

V6372
EDWARDS

NORMAN

WYNDH

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

~~DECEASED~~ 22 Oct. 1940

| | | | | |
|---------------------------|-----------------|----------|-------------------|----------------------|
| EDWARDS Norman Wyndham | | V-6372 | O/Smn. | FILE No. 02-82172 |
| SURNAM (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

5555-24.11.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

7/4/95

RCNVR July 41 "MARGAREE"
MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS
PERSON

ENTITLED TO Mrs. Sarah Edwards - Mother

ADDRESS: 147 Rochester St.,
OTTAWA, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs Sarah Edwards

ADDRESS: 147 Rochester Street
OTTAWA, Ontario

REGISTRATION No. DATE OF DESPATCH

MEMORIAL B R

DATE DESP

REGN. NO

620

(2)

(3)

28 April 1941



P3646

N. V. 5
23-10-37
N.S. 815-11-5

113-571

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME EDWARDS OFFICIAL NO. 6372

CHRISTIAN NAMES Norman Wyndam MARRIED, SINGLE or WIDOWER Single

| | | |
|--------------------------|-------------------------------------------------------------------------|---------------------------------|
| PERMANENT ADDRESS | | RELIGION |
| 147 Rochester St. Ottawa | | R.C. |
| DATE OF BIRTH | PLACE OF BIRTH | NAME AND ADDRESS OF NEXT OF KIN |
| Feb. 1, 1921 | Town <u>Ottawa</u> County <u>Carleton</u> Province <u>Ontario</u> | mother Mrs. Sarah Edwards |

PERSONAL DESCRIPTION ON ENROLMENT

| HEIGHT | CHEST MEASUREMENT | HAIR | EYES | COM- PLEXION | WOUNDS, SCARS, MARKS |
|-------------------|----------------------|--------------------------------------|------|-----------------|-------------------------|
| Feet <u>5</u> | Inflated <u>34½</u> | Brown | Blue | Fresh | Vaccination left arm |
| Inches <u>6</u> | Deflated <u>33½</u> | | | | |
| | Mean <u>33</u> | | | | |
| DATE OF ENROLMENT | RATING ENROLLING FOR | TRADE OR CALLING AND IN WHOSE EMPLOY | | | |
| 14th March.1939 | Ord. Sea. | Delivery boy McConvilles Grocery | | | |

(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 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.

Now in
Record by
EW
20.3.39

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

(a) To serve from the date thereof for three 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 Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

Dated this 14th day of March. 1939

Signature of applicant Norman W. Edwards

(C) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 14th day of March. 1939

R. C. Sheworth
Commander R.C.N.V.R. Signature of Commanding Officer.

(D) OATH OF ALLEGIANCE

I, Norman W. Edwards 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 Norman W. Edwards

Witness R. C. Sheworth

Date 14th. March. 1939 Rank Commander R.C.N.V.R.

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

(E) CERTIFICATE OF DIVISIONAL COMMANDING OFFICER

Norman Edwards having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the OTTAWA Division of the R.C.N.V.R.

R. C. Sheworth
Commander R.C.N.V.R. Commanding Officer.

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
10M-9-38
N.S. 815-9-2417

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

The Naval Secretary,
Department of National Defence,
OTTAWA.

Ottawa Ontario 13-5-21
August 4th 1939
(Place) (Date)

I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Stoker

(Insert rating chosen)

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

- Name (to be given in full in Block Letters) NORMAN WYNHAM EDWARDS
 - Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) Feb. 1, 1921
 - Place of Birth. Town Ottawa Province Ontario
 - Permanent Place of Residence. No. 147 Street Rochester
Town Ottawa Province Ontario
 - Are you a British Subject? Yes
 - How long have you resided in Canada? Eighteen Years
 - What is your Mother Tongue? English
 - What other language do you speak? None
 - Are you of the White Race? Yes
 - Are you Single, Married or a Widower? Single
 - How far advanced educationally are you? One Year in Ottawa Technical High School
(Certificates of School Authorities must be attached)
 - What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)
None
 - Do you belong to any Naval, Military, Air or Police Force? R.C.N.E.R.
 - If so, give details. I belong to R.C.N.E.R.
 - Have you ever served in such forces? Just the R.C.N.E.R.
 - If so, give dates and details.
 - Have you ever been discharged from His Majesty's Forces as medically unfit? No
 - Have you ever offered to serve in His Majesty's Forces and been rejected? No
Why?
 - Have you ever been convicted of a criminal offence? No
(Enclose two character references, one of which must confirm your answer to Question 19)
 - What is your weight? 145 lbs Height 5' 6" Chest Measurement (Not inflated) 36"
 - Have you ever had fits? No
 - Do you suffer from any deformity? No
 - Have you suffered the loss of any fingers, toes, etc.? No
 - Do you suffer from any disease? No
 - Do you wear glasses? No
 - Are you subject to any disability which might cause your rejection?
No
 - Give details.
 - Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? Yes
- Fredrick Gagnon Signature of Witness Yes Signature of Applicant

