

V48962
SCHOFIELD

DARCY

JOSEP

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

1. (a) Print name in full Darcy Joseph Milton Schofield (b) Reg'l. No. V 48962
 2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Asst. Cook
 3. (a) Date of birth Apr. 13, 1925 (b) Have you any dependents? No (c) Place of residence at time of enlistment Ottawa, Ontario
 4. (a) Place of enlistment H.M.C.B. "BETOWN", Ottawa (b) Date of enlistment 14th Oct., 1942

PLEASE
LEAVE
BLANK

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.) High School Entrance
 7. If you attended a university, give name of university and standing or degree secured
 8. (a) Did you ever enter upon a trade No (b) If so, for what occupation? XXX (c) Did you finish it? XXX (d) If you did not finish it, how long did you serve at it?
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

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 Air Force Address Rockcliffe, Ontario
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Dominion Government Airport
 20. (a) Your specific occupation Labourer (b) Number of years' experience at this occupation with any employer Two Months
 21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Poultry Farming
 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 2 Yrs. (c) In what provinces did you have experience? Ontario

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 No

DATE 14th October, 1942 SIGNATURE Darcy Schofield

COPY TO
VWD
ES

OCT 30 1942

Mr. William Schofield,
62 John Street,
Ottawa, Ontario.

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

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

and the following number quoted:—

H.Q. V - 48962 FD. 587

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 12, 1944

For the purpose of record and in the event of there being any Service estate
available for distribution (according to law) on account of the late

SCHOFIELD, Darcy Joseph Milton, Cook (S)

Official No. V-48962 Royal Canadian Naval Volunteer Reserve.

it is necessary that certain information regarding the deceased and his relatives should
be furnished the Estates Branch. You are asked therefore to read the enclosed
memorandum before completing pages 2 and 3 of this form. The particulars required
are to be carefully filled in and the Declaration on page 4 should then be signed in the
presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary
Public or a Commissioned Officer of any of His Majesty's Forces who should be asked
to complete and sign the Certificate. This form should then be returned to the above
address.

If there is insufficient space for complete particulars to be given opposite any
question on pages 2 and 3 of this form, the space under "additional remarks" on
page 4 should be used.

GC/

H. J. Wade
Commissioner
for Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased..... <i>none</i>				
2	Children of the Deceased and dates of their Births..... <i>none</i>				
3	Father of the Deceased.....	<i>Charles Schofield</i>	<i>42</i>	<i>62 John St</i>	
4	Mother of the Deceased.....	<i>Annie Schofield</i>	<i>45</i>	<i>62 John St</i>	
5	Brothers of the Deceased	Full Blood <i>yes.</i>	<i>Gerald Schofield</i>	<i>17</i>	<i>62 John St</i>
			<i>Fred. Schofield</i>	<i>11</i>	<i>62 John St</i>
6	Sisters of the Deceased	Full Blood <i>yes.</i>	<i>Doris Schofield</i>	<i>16</i>	<i>62 John St</i>
			<i>May " "</i>	<i>9</i>	<i>62 John St</i>
			<i>Patsy " "</i>	<i>7</i>	<i>62 John St</i>
			<i>Violet " "</i>	<i>4</i>	<i>62 John St</i>
					<i>see Maine Int.</i>
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.	Half Blood			
		Names and ages of their children (if any)		Address of their children	
	<i>none.</i>	<i>none.</i>		<i>none.</i>	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Darcy Milton Schofield
9	Date of his birth.	April 13th. 1925
10	Place and date of his marriage.	Not Married
11	Place and date of his parents' marriage.	Nov 25th 1924 St Bridget's Church

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Sebaton army hospital Ottawa
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) Cont. Carleton (c) (d) 19 years in Ottawa Ont
14	Nature of employment before enlistment.	General work.
15	State whether he owned the premises in which he lived, and, if so, where situated. <i>no</i>	no
16	Name place where deceased stated he intended to make his permanent home. <i>Ottawa</i>	Ottawa

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	none to acknowledge.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Prudential insurance \$250. Payable to Grandfather
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. <i>no other</i>	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no
<p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p>		

(PLEASE TURN OVER)

DECLARATION

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

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

**Father and Mother* of the deceased.

Mrs Annie Schofield Mother

Charles E. Schofield Father

Signature of Informant

62 John St Ottawa Address

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



CERTIFICATE

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

*See above. *Annie Schofield* { Name of informant } is the * *Father & Mother* of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at *Ottawa* this *20th* day of *September* 19 *47*

