A1178
KEEPING
ROBERT

DECEASED 22 October 1940

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
KEEPING	Robert	A-1178	A.B.	FILE No.

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
Atlantic Star	
C.V.S.M. & Clasp	8541
War Medal	
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

RCNR Aug.41 "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mr. Fred Keeping - Brother

ADDRESS: Burnt Island,
Via Channel, Nfld.

MEMORIAL BAR
(1) DATE DESP
REGN. NO. 53

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER DECEASED

ADDRESS:

(3)

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

A 1178 OFFICIAL NUMBER | NAME KEEPING (Surname) Robert (Given Names) | OFFICIAL NUMBER A 1178

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	[redacted]alified Day	[redacted]alified Month	[redacted]alified Year
Stadacona	Able Smn.	27	12	39		V.G.		31	12	39							
Fraser	"	10	1	40													
Margaree	"	6	9	40													
DISCHARGED	"	22	10	40	DEAD "Margaree Casualty"	V.G.	Supr.	22	10	40							

GENERAL REMARKS

DATE OF BIRTH DY.	MO.	YR.	PLACE BIRTH	CIVIL OCCUP. MAIN	PERM. RESIDENCE PROV	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR.	RANK
09	04	00	22	100 0 30 X 4 12 02	0	19	0	08	94

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE ST. DY.	MO.	YR.	SHIP. CR. ESTAB.	RANK OR RATE ON DISCHARGE A	BR.	RANK
27	12	39	27	12	39	03	10	08	94

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	B			CODED	CHECKED
27	12	39	00	-	-	20	22 10 40	cla	

A 1178 OFFICIAL NUMBER | FILE NUMBER 123-K-41 | OFFICIAL NUMBER A 1178

NAME KEEPING (Surname) Robert (Given Names) DATE OF BIRTH 9 April, 1900

PLACE OF BIRTH Born at sea, English ship, British parents. OCCUPATION Fisherman Deepsea "Bessemer"

RELIGION Church of England EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Lunenburg, Province, etc N.S.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
27	12	39	Hostilities only

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 5"	Black	Blue	Dark	--nil--

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	Dates To
--nil--			

NEXT OF KIN RELATIONSHIP (in pencil) Sister NAME (in pencil) Mrs. William Saunders

ADDRESS (in pencil): Street and No. North West Cove, Town Burnt Is. New Chester Province, etc. Newfoundland

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

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

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

FILM NO. WAR 4490-3 DATE

SECOND CLASS FOR CONDUCT

From	To

H.Q. 35—30M—4-42 (4260)
N.S. 815—7-35

W.S.G. APPLICATION 1296 RECEIVED 4/6/90

MEMORANDUM FOR P. 64

Mrs. Wm. Munden,
North West Cove,
Burnt Islands,
near Channel,
Newfoundland.

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. 123-K-41 FD.192

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DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 2, 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

KEEPING, Robert, A.B.

No. A1178, R.C.N.R., H.M.C.S. 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.

ESTATES BRANCH JUL 14 1941 H.Q. OTTAWA NATIONAL DEFENCE

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

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

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		No children		
3	Father of the Deceased		Henry Keeping	54	Died Aug 28 1922
4	Mother of the Deceased		Lavinia Keeping	54	Died Jan 2/1933
5	Brothers of the Deceased	Full Blood	Fred Keeping	42	asst Keeper Fog Alarm Burnt Islands Green Cha nfld
			Henry Keeping	34	Glace Bay Nova Scotia
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs Wm Munden	49	Burnt Islands Red Chan Newfoundland
			Mrs John Munden	47	
			Mrs Ebenezer Strickland	40	9 Grant Street - Glace Ba
		Half Blood			

	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
7	Brothers & Sisters died in Infancy	Note in Column 6 christian name of Mrs Wm Munden ~~Mrs John Munden~~ christian name Mrs C Strickland	Isabella Stella Mary Jane

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?	Robert
11	Give the month and year of his birth.	April 19 1900
12	Where and when were his parents married?	Burnt Islands about 1890
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?	Burnt Islands
17	In what Province, Country or State did he reside, and in which last?	Generally at Sea
18	How long in each?	
19	What was the nature of his employment?	Sailor & Fisherman
20	Did he own the house or homestead in which he lived? If so, where?	
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	
22	State your postal address in full.	Mrs Wm Munden Burnt Islands near Channel Nfld

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	
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).	

