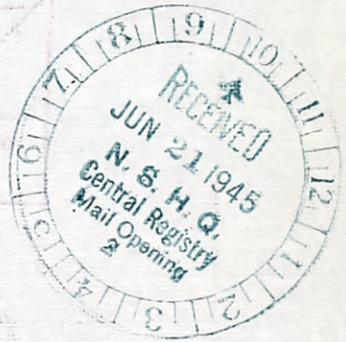
Referring to yours of 5<sup>th</sup> inst.  
Re the matter of gratuity for dependents  
of Honal St. Clair Bower. Able  
seaman no A. 5207 R & N R. = who  
died from wounds received in the  
sinking of H M & S. Charlotte Town I  
beg to state that I was the sole  
dependent on this service man at the  
time of his death. and I respectfully  
make application here with for the  
gratuity from your Department-

Yours very truly  
Mrs Pearl Bower  
Ystrea Lake  
H a l l e  
rs.

NAVAL PERSONNEL RECORDS
10754
JUN 22 1945
WAR SERVICE GRATUITY SECTION 9 am.

*[Faint, illegible handwriting throughout the page]*

RECEIVED  
JUN 21 1945  
N. S. H. Q.  
Central Registry  
Mail Opening



R. H. Wade.

30 Sparks St.

Ottawa, Canada.

Ostrea Lake.

Sept. 30, 1948.

123-B-543

Dear Sir.

178985

I am writing to ask you if you would please send me the copy of the will of my late husband Donald St. Clair Bower. It has been some months since I heard from it.

Thank you.

Sincerely yours.

Mrs. Pearl Bower.

Ostrea Lake.

Halifax, C.O.  
N.S.

600831



Summary

This submission to Treasury Board is to secure authority to pay up to \$300 for exhumation and re-burial of a casualty from sinking of H.M.C.S. "Charlottetown". This man was buried at Gaspé against the wishes of his wife, who asks that the body be re-buried at his former home, Ostrea Lake, N.S. Mr. Isnor is sponsoring the matter.

Action Indicated -- Minister's signature.

  
D. R. Campbell

3.8.43

CANADA

PROVINCE OF QUEBEC

COUNTY OF GASPE

SUPERIOR COURT PERCE

DISTRICT OF GASPE

On the 30th day of March, 1943.

Present: The Prothonotary of this Court.

Mrs. Donald S. Bowser, Petitioner.



WHEREAS the said Petitioner alleges that Able Seaman Donald St. Clair Bowser died on His Majesty's ship Charlottetown of wounds received in action on the Eleventh day of September, one thousand nine hundred and twenty-two and that the body of the said Donald Bowser was buried in the graveyard of the United Church of Canada on the Fourteenth day of September, one thousand nine hundred and twenty-two as appears by certificate filed as Petitioner's exhibit P-1;

WHEREAS Petitioner alleges that it is advisable to have the body of the said deceased exhumed from its present burial place to be placed in the cemetery of the United Church of Canada, at Pleasant Point, Halifax County, in the Province of Nova Scotia;

WHEREAS consent from the Ecclesiastical Authorities of the United Church Cemetery has been duly filed.

We, the undersigned, Prothonotary of the Superior Court for the District of Gaspe, hereby grant the petition of the said Petitioner and allow the remains of the said Donald S. Bowser to be removed from the United Church Cemetery at Gaspe and to be transferred to Pleasant Point, Nova Scotia, that they may be placed in the Cemetery of the United Church of Canada, at Pleasant Point aforesaid.

*Alf Burnham*  
Prothonotary Gaspe

Superior Court, Perce.

---

March 30th, 1943.

JUDGMENT granting permission to  
exhume body of DONALD S. BOWSER.

---

93  
December 18th, 1942.

Dear Sir:

In order to satisfy the natural desire of the widow of the late Able Seaman Donald St. Clair Bowser, R.C.N.R., O.N. A-5207, to have his remains buried in Nova Scotia, it is proposed to have his body exhumed and despatched in accordance with Mrs. Bowser's wishes. The remains were laid to rest with full Naval honours in the Protestant cemetery at Gaspe.

The Department of the Attorney General, Quebec, have advised that in order to have the body exhumed, an application must be made to the Court in the Judicial District of Gaspe.

It will be appreciated if you will take the necessary action to have an agent appointed to make the necessary application.

Yours very truly,



(W.G. Mills)  
DEPUTY MINISTER.

The Deputy Minister,  
Department of Justice,  
O T T A W A.

COPY.

Ostrea Lake, N. S.  
October 26th, 1942.

