WILLIS
STANLEY TURNBULL
N21989

M.F.M. 101
100M—2-41 (9296)
H.Q. 1772-39-1795

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

# ENROLMENT

## CANADIAN ARMY
(RESERVE FORMATIONS)

COPIED Archives COPIE

N.R.M.A. Serial Number of Notice of Call J-21064 Regimental Number H-600075

1. Taken on Strength of #10 Clearing Depot
2. Surname (Block Letters) WILLIS
3. Christian Names (in full) Stanley T.
4. Present Address Dauphin, Manitoba.
5. Place of Birth Dauphin, Man. 6. Date of Birth 10-9-19 7. Religious Denomination Church of England
8. Physical Description: Height 5'8½" Weight 135 Eyes Blue Hair D. Brown
   Complexion Medium Identification marks none
9. Next-of-Kin Sydney Willis (Name) Relationship Father
   Dauphin, Manitoba. (Address)
10. Married, Single, Widower? Single 11. Mother Tongue English
12. What other languages do you: (a) Speak? no (b) Read? no (c) Write? no
13. High School or Collegiate? nil (years completed) Graduation or Matriculation? nil (Specify)
14. College? nil (Specify) University? nil (Specify)
    nil (Courses and years completed, Degrees obtained)
15. Trade or Occupation Labourer Technical Qualifications and Experience nil
16. Previous Military Service no (Show Units and Dates of Service)
17. Preference, if any, for Naval, Army or Air Service Navy
    (Give particulars and qualifications)
18. Employment in War Industry, if any No
19. Can Drive a Car? Yes Repair a Motor? no Cooking Experience no
20. Hobbies Fret Work

S. T. Willis
(Signature of Man)

MAR 22 1941
(Date of Signature) 194

(Signature and Rank of Enrolment Officer)

RECORD OF SERVICE, TRAINING, PROMOTIONS, ETC.

A. Medical Category on acceptance at Basic Training Centre "A"

B. Attached to Basic T.C. No. 100 at Portage la Prairie Date 20-3-41

Completed 61 ~~62~~ Days Basic Training.

MAY 17 1941

D D Paterson Capt. & Adjt.

(Date, Signature, and Rank of Recording Officer)

C. Attached to Advanced T.C. No. A6 at Dundurn, Sask Date 20-5-41

Completed 62 Days Advanced Training.

Qualities of Leadership, Dormant? ..... Becoming Evident? yes Positive? .....

Transferred to ..... Date .....

(Unit of Reserve Army, to which transferred on completion of Training)

19th July, 1941 Alex Jones Lieut.

(Date, Signature and Rank of Recording Officer)

COPIED Archives COPIE

| Date (a) | Place (b) | Details of subsequent Transfers, Training, Service, Promotion, Medical Categorization, Qualifying Certificates, etc. (c) | Authority (d) | Signature of Officer Certifying Entry (e) |
|---|---|---|---|---|
| 28-3-41 | P. la P. | Vaccination. | | |
| 28-3-41 | " | T.A.B.T. (1) | | |
| 18-4-41 | " | T.A.B.T. (2) | | |
| 8/5/41 | " | TAB T. (3) | | R.R. Pinard Capt |
| 18-4-41 | Portage la Prairie | Appointed A/Lance Corporal with pay | Part, 11 No. 39 d/6-5-41 | |
| MAY 17 1941 | 100th Portage la Prairie | Ceases to be attch. for all purposes on transfer to A6 Engineers T.C. 19-5-41 | W-70-2-25 W.A.S. 1-21-2 d/14-5-41 | D D Paterson Capt. & Adjt. |
| 19-5-41 | " | Reverts to Permanent Grade on transfer to A6 R.C.E.T.C MAY 19 1941 | Part 11 No. 50 D/19-5-41 | D D Paterson Capt. & Adjt. |
| 1-5-41 | Attached Dundurn | S.O.S. R.C.E.T.C. A6 from 100C.A(R)T.C. | D.O.2 21-5-41 | |
| 16-7-41 | Dundurn | S.O.S. No.10 NRMA Depot on enlistment in RCN | D.O.38 21-7-41 | E Murphy Capt |

To be made out in duplicate

M.F.M. 110
200M—2-41 (9404)
H.Q. 1772-39-1800

PARTICULARS OF FAMILY OF A RECRUIT ON REPORTING FOR TRAINING UNDER THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

INSTRUCTIONS.

(a) This form is to be completed immediately a recruit reports for training at a Basic Training Centre.

(b) All questions, etc., must be completed.

(c) Both copies of the form are to be forwarded by the Officer Commanding the training centre for each recruit, to the Paymaster. The latter will transmit one copy, through the District, 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 training centre; when transferred to another training centre the copy retained by the Paymaster will be sent to the Paymaster of the individual's new training centre.

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(1) Name Willis Stanley
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank H 600075 Private

(3) Basic Training Centre 100th Basic Training Centre.

(4) Are you married? No

(5) If married, state,

(a) Full name of your wife N/A

(b) Present postal address of wife N/A

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

(7) Are you a widower? No

(8) Have you any children? No Number of boys N/A Girls N/A

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 Guardians to whom Dependents' Allowance should be paid—if authorized.

Name N/A

Postal Address

(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 2 years 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 Mr. Sidney Willis
Dauphin, Manitoba. R.R. Engineer.

(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 enlistment

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? N/A

(14) Is your mother alive? yes

If so, state name and address Mrs. Dorothy Willis.
Dauphin, Manitoba.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to enlistment NIL

Also state reasons why she has no other means of support—if partially supported by you what is your reason for not providing full support? NIL

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brother 16 years of age or under, or any sister 17 years of age or under, solely supported and maintained as bona fide members of your household before your enlistment.

If so, state the following particulars:—

Relationship

Full name

Postal Address

Amount contributed monthly during the past six months NIL

(18) Are you insured? No

If so, in what Company? N/A
(Give number of policy)

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

Stanley Willis
(Signature of recruit)

Date 18th April, 1941

---

H Gretchley Mayor
for
Officer Commanding C.M. Ackland. Lt. Colonel.

Date 18th April, 1941.

N.B. If parent(s) of the recruit concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

## INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an " examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.

2. The " examining physician " must examine the man and complete this form and certificate herein contained in accordance with the " Physical Standards and Instructions for the Medical Examination of Recruits ", copy of which will be supplied to each " examining physician ".

**3. The " examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The address of the Divisional Registrar appears in the upper left hand portion of the man's " Notice-Medical Examination."**

4. Payment for the examination of each man will be made by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account. Payment will be made as soon as possible after the end of the month.

5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

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Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" (3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

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DIVISIONAL REGISTRAR
ADMINISTRATIVE DIVISION "J"
MAR 13 1941
Dept. of National War Services
WINNIPEG, MAN.

**(See National War Services Regulations, 1940 (Recruits).)**

I hereby certify this to be a true and correct copy.

NOT FOR EXAMINING PHYSICIAN

***The space below is reserved for Training Centre Medical Officer***

Record in detail any disease or disability not previously described:—

18-5-41. Rebapended
Category A unchanged
Lt Rimmer Capt

Unit M.O. R.C.A.M.C. #100 C.A. (R) T.C. Signature ..... Training Centre Medical Officer.

Training Centre No. or Name .....

N.P.A.M. No. .....

| Station | Admission to Hospital | | | Discharged from Hospital | | | Disease | Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied. |
|---|---|---|---|---|---|---|---|---|
| | Day | Month | Year | Day | Month | Year | | |
| | | | | | | | | |

Feb. 27 1941

**DO NOT FORWARD THIS FORM TO OTTAWA**

This completed form MUST be returned immediately to the Divisional Registrar concerned.

