

C30759
JOHNSTONE
CHARLES JAMES

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

File No. 405-J-1713

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. C 30759 Name JOHNSTONE CHARLES JAMES
Rank on Discharge Cpl. Date of Discharge 1-5-41
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada	from	<u>3-3-41</u>	to	<u>20-7-41</u>	
	from		to		
<u>At Sea</u> United Kingdom	from	<u>21-7-41</u>	to	<u>1-5-41</u>	<u>Ship torpedoed at sea</u>
	from		to		
Italy	from		to		
Northwest Europe	from		to		
	from		to		
	from		to		

Eligible for award of:

~~1939 - 45 Star~~
~~Italy Star~~
~~France-Gerrard Star~~
 Defence Medal NE
 War Medal 1939-45 OK
 Canadian Volunteer Service Medal OK
 with clasp OK



Verified by G. L. Gibson
Date 1-11-46
Carded NOV 4 1946

NKD

405-J-1413 (17)

1932 Robinson St. Regina, Sask.
September 19th, 1945.

Director of Records
A. G. Branch
SEP 21 1945
Nat. Defence 174
Ottawa, - Canada

Department of National Defence,
Army Headquarters,
Ottawa, Ontario.

Dear Sirs:

Re:- C30759 Corporal Charles J. Johnstone.

On May 1st, 1941 my husband Corporal Charles J. Johnstone was lost at sea while enroute to England. A few months later I requested a death certificate in order to be able to claim his insurance policy. I received a letter certifying that he had been lost at sea and was presumed dead for official purposes. I seem to have mislaid this letter, and would be glad if you could furnish me with another letter or an official death certificate, as I require this evidence in connection with his Uncle's estate in England

I would appreciate receiving this certificate as soon as possible, as I have been asked to forward all information immediately in order that the estate may be settled as quickly as possible.

Yours truly,

Mrs. Helene A. Johnstone
(W)

40

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME CHARLES JAMES JOHNSTONE Register No. D10 828
(Christian Names) (Surname)
 PAYEE'S NAME MRS HELEN JOHNSTONE File No. 405-J-1413
(Christian Names) (Surname) Date 22-8-45
 ADDRESS 1941 ROBINSON ST. Service No. C30759
REGINA — SASK. Final Rank Cpl PTE
 DATE OF TERMINATION OF OVERSEAS SERVICE 1-5-41 Date of Discharge 1/5/41

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE No. of days <u>60</u> = <u>2</u> Periods @ \$7.50 <small>30</small>		15	00
B. QUALIFYING OVERSEAS SERVICE No. of days <u>10</u> less <u>0</u> Ineligible days, equal <u>10</u> Days @ 25c per day		2	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay \$ <u>1.30</u> Subsistence Allowance \$ <u>85</u> Additional Pay \$ <u>0</u> Dependents' Allowance 1/30 \$ <u>47.00</u> \$ <u>1.57</u> TOTAL \$ <u>3.72</u> × 7 = \$ <u>26.04</u> No. of Days <u>10</u> × \$ <u>26.04</u> <small>183</small>		17	50
D. WAR SERVICE GRATUITY Computed By <u>Hentey</u> ✓		18	92
E. DEDUCTIONS Overpayment of (1) Pay & Allowance \$ (2) D.A. & A.P. \$ Other Deductions \$ Entered By <u>AM</u> ✓			
F. AMOUNT PAYABLE (This amount is payable in <u>1</u> monthly instalments of \$ <u>18.92</u> each)		18	92
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) \$ × 30 = \$			

REMARKS

8



CANADA

QUOTE NO. H.Q. 405-J-1413 (D.R.-9)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Directorate of Records

OTTAWA, CANADA,

20 Aug 45

P.M.G.,
(W.S.G.) G.,
Arnprior, Ontario.

C.30759 JOHNSTONE, Charles James

Reference your memo 405-J-1413 (WSG-G)
dated 13 Aug 45.

2. The m/n is shown on Sailing List 651 as a Corporal, sailing 20 Apr 41, on S.S. Nerissa, with six private soldiers. Postings of Daily Orders Part II show a/m with the rank of Private only. M.F.D. 930A, Last Pay Certificate, shows final paid rank of Private. It would appear that this soldier was given the rank of Acting Corporal in charge of the draft of six men from No. 12 A Provost Coy. Camp Borden to point of destination.