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

I agree to refund to the Department of National Defence the expenses incurred by that Department for transportation to a Naval Base of the above applicant, should he, on arrival at such Base, fail to enrol for seven years' continuous Naval Service for reasons which in the opinion of the Department are within his own control. Signed and Sealed at Ottawa, this Aug 4th day of August, 1939, in the presence of
Mrs Gladys Walker Signature of Witness Mrs Sadie Edwards Signature of Parent or Guardian

CERTIFICATE TO BE SIGNED BY CANDIDATES OVER 21 YEARS OF AGE

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

Signed and Sealed at Ottawa, this 4 day of August, 1939, in the presence of
Signature of Witness Signature of Candidate

V6372

OFFICIAL NUMBER

FILE NUMBER

113-E-71

OFFICIAL NUMBER V6372

NAME EDWARDS Norman Wyndam DATE OF BIRTH 1st February, 1921.
(Surname) (Given Names)PLACE OF BIRTH Ottawa, Ontario. OCCUPATION Delivery BoyRELIGION R.C. EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 147 Rochester St., Town Ottawa, Province, etc. Ontario.

| ENGAGEMENTS | | | | DESCRIPTION | | | | | PREVIOUS SERVICE | | | |
|-------------------|-------|------|---------------|-------------|-------|------|------------|-----------------|------------------|----------------|-------|----|
| Date (in figures) | | | Period | Height | Hair | Eyes | Complexion | Marks or Scars | Served in | Rank or Rating | Dates | |
| Day | Month | Year | | | | | | | | | From | To |
| 14 | 3 | 39 | 3 yrs. & H.O. | 5' 6 | Brown | Blue | Fresh | Vacc. left arm. | | | | |
| | | | | | | | | | | | | |
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NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Sarah EdwardsADDRESS (in pencil): Street and No. 147 Rochester St. Town Ottawa Province, etc. Ontario

| MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY | | | | EXAMINATIONS, CERTIFICATES, ETC. | | | | | | | |
|------------------------------------------------|-------|------|-------------|----------------------------------|-------|------|---------------|-------------------|-------|------|-------------|
| Date (in figures) | | | Particulars | Date (in figures) | | | Particulars | Date (in figures) | | | PARTICULARS |
| Day | Month | Year | | Day | Month | Year | | Day | Month | Year | |
| | | | | 27 | 6 | 39 | P.P.T. (Good) | | | | |
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| BADGES, G.C. OR G.S. | | | | BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES | | | | | | | |
|----------------------|-------|------|------------------------------|-------------------------------------------------------------------|-----------------------|---------|-------------------|-------|------|------------------------------|------------|
| Date (in figures) | | | 1st, 2nd or 3rd G.C. or G.S. | Granted Deprived Restored | SHIP OR ESTABLISHMENT | Wt. No. | Date (in figures) | | | BRIEF PARTICULARS OF OFFENCE | PUNISHMENT |
| Day | Month | Year | | | | | Day | Month | Year | | |
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| Date (in figures) | | | | DAYS FORFEITED | | | | | |
|-------------------|-------|------|--------|----------------|-------|----------|----------|----------------|--|
| Day | Month | Year | Prison | Det'n | Cells | C. Power | W. Trial | In diff. Char. | |
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SECOND CLASS FOR CONDUCT

From

To



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V6372

OFFICIAL NUMBER

NAME EDWARDS
(Surname)

Norman Wyndam
(Given Names)