**(See man's " Notice-Medical Examination " for Registrar's address)**

# MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

**Notice of Call Serial No:—** J 21064

**IMPORTANT—EXAMINING PHYSICIAN. Please see man's " Notice-Medical Examination " and insert serial number here**

**This form to be used by divisional registrars for copies of original medical examination and certificate forms.**

**PART I**

Name in full (Print in block letters) ..... Willis (Surname) ..... Stanley T. (Given Names)

Born: Place (City, town or village) Dauphin ..... Canadian Province (or other country) Man. ..... Date Sept 10 1919

Permanent Postal Address (Street and Number) ..... (Rural Route and Post Office) ..... Dauphin (Town or City) ..... Man. (Province)

***The following questions must be answered "Yes" or "No".***

Have you ever suffered from any of the following:—

Rheumatism no ..... Tuberculosis no ..... Bronchitis or Asthma no ..... Heart Disease no

Kidney or Bladder Disease no ..... Stomach or Intestinal Trouble no ..... Rupture no ..... Varicose Veins no

Trouble with feet no ..... Nasal Trouble no ..... Ear Trouble no ..... Eye Disease no ..... Fits no

Nervous or Mental Disease no ..... Syphilis no ..... Gonorrhoea no ..... Have you ever worn Glasses? no

Have you ever been rejected for Military Service? yes ..... Are you in receipt of disability pension or compensation? ("Yes" or "No") no ..... If so, from whom? .....

Place (City, town or village) Dauphin ..... Province an. ..... Date Feb. 25/41

(Signed): Stanley Willis

**Man examined must sign here in presence of examining physician:** ➡ **Signature of man.**

**PART II**

**Examiner's remarks.** Give a clear and concise history of any of the above conditions where the answer is "Yes"

Was turned down by the Air Force on account of lack of education

Physical examination (the man must be stripped)

1. Height 5 feet 6½ inches. 2. Weight 135 pounds
3. Complexion medium Colour of eyes blue Colour of hair d. brown 4. Development good {good / fair / poor} Strike out inapplicable words.
5. Chest measurement—Girth on full expansion 36 inches
   Range of expansion 3 inches
6. (*a*) Vision without glasses—Right eye 20/20 left eye 20/20
   (*b*) If in possession of glasses: Vision with glasses—Right eye ..... left eye .....
7. Hearing, right ear c.v. 20 ft. left ear c.v. 20 ft.
8. Mouth and teeth good
   Describe dentures, if any .....
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—

**PART III**

I have examined the man in accordance with the " Physical Standards and Instructions for the Medical Examination of Recruits " and certify that he is fit for:—

HD

Category "A" A
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

(Signed):
Signature R.S.DICKS M.D. (Examining Physician)
Address Dauphin, Man.
Date Feb. 25/41

**(Important: See other side)**

N.W.S. Form No. 1AR

# NON-PERMANENT ACTIVE MILITIA OF CANADA

## CERTIFICATE OF DISCHARGE

**This Certifies** *that* H 600075 Spr. Willis, Stanley
(Rank and Name)

*of* DAUPHIN, *County of* -

*Province of* Manitoba, *served continuously in the*

N.R.M.A. Clearing Depot No. 10 *of the Non-Permanent Active Militia of*
(Regt. or Corps)

*Canada, from the* 20th *day of* March *1941*, *to*

*the* 16th *day of* July *1941*, *and is now discharged*

*therefrom, and that he attended and completed Annual Training for the years*

on enlistment in the R. C. N. [redacted].
(Each year separately, in figures)

(Total number of years, in words)

S. J. Willis
(Signature of Soldier)

*Place* Dundurn Training Area,

*Date* July 17th, *19* 41.

*Commanding* R. C. [illegible]
(Sqn., Bty. or Coy.)

Lt. Col.
(M.M.Dillon)

†*Commanding* for N.R.M.A. Clearing Depot No.10
(Regt. or Corps)

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350
15M—6-40 (5729)
H.Q. 1772-39-62

Dauphin Man.
Jan. 24, 1940.

M 7734

NATIONAL DEFENCE
JAN 27 1941
N.S. 62-21-4 W
CANADA

Dear Sir,

I would like to receive information, as how to join the Royal Canadian Navy. I am a British subject, and I am twenty-one years old. I spent one year in High school.

Would you inform me as soon as possible.

Yours Respectfully
Stanley Willis
120 7th Ave.
Dauphin Manitoba

no

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
JAN -- 1941
REFERRED TO Remits

M 31042 ~~M 35196~~

C.N.S. 2417
20M—7-40 (6169)
N.S. 815-9-2417

4

# DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

# APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY
## (PERMANENT FORCE)

DEPT. NATIONAL DEFENCE MAR 21 1941 N.S. 62-2-4W CANADA 38915

DAUPHIN MANITOBA
(Place)

The Naval Secretary,
Department of National Defence,
OTTAWA

MARCH 18th 1941
(Date)

SIR:—

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a 2nd CLASS STOKER
(Insert rating chosen)

I certify that the following particulars are in my own handwriting and are true in every respect:

1. Name (to be given in full in Block Letters) STANLEY TURNBULL WILLIS
2. Date of Birth (Birth Certificate or sworn declaration by parent or guardian *must* be attached) 10 September 1919 Cert.
3. Place of Birth. Town Dauphin, Province Manitoba
4. Permanent Place of Residence. No. 120 Street 7 ave. S.W. mvc
   Town Dauphin, Province Manitoba 24/3/41.
5. Are you a British Subject? yes
6. Where was your father born? Hanover, Ontario ✓ } Cert.
7. Where was your mother born? Minnedosa Manitoba ✓ } mvc
8. How long have you resided in Canada? 24 years 24/3/41.
9. What is your Mother Tongue? Canadian
10. What other language do you speak? nil
11. Are you of the White Race? yes
12. Are you Single, Married or a Widower? single
13. How far advanced educationally are you? 1st year High School
    (Certificates of School Authorities *must* be attached)
14. What practical experience have you had?
    (Details and certificates from employers, trade credentials, etc., *must* be attached to substantiate employment reported)
    Plumbers helper 2½ months. Greaser, truck driver.
15. Do you belong to any Naval, Military, Air or Police Force? nil
16. If so, give details nil
17. Have you ever served in such forces? nil
18. If so, give dates and details nil
19. Have you ever been discharged from His Majesty's Forces as medically unfit? nil
20. Have you ever offered to serve in His Majesty's Forces and been rejected?
    Why? I have an application on file in the Air Force at the present time.
21. Have you ever been convicted of a criminal offence? no
    (Enclose two character references, one of which must confirm your answer to Question ~~19~~ 21)
22. What is your weight? 137 stripped Height 5 ft. 9½ in. Chest Measurement (Not inflated) 36 in.
23. Have you ever had fits? nil
24. Do you suffer from any deformity? nil
25. Have you suffered the loss of any fingers, toes, etc.? nil
26. Do you suffer from any disease? nil
27. Do you wear glasses? nil
28. Are you subject to *any* disability which might cause your rejection?
    nil
29. Give details nil
30. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? yes

G. G. Pierre — Signature of Witness
S. T. Willis — Signature of Applicant

CERTIFICATE TO BE SIGNED BY THE PARENT OR GUARDIAN OF CANDIDATES UNDER 21 YEARS OLD

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at....., this.....day of....., 19..... ...., in the presence of

Signature of Witness — Signature of Parent or Guardian

23-3-41

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

I agree to refund to the Department of National Defence the expenses incurred by that Department for my transportation to a Naval Base, should I, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within my own control.

Signed and Sealed at....., this.....day of....., 19....., in the presence of G. G. Pierre — S. T. Willis

Signature of Witness — Signature of Candidate

MAIN FILE
CHARGED TO Recruits
SINCE 23/3/41
REC'D. CENTRAL REGISTRY
APR 11 1941
REFERRED TO Recruits

ALB/BRR

N.S. 62-21-4 "W"
F.D. 915

6

May 29, 1941.

