

OLSON
CLARENCE JOSEPH
3326

DEPARTMENT OF NATIONAL DEFENCE
(Naval Service)

C.N.S. 2417
3M-4-37
N.S. 815-9-2417

62-2144
CANADA

APPLICATION FOR ENTRY IN THE ROYAL CANADIAN NAVY

Ottawa Ont.
(Place)

May 17, 1938
(Date)

M13807

The Naval Secretary,
Department of National Defence,
OTTAWA.

SIR:— I hereby make formal application for entry in the Royal Canadian Navy, under a seven years' continuous service engagement as a Stewart, Stoker, Ordinary Seaman
(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) LARENCE JOSEPH OLSON
- Date of Birth (Birth Certificate or sworn declaration by parent or guardian must be attached) MAY 11, 1919
- Place of Birth. Town Immermay, Province Saskatchewan
- Permanent Place of Residence. No. 148 Street King Edward
Town Ottawa, Province Ont.
- Are you a British Subject? yes
- How long have you resided in Canada? 19 years
- What is your Mother Tongue? Norwegian
- What other language do you speak? English
- Are you of the White Race? yes
- Are you Single, Married or a Widower? Single
- How far advanced educationally are you? Grade 9. (Sask)

(Certificates of School Authorities must be attached)

12. What practical experience have you had?
(Details and certificates from employers, trade credentials, etc., must be attached to substantiate employment reported.)

- Do you belong to any Naval, Military, Air or Police Force? no.
- If so, give details —
- Have you ever served in such forces? no
- 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?
(Enclose two character references, one of which must confirm your answer to Question 19)
- What is your weight? 175 Height 6 ft. 1 in. Chest Measurement (Not inflated) 38 in.
- 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.

27. Give details —

28. Are you willing to be vaccinated and inoculated as considered necessary by the appropriate authorities? yes.

Signature of Witness Clarence Joseph Olson 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 J. R. Taylor, this 23 day of May, 1938, in the presence of

Signature of Witness J. R. Taylor Signature of Parent or Guardian Clarence Joseph Olson

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....., this.....day of....., 19..... in the presence of.....
Signature of Witness..... Signature of Candidate.....

Entered from Invermay, Sask.

5-2/902

H. M. C. S. "STADACONA"

OFFICIAL NO. IF KNOWN
Space to be left vacant
if not known

3326.3/5

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

62854
CANADA

CHRISTIAN AND SURNAME IN FULL Clarence Joseph OLSON		NEXT OF KIN Mother	PRESENT RATING Ordinary Seaman.
DATE OF BIRTH* 11th May, 1919		PLACE OF BIRTH† Town..... Conora, County..... - Province..... Saskatchewan	NAME, RANK AND STATION OF RECRUITING OFFICER Commander M. J. P. REECH, R.C.N. Commander, RCN Barracks, Halifax, NS.
Mrs. Bertha Olson Name..... Address..... P.O. Box "C" Invermay, Sask.			

Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	WOUNDS, SCARS OR MARKS	Religious Denomination	TRADE OR OCCUPATION
6'0	38 34 36.	lt Brown	Blue	Fresh	Scar of Appendectomy	Church of England.	Farmer.

Commencing date of Engagement or Re-engagement	20th April, 1939	Period of Engagement or Re-engagement	Seven Years.
Date of actually volunteering to engage or re-engage	May, 1938	Date of entering present ship	20th April, 1939.

Particulars of former Continuous Service Engagements, if any; but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here.

If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.—1243.

First Entry

Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

- Are the particulars given above of your name and date and place of birth correct?..... **Yes.**
- Are you a British subject?..... **Yes.**
- Nationality of parents—Father..... **Norwegian** Mother..... **Norwegian**
- Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R. C. Mounted Police?..... **No.**
- Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R. C. Mounted Police?..... **No.**
- Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date.....
- Have you ever been discharged from the Navy, Marines, Army or R. C. Mounted Police on account of misconduct?..... **No.**
- Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes.**
- Can you swim?..... **No.**

NOTED.
[Signature]

* When evidence of age is obtained on First Entry, it should be attached to this Form.
 † Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."
 ‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, or H. M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.V. 2.

Noted in Service
Records by *[Signature]*
13-5-39

I.—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of their previous C. S. Engagement

I, Clarence Joseph OLSON, do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada* for the term of SEVEN YEARS from 20th April, 1939, provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this 20th day of April, 1939.

Clarence Joseph Olson Man's Signature in full
Witness to Signature: George C. ... Master-at-Arms, RCN

Attested before me this 20th day of April, 1939.

Lieutenant-Commander, RCN. Signature of a Commissioned Officer of the Naval Service

Date 20th April, 1939.

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

Commanding Officer: ... RCN.
Medical Officer: E. E. ... Captain, RCAMC.

II.—Certificate and Declaration for Boys

Date 1939.

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for ... years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

Commanding Officer
Lieutenant
Medical Officer

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for ... years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Boy's Signature in full

Witness to Signature

Attested before me this ... day of ... 1939.