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

J. Powers JP.

Qualification *Alderman*

Address *121 Nace St Ottawa*

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

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

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

ms 85



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

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

4
E253473

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SCHOFIELD OFFICIAL NO. V48962
CHRISTIAN NAMES Darcy Joseph Milton MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS	RELIGION
151 Creighton Street, Ottawa, Ontario.	Roman Catholic.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
13th April, 1925	Town Ottawa County Carleton Province Ontario.	Father: William Same Address.
*Original Nationality of: Father <u>English</u> Mother <u>Irish</u>		

*If not the son of natural born British parents, particulars to be given at foot of next page

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u> Inches <u>8 1/2</u> Mean <u>32</u>	Inflated <u>33</u> Deflated <u>31</u>	Black	Green	Medium	Linear white scar on left forearm
EDUCATIONAL STANDING			TRADE OR CALLING AND IN WHOSE EMPLOY		
High School Entrance.			Labourer: Royal Canadian Air Force, Rockcliffe Airport, Ontario.		

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
14th October, 1942.	Assistant Cook	H.M.C.S. "BYTOWN".

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) I served in G.G.F.G.'s for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

Personnel Records Division.	
1. Noted in Records	<u>gm</u>
2. Index Card	<u>gm</u>
4. Statistical Card	<u>gm</u>
6. Pension Card	
7. DATE	<u>23.10.42.</u>

SERVED IN	RANK	FROM	TO
The Governor General's Foot Guards.	Guardsman	21st June, 1940	5th July, 1940 ³

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

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

(5) On being enrolled as a member of the O T T A W A Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 14th day of October

Signature of applicant Darcy Schofield X.

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 14th day of October

T. W. Warriman - Wood
Signature of and rank of Attesting Officer.
Sub-Lieut., R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I, Darcy Joseph Milton Schofield do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant Darcy Schofield X.

Witness T. W. Warriman - Wood

Date 14th October, 1942. Rank Sub-Lieut., R. C. N. V. R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Darcy Joseph Milton Schofield having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the OTTAWA Division of the R. C. N. V. R. or in the appropriate official documents.

T. W. Warriman - Wood
Sub-Lieut., R. C. N. V. R. Attesting Officer.

14th October, 1942. R. C. N. V. R. Division (or other establishment) H. M. C. S. "BYTOWN".

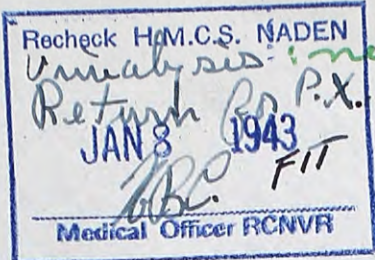
NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

This is to acknowledge that I have not been induced to enter the accountant Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Darcy Schofield X.
Signature



Can. B. 207
100M-3-42 (3733)
N.S. 815-2-207

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..... Darcy Joseph Schofield
candidate for entry as..... A/Cook
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. BP 120/80 5-1-43

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

(a) Age	Yrs. 17	Mos. 6	(j) Date of last Vaccination for Smallpox	1937	
(b) Height with bare feet	Feet 5	In. 8½	(k) General Development	Fairly good	
(c) Weight without clothes	143		(l) Nose, Throat and Tonsils	N	
(d) Ears and Hearing	Normal.		(m) Heart and Lungs	N	
(e) Chest Girth	Max. 36	Min. 33	Mean 35	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient 0	Defective 4	Dentures 0	(o) Limbs and Joints	N
(g) Vision by Snellens Types	without glasses	Rt. 4/6	Lt. 6/6	(p) Skin	N
	with glasses where worn	Rt. Both 6/5-	Lt. 6/5-	(q) Anus Haemorrhoids	N
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(r) Testes Varicocele	Testicles Atrophic
(i) Chest x-ray	(not taken approved positive doubtful)	approved		(s) Urine	

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

(Sgnd) Darcy Schofield

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

Signature of Candidate

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



G. Wm. Chapman
Examining Medical Officer
(Rank) Surgeon Lieut. RCNVR

ORIGINAL
DUPLICATE
TRIPPLICATE

DUPLICATE

M.F.M. 2
A.F.B. 271
450M-5-40 (5237)
H.Q. 1772-39-1045

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit **Governor-General's Foot Guards.**

Regimental Number **658,146**

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname..... **Schofield**
2. Christian Names..... **Darcy Joseph**
3. Present address..... **62 April John St. Ottawa.**
4. Date of birth..... **13 April 1921**
5. Place of birth..... **Can** **Ont** **Ottawa**
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... **H.C.**
7. Trade or Calling..... **Gardener**
8. Married, Widower or Single..... **Single**
9. Name of next of kin..... **Charles Schofield**
10. Relationship..... **Father**
11. Address of next of kin..... **Same**
12. Do you belong to, or have you served in the Active Militia of Canada?..... **Yes G.G.F.G.**
15-12-40
13. Have you served in (a) The Canadian Active Service Force?..... **No**
(If Yes, Give Unit and Dates of Service)
(b) Any other Naval, Military, or Air Force?..... **No**
(If Yes, Give Regimental No. and Unit)
14. Did you serve during the Great War 1914-1918?..... **No**
(If Yes, specify Unit and Period of Service)
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, **Darcy Joseph Schofield** do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date **June 21, 1940.**