3. For your information, please.

DNS/5276

C.L. Laurin
(C.L. Laurin) Colonel,
Director of Records.

1

Register No. D-10828 ✓

Nominal Roll No. D-239 ✓

H.Q. File No. 405-J-1413 ✓

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>C-30759</u> ✓	<u>CP</u> <u>PTE.</u> <u>(WEA)</u>	<u>JOHNSTONE</u>	<u>CHARLES JAMES</u> ✓

REASON FOR TERMINATION OF SERVICE:

1st Enlistment PRESUMED DIED AT SEA ✓ CARO ()
 2nd Enlistment CARO ()
 3rd Enlistment ✓ CARO ()

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>3 MAR 41</u> ✓	T.O.S.	T.O.S.
S.O.S. <u>1 MAY 41</u> ✓ MD <u>0/5</u>	S.O.S. MD	S.O.S. MD
Total Days <u>60</u>	Total Days	Total Days

Total Service 60 DAYS ✓

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	<u>50</u>	-	<u>50</u>
Overseas Service	<u>10</u>	-	<u>10</u>
Totals	<u>60</u>	-	<u>60</u>
Add Non-qualifying Service			
Total Service			<u>60</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 1 MAY 41 ✓ 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature [Signature]
 Checker's Signature [Signature]
 Date Computed 10 MAY 45

DIED WHILST IN SERVICE
1 MAY 41

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

[Signature]
C. L. LAURIN,
 Colonel,
 DIRECTOR OF RECORDS.

CASUALTIES ONLY

For purposes of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D.10828

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa May 2 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. C.30759

Name C.J. Johnstone,
Christian Name Surname

Please supply the following information in respect of the marginally
named at the time of his discharge or death and return this form in
duplicate along with the file to the undersigned.

K.W. Rice
(K.W. Rice) Lieutenant,
for (A.R. Mortimore) Brigadier,
Paymaster-General

Names and relationship of persons
in receipt of D.A. and amount of
monthly award.

Name	Amount
<i>Mrs. Helen Johnstone</i>	<i>47.00</i>
_____	_____
_____	_____
_____	_____

If no D.A. in issue, list names and
relationship of persons in receipt
of A.P. who may be classed as
dependents under W.S.G. Act, 1944
and amount of monthly assignment

Names and relationship of persons to
whom assigned pay was continued by
supplementary award after death.

Amount of overpayment of dependents'
allowance and/or assigned pay deductible
from the War Service Gratuity and
name of person to whom paid.

nil

16. 5. 1945

S. Lees
For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&A.P.

Overpayments of D.A. and/ or A.P. recovered from W.S.G. \$ _____

_____ 194 _____

_____ for C.T.O.

A10528

APPLICATION FOR WAR SERVICE GRATUITY BY
DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the under-mentioned deceased member of the Canadian Army.

- (a) Surname JOHNSTONE
- (b) Christian Names Charles James
- (c) Regimental No. C30759 Corporal
- (d) Rank at time of decease Lost at Sea

2. I hereby submit the following particulars in support of my application:-

- (a) Surname Johnstone
- (b) Christian Names Helene Agnes
- (c) Relationship to deceased Wife
- _____
- _____
- (d) Address in full 1941 Robinson St. Regina, Sask. ✓
- _____
- _____
- _____

Yours truly,

Date April 9th

(Signature of Applicant)

REINFORCEMENT
TRAINING RECORD

Regt'l No. C-30759 Name Johnstone, C.J.

Unit R.C.M.P. (Provost) Rank Private

No. of weeks' training completed. 5 weeks (Infantry)

General standard attained.

(a) Military efficiency Good (b) Conduct Good

(c) Leadership

(d) Other remarks

Arthur B. Bennett
Rank Lieut

Basic Training Centre No. A.11. I. (A) T.C.

No. of weeks' Training completed.

General standard attained.

(a) Military efficiency (b) Conduct

(c) Leadership

(d) Other remarks

Rank

Advanced Training Centre No.

