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	3	OFFICIAL NUM	BER FII	E NUM	BER				- 1	13-E-738					OFFICIA	L NUMBER.	T	750983
NAME	ELLIS (Surname)										ATE OF	F BIRTH		25	th Mar	h. 1922		
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production of the local division of the loca	cil): Street and No CLASPS, HURT CERTIFICATES, PRIZE		8			71		-	Town	XAMINATIONS, CERT	IFICATE	S ETC		Provi	nce, etc	11. 12		
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N.S. 815-7-35																	ECG	INV.

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v5098a	OFFICIAL NUMBER	NAME	(Surr	Ename)	LLIS Melvin, Ne (Given Names)	vton	l.e				OFFICIAL NU	JMBEF	۲ ۶	v50	0983		
Ship or Establishment	Rating	-	From Day Month Year Remarks				Efficiency		Date		Non-Sub. Rating		Qualifie Month			e-Qualifi Month	
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DECEASED 25 October 1944	ł	AWARDS NAVY		WAR SERVICE RECORD D.D.
ELLIS Melvin Ne	ewton	v- 50983	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS) CHR	ISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE BADGE (CLASS) No.	DATE D	ESPATCHED:		
ADDRESS:				
				fa.
CAMPAIGN MEDALS		REGISTRATION NUM	BER AND DATE D	
1939-45 Star	9588	REGISTRATION NUM	BER AND DATE D	
1939-45 Star Fr. Ger. Star & Clasp C.V.S.M. & Clasp	9 5 8 8	REGISTRATION NUM	BER AND DATE D	
CAMPAIGN MEDALS 1939-45 Star Fr. Ger. Star & Clasp C.V.S.M. & Clasp War Medal	9 5 8 8	REGISTRATION NUM		

	EMORIALS-DECEASED PERSONNEL 45 "SKEENA"	REGISTRATION No. DATE OF DESPATCH
1) MEDALS PERSON		MEMORIAL BAR
ENTITLED TO	Mr. Alvin Ellis - Father	DATE DESP
ADDRESS:	Box 78B, R.R. # 1, BATHURST, N.B.	REGN. NO 540
(2) MEMORIAL CR	ROSS	
WIDOW		(2)
ADDRESS :		(2)
(3) MEMORIAL CR	ROSS	
MOTHER	Mrs E. Ellis	(3)
ADDRESS:	R.R. #1, Box 78B BATHURST, N.B.	20 Dec. 1944
-		
-		

FOF COMPLETION AND RETURN BY

Mr. Alvin Ellis, Box 78 B., R.R. #1, Bathurst, N.B. ALSWER!

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. NS. V-50783 FD-695

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

Nov. 22, 194.4

R.C.V.N.R.

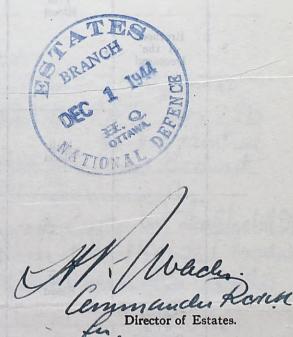
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

V-50783

ELLIS Melvin Newton	Able Seaman

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.



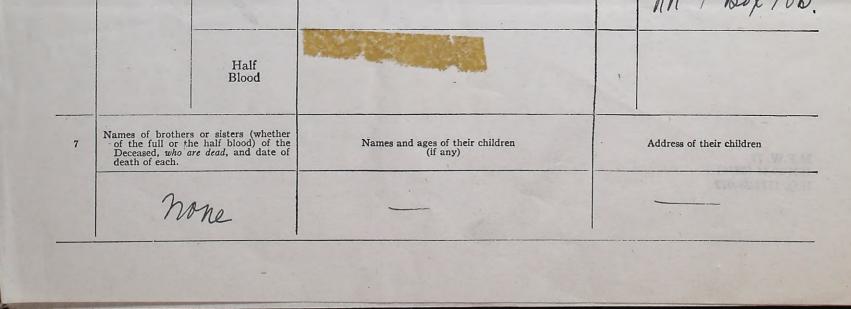


M.F.W. 77 16M-10-44 (5854) H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

INFORMANT'S STATEMENT Degrees RELATIVES of Rela-ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative NAME IN FULL tion-ship required to be accounted for Age of any Relative, if any, in each degree specified none 1 Widow of the Deceased 2 Children of the Deceased and hone dates of their Births..... Bathurst M. B. RR#/Box 78B alvin Ellis 3 Father of the Deceased 54 mrs Elizabeth Ellis Bathurst NB 53 4 Mother of the Deceased. +1 Box 78B. Bathurst nB Full Donald alvin Ellis Blood RR++1 Box 18B. 21 Brothers of the Deceased 5 Half Blood Charlotte Elizabeth Ellis 19 Edith Isabell Ellis 14 Bathurst n.B. RA#1 Box 788 Full Blood Bathurst nB Sisters 6 of the Deceased RR#1 Box 78B.



ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Melvin Newton Fellis
9	Date of his birth.	march 25th 1922
-10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Janeville Glou Co. MB.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time ir each.	Janeville Glou Co, MB, (a) Gloucester Co, New Brunswick (b) During his life before enlisting
14	Nature of employment before enlistment.	Farming & Lumbering
15	State whether he owned the premises in which he lived, and, if so, where situated.	He did not own premises
16	Name place where deceased stated he intended to make his permanent home.	Janenille Gloulo MB.
	PARTICULARS OF	F ESTATE
17	Did he leave a Will? If in your custody, please forward.	none
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?	none
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?	wortho
20	Amount of War Savings Certificates held by deceased. Indicates	Bathurston B RR#1 Box 78B
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	50.00 mrs Elizabeth Ellis bearer Bathurst
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Sun Life assurance, Coon 1000 policy containing War proving The Elijabeth Ellis
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	250. in money at Bank of Montreal (mother) in name of Mrs (Elizabeth Cellis _ (mother)
	OTHER PARTICU	LARS

Did the deceased after enlistment incur any debts for:--24

3.

(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. particulars.