Darcy Schofield
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, **Darcy Joseph Schofield** do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Darcy Schofield
(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at **Ottawa** this **21** day of **June** **1940**

H. S. M. M. M.
Lieut.-Col.
Lieutenant Colonel Commanding,
Governor General's Foot Guards.
(Signature of Magistrate, Justice or Attesting Officer.)
(Office or Rank and Unit or appointment.)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

.....Regimental Number.....C-58146

EDUCATIONAL QUALIFICATIONS

Graduation } *Nil*
or }
Matriculation } (specify)

*(Name of institution, courses or years completed, and degrees obtained to be shown)

[illegible]

For additional entries use M.F.M. 1 and 2 (a)

Name full Darcy Joseph Schofield Date June 21, 1940.

1. Age 19..... 2. Have you ever suffered from any of the following diseases?

- B. P. -- 111/65 Measles & Whooping cough

Part 2. Information obtained by medical examination. The recruit must be stripped.

- Urine normal Pupils E.R react to L. & A.

President W. E. Hawley Member Charles Sperry
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

[illegible]

Regtl. No..... Rank..... Surname..... Christian Name.....

[illegible]

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member's Name

Darcy Joseph Milton SCHOFIELD
(Christian Names) (Surname)

Payee

Mrs Annie SCHOFIELD

Address

62 John Street
Ottawa Ont.

Register No. 10128

File No. V-48962

21/6/45 Date ~~15/6/45~~

Service No. V-48962

Final Rank or Rating CK(5)

Date of Discharge 7 MAY '44

Date of termination of overseas service 7 MAY '44

A. TOTAL QUALIFYING SERVICE

No. of days $\frac{567}{30}$ equal to 18 complete periods at \$7.50

135.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 273 less 27 ineligible days equal to 246 days @ 25¢ per day

61.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$	1.95
Subsistence or Lodging	\$	1.25
and Provision Allowance		
Additional Pay H.M.	\$.13

Dependents' Allowance 1/30 of \$ NIL

Total

3.33 x 7 = \$ 23.31

No. of days

273

183

x \$ 23.31

34.78

D. WAR SERVICE GRATUITY

231.28

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

Nil

F. TOTAL AMOUNT PAYABLE

231.28

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 231.28
Total Dependents' Allowance in issue \$

CERTIFICATE:

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

Prepared by		Checked by		Treasury	
				Date	

Service Representative

D.N.P.A. CHECK

1	✓	6	✓
2	✓	7	✓
3	✓	8	✓
4	✓	9	✓
5	✓	10	✓

W.S.G. Application No. 10128

TO: D.N.P.A. "G"

FILE NO. N.S.V-48962

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SCHOFIELD Darcy Joseph Milton V-48962 Ch(s)
SURNAME CHRISTIAN NAMES IN FULL OFFICIAL NUMBER RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: Dead Hines Valley field

..... Applicant's Father - (A.P. \$28.00) DA-nil

Mother 19 Oct '42 - 18 Oct '44 - 731

Less 7 May '44 - 24

June 30

July 31

Aug 31

Sep 30

Oct 18

567

TOTAL SERVICE

Date of Active Service 19 Oct '42

Date of Discharge 7 May '44

Total No. of Days 567

Less non qualifying service nil

Total Days 567

OVERSEAS SERVICE

% Total No. of Days 273

Less non qualifying service nil

Total Days 273

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

& % Overleaf

Computed By

Checked By

J. B. Money
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: 13 1945

JUN 13 1945

NOT CONTAINING SERVICE

N.D.A.

7774 13 10 52

31092

Reason

No. of Days

44

19

44

17

11

40

18

21

15

14

11

10

55

14

N

19

11

88

Total days

(%)

OVERSEAS SERVICE:

Where Serving

From

To

No. of Days

Lath bridge
Valley field

1 Aug '43⁴ -
10 Dec '43⁴

1 Dec '43
7 May '44

$$\begin{array}{r} 123 \\ 150 \\ \hline 273 \end{array}$$

Lethbridge

Valley field

31

22

30

31

31

29

30

31

1

30

123

7

150

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

NAME of Deceased Member Darcy Joseph M. SCHOFIELD Rank or Rating CK(S) O.No. V48962

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. — Mrs Anne SCHOFIELD
A.P. 20.00 62 John Street
Ottawa, Ont.
D.A. —
A.P. —

(mother)

2. Pension awarded or being awarded to:

No record

3. War Service Gratuity Application(s) received from:

Mrs Annie SCHOFIELD
62 John Street
Ottawa, Ont.