66

P. B. German,  
Fort Ramsay,  
Gaspé', Que.

Dear Sir:

Your letter of Oct. 21st received. I certainly appreciated your letter which was an easement to my heart and to know all you and Mrs. German have done.

In regard to my husband's resting place it was a promise that was to be kept that if he got killed or died his body would be brought back to Ostrea Lake and buried. I can't be happy to know he is so far away. I would like for you to arrange and have his body exhumed and sent home for reburial, if this can be done it is only God will know the easement of my heart, thanking you again for your wonderful letter.

I remain yours sincerely,

(Signed) Mrs. Pearl Bowser,  
Ostrea Lake, N. S.

H.M.C.S. "FORT RAMSAY",  
Gaspe, P.Q. 21st Oct.

2.

Mrs. Pearl Bowser,  
Musquodoboit Harbour,  
Nova Scotia.

57

Dear Mrs. Bowser:

Secretary, Naval Board, Ottawa, has forwarded me a copy of your letter of 12th October with instructions I write you explaining all circumstances.

In further explanation of my letter to you of 15th September, endeavouring to express my sympathy, I am sending you herewith copy of letter of 15th October from Surgeon Lieutenant Alford to Mr. Reginald Baker. I had my Medical Officer reply to your father's letter to me as I wanted to be sure he and you appreciated the medical angle of the very sad circumstance.

My wife has forwarded you photographs of your husband's grave and I am sure her detailed letters have given you a small idea of the sorrow with you of all hands at this Base. You will be pleased to hear that by arrangement of the Canteen Committee a large everlasting flower wreath has arrived and it will be placed on your husband's grave when a suitable glass case now under construction is completed.

The above is submitted as I wish you to know your late husband's associates at this Base are so fully in sympathy with you. It, however, does not answer your request to now have the body exhumed and sent to Ostrea Lake for re-burial. If this is still your desire, having regard to all the circumstances I will endeavour and if possible make the arrangements through Naval Service Headquarters.

If you are satisfied to allow your husband's body to remain overlooking the waters which he so gallantly assisted in defending I can assure you that his grave will continue to have adequate and proper attention.

Yours very truly,

P.B. German,  
COMMANDER, R.C.N.

COPY

H.M.C.S. "FORT RAMSAY",  
Gaspe, P.Q.  
15th October, 1942.

Mr. Reginald Baker,  
Ostrea Lake,  
Halifax County,  
Nova Scotia.

54

Dear Sir:

Commander German, Naval Officer-in-Charge, Gaspe,  
has forwarded your letter of October 12th.

You requested information as to the nature of  
injuries received by your late son-in-law Donald Bowser.

Donald Bowser died on the morning of September  
11th, about three or four hours after the "Charlottetown"  
was hit. He was seriously injured internally as the result  
of an underwater explosion. He was brought on board the  
rescue ship and attended there by the Charlottetown's  
Sick Berth Attendant, himself wounded. Everything was  
done that was possible to save his life and to make his  
last moments as comfortable and free from pain as possible.  
Unfortunately his injuries were quite severe and he died  
of internal hemorrhage and shock while the rescue ship was  
still at sea. I was sent out from here and met the ship on  
her way in. It was 6:30 when I went aboard. At that time  
your son-in-law was past aid. His body was brought ashore  
in Gaspe, draped in a Naval ensign with full naval honours.

We made every endeavour to secure the services  
of an undertaker. Unfortunately the nearest available was  
at Chandler, some 60 miles away, and he was in Quebec City  
that week-end. Under these circumstances, we held a funeral  
service here in Gaspe on Monday, September 14th. Your son-  
in-law was buried with full Naval honours following a moving  
service in the Anglican church. His shipmates acted as pall-  
bearers and formed part of the cortege.

Quebec provincial health laws are such that a  
deceased person cannot be transported by rail unless the body  
has been suitably prepared by an undertaker. To our regret  
this was impossible and we did what we thought best under  
the circumstances.

I hope that this information will be of some com-  
fort to you and Mrs. Bowser in this sad affair and that it  
may set Mrs. Bowser's mind at rest.

Yours very truly

(Signed) E.L.G. Alford,  
Surg. Lieut. R.C.N.V.R.

DJM/IM

123-B-543, FD. 1515

29th September, 1942.