7/10 Report

33

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXX

XXXXXXXXXX

Name JOHNSTONE Charles James No. 0.30759
 Surname Christian Names

Cpl. : Can..Provost Corps : 1.5.41
 Rank Unit Date of Death

AMOUNT
 L. P. C. \$ 14.30
 Other Credits _____
 Total 14.30
 Shares Retained _____
 NET TOTAL 14.30

Date October 13, 1941

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT																					
<u>all</u>	<u>widow</u>	<u>Mrs. Helene A. Johnstone, 1941 Robinson Street, Regina, Sask. (next-of-kin entitled)</u>	<u>\$14.30</u>																					
<table border="1"> <tr> <td colspan="7">AUTHORITY <u>H.O. 405- J- 1413</u></td> </tr> <tr> <td>P.O.</td> <td>DIV</td> <td>EST</td> <td>VOTE</td> <td>FR</td> <td>DA OR HOUSE</td> <td>AMOUNT</td> </tr> <tr> <td><u>9999</u></td> <td></td> <td></td> <td><u>83100</u></td> <td><u>00</u></td> <td><u>001</u></td> <td><u>14 30</u></td> </tr> </table>				AUTHORITY <u>H.O. 405- J- 1413</u>							P.O.	DIV	EST	VOTE	FR	DA OR HOUSE	AMOUNT	<u>9999</u>			<u>83100</u>	<u>00</u>	<u>001</u>	<u>14 30</u>
AUTHORITY <u>H.O. 405- J- 1413</u>																								
P.O.	DIV	EST	VOTE	FR	DA OR HOUSE	AMOUNT																		
<u>9999</u>			<u>83100</u>	<u>00</u>	<u>001</u>	<u>14 30</u>																		
SHARES RETAINED																								
<u>none</u>		<table border="1"> <tr> <td>CLASSIFIED BY <u>W. Smith</u></td> <td>EXAMINED BY <u>J. Barter</u></td> <td><u>14 30</u></td> </tr> <tr> <td colspan="2">TREASURY OFFICER</td> <td>TOTAL</td> </tr> </table>	CLASSIFIED BY <u>W. Smith</u>	EXAMINED BY <u>J. Barter</u>	<u>14 30</u>	TREASURY OFFICER		TOTAL																
CLASSIFIED BY <u>W. Smith</u>	EXAMINED BY <u>J. Barter</u>	<u>14 30</u>																						
TREASURY OFFICER		TOTAL																						

Distribution approved and authorized

AUDITED FOR PAYMENT

J. Barter
 For Chief Treasury Officer

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

MEMORANDUM FOR

P. 64

Mrs. Helene Agnes Johnstone.....
208 - 5th Ave.....
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. 405-J-1413 FD. 290..

**DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.**

September 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

Cpl. Charles James JOHNSTONE, No. C.30759..

Reinf. Canadian Provost Corps.....

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.



8

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.....	Helene Agnes Johnstone	33	1941 Robinson St. Regina, Sask.
2	Children of the Deceased and dates of their Births.....	Noreen Margaret Johnstone, April 22, 1934.	7	1941 Robinson St. Regina, Sask.
3	Father of the Deceased.....	Deceased		
4	Mother of the Deceased.....	Mrs. Philip Prince		Lloydminster, Sask.
5	Brothers of the Deceased	Full Blood	Ray Johnstone	1129-17th Ave. N.W. Calgary, Alberta.
		Half Blood	none	
6	Sisters of the Deceased	Full Blood	none	
		Half Blood	none	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	-----	-----	-----	

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?	Charles James Johnstone
11	Give the month and year of his birth.	August, 1903.
12	Where and when were his parents married?	England
13	Was he ever married? If so, state exact place and date of marriage.	Yes, Regina, April 29, 1933.
14	Did he leave a (later) Will? If so, it should be forwarded.	not that I know of.
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?	England
17	In what Province, Country or State did he reside, and in which last?	England, Saskatchewan, Man. Alta. North West Territories, last Ontario
18	How long in each?	not known Ontario 2 $\frac{1}{2}$ years
19	What was the nature of his employment?	R. C. M. P.
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.	1941 Robinson St. Regina, Sask.

