

A1795
BAKER

MEMORANDUM FOR

P. 64

Mrs. Rita Arnold.

East Jeddore,

Halifax County,

Nova Scotia.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. N.S. 123- B - 217 FD 181

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 3rd 1941

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

BAKER, Owen C., A.B.,

No. A. 1795, R.C.N.R. "Margaree"



it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(L.M. Firth) Major,
Administrator of Estates.

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 inquired for	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.....	Not married		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	AUSTIN M. BAKER DIED Sept 19 th 1931		
4	Mother of the Deceased.....	STELLA M. BAKER DIED Feb 4 th 1929		
5	Brothers of the Deceased	Full Blood	Earl E. Baker RUSSEL BAKER Emmerson Baker Roy Baker Lester Baker	East Feddore " " " "
		Half Blood	None	
6	Sisters of the Deceased	Full Blood	Mrs Rita Arnold Dorothy Baker	East Feddore Arundale P.O. Halifax
		Half Blood	None	
	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
7	Ranley E. Baker March 1929.	None		None

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Owen, C. Baker.
11	Give the month and year of his birth.	April. 16 - 1921. 26
12	Where and when were his parents married?	June 23 rd 1910 Blace Bay. Cape Breton.
13	Was he ever married? If so, state exact place and date of marriage.	No
14	Did he leave a (later) Will? If so, it should be forwarded.	No
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No

PARTICULARS OF DOMICILE

16	Where was deceased born?	East Feddore Halifax Co. N.S.
17	In what Province, Country or State did he reside, and in which last?	Nova Scotia
18	How long in each?	19 years.
19	What was the nature of his employment?	Fisherman
20	Did he own the house or homestead in which he lived? If so, where?	No
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No
22	State <u>your</u> postal address in full.	East Feddore Halifax Co. N.S.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	None
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	No

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Sister of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest or Local Magistrate

(Mrs) Rita M. Arnold

{ Signature of Informant

CERTIFICATE

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

that

*See above

Rita M. Arnold

{ Name of Informant }

is the * Sister

of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at East Geddon this 8th day of July 1941

Signature of Clergyman, Priest or Magistrate

Andrew Campbell

Qualification

United Baptist Church

Address East Geddon, Halifax Co. N.B.

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.



DUPLICATE

Can. B. 207

20M-11-39 (3063)
N.S. 815-2-207

CERTIFICATE OF MEDICAL EXAMINATION OF OFFICERS, MEN AND BOYS,
NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined BAKER Owen Charles
candidate for entry as AB. R.C.N.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.

Dated at Halifax N.S. the 27 of May 19 40.
W. J. Stoddard
Examining Medical Officer

*Delete one

(Rank) SURGEON LIEUT.

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

Age { Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re-vac- cinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hæmorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
19 1/2	137	5 7 1/2	Good	inches (a) maximum 35 (b) minimum 33 (c) mean 34	right eye 6/5 left eye 6/5 colour vision N (C.S.)	never	normal	normal	normal	clear	normal	normal	deficient 16 defective 2 throat clean	normal

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

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 as may be authorized.

Owen, C. Baker
Signature of Candidate

When a Candidate is subject to a defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

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

*Delete one

Examining Medical Officer

(Rank).....

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

478 ✓
JH

N. R. 5
15M-2-40 (4149)
N.S. 815-12-5



586 Jun 1940

DEFENCE
JUN - 11 1940
N.S. 123-1217
CANADA

P033623

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME.....**BAKER**.....OFFICIAL No.....**A1795**

CHRISTIAN NAMES.....**Owen Charles**.....MARRIED, SINGLE OR WIDOWER.....**Single** **2**

PERMANENT ADDRESS	RELIGION
East Jeddore, Halifax Co., N.S.	Baptist

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
16th April, 1921	Town East Jeddore County Halifax Province Nova Scotia.	Mrs. Rita Arnold, (Sister) East Jeddore, Halifax Co., Halifax Nova Scotia.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5 Inches..... 7	Inflated..... Deflated..... Mean..... 35	Brown	Hazel	Fresh	Nil

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
27th May, 1940	A.B. (T)	Fisherman.

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) That it is my intention to follow the sea for a period of at least five years from this date.

~~(b) That I am desirous of being enrolled as a member of the Royal Canadian Naval Reserve, and that I accept and agree to abide by the rules of the said Force.~~
~~(c) That it is my intention to follow the sea for a period of at least five years from this date.~~

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.
Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.
Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.
Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

Records
Division.
1. Noted in Record Card.....
2. Index Card.....
3. Non-Sup. Card.....
4. Status Card.....
5. Pension Card.....
6. Pension Card.....
7.
8.
DATE **20/6/40.**

no
msd

*Cross out
clause not
applicable.

