

V35344
STRINGER
JOSEPH

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 Stanley J. Brown (b) Reg'l. No. V-35344
2. (a) Arm of service Marine (b) Unit R.C.M.C. (c) Rank Private
3. (a) Date of birth 17 Nov 1923 (b) Have you any dependents? No (c) Place of residence at time of enlistment 293 Jefferson Ave. St. Catharines
4. (a) Place of enlistment St. Catharines (b) Date of enlistment 20 Apr 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? High school
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 IX
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Not 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? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Cook (b) State how long you had worked at this trade or occupation 9 months
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 Apr 27 1942
15. Give details of last employer, if any: Name Rever Bros Address King St. St. Catharines
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) grocery business (wholesale)
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 Rever Bros Address King St. St. Catharines
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 (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 2 (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 like to remain in Navy

DATE 30 Apr 1942 SIGNATURE Stanley J. Brown



COPY TO
VWD
ES

MAY 22 1942

Mrs. C.C. Collier
293 Jefferson Ave.,
West Kildonan, Man.

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- 35344 FD. 595

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 11 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

STRINGER, Joseph Able Seaman

V-35344, R.C.N.V.R.

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

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



GC/

W. A. W. W. W.
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>- not known</i>		
4	Mother of the Deceased.....	<i>whereabouts unknown - gave up care of deceased 6 yrs ago - order Winnipeg Children's Aid.</i>		
5	Brothers of the Deceased	Full Blood	<i>unknown</i>	
		Half Blood		
6	Sisters of the Deceased	Full Blood	<i>unknown</i>	
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		<i>unknown</i>		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Stringer
9	Date of his birth.	19 Nov. 1923
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	unknown - believed illegitimate

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg Man.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) Winnipeg - Manitoba (d)
14	Nature of employment before enlistment.	Packer - Lerner Bros.
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Winnipeg Man.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	I believe service will in my forward
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	not married
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?	deceased wrote me just before death - May 44 that he had about \$135 "in the bank" - no details known. Believed Halifax - saving 15¢ a month Believed to be either Royal Bank or Bank of Montreal \$120 - my possession
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$5000 - registered - my possession Bearer
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life Ins. Co. 1500 - estate was all - about 8500 payable policy with applicant.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	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

*In 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

* Friend (Foster Mother for 10 yrs) of the deceased.

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

Caroline Collyer Collier

{ Signature
of
Informant

293 Jefferson Ave. West Kildonan Address
Manitoba

CERTIFICATE

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

*See above.

Collier

{ Name of
informant }

is the * Friend (Foster Mother) of the Deceased

above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Winnipeg, this 15th day of Sept. 19 44

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

William Hays

Qualification Sub Lieut (SR) V.R.

Address Dep. Asst. Bd. Area Rep. Western. James
Chippawa. Winnipeg Manitoba

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



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

94281

MAY 24 1942

CANADA

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....**STRINGER**.....OFFICIAL NO.....**1135344**
CHRISTIAN NAMES.....**Joseph**.....MARRIED, SINGLE OR WIDOWER.....**Single**

PERMANENT ADDRESS	RELIGION
293 Jefferson Ave., West Kildonan, Man.	C. of E.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
19th November, 1923	Town Winnipeg County Province Manitoba	Mrs. C. C. Collier (friend) 293 Jefferson Ave., West Kildonan, Man.

*Original Nationality of:
Father **Irish**
Mother **Irish**

*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..... 5 Inches..... 6 1/2	Inflated..... 35 1/2 Deflated..... 33 1/2 Mean..... 34 1/2	Brown	Brown	Dark	scar on forehead

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade IX	Packer - Lever Brothers, Winnipeg, Man.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
Divisional strength 30th April, 1942.	Ordinary SEAMAN	H.M.C.S. CHIPPAWA.

(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 Force, 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.

~~I have served in the Royal Canadian Naval Volunteer Reserve Force for the period shown and attached~~

~~XXXXXX~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM

(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.

FAIR

ROUGH

Personnel Records
Division
Noted in Records...
Index Card...
3. Non-Sub. Card...
4. Statistical Card...
5. Roneo Strip...
6. Pension Card...
7. ...
8. ...
DATE 16/5/42

(5) On being enrolled as a member of the.....**H.M.C.S. CHIPPAWA**.....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.....**30th**.....day of.....**April, 1942.**.....