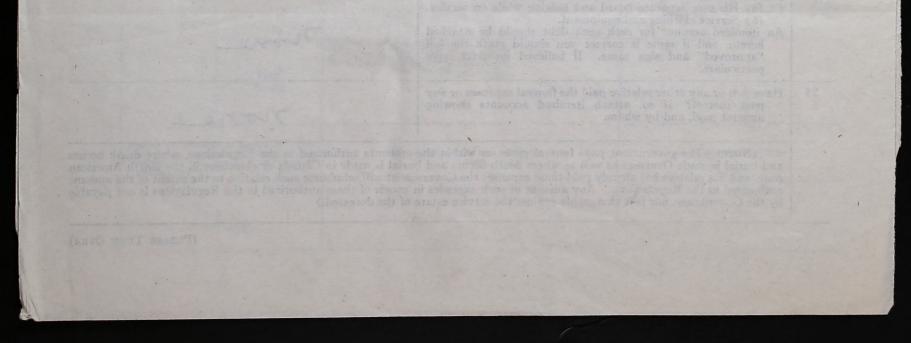
Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. 25

none 0

(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 Thereby declare that all the particulars shown on this form are correct, and a true and complete indecessed ever had in the decrease specified; and that I am the indecessed ever had in the decrease specified; and that I am the indecessed ever had in the decrease specified; and that I am the indecessed ever had in the decrease specified; and that I am the indecessed ever had in the decrease specified; and that I am the indecessed ever had in the decrease specified; and that I am the indecessed ever had in the decrease specified; and that I am the indecessed even had in the decrease specified; and that I am the indecessed even had in the decrease specified; and that I am the indecessed even had in the decrease of the decreased. Note the decrease of the above decreased in the decrease of the decrease of the decreased in the decrease	A DATE MALE		20
Thereby declare that all the particulars shown on this form are correct, and a true and complete the statement of all the relatives that the declared ever half in the decrease specified; and that I am the statement of all the relatives that the declared ever half in the decrease specified; and that I am the statement of all the relatives that the declared ever half in the decrease of the decreased. Note that the relatives that the declared ever half in the decrease specified; and that I am the state of the decreased. Note the decrease of the declare that all the particulars shown on this form are correct, and that I am the state of the decreased. Note the decrease of the dec	Insert degree	DECLARATION	
Mithur of the deceased	retationship r example, I hereby declare that all the par Widow". Father", statement of all the relatives that th Brother", etc.	ticulars shown on this form are correct, and a true and con the deceased ever had in the degrees specified; and that I a	mpleter and the
Alters of the second se	* Flather	of the deceased.	
Indeed control of the best of my knowledge and belief Image: first of the beccased above described. The above Declaration was made by the Informant and signed in my presence. Image: first of the best of my knowledge and belief Image: first of the best of my knowledge and belief Image: first of the best of my knowledge and belief Image: first of the best of the bes	resence of a Clergyman, Priest, Local fagistrate, Commissioner or Notary ublic or Commissioned Officer of any	Amp PRE Infor	of mant
Senter Mallin		CERTIFICATE	
above described. The above Declaration was made by the Informant and signed in my presence. Dated at Battured MB this SF day of Morrison 19.444 Dualification Ministry of the declaration of the declarat	I hereby certify that to the best	of my knowledge and belief	
Dated at Battures 1 MB this 28 th day of Matter 1 MB 19.444 Warter of Circyman Briting of Circyman Batture of	See above. Ellis	nant } is the *	ceased
Address Address and address addres	above described. The above Declar	ration was made by the Informant and signed in my pre-	esence.
Andress Address and address and address and address and age of each surviving Relative specified is stated in fits and relationship of other relatives should be set out below.) USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE	Dated at Bathurst MB	this 28th day of November	19 44
Commissioner or Marken of Control	ignature of Clergyman,	PI minister of Fe	it .
Address Addres	Commissioner or Notary Public or Com- missioned Officer of any	Qualification United Church - 1	Bathers /
NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any chore stated 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	of His Majesty's Forces	2.1 1.1	
 (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 		a aronage Dathurst M.B.	
where boarros	Address	d be taken to see that the informant gives particulars concerning the deat all name and address and age of each surviving Relative specified is state	h of any ed in its
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	PROVINC	E OF NE	W BRUNSWI	CK-CERTIFIC	CATE OF REGISTRATI	ION OF DEATH	REG. No.	
1.	PLACE (Sub-H	ealth District	At See		Area (City, Town or Civil Par	ish)	-	
					eet			
2.					(b) In Province			
			h where death occurr EIJ		(b) In Province			
				(our manney		Given name or names)		
=	RESIDENCE 140.		(Residence m	leans usual place of abode	Village or Civil Parish Bethy Post Office Address for residents in r	ural parts not sufficient)	ovince	JISWAGI
4.	Sex 5. Nat	tionality Litizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced		CERTIFICATE OF D		
17	le	Canadian	English	(write the word) Single	23. DATE OF DEATH.	(Month)	25 (Day)	
			ante traj elevando tra	and the second s	24. I HEREBY CERTIFY that I	attended deceased from:		
8.	BIRTHPLACE	Janevil (I	1.e. New Bruns Province or Country)	wick				
9.	DATE OF BIRTH.	(Month)	h 25	1922 (Year)	and last saw halive	on CAUSE OF DEATH		
I EI OCCUPATION	 Kind of industry mill, lumber Date deceased la at this occupat If married give nam or husband of deceased 	n or kind of wo nster, office cla or business, as c ing, bank, etc ast worked hion	rk as erk, etc	If less than one day old hrs. ormin' Labourer lornybrook lagll.B. tal yrs. spent in his occupation	Immediate cause Give disease, injury or complica- tion 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 im- mediate cause). II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	due to { (b) due to (c) {	ther condition	ons.
THR.	16. NAME				25. If a woman, was the death assoc			
FA TF	16. NAME				26. Was there a surgical operation? State findings			
I MOTHER	 MAIDEN NAME. BIRTHPLACE Name of informant. 	PAR A	(Province or Country)	•	27. If death was due to external cau Accident, suicide or homicide? Manner of injury Nature of injury Specify whether injury occurred i	ses (violence) fill in also the Date of inju (State which) (How sustained)	e following:— ny	
			and the second	anel Records.	Signed by			
2			ovalFossvoogu		Address			
-	Date of burial or re		Oct. 1944.	r, iceland.	28. S.D.R. No			
2	UNDERTAKER		(Name and address)		29. Filed	19	(Sub-Deputy Regi	atrar)

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N.V. 17 60M—11-40 (7836) N.S. 815-11-17

Further Description if necessary.....

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						MOTHER
	dence Po. Po					ELIZABETH ELLIS
Trade brough	t up to			1		SAME ADDRESS)
Religion	Uni	ted &	Shure	40.H	[.F.	
Can Swim:	P.P.T. Date				nature	Rank
	P.S.T. Date			19 Sig	nature	Rank
	P.S.T. Date			19 Sig		DECORATIONS, etc.
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 Date of	PARTICULARS	OF SERVICE Period	Rating on		MEDALS,	DECORATIONS, etc.
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TRANSFER	BETWEEN DIVISIONS	TRANSFER-LISTS A AND B							
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NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT		GER	RATING	FROM	то	CAUSE OF DISCHARGE		
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	EXAMINATIONS, NOTATIONS, Q	UALIFIC	CATION	S		RECORD OF R			
. 1	Date Particulars	K -	Cap	tain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated		
1374	v 42 1.C.# 51,650	,	han	A LAA A DADAA	, A.B.	31 Dec 143	Sharma: A/5 43161		
	~ 42 1.C. # 56650		P.K V.R. F		••••••••••••••••••				
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21 June: 43. Cx R. Rob. S.T. 21 June: 43. Cx R. Rob. S.T. 21 may :43 TR" 13 Nov: 43 CONE. S.S.T. 4 Du'44. Constant of Noval Similard Marval Similard Jackguartus Auis NGO. A17291