OFFICIAL NUMBER V6372

| 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 |
| Div. Str. Ottawa | Ord. Smn. | 14 | 3 | 39 | Saguenay 13-22/7/39. | V.G. | Sat. | 22 | 7 | 39 | | | | | | | |
| Stadacona | " " | 24 | 6 | 39 | 23/7/39 "TR" | V.G. | Sat. | | | | | | | | | | |
| Stadacona | Ord. Smn. | 3 | 9 | 39 | Lent Venture 23-4-40. | | | | | | | | | | | | |
| Venture | " " | 1 | 5 | 40 | | | | | | | | | | | | | |
| Stadacona | " " | 7 | 5 | 40 | | | | | | | | | | | | | |
| Margaree | " " | 14 | 8 | 40 | | | | | | | | | | | | | |
| DISCHARGED | " " | 22 | 10 | 40 | "Killed in Action" (HMCS "MARGAREE" Casualty List). | | | | | | | | | | | | |

GENERAL REMARKS

MEMORIAL CROSS sent to:
 Mother: Mrs. Sarah Edwards,
 147 Rochester St.,
 Ottawa, Ontario. 28/4/41.

Mother, Mrs. Sara Edwards awarded
 Pension at rate of \$20.00 a month
 from 1 Nov. 1940. (sub. 30/12/40)

| DATE OF BIRTH | PLACE | CIVIL | OCCU. | RC1 | RC2 | PERM. RESIDENCE | PREV. ENL. | RANK OR RATE |
|---------------|-----------------|----------|-------------|-------|----------|-----------------|------------|--------------|
| DY. MO. YR. | BIRTH | MAIN | SUB | CL | CL | CTY. TOWN | SERV. DIV. | A BR RA |
| 01 2 21 | 11 | 533 | 0 | 10 | X | 105 | 02 0 | 03 0 08 95 |
| ENLIST. DATE | ACT. SERV. DATE | STR. | ACT. DATE | SHIP | EX | DATE | OR | DATE |
| DY. MO. YR. | DY. MO. YR. | CAT. | DY. MO. YR. | NO. | NO. | NO. | NO. | NO. |
| 14 03 39 | 03 09 39 | | | | | | | 03 1 0 08 95 |
| SERVICE | STR. | NON-SUB. | M. | CODED | CHECKED | | | |
| DY. MO. YR. | CAT. | A | B | ST. | | | | |
| 03 09 39 | 09 | | | 20 | 22-10-40 | | | |

M.G.F. 27-1-43.



CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE 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 Edwards Norman
candidate for entry as R.C.N.V.R.
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Ottawa the 23rd of June 1939

E. H. Hanning
Examining Medical Officer

(Rank) Lieut., R.C.A.M.C.

This examination has been made in accordance with the Instructions for Recruiting.

| (a) Age { Years Months | (b) Weight without Clothes | (c) Height with Bare Feet | (d) General Development | (e) Chest Girth | (f) Vision by— (i) Snellen's Types (ii) Colour Vision | (g) Vaccinated or re- vaccinated for Small Pox (Date) | (h) Lungs, Heart, etc. | (i) Abdomen, Hernia, etc. | (j) Limbs and Joints | (k) Skin | (l) Ears and Hearing | (m) Testes, Varicocele, etc. | (n) Mouth, Teeth (No def- icient and No defective, if any), Nose, Tonsils, etc. | (o) Anus, Hemorrhoids, etc. |
|------------------------------|-------------------------------|------------------------------|----------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------|------------------------|------------------------------|----------------------|----------|--------------------------------------|---------------------------------|------------------------------------------------------------------------------------------|--------------------------------|
| 18 yrs. 4 mths | 135 | 5'6" | Good | inches (a) maximum 34 1/2 (b) minimum 33 (c) mean 33 1/2 | right eye (a) 20/20 left eye (b) 20/20 colour vision N | Rt. Arm 0 Lt. Arm 1 19 shield hand | Normal | Normal | Normal | Normal | Rt. Ear W.V. 20' Lt. Ear W.V. 20' | Normal | Defective 0. Deficient 4 | Normal |

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

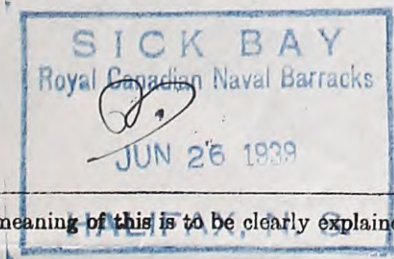
I hereby certify that to the best of my belief I have never suffered from Fits, *Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. I am willing to undergo, after entry, such dental treatment as may be authorized.