(mother)

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:

In the proportion of:

- and -

to:

In the proportion of:

(X) 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:

X Group "B" (ii)

~~Group "C"~~ of the above mentioned Directive.

Date 14 Aug 45

Ronald J. Thorne, C.P.O. WTR.
for D.N.F.A. (G) SNJ

Ottawa, 25th April 1951

DVA V 48962 (WSR 3)

Mrs. Charles Schofield,
62 John Street,
Ottawa, Ontario.



Re: Memorial Cross
V 48962 D.J.M. SCHOFIELD

Dear Madam:

A Silver Memorial Cross bearing
the inscription of your late son has been
found and returned to this Department.

Will you please advise whether
this belongs to you and if you still reside
at the above address so that it may be
delivered to you.

Yours truly,

H.M. Jackson,
Director,
War Service Records.

FGP/CS
Enc:

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: SCHOFIELD, Darcy J.M., No.: V. 18962
Surname Christian Names

OK. (S) R.C.N.V.R. O/S 7-11-44
Rank Unit Date of Death

AMOUNT

Date: 12-12-44
L. P. C. \$221.73
Other Credits
Total 221.73

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
7/8	Father	Charles Schofield, 62 John St., Ottawa, Ont., (1/8 as next of kin and 6/8 benefit of 6 minors)	194.01
1/8	Mother	Mrs. Annie Schofield, (as next of kin entitled)	27.72
TO BE FORWARDED BY REG. MAIL DIRECT.			
P4. TO TREAS. 14/12/44 P4			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	221.73
CLASSIFIED Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED
Original signed by
L. M. FIRTH
(L. M. FIRTH) Lt.-Colonel
Administrator of Estates
AUDITED FOR PAYMENT

LA/HS



N.S. V-48962, F.D. 619, Pers. (N)

Secretary of the Admiralty and the (A.D.N.S.) which has been
officially confirmed on 25th October, 1944.


THE SECRETARY

THE

ADMIRAL

THE

THIS IS TO CERTIFY that according to
official information Darcy Joseph
Milton Schofield, Cook (S), Official
Number V-48962, Royal Canadian Naval
Volunteer Reserve, is missing, pre-
sumed dead to date the 7th of May,
1944. He was serving in H.M.C.S.
"VALLEYFIELD" which was torpedoed
and sunk by enemy action whilst on
Convoy duty in the North Atlantic.


SECRETARY, NAVAL BOARD.









Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

NO.

MEMORANDUM

Attestation Forms (W.N.V.4) for the undermentioned
new entry Probationary Wrens, are forwarded herewith:

NAME

RATING

O.N.

DATE OF ENTRY

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of _____
 { If in City, Town or Village _____ Street _____ House No. _____
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED SCHOFIELD, Darcy Joseph Milton
 (Family name) (Given name or names in usual order)

RESIDENCE No. 151 Street Creighton City, Town, Village or Township Ottawa, Province Ontario.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>English</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
-----------------------	--	------------------------------------	---

8. BIRTHPLACE Ontario.
 (Province or Country)

9. DATE OF BIRTH April 13th 1925
 (Month) (Day) (Year)

10. AGE in { Years Months Days If less than one day old
19 1 _____ hrs. or _____ min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Labourer
R.C.A.F.
 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Rockliffe Airport.
 13. Date deceased last worked at this occupation _____ 14. Total years spent in this occupation _____

15. If married give name of wife or husband of deceased _____

16. NAME _____
 17. BIRTHPLACE _____
 (Province or Country)

18. MAIDEN NAME _____
 19. BIRTHPLACE _____
 (Province or Country)

20. Person giving information sign here H.B. Money
Paym. Cdr. R.C.N.R., Officer i/o Naval Personnel Records,
 Address Naval Service Headquarters, Ottawa, Ont.
 Relationship to deceased _____

21. Place of Burial, Cremation or Removal Body not recovered.
 Date of burial or removal _____

22. Burial Permit was issued by _____
 Address _____

23. UNDERTAKER _____
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

25. I HEREBY CERTIFY that I attended deceased from:
 _____ 19 _____ to _____ 19 _____

and last saw h. _____ alive on _____ 19 _____

CAUSE OF DEATH

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

II. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause. { _____

PHYSICIAN

Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give { (a) Date of appearance _____ 19 _____
 (b) Duration of disease _____ days

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

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

29. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? _____ Date of injury _____ 19 _____
 (State which)

Manner of injury _____ (How sustained)
 Nature of injury _____
 Specify whether injury occurred in industry, in home, or in public place _____