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Name Melvin newtow ELLIS Conduct

	O CLASS F (Inclusive I	OR COND Dates)	UCT	CHARACTER,	ABILITY IN SERVICE, A	N RATING (ND ANNUA	ON COM	PLETION OF TRA 1st DECEMBER, V	INING, DISCHARGE FROM THE WHILE MOBILIZED
From		Т	ò	Character	Efficie Notin Ratin	ncy in Rating 3 Substantive 9 in Brackets		Date	Captain's Signature
				Kr.	Set (Ord So		1 Dec. 43	Mun in home
	••••••			V.G.	Sat.	(48)	X	40cl - 44	Caller
Good Condu	R.C.N.V		BADGES						
Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored						
		•							
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 TI	ME FORF	EITED						needalae	2000
Date	P., D.C., C.P., or W.T.	No. of Awarded	Days Served						
10 Dec : 43		j		7-12357					

+0)ec :43 CP.

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17-12357

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······ Unemployment Insurance Book- No.



N. V. 5 50M-8-42 (5715) N.S. 815-11-5

ATTESTATION FORM

(HOSTILITIES FORM)

	E1					EER RESERVE		
						LE OR WIDOWER Single		
	PERM	ANENT ADD	RESS			RELIGION		
P.O. Boz	x 78B, R.R	. #1, Ba	athurst,	N.B.		United Church		
DATE C	OF BIRTH	*1	PLACE OF BIRT	н	NAME AN	D ADDRESS OF NEXT OF KIN		
25/3/2 *Original Nationalit Father Enc	ty of:	Town County	Town Janeville			Father- Alvin Ellis, P.O. Box 78B,		
STITE	glish glsih	Province	N.B.			urst, NB.		
*If not the son (A)	of natural born British PERS				^{t page.} N ENROLI	MENT		
HEIGHT	CHEST MEASU	REMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS		
Feet	Inflated3.	Inflated		Bļue	Ruddy	Birthmarks on both shoulders		
Inches 101	Deflated							
	Mean	5	And the second second	1				
	EDUCATIONAL	STANDING	ANDERL	TR	ADE OR CALLIN	NG AND IN WHOSE EMPLOY		
C	Frade 7	ani sentati s Titus auto A	di di di la se		Farm lab Fred Hor Janevill	nybrook,		
DATE OF E	NROLMENT	RATING FOR	R WHICH ENRO	LLED	I.M.C.S. ESTABLI	SHMENT IN WHICH ENROLLED		
13/11/42 Ord			. Smn.		H.M.C.S.	.M.C.S. Brunswicker		
(B)	DEC	LARATIC	ON TO BE	MAD	E BY APP	LICANT		
	clare as follows:- I am a British S		iciled in Cana	ada.				

(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.

record of service, in-corroboration of this statement.

SERVED IN	RANK		FROM	то
		the second		

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

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

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as <u>an Ordinary Seaman</u> by the prospect of being transferred at some future date to any other branch or rating.

Dated this.....13th......day of November, 1942

Signature of applicant Melvin N. Ellis

(C)

CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that

day of November, 194 2

My authority for attestation is.....

J.R. Shouldice, S/Lt. Signature of and rank of Attesting Officer.

(D)

OATH OF ALLEGIANCE

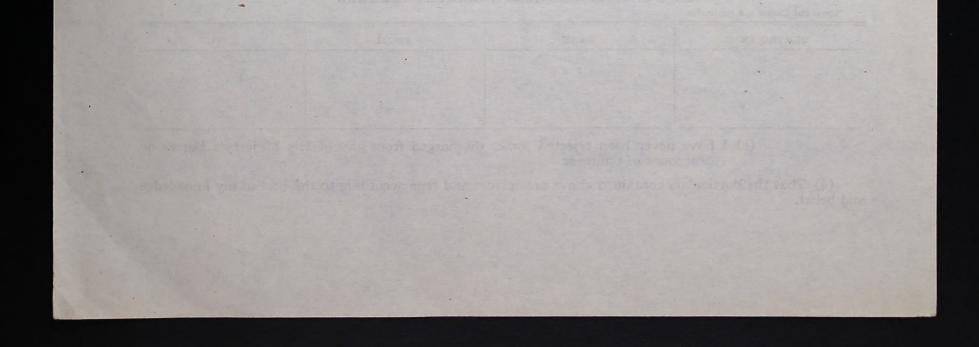
Signature of Applicant Melvin N. Ellis

	Witness J.R. Shouldice	
Date 13/11/42	Rank Sub Lieut. R.C.N.V.R.	

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.





MEL/MC

3rd December, 1942.

113-K-1463 113-E-738

MEMORANDUM:

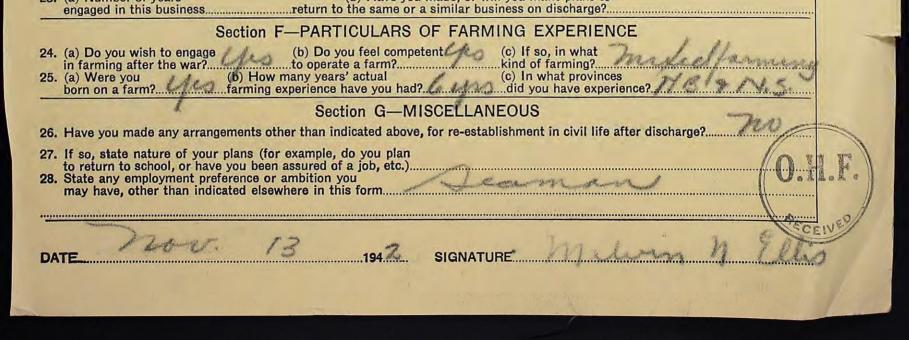
The enrolment of the undermentioned ratings in the SAINT JOHN Division, R.C.N.V.R., is approved:

NAME	RATING	<u>O N .</u>	DATE
KYLE, Ora Eeverley	Ord, Smp.	V50902	12/11/42
HARRITY, John Frederick	Ord. San.	V50903	10/11/48
KHARNS, Donald Willard	OD/WT	V50904	17/11/42
DERNISON, Relph Leonard	Ord.Sm.	V50905	16/11/42
MCGUIRE, Wallace Thompson	ord.San.	V50906	12/11/42
FOSTER, Peul Arthur	Sto. I (1)	V80966	23/11/42
LANGAN, David Cyril	Asst. Cook(S)	V50966	17/11/48
GLENDENNING, Merson Burton	Ord. Smc.	V50976	13/11/42
BELLIVEAU, Joseph Gerald Bernes	Ord.Smp.	V50977	12/11/48
CALDER, Donald Frasher Royce	OD/VIS	V50978	12/11/42
LEGERE, Joseph Philippe Raymond	Ord. San.	V50979	12/11/48
SCOTT, Ewan Samuel	Ord.Smn.	V50980	13/11/48
MANUEL, Terrence Charles	Writer Prob.	V50981	9/11/42
FURLOTT, Patrick Douglas	OB/VS	V50982	12/11/42
ELLIS, Melvin Newton	Ord .Smn .	V50985	13/11/42
MacNAIR, George Malcolm	ord.Smn.	V50984	12/11/42