Norman Edwards
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.



E. H. Hanning
Examining Medical Officer

(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

VERIFICATION FORM

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

NAME IN FULL EDWARDS, Norman William RANK/RATING Ord Smm. OFF. NO. U-6372 ADDRESS

[illegible]

VERIFIED BY *L. Blanchet*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

DIR. OF PERSONNEL RECORDS.

N. V. No. 17
3M-9-37
N.S. 815-11-17

29

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

Date of Birth 1 Feb., 1921.

Place of Birth Ottawa, Carleton, Ont.

Usual Place of Residence 147 Rochester St. Ottawa

Trade brought up to Delivery Boy.

Name and Address of next of Kin Mother: Mrs S. Edwards

Religious Denomination Roman Catholic.

Can Swim P. O. T. (Good) 27 June/39. ✓ 2460

[illegible]

| | HEIGHT | | COMPLEXION | HAIR | EYES | MARKS, WOUNDS, SCARS |
|----------------------------------------|--------|--------|------------|-------|------|----------------------|
| | FEET | INCHES | | | | |
| On Entry _____ | 5 | 6 | Fresh | Brown | Blue | Vacc. left arm. |
| On attaining 28 years _____ | | | | | | |
| Further Description if necessary _____ | | | | | | |

[illegible]

EXAMINATIONS AND NOTATIONS OTHER THAN

[illegible]

Ag. Bureau
Muller

THOSE ENTERED ON G. AND T. HISTORY SHEET

| | |
|-------------|--------------------------------|
| 15 June '40 | Qualified for A.B. J. Edwards. |
|-------------|--------------------------------|

ACTIVE SERVICE

[illegible][illegible]



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. 113-E-71

NOV 8 1940

22

STATEMENT OF SERVICE OF

NORMAN WYNDHAM EDWARDS

Ordinary Seaman R.C.N.V.R. V6372

Entered as Ordinary Seaman 14 March 1939

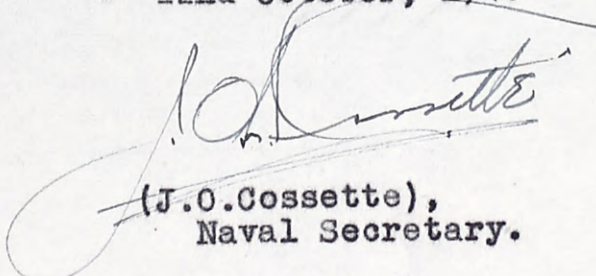
H.M.C.S. "STADACONA" Ord. Smn. Performed Naval Training
in 1939

ACTIVE SERVICE

| <u>Ship or Establishment.</u> | <u>RATING</u> | <u>FROM</u> | <u>TO</u> |
|-----------------------------------|---------------|----------------------------|-----------|
| H.M.C.S. "STADACONA" | Ord. Smn. | 3 Sept. 1939-22 April 1940 | |
| H.M.C.S. "VENTURE" | " " | 23 April 1940 -6 May 1940 | |
| H.M.C.S. "STADACONA" | " " | 7 May 1940-13 Aug. 1940 | |
| H.M.C.S. "MARGAREE" | " " | 14 Aug. 1940-22 Oct. 1940 | |

Character Assessment for whole of time-"Very Good"

DISCHARGED "DEAD" - 22nd October, 1940


(J.O. Cossette),
Naval Secretary.

R. C. N. V. R.
TRAINING REPORTS, 19

13494
NATIONAL DEFENCE
AUG 18 1939
N.S. 113-6-71
CANADA

Name **Norman Wyndam EDWARDS** Rate **Ord. Sea.** O.N. **6372**

Division **Ottawa** Training Headquarters **Halifax** Period No. **4**

ANNUAL TRAINING

| | | |
|--------------------------------------|------------------------------------|-----------------------|
| Entered for N.T. 26 June 1939 | Completed N.T. 9 July 1939 | No. of days 14 |
| Entered for V.S. 10 July 1939 | Completed V.S. 22 July 1939 | 13 |
| Final Discharge 22 July | Total No. of Days | 27 |