Signature of a Commissioned Officer of the Naval Service

III.—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used. I, ... now serving as a ... on board H. M. C. S. ... who on the ... of ... 1939.

engaged to serve in the Naval Service of Canada for a period of § ... years, do hereby engage to serve for a further period** ... from †† ... 1939 provided my services should be so long required.

Man's Signature in full
1939.

Witness, ... Commanding Officer

* Insert 'for the term of (number in words) years,' or 'to complete (number) years for pension,' or 'until I attain the age of ... years.'
† Insert the date from which the engagement actually commences.
‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)
§ To be written in words.
** Insert as follows:—'Of (number) years,' or 'to complete time for pension,' or 'until I attain the age of ... years,' as the case may be.
†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.

If a copy of this Form is required, Form C.N.S. 1243 is to be used

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The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the Service of

Clarence Joseph **OLSON**

IN THE ROYAL CANADIAN NAVY

Halifax, N.S.

Official Number *3326*

Date of birth	<i>11th May, 1919</i>	Nearest known Relative or Friend (To be noted in pencil)
Where born	Province <i>Saskatchewan</i> Town or county <i>Louisa</i>	Name: <i>MRS L. OLSON</i>
Trade brought up to	<i>Farmer</i>	Relationship:
Religious denomination	<i>Church of England</i>	Address: <i>P.O. Box "C"</i> <i>Livermore</i> <i>Sask</i>
Date passed swimming test		
Man's signature on discharge to pension		<i>20/4/39</i>

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>May '38</i>	<i>20 Apr '1939</i>	<i>Seven Years?</i>	5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<i>6</i>	<i>0</i>	<i>34</i>	<i>Bl. Brn</i>	<i>Blue</i>	<i>Fresh</i>	<i>Appendectomy Scar.</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

3326

OFFICIAL NUMBER

FILE NUMBER

62-0.54

OFFICIAL NUMBER

3326

NAME OLSON Clarence Joseph DATE OF BIRTH 11th May 1919.
 (Surname) (Given Names)

PLACE OF BIRTH Corona, Saskatchewan. OCCUPATION Farmer

RELIGION Church of England. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 148 King Edward St. Town Ottawa Province, etc. Ontario

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
										From	To	
20	4	39	Seven years	6'0"	Lt. Brn.	Blue	Fresh	Appendectomy scar.				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mrs. Bertha Olson

ADDRESS (in pencil): Street and No. P.O. Box 6 Town Invermay Province, etc. Sask.

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

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	Day	Month	Year		

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

SECOND CLASS FOR CONDUCT

From

To

FILM
NO. WSR-4642-6
DATE



3326

OFFICIAL NUMBER

NAME

OLSON

(Surname)

Clarence Joseph

(Given Names)

OFFICIAL NUMBER

3326

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified		Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Day	Month	Year
Stadacona	Ord. Snn.	20	4	39		V.G.		31	12	39						
Venture	"	1	7	39	Lent Venture 24-30/6/39.	V.G.	Supr.	22	10	40						
Stadacona	"	2	9	39												
Gaspe	"	13	10	39												
Stadacona	"	6	2	40												
Fraser	"	13	3	40												
Margaree	"	6	9	40												
Discharged		22	10	40	DEAD-Missing presumed dead.											

GENERAL REMARKS

14.5.41. Memorial Cross issued to Mother: Mrs. B. Olson, Box C, Invermay, Sask.

Mr. & Mrs. Olson Box C, Invermay, Sask. parents have been awarded a pension of 10.00 a month in respect of his death with effect from 1st June 1942. Memo 62-0.54 of 9th October 1942.

DATE OF BIRTH		PLACE OF BIRTH		CIVIL OCCUPATION		PREV. ENL.		RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB.	NO.	DIV.	A	BR	RANK	
11	5	19	19	000	0	30X	105	02	0	19	00895
ENLIST. DATE		ACT. SERV. DATE		SHIP OR ESTAB.		RANK OR RATE		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	ESTAB.	A	BR	RANK		
20	04	39	20	04	39						
SENIORITY		STR.		NON-SUB.		M.		CODED		CHECKED	
DY.	MO.	YR.	CAT.	A	B	ST.			SR	HK	
20	04	39	09								
						20		22-10-40			

DECEASED 22 October 1940

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D. WAR SERVICE RECORDS

OLSON	Clarence Joseph	N-3326	O. Smn.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. DATE DESPACHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPACHED
1939-45 Star	307
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

HMCS, "MARGAREE"

Aug./41 R.C.N.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Ludvick Olson - Father.

ADDRESS: P.O. Box "C",
Invermay, Sask.

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

DATE DESP

(2)

REGN. NO.

242

(3) MEMORIAL CROSS

MOTHER

Mrs. B. Olson

ADDRESS: Box "C"
INVERMAY, Sask.

(3)

14 May 1941

MEMORANDUM FOR

P. 64

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

Mrs. B. Olson.
Box "C".
Invermay, Sask.

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

and the following number quoted:—

H.Q. N.S. 62-0-54 FD. 204.

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 2nd, 1941. 194 1.

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

Ord. Sea. Clarence Jos. OLSON, O.N. 3326.

