

V50983
ELLIS
MELVIN

NEWTO

.....Y50983

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Box 78 B, R.R. #1 Town Bathurst Province etc N.B.

ADDRESS (in pencil): Street and No. 13c 78 B. N. 41 Town Bathurst Province, etc. 21 B

W. S. G.
APPLICATION
8842
RECEIVED
GL

V50983

OFFICIAL NUMBER

NAME **ELLIS**
(Surname)

Melvin, Newton.
(Given Names)

OFFICIAL NUMBER

V50983

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS Brunswicker	Ord. Smn.	13	11	42	St. John div. Str.	V.G.	Sat.	31	12	42	Prob. S.T.	21	6	43			
"	"	31	12	43	Active Service	V.G.	Sat.	31	12	43	S.T.	13	11	43			
Cornwallis	"	2	3	43	D.L.2-3-43	V.G.	Sat.	25	10	44							
Stadacona	"	1	6	43	D.R.D. H-1679												
Skeena	"	15	7	43	D.R.D. #H-2066												
"	Able Smn.	31	12	43	Rated 249A-A12420												
DISCHARGED	"	25	10	44	"Dead" Casualty List												

GENERAL REMARKS

Canadian Memorial Cross awarded to:
Mother, Mrs. Elizabeth Ellis,
R.R. #1,
Box 78B,
BATHURST, N.B.
20-12-44

DATE OF BIRTH			PLACE OF BIRTH		CIVIL	OCCU.	REL.	ED.	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
25	3	22	15	09	0	40	15	04	01	0	02	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK	
13	11	42	02	03	43					0430	0	08	94	
SENIORITY			STR.	NON-SUB	M	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	BT.								
31	12	43	13	32	00									

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

DECEASED 25 October 1944

AWARDS NAVY

D.D.

ELLIS

Melvin Newton

V-50983

A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Fr. Ger. Star & Clasp

C.V.S.M. & Clasp

War Medal

9588

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR Sept. 45 "SKEENA"

1) MEDALS
PERSON

ENTITLED TO Mr. Alvin Ellis - Father

ADDRESS: Box 78B, R.R. # 1,
BATHURST, N.B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs E. Ellis

ADDRESS: R.R. #1, Box 78B
BATHURST, N.B.

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP
(1)

REGN. NO.

540

(2)

(3)

20 Dec. 1944

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

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, 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

ELLIS Melvin Newton Able Seaman

V-50783

R.C.V.N.R.

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

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



M. Wach
Clergyman Roman
Director of Estates.

HS

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....	<i>None</i>			
2	Children of the Deceased and dates of their Births.....	<i>None</i>			
3	Father of the Deceased.....	<i>Alvin Ellis</i>	<i>54</i>	<i>Bathurst N.B. RR #1 Box 78B</i>	
4	Mother of the Deceased.....	<i>Mrs Elizabeth Ellis</i>	<i>53</i>	<i>Bathurst N.B. RR #1 Box 78B</i>	
5	Brothers of the Deceased	Full Blood	<i>Donald Alvin Ellis</i>	<i>21</i>	<i>Bathurst N.B. RR #1 Box 78B</i>
		Half Blood			
6	Sisters of the Deceased	Full Blood	<i>Charlotte Elizabeth Ellis</i>	<i>19</i>	<i>Bathurst N.B. RR #1 Box 78B</i>
		Half Blood	<i>Edith Isabell Ellis</i>	<i>14</i>	<i>Bathurst N.B. RR #1 Box 78B</i>
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		
	<i>None</i>				

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Melvin Newton Ellis
9	Date of his birth.	March 25 th 1922 th
10	Place and date of his marriage.	_____
11	Place and date of his parents' marriage.	_____

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Janeville Glou Co. N.B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Gloucester Co. New Brunswick (b) Gloucester Co. New Brunswick (c) During his life before enlisting (d)
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.	Janeville Glou Co N.B.

PARTICULARS OF 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?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$25.00 War saving certificates Bathurst N.B. RR #1 Box 78B
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$50.00 Bank of Montreal 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.	Sum Life Assurance Co \$1000 policy containing War provision Mrs Elizabeth 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 Ellis - (mother)

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.	none
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.	none
<p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p>		

(PLEASE TURN OVER)

DECLARATION

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

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

* Father 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.