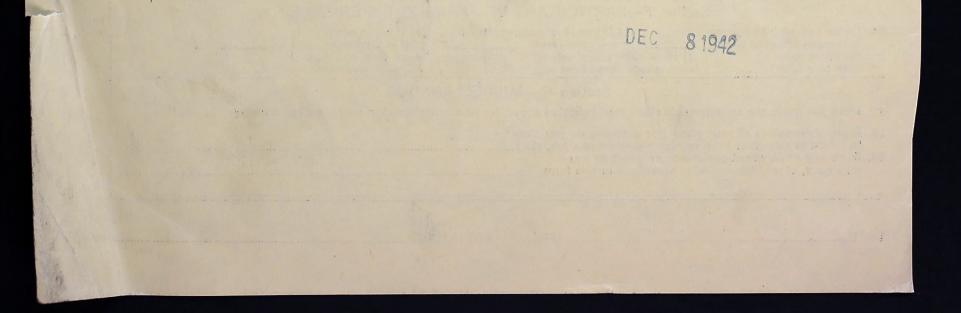
BY ORDER, for John March -SECRETARY, NAVAL BOARD Ho

The Commanding Officer, H.M.C.S. BRUNSWICKER " 221/23 Prince William St., SAINT JOHN, N.B.

P281915	120
OCCUPATIONAL HISTORY FORM	120
THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVIS MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABI INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE HELP TO THE COMMITTEE.	ORY COM-
PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FO	
Section A-GENERAL INFORMATION	PLEASE
1. (a) Print name in full ELLIS MELVIN NEWTON (b) Reg'l. No. V 50983	LEAVE
2. (a) Arm of service (b) Unit RONVR (c) Bank (and Same	1
3. (a) Date of birth (b) Have you (c) Place of residence at time of enlistment	
4. (a) Place of enlistment	
5. (a) State age on (b) Were you attending school	1
finally leaving school	
 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.) 	
7. If you attended a university, give name of university and standing or degree secured	
8. (a) Did you ever (b) If so, (d) If you did not enter upon a trade for what (c) Did you finish it, how long	
apprenticeship?	
do you speak fluently?do you read well?do you read well	
10. (a) State whether you were	
WORKINGorNOTWORK- ING at time of enlistment. (Enter here only "Work- (b) At time of en- listment of what	
ing" or "Not Working",	
as case may be; particu- lars are asked for below) were you a member?	
Section D-PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
OF ENLISTMENT QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
11. Had you ever been employed fairly regularly since leaving school?	
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked. (b) State how long you had worked at this trade or occupation.	
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
14. If you had been employed after leaving school, state	
when you last worked fairly regularly before enlistment	
employer, if any: Name	
17. (a) If your last employment was	
in a business of your own, state nature and address of business	
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 7 and the manufacture Address 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	
21. (a) Did your employer promise (b) Did your employer (c) Do you wish	
definitely to give you refuse to promise you to return to your employment on discharge?	
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	



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LA/C

REGISTERED

AIR MAIL

N.S. V-50983 PERS. (N)

31 October, 1944.

Dear Mr. Ellis:

It is with deepest regret that I must confirm the telegram of the 31st of October, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Melvin Newton Ellis, Able Seaman, Official Number V-50983, Royal Canadian Naval Volunteer Reserve, has died due to drowning.

According to the report received from overseas, your son's death occurred on the 25th of October, 1944, due to heavy weather. His body was recovered and identified near Reykjavik Harbour, Iceland.

Able Seaman Ellis' burial took place on the 28th of October at Fossveogu Cemetery, Reykjavik, Iceland, with full naval honours.

It is requested that, for security reasons, you regard the name and whereabouts of your son's ship, in connection with his death, as confidential.

Please allow me to express sincere sympathy with you in your bereavement on behalf 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,

SECRETARY, NAVAL BOARD.

Mr. Alvin Ellis, Box 78 B, R. R. #1, Bathurst, N.B. Despatched by Sec. N. B.

Date Time

	SERVICE		
NARE ELLIS, Melvin Newton		0.N.	₩-50983
PRESENT RANK/RATING: A.B.			1.1
DATE TAKEN ON ACTIVE SERVICE:	31/12/49 HZ. SERVICE		14
SHIP OR ESTABLISHIENT	FROM		TO
HMCS "Brunswicker" (Div.Str) " (Act. Serv) Cornwallis Stadacona Skeena	13-11-42 31-12-43 2-3-43 1-6-43 15-7-43		

Canada a High her

IMPORTANT

(WILL):

NAME & ADDRESS OF NEXT OF KIN:

Mr. Alvin Ellis(Father) Box 78 B, R.R. #1 BATHURST, N.B.

HAS DISCHARGE FOR ANY REASON BEEN PREVIOUSLY APPROVED? Yes

No

REASON: "DEAD"