R. C. N. "MARGAREE".

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

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



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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	None		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	Ludvik, M. Olson		^{Box C} Invermay Sask
4	Mother of the Deceased.....	Bertha Olson		Invermay Sask ^{Box C}
5	Brothers of the Deceased	Full Blood	Oscar Olson — 33 Selma Olson — 31 Luther Olson — 29 John Olson — 26	69 Glangay Ottawa Ont Invermay Sask { C.A.S.F. Army Base P.O. B. Co. 4. Canadian M.C.
		Half Blood		
6	Sisters of the Deceased	Full Blood	Lillian Watson — 34 Edna Connolly — 25 Elizabeth Davis — 24	Alameda Sask Invermay Sask Invermay Sask
		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	Ella Olson 23 July 1922.	None		

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

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Clarence Joseph Olson
11	Give the month and year of his birth.	May 11. 1919
12	Where and when were his parents married?	11th Dec 1905 Stellbrugh N.D. U.S.A.
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.	Not Known
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	None Known

PARTICULARS OF DOMICILE

16	Where was deceased born?	Canora Sask.
17	In what Province, Country or State did he reside, and in which last?	High Seas.
18	How long in each?	Sask. 20 yrs
19	What was the nature of his employment?	R.C. Navy
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.	Invermay Sask. Box 2 Canada

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	None
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	none known.

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

* mother of the deceased.

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

B Olson

{Signature of Informant

CERTIFICATE

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

*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 Immermay this 18th day of July 1941

Signature of Clergyman, Priest or Magistrate

W. H. M. Donald

Qualification

Justice of the Peace

Address

Immermay Wash.

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.

P096951

62-0-54

Tray
20/12
64

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 Clarence Joseph OLSON (Christian names in full)

Rank of Rating Ordinary Seaman Official No. 3326 (If unknown, date of first entry)

Place of Birth Conora, Saskatchewan Date of Birth 11th May, 1919

Occupation in Civil Life Farmer 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) 1 year and 6 months

Date of Death 22nd October Place of Death At sea

Cause of Death Lost 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. L. Olson Relationship Mother Address P.O. Box "C" Invermay, Saskatchewan

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.

MAIN FILE	
CHARGED TO	<i>Irby</i>
SINCE	<i>20.12.46</i>
REC'D. CENTRAL REGISTRY	
DEC 24 1940	
REFERRED TO	<i>[Signature]</i>

OFFICE OF THE REGISTRAR

COMMUNICATIONS OFFICE

Reference to the file of the ...
 (in person)
 (in person)
 (in person)
 (in person)

Reference to the file of the ...
 (in person)
 (in person)
 (in person)
 (in person)

Reference to the file of the ...
 (in person)
 (in person)
 (in person)
 (in person)

Reference to the file of the ...
 (in person)
 (in person)
 (in person)
 (in person)

Reference to the file of the ...
 (in person)
 (in person)
 (in person)
 (in person)

Reference to the file of the ...
 (in person)
 (in person)
 (in person)
 (in person)

REFERENCE OF THE DEATH OF W. CALICEY VIA OR BOX

Reference to the file of the ...



PRELIMINARY MEDICAL EXAMINATION
AND X-RAY OF CHEST



Can. B. 207
20M-8-38
N.S. 815-2-207

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 CLARENCE JOSEPH OLSON
candidate for entry as an ORDINARY SEAMAN, ROYAL CANADIAN NAVY.
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, Ontario the 15th of APRIL 1939

Results of X-ray of chest satisfactory.
Radiologist's report and certificate attached.

E. Manning
Examining Medical Officer

E. M.

(Rank).....

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

Years (a) Months (b) Age	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, Hæmorrhoids, etc. (p)
19 yrs 11 mon	162 lbs.	6' 1/4	Good.	inches (a) maximum 31 1/2 (b) minimum 35 (c) mean 36 1/4	right eye 20/20 left eye 20/20 colour vision N.	child hood.	clear. clear.	Neg.	Neg.	clear.	N.V. 20' with ears	Neg.	none deficient none defective.	Neg.

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.

Clarence Olson
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.

Examining Medical Officer

(Rank).....

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

*Plu enter
MMA
19.4.39*

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

4
 NAVY

DECEASED
 MEMBER'S
 NAME

Clarence Joseph
 (CHRISTIAN NAMES)

OLSON
 (SURNAME)

REGISTER NO. 12511

FILE NO. NS. N-3326

DATE 3rd Aug '45.

PAYEE
 ADDRESS

Director of Estates,
 308 Sparks St.,
 Ottawa, Ont.

for Service Estate of
 Clarence J. Olson,
 NS. N-3326

SERVICE NO. 3326

FINAL RANK OR RATING Ord. Smn.

DATE OF TERMINATION OF OVERSEAS SERVICE

22nd Oct '40

DATE OF DISCHARGE

22nd 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 340 LESS 19 INELIGIBLE DAYS, EQUAL TO 321 DAYS @ 25C. PER DAY

\$ 80.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.05 X7 = \$ 21.35

NO. OF DAYS 340 X \$ 21.35

\$ 39.67

D. WAR SERVICE GRATUITY

\$ 217.42

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

Nil

F. TOTAL AMOUNT PAYABLE

\$ 217.42