Signature of applicant.....*Joe Stringer*.....

(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.....**30th**.....day of.....**April, 1942.**.....

.....*Ray P. G. Turner*.....
Signature of and rank of Attesting Officer.

Sub-Lieut., R.C.N.V.R.

(D) **OATH OF ALLEGIANCE**

I,.....**Joseph STRINGER**.....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.....*Joe Stringer*.....

Witness.....*Ray P. G. Turner*.....

Date.....**30th April, 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**

.....**Joseph STRINGER**.....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.....**H.M.C.S. CHIPPAWA**.....Division of the R.C.N.V.R. or in the appropriate official documents.

.....*Ray P. G. Turner*.....
Sub-Lieut., R.C.N.V.R. Attesting Officer.

.....**30th April**.....194**2.**.....R.C.N.V.R. Division **H.M.C.S. CHIPPAWA.**
(or other establishment)

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.....*Seaman*.....Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

.....*Joe Stringer*.....
Signature

Rebecke London
no 42
with 4000,



CANADA

Can. B. 207

100 M-11-40 (7881)
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 **Joseph STRINGER**
candidate for entry as **Ordinary Seaman**
and I believe him to be * **in all respects fit for His Majesty's Service.** He has signed
the Certificate given below in my presence. **Urine Sugar & Albumin Negative**
† Strike out if inapplicable. * Delete one.

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

Age (Years Months) (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revac- inated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)
18 5	134 lbs.	5 6 1/2 ft. ins.	Fair.	inches (a) maximum 35 1/2 (b) minimum 33 1/2 (c) mean 34 1/2	right eye 6/6 left eye 6/9 *colour vision N.	Schoolage left arm.	Normal B.P. 135/82	Normal	Normal	Normal	Normal	Normal	3 deficient 2 defective N & T Normal	Normal

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

Pupils react to L & A Reflexes Normal

X-ray { Not taken.
Approved.
Positive.
Doubtful.

X-RAY APPROVED MAY - 1 1942 FILM No. N. 90

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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

Joe Stringer
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

Dated at **H. M. C. S. "CHIPPAWA"** the **30** of **April** 19 **42**

Checked SEP 24 1942
Surgeon
R. C. N. V. R.

ap
Examining Medical Officer
(Rank) **SURGEON LIEUT. R. C. N. V. R.**

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan. 45 "VALLEYFIELD"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Caroline Collier - Foster-Mother

292 Jefferson Avenue, ~~West~~,
ADDRESS: Kildonan, Man.

WEST

Same address
17-5-44

Hold Pending application

(1)

30/6/50

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

(3)

ADDRESS:

DEPARTMENT OF VETERANS AFFAIRS

D OFD 7-5-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

STRINGER

Joseph

V-35344

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star

Atlantic Star

C.V.S.M. & Clasp

War Medal

REGISTRATION

03-71892 M



P

*Medals Ret'd, Undelivered Ret'd to Stock.***CANCELLED***1003 16-1-50*

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V35344

OFFICIAL NUMBER

NAME STRINGER
(Surname)Joseph
(Given Names)

OFFICIAL NUMBER

V35344 P.I.B.

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. Chippawa	Ord. Smn.	30	4	42	Div. Str. Winnipeg	V.G.	Sat.	31	12	42							
Chippawa	" "	7	6	42	Active Service.	V.G.	Sat.	31	12	43							
Naden	" "	27	9	42	DL of 27/9/42.	V.G.	Sat.	27	5	44							
Givenchy	" "	16	2	43	DRD No. 577												
Stadacona	" "	27	3	43	Esq. DRD #789												
Thunder	" "	23	4	43	DRD H-1253												
"	Able Seaman	7	6	43	Rated 249A 14370												
Stadacona		29	11	43	DRD # H3370												
Hochelaga II		4	12	43	DRD # S1 P.2												
Vallyefield	"	8	12	43	S.C.												
DISCHARGED	"	7	5	44	Missing Per Casualty List												
					Presumed Dead Per Correction Sheet #104												