DATE: 25-10-44

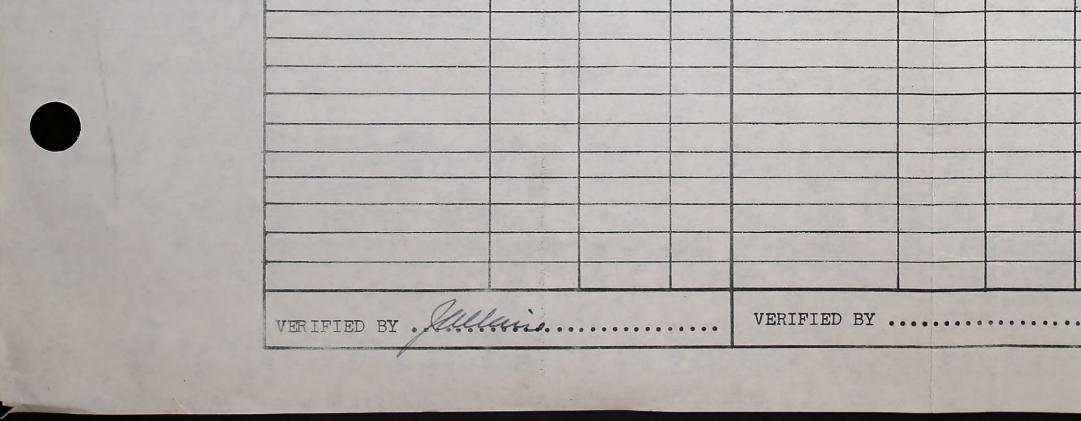
INITIALLED

DATE 6-11-44

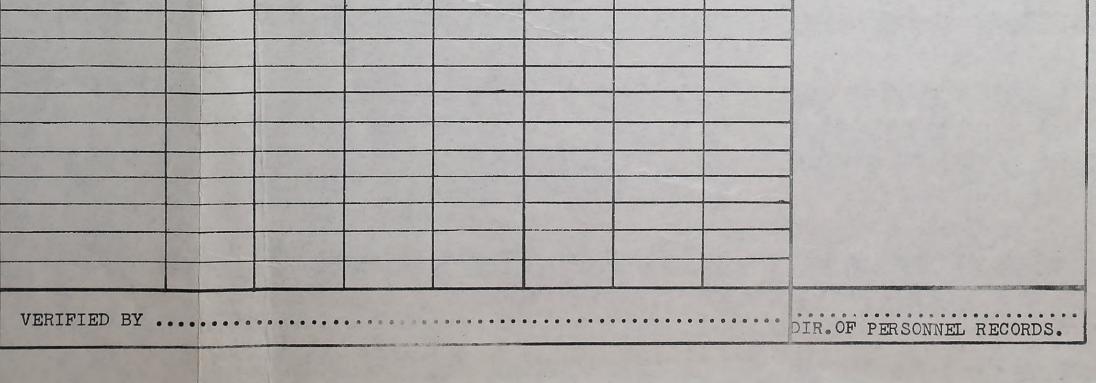
SECTION: RCNVR 3B

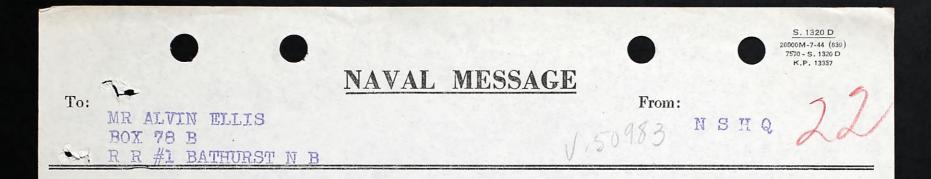
(TO BE COMPLETED IN INK)

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THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICE CSOR DEEPLY REGRETS TO REPORT THAT YOUR SON MELVIN NEWTON ELLIS ABLE SEAMAN V~50983, HAS DIED DUE TO DROWNING. LETTER FOLLOWS.

/31

(DELIVERY CONFIRMED)

CNP

L/T

P/L 31/10/44 JK 1139 DRAFTED BY N P R PERS (N) (PAYMR, LIEUT T F HEARD) N S V-50983



Department of National Defence

IN REPLY PLEASE QUOTE NO. N.S. V-50983, PERS. (N)

Rabal Service

OTTAWA, Ont., 7 November, 1944.

2027460

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 NO.

ELLIS, Melvin Newton, Able Seaman, O.N. V-50983, R.C.N.V.R. of DEATH

PLACE, DATE & CAUSE

Died due to drowning on the 25th of October, 1944. Body recovered and identified near Reykjavik Harbour, Iceland.

ALLOTMENTS IN FORCE

In favour of

Amount

Initials

Mrs. Elizabeth Ellis, R.R. #1, Bathurst, N.B,

\$30.00

Receiver General, 6th Victory Loan, Ottawa, \$8.40

Allotments stopped 31st, October, 1944

WILL: No record.

Yours truly, MIDMO

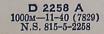
SECRETARY, NAVAL BOARD

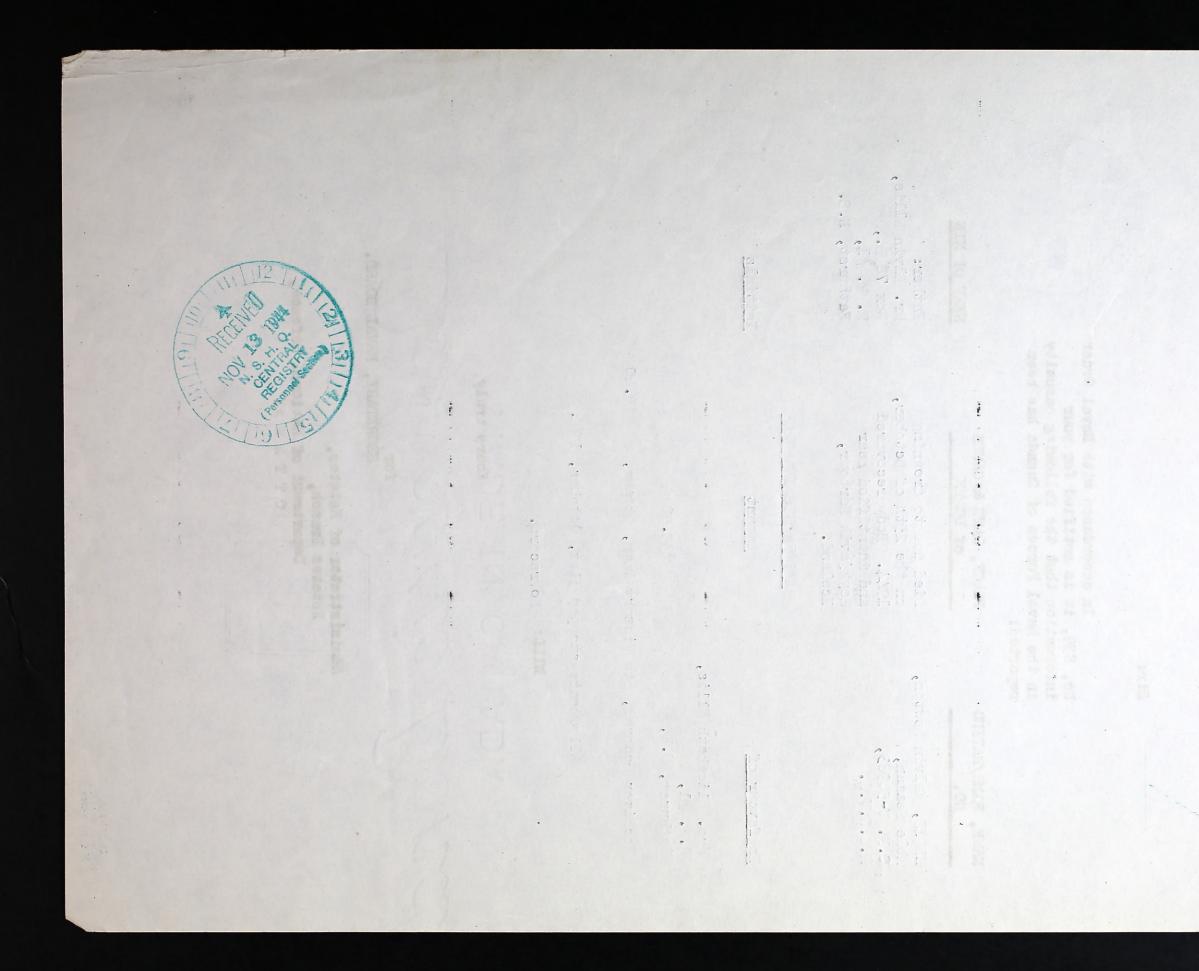
NEXT OF KIN

Father: Mr. Alvin Ellis, Box 78 B., R. R. #1, Bathurst, N.B.