Sir:

You have applied to join the Royal Canadian Navy.

If you still wish to join, you should write to this Department at once.

If no reply is received by July 1st, 1941 your name will be removed from the list of applicants.

Yours truly,

(J. O. Cossette)
NAVAL SECRETARY.

Mr. Stanley T. Willis,
120 - 7th Ave., S.W.,
DAUPHIN, Manitoba.

M 49718

[redacted]

June 4. 1941.,

H-600675, Spr. S. Willis,
No. 3 sect. Coy A. —
Hut 7B. R.C.E.T.C.
Dundurn,
Saskatchewan;

DATE JUN 1941 N.S. CANADA FD 915

Sir, 62-21-4 W

In reference to your letter of May 29, 1941., NO. N.S. 62-21-4 "W" F.D. 915 I wish to advise you that I am ready for call at anytime for service in the R.C.N.

I would like to hear from you as soon as possible.

Yours Truly,

Stanley Willis.

Noted
mvc
Recruits
12/6/41.

Advised by Director of Records, Daly Building, RCEIC. is a N.P.A.M. unit
12/6/41. mvc

23/3/41

MAIN FILE
CHARGED TO Records
SINCE 93/3/41
REC'D. CENTRAL REGISTRY
JUN 6 1941
REFERRED TO Records

MMC/MOM

N.S. 62-21-4 "W"
F.D. 915

8

June 19, 1941.

Sir,-

You are now under consideration for entry into the Permanent Force of the Royal Canadian Navy as a Stoker, 2nd Class.

Before you can be accepted for service it will be necessary for you to pass a Medical Examination, X-Ray and an Educational Test. You should report to the Commanding Officer, Saskatoon Division, R.C.N.V.R., 1st Ave. & 25th St., Saskatoon, Sask., on July 15th, 1941, (not before and not after).

Transportation Warrant No.46786 is enclosed which should be exchanged at your local Railway Ticket Office for a Railway Ticket. This warrant must be returned if it is not used. **Certificate of Discharge, N.P.A.M., is to be presented when reporting.**

Yours truly,

(J. O. Cossette)
Naval Secretary.

Sapper Stanley Willis, H.600075,
No. 3 sect. Company A,
Hut 7 B, R.C.E.T.C.,
Dundurn, Sask.

-2-

(D) The Commanding Officer,
Saskatoon Division, R.C.N.V.R.,
Saskatoon, Sask.

Forwarded for information and necessary action with reference to N.S. 62-19-1, June 4th, 1941.

BY ORDER.

(J. O. Cossette)
Naval Secretary.

Duplicate

DEPT. NATIONAL DEFENCE
AUG 26 1942
N.S. ~~62-21-2-W~~
CANADA
62-W-469

Can. B. 207
100 M—11-40 (7881)
N.S. 815-2-207

CANADA

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

112213 15

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 Willis Stanley

‡candidate for entry as Stoker II R.C.N. ~~[illegible]~~

and I believe him to be *{in all respects fit for His Majesty's Service. / ~~unfit for His Majesty's Service for the reason stated below.~~} He has signed the Certificate given below in my presence.

‡ Strike out if inapplicable. * Delete one.

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

| Age {Years Months (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 revaccinated 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | lbs. | ft. ins. | | inches (a) maximum | right eye | | | | | | | | | |
| 21 yrs. 11 mos. | 142 | 5-8 11/4 | Good. | 34 1/2 | 20/20+ | | yrs 1941 Lungs - clear. | Heart - good. | normal. | Good. | clear. | Good. | normal. Teeth - good repair | Tonsils - out. normal. |
| | | | | (b) minimum | left eye | | | | | | | | | |
| | | | | 34. | 20/15 | | | | | | | | | |
| | | | | (c) mean | *colour vision | | | | | | | | | |
| | | | | 38. | N. | | | | | | | | | |

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

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

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.

S. J. Willis
*Signature of Candidate*

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

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

This Candidate is the subject of .....

*{which renders him medically unfit for service, / not considered of sufficient importance to cause his rejection, he being desirable in other respects.

* Delete one.

IF REJECTED insert here UNFIT in block letters [ ]

Dated at Saskatoon the 15 of July 1941

for Dr. J. T. Anderson. Alex Wensley
*Examining Medical Officer*

(Rank) Capt. R.C.A.M.C.

| | |
|---|---|
| 12 | 0 |
| 8 | 0 |
| 6 | 0 |
| 29 | 26 |
| 57 | 42 |
| 5 | 38 |
| 3 | 96 |
| 15 | Follows. |
| 24 | " |
| 2 | " |
| 6 | unable. |
| 97 | " |
| 45 | OK |
| 5 | |
| 7 | |
| 16 | |
| 73 | |

If a copy of this Form is required, Form C.N.S. 1243 is to be used

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

# CERTIFICATE of the Service of

Stanley Turnbull WILLIS

IN THE ROYAL CANADIAN NAVY

HCNS 14682 X

Esquimalt

Official Number 21989

Date of birth 11 September 1919

Where born { Province Manitoba
Town or county Dauphin

Trade brought up to Field inspector of pavem

Religious denomination Church of England

Date passed swimming test

Man's signature on discharge to pension

Nearest known Relative or Friend (To be noted in pencil)

Name: Dorothy

Relationship: (mother)

Address: Dauphin Manitoba

## All Engagements, including N.C.S., to be noted in these Columns

| Date of actually volunteering | Commencement of time | Period volunteered for | Date of actually volunteering | Commencement of time | Period volunteered for |
|---|---|---|---|---|---|
| 1. | 17 July '41 | Seven Years | 5. | | |
| 2. | | | 6. | | |
| 3. | | | 7. | | |
| 4. | | | 8. | | |

## Medals, Clasps, Etc.

| Date received or forfeited | Nature of decoration | Date received or forfeited | Nature of decoration |
|---|---|---|---|
| 26 Feb 44 | Canadian Volunteer Service Medal & Clasp Prov. award | | |
| 26 Feb '44 | 1939-45 Star. Prov. award. | | |
| | | | |
| | | | |

| Description of Person | Stature Feet | Stature In. | Chest, In. | Colour of Hair | Colour of Eyes | Colour of Complexion | Marks, Wounds and Scars |
|---|---|---|---|---|---|---|---|
| On entry as a boy | | | | | | | |
| On advancement to man's rating or on entry under 28 years | 5 | 8 1/4 | 38 1/2 | Dark Brown | Blue | Dark | Small scar on right side of abdomen. Scar on index finger left hand |
| On re-entry for C.S. or for Non-C.S. after attaining 28 years | | | | | | | |
| Further description if necessary | | | | | | | |

C.N.S. 459
5M—10-39 (2423)
N.S. 815-9-459

CAUTION.—This is an Official document. Any alteration made to it without proper authority will render the offender liable to severe penalties.