Alvin Ellis

{ Signature of Informant

Bathurst NB RR#1 Box 78 B.

Address

CERTIFICATE

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

Alvin

*See above.

Ellis

{ Name of informant }

is the*

Father

of the Deceased

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

Dated at Bathurst NB this 28th day of November 19 44

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

D. H. MacLeod

Qualification

Minister of First United Church - Bathurst NB.

Address

St. Lawrence, Bathurst NB.

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

FORM C-3

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG.
No.

1. PLACE OF DEATH { Sub-Health District At Sea Area (City, Town or Civil Parish).....
If in City, Town or Village..... Street..... House No.....
(If death occurred in a hospital or institution, give the name instead of street and number)

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

3. NAME OF DECEASED ELLIS (Surname) Melvin Newton (Given name or names)

RESIDENCE No. Box 738 Street R.R.#1 City, Town, Village or Civil Parish Bathurst Province New Brunswick
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality (Citizenship) Canadian 6. Racial Origin English 7. Single, Married, Widowed or Divorced (write the word) Single

8. BIRTHPLACE Janeville, New Brunswick
(Province or Country)

9. DATE OF BIRTH March 25 1922
(Month) (Day) (Year)

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

11. Trade, profession or kind of work as Farmer Labourer
spinner, teamster, office clerk, etc.
12. Kind of industry or business, as cotton-
mill, lumbering, bank, etc. Fred Hornbybrook,
Janeville, N.B.
13. Date deceased last worked at this occupation..... 14. Total yrs. spent in this occupation.....

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

16. NAME.....

17. BIRTHPLACE.....
(Province or Country)

18. MAIDEN NAME.....

19. BIRTHPLACE.....
(Province or Country)

20. Name of informant.....
Address Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased Director of Personnel Records.

21. Place of Burial, Cremation or Removal Fossyogru Cemetery,
Reykjavik, Iceland.
Date of burial or removal 28 Oct. 1944.

22. UNDERTAKER.....
(Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH October 25 1944
(Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from:
..... 19..... to..... 19.....
and last saw h..... alive on..... 19.....

CAUSE OF DEATH

I
Immediate cause (a) Died due to drowning during
Give disease, injury or complica- severe weather conditions.
tion which caused death, not the
mode of dying, such as heart failure,
asphyxia, asthenia, etc., due to

Morbid conditions, if any, giving rise to (b).....
Immediate cause (stated in order due to
preceding backwards from im- (c).....
mediate cause).

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

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

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

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide?..... Date of injury..... 19.....
(State which)
Manner of injury..... (How sustained)
Nature of injury.....
Specify whether injury occurred in industry, in home, or in public place.....

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

28. S.D.R. No.....

29. Filed..... 19.....
(Sub-Deputy Registrar)

VITAL STATISTICS, REGULATION 210,
MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL
THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE
THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT.
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.
(See reverse side for instructions.)

CERTIFICATE of the SERVICE of

Melvin Newton ELLIS.

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V50983</i>
<i>Pacific Coast Saint John, N.B.</i>		"
		"

Date of Birth <i>25 March, 1922</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth <i>Jamerville, N.B.</i>	<i>MOTHER:</i>
Place of Residence <i>P.O. Box 78 B RR#1 Bechuport, N.B.</i>	<i>ELIZABETH ELLIS</i>
Trade brought up to <i>Farm labourer</i>	<i>(SAME ADDRESS)</i>
Religion <i>United Church</i>	<i>O.H.F.</i>
Can Swim:—P.P.T. Date <i>19</i>	Signature Rank
P.S.T. Date <i>19</i>	Signature Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>15 Oct 42</i>	<i>13 Nov 42</i>	<i>1 Until Oct 42</i>	<i>Ord Sqn</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	10½	36	152	Brown	Blue	Ruddy	Birth marks on back shoulders
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1942	Brunswick			Ord. Smm	13 Nov 42	30 Dec 42	
	Ord Active Service						
1942/43	Brunswick			Ord. Smm	31 Dec 42	7 Mch 43	
	Cornwallis			- " -	3 Mch 43	31 May 43	
	Stadacona			- " -	1 June 43	14 July 43	
	Avalon (Skuna)			- " -	15 July 43	30 Dec 43	
	Avalon (- " -)			A.B.	31 Dec 43	31 Mch 44	A-12420
	Niobe (- " -)			- " -	1 Apr 44	24 Oct 44	77 A 23190 CRMO's signal 291420 A of Oct. 44