PARTICULARS AS TO CLAIMS

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

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 * Widowof the deceased.

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

Helene A. Johnston

Signature of Informant

CERTIFICATE

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

*See above Helene A. Johnston {Name of Informant} is the * Widowof 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 Regina this 29 day of September 1941

Signature of Clergyman, Priest or Magistrate } J. G. Hutchings Qualification Priest

Address Holy Rosary Cathedral Regina

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.

Table with multiple columns and rows, containing faint text and possibly names of relatives. The text is mostly illegible due to fading and bleed-through from the reverse side of the page.

To be made out in duplicate

M.F.M. 5
60M-7-40 (6140)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR
R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer or Other Rank JOHNSTONE
(Surname first—Christian names in full—Block capitals)

..... Charles James

(2) Regimental or Air Force Number and Rank C-30759 Pte.

(3) Unit District Depot M.D. #3

(4) Are you married? Yes

(5) If married, state,

(a) Full name of your wife Helene Johnstone

(b) Present postal address of wife 308 Fifth Ave., Ottawa, Ont., Can.

(6) If married, have you been regularly supporting your wife? If not—state reasons.....

..... Yes

(7) Are you a widower? NO

(8) Have you any children? YES Number of boys Girls 1

Names and ages Noreen 6 years.

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them Yes

Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.

Name N.A.

Postal Address

CERTIFIED TRUE COPY

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No.....

If so, state her full name and Postal Address.....
N.A.

(11) Is your father alive?..... NO

If so, state name and address, occupation.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?..... N.A.

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment.....

N.A.
Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?..... N.A.

(14) Is your mother alive?..... Yes

If so, state name and address..... Freda Prince (2nd. Marriage)
Lloydminster, Sask., Can.

(15) If your mother is a widow, are you her sole or partial support?..... N.A.

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment..... N.A.

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?..... N.A.

(17) Are you contributing to the support of any dependents, other than those shown above? NO.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N.A.

Full Name

Postal Address

Amount contributed monthly during the past six months.....

(18) Are you insured?..... Yes

If so, in what Company?..... North American Life
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?..... Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

..... C.J. Johnstone.....
(Signature of officer or man)

Date..... 3-3-41

..... J.A. Pewtress, Capt......

for Officer Commanding District Depot M.D.#3

Date..... 3-3-41

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

HM

A R M Y

June 4, 1941.

Mrs. Helene Agnes Johnstone,
208, 5th Avenue,
Ottawa,
Ontario.

Re C. 30759, Corporal Charles James JOHNSTONE

Dear Mrs. Johnstone:-

I wish to acknowledge receipt of your letter of the 27th ultimo relative to your husband who is for official purposes "Missing, Believed Lost at Sea".

A detailed report of the sinking of the ship has not yet been received at National Defence Headquarters. However, on 31st May, information was received by cable from Canadian Military Headquarters in England advising that the S.S. "Merissa" was hit by two torpedoes from an enemy submarine at approximately 10.34 G.M.T. on the night of April 30th, 1941. The first torpedo extinguished all the lights on the ship. Due to darkness, shortage of time, and injuries to members of the crew, some difficulties were experienced in launching the life-boats. Some of the life-boats were damaged as the result of the first explosion and others capsized when the ship sank. The ship sank approximately four minutes after the striking of the first torpedo.

I am desired to express again to you the sincere sympathy of the Minister and Members of Defence Council in your bereavement.

The pay of a soldier continues until the end of the month in which he dies. In these circumstances, there should be no change in your Dependents' Allowance and Assigned Pay cheque prior to the 31st of May. These cheques will continue until such time as a pension award is made by the Canadian Pension Commission.

There is no record of a Will executed by your husband having been filed with this Department, and a letter is to-day being despatched to his unit in an effort to ascertain if one were ever executed by him.

Yours truly,

W.E.L.
(W.E.L. Coleman),
Lieut-Colonel,
Officer i/c Records,
for Adjutant-General.

14

405 J-1413

1941 Robinson St.
Regina. Sask.
May 27/41.

Dear Sir:

I wish to
acknowledge receipt
of your letter of May
20th in which you
state my husband
C 30759 Corporal Charles
James Johnstone is
officially missing
at sea. Is it possible
for you to give me
any information as
to how he came to
his death? I would
feel easier in my
mind if I could
get some more

12

& would be glad to
have an early reply
from you.