Signed by _____ M.D.
 Address _____ Date _____ 19 _____

30. Division Registrar's Record No. _____

31. Filed _____ 19 _____
 (Division Registrar)

Every item of information should be carefully supplied.
 (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK
 THIS IS A PERMANENT RECORD

C.N.S. 264 (S. 264)

30M-10-41 (2181)

N.S. 815-9-264

Name Darcy Joseph Milton SCHOFFIELD
Sub-Rating and Seniority A/Cook (S) Non-Sub
O.N. V- 48962 S.B. No. W.B. No.
Joined Ship 1/8/43 from Stadacona
Engagement: Period Hostilities Expires
Date of Birth 13th April 1925 Religion P.C.
Character V.G. Efficiency Sat Date 30/9/43
Badges Nil Class for Conduct 1 Class for Leave
Date due for: Next Badge 19/10/45
Progressive Pay
L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1			
Higher Educ. Test.			
Professional or higher Sub-rating			
do Non-Sub.			

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments None

Swimming Qualification F.T.T. Fair **17 NOV 1942** FAIR 11-1-43

Athletic capabilities Softball, swimming, rugby.

General Remarks (including intelligence, energy, initiative, powers of command).

Young, would probably make a better seaman. Not experienced in any line.

"M" Test = 1020
Gunnery = Sat.
Signals = Sup.
Seamanship:
Initial = 73%
Advanced 43%

H.M.C.S. "YORK"
JAN 2 1943
Date
G. A. Baker
Officer of Division.
P/M J/R.

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

P.T.O.

P.T.O.

3 DAYSANTI/GAS 14-1-43
COMPLETED NEW ENTRY TRAINING TO DATE 14-1-43
PRELIMINARY WEEK SAT.
RECEIVED D.T.C. AT D.H.Q.



H.M.C.S. NADEN

Date.....19th. Jan '43

J. M. O. Bromley
Officer of Division.
S/ LIEUT. R. C. N. V. R.

Casual Technical Course 'FAIR'
15 February 1943.

H.M.C.S. *Naden*

Date.....*27 Feb 43*

[Signature]
Officer of Division.

Time only.

H.M.C.S. STADACONA

Date.....17th Mch. '43

[Signature]
Paymaster Lieutenant, R. C. N. V. R.
Officer of Division.

*Young, but a willing worker, will develop
with experience.*

H.M.C.S. "STADACONA"

Date.....31 July 1943

[Signature] - Pay Sh.
Officer of Division.

Under three months

H.M.C.S. *Lethbridge*

Date.....*30/7/43*

[Signature] Sub Lieut.
Officer of Division.



H.M.C.S. "STADACONA"

Date..... 31 July 1943

.....
Officer of Division.

An efficient worker - Neatness needs to be emphasized.

H.M.C.S. *L. Thordy*

Date..... 31st Dec '43

A. L. W. J. Long

Officer of Division.

H.M.C.S.

Date.....

.....
Officer of Division.

H.M.C.S.

Date.....

.....
Officer of Division.

H.M.C.S.

Date.....

.....
Officer of Division.

*Assigned Pay to be charged in payroll of the individual's outgoing unit on transfer.

M.F.M. 18

55M-4-40 (4576-7)
H.Q. 1772-39-1667

CANADIAN ACTIVE SERVICE FORCES

ASSIGNED PAY—STOP PAYMENT FORM

Where names
are shown they
are required in
block capitals.

Schofield Darcy Joseph
(Surname) (Christian Names)
Official number C-58146 Rank or Rating Gdsm.
Unit, station, ship or establishment Governor-General's Foot Guards.
Service Military
(Military, Naval or Air)

PARTICULARS OF ASSIGNMENT TO BE STOPPED

Monthly Amount 20.00 Date Non-Effective 1-7-40
Reason S.O.S. R.O. 37(3) 3/7/40 Cas #185
Name of Assignee Mrs. Anne Schofield
Is Assignee in receipt of dependent's allowance? No
Assigned Pay, amounting to nothing has been deducted to the non-effective date shown above.

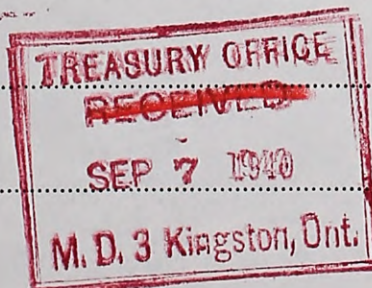
(Signature of Assignor) (Paymaster) Lieut

Date 10-7-40 Unit, ship or establishment Governor-General's Foot Guards
Place Ottawa, Ontario.

* Signature of Assignor is necessary only when it is a voluntary action.