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

witness
Isabella × Munden {Signature of Informant
George Dawe J.P.

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Isabella Munden {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.

*See above

Dated at Burnt Islands this 8th day of July 1941

Signature of Clergyman, Priest or Magistrate George Dawe Qualification Justice of the Peace for the Colony of Newfoundland

Address Burnt Islands near Channel Newfoundland

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.

R. C. N. R.

Fraser

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True Copy of the CERTIFICATE of the Service of

Robert K E E P I N G.

in the Naval Service of Canada

DURATION OF HOSTILITIES

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: H A L I F A X. | OFFICIAL NUMBER: A1178

Date of birth: 9th April, 1900

Where born: Town: Born at Sea.

County and province: English Ship, and British Parents.

Usual place of residence: Lunenburg, N. S.

Trade brought up to: Fisherman--Deepsea--"BESSEMER"

Religious denomination: Church of England.

Next of kin: (Sister) Mrs Isabel Keeping, Round Islands, Hants Co. N.S.

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
27th December, 1939.		Duration of 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	5	Dark	Black	Blue	Nil.
On re-entry for C. S. or for Non-C.S. after attaining 28 years						
Further description if necessary						

C.N.S. 1243
2M—7-31
N.S. 815-9-1243

Name.....

SHIP'S NAME.	LIST AND No.		RATING.	FROM	TO	CAUSE OF DISCHARGE.
"Stadacona"	–	–	O.B (T)	27 Dec 39	9 Jan '40	
Fraser	–	–	– " –	10 Jan '40	5 Sep '40	
Margaree	–	–	– " –	6 Sep '40	22 Oct '40.	"D.D."

DATE.	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants.	CAPTAIN'S SIGNATURE.

....Service.

SHIP'S NAME.	LIST AND No.		RATING.	FROM	TO	CAUSE OF DISCHARGE.

Examinations and Notations other than those entered on Gunnery and Torpedo History Sheet.

DATE.	PARTICULARS.	CAPTAIN'S SIGNATURE.	DATE.	PARTICULARS.	CAPTAIN'S SIGNATURE.

4

Name Robert K E E P I N G

Conduct.

SECOND CLASS FOR CONDUCT INCLUSIVE DATES.		CHARACTER, EFFICIENCY IN RATING, RECOMMENDATIONS FOR MEDAL AND GRATUITY (R.M.G.) ON 31st DECEMBER, EACH YEAR AND ON DISCHARGE FROM THE SERVICE.				
From	To	Character	Efficiency in Rating, noting Substantive Rating	R.M.G.	Date.	Captain's Signature.
		V.G.	(AB)		31 Dec 39	[signature]
		V.G.	Substn. (A.B.)		22 Oct '40.	

GOOD CONDUCT BADGES.

Date.	1st, 2nd, 3rd.	Granted, Deprived, Restored.

	Date.	P.D.C., C.P., or W.T.	Days.	Date.	P.D.C., C.P., or W.T.	Days.	Date.	P.D.C., C.P., or W.T.	Days.	Date.	P.D.C., C.P., or W.T.	Days.
Time Forfeited.												

QH

N. R. 5
5M—1-39
N.S. 815-12-5

MAR -9 1940
1.0123-A-41
CANADA

CANADA

P9506

ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME KEEPING, OFFICIAL NO. A 1178

CHRISTIAN NAMES Robert MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
Lunenburg, N.S.	C. of E.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
9th April, 1900	Town Born at sea County English ship Province British Parents.	Mrs. Isabel Keeping, (Sister) Burnt Islands, Nfld. Checked 7-8-40

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM-PLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 5	Inflated ..... Deflated 38 Mean	Black	Blue	Dark	Nil.

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
27th December, 1939.	A.B. (T)	Fisherman Deepsea "Bessemer"

(B) DECLARATION TO BE MADE BY APPLICANT

Personnel Records Division.
1. Nominal Roll
2. Index Card
3. Non-Sup. Card
4. Statistical Card
5. .....
6. Pension Card
RB
14 March, 1940.