INSTRUCTION

| Subject | Training Establishment Stadacona | | | Service Afloat H.M.C.S. Saguenay | | |
|---------------------|-----------------------------------------|-------------------|----------------------|-----------------------------------------|-------------------|---------|
| | From 26 June | To 12 July | | From 13 July | To 22 July | |
| | No. of Hours | Efficiency | Remarks | No. of Hours | Efficiency | Remarks |
| 1. Seamanship | | Sat | 1st Year N.T. | | | |
| 2. Boatwork | | Sat | | | | |
| 3. Signals | | | | | | |
| 4. W/T | | | | | | |
| 5. Gunnery | | Sat | | | | |
| 6. Torpedo | | | | | | |
| 7. Minesweeping | | | <i>P.P.T. (Good)</i> | | | |
| 8. P. & R.T. | | Sat | <i>27-6-39</i> | | | |
| 9. Swimming | | | | | | |
| 10. Kit and Medical | | Sat | | | | |
| 11. | | | | | | |
| 12. | | | | | | |

Character **V.G.** Efficiency **Sat** Character **V.G.** Efficiency **Sat**

Qualified as Efficient **Yes**

E.T. Part I Passed }
Failed } Date _____ Passed } Date _____
Failed }

Passed professionally for _____ Date _____ Date _____

Recommended for Advancement _____

Recommended for Confirmation _____

Qualified for Advancement to _____

Recommended for Special Branch _____

General Remarks **A steady worker will be an asset later on if given the opportunity. He appeared to be scared of tackling the job in case he made an error. A good type.**

Signature _____

Lieutenant Commander R.C.N.V.R.
Reserve Training Officer

Noted in Service
Records by
E.G.
21.8.39

PC06887

113 6 71

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. STADACONA at HALIFAX NOVA SCOTIA

Name Norman Wyndam EDWARDS
(Christian names in full)

Rank of Rating Ordinary Seaman Official No. V-6372
(If unknown, date of first entry)

Place of Birth Ottawa, Carleton, Ont. Date of Birth 1st February, 1921

Occupation in Civil Life Delivery Boy Religion Roman Catholic

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) 1 year and 7 months

Date of Death 22nd October 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. S. Edwards Relationship Mother
Address 147 Rochester St.
Ottawa, Ontario.

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 invalidated

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.

MEMORANDUM FOR

P. 64

Mrs. Sarah Edwards,
147 Rochester Street,
Ottawa,
Ontario.

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. 113-E.71 FD.203 40

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

JULY 4 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

EDWARDS, Norman Wyndham, Ord. Smn.,

O. No. V-6372, R.C.N.V.R.

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..... | | | | |
| 2 | Children of the Deceased and dates of their Births..... | | | | |
| 3 | Father of the Deceased..... | John. Wyndham Edwards | 39 | Deceased. July 15/32 | |
| 4 | Mother of the Deceased..... | Sarah Edwards | 45 | | |
| 5 | Brothers of the Deceased | Full Blood | Wilfred Lloyd Edwards | 23 | 85 Le Breton St Ottawa |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | Margaret Griner Edna Edwards Mildred Edwards Muriel Edwards | 23 18 15 15 | 3575 Park Ave Montreal, Que. 147 Rochester St. 147 Rochester St. 147 Rochester St. |
| | | Half Blood | | | |
| 7 | 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 | |
| | | | | | |

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? | Morman & Gndham Edwards |
| 11 | Give the month and year of his birth. | Feb 1st 1921 34 |
| 12 | Where and when were his parents married? | July 11th 1917 Ottawa |
| 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. | Yes Mother |
| 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? | Ottawa |
| 17 | In what Province, Country or State did he reside, and in which last? | Ontario Canada |
| 18 | How long in each? | 19 yrs |
| 19 | What was the nature of his employment? | Subsec Ordinary Seaman. |
| 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. | 147 Rochester Street Ottawa Ont Canada |

PARTICULARS AS TO CLAIMS

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 23 | Have the funeral expenses been paid? If so, by whom? | Unidad & Sea |
| 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

*.....*Mother*.....of the deceased.

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

Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....*Sarah Edwards*.....

*See above

.....{ Name of Informant } is the *.....*Mother*.....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.....*Ottawa*.....this.....*7th*.....day of.....*July*.....19*41*

Signature of Clergyman, Priest or Magistrate

John P. Buchanan

Qualification

JP

Address.....*2 Queen St.*.....