NOTED ON PAY LEDGER SHEET AND PASSED FOR FURTHER ACTION

Date
Place



(Treasury Officer)

5.5.2
12/9/40
W

CANADIAN ACTIVE SERVICE FORCES

ASSIGNED PAY STOP PAYMENT FORM
10 9 M 9 01 SEP 1944

Where names
are shown they
are required to
block capital.

Official number
Rank or Rating
Unit, station, ship or establishment
Service (Military, Naval or Air)

PARTICULARS OF ASSIGNMENT TO BE STOPPED

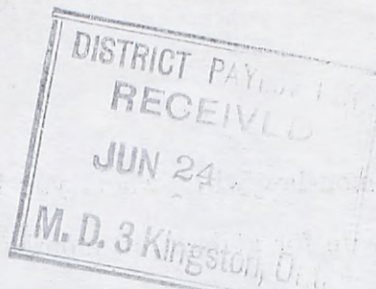
Monthly Amount
Date Non-Effective
Reason
Name of Assignee
Is Assignee in receipt of dependent's allowance?
Assigned Pay amounting to has been deducted to the non-effective
date shown above.

Date
Place
* Signature of Assignor is necessary only when it is a voluntary action.
Unit, ship or establishment
Date
Place

NOTED ON PAY LEDGER SHEET AND PASSED FOR FURTHER ACTION

Date
Place
(Treasury Officer)

To be made out in duplicate



M.F.M. 5
90M-3-40 (4225-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR
R.C.A.F. (SPECIAL RESERVE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank Darcy Joseph Schofield **SCHOFIELD**
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank Gdsm. 658, 146

Governor-General's Foot Guards.

(3) Unit

(4) Are you married? No.

(5) If married, state,

(a) Full name of your wife N. A.

N. A.

(b) Present postal address of wife N. A.

(6) If married, have you been regularly supporting your wife? If not—state reasons N. A.

(7) Are you a widower? N. A.

(8) Have you any children? N. A.

If so, give number of boys and girls N. A.

N. A.

Also their names and ages

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N. A.

Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.

Name Anne Schofield

Postal Address 62 John St. Ottawa, Ont

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 12 months immediately prior to enlistment?..... No.

If so, state her full name and Postal Address..... N. A.

(11) Is your father alive?..... Yes.

If so, state name and address, occupation..... Charles Schofield 62 John St. Ottawa, Ont.
Supervisor of Gardens

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?..... N. A.

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special Reserve)..... N. A.

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....

(14) Is your mother alive?..... Yes.

If so, state name and address..... Anne Schofield same

(15) If your mother is a widow, are you her sole or partial support?..... N. A.

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve)..... N. A.

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?..... N. A.

(17) Are you contributing to the support of any dependents, other than those shown above?..... No.
If so, state the following particulars:—

Relationship..... N. A.

Full Name..... N. A.

Postal Address..... N. A.

Amount contributed monthly during the past six months..... N. A.

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment?..... No.

(19) Are you insured?..... Yes.

If so, in what Company?..... Metropolitan Life Insurance
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?..... Yes.

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Date..... June 21, 1940.

Darry Schofield
(Signature of officer or man)

Date..... 21-6-40

Officer Commanding..... Lieut.-Col.
Lieutenant Colonel Commanding
Governor General's Foot Guards

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

CANADIAN ACTIVE SERVICE FORCE
PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. C 58, 146		Rank Guardsmen	
Surname..... SCHOFIELD			
Christian name..... Darcy Joseph <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Unit or Corps GOVERNOR-GENERAL'S FOOT GUARDS,			
Date of discharge 3rd July, 1940			
Place of discharge Ottawa, Ontario		Mil. Dist. No. 3	
1. DESCRIPTION AT DATE OF DISCHARGE			
Age..... 15years..... 2months		Descriptive marks	
Height..... 5feet..... 8½inches		Linear white scar on left forearm.	
Complexion Medium			
Eyes Grey			
Hair Black			
Trade Gardener			
Intended place of residence } <small>(To be given as fully as practicable; i.e., mailing address)</small>	 62 John Street, Ottawa <small>Street and Number P.O., City or Town, etc.</small>	
		Province Ontario	
2. The above-named man is discharged in consequence of being under age.			
Authority for discharge..... C.A.S.F. R.O. 37 (3)			
<small>N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.</small>			
3. Conduct while in the service has been, according to the records, etc.			
Good			
<small>N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>			
4. Special qualifications for employment in civil life. (Vide 384, K.R. Can.)			

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

5. He is in possession of the following number of G.C. Badges:

N.A.