Administrator of Estates, Estates Branch, Department of National Defence, O T T A W A.

for







STATEMENT OF ACCOUNT

True extract from t	the ledger of	H.M.C.S. "	NIOB	e sec.		nding 31 March		.19.45
List. 5-2 No.		Name) EL	LIS? Me	lvin	Rank	Rating	-V-	50983
When entered	24	44 Date	of appeara	nce 		Whither discharged	D.D.	
			G]	F 0 207			\$	C.
CREDIT from form	ner account		Skeena	5-2-321			143.	47
Pay as	fro	m	to		. (day	rs at \$a day)		
	-					" ")		
"			"		(" ")		
"			"		. (" ")		
"	"		"		(" ")		
Kit Upkeep Allowa	nce							
OTHER CREDIT	S:							
						Total credits	143	. 47
DEBT from former	r account							
PAYMENTS:	1st	2nd	3rd	4th	5th			
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
1st month						. Total		
2nd month	FIMCS N	IOBE FE	B. 145 U.	ASH ACCO	ÚNT	Total	143	• 47
3rd month	RECEIP	T VR. N	0. K-13	5 (NAVA	L ÉSTAI	ES) Total		
Allotment			12	17				
Pension deduction (Officers) cha	rged to			of			
Hospital stoppages.								
Mulcts								
OTHER CHARGE	S:							
	/							
						Total debits	143	.47
					Balance C	r. or Dr.		
				(Balance Dr.	. to be shown in red)	Ni	μ μ
		Hard Carlos and Carlos						

Г NOT INCLUSIVE DATE LENT, SICK OR LEAVE SHIP, HOSPITAL, etc., IN WHICH BORNE VICTUALLED No. OF DAYS FROM то and a R. 946 F. 14. Pay. Lieut. RCNVR. for ACCOUNTANT OFFICER C.N.S. 2426 . 25M-4-44 (543) N.S. 815-9-2426 Ledgers

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

Official No. V-50983. H.M.C.S. NIOBE SEC. 4A. List.	5-2-	8
Who* Discharged Dead on the 24 October		
	\$ c	ts.
Net sum due on ledger on account of Wages		
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH— Proceeds of sale of Effects, brought from the other side		
Found amongst Effects	200	
Debts collected §		
Cash deposited by official Receipt No.	e	
Cash debited in the Accountant Officer's Cash Acct. Niobe R-1317	143.4	7
If in debt in ledger, amount to be stated (in red ink)		
Rate of allotment (in words) Thirty dollars and charged to 31. Oct.		
Name of ship from which transferred		
Total†Creditor	143.4	-7
We hereby certify that we have every reason to believe that the above account	contain	is e
true statement of all wages, Effects, and other Credits or Debts on the Ledger ofNI	OBE	
for SKEENA amounting to a net balance† Creditor		
of One hundred and Forty-three dollars Forty seven	cei	nts
Dated on board H.M.C.S	.k	
Scotland this 21 st day of February	19	45
Approved A/Pay. Commander R.C.N.V.R.	ant Off	ice
	f the Assist tant Office	

For Use at Headquarters.

5

\$.....cts.....credited on Inspector's certificate

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21

ACCOUNT OF SALE OF THE EFFECTS

TO WHOM SOLD			Representation of the second second	RIGH			
No. Ship's Book in consecutive order	Ship's ok in soutive der (If any are not sold, state how they are to be disposed of)					Paid for in Cash	
	* .	· · · · · · · · · · · · · · · · · · ·	et al a construction of the	A second			1
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	15	nennada (1	2313 State	5.0	1. dece	>	_
			Total proceeds of sale carried to account on the other side				

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

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.

	DISTRIBUTION OF SERVICE ESTA	TES DME	Estates Form "P. 4"
Tran	NAVY		
NameELLIS Surnan	Melvin N. ne Christian Names	No	V 50983
A B Rank	RCNVR OS Unit	Da	25-10-44 te of Death
	AMOUNT	W.S.G. L.P.C\$	343.65 143.47
	Date 22-11-45	Other Credits	21.00
		Total Prev.dist. This dist.	508.12 164.47 343.65

all of

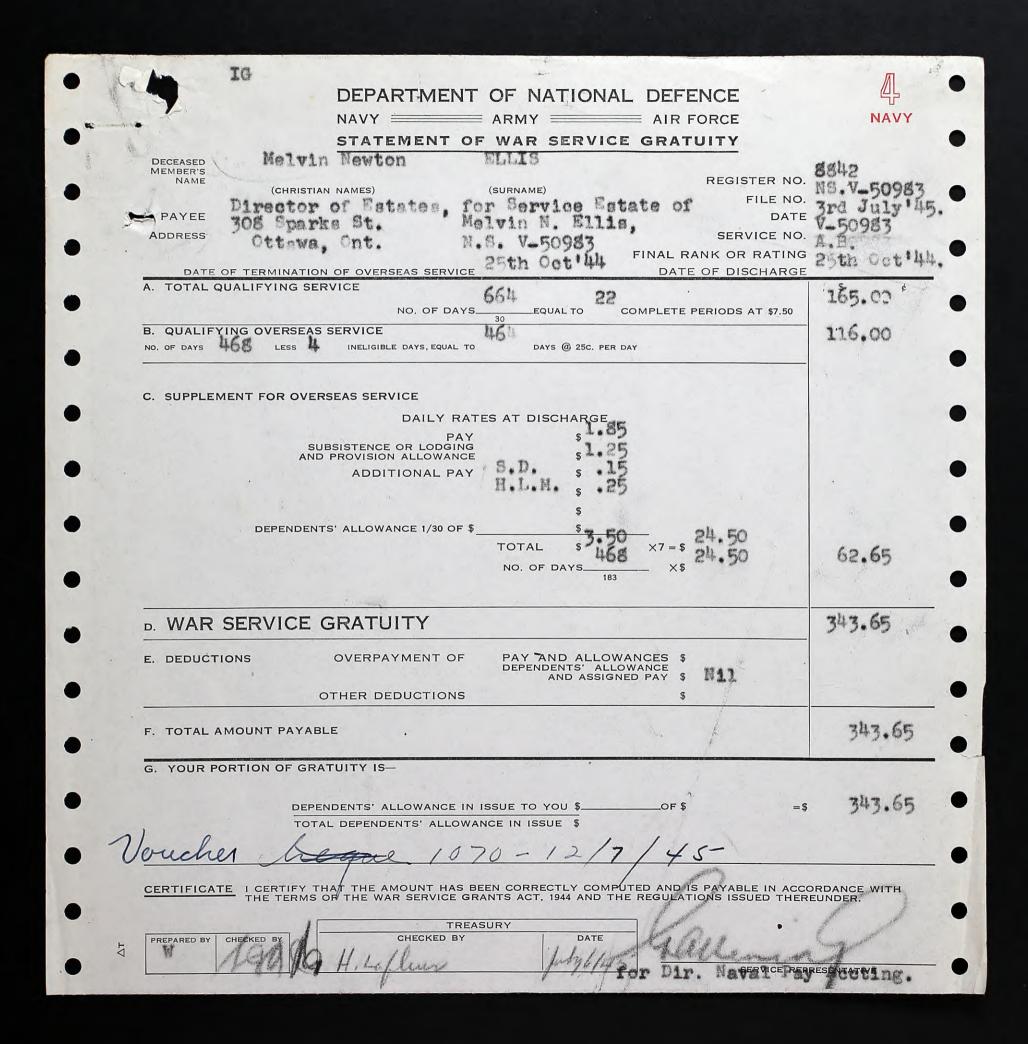
SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Alvin Ellis, R.R. #1, Box 78B, BATHURST, N.B.	171.83
1/2	Mother		
		Mrs. Elizabeth Ellis, (As above)	171.82
		(As next of kin entitled)	
		P4. TO TREAS.	
		DEC 6 19	45
			and a second