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 it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.

(c) That it is my intention to follow the sea in an Engine-room capacity for a period of 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.

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

*Cross out clause not applicable

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

~~(b)* I served in~~ NIL ~~for the period shown.~~

Served in	Rank	From	To
	NIL		

(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.

(a) 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.

(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 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 December, 1939.

✓ Robert Keeping
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

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

Signature of Applicant ✓ Robert Keeping

Witness Gatt Boggs

Date 27th December, 1939. Rank Payr. Lieutenant R.C.N.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 December, 1939.

Gatt Boggs
(Signature of Officer and rank)
Payr. Lieutnnant R.C.N.R.

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

Medically fit
A. McCallum
Surgeon Comdr RR

APPROVED:-
J. J. Edwards.
Commander R. C. N.

VERIFICATION FORM

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL
NAVAL GENERAL SERVICE MEDAL

NAME IN FULL KEEPING Robert ..... RANK/RATING ..... AB .....

SHIP	SERVICE			AREA	QUAL		
	FROM	TO	DAYS		FROM	TO	
	27.12.39						
Fraser	10.1.40	5.9.40	240	AT			
Margaret	6.9.40	22.10.40	47	AT			

Dis. Dead
22.10.40

VERIFIED BY Bollett Saunders ..... | VERIFIED BY .....

VERIFICATION FORM

DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

VAL GENERAL SERVICE MEDAL (1915).

K/RATING ....AB.....OFF.NO. A-1178 ADDRESS .....

CA	QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
								1939-45	/	star
								ATLANTIC	/	star
AT								FRANCE G.		
T								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
d								DEFENCE		
.10.40										
								C.V.S.M.	2	+ clasp
								" CLASP		
								WAR 1945	/	medal
								WAR 1915		

VERIFIED BY R.S.

ED BY .....

.....
DIR. OF PERSONNEL RECORDS.

OFFICIAL COPY

Records

S. 1320D
10 Mil.-5-40 (5005)
N.S. 815-9-1320D

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NAVAL MESSAGE

To: MISS ISABEL KEEPING
BURNT ISLANDS
NEWFOUNDLAND

From:

123 K. 41

THE MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS
TO INFORM YOU THAT YOUR BROTHER ROBERT KEEPING
ABLE SEAMAN R C N R O.N. A 1178 IS MISSING, BELIEVED KILLED

-/26

L/T P/L REC'D SDO AB 27-10-40 5484
1540/26

CANADA

Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. NS. 123-K-41

17

NOV 8 1940

STATEMENT OF SERVICE OF

Robert KEEPING

Able Seaman, R.C.N.R., O.N. A 1178

Ship or Establishment	Rating	From	To
H.M.C.S. "STADACONA"	A.B.	27-12-39	9-1-40
H.M.C.S. "FRASER"	A.B.	10-1-40	
H.M.C.S. "MARGAREE"	A.B.		22-10-40

Character Assessment for whole of time - N.K.

DISCHARGED "DEAD" - 22 October, 1940.

(J. O. Cossette)
NAVAL SECRETARY.

H.Q. 1010
N.S. 815-7-1010

STATEMENT OF ACCOUNT

25

True extract from the ledger of H.M.C.S. "MARGAREE" ending 31st October 19 40

List 5-2 No. 35 (Name) KEEPING, ROBERT Rank Rating A.B. No. A-1178

When entered 1st October Date of appearance 6th Sep. Whither discharged "DD"

	$	c.
CREDIT from former account	51	11
Pay as A.B. (Rank Rating) from 1st Oct. to 31st Oct (31 days at $1.85 a day)	57	35
" " " " " " (" " ")		
" " " " " " (" " ")		
" " " " " " (" " ")		
" " " " " " (" " ")		
Kit Upkeep Allowance NIL		
OTHER CREDITS: H.L.M.	2	86
L.A.	3	50
GROG MONEY	1	32
Total credits	116	14
DEBT from former account NIL		
1st month — Total	8	94
2nd month — Total		
3rd month — Total		
Allotment NIL OCTOBER		
Pension deduction (Officers) charged to NIL of		
Hospital stoppages NIL		
Mulcts NIL		
OTHER CHARGES: NIL		
Total debits	8	94
Balance Cr. or Dr.	~~107~~ 107	~~02~~ 20