5A. Service Button (Class and number.....N.A.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....N.A.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....Ottawa, Ontario.....*William G. Wurtele* Lieutenant-Colonel,

(Date).....5th July, 1940..... Commanding Governor-General's Foot Guards,
C.A.S.F.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....Ottawa, Ontario.....*A. Schofield* (Signature of Soldier)

(Date).....5th July, 1940.....*H. V. Verne* (Signature of Witness)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Statement of Service

(Date of enlistment—C.A.S.F.).....21-6-40.....

(Date of discharge—C.A.S.F.).....~~3-7-40~~ 3-7-40.....

(Total Service—C.A.S.F.).....years.....13.....days

10. Confirmation of Discharge

The discharge of the above-named man is hereby confirmed.

(Place).....Ottawa, Ontario.....*William G. Wurtele*
(Signature).....
(William G. Wurtele) Lt-Col.

(Date).....5-7-40..... Commanding Governor-General's
Foot Guards.

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)



None

(Date).....5-7-40.....

R. Schefers
(Signature of Soldier)

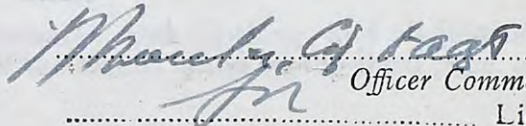
List of Discharge Documents

- | | |
|--|--|
| <ul style="list-style-type: none"> ✓ Field Conduct Sheet (M.F.M. 6). Certified Copies of Convictions by Civil Power. ✓ Casualty Form (M.F.M. 4) ✓ Proceedings Medical Board (2 copies). <i>Set</i> Medical Case History Sheet. Dental History Sheet. ✓ Last Pay Certificate. ✓ Duplicate Discharge Certificate (M.F.M. 7). | <ul style="list-style-type: none"> Form of Will (M.F.M. 10 or 10A). Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513). ✓ Attestation (Duplicate and Triplicate M.F.M. 2). Particulars of Family (M.F.M. 5). ✓ Proceedings on Discharge. ✓ Report (M.F.M. 11). ✓ <i>Baptism & Birth Record.</i> ✓ Report S.M. Form 1. |
|--|--|

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

1. Certified copies of conviction by civil power (N.A.)
- ~~2. Proceedings Medical Board.~~
3. Medical case history sheet.
4. Dental history sheet
5. Form of will
6. Record, court of inquiry


 Officer Commanding
 Lieut.-Col.
 Lieutenant Colonel Commanding,
 Governor General's Foot Guards.



CANADIAN FIELD FORCE DISCHARGE CERTIFICATE

This is to Certify that No. 0 58,146 (Rank) Guardman
Name (in full) Darcy Joseph SCHOFIELD enlisted in
the Governor-General's Foot Guards,
CANADIAN FIELD FORCE at Ottawa on the 21st
day of June 19 40
He served in the Governor-General's Foot Guards, C.A.S.F.
and is now discharged from the service by reason of C.A.S.F., R.O. 37 (3) underage.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age..... <u>15 years</u>	Marks or Scars..... <u>Linear white scar on</u>
Height..... <u>5' 8"</u>	<u>Left Forearm.</u>
Complexion..... <u>Medium</u>	
Eyes..... <u>Grey</u>	
Hair..... <u>Black</u>	
<u>D. Schofield</u> Signature of Soldier	

Date of Discharge



[Signature]
Issuing Officer

Lieutenant-Raisnel

Date 21st July 19 40

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

DISCHARGE CERTIFICATE
CANADIAN FIELD FORCE

- 1.—That discharge certificate must be carried when wearing uniform;
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing; and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

BIRTH AND BAPTISM RECORD



Name Recorded Darcy Milton Joseph Scofield
Father's Name.....Chas. Emmett Schofield
Mother's Maiden Name..... Annie Laxton
Place of Birth..... Ottawa---Ontario-----Canada.
Date of Birth..... April 13th, 1925
Date of Baptism..... May 10th, 1925
God-Father's Name -----
God-Mother's Name..... Charlotte Schofield
Name of Priest Baptising..... Rev. Jno. R. Smith.

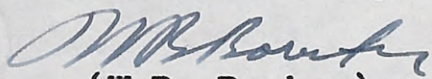
I, the undersigned Priest, attached to St. Patrick's Church, Ottawa, Ontario, Canada, certify the foregoing Birth and Baptism record to be a correct transcript of particulars taken from the registers of the said parish.

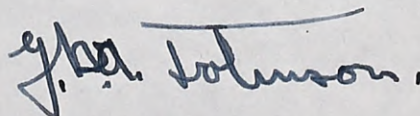
Ottawa...March 22nd 1932

Fee: \$1.00

John J. Burke
(Assistant Priest)

Certified true copy:


(W.B. Bowker)
Captain & Adjutant,
Governor-General's Foot Guards,
C.A.S.F.