AUTHO	RITY				1	DISTRIBUTION APPROVED AND AUTHORIZED
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT	
9999	831	00	50	000	\$343.65	Alle
CLASSIFIEI	D BY		EXAM	INED BY		(L. M. FIRTH) Colonel Director of Estates
	M		For C	hief Treasu	1ry Officer	AUDITED FOR PAYMENT

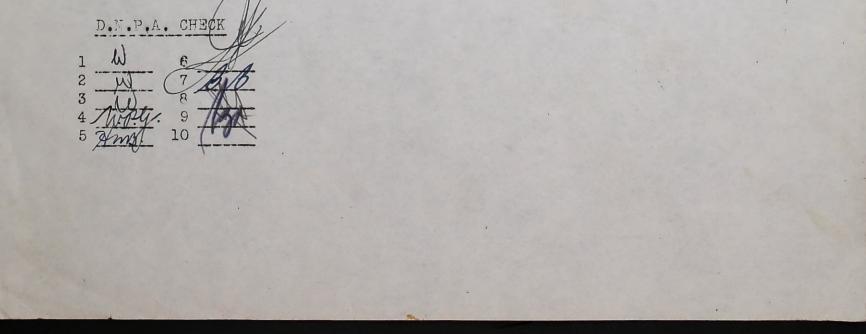


For Chief Treasury Officer

WSG



STATEMENT OF WAR SERVICE GRATUITY Deceased MELVIN NEWTON lember's Name (Christian Names) (Surname) Melvin. N. ELLIS File No. 8842 Director of Calales Pauloe 308 sparko Street Date 4-5 Address N.S. V50983 / Service No. V50983 Ollawa. Ont Final Rank or Rating A. B. Date of termination of overseas service 25 Oct .44 Date of Discharge 250ct .44 A. TOTAL QUALIFYING SERVICE No. of days 664 equal to 22 complete periods at 37.50 165.00 B. CUALIFYING OVERSEAS SERVICE 6.00 No. of days468less 4 ineligible days equal to464 days @ 25¢ per day C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE \$1.85 Pay \$ 1.25/ Subsistence or Lodging and Provision Allowance Additional Pay S. D. H.L.M.\$ Dependents' Allowance 1/30 of 8 3.50 × 7 = \$24.50 Total No. of day SERVICE GRATUITY D. WAR 343 OVERPAYMENT OF PAY AND ALLOWANCES \$ E. DEDUCTIONS DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ nil ŝ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE 3-6 G. YOUR PORTION OF GRATUITY IS 3436 Dependents' Allowance in issue to you \$ of \$ Total Dependents' Allowance in issue I certify that the amount has been correctly computed and is payable CERTIFICATE: in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder. Treasury Checked by Date Checked by Prepared by Service Representative



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N.P.R. 2-1.	FORM "A" F:	ile: N.S. V-50983 ERS. (N	1)
	101 - 12 mat 12		B. Standard
•	DEPARTMENT OF NATIONAL DEL - NAVAL SERVICE -	FENCE OTEAWA, Canada.	
Sir: The follo	owing casualty has been re	(Date) ported -	
NAME	RANK or RATING	NAVAL NO., UNIT	
ELLIS, Melvin Newton	Able Seaman	V-50983. R.C.N.V.R	•
DATE OF ENLISTMENT - 13	November, 1942. Active S	ervice: 31 December, 1942.	
DATE OF DISCHARGE - 25	October, 1944.		
HOSPITAL -		tout altertion of D D C N T	
(If disc	harged in hospital under	jurisdiction of D.P. & N.H.	
SERVICE - Can	ada & High Seas.	a and the High seas or else	where)
(INGICADE WHECHET I		ue-to severe weather condit	
Reason for discharge and -		rowning. Body recovered an	
when and where any disabili	ity		
was incurred, or where deat occurred.	th identified near Keyk;	avik Harbour, Iceland.	
occurrou.			
			•
Show clearly ward accident or disease, and whele elsewhere outside Canada.)	whether death or disabilit hether it occurred in Cana	y due to enemy action, da, or on the high seas or	1
NEXT OF KIN & RELATIONSHIP			
MEAT OF ALLA C HELLAL TOWNELL			
RELATIONSHIP - Father	NAME - Mr. Alvin	<u>Bllis.</u>	
RELATIONSHIP - Father	1	<u>Bllis.</u>	
RELATIONSHIP - FatherADDRESS -Box 78 B.Note:If records ind legally or othe	NAME - Mr. Alvin	arated from his wife, hished and copy of any	
RELATIONSHIP - FatherADDRESS -Box 78 B.Note:If records ind legally or othe	NAME - Mr. Alvin R. R. #1. BATHURST. V.3. icate that rating was sepa erwise, details to be furn he separation Agreement, e	arated from his wife, hished and copy of any otc., to be furnished,	
RELATIONSHIP - TatherADDRESS -Box 78 3.Note:If records ind legally or oth Court Order, toCopies Form "E" fwd. to Allots. (N) on	NAME - Mr. Alvin R. R. #1. BATHURST. V.3. icate that rating was sepa erwise, details to be furn he separation Agreement, e	arated from his wife, hished and copy of any	
RELATIONSHIPTatherADDRESSBox 78 B.Note:If records ind legally or oth Court Order, theCopies Form "B" fwd.	NAME - Mr. Alvin R. R. 41. BATHURST. N.B. icate that rating was sepa erwise, details to be furn he separation Agreement, e	arated from his wife, hished and copy of any otc., to be furnished,	

Secretary, Canadian Pension Commission, Room 228, Daly Building,

Ottawa, Ont.

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 mote a 18.12 g. P. Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

REMARKS:

NOTES: This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada, (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.