46

Sir:

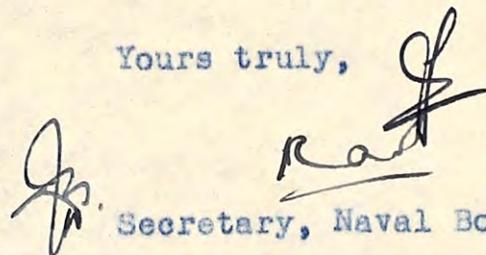
With reference to your letter of the 22nd September, 1942, I am directed to inform you that every effort was made by the Department and by the Naval Officer-in-Charge, Gaspe, P.Q., to have the body of the late Donald St. Clair Bowser, Able Seaman, R.C.N.R., O.N. A.5207, forwarded to Mrs. Bowser for burial.

This rating was gravely injured on the occasion of the sinking of H.M.C.S. "Charlottetown" and died of his injuries before he reached port. The Naval Officer-in-Charge, Gaspe, endeavoured to obtain the services of an undertaker in order that the body could be embalmed and prepared for transportation, but was unsuccessful. Therefore, on the advice of the medical authorities, burial was held the following morning at Gaspe.

While it is regretted that the request of Mrs. Bowser could not be complied with, it is believed that every effort was made to have the funeral and burial services conducted in a most suitable manner. A personal letter of sympathy was written by the Naval Officer-in-Charge, Gaspe, and photographs of the funeral were sent by his wife to Mrs. Bowser.

Your assistance in endeavouring to explain to Mrs. Bowser the difficulties encountered in this case is appreciated by the Department. Further information may be available from the Naval Officer-in-Charge, Gaspe, regarding the circumstances which precluded all possibility of forwarding the body to Mrs. Bowser for burial.

Yours truly,

  
Secretary, Naval Board.

Gordon B. Isnor, Esq., M.P.,  
69 Gottingen St.,  
HALIFAX, N.S.





231443

**House of Commons  
Canada**

69 Gottingen Street,  
Halifax, N.S.,  
September 22nd, 1942.

45

Naval Secretary,  
Department of National Defence,  
O T T A W A.

Re:- The late Donald St. Clair Bowser,  
Ostrea Lake.

Dear Sir:-

The widow and the mother of the late Donald St. Clair Bowser, A.B., R.C.N.R., O.N., A5207 today visited my office and placed before me telegrams and correspondence relating to the death of the above named rating, whose death came about due to wounds received as the result of enemy action when the ship of which he was a member was sunk.

It would appear that Mrs. Pearl Bowser, the wife, was advised on Saturday, September 12th, and she immediately expressed a desire to have the remains forwarded to the late seaman's home, or that she be permitted to travel to Gaspé so as to be present at the funeral. I realize that this was practically impossible and so informed Mrs. Bowser, explaining that because of lack of facilities at Gaspé, in the first place, the body could not be shipped home, and secondly, it was necessary to have the funeral, as was pointed out in the correspondence, at 10:00 a.m. Monday Morning.

She appreciated the manner in which the news was sent to her through the Naval Chaplain from H.M.C. Dockyard, Halifax, but apparently those in her community felt that she should have been allowed to travel and be present when the funeral took place. She still feels strongly on the point that the body should be exhumed and sent to his own home as she claims this was an expressed desire of her late husband, and has asked me to place the matter before you with a view of carrying this out at the earliest possible date.

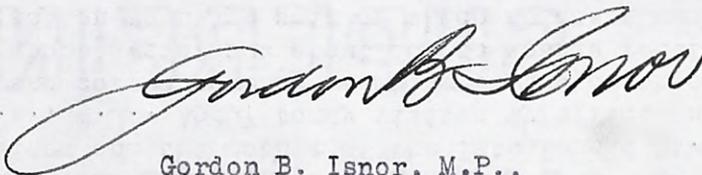
(Over)

I trust that you will not think I am critical of the manner in which advice was sent to Mrs. Bowser as I read the very sympathetic letters forwarded to her from your own office, as well as those received from the Chaplain at H.M.C. Dockyard, Halifax, and Commander P.B. Germaine, R.C.N., H.M.C.S. "Fort Ramsey", Gaspé, in which the kindest sentiments of sympathy were expressed.

After having expressed similar sentiments, to the bereaved relatives, I endeavored to tactfully change their mind by pointing out the regulations respecting members of the Armed Forces who die on foreign lands, that it is definitely understood that remains must be buried at the place of death. The widow, in turn, pointed out that as her husband died on Canadian soil, she felt entitled to the same treatment as was accorded to others whom she quoted as having received the remains as far away as the Pacific coast.

I would appreciate if this matter could be looked into with a view of carrying out the widow's wish if at all possible.

Yours truly,



Gordon B. Isnor, M.P.,  
for Halifax, N.S.