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

[illegible]

NAVAL TRAINING and ACTIVE SERVICE

[illegible]

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
13 Nov 42	I.C. # 56550	[Signature]	A.B.	31 Dec 43	5 Keen's A/S 434 OF 8/2/44
8 Apr 43	Dual #1/2 days	B. Lake			
21 June 43	Q & R. Prob. S.T.	L. Lewis			
21 May 43	"TR"	L. Lewis			
13 Nov 43	CONC. ^{AVALON'S EX} _{A 14615} ST.	[Signature]	A 17291		
4 Dec 44	Command of Naval Service Headquarters	L. Dragon			

Name Helvin Newton ELLIS

Conduct

[illegible]



CANADA

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

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Ellis OFFICIAL NO. 150983
CHRISTIAN NAMES Melvin Newton MARRIED, SINGLE OR WIDOWER SinglePERMANENT ADDRESS
P.O. Box 78B, R.R. #1, Bathurst, N.B.
RELIGION
United Church

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
25/3/22	Town Janeville County Gloucester Province N.B.	Father- Alvin Ellis, P.O. Box 78B, Bathurst, N.B.

*Original Nationality of:
Father English
Mother English

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>37</u>	Brown	Blue	Ruddy	Birthmarks on both shoulders
Inches <u>10¹/₂</u>	Deflated <u>35</u>				
	Mean <u>36</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade 7	Farm laborer Fred Hornybrook, Janeville, N.B.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
13/11/42	Ord. Smn.	H.M.C.S. Brunswicker

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(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 an Ordinary Seaman 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 he has made and signed the above declaration in my presence on this 13th

day of November, 1942

My authority for attestation is

J.R. Shouldice, S/Lt.

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

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

Signature of Applicant 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.

RM/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:

<u>NAME</u>	<u>RATING</u>	<u>O.N.</u>	<u>DATE</u>
KYLE, Ora Beverley	Ord. Snn.	V50902	12/11/42
HARRITY, John Frederick	Ord. Snn.	V50903	10/11/42
KEARNS, Donald Willard	OD/WT	V50904	17/11/42
DENNISON, Ralph Leonard	Ord. Snn.	V50905	16/11/42
MCGUIRE, Wallace Thompson	Ord. Snn.	V50906	12/11/42
FOSTER, Paul Arthur	Sto. I (W)	V50965	23/11/42
LANGAN, David Cyril	Asst. Cook(S)	V50966	17/11/42
GLENDENNING, Marson Burton	Ord. Snn.	V50976	13/11/42
BELLIVEAU, Joseph Gerald Bernes	Ord. Snn.	V50977	12/11/42
CALDER, Donald Frasher Royce	OD/VS	V50978	12/11/42
LEGERE, Joseph Philippe Raymond	Ord. Snn.	V50979	12/11/42
SCOTT, Ewan Samuel	Ord. Snn.	V50980	13/11/42
MANUEL, Terrence Charles	Writer Prob.	V50981	9/11/42
FURLOTT, Patrick Douglas	OD/VS	V50982	12/11/42
ELLIS, Melvin Newton	Ord. Snn.	V50983	13/11/42
MacNAIR, George Malcolm	Ord. Snn.	V50984	12/11/42

BY ORDER,

for

SECRETARY, NAVAL BOARD

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

P281915

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

Section A—GENERAL INFORMATION

1. (a) Print name in full ELLIS MELVIN NEWTON (b) Reg'l. No. V50983
2. (a) Arm of service NAVY (b) Unit RONVR (c) Rank Chief Gunner
3. (a) Date of birth 25/3/22 (b) Have you any dependents? no (c) Place of residence at time of enlistment Farmville NC
4. (a) Place of enlistment Bathurst N.B. (b) Date of enlistment 12/11/42

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (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.) 7 yrs public school
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Fred Hornsbrook Address Farmville NC
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Farmer
20. (a) Your specific occupation Cabman (b) Number of years' experience at this occupation with any employer 5 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed farming
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 6 yrs (c) In what provinces did you have experience? N.B. & N.S.