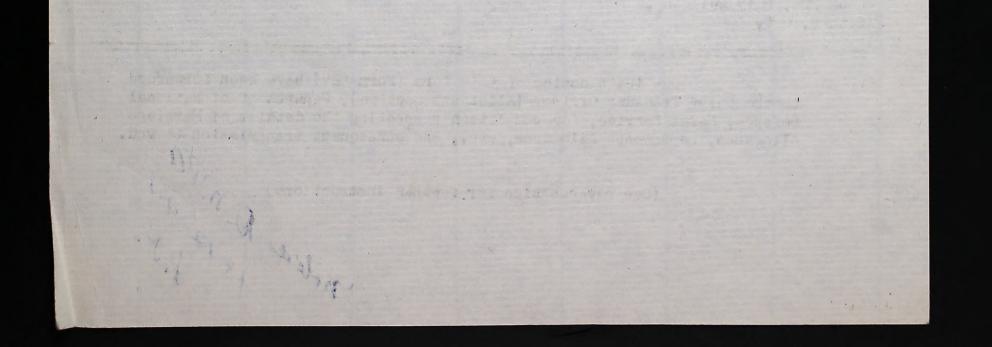
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Certificate of Medical Examination of Officers, Men and Boys NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

None-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 ELLIS, Melvin Newton

tcandidate for entry as Ordinary Seaman, R.C.N.V.R. 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.

(a) Age	Yrs. 20	Mos. 7	(j) Date of last Vaccina- tion for Smallpox	Childhood
(b) Height with bare feet	Feet 5	In. 1012	(k) General Development	Good
(c) Weight without clothes			(1) Nose, Throat and Tonsils	Normal
(d) Ears and Hearing	Normal	L	(m) Heart and Lungs	Normal
(e) Chest Girth	Max. Mi 37	n. Mean 35 36	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient Defect	ctive Dentures	(o) Limbs and Joints	Normal
(g) Vision by Snellens	without Rt. glasses 6/6	Lt. 6/6	(p) Skin	Normal
Types	with glasses Rt. where worn	Lt.	(q) Anus Haemorrhoids	Normal
(h) Colour Vision	Ishihara Norn R.C.N. Lantern	nal	(r) Testes Varicocele	Normal
(i) Chest x-ray x-ray		s.	(s) Urine	

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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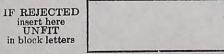
...... Signature of Candidate

[†]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.....

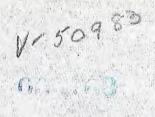
*(which renders him medically unfit for service, not considered of sufficient importance to cause his rejection, he being desirable in other respects. *Delete one



Dated at. Bathurst, N.B. the 13th of November, 1942 19.

L.E. Prowse Examining Medical Office

(Rank) Surg. Lieut. R.C.N.V.R.





H.M.C.S. "SKLEMA" 8th November

Dear Mrs. Ellis:-

Please accept my sincere sympathy and condolence in the loss of your very gallant son Melvin.

On the nights of the 24th and 25th October, 1944, H.M.C.S. "SKAMMA" stranded on the rocks during a very severe gale. Your son was one of those who lost his life while trying to get a line ashore from the ship and thus permit the remainder of his shipmates to leave the ship in safety. The example of heroism and sacrifice he gave to us is an inspiration to carry on to the end - and may it be so to you also.

During recent months it has been my privilege to have your son serving under my command in several actions with the enemy forces. He has been a great credit to you, h mself and his country.

Melvin was interred in a milit r cemetery with full military honours by his shipmates and friends from other ships of his Flotilla. Photographs of the procession and service will be sent to you as soon as they are ready.

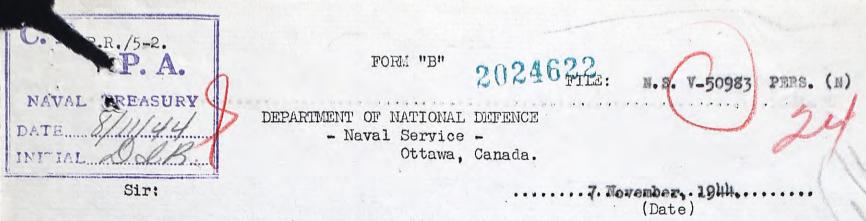
A parcel containing some personal effects will be sent to you separately.

I should also like you to know that those of us in "SKIENA" and the other Canid an ships of our flotilla will send a contribution to financially assist you. There is so very little we can do to help you in your great loss, but this we hope you will accept as a token in honour of your son.

Yours sincerely,

(P.F.X. RUSSELL) A/LIEUT. COMMANDER(A/S) R.C.N.

Mrs. E. Ellis, Bathurst, Glouster,



The following casualty has been reported .-

ELLIS, Me	lvin Newton	A	ble Seaman		V-50983	R. C. N. Y. I
DATE OF EN	LISTMENT -	13 November	. 1942. Act	ive Service:	31 Decemb	er, 1942.
DATE OF DI	SCHARGE -	25 October.	1944			
HOSPITAL -	(If discharged	in hospital	l under jurisd:	iction of D.I	P. & .N.H.)	
HOSPITAL -	(If discharged	in hospital	l under jurisd:	iction of D.I	P. & .N.H.)	
SERVICE -	(Indicate whet	Canada & Hi				as or
		Canada & Hi	ch Seas.			as or
SERVICE -	(Indicate whet	Canada & Hi her in Canad	ch Seas.	Canada and 1	the high se	

(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 & RELA	ATIONSHIP -						
RELATIONSHIP -	Father	NAN	E -	Mr.	Alvin	Ellis,	
ADDRESS -	B-TOB BB	la pamitica a	R				4.4

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

> FORM "A" RESPECTING THE ABOVE MAMED HAS BEEN PREVIOUSLY FORWARDED, PLEASE SEE REVERSE SILE FOR DETAILS OF MAR-RIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.

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mes of Dependents Relationsh:	ip <u>of wife</u>	Date of marriage and/or date of birth of children
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D. A.	A. P.	TOTAL
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Whom Paid:	\$30.00 Addre	\$30.00
mrs. silabeth si	116	R.R. # 1. Bathurst N.B.
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clusive date to which D.A. and		id:
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om 1st to of	350.0	_194
	October	A

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

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

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To Pension Medical Examiner, FAIRVILLE

V-50983 A.S. ELLIS, Melvin N.

From......Head Office.....

P. & N. H. 545-M

The Department of National Defence, NAVAL SERVICE,

officially reports that the marginally named was reported -Bied due to drowning 25th Oct. 1944. Body recovered and identified near Reykjavik Harbour, Iceland,

on the

on service

CANADA & HIGH SEAS.

His next of kin is reported as -

Father -Mr. Alvin Ellis, Box 78 B, R.R. #1, Bathurst, N.B.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 30.00

a month to - Mrs. Elizabeth Ellis, R.R. #1, Bathurst, N.B. (Relationship not stated.)

As no D.A. was payable the Commission will not take any action unless a claim is filed.



E. Clewes, for Canadian Pension Commission.

C.P.C. - C.N. 2 25M-11-44 Reg 1145