Thanking you in
advance.

Sheene A. Johnstone

²
definite information.
I would also like
to be advised as to
my pay, if it continues
till you declared him
dead & what I can
expect.

The Insurance Co.
have asked me to
try & get a certified
copy of his "Will" & as
I am not sure where
to write for this, would
you be good enough
to obtain this for me.

I would certainly
appreciate any in-
formation you can
give me.

I will be making
my home here now

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

Mrs. Helene Agnes Johnstone, (Widow)

ADDRESS:

1932 Robinson St., Regina, Sask.

(2) MEMORIAL CROSS

WIDOW

Mrs. Helene Agnes Johnstone,

ADDRESS:

308- 5th Ave., Ottawa, Ont.

(3) MEMORIAL CROSS

MOTHER

Mrs. Freda Prince, (re-married)

ADDRESS:

Lloydminster, Sask.

2033

4-4-49

(1)

815

DESP. OCT 31 1941
REGN No. 815

(2)

DESP. OCT 31 1941
REGN No. 816

(3)

MEMORIAL BAR

DATE DESP

REGN. NO

21 21

17-9-41
(O.C.L.-63A)

AWARDS C.A.S.F.

1343

M

50M-5-40 (5079)
H.Q. 1772-45-8

			FILE NO. 405-J-1413
JOHNSTONE, Charles James		C.30759	Cpl. Cdn. Prov. Corps.
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
War Medal, 1939-45 CVSM & Clasp	
Defence Medal (Awards Board - d/14-1-48)	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No C.30759 Rank Corporal Name JOHNSTONE, Charles James

Unit Can. Provost Corps Date of death 1st May, 1941.

Died at _____

Cause Missing, believed lost at sea from S.S. "Nerissa".

Death occurred on strength of Forces.H.Q. 405-J-1413 d 2-5-41

N/K Mrs. Helene Agnes Johnstone Relationship Widow

Address 208 - 5th Avenue, Ottawa, Ontario.

Remains buried in _____ Cemetery _____

Grave location ✓ _____

CHK
HALIFAX MEMORIAL

DEATH CERT. TO N.K.	22-8-41
RETURN TO BUR.OF STAT.	22-8-41
ROYAL MESSAGE DESP'D.	26-8-41
CAN. MESSAGE DESP'D.	13-6-41

CANADIAN ACTIVE SERVICE FORCE PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. C30759	Rank Cpl.
Surname..... Johnstone	
Christian name..... Charles, James <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Unit or Corps Can. Provost Corps.	
Date of discharge 1-5-41	
Place of discharge	Mil. Dist. No. O. S.
1. DESCRIPTION AT DATE OF DISCHARGE	
Age..... 36years.....months Height 5feet..... 8inches Complexion Fair Eyes Blue Hair Brown Trade Police	Descriptive marks Slight hallux both feet. Back of neck burn.
Intended place of residence } (To be given as fully as practicable; i.e., mailing address) Street and Number P.O., City or Town, etc. Province	
2. The above-named man is discharged in consequence of Authority for discharge..... Missing at sea <small>N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct while in the service has been, according to the records, etc. <small>N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide 384, K.R. Can.)	

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

.....
.....
.....
.....

To be copied by the Commanding Officer on to the permanent Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....(Signature of Soldier)

(Date).....(Signature of Witness)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Statement of Service

(Date of enlistment—C.A.S.F.).....

(Date of discharge—C.A.S.F.).....

(Total Service—C.A.S.F.).....years.....days

10. Confirmation of Discharge

The discharge of the above-named man is hereby confirmed.

(Place)..... (Signature).....

(Date)..... Commanding.....

ORIGINAL
DUPLICATE
TRIPLICATE

District Depot M.D. #3

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

M.F.M. 2
A.F.B. 271
450M-5-40 (5237)
H.Q. 1772-39-1645

Unit.....R.C.M.P. Provost Corps..... Regimental Number.....C 30759.....