GENERAL REMARKS

DATE OF BIRTH			PLACE	CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	R	CTV.	TOWN	SER.	DIV.	A	BR	RANK
19	X	23	6	646	0	3026	04	00	0	06	0	08	75	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR		RANK OR RATE		
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR	RANK	
30	04	42	07	06	42					7690	0	08	94	
SENIORITY			STR.	NON-SUB		M				CODED		CHECKED		
DY.	MO.	YR.	CAT.	A	B	ST.								
07	06	42	12	00	00	21								

07-05-44

FORM 5

PROVINCE OF MANITOBA
OFFICIAL REGISTRATION OF DEATH

1. PLACE OF DEATH { If in Rural Municipality..... AT SEA..... Sec..... Twp..... Rge.....
(Name)
If in City, Town or Village..... Street..... House No.....
(Name) (If in hospital or institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant)
(in years, months and days)

3. PRINT FULL NAME OF DECEASED STRINGER Joseph
(Surname) (Given name or names in usual order)

RESIDENCE 293 Jefferson Ave., West Kildonan, Manitoba
(Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male 5. NATIONALITY Canadian 6. RACIAL ORIGIN Irish 7. Single, Married, Widowed or Divorced Single 8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) Winnipeg, Manitoba

9. DATE OF BIRTH Month November Day 19 Year 1923 10. AGE IN Years 20 Months 6 Days If less than one day hrs. or min.

OCCUPATION 11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Packer 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Lever Brothers, Winnipeg, Manitoba 13. Date deceased last worked at this occupation 14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased

PARENTS 16. Name of father 17. Birthplace of father (same as item No. 8) 18. Maiden name of mother 19. Birthplace of mother (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant Paymr. Cdr. R.C.N.R., Officer i/c Naval Personnel Records, Address Naval Service Headquarters, Ottawa, Ontario 21. Relationship to deceased Date of burial

22. Place of burial, cremation or removal 19

23. Burial Permit was issued by Address

24. Signature of Undertaker or person acting as Undertaker Address

MEDICAL CERTIFICATE OF DEATH

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

26. 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.

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.

(a) "MISSING" presumed dead, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.

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

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by M.D.

Address Date 19

30. Registered number filed this day of 19

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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

APR 21 1943

H.Q. 113-S-2607
CANADA of His

#2627

IN THE NAME OF GOD, AMEN

I, Joseph STRINGER - - - - -

Majesty's Ship

~~(XXXXX Patient XXXX)~~

),

*If in Hospital or
in Hospital Ship.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Legatee
or Legatees.

See instructions on
the back hereof.

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

give and bequeath unto ~~my~~ Mrs. Caroline COLLIER - - - - -

293 Jefferson Ave.,
West Kildonan, Manitoba.

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 resi-
dence of the Executor
or Executors.

And I do hereby appoint Mr. Charles COLLIER
293 Jefferson Ave.,
West Kildonan, Manitoba.

Executor~~s~~ 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 Nineteenth day of April, in the Year of Our Lord
One Thousand Nine Hundred Forty-three.

Joseph Stringer

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

[Signatures of Witnesses]

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the
Law of England in the case of other persons, every such Will must be executed in the presence of, and be
attested by, two disinterested Witnesses.

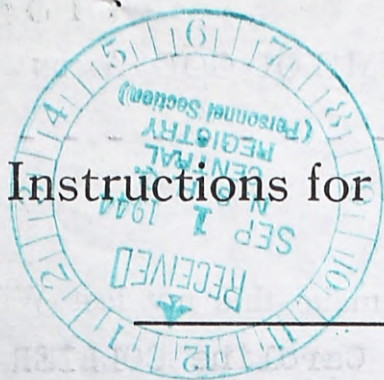
Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall
be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or
Marine or Military Force.

Where the Will is made elsewhere than on Board one of His Majesty's Ships, one of the two requisite attesting
Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor,
Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice
of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the
Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or
in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written
or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

Noted in Service
Records by



Instructions for filling up the Form

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words " I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words " And I give and bequeath unto " should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing " all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

..... J. M. Swan
Mr.