PAYMENTS:—

	1st $ c.	2nd $ c.	3rd $ c.	4th $ c.	5th $ c.
1st month	8 94				
2nd month					
3rd month					

noted in Depot (6) 20-7-45

noted Depot (6) 23.7.45

Ledger { Paid / Recd }

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 22

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE FROM	INCLUSIVE DATE TO	No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
LENT	6th Sep.	30th Sep.	25	DRAKE

Date ~~XXX~~ 1st April, 19 41

B M Warfield

for ACCOUNTANT OFFICER

PAYMASTER SUB.LIEUTENANT, RCNVR.

C.N.S. 2426
25M—10-40 (7514)
N.S. 815-9-2426

P 41758

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

30

Name ROBERT KEEPING *Rating* A.B.

Official No. A.1178 *H.M.C.S.* "MARGAREE" *List* 5-2/35

*Who** was "DD" *on the* 22nd October *19* 40.

	$	cts.
Net sum due on ledger on account of Wages	107	20
Proceeds of sale of Effects charged against Wages, brought from the other side	NIL	
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side	NIL	
Found amongst Effects	NIL	
Debts collected §	NIL	
OK #60-23206	15	00
Cash debited in the Accountant Officer's Cash Acct.	NIL	
If in debt in ledger, amount to be stated (in red ink)	NIL	
Rate of allotment (in words) -NIL- charged to		
Name of ship from which transferred H.M.C.S. "MARGAREE"		
noted DNPA(G) 8Nov 19/41 US		
Total† BALANCE CREDITOE	~~107~~	~~20~~
	122	20

638

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† CREDITOR of ONE HUNDRED AND SEVEN dollars -TWENTY- cents.

Dated on board H.M.C.S. "STADACONA" at HALIFAX NOVA SCOTIA this 25th day of MARCH 19 41.

Approved W. M. Bathgate FOR Accountant Officer
Paymaster Sub-Lieutenant, R.C.N.V.R.
{ Initials of the Assistant Accountant Officer

J. E. Leigh Lt. V.R. Commanding Officer.
for ~~ACTING CAPTAIN~~, R.C.N.

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

ACCOUNT OF SALE OF THE EFFECTS

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

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

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

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

.....Signature | .....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.

P096916 123-K41

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

29

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

Name Robert KEEPING
(Christian names in full)

Rank of Rating A.B. (T) Official No. A1178
(If unknown, date of first entry)

Place of Birth Born at Sea. English Ship-British Parents. Date of Birth 9th April, 1900

Occupation in Civil Life Fisherman Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 10 Months

Date of Death 22nd 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. Isabel KEEPING Relationship Sister
Address Saint Islands, Newfoundland.

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

DISTRIBUTION OF SERVICE ESTATES GMW
NAVY

Estates Form "P. 4"

Name KEEPING, Robert [redacted] No. NSA 1178
Surname Christian Names

A.B. HMCS Margaree 22-10-40
Rank Unit Date of Death

AMOUNT W.S.G. 184.15
L.P.C. ..... $ 122.20

Date 1-3-46

Other Credits .....

Total 306.35
Prev. Dist. 122.20
This Dist. 184.15

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/5	Brother	Fred Keeping Burnt Islands Via Channel Newfoundland	36.83
1/5	Brother	Henry Keeping 58 Brook St., Glace Bay, N.S.	36.83
1/5	Sister	Isabella Munden Burnt Islands Via Channel, Nfld.	36.83
1/5	Sister	Stella Munden Burnt Islands North East Cove Via Channel, Nfld.	36.83
1/5	Sister	Mrs. Jane Strickland 9 Grant St., Glace Bay, N.S. 11/3 (As next of kin entitled)	36.83
			WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	184.15

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

40M—8-45 (7876)
H.Q.1772-45-27

AH

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

27

4
NAVY

RELEASED
NUMBER'S
NAME

Robert (CHRISTIAN NAMES) KEEPING (SURNAME)