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 Seaman

DATE

Nov. 131942

SIGNATURE

Melvin N. Ellis

O.H.F.

RECEIVED

Copy To
VWD
ES

DEC 8 1942

LA/C

REGISTERED

AIR MAIL

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

31 October, 1944.

12

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.

Despatched by
Sec. N. B.

Date 2/11/44
Time 1800

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

SERVICE

O.N. V-50983

NAME: ELLIS, Melvin Newton

PRESENT RANK/RATING: A.B.

DATE TAKEN ON ACTIVE SERVICE:

31/12/42

SERVICE

SHIP OR ESTABLISHMENT

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

IMPORTANT

(WILL): No

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

REASON: "DEAD"

DATE: 25-10-44

INITIALED

DATE 6-11-44

SECTION: RCNVR 3B


(TO BE COMPLETED IN INK)

NAME IN FULL Ellis - Melvin Newton RANK/RATING A-1

[illegible]

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

[illegible]

BY 

VERIFIED BY DIR. OF PERSONNEL RECORDS.

NAVAL MESSAGE

To:

MR ALVIN ELLIS
BOX 78 B
R R #1 BATHURST N B

From:

V-50983 N S H Q 22

CNP
CSOR

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

/31

(DELIVERY CONFIRMED)

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

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. V-50983, PERS. (N)

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.

PLACE, DATE & CAUSE
of DEATH

NEXT OF KIN

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

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

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

ALLOTMENTS IN FORCE

In favour of

Amount

Initials

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

\$30.00

HP

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

Allotments stopped 31st, October, 1944

WILL: No record.

Yours truly,

H. H. H. H.

for
SECRETARY, NAVAL BOARD.

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



10

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

1912

19

1997

[illegible]

1870

100

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " NIOBE SEC. 4A " ending 31 March 19 45
 List 5-2 No. 8 (Name) ELLIS? Melvin Rank Rating A.B. No. V-50983
 When entered 24 Oct '44 Date of appearance - - - - - Whither discharged D.D.

CREDIT from former account		Skeena 5-2-321		\$	c.
				143.	47
Pay as	from	to	(days at \$	a day)
(Rank Rating)					
"	"	"	"	"	"
"	"	"	"	"	"
"	"	"	"	"	"
"	"	"	"	"	"
Kit Upkeep Allowance					
OTHER CREDITS:					
Total credits					
				143.	47
DEBT from former account					
PAYMENTS:—	1st	2nd	3rd	4th	5th
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.
1st month					Total
2nd month	HMCS NIOBE FEB. 145 CASH ACCOUNT				Total
3rd month	RECEIPT VR. NO. R-1315 (NAVAL ESTATES)				Total
Allotment					
Pension deduction (Officers) charged to of					
Hospital stoppages					
Mulcts					
OTHER CHARGES:					
Total debits					
				143.	47
Balance Cr. or Dr.					
				Nil	
(Balance Dr. to be shown in red)					

Number of days actually victualled during period mentioned above Nil

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		

Date 22 February 19 45
 Pay. Lieut. RCNVR. for ACCOUNTANT OFFICER
 R. J.M.
 F. J.K.
 Ledgers
 C.N.S. 2426
 25M-4-44 (543)
 N.S. 815-9-2426

ACCOUNTS OF MEN DISCHARGED

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

Name.....**ELLIS, Melvin**.....Rating.....**A.B.**.....
Official No.....**V-50983**.....H.M.C.S.....**NIOBE SEC. 4A**.....List.....**5-2-8**.....
Who*.....**Discharged Dead**.....on the.....**24 October**.....19**44**.....

Net sum due on ledger on account of Wages.....	\$	cts.
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No.....		
Cash debited in the Accountant Officer's Cash Acct..... Niobe R-1317		143.47
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) Thirty dollars and Eight dollars and forty cents charged to 31 Oct.		
Name of ship from which transferred..... NIOBE for SKEENA		
Total†..... Creditor		143.47

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of.....**NIOBE**.....
.....**for SKEENA**.....amounting to a net balance†.....**Creditor**.....
of.....**One hundred and Forty-three**.....dollars.....**Forty seven**.....cents.