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

~~(XXXXXX)~~
~~XXXXXX~~

~~XXXXXX~~

Served in	Rank	From	To
Not applicable -	- - - -	- - - -	- - - -

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

AND/OR DURATION OF HOSTILITIES.

- To serve from the date thereof for five consecutive years, 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 Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.
- To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed according to where my services are required.
- 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 Registrar or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on Naval duty.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 27th day of May, 1940

Owen C Baker
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

I, Owen Charles Baker, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant Owen C. Baker

Witness W. Giffin

Date 27th May, 1940 Rank Lieutenant, R.C.N.V.R.

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

(D)

CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this 27th day of May, 1940

W. Giffin
(Signature of Officer and rank)

Lieutenant, R.C.N.V.R.

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.

A. P. F. EDWARDS
Commander R. C. N.

D.O.D.
22-10-40

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

D.D.
WAR SERVICE RECORDS

BAKER

Owen Charles

A-1795

NAVY
A.B.

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

C.V.S.M. & Clasp

War Medal

2174 23/11/49

02-56389

M



P

(THE REVERSE)

RCNR Aug. 41 "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Not Shown
Mr. Earl Baker - Brother

ADDRESS:

72 Wentworth St.,

DARTMOUTH, N.S.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP.

REGN. NO.

CANCELLED

(2)

(3)

NAME IN FULL BAKER Owen Charles RANK/RATING A.B.

[illegible]

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

RANK/RATING A.B. OFF. NO. A-1795 ADDRESS

[illegible]

~~True Copy of the~~
CERTIFICATE of the Service of
Owen Charles BAKER
in the Naval Service of Canada

The corner of this Certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

PORT DIVISION	Halifax	OFFICIAL NUMBER	A 1775
Date of birth..... 16 April 1921			
Where born	Town..... East Jeddore, Halifax County		
	County and province..... Nova Scotia		
Usual place of residence..... East Jeddore, Halifax Co. NS			
Trade brought up to..... Fisherman			
Religious denomination..... Baptist			
Next of kin..... Sister - Mrs Rita Andrew same			
Can swim.....			
Man's signature on discharge to pension.....			

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
	27 May 40	Hostilities		

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy.....						
On advancement to man's rating, or on entry under 28 years.....	5	7	Fresh	Brown	Hazel	Nil
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....						
Further description if necessary.....						

Name.

BAKER, Owen Charles

[illegible][illegible]

SHIP'S N

Examina

DATE _____

GOOD CONDUCT BADGES

[illegible]

Naval - Military - Air Force

[illegible]

22-10-10

Date of Death

NET TOTAL 39.21

Date **July 28, 1941**

Distribution approved and authorized

(L.M. Firth) Major,
Administrator of Estates.

For Chief Treasury Officer

P100786

NATIONAL DEFENCE

AUG - 6 1941

N.S.

123/3217

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH

OTTAWA, CANADA.

Date, *Aug 7*.....1941.

34

Received this date from the Administrator of Estates cheque
of the Receiver General of Canada payable to my order for the
sum of ELEVEN ... 20/100 Dollars (\$11.20),
representing two shares of \$5.60 each due to the minor children,
brother and sister of the deceased, now under the care and custody
of me, their sister.

I undertake, with the Department of National Defence, Ottawa,
Canada, to use the amount of one of such shares for the benefit
of each of the following minors entitled thereto:

Dorothy
Russell,

residing with me at East Jeddore, N.S.

Rita M. Arnold
.....

Signature.

BAKER, Owen C., A.B. (Deceased)
No. A. 1795, R.C.N.R. Margaree.

B

East Jeddore N.S.
July 23rd 1941

Dept. of National Defence.
Ottawa Canada.

Dear Sir:-

In reply to your
letter of July 19th I would
say, that I have been 32
guardian over my brothers
and sister since our
parents died. It would be
quite alright to forward
there shares in my charge.

Yours truly
Rita M. Arnold.



P096860

123-13-217

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY 73

H.M.C.S. STADACONA at HALIFAX, N. S.