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

initials

CERTIFICATE of the SERVICE of

Joseph STRINGER

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <u>V- 35344</u>
	<u>Chippawa</u>	"
		"

Date of Birth	<u>19th November 1923</u>	Name and Address of Nearest Relative or Friend (in pencil) <u>300-842</u>
Place of Birth	<u>Winnipeg, Manitoba</u>	<u>1 Friend</u>
Place of Residence	<u>293 Jefferson Ave, W. Kildonan Man</u>	<u>Mrs CC Collier.</u>
Trade brought up to	<u>Packer</u>	<u>4/11/45</u>
Religion	<u>Church of England</u>	<u>Same address</u>
Can Swim:—P.P.T. <u>Good</u>	Date <u>23 June</u> 19 <u>42</u>	Signature <u>W.B. Kingman</u> Rank <u>Sub Lieut RCNVR.</u>
P.S.T.	Date	19
Signature	Rank	

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	
	<u>30 Apl '42</u>	<u>Hostil</u>	<u>OSmn.</u>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<u>5</u>	<u>6 1/2</u>	<u>34 1/2</u>	<u>134</u>	<u>Brown</u>	<u>Brown</u>	<u>Dark</u>	<u>Scar on forehead</u>
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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
	Chippawa			O'Smn.	30 Sep '42	6 June '42	
				Active	Service	7 June '42	
1942	Chippawa			O'Smn	7 June '42	26 Sep '42	
	Naden			— " —	27 Sep '42	15 Feb '43	
	Gienrichy			— " —	16 Feb '43	26 Mch '43	
	Stadacoma			— " —	27 Mch '43	22 Apr '43	
	Stadacoma (Thunder)			— " —	23 Apr '43	8 June '43	
	"			A. B.	7 June '43	28 Nov '43	
	Protector (Thunder)			— " —	9 June '43	8 Dec '43	
	Stadacoma (Thunder)			— " —	27 Nov '43	3 Dec '43	
	Nachelaga II			— " —	4 Dec '43	7 Dec '43	
	Stadacoma (Valleyfield)			— " —	8 Dec '43	29 Feb '44	
	Avaton (Valleyfield)			— " —	1 Mch '44	7 May '44	D. D.

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

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible][illegible]

Name Joseph STRINGER Conduct

[illegible]

NAME IN FULL STRINGER Joseph RANK/RATING A.B.

VERIFIED BY

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

.....RANK/RATING A.B......OFF.NO. V-35344.....ADDRESS

[illegible]

VERIFIED BY

291

VERIFIED BY DIR. OF PERSONNEL RECORDS.

DRAFTED BY NDR PER TTH
NS V35344 PERS(N)
NAVAL MESSAGE

S. 1320 D
20000M-11-43 (2867-8-9-70)
N. S. 815-9-1320-D.
K. P. 95440

To:

From:

V-35344

MRS. CAROLINE COLLIER
293 JEFFERSON AVENUE
WEST KILDONAN, MANITOBA.

N.S.H.Q.

CNP

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL
SERVICES DEEPLY REGRETS TO REPORT THAT JOSEPH
STRINGER, ABLE SEAMAN, V35344, IS MISSING AT
SEA. LETTER FOLLOWS.

/08

DELIVERY CONFIRMED.

L/T

P/L

8/5/44

K.P.

8619

P.A.'S CHECKED IN

C.R. BY.....*B*.....

A I R M A I L

N.S. V/35344

8th May, 1944.

12

Dear Mrs. Collier:

I deeply regret that I must confirm the telegram of the 8th of May, 1944, from the Minister of National Defence for Naval Services, informing you that Joseph Stringer, Able Seaman, Official Number V35344, Royal Canadian Naval Volunteer Reserve, is missing at sea.

According to the report received, Able Seaman Stringer is listed as missing when the ship in which he was serving was lost by enemy action, but it is not known as yet whether any hope can be held out for his survival. You may rest assured, however, that as soon as further information is available, you will be notified.

For reasons of security, it may be some time before details of this incident of war may be released.

It is requested that you will regard as confidential anything beyond the fact of his loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express the sincere sympathy of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Caroline Collier,
293 Jefferson Avenue,
WEST KILDONAN, Manitoba.