Name Stanley Turnbull WILLIS

| Ship's Name (Tenders to be inserted in brackets) | List and No. | Rating | From | To | Cause of Discharge |
|---|---|---|---|---|---|
| Saskatoon Div | | Sto 2/c | 17 July '41 | 27 Oct '41 | phone 6 mos. 15/1/4 |
| Naden (N.S.H.Q.) | | — " — | 28 Oct. '41 | 29 Oct '41 | 244A " 11667 |
| Naden | | — " — | 30 Oct. '41 | 30 Dec '41 | |
| Grevenchy (NOIC Vancouver) | | — " — | 31 Dec '41 | 16 July '42 | |
| (— " — " —) Naden | | Sto 1/c. | 17 July '42 | 29 July '42 | |
| | | — " — | 30 July '42 | 1 Aug '42 | |
| Grevenchy (Wolf) | | — " — | 2 Aug '42 | 30 Nov '42 | |
| — " — | | Sto 1/c | 1 Dec '42 | 7 Mch '43 | |
| Naden II | | — " — | 8 Mch '43 | 20 July '43 | |
| Stadacona | | — " — | 21 July '43 | 31 July '43 | |
| Hochelaga II | | A/L/Sto(Ty) — " — | 1 Aug '43 | 12 Aug. '43 | |
| Stadacona | | — " — | 13 Aug. '43 | 15 Sept '43 | |
| Hochelaga II | | — " — | 16 Sept '43 | 25 Nov. '43 | |
| Stadacona (Valleyfield) | | — " — | 26 Nov. '43 | 7 Dec '43 | |
| Avalon | ( — " — ) | — " — | 8 Dec '43 | 29 Feb '44 | |
| | | | 1 Mch '44 | 7 May '44 | D.D. |

| Date | Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants | Captain's Signature |
|---|---|---|
| 13 Jan 43 | S.C.T.W. B 50298 | |
| 27 Sep 43 | Granted SCJ W/A-B 93254 | |

## Service

| Ship's Name (Tenders to be inserted in brackets) | List and No. | Rating | From | To | Cause of Discharge |
|---|---|---|---|---|---|
| | | | | | |

Examinations passed and Notations or Qualifications other than those entered on History Sheets

| Date | Particulars | Captain's Signature | Date | Particulars | Captain's Signature |
|---|---|---|---|---|---|
| 7 Nov. '41 | Q. H/G - 2 days | [illegible] for Co. | | | |
| 16 Apl '43 | Granted Aux. W/Robert | G. A. Bruce for Co. | | | |
| 15 July '43 | Dual S.P.O (Tyn) (65.25.3a) | [illegible] for Co. | | | |
| 1 Aug '43 | Rated Acting Lty Stoker | [illegible] | | | |

**Name** Stanley Turnbull W14415 **Conduct**

Second Class for Conduct (inclusive dates)

| From | To |
|---|---|
| | |

**Efficiency in Rating**—ARTICLE 607—K.R.

**3. Definition of Terms**—As a guide to Commanding Officers when making their award the following definitions are given of the terms to be used:—

Superior.....A man who performs his duties with more than average efficiency.
to be written Supr.
Satisfactory.....A man who performs his duties with average efficiency.
" Sat.
Moderate.....A man who performs his duties in an efficient manner but with less than average efficiency.
" Mod.
Inferior.....A man who performs his duties in an inefficient manner.
" Inferior.

NOTE.—In these definitions "duties" means the general duties of the substantive rating held, and "average efficiency" means the average efficiency of all men in the Service holding the same substantive rating.

The substantive rating held by the man at the time is to be noted in brackets after each assessment thus: Supr. (A.B.).

Good Conduct Badges

| Date | 1st, 2nd, 3rd | Granted, Deprived, Restored |
|---|---|---|
| | | |

Time forfeited

| Date | P., D., C., C.P., W.T. | Number of days | |
|---|---|---|---|
| | | Awarded | Served |
| | | | |

| Character | Efficiency in Rating, noting substantive rating in brackets | Whether R.M.G. or not | Date | Captain's Signature |
|---|---|---|---|---|
| V.G. | Sat (Sto. 2/c) | | 31 Dec 41 | [illegible] |
| V.G. | Sat (Sto 1/c) | | 31 Dec '42 | [illegible] |
| VG | Sat (A/Ldg Sto) | | 31 Dec '43 | [illegible] |
| V.G. | Sat. (A/Ldg. Sta. Ty) | | 7 May 44 | [illegible] |

H.M.C.S. SASKATOON DIVISION R.C.N.V.R.

OFFICIAL No. IF KNOWN / Space to be left vacant if not known: P/033880 / 21989

DEPT. OF NATIONAL DEFENCE 3 1941 CANADA

NS 62-70469

# CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

| CHRISTIAN AND SURNAME IN FULL | NEXT OF KIN (Mother) | PRESENT RATING |
|---|---|---|
| Stanley Turnbull WILLIS | Name: Mrs Dorothy Willis<br>Address: Dauphin Man | Stoker II |

| DATE OF BIRTH* | PLACE OF BIRTH† | NAME, RANK AND STATION OF RECRUITING OFFICER |
|---|---|---|
| 10th Sept 1919<br>10th | Town: Dauphin<br>County:<br>Province: Man. | C.F.R. WENTZ.<br>LIEUT. R.C.N.V.R.<br>C.O.<br>SASKATOON DIVISION R.C.N.V.R |

## Personal Description at the Date of this Document

| Height | Chest | Hair | Eyes | Complexion | WOUNDS, SCARS OR MARKS | Religious Denomination | TRADE OR OCCUPATION |
|---|---|---|---|---|---|---|---|
| 5'8 1/4" | 34 1/2" | Dark Brown | Blue | Dark. | small scar on right side abdomen<br>scar on index finger left hand | C. of E. | Field Inspector of Pavements. |

| | | | |
|---|---|---|---|
| Commencing date of Engagement or Re-engagement | JUL 17 1941 | Period of Engagement or Re-engagement | Seven years |
| Date of *actually* volunteering to engage or re-engage | | Date of entering present ship | |

Particulars of former Continuous Service Engagements, if any, but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.
If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.—1243.

First Entry.

## Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

1. Are the particulars given above of your name and date and place of birth correct? ..... yes.
2. Are you a British subject? ..... yes.
3. Nationality of Parents—Father Canadian Mother Canadian.
4. Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R.C. Mounted Police?‡ ..... yes. N.R.M.A.
5. Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R.C. Mounted Police? ..... no.
6. Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date ..... no.
7. Have you ever been discharged from the Navy, Marines, Army, or R.C. Mounted Police on account of misconduct? ..... no.

NOTED ON ESTIMATE CARD
Date 22.8.41
Initial JAR.

8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... yes.
9. Can you swim? ..... yes.

* When evidence of age is obtained on First Entry, it should be attached to this Form.
† Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."
‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, H.M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.N.V.2.

(OVER)

IMPERIAL PAPER PRODUCTS
22-8-41
FAIR
24/8/41
ROUGH

Personnel Records Division
1. Noted in Ledger
2. Index Card
3. Non-Sub. Card
4. Statistics Card
5. Roneo Strip
6. Pension Card
7.
8.
DATE

C.N.S. 55
10M—10-40 (7368)
N.S. 815-9-55

## I.—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of the previous C. S. Engagement

I Stanley Turnbull Willis, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada for the term of seven years from† 17th July 1941, provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this 18th day of July 1941.

Stanley Turnbull Willis ..... Man's Signature in full

Witness to Signature A. J. Erickson

Attested before me this 18th day of July 1941.

..... Signature of a Commissioned Officer of the Naval Service

Date ..... 19 .....

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

..... Commanding Officer

..... Medical Officer

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## II.—Certificate and Declaration for Boys

Date ..... 19 .....

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for ..... years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

..... Commanding Officer

..... Lieutenant

..... Medical Officer

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for ..... years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear, (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

..... Boy's Signature in full

Witness to Signature .....

Attested before me this ..... day of ..... 19 .....

..... Signature of a Commissioned Officer of the Naval Service

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## III.—Re-engagement for Continuous Service

**To be executed by men who have not been out of the Service since the expiration of their first engagement**

The particulars indicated on the other side are also required when this Form is used.

I, ....., now serving as a .....

on board H.M.C.S. ....., who on the ..... of ..... 19 .....

engaged to serve in the Naval Service of Canada for a period of § ..... years, do hereby engage to serve for a further period** ..... from†† ..... 19 .....

provided my services should be so long required.

..... Man's Signature in full

..... 19 .....