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.

DC

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

4
NAVY

DECEASED
MEMBER'S
NAME

Norman Wyndham
(CHRISTIAN NAMES)

EDWARDS
(SURNAME)

REGISTER NO.

3048

FILE NO.

NSV-6372

DATE

19 Mch/45

SERVICE NO.

V-6372

FINAL RANK OR RATING

O/Smn.

DATE OF DISCHARGE

22 Oct/40

PAYEE Mrs. Sarah Edwards,
ADDRESS 147 Rochester Street,
Ottawa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 22 Oct/40

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 409 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 70 LESS 19 INELIGIBLE DAYS, EQUAL TO 51 DAYS @ 25C. PER DAY

12.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
SUBSISTENCE OR LODGING \$ 1.45
AND PROVISION ALLOWANCE
ADDITIONAL PAY H.L.M. \$.10

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.05 X 7 = \$ 21.35
NO. OF DAYS 51 X \$ 21.35

5.95

D. WAR SERVICE GRATUITY

116.20

E. DEDUCTIONS

OVERPAYMENT OF

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

NIL

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

116.20

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 116.20

Cheque 120013 - 29/3-45

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

PREPARED BY

SJD

CHECKED BY

BAK

TREASURY

CHECKED BY

DATE

20/3/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

P 41859

ACCOUNTS OF MEN DISCHARGED

APR 16 1941
N.S. 113-E 71
CANADA

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 NORMAN V. EDWARDS Rating O. SEA.
Official No. V. 6372 H.M.C.S. "MARGAREE" List 5-2/73
Who* was "DD" on the 22nd October 1940.

| | | |
|-----------------------------------------------------------------------------------------------------|----|------|
| Net sum due on ledger on account of Wages..... | \$ | cts. |
| Proceeds of sale of Effects charged against Wages, brought from the other side | 14 | 78 |
| | N | I L |
| CASH— | | |
| Proceeds of sale of Effects, paid for in Cash, brought from the other side..... | \$ | cts. |
| Found amongst Effects..... | N | I L |
| Debts collected \$..... | N | I L |
| Cash debited in the Accountant Officer's Cash Acct..... | N | I L |
| If in debt in ledger, amount to be stated (in red ink)..... | N | I L |
| Rate of allotment (in words) <u>TWENTY & SIX</u> charged to <u>31st</u> October, 19 <u>40</u> . | | |
| Name of ship from which transferred <u>H.M.C.S. "MARGAREE"</u> | | |
| Total† <u>BALANCE CREDITOR</u> | 14 | 78 |

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 H.M.C.S. "MARGAREE" amounting to a net balance† MCREDITOR of -FOURTEEN- dollars SEVENTY-EIGHT cents.

Dated on board H.M.C.S. "STADACONA" at HALIFAX
NOVA SCOTIA this 25th day of MARCH 1941.

Approved

B. M. Watfield FOR Accountant Officer
Paymaster Sub-Lieutenant, RCNVR
Initials of the Assistant Accountant Officer

J. E. Leigh Lt. V.R. Commanding Officer.
ACTING CAPTAIN.

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

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

Signature.....

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

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

C.N.S. 46

10M-10-40 (7450)
H.Q. N.S. 815-9-45

Ledger { Fair
Rough

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

[illegible]

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

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

| | |
|----------------|----------------|
|Signature |Signature |
|Rank |Rank |

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

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "MARGAREE" ending 31st October 1940.

List 5-2 No. 73 (Name) EDWARDS, Norman V. Rank Rating O.Sm'n No. V.6372

When entered 1st.October Date of appearance 6th.Sept. Whither discharged #DD

| | \$ | c. |
|----------------------------------------------------------------------|------|-----|
| CREDIT from former account | --- | --- |
| Pay as Ord.Sm'n from 1st.Oct. to 31st.Oct. (31 days at \$1.50 a day) | 46 | 50 |
| " " " " " " | | |
| " " " " " " | | |
| " " " " " " | | |
| " " " " " " | | |
| Kit Upkeep Allowance | 3 | 33 |
| OTHER CREDITS: H.L.M. | 1 | 50 |
| L.A. | 4 | 00 |
| Total credits | 55 | 33 |
| DEBT from former account | 5 | 61 |
| PAYMENTS:— | | |
| 1st month | 8.94 | |
| 2nd month | | |
| 3rd month | | |
| Total | 8 | 94 |
| Allotment October | 26 | 00 |
| Pension deduction (Officers) charged to | NIL | |
| Hospital stoppages | NIL | |
| Mulcts | NIL | |
| OTHER CHARGES: | NIL | |
| | NIL | |
| | NIL | |
| | NIL | |
| | NIL | |
| Total debits | 40 | 55 |
| Balance Cr. | 14 | 78 |