LETTER dispatched by
PERSONNEL
MAY 9 1944
[Signature]

[Signature]

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

Sir:

11th May, 1944

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
STRINGER, Joseph	Able Seaman	V35344 R.C.N.V.R.

DATE OF ENLISTMENT 30th April, 1942 Active Service 7th June, 1942

DATE OF DISCHARGE Will be reported later.

HOSPITAL -

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

SERVICE -

Canada & High Seas.

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "Missing" at sea when the ship in which he was serving
when and where any disability was incurred, or where death was lost by enemy action. While this casualty is
occurred. listed as missing, it is impossible to make an estimate as to his chances of
survival. Should no information be received to the contrary, you will be notified

when official presumption of death with date has been set.

(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- Friend

NAME- Mrs. Caroline Collier

ADDRESS-

293 Jefferson Avenue, WEST KILDONAN, Manitoba.

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

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

..... N.P.R./5.

H.B. Money

for

SECRETARY, NAVAL BOARD.

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

NOTE: Duplicate copies of this form (Form "B") have been forwarded to Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

C.B. /5-2.
P.A.
NAVAL TREASURY
DATE 31/8/44
INITIAL [Signature]

FORM "B"

FILE: N.S. V-35344 PERS. (N)

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

AUG 30 1944

Sir:

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
STRINGER, Joseph	Able Seaman	V-35344 R.C.N.V.R.

DATE OF ENLISTMENT - 30 April, 1942 Active Service: 7th June, 1942.

DATE OF DISCHARGE - 7 May, 1944.

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

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

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

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Friend: NAME - Mrs. Caroline Collier.

ADDRESS - 293 Jefferson Avenue, West Kildonan, Man.

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

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

P.A.'S CHECKED IN

C.R. BY [Signature]

REMARKS:.....

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
NIL	NIL	NIL	NIL

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	NIL	NIL	NIL
<u>To Whom Paid:</u>	NIL	<u>Address</u>	NIL

Date of Enlistment: See other side.

Date of Discharge: See other side.

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for nil has been made for the period from 1st to nil of nil 194

Remarks:

Computed by.....L.D......

Checked by.....amp.....

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

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



Department of National Defence

Naval Service

1138412

OTTAWA, Ont., 30 August, 1944.

IN REPLY PLEASE QUOTE

N.S. V-35344 PERS (N).

Sir:

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

NAME, RANK/RATING, Official No., UNIT	PARTICULARS RE DEATH	NEXT OF KIN
STRINGER, Joseph Able Seaman, V-35344, R.C.N.V.R.	Missing, presumed dead to date 7 May, 1944. He was serving in H.M.C.S. "VALLEYFIELD", which was torpedoed and sunk by enemy action while on Convoy escort duty in the Atlantic.	Friend: Mrs. C.C. Collier 293 Jefferson Ave., West Kildonan, Man.

In favor of	ALLOTMENTS IN FORCE	Amount	Initials
Ins. Co.	The London Life Ins. Co., Head Office, London, Ontario	\$3.00 A. P.	AMP.
Bank	Bank of Montreal, Main Branch, Hollis St., Halifax, N. S. Acct. #5147	\$25.00 A. P.	AMP. Allots. stopped May 31/44
W. S. C.	Rec. Gen. of Canada, War Savings Certificates Ottawa, Ontario	\$2.00 A. P.	AMP.

Will: Yes.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. VALLEYFIELD at SEA

Name Joseph STEINER
(Christian names in full)

Rank of Rating Able Seaman Official No. 7.00000 RCNVR
(If unknown, date of first entry)

Place of Birth Winnipeg, Man. Date of Birth 10th November, 1902

Occupation in Civil Life roomer Religion Church of England

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) 2 year 11 months

Date of Death 7th May, 1944 Place of Death at sea

Cause of Death enemy action, torpedoing of H.M.C.S. "VALLEYFIELD"
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name Mrs. C. C. COLLIER Relationship friend
Address 222 Jefferson Ave., West Hillman, Man.

Date on which the above was informed by Ship Informed by H.M.C.S.

Date on which death was registered with local Officials Not registered

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

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

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

Undertaker employed (if any)

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

S. Davis
Commanding Officer, Captain,
H.M.C.S. AVATON
17th May, 1944 194

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

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.