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

1. Surname.....JOHNSTONE.....

2. Christian Names.....Charles James.....

3. Present address.....308 Fifth Ave., Ottawa, Ontario, Canada.....

4. Date of birth.....Aug. 11, 1904.....

5. Place of birth.....England.....Sussex.....Bexhill On Sea.....
(Country) (County or Province) (Town or Township)

6. Religion (state denomination).....Anglican.....

7. Trade or Calling.....Police.....

8. Married, Widower or Single.....Married.....

9. Name of next of kin.....Mrs. Helene Agnes Johnstone.....

10. Relationship.....Wife.....*auth. Casualty Sec. 4/2-5-41*
208

11. Address of next of kin.....308 Fifth Ave., Ottawa, Ontario, Can.....

12. Do you belong to, or have you served in the Active Militia of Canada?.....No.....
(If Yes, Give Unit and Dates of Service)

13. Have you served in (a) The Canadian Active Service Force?.....No.....
(If Yes, Give Regimental No. and Unit) (Yes or No) (b) Any other Naval, Military, or Air Force?.....

14. Did you serve during the Great War 1914-1918?.....No.....
(If Yes, specify Regimental No., Unit and Dates of Service)

WSG
COMPLETED

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I,.....Charles James Johnstone.....do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date.....3-3-41..... C.J. Johnstone.....
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I,.....Charles James Johnstone.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
.....C.J. Johnstone.....(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at.....Ottawa, Ont. Can. this.....3rd.....day of.....March.....19 41

.....J.A. Pewtress, Capt.....(Signature of Magistrate, Justice
or Attesting Officer.)
.....District Depot M.D. #3.....(Office or Rank and Unit
or appointment.)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of JOHNSTONE (Surname) CHARLES JAMES (Christian Names) Regimental Number C 30759

QUALIFICATIONS

Military..... Nil
 Business or Professional..... Nil
 Trade or Civil..... Policeman
 Technical..... Nil
 Languages..... English

EDUCATIONAL QUALIFICATIONS

High School }
 or } 2 (years completed)
 Collegiate }
 Graduation } Nil (specify)
 or }
 Matriculation }
 *College..... Nil
 *University..... Nil
 Nil
 *(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
							Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment			DDMD			
	T.O.S. D.D.M.D. #3 (AF) on Enlist.		Pte.	3-3-41	#3 (AF)	Ottawa	64	5-3-41
	S.O.S. on trans. to #2 I.T.C.		"	5-3-41	"	"	64	5-3-41
	Part 11 D.O. 64 d/5-3-41 delete #1 Can. Provost							
	Corps, and insert "#2 Infantry Training Centre."		"		"	"	91	1-4-41
	Att. for A/P from # 3 District Depot		"	6-3-41	#2 I.T.C.	Camp Borden	60	13-3-41
	Ceases to be attached for all purposes to "Re"							
	from miscellaneous wing, No. 3 D.D. (C.(A)A) ef-							
	fective 17-4-41 T.O.S. and S.O.S. of miscellaneous							
	wing, No. 3 D.D. (C.(A) A.) for record purposes							
	effective 17-4-41 on proceeding overseas as rein-							
	forcements to No. 1 Provost Coy. (AF)		"	17-4-41	"	"	89	17-4-41

EMBARKED CANADA - SAILING LIST No. 651, 20/4/41 S/S Merissa
 missing at sea (E/O) C/P M 48-5/7/41
 May 1941 - Cable Trans. 186

PRESUMED DIED AT SEA

O.C.L. No. M-68A 17/9/41

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of At sea en route to United Kingdom. Township of
 { If in City, Town or Village..... Street..... House No.....
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED JOHNSTONE (Family name) Charles James (Given name or names in usual order)

RESIDENCE No. 308 Street Fifth Ave. City, Town, Village or Township Ottawa, Province Ontario.
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>M</u>	5. Nationality (Citizenship) <u>N</u>	6. Racial Origin <u>N</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
--------------------	---	------------------------------	--

8. BIRTHPLACE England
(Province or Country)9. DATE OF BIRTH August 11th 1904
(Month) (Day) (Year)10. AGE in { Years 36 Months 8 Days 21 If less than one day old
hrs. or min.