GBI/EN

C O P Y

PERSONAL

H.M.C.S. "FORT RAMSAY",  
Gaspe, P.Q. 15th Sept. 1942.

Mrs. Pearl Bowser,  
Musquodoboit Harbour,  
Nova Scotia.

43

Dear Mrs. Bowser:

It is with deepest regret that I must inform you of the funeral of your husband, Conald Bowser. Most unfortunately, circumstances in Gaspe made it impossible to permit the remains to be sent to your home for the last rites.

Your husband was given a Naval funeral in Gaspe, which was attended by his shipmates and a large number of sailors from this Base, and ships in harbour. My wife has sent you photographs of the funeral.

The funeral services were conducted by Archdeacon J.W. Wayman, Honourary Major, and The Reverend Captain A.R. Perkins. The remains were laid to rest with full Naval honours in the Protestant cemetery at Gaspe.

The fact that your husband gave his life for his country and such a noble cause, must indeed be a great source of consolation to you at this time.

I wish to express deepest sympathy from all of his associates at this Base to you in your very sad bereavement.

I remain,

Yours most sincerely,

P. B. German,  
COMMANDER, R.C.N.

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

Ottawa, Canada,

... 23 September, 1943, .....  
(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>BOWSER, Donald St. Clair</u>	<u>Able Seaman</u>	<u>A-5207, R.C.N.R.</u>
<u>DATE OF ENLISTMENT</u> -	<u>26 November, 1941</u>	
<u>DATE OF DISCHARGE</u> -	<u>11 September, 1943</u>	
<u>HOSPITAL</u> -	_____ (If discharged in hospital under jurisdiction of D.P. & N.H.)	
<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". Died as a result of wounds received  
in action. 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. Pearl Bowser,  
ADDRESS Ostrea Lake, Halifax County, 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 -

\$ 81.00 PAID TO Still in force.  
MARRIAGE ALLOWANCE AT \$ 1.15 PER DIEM PAID TO - Still in force  
DEPENDENTS ALLOWANCE AT \$ Nil PAID TO Nil.  
TOTAL MONTHLY PAYMENT TO - WIFE \$ 81.00

Computed by YH  
Checked by YH

DEPENDENTS \$ Nil

R. A. ...  
SECRETARY,  
NAVAL BOARD

The Secretary,  
The Canadian Pension Commission,  
Copy to: D.P. & N.H.

(See reverse side for further  
instructions.)

23 September, 1942.

24

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 &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
BOWSER, Donald St. Clair Able Seaman, A-5207, R.C.N.R.	Died on the 11th of September, 1942, as a result of wounds received in action. He was serving in H.M.C.S. "CHARLOTTETOWN" which has been sunk as a result of enemy action.	Wife: Mrs. Pearl Bowser, Ostrea Lake, Halifax County, N.S.

ALLOTMENTS IN FORCE

<u>In favour of:</u>	<u>Amount</u>	<u>Initials.</u>
Mrs. Pearl Bowser, Ostrea Lake, Halifax, Co., N.S.	\$81.00	<i>lab</i>

WILL: Attached.

.Yours truly,

*R. C. Robertson*  
SECRETARY, NAVAL BOARD.  
*per SA*

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

AIR MAIL

14th September, 1942. 21

Dear Madam:

It is with deepest 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, Donald St. Clair Bowser, Able Seaman, R.C.N.R., O.N. A.5207, died as a result of wounds received in action.

The ship in which your husband was serving has been sunk as a result of enemy action. Your husband was rescued by another warship but had been very seriously wounded, and though all possible medical care was given, he died shortly afterwards.

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.

It is very much regretted that circumstances of death and lack of facilities at Gaspé did not permit the forwarding of your husband's body to Halifax. Complete details will be given you by the Naval Officer-in-Charge, Gaspé, in due course.

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,

Secretary, Naval Board.

Mrs. Pearl Bowser,  
Ostrea Lake,  
Halifax County, N.S.

II

The Commanding Officer Atlantic Coast,  
H.M.C. Dockyard, HALIFAX, N.S.

Referred for information.

BY ORDER,

Ottawa, 14th September, 1942.

Secretary, Naval Board.

Can. 2041

25M-4-28 (4789)  
N.S. 815-9-2041

NATIONAL DEFENCE

JAN - 2 1942

123-B-543

#89  
ORIGINAL

Number

1000774 4

# APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
"SAMBRO" for	Surname..... BOWSER	A.B.	O.N.K.	\$1.85
"CHARLOTTETOWN" 12 <sup>II</sup> - 1	Christian Names..... DONALD			

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname..... BOWSER Christian Names..... Pearl Marie	Ostrea Lake, Halifax Co., N.S.