Name Owen Charles BAKER
(Christian names in full)Rank of Rating A.B. (T) Official No.
(If unknown, date of first entry)Place of Birth East Jeddore,
Halifax County, N.S. Date of Birth 16th April 1921

Occupation in Civil Life Fisherman Religion Baptist

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N.
(Temporary) or Reserve ratings) 7 Months

Date of Death 22 October, 1940 Place of Death At Sea

Cause of Death Loss in Collision of H.M.C.S. MARGAREE
(If due to accident, violence, or enemy action, particulars to be stated briefly)Nearest known relative or friend { Name Mrs. Rita ARNOLD Relationship Sister
Address East Jeddore, Halifax County, Nova Scotia.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials NK

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

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

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

Undertaker employed (if any)

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

J. Edwards
COMMANDER R.C.N.
Commanding Officer,

8th November, 1940

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

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

C.N.S. 1121
15M-7-40 (5849)
N.S. 815-9-1121

[illegible]

OFFICIAL NUMBER.....A 1795

16 April, 1921.

(Given Names)

.....
Fisherman

Baptist

...EDUCATION

Town East Jeddore, Halifax Co., Province, etc.

N.S

Town East Yaddo Mal. Co. Province, etc

EXAMINATIONS, CERTIFICATES, ETC.

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGESDATE _____

SECOND CLASS FOR CONDUCT

From

To

W. S. G.
APPLICATION
10549
RECEIVED

173-13-217.
A-1795

June 15. 1945

Min. of National Defence
Naval Service

920876

Dear Sir:

In Reply to your letter of
June 4th A. 1795. Pers. (N). N15)
I hereby make application for
the gratuity of my late Brother
Owen C. Baker. Able Seaman
Official Number A-1795. R.C.N.R.
As he had no dependents, being
his Sister (next of Kin) it is my
desire what ever gratuity is
due him be paid to me.

Yours truly

Mrs. Rita Arnold.

Change of Address.

Mrs. Rita Arnold.

72 Wentworth St.

Wartmouth, N.S.

NAVAL PERSONNEL RECORDS
10549
JUN 20 1945
WAR SERVICE GRATUITY SECTION

NSC

Dec 12, 1945

Dept. of National Defence,
Naval Service Ottawa
E States Branch.



Dear Sir:-

In reply to your letter of
Dec. 8th concerning ~~my~~ War Service
Gratuity of my late Brother Owen Charles
Baker No. A. 11795. I am enclosing
addresses of his Brothers & Sisters

Earle Baker.
East Jeddore ✓
Halifax Co: N.S.

Rita M. Arnold
72. Wentworth St. ✓
Dartmouth, N.S.

Emerson Baker.
East Jeddore. ✓
Halifax Co: N.S.

Ross Baker.
Stewiacke, P.Q. ✓
Colchester Co: N.S.

Lester Baker.
72. Wentworth St. ✓
Dartmouth, N.S.

Mrs. Dorothy Spillman.
72. Wentworth St. ✓
Dartmouth, N.S.

Russell Baker.
72. Wentworth St. ✓
Dartmouth, N.S.

Russell is now ~~living~~
overseas but expects to be
home soon (Date of Birth 1925)
Yours truly
Rita M. Arnold,

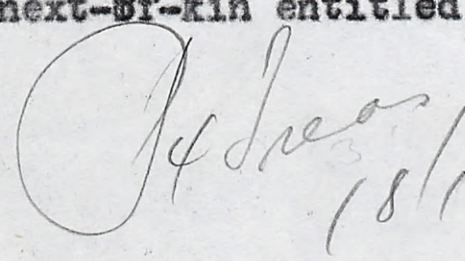
DISTRIBUTION OF SERVICE ESTATES GNV
NAVY

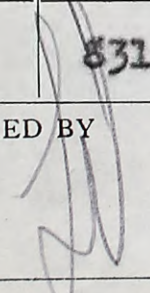
Estates Form "P. 4"

Name: BAKER, Surname Owen C. Christian Names No.: NSA 1795

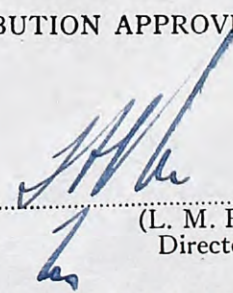
AB Rank RCNR Margaree Unit Date of Death 22-10-40

AMOUNT W.S.G. 49.70
L.P.C. \$ 39.21
Date: 7-1-46 Other Credits.....
Total..... 88.91
Prev. Dist. 39.21
This Dist. 49.70