C.N.S. 1121
15M-6-41 (831)
N.S. 815-9-1121

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "AVALON "VAILEYFIELD" ending 30 June 19 44
 List 12² No. 26 (Name) STRINGER, Joseph Rank Rating A.B. No. V.35344
 When entered F.B. Date of appearance F.B. Whither discharged DEAD

	\$	c.
CREDIT from former account	35	93
Pay as A.B. from 1 Apl to 31 May (61 days at \$ 1.85 a day)	112	85
" " " " " " " " " " " "		
" " " " " " " " " " " "		
" " " " " " " " " " " "		
" " " " " " " " " " " "		
Adjustment March, 1944.		33
Kit Upkeep Allowance 1 Apl - 7 May		447
OTHER CREDITS: G.M. 1 Apl - 7 May, 37 days @ .064		222
Total credits	155	80
DEBT from former account	N	I L
PAYMENTS:—		
1st	2nd	3rd
\$ c.	\$ c.	\$ c.
35.00	4.47	
1st month		
2nd month		
3rd month		
Total	39	47
Allotment 25.00, 8.40, 3.00, 2.00 chged Apl.;		
25.00, 3.00, 2.00 chged May.		
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts		
OTHER CHARGES: O.R. No. 25182 payable Adm. Naval Estates		
(Present War)	47	93
LEDGER: <i>[Signature]</i>	Total debits	155 80
AUDIT: <i>[Signature]</i>	Balance Cr. or Dr.	N I L
	(Balance Dr. to be shown in red)	

Number of days actually victualled during period mentioned above 37

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		

Date 5 June 19 44

PAY LIEUT. CDR., R.C.N.WR. ACCOUNTANT OFFICER

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name STRINGER, Joseph Rating A.B.
Official No. V. 35344 H.M.C.S. AVALON " VALLEYFIELD List 12²/26
Who* DISCHARGED DEAD on the 7 May 19 44

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side	N	I
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No. <u>25181</u> Adm. Naval Estates (Present War).....	47	93.
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>THREE DOLLARS</u> charged to <u>31 May</u> 19 <u>44</u>		
Name of ship from which transferred <u>TWO DOLLARS</u> <u>HMCS. "VALLEYFIELD"</u>		
Total† <u>CREDITOR</u>	47	93.

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of AVALON for "VALLEYFIELD" amounting to a net balance† CREDITOR of FORTY-SEVEN dollars NINETY-THREE cents.

Dated on board H.M.C.S. AVALON at ST. JOHN'S Nfld. this FIFTH day of JUNE 19 44
Approved PAY LIEUT. CDR., R.C.N.V.R. Accountant Officer

A/CAPTAIN. RCN. Commanding Officer. { Initials of the Assistant Accountant Officer

For Use at Headquarters. \$..... cts. credited on Inspector's certificate
No..... to.....

Signature.....
Date..... 19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46
5M-2-42 (3601)
H.Q. N.S. 815-9-45
AUTHORITY: AVALON'S CNS 249A #A13928 dated 19 May, 1944.
LEDGER: Set
AUDIT: Set

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the..... day of..... 19.....

[illegible]

{ Lieutenant or Officer who
attended at the sale
of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

Signature

Signature

Rank

Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

MG

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

4
NAVYDECEASED
MEMBER'S
NAME

Joseph

(CHRISTIAN NAMES)

STRINGER

(SURNAME)

REGISTER NO. 10282
FILE NO. NSV-35344
DATE 9 Oct/45
SERVICE NO. V-35344
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE 7 May/44

PAYEE Director of Estates,
ADDRESS 308 Sparks St.,
Ottawa, Ont.

for Service Estate of
Joseph Stringer,
NSV-35344

DATE OF TERMINATION OF OVERSEAS SERVICE

7 May/44

DATE OF DISCHARGE

7 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 701 EQUAL TO 23 COMPLETE PERIODS AT \$7.50

\$ 172.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 377 LESS 11 INELIGIBLE DAYS, EQUAL TO 366 DAYS @ 25C. PER DAY

\$ 91.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
SUBSISTENCE OR LODGING \$ 1.45
AND PROVISION ALLOWANCE \$.13
ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$ N11

TOTAL \$ 3.43 X7 = \$ 24.01
NO. OF DAYS 377 X\$ 24.01
183

\$ 49.46

D. WAR SERVICE GRATUITY

\$ 313.46

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$ N11
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 313.46

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

\$ 313.46

Voucher 2888- Oct. 17/45

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

PREPARED BY

YN

CHECKED BY

AA

TREASURY

CHECKED BY

DATE

for Dir. Naval Pay Acctng.

SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased

Member Name

Joseph
(Christian Names)

STRINGER
(Surname)

Payee

Address

Director of Estate for Service Estate of
308 Sparks St.
Ottawa, Ont.

Joseph STRINGER
NS 0-35344

Register No. 10282

File No. V-35344

Date 20/6/45

Service No. V-35344

Final Rank or Rating A.B.

Date of Discharge 7 MAY '44

Date of termination of overseas service 7 MAY '44

A. TOTAL QUALIFYING SERVICE

No. of days 70/equal to 22 complete periods at \$7.50
30

172.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 377 less 11 ineligible days equal to 366 days @ 25¢ per day

91.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay \$ 1.85
Subsistence or Lodging \$ 1.45
and Provision Allowance
Additional Pay H.L.M. \$.13

Dependents' Allowance 1/30 of \$ Nil

Total 3.43 x 7 = \$ 24.01

49.46

No. of days 377
366 x \$ 24.01
183

48.02

D. WAR SERVICE GRATUITY

312.02

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

313.46

OTHER DEDUCTIONS \$ Nil

F. TOTAL AMOUNT PAYABLE

313.46

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$ 313.46
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

CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME	OFFICIAL No.	Date of Birth
JOSEPH STRINGER	U- 35344	19th November 1923

ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	mod.	Tracks 52% Eng 50%	ash
Seamanship— Boat work: (a) Pulling.....	mod		ash.
(b) Sailing.....			
Gunnery and Disciplinary Training.....	mod.	Good power of command but lacks control	ash.
Shooting.....	Superior FAIR	163% 13-11-42	ash.
Swimming—P. P. T.	Good	Date qualified 23 June 42	ash.
Physical and Recreational Training.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks		ANTI.GAS. 6-10-42	
e.g., C. W. Candidate.....			
.....			
.....			
.....			
.....			

On joining:—	Weight 134	Height 5' 6½"	Date 30th April 1942
On leaving:—	Weight 136 ¼	Height 5' 7½"	Date 25 Sep '42

* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. " CHIPPAWA "

Date 22 Sep '42 / V. H. Cord Captain.

PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educa- tionally	Accelerated Advancement.....		
	For Able Seaman.....		
	Educational Test I.....		
Rated Ordinary Seaman.....			

SEAMANSHIP	Subject	Boat Work	Anchors and Cables	Compass and Wheel Rule of the Road	Rigging Sheers and Derricks	Sounding Machine, Lead and Line	Bends and Hitches, Blocks and Tackles	Part of Ship Evolutions	Signals	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%	67%	80%	92%		79%	90%			78-4%	30-11-42	
	%											
GUNNERY	Subject	Field Training	Gun Drill	Stripping	Fire Control	Ammunition	Director and Sighting	Machine Gun	A.A.	TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%	160-250	140-200	85-125	135-150	85-100	80-100	57-75	L.O. SAT	74.2%	27-6-42	
	%											
TORPEDO	Subject	Whitehead	Low Power	High Power	Instruments	Explosives	Paravanes	Depth charges		TOTAL	* Date of Passing	Signature and Rank of Divisional Officer, and Ship
	Hours											
	%											
	%											

* In the event of failure to pass any examination, the percentage is to be noted in RED.
and the word "FAILED" noted.
† The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered
by the Divisional Officer in the case of men so recommended. If not recom-
mended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Ordinary Seaman

Qualified for advancement to Able Seaman
on.....Date.....Commodore.....
.....Depot.....Date.....

Divisional Officer's Remarks	Recommendation for non-sub. rate†
Rated Able Seaman and Recommenda- tions inserted on History Sheet	
H.M.C.S.....Date
.....Captain.