Number of days actually victualled during period mentioned above 15 days

| NOT VICTUALLED | LENT, SICK OR LEAVE | INCLUSIVE DATE | | No. OF DAYS | SHIP, HOSPITAL, etc., IN WHICH BORNE |
|-------------------|------------------------|----------------|----------|----------------|-----------------------------------------|
| | | FROM | TO | | |
| | Lent. | 6th.Sep. | 7th.Oct. | 32 | "DRAKE" |

Date 1st. April 19.41

Bm Hatfield
FOR ACCOUNTANT OFFICER
Paymaster Sub-Lieutenant, R.C.N.V.R.

NO. 3173 PCL.
ORIGINAL

P040939
JUL 11 1940
N.S. 113-71
CANADA
H.Q. File No.

DECLARATION OF ALLOTMENT

18

| List and Number in Ledger | ALLOTOR | Rank or Rating | Official No. | Daily Rate of Pay |
|------------------------------------|------------------------------------------------------|------------------|--------------|-------------------|
| STADACONA 5 2 417 Sec. 1 | Surname. EDWARDS. Christian Names } Norman W. | O. Smn. RCNVR | 6372 | \$1.50 |

Section A ALLOTMENT NOW DECLARED

| FULL NAME OF ALLOTTEE | Relationship | ADDRESS | Rate per Month to be charged on ledger | Month to commence. Payable on last working day |
|--------------------------------------------------|---------------------|---------------------------------|----------------------------------------------|------------------------------------------------------|
| Surname. H. Star & Son. Christian Names } | NAVAL OUTFITTERS | 128 Hollis St. Halifax, N.S. | \$6.00 Increase | July. |

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

| Rate | NAME OF ALLOTTEE | ADDRESS | These allotments are to be disposed of as indicated below. (See Note 2):— |
|----------|--------------------|---------------|------------------------------------------------------------------------------|
| \$3.00 ✓ | H. Star & Son | Halifax, N.S. | Increased as in Sec. A. |
| 20.00 ✓ | Mrs Sarah Edwards. | Ottawa, Ont. | to be continued. |

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorizing charges.

O. Smn.

Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

Assigned Pay to Wives

Assigned Pay to other Dependents

Marriage Allowance

Dependents Allowance

Other Allotments

Object No. 111 \$

113

116

119

122

Total

\$ 6.00

THE NAVAL SECRETARY,

Department of National Defence,
(Naval Service)
Ottawa, Ont.

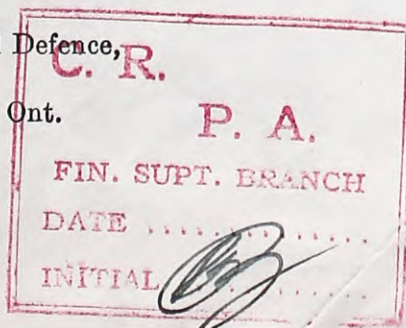
PAY. S. LIEUTENANT. R.C.N.V.R.
for Accountant Officer

H.M.C.S. STADACONA

Forwarded 8/12/40

S. 63

15M-10-39 (2286)
N.S. 815-9-43



NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY

| | INITIALS | DATE |
|-------------------------------------------|----------|------|
| Declaration received at Headquarters..... | | |
| Declaration examined..... | | |
| Approved..... | | |
| Index card made..... | | |
| Allotment ledger sheet made..... | | |
| Allotment ledger sheet checked..... | | |
| Type plate made..... | | |

| |
|-------------------------|
| MAIN FILE |
| CHARGED TO |
| SINCE |
| REC'D. CENTRAL REGISTRY |
| '11 11 1940 |
| REFERRED TO <i>Gray</i> |