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<u>2/7</u>	<u>Sister</u>	<u>Mrs. Reta Arnold,</u> <u>72 Wentworth ST.</u> <u>Dartmouth, N.S.</u> <u>(1/7 as n/k entitled)</u> <u>(1/7 for benefit of 1 minor)</u>	<u>14.20</u>
<u>1/7</u>	<u>Sister</u>	<u>Mrs. Dorothy Stillman,</u> <u>(As above)</u>	<u>7.10</u>
<u>1/7</u>	<u>Brother</u>	<u>Emmerson Baker,</u> <u>East Jeddore N.S.</u>	<u>7.10</u>
<u>1/7</u>	<u>Brother</u>	<u>Earl E. Baker</u> <u>(As above)</u>	<u>7.10</u>
<u>1/7</u>	<u>Brother</u>	<u>Lester Baker,</u> <u>72 Wentworth St.</u> <u>Dartmouth, N.S.</u>	<u>7.10</u>
<u>1/7</u>	<u>Brother</u>	<u>Ross Baker</u> <u>Stewracke P.O.</u> <u>Colchester Co., N.S.</u>	<u>7.10</u>
		<u>(As next-of-kin entitled)</u> 	
			WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<u>831</u>	<u>00</u>	<u>50</u>	<u>000</u>	<u>49.70</u>
CLASSIFIED BY 			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

East Jeddore, N.S.
Feb. 10. 1941

J. H. Cossette
Naval Secretary

Dear Sir:-

P 15943

FEB 13 1941
N.S. 1230217
CANADA

In reply to your letter
of Jan 22nd I would say
that my Brother (Wm C. Boker)
Mother is not living.

Yours truly

Rita Arnold.

Sister,

Noted (R.A.)

BM/IF

123-B-217

- Naval Service -

27 November, 1940.

THIS IS TO CERTIFY that according to official information, Official No. A-1795, Able Seaman Owen C. Baker, Royal Canadian Naval Reserve, was serving in H.M.C.S. MARGAREE, when that ship was lost in the North Atlantic on the 22nd of October, 1940, and that he is missing and presumed dead by Naval Authorities.


(J. O. Cossette)
NAVAL SECRETARY.

HTWG/RM

123-B217

6

1st November, 1940.

Dear Madam:

It is with deep regret that I must confirm the telegram sent out by the Minister of National Defence, reporting that your brother, Owen C. Baker, Able Seaman, O.N. A.1795, R.C.N.R., was missing, believed killed.

Few details are available, but it is known that H.M.C.S. "MARGAREE" was sunk in collision in the North Atlantic whilst steaming without lights, on convoy duty, and in the submarine zone. 142 Officers and ratings are missing and must be presumed lost at sea.

I am requested to express to you the sincere sympathy of the Minister of National Defence for Naval Services and the Chief of the Naval Staff in your bereavement.

Any further information, which is received, will be at once communicated to you.

Yours very truly,

(J.O. Cossette),
NAVAL SECRETARY.

Mrs. Rita Arnold,
East Jeddore,
HALIFAX COUNTY, N.S.

DECLARATION ON P049053

AUG 1940
4013 S. 123-B-217
29/7 CANADA

List No.	ALLOTTER	NAME	USE	AMT. OF PAY
STADACONA 5-2/586V	Supremo BAKER Christian OWEN	A.B. RCNR 015053-	N:K:	\$1.85

SECTION A

ALLOTMENT FOR DEPENDENT

ALLOTTEE	Relationship	Address	Rate per Month	Month
Supremo BAKER Christian ARNOLD MRS BLAKE	SISTER	EAST JEDDORE Halifax Co. N.S.	\$25.00	August

Section B

DISPOSAL OF EXISTING ALLOTMENTS

The following allotments are in force:

TYPE	ALLOTTEE	AMOUNT	DISPOSAL
		NIL	

Allotment Declarations.
Ent'd. on Index Card
Ent'd. on Allotment LedgersInitials
Date
hal 6/8/40

Allotter's signature and address changes:

Owen C Baker
A. B.

FAIR LEDGER

ROUGH LEDGER

The allotment now to be entered in the Fair and Rough ledgers with effect from the date of the alteration or transfer has been duly approved by the commanding officer and the reasons for the alteration are:

C. R. P. A.
FIN. SUPT. BRANCH
DATE
INITIAL

Obj. No 111
" 113
" 118
" 119
" 122
TOTAL

25.00
25.00

for

Bm Ratfield
Pay S/Lieutenant RCNVR
ACCOUNTANT OFFICER

Stadacona

REMARKS

FORWARDED

3/8/40

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
AUG 5 1940
REFERRED TO *Tracy*