REGISTER NO. 12860
FILE NO. NS A-1178
DATE 12 Oct.'45
SERVICE NO. A-1178
FINAL RANK OR RATING A.B.
DATE OF DISCHARGE ~~22 Oct.'40~~

PAYEE Director of Estates for service Estate of
ADDRESS 308 Sparks Street, Ottawa, Ont. Robert KEEPING NS A-1178

DATE OF TERMINATION OF OVERSEAS SERVICE 22 Oct.'40

		$	¢
A. TOTAL QUALIFYING SERVICE			
NO. OF DAYS ~~301~~ 30 EQUAL TO 10 COMPLETE PERIODS AT $7.50			75.00
B. QUALIFYING OVERSEAS SERVICE			
NO. OF DAYS 287 LESS 1 INELIGIBLE DAYS, EQUAL TO 286 DAYS @ 25c. PER DAY			71.50
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY		$ 1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE		$ 1.45	
ADDITIONAL PAY	HLM	$ .13	
		$	
		$	
DEPENDENTS' ALLOWANCE 1/30 OF $ ~~nil~~		$ nil	
TOTAL		$ 3.43	×7 = $ 24.01
NO. OF DAYS ~~287~~ 183			×$ 24.01 = 37.65
D. WAR SERVICE GRATUITY			184.15
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES		$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY		$	
OTHER DEDUCTIONS		$ nil	
F. TOTAL AMOUNT PAYABLE			184.15

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ =$ 184.15

Voucher 2888 — Oct. 17/45

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

PREPARED BY	CHECKED BY
EP	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	17/10/45

[signature]
SERVICE REPRESENTATIVE
For Dir. Naval Pay Acct'ng.

ΔT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name: ROBERT KEEPING
(Christian Names) (Surname)

Payee: Director of Estates for service Estate of Robert KEEPING
Address: 308 Sparks Street Ottawa Ont.
N.S. A1178.

Register No. 12860
File No. A-1178
Date 20-7-45
Service No. A-1178
Final Rank or Rating AB.

Date of termination of overseas service 22 Oct 40 Date of Discharge 22 Oct 40

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days 301/30 equal to 10 complete periods at $7.50	75.00
B. QUALIFYING OVERSEAS SERVICE No. of days 287 less 1 ineligible days equal to 286 days @ 25¢ per day	71.50
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE	
Pay $ 1.85	
Subsistence or Lodging and Provision Allowance $ 1.45	
Additional Pay HLM $ .130	
Dependents' Allowance 1/30 of $ nil / 4 = $ 24.01	
Total 3.43 x 7 = $ ~~31.01~~ 24.01	
No. of days 287/183 x $ ~~31.01~~ 24.01	37.65
D. WAR SERVICE GRATUITY	184.15
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $ N/A	
F. TOTAL AMOUNT PAYABLE	184.15
G. YOUR PORTION OF GRATUITY IS Dependents' Allowance in issue to you $_____ of $ = $ 184.15 Total Dependents' Allowance in issue $	

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

Prepared by	Checked by	Treasury Checked by	Treasury Date

Service Representative

D.N.P.A. CHECK

1		6	
2		7	
3		8	
4		9	
5		10	

S/A.

1128
232
1365

Can. B. 207
20M—8-38
N.S. 815-2-207

CANADA

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 Keeping Robert.

candidate for entry as A.B. G1 R.C.N.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 Halifax the 27th of December 1939

Albert Laroche

Examining Medical Officer

(*Rank*) SURGEON LIEUT. Lond.

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.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (*No. deficient and No. defective, if any*), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
39 8/12	lbs. 147	ft. ins. 5'4"	Good.	inches (a) maximum 38 (b) minimum 36 (c) mean 37	right eye 6/6 left eye 6/6 colour vision N (ISH)	1909	N.	N.	Right Index finger Amputated	N	N.	N.	Defective 0 Deficient 0 THROAT N	N.

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.

Robert Keeping

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 Rt. Index Finger missing. Upper Dentures not considered of sufficient importance to cause his rejection, he being desirable in other respects.

Albert Laroche

Examining Medical Officer

(*Rank*) SURGEON LIEUT. Lond.

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