Witness ..... Commanding Officer

* Insert *"for the term of (number in words) years,"* or *"to complete (number) years for pension"* or *until I attain the age of* *years."*

† Insert the date from which the engagement commences.

‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)

§ To be written in words.

** Insert as follows:—*" Of (number) years,"* or *" to complete time for pension,"* or *"until I attain the age of* *years,"* as the case may be.

†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.

62-W-469
17

# 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

PLEASE LEAVE BLANK

## Section A—GENERAL INFORMATION

1. (a) Print name in full: Willis, Stanley [illegible] (b) Reg'l. No.: 21959
2. (a) Arm of service: Navy (b) Unit: [illegible] (c) Rank: Stoker II
3. (a) Date of birth: 10 Sept 1919 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Dauphin, Man
4. (a) Place of enlistment: Halifax, N.S. (b) Date of enlistment: 15 July 44

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 18 (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.): 9 years
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? Yes (b) If so, for what occupation? (Loco) Fireman (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? 1 month
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? —

## 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? Intermittently
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: Loco Fireman
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment: FALL 1940
15. Give details of last employer, if any: Name: National Testing Lab Address: Winnipeg
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Building Contractor (Pad)
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: Address:
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? Yes (c) If so, in what kind of farming? Mixed
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? Man.

## 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: (Would like to get in [illegible] (Farming) [illegible])

DATE: Oct 27/44 194..... SIGNATURE: [illegible]

O.H.F. RECEIVED

Copy To
VWD
ES
DEC - 8 1941

(DUPLICATE)

**THIS CERTIFICATE IS TO BE COMPILED IN DUPLICATE, THE SECOND COPY BEING FORWARDED TO THE MAN'S DEPOT**

# AUXILIARY MACHINERY COURSE FOR STOKER RATINGS

## CERTIFICATE OF QUALIFICATION

H.M.C.S. "NADEN"

This is to certify that Stanley T. WILLIS.

First Class Stoker, Official Number 21989 serving in H.M.C.S. "NADEN" has successfully passed through the Auxiliary Machinery Watchkeeping Course, as laid down in K.R. and A.I. Appendix XVII, Part I, No. 39 (F), and notations have been made on his History Sheet accordingly.

*Engineer Officer*

*Commanding Officer*

*Date* 16th April *1943.*

**S. 443**
5M—2-41 (9290)
N.S. 815-9-443

P146162 #2535 62-W-469

WEST COAST

# Mechanical Training [redacted] Establishment

Leading Stoker's Course -:- Class #20 -:- Date Completed July 15/43

Passing out Examination -:-

| | | | |
|---|---|---|---|
| | Order of Merit | 15th (26) | |
| | Name and Official Number | WILLIS, Stanley T. | 21989 |
| | Rating | Sto.1/c (July 17/42) | |
| | Date of Birth | Sept.10th, 1919. | |
| | Trade | F.B.B.&M. (Satisfactory) | |
| SEC. I | Work-Shop | 77 | (100) |
| SEC. II | Arithmetic and Mensuration | 38 | (75) |
| | English | 48 | (75) |
| | Engineering I | 49 | (75) |
| | Engineering II | 49 | (75) |
| | Total Section II | 184 | (300) |
| | Total Section I and II | 261 | (400) |
| | Percentage % | 65.25% | |
| SEC. III | Mathematics | 60 | (125) |
| | Engineering III | 42 | (75) |
| | Total Section III | 102 | (200) |
| | Percentage % | 51% | |
| | GRAND TOTAL | 363 | (600) |
| | FINAL PERCENTAGE % | 60.5% | |
| | Suitability for C.P.O., Power of Command, Personality etc. | Very Good Power of Command. Recommended for S.P.O. | |
| | REMARKS | Average Ability. Conscientious. Willing. | |

DRAFTING and ADVANCEMENT DEPOT
1 History Card
2 Index Card
3 Ronco Card
4 Advancement
5 A. A. Card
6 Training
7 Statistical
8
DATE 31/7/43

21

Lt.-Commander (E), R.N.

Noted in Service Records 1.8.43

Printed by M.T.E.—30-9-42

EB

Ewn for DEP 12-8-43

RECEIVED
AUG 7 1943
N.S. H.Q.
CENTRAL
REGISTRY

DRAFTING AND ADVANCEMENT
DEPOT
AUG 5 1943
INITIALS | FILE

N.P.R.

Forwarded
10-8-43

RCN

ORIGINAL

S. 1246A. (Revised—July, 1938.)
5M—7-40 (5842)
N.S. 815-9-1246a

# HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

*(a)* When a man leaves a ship after a period of not less than three months' service in her.
*(b)* Annually on 31st December, unless completed within the previous three months.
*(c)* As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

| Name: Surname | Name: Christian | Official Number | Port Division |
|---|---|---|---|
| WILLIS | Stanley Turnbull. | 21989 | ESQUIMALT. |

## REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

| Course | Date of Commencing | Date of Completing | Class of Certificate awarded on completion* | Remarks | Signature and Rank of Examining Officer |
|---|---|---|---|---|---|
| New Entry Course PRELIMINARY WEEK. RECEIVED D.T.C. AT D.H.Q. | 29/10/41 | 8/11/41 | SAT. | | H. P. de Pfeiffer S/LT RCNVR TEMP. FOR Training Commander. |
| Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical | 8/11/41 | 23/12/41 | Supr. | | B. J. Larson S/Lt. RCNVR Engineer Officer. |

* Insert:—"Superior," "Satisfactory" or "Moderate." (Failure to be noted in RED INK).

Issued with Stoker's Manual:—Date_____ Signature and Rank:—_____

Entered H.M. Service as Stoker 2nd Class 17 July 1941
Advanced to Stoker 1st Class 17-7-42 1 Dec 1942
Advanced to Leading Stoker ~~15-7-43~~ 1-8-43
Advanced to Stoker Petty Officer
Advanced to Chief Stoker

Completed 2 years' training for Mechanician
Rated Mechanician 2nd Class
" " 1st Class
Advanced to Chief Mechanician

## RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

| Examinations, etc. | Date | Signature of Engineer Officer | Captain's Initials |
|---|---|---|---|
| Granted Aux. Watchkeeping Certificate 16 April 43 | 16/4/43 | Moddo. | RPK |
| On completion of 3 months course of mechanical training, qualified for Stoker Petty Officer. MARKS: 65.25% TRADE: F.B.B.&M. ABILITY IN TRADE: Satisfactory | July 15/43 | Moddo. | RPK |

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

S. 1246A

**Special Remarks :**

## STOKER RATING
## Employment and Abilit

NOTE:—When a Stoker rating has become a Mechanician the words "Refittin
are to be inserted over columns 3, 4, 5, 6, 7 and 8.

EFFICIENCY:—To be indicated as "Superior," "Satisfacto

| Date | Watchkeeper | | | | | | | | | In Charge of | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 Coal Fireman or Burning Oil Fuel, including Boats | 2 Engineroom Watch Keeping at Sea | 3 Electric Light Engine | 4 Distilling Plant | 5 Refrigerating Machinery | 6 Air Compressing Machinery, including E. A. Plant | 7 Internal Combustion Machinery | 8 Hydraulic Pumping Machinery | 9 Boiler Furnace Bricklaying | 10 Electrical Duties (H. P. E.) | 11 Steamboat Machinery | 12 Motor Boat Machinery | 13 Boiler Water Tender | 14 Boiler Cleaning Party | 15 Engineroom Watch Keeping at Sea | |
| 31 Dec '41 | | | | | | | | | | Under Training | | | | | | |
| 29 July 42 | | Employed with Naval Guard New Westminster B.C. | | | | | | | | | | | | | Sat | |
| 1 Aug. 42 | | | | Barracks one day only | | | | | | | | | | | | |
| 31 Dec 42 | oil fuel Sat. | Sat. | Sat. | | | | | | | | | | Sat. | | | |
| 15-7-43 | Employed M.T.E. Ldg. Stokers Course #20. | | | | | | | | | | | | | | | |
| 21-7-43 | Barracks Routine | | | | | | | | | | | | | | | |
| 12-8-43 | | | | | | | | | | | | | | | | |
| 16-9-43 | | Barracks Routine Employed in Stage Work Party | | | | | | | | | | | | | | |
| 26-11-43 | | | | | | | | | | | | | | | | |
| 8-12-43 | | | | | | | | | | | | | | | | |

1770/672

KER RATING

# and Ability Record

cian the words "Refitting and Maintenance"
7 and 8.

rior," "Satisfactory," "Moderate," or "Inferior."