OCCUPATION	11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. <u>Police</u>	14. Total years spent in this occupation.....
	12. Kind of industry or business, as cotton- mill, lumbering, bank, etc.	
	13. Date deceased last worked at this occupation.....	

15. If married give name of wife
or husband of deceased Helene Agnes Johnstone16. NAME (dec'd)17. BIRTHPLACE
(Province or Country)

18. MAIDEN NAME.....

19. BIRTHPLACE
(Province or Country)20. Person giving information J. B. Kading for Lt. Col.
sign here.....
Address Officer in Charge of Records,
Dept. of National Defence
Relationship to deceased.....21. Place of Burial, Cremation or Removal.....
Date of burial or removal.....22. Burial Permit was issued by.....
Address.....23. UNDERTAKER
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH May 1st 1941
(Month) (Day) (Year)25. I HEREBY CERTIFY that I attended deceased from:
.....19..... to.....19.....
and last saw h.....alive on.....19.....

CAUSE OF DEATH

I. Immediate cause (a) Presumed to have died at sea as a result of enemy action.
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)..... due to (c).....

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

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

27. Was there a surgical operation?..... Date of operation.....19.....
State findings..... Was there an autopsy?.....28. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide?..... Date of injury.....19.....
(State which)
Manner of injury..... (How sustained)
Nature of injury.....
Specify whether injury occurred in industry, in home, or in public place.....

Signed by..... M.D.

Address..... Date.....19.....

29. Division Registrar's Record No.....

30. Filed.....19..... (Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

July 14, 1941.

Mr. L. Montgomery,
Claims Department,
North American Life Assurance Company,
Head Office,
TORONTO, Ontario.

RE: No. C30759, Cpl. Charles James JOHNSTONE
Canadian Provost Corps (A.F.)
Your Policy No. 270324

Dear Sir:


I am directed to acknowledge receipt of your letter of the 11th instant in which you request further details in connection with the presumed death of the soldier marginally named.

In reply thereto I am directed to inform you that the S.S. Nerissa was hit on its starboard side, 2/3 back from the bow, by a torpedo at approximately 10.34 P.M. G.M.T. 30th April, 1941, approximately 100 miles off the North-west coast of Ireland. The resulting explosion extinguished all lights on the ship. A second torpedo struck approximately four minutes later. This was followed, almost simultaneously, by another explosion in the boilers by the sea water rushing in. The boat sank immediately following the second and third explosions. Due to darkness and injuries to members of the crew, some difficulty was experienced in launching the life-boats. One of the boats had been damaged by explosion of the first torpedo. With the exception of one life-boat, those that were launched were capsized by the second explosion or the sinking of the ship, as in the short time they had been unable to get clear of the ship.

In view of evidence of senior surviving Military and Ship's Officers, it is regretted hope cannot be held out for the survival of Corporal Charles James Johnstone.

I regret that it is not possible at this time to state when or by whom a death certificate can be issued. However, it is considered that when all personnel of the S.S. Nerissa who were Officially reported as Missing, Believed Lost at Sea, have been registered in the United Kingdom in accordance with Marine Law a Certificate of Registration of Death will be issued by this Department.

Yours truly,


(W.E.L. Coleman), Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

PL

- A R M Y -

405-J-1413
(D.R.)

May 20th, 1941.

Mrs. Helene Agnes Johnstone,
308 - 5th Avenue,
OTTAWA, Ontario.

Dear Mrs. Johnstone:

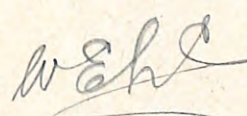
With reference to my letters of the 5th and 9th May, 1941, I regret to inform you that no further information has been received in connection with your husband who was officially reported as Missing at Sea, and, in view of evidence of senior surviving Military and Ship's Officers, it is regretted hope cannot be held out for his survival.

It is with deepest regret I must inform you that your husband C30759, Corporal Charles James Johnstone previously reported "Missing at Sea" is now for official purposes "Missing, Believed Lost at Sea".

The date of presumed death is officially recorded as 1st May, 1941.

I am desired to express to you the sincere sympathy of the Minister and Members of Defence Council in your bereavement.

Yours very truly,


(W.E.L. Coleman), Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

6