DEPARTMENT OF
VETERANS' AFFAIRS

APR 27 1951

WAR SERVICE RECORDS
OTTAWA - CAN DA

April 26th 1951

Ottawa



Dear Sir

in reply to your letter

I would be very happy to get
my sons cross back again, I
am still at the same address

Mrs C Schofield 62 John St
Ottawa

DESP. APR 30 1951

REGN No.

1820

Thank you,

D OF D 7-5-44

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS (NAVY)

WAR SERVICE RECORDS

SCHOMFIELD

Darcy Joseph Milton

V-48962

Ck.(S)

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 AN DATE DESPATCHED

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

8746

16-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Jan. 45 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Mr. Charles Schofield - Father

ADDRESS:

62 John Street,
Ottawa, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

Letter 24-451.
Mrs. Anne Schofield
62 John St.
Ottawa, Ont.

MEMORIAL BAR

DATE DESP

(1)

REGN. NO.

589

(2)

(3)

Desp 13 Oct 1944
Regn No. 0-3171.

DESP. APR 30 1951

REGN No. 1820

V48962

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 151 Creighton Street Town Ottawa Province, etc Ontario

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) William
ADDRESS (in pencil): Street and No. 12 Cedar Street Town Ottawa Province, etc. Ontario

BADGES, G.C. OR G.S.

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

O.H.F. Received

SECOND CLASS FOR CONDUCT

H.Q. 35-30M-4-42 (4260)
N.S. 815-7-35

W. S. G.
APPLICATION
10/28
RECEIVED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V402

OFFICIAL NUMBER

NAME SCHOFIELD
(Surname)

Darcy Joseph Milton
(Given Names)

OFFICIAL NUMBER

V48962 P.1.3.

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. "BYTOWN"	Asst. Cook (S)	14	10	42	Div. Str. Ottawa												
" "	" "	19	10	42	Active Service D.L.19-10-42	V.G.	Sat.	31	12	42							
" "YORK"	" "	26	10	42	D.L. 26-10-42	V.G.	Sat.	31	12	43							
Naden	" "	3	1	43	D.L. 3-1-43												
Stadacona	" "	28	2	43	D.R.D. 637												
Cornwallis	" "	18	3	43	D.R.D. H-952												
Stadacona	" "	1	6	43	D.R.D. H-1689												
Lethbridge	" "	1	8	43	DRD H-2215												
Stadacona	" "	2	12	43	D.R.D. #H-3398.												
Hochelaga 11	" "	8	12	43	D.R.D. #S.5.P.5.												
Valleyfield	" "	10	12	43	W.R.D. #69.	V.G.	Sat.	7	5	44							
	Cook (S)	19	7	43	Rated. 249AA 13914												
DISCHARGED.	" "	7	5	44	"Dead" Per Casualty List.												

GENERAL REMARKS

Canadian Memorial Cross awarded to Mother: Mrs. Anne Schofield, 62 John Street, Ottawa, Ont.

DATE OF BIRTH			PLACE	CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GNON	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
13	4	25	11	900	0	10	1	05	02	9	03	0	18	15
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP CR	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.		CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK
14	10	42	19	10	42					1220	0	18	15	
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED			
DY.	MO.	YR.	CAT.	A	B	6T.								
19	10	42	13	00	00	21								

07-05-44

[illegible]

VERIFIED BY *[Signature]*

VERIFIED BY

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

RATING *multon* OFF. NO. *148962* ADDRESS

[illegible]

VERIFIED BY

BY DIR. OF PERSONNEL RECORDS.

CERTIFICATE of the SERVICE of
Darcy Joseph Milton SCHOFIELD
in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-48962</i>
	<i>H.M.C.S. "Bytown"</i>	"
		"

Date of Birth *13th April, 1925*

Place of Birth *Ottawa, Ontario*

Place of Residence *62 John Street, Ottawa*

Trade brought up to *Labourer*

Religion *Roman Catholic*

Can Swim:—P.P.T. (FAIR) Date *11th January* 19*43*

P.S.T. Date 19 Signature Rank

Name and Address of Nearest
Relative or Friend

Mother 12/1/43

Anne

151 Loughlin Ave.

Ottawa Ont.

O.H.F.

John Hunt

for Co

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>14 Oct '42</i>	<i>Duration</i>	<i>Asst. Lt. (P)</i>			

PERSONAL DESCRIPTION							
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion
	Feet	Inches					
On Entry	<i>5</i>	<i>8½</i>	<i>32</i>	<i>146</i>	<i>Black</i>	<i>Green</i>	<i>Medium</i>
On re-enrolment—6 years' Service							
On re-enrolment—12 years' Service							
Further Description if necessary							

Linear white scar on left forearm.

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

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name Darcy Joseph Milton SCHOFIELD Conduct

[illegible]