NAME WILLIS, Stanley Turnbull.

Official Number 21989

| In Charge of → | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Boiler Cleaning Party | Engineroom Watch Keeping at Sea | General Charge of Firing in a Boiler Room | Double Bottom Party | Regulating Duties | Engineer's Writer | Charge of Engineers' Stores and Tools | Power of Command | Present Rating | REMARKS (including experience in Engineer's Office or in any special duties) | SHIP | Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship |
| ...ing | | | | | | | | Sto. 2/c. | | "Naden" | K A Madeuge. |
| ...C | Satisfactory | | | | | | | Sto. 2/c | | ("2.O.S.C. Vancouver") | J C Dosie |
| | | | | | | | | Sto. 2/c | | Naden | E.F. Williams |
| | | | | | | | | Sto. 1/c | | | Haithwaite. |
| | | | | | | | | L/Sto. | z | "NADEN" | Goldsb. |
| | | | | | | | | L/St. | | STADACONA | Stokeley Bold |
| | | | | | | | | L/St. | | Hochelaga II | |
| ...ly) | | | | | | | | L/St. | | Stadacona | |
| | | | | | | | | L/St. | | Hochelaga II | |
| | | | | | | | | | | Valleyfield | |

## RIFLE PRACTICES

(To be filled in immediately on completing Course)

| Date | Ship | Practice carried out 63 | Signature |
|---|---|---|---|
| 19/11/41 | "NADEN" | Course A 63 | H. Hueman |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## VOCATIONAL TRAINING CERTIFICATE

(To be filled in on completion of a Vocational Training Course, other than a Correspondence Course)
(Vocational Training is Optional)

VOCATION _____

We certify that (name) _____

Residence _____

has satisfied us that he possesses a ‡ _____

knowledge of the vocation mentioned, and we consider that § _____

_____

Examiners:— _____

Business and Business Address:— _____

_____

Date of Examination:— _____

Signed:— _____ President.

_____ Vocational Training Committee.

‡ Here insert qualification. § Special notations as applicable.

## TO BE FILLED UP ONLY ON FINAL DISCHARGE

His character during service was * _____

His general efficiency in carrying out his duties was * _____

His efficiency on discharge was assessed as * _____

* See Article 610, clauses 3 to 7 K.R. & A.I.

N. 3401/38. Signature and Rank _____

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.

VERIFICATION FORM

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

NAME IN FULL Mitchis Stanley Turnbull RANK/RATING A/Lg. Slr. OFF.NO.

| SHIP | SERVICE FROM | SERVICE TO | SERVICE DAYS | AREA | QUALIFYING PERIODS IN FROM | TO | 1939-45 | ATLANTIC | DE |
|---|---|---|---|---|---|---|---|---|---|
| | 1.7.41 | | | | | | | | |
| Wolf | 2.8.42. | 7.3.43 | 215 | NO | | | | | |
| Valleyfield | 8/12/43. | 7.5.44 | 152 | ADL | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Niagara | | Land | | | | | | | |
| | | | | | | | | | |
| Lodan | | 7.5.44 | | | | | | | |

VERIFIED BY L. Gilchrist

VERIFIED BY

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

NG ..A/Flg. Lt.....OFF.NO. ..N.21989.....ADDRESS .....

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

VERIFIED BY .....
Sgt.

.....
DIR.OF PERSONNEL RECORDS.

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

21989 OFFICIAL NUMBER

NAME WILLIS (Surname) Stanley Turnbull (Given Names)

P.I.B

OFFICIAL NUMBER 21989

| Ship or Establishment | Rating | From Day | From Month | From Year | Remarks | Character | Efficiency | Date Day | Date Month | Date Year | Non-Sub. Rating | Qualified Day | Qualified Month | Qualified Year | Re-Qualified Day | Re-Qualified Month | Re-Qualified Year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Saskatoon Div. | Sto.2/c. | 17 | 7 | 41 | | V.G. | Sat. | 31 | 12 | 41 | | | | | | | |
| Naden | " | 28 | 10 | 41 | | V.G. | Sat. | 31 | 12 | 42 | | | | | | | |
| NOIC.Vancouver | " | 1 | 1 | 42 | | V.G. | Sat. | 31 | 12 | 43 | | | | | | | |
| Naden | " | | | | | V.G. | Sat. | 7 | 5 | 44 | | | | | | | |
| " | A/Sto.1/c. | 17 | 7 | 42 | | | | | | | | | | | | | |
| Wolf. | " | 2 | 8 | 42 | | | | | | | | | | | | | |
| " | Sto.1/c. | 1 | 12 | 42 | | | | | | | | | | | | | |
| Naden | " | 8 | 3 | 43 | | | | | | | | | | | | | |
| Stadacona | " | 21 | 7 | 43 | | | | | | | | | | | | | |
| " | A/Ldg.Sto.(Ty) | 1 | 8 | 43 | | | | | | | | | | | | | |
| Hochelaga II. | " | 13 | 8 | 43 | | | | | | | | | | | | | |
| Stadacona | " | 16 | 9 | 43 | | | | | | | | | | | | | |
| Hochelaga. | " | 26 | 11 | 43 | | | | | | | | | | | | | |
| Valleyfield. | " | 8 | 12 | 43 | | | | | | | | | | | | | |
| DISCHARGED | " | 7 | 5 | 44 | MISSING,PRESUMED DEAD. | | | | | | | | | | | | |

GENERAL REMARKS

Canadian Memorial Cross mailed to Mother: Mrs. Dorothy Willis, 120- 7th Ave. S. W., Dauphin, Manitoba. 13/10/44

COPIED Archives COPY

21989 OFFICIAL NUMBER | FILE NUMBER (62-W.469)

OFFICIAL NUMBER 21989

NAME WILLIS (Surname) Stanley Turnbull. (Given Names) DATE OF BIRTH 10th September, 1919.

PLACE OF BIRTH Dauphin, Manitoba. OCCUPATION Field Inspector of Payments.