Dated on board H.M.C.S.....**NIOBE**.....at.....**Greenock**.....
.....**Scotland**.....this.....**21st**.....day of.....**February**.....19.....**45**.....

Approved.....
.....**A/Pay. Commander R.C.N.V.R.**.....Accountant Officer
.....**Pay. Lieut. R.C.N.V.R.**.....{ Initials of the Assistant Accountant Officer
.....**Commanding Officer.**
.....**A/Captain R.C.N.V.R.**.....

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

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

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

ACCOUNT OF SALE OF THE EFFECTS

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

[illegible]

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

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

.....Signature

.....Rank

.....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 ESTATES

DME

Estates Form "P. 4"

NAVY

Name.....**ELLIS**.....**Melvin N.**.....No.....**V 50983**.....
SurnameChristian Names

A B.....**RCNVR 09**.....**25-10-44**.....
RankUnitDate of Death

AMOUNT
W.S.G. 343.65
L.P.C.....\$ 143.47
Date.....**22-11-45**.....Other Credits..... 21.00
Total..... 508.12
Prev.dist. 164.47
This dist. 343.65

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) (As next of kin entitled)	171.82
P4. TO TREAS.			
DEC 6 1945			
WSG			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$343.65
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

IG

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

4
NAVY

DECEASED
MEMBER'S
NAME

Melvin Newton

ELLIS

(CHRISTIAN NAMES)

(SURNAME)

PAYEE
ADDRESS

Director of Estates, for Service Estate of
308 Sparks St. Melvin N. Ellis,
Ottawa, Ont. N.S. V-50983
25th Oct '44

REGISTER NO.

8842

FILE NO.

NS.V-50983

DATE

3rd July '45.

SERVICE NO.

V-50983

FINAL RANK OR RATING

A.B.

DATE OF DISCHARGE

25th Oct '44.

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS

664

EQUAL TO

22

COMPLETE PERIODS AT \$7.50

165.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

468

LESS

4

INELIGIBLE DAYS, EQUAL TO

46

DAYS @ 25C. PER DAY

116.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE
ADDITIONAL PAY

S.D.

H.L.M.

\$ 1.85

\$ 1.25

\$.15

\$.25

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$ 3.50

TOTAL

\$ 468

X7 = \$

24.50

NO. OF DAYS

183

X\$

24.50

62.65

D. WAR SERVICE GRATUITY

343.65

E. DEDUCTIONS

OVERPAYMENT OF

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

N11

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

343.65

G. YOUR PORTION OF GRATUITY IS—

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

=\$

343.65

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher ~~1070~~ 1070 - 12/7/45

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.

AT

PREPARED BY

CHECKED BY

TREASURY

CHECKED BY

DATE

W

1944/10/10

H. L. Lefebvre

July 26/45

for Dir. Naval Pay Accounting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's Name

MELVIN NEWTON

ELLIS

(Christian Names)

(Surname)

Rank

Director of Estates

Address

308 Sparks Street
Ottawa Ont

Register No.

8842

File No.

V50983

Date

4-5-45

Service No.

V50983

Final Rank or Rating

A.B.

Date of Discharge

25 Oct 44

Date of termination of overseas service

25 Oct 44

A. TOTAL QUALIFYING SERVICE

No. of days 664 equal to 22 complete periods at \$7.50

\$ 165.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 468 less 4 ineligible days equal to 464 days @ 25¢ per day

\$ 116.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$ 1.85
Subsistence or Lodging	\$ 1.25
and Provision Allowance	
Additional Pay S.D.	\$.15
H.L.M.	\$.25

Dependents' Allowance 1/30 of \$

Total 3.50 x 7 = \$24.50

No. of days 468 x \$24.50

183

~~62.12~~
62.65

D. WAR SERVICE GRATUITY

~~343.12~~

343.65

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$

nil

F. TOTAL AMOUNT PAYABLE

343.65

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ of \$ = \$343.65

Total Dependents' Allowance in issue \$

CERTIFICATE:

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

Prepared by		Checked by		Treasury	
				Date	

Service Representative

D.N.P.A. CHECK

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

N.P.R. 5-1.