### CHILD OR CHILDREN

Name	Sex	Date of Birth	Initials	Attains majority
(1).....				
(2).....				
(3).....				
(4).....				

M.A. APPLICATION NIL NS  
 Ent'd in Birth Record Ledger  
 Ent'd on M/A Card  
 Ent'd in All the Ledgers

MP 3/1/42  
 MP 3/1/42

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

*[Signature]*  
L. Writer

Date of Active service 26 November 1941

Signature *Donald Bowser*

Rank or Rating..... A.B. R.C.N.R.

Marriage Allowance in force per diem Nil

Marriage Allowance claimed per diem .75¢

R. 66  
LEDGERS  
F. 84

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

*[Signature]*  
COMMANDER R.C.N. Commanding Officer.

This amount per day has been credited from 26 November 1941

at List 12<sup>II</sup> No. 1 Ledger ending 31 December 1941

Allotment of \$ 68.00 in force from the month of January 1942 in accordance with regulations. Special allotment paid through Sambro Cash Account for the amount of \$60.30 to qualify for M.A.

*[Signature]*  
for Accountant Officer.  
Paymaster Sub-Lieutenant RCNVR

THE NAVAL SECRETARY,  
Department of National Defence,  
Ottawa.

H. M. C. S. "SAMBRO" for "CHARLOTTETOWN"

Forwarded 31 December 1941



Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

81

H.M.C.S. Naval Service Headquarters at Ottawa

Name Down, Donald St. Clair  
(Christian names in full)

Rank of Rating Able Seaman Official No. A-5807, R.C.N.R.  
(If unknown, date of first entry)

Place of Birth Pleasant Point, Halifax, N.S. Date of Birth 18th June, 1918.

Occupation in Civil Life Fisherman Religion United Church of Canada.

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) From 25th November, 1941 to 11th September, 1942.

Date of Death 11th September, 1942. Place of Death At sea

Cause of Death Died as a result of wounds received in action. He was serving in H.M.C.S. "CHARLOTTEBOURG" which has been sunk as a result of enemy action.  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. Name Mrs. Pearl Down Relationship wife  
Address Galton Lake, Halifax County, N.S.

Date on which the above was informed by Ship RMS H.M.C.S. 18th September, 1942

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 Cape, P.Q. Date of Burial 14th September, 1942.  
(if known) (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,  
18th November

194.....  
*H.B. Money*

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

FOR SECRETARY, NAVAL BOARD.

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

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

Ostrea Lake.

Oct 21. 1942.

Dear Sir.

I am sending you the will  
of the late Howard Bowser which  
was made since he went in the  
navy and I didnt know if I would  
send it with the papers or not so  
I will send it to you.

Yours truly

Mrs. Pearl Bowser.

Ostrea Lake

Hys Co.

Ms.



A 5207

OFFICIAL NUMBER

NAME BOWSER  
(Surname)

Donald St. Clair  
(Given Names)

OFFICIAL NUMBER A 5207

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified	
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Month	Year
HMCS Stadacona	A.B.	26	11	41												
HMCS Hochelaga 11	"	3	12	41	"Manning Pool"											
"Charlottetown"	"	12	12	41	N.L. 12-12-41	V.G.	Sat.	31	12	41						
"	"	10	9	42	Seriously Injured											
DISCHARGED	"	11	9	42	"Died of Injuries" (W/T 14212/19, 9/42) (Charlottetown Casualty List)	V.G.	Sat.	11	9	42						

GENERAL REMARKS

Canadian Memorial Cross forwarded to  
Wife: Mrs. Pearl Bowser, Ostrea Lake,  
Halifax County, N.S. 9-11-42  
Canadian Memorial Cross forwarded to  
Mother: Mrs. Gladys Bowser, Pleasant  
Point, Halifax, N.S.

DATE OF BIRTH	PLACE	CIVIL OCCASION	RELIED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT
BY MO. YR. BIRTH	MAJN	SUB	GRON	P. CTY. TOWN	SERV. DIV.	A BR RANK
13 6 18 14	100	0	30 X 4	18 00	0 19	0 08 94
ENLIST. DATE	ACT. DATE	CAT.	BY MO. YR.	ED. AB.	A BR RANK	
26 11 41	26 11 41			7790	0 08 94	
SENIORITY	STR.	NON-SUB	M	CODED	CHECKED	
BY MO. YR. CAT.	A	B	ST.			
26 11 41 09						
			20 11 09 42			