RELIGION Church of England. EDUCATION Grade IX.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 120-7th Ave.S.W., Town DAUPHIN Province, etc. Manitoba.

| Engagements | | | | Description | | | | | Previous Service | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date (in figures) | | | Period | Height | Hair | Eyes | Complexion | Marks or Scars | Served in | Rank or Rating | Dates | |
| Day | Month | Year | | | | | | | | | From | To |
| 17 | 7 | 41 | Seven Years. | 5' 8¼" | Dk.Brn. | Blue | Dark. | Small scar on rt. side abdomen. Scar on index finger left hand. | | | | |

NEXT OF KIN RELATIONSHIP (in pencil) Mother 30/04 NAME (in pencil) Mrs Dorothy Willis

ADDRESS (in pencil): Street and No. 120-7th Ave S.W. Town Dauphin Province, etc. Man

| Medals, Clasps, Hurt Certificates, Prize Money | | | | Examinations, Certificates, etc. | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Date (in figures) | | | Particulars | Date (in figures) | | | Particulars | Date (in figures) | | | Particulars |
| Day | Month | Year | | Day | Month | Year | | Day | Month | Year | |
| 26 | 2 | 44 | Prov.awarded CVSM.Ribbon & Clasp. | 7 | 11 | 41 | Qual. A/G. | | | | |
| 26 | 2 | 44 | Prov.awarded 1939-43 Star. | 16 | 4 | 43 | Granted Aux.W/K.Cert. | | | | |
| | | | | 15 | 7 | 43 | Qual. for Sto.P.O. | | | | |

| Badges, G.C. or G.S. | | | | |
|---|---|---|---|---|
| Date (in figures) | | | 1st, 2nd or 3rd G.C. or G.S. | Granted Deprived Restored |
| Day | Month | Year | | |

| Brief Particulars of Warrant or C.M. Punishments and C.P. Charges | | | | | | |
|---|---|---|---|---|---|---|
| Ship or Establishment | Wt. No. | Date (in figures) | | | Brief Particulars of Offence | Punishment |
| | | Day | Month | Year | | |

| Days Forfeited | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Date (in figures) | | | Prison | Det'n | Cells | C. Power | W. Trial | In diff. Char. |
| Day | Month | Year | | | | | | |

O.H.F.Received.

Second Class for Conduct

| From | To |
|---|---|
| | |

FILM NO WSR-4938-3

DATE

COPIED Archives COPY

W.S.G. APPLICATION 10765 RECEIVED 7/6/45

H.Q. 35—60M—6-43 (609)
N.S. 815—7-35

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Dorothy Willis
120-7th Ave., S.W.,
Dauphin, Manitoba.

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. N 21989 Fd. 589

# DEPARTMENT OF NATIONAL DEFENCE

## ESTATES BRANCH

OTTAWA, ONT.

ESTATES BRANCH SEP 29 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

WILLIS, Stanley Turnbull, Leading Stoker,

Official Number N-21989, R.C.N.

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.

H. Meade
Commander R.C.N.V.R.
for Director of Estates.

GC/

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

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 | | Single. | | |
| 2 | Children of the Deceased and dates of their Births | | Not applicable. | | |
| 3 | Father of the Deceased | | Sidney Roy Willis | 59 | 120-7th ave Dauphin S.W. |
| 4 | Mother of the Deceased | | Dorothy Willis | 51 | 120-7th ave Dauphin S.W. |
| 5 | Brothers of the Deceased | Full Blood | Roy Wilfred Willis | 29 | Dauphin |
| | | | Robert Brian Willis | 27 | Dauphin. |
| | | | John Franklin Willis | 11 | Dauphin. |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | Yvonne Ruth Muir | 19 | Dauphin |
| | | | Grace Marie Willis | 13 | Dauphin. |
| | | 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 |
| | | | | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased. | Stanley Turnbull Willis |
| 9 | Date of his birth. | 10th day of Sept. |
| 10 | Place and date of his marriage. | |
| 11 | Place and date of his parents' marriage. | Neepawa, 1914, 24 day of June |

PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Dauphin |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) Dauphin, always. (b) (c) (d) |
| 14 | Nature of employment before enlistment. | unemployed. |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | Did not own any real property. |
| 16 | Name place where deceased stated he intended to make his permanent home. | Dauphin, Man. |

PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did he leave a Will? If in your custody, please forward. | no. |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property? | |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? | Bank of Nova Scotia. Account No 4025. Amount 21$ 38 |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | none to our knowledge. |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | No insurance |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | None. |

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. No. |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. | No. |

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

(PLEASE TURN OVER)

## DECLARATION

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

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

*Mother 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.

Mrs Dorothy Willis — Signature of Informant

Dauphin, Man. (P.O. Box 124) — Address

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Dorothy Willis {Name of informant} is the* mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Dauphin, Man., this 26th day of September, 1944.

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

Qualification Notary Public.

Address Dauphin, 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

IG

4
NAVY

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

Dorsant

| | | | |
|---|---|---|---|
| [redacted]ASED [redacted]BER'S NAME | Stanley Turnbull (CHRISTIAN NAMES) | WILLIS (SURNAME) | REGISTER NO. 10765 |
| | | | FILE NO. NS.N-21989 |
| PAYEE | Director of Estates, | for Service Estate of | DATE 6th July'45. |
| ADDRESS | 308 Sparks St., Ottawa, Ont. | Stanley T. Willis NS.N-21989 | SERVICE NO. 21989 |
| | | | FINAL RANK OR RATING A/Ldg.Sto. |
| DATE OF TERMINATION OF OVERSEAS SERVICE | | 7th May'44. | DATE OF DISCHARGE 7th May'44. |

| | | | | | | $ ¢ |
|---|---|---|---|---|---|---|
| A. TOTAL QUALIFYING SERVICE | NO. OF DAYS 1026 / 30 | EQUAL TO | 34 | COMPLETE PERIODS AT $7.50 | | 255.00 |
| B. QUALIFYING OVERSEAS SERVICE | NO. OF DAYS 370 | LESS 6 INELIGIBLE DAYS, EQUAL TO | 364 | DAYS @ 25C. PER DAY | | 91.00 |
| C. SUPPLEMENT FOR OVERSEAS SERVICE | | | | | | |
| DAILY RATES AT DISCHARGE | | | | | | |
| PAY | | | $ 2.25 | | | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | | | $ 1.45 | | | |
| ADDITIONAL PAY | H.L.M. | | $ .13 | | | |
| | | | $ | | | |
| | | | $ | | | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ | | | $ ~~3.83~~ | | 26.81 | |
| | TOTAL | | $ 370 | ×7 = $ | 26.81 | 54.21 |
| | NO. OF DAYS | | 183 | ×$ | | |
| | | | | | | ~~400~~.21 |
| D. WAR SERVICE GRATUITY | | | | | | |
| E. DEDUCTIONS | OVERPAYMENT OF | PAY AND ALLOWANCES | | $ | Nil | |
| | | DEPENDENTS' ALLOWANCE AND ASSIGNED PAY | | $ | | |
| | OTHER DEDUCTIONS | | | $ | | |
| F. TOTAL AMOUNT PAYABLE | | | | | | 400.21 |

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ _____ =$ 400.21

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

~~Cheque~~ Voucher 1124 13/7/45

**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 | CHECKED BY | TREASURY CHECKED BY | DATE |
|---|---|---|---|
| W | [illegible] | [illegible] | 107 |

for Mr. Naval Pay Acctng.

SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member Name Stanley Turnbull WILLIS
(Christian Names) (Surname)

Payee Director of Estates for Service Estate of Stanley J. WILLIS N.S. N21989

Address 308 Sparks St. Ottawa, Ont.

Register No. 10765
File No. N 21989
Date 27-6-45
Service No. 21989
Final Rank or Rating A/Ldg. Sto.

Date of termination of overseas service 7 May 44 Date of Discharge 7 May 44

| | $ ¢ |
|---|---|
| A. TOTAL QUALIFYING SERVICE<br>No. of days 1026/30 equal to 34 complete periods at $7.50 | 255.00 |
| B. QUALIFYING OVERSEAS SERVICE<br>No. of days 370 less 6 ineligible days equal to 364 days @ 25¢ per day | 91.00 |
| C. SUPPLEMENT FOR OVERSEAS SERVICE<br>DAILY RATES AT DISCHARGE<br>Pay $2.25<br>Subsistence or Lodging and Provision Allowance $1.45<br>Additional Pay H.L.M. .13<br>Dependents' Allowance 1/30 of $ —<br>Total 3.83 x 7 = $26.81<br>No. of days 370/183 x $26.81 | 54.21 |
| D. WAR SERVICE GRATUITY | 400.21 |
| E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $<br>DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $<br>OTHER DEDUCTIONS $ nil | |
| F. TOTAL AMOUNT PAYABLE | 400.21 |

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you $_____ of $ = $400.21
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 Checked by | Treasury Date |
|---|---|---|---|
| | | | |

Service Representative

D.N.P.A. CHECK

1 W 6
2 W 7
3 W 8
4 H.B. 9
5 Amb. 10

*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 [illegible]

Name Stanley Turnbull WILLS
(Christian names in full)

Rank of Rating LEADING STOKER (ET) Official No. [illegible] RCN
(If unknown, date of first entry)

Place of Birth DAUPHIN, MANITOBA Date of Birth 10 SEPTEMBER, 1919
FIELD BURNSTON CO.