FORM "A"

File: N.S. V-50983

PERS. (N)

DEPARTMENT OF NATIONAL DEFENCE
- NAVAL SERVICE -

OTTAWA, Canada.

... 7 November 1944
(Date)

Sir:

The following casualty has been reported -

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 Service: 31 December, 1942.		
DATE OF DISCHARGE - 25 October, 1944.		
HOSPITAL - (If discharged in hospital under jurisdiction of D.P. & N.H.)		
SERVICE - Canada & High Seas. (Indicate whether in Canada only; or in Canada and the High seas or elsewhere)		
Reason for discharge and - Due to severe weather conditions. when and where any disability "DEAD". Died due to drowning. Body recovered and was incurred, or where death identified near Reykjavik Harbour, Iceland. occurred.		

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father NAME - Mr. Alvin Ellis.

ADDRESS - Box 78 B, R. R. #1, BATHURST, N.B.

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

... 7-11-44 ... N.P.R./5

For SECRETARY, NAVAL BOARD.

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

NOTE: Duplicate copies of this form (Form "B") have been forwarded to 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)

noted D.N. PA
18-12-44
S.P.

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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P281913

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined ELLIS, Melvin Newton
candidate 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 Vaccination for Smallpox	Childhood	
(b) Height with bare feet	Feet 5	In. 10½	(k) General Development	Good	
(c) Weight without clothes	152		(l) Nose, Throat and Tonsils	Normal	
(d) Ears and Hearing	Normal		(m) Heart and Lungs	Normal	
(e) Chest Girth	Max. 37	Min. 35	Mean 36	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 3	Defective 1	Dentures 0	(o) Limbs and Joints	Normal
(g) Vision by Snellens Types	without glasses	Rt. 6/6	Lt. 6/6	(p) Skin	Normal
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids	Normal
(h) Colour Vision	Ishihara R.C.N. Lantern	Normal		(r) Testes Varicocele	Normal
(i) Chest x-ray	{ not taken approved positive doubtful	Approved	(s) Urine		

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Melvin N. Ellis

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

Signature of Candidate

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

This Candidate is the subject of.....

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

IF REJECTED
insert here
UNFIT
in block letters

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

L.E. Prowse

Examining Medical Officer

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

V-50983

43

H.M.C.S. "SKENNA"
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. "SKENNA" 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, himself and his country.

Melvin was interred in a military 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 "SKENNA" and the other Canadian 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.H.R.

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

Mrs. E. Ellis,
Bathurst, Gloucester,

C. P.R./5-2.
P. A.
NAVAL TREASURY
DATE 8/11/44
INITIAL D.L.B.

FORM "B"

2024622

FILE:

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

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

Sir:

..... 7. November, 1944,
(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
ELLIS, Melvin Newton	Able Seaman	V-50983 R.C.N.V.R.

DATE OF ENLISTMENT - 13 November, 1942. Active Service: 31 December, 1942.

DATE OF DISCHARGE - 25 October, 1944.

HOSPITAL -

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

SERVICE -

Canada & High Seas.

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

Reason for discharge and -
when and where any disability
was incurred, or where death
occurred,

"DEAD". Died due to drowning. Body recovered and
identified near Reykjavik Harbour, Iceland.

(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 -

Father

NAME -

Mr. Alvin Ellis,

ADDRESS -

Box 78 B. R.R. #1, BATHURST, N.B.

NOTE:

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

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

REMARKS:.....

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Elixabeth Ellis	Mother		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	Nil	\$30.00	\$30.00
To Whom Paid:	Mrs. Eligabeth Ellis	Address	R.R. # 1. Bathurst N.B.
Date of Enlistment:	See other side		
Date of Discharge:	See other side		
Inclusive date to which D.A. and/or A.P. was Paid:			

The final deduction of Assigned Pay for \$30.00 has been made for the period from 1st to 31st of October 1944

Remarks:

Computed by.....

Checked by.....

Alfred J. Rossell
for R.C. Playfair
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

Ottawa, Nov. 17th, 1944.

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

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

P. & N. H. 545-M

The Department of National Defence, NAVAL SERVICE,

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

~~SECRET~~

~~XX~~ 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.

/AS

E. Clewes,
for
Canadian Pension Commission.