Occupation in Civil Life FARMING. 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 YEARS 10 MONTHS

Date of Death 7 MAY, 1944 Place of Death AT SEA

Cause of Death ENEMY ACTION - TORPEDOED 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. Dorothy WILLS Relationship MOTHER
Address DAUPHIN, MANITOBA 120-7th ave S.W.

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 invalided

H.M.C.S. "VALLEYFIELD" A/CAPTAIN, R.C.N.,
*Commanding Officer,*
17th. MAY, 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

N.P.R./5-1

HS
FORM A.

FILE: N.S. N-21989 PERS.(N)

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

Sir:

11 May, 1944.
(Date)

The following casualty has been reported -

| NAME | RANK or RATING | NAVAL NO. |
|---|---|---|
| WILLIS, Stanley Turnbull | Leading Stoker | 21989 R.C.N. |

DATE OF ENLISTMENT - 17 July, 1941.

32

DATE OF DISCHARGE - will be reported later.

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

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

Reason for discharge and when and where any disability was incurred, or where death occurred. - "Missing" at sea when the ship in which he was serving was lost by enemy action. While this casualty is 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- Mother NAME- Mrs. Dorothy Willis.

ADDRESS- 120- 7th Ave. S.W., Dauphin, 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.
EMC

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

BX
12/8/44
NPR/5

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

(See reverse side for further instructions)

CANADA

# Department of National Defence

## Naval Service

1138358

AUG 30 1944 194

IN REPLY PLEASE QUOTE

N.S. N-21989 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:

ESTATES BRANCH SEP 5 1944 H.Q. OTTAWA NATIONAL DEFENCE

| NAME, RANK/RATING, Official No., UNIT | PARTICULARS RE DEATH | NEXT OF KIN |
|---|---|---|
| WILLIS, Stanley Turnbull, Leading Stoker, Official Number N-21989, R.C.N. | 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. | Mother: Mrs. Dorothy Willis 120-7th Ave., S.W., Dauphin, Manitoba. |

ALLOTMENTS IN FORCE

| In favor of | | Amount | Initials |
|---|---|---|---|
| Bank | The Bank of Nova Scotia, Dauphin, Man. | $40.00 A. P. | AMP. |

Allot. stopped May 31/44

Will: No Will.

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD.

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

D 2258 A
1000M—4-42 (4259)
N.S. 815-5-2258

RECEIVED
SEP 11 1944
N. S. H. Q.
CENTRAL
REGISTRY
(Personnel Section)

TFH/IV

R E G I S T E R E D

AIR MAIL

N.S.N21989 PERS(N)

28

8th May, 1944

Dear Mrs. Willis:

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 your son, Stanley Turnbull Willis, Leading Stoker, Official Number 21989, Royal Canadian Navy, is missing at sea.

According to the report received, your son 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 your son's loss on war service, until such time as an official announcement is made, as this information might prove useful to the enemy.

Please allow me to express 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, the high traditions of which your son has helped to maintain.

Yours sincerely,

LETTER dispatched by PERSONNEL NAVY
MAY 9 1944

SECRETARY, NAVAL BOARD

Mrs. Dorothy Willis,
120-7th Ave., S.W.,
DAUPHIN, Manitoba.

TFH/MC

REGISTERED

AIR MAIL

N.S. N21989 Pers. (N)

11th May, 1944.

29

Dear Mrs. Willis:

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

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

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

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

Yours sincerely,

LETTER dispatched by PERSONNEL NAVAL
MAY 12 1944

SECRETARY, NAVAL BOARD

Mrs. Dorothy Willis,
120-7th Ave., S.W.
DAUPHIN, Manitoba.

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"

FORM 5

# PROVINCE OF MANITOBA

# OFFICIAL REGISTRATION OF DEATH

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

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

**3. PRINT FULL NAME OF DECEASED** WILLIS (Surname) Stanley Turnbull (Given name or names in usual order)

**RESIDENCE** 120-7th Ave. S.W., Dauphin, 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 | **5.** NATIONALITY (Citizenship) | **6.** RACIAL ORIGIN | **7.** Single, Married, Widowed or Divorced *(Write the word)* | **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) |
|---|---|---|---|---|
| Male | Canadian | British | Single | Dauphin, Manitoba |

| **9.** DATE OF BIRTH | Month *(Write the word)* | Day | Year | **10.** AGE IN | Years | Months | Days | If less than one day |
|---|---|---|---|---|---|---|---|---|
| | September | 10 | 1919 | | 24 | 8 | | hrs. or ..... min. |

OCCUPATION

**11.** Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Plumbers' Helper, Greaser.

**12.** Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. .....

**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)

COPIED Archives Copied

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

**20.** Signature of informant H.B. Money
Payur. Cdr. R.C.N.R., Officier i/c Naval Personnel Records,
Address Naval Service Headquarters, Ottawa, Ontario.

**21.** Relationship to deceased .....

**22.** Place of burial, cremation or removal Body not recovered.

Date of burial ..... 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 ..... (Hour) 7th (Day) May (Month) 19 44 (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.
(a) "MISSING" presumed dead when H.M.C.S.
due to "VALLEYFIELD" was torpedoed and sunk by

**Morbid conditions, if any, giving rise to immediate cause** (stated in order proceeding backwards from immediate cause).
(b) .....
due to enemy action in the Atlantic.
(c) .....

II

**Other morbid conditions** (if important) contributing to death but **not** causally related to immediate cause. .....

**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? ..... (State which) Date of injury ..... 19.....
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.)*

STOKER, 2nd CLASS

No. ..... Name WILLIS, Stanley T. ..... Nationality Br. (Can.) File FD 915

Date of Birth September 10, 1919 ..... Married S ..... Religion .....

Date of Application March 21, 1941. ..... Medically Examined .....

Address 120 - 7th Ave., S.W., Dauphin, Man.

Education Grade IX

Previous Experience Plumber's helper 2½ mths.

Remarks 15/4/41 - Roster

Directions Re Entry 15/4/41 - Letter to Applicant

10M—2-39 (1188)

D2800

WILLIS STAN A/L/STO. 21989 AGE 24

SEP 20 1943 Sedulis to Rockford for treatment

R. H. Penney Surg Lt.

D OF D 7-5-44

DEPARTMENT OF VETERANS AFFAIRS

AWARDS (NAVY)

D.D.
WAR SERVICE RECORDS

| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT | FILE No. |
|---|---|---|---|---|---|
| WILLIS | Stanley Turnbull | N-21989<br>H-600075 | Ldg.Sto. | | |

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

cards combined.

| CAMPAIGN MEDALS | REGISTRATION NUMBER AN DATE DESPATCHED |
|---|---|
| 1939-45 Star | |
| Atlantic Star | |
| C.V.S.M. & Clasp | |
| War Medal | |
| | 7423 17-1-50 |
| | |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

RCN Feb. 45 "VALLEYFIELD"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. Sydney R. Willis - Father

ADDRESS: 120 - 7th Avenue, S.W., Dauphin, Man.

(1) MEMORIAL BAR

DATE DESP.

REGN. NO. 220

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Dorothy Willis

ADDRESS: 120 - 7th Avenue, S.W. Dauphin, Man.

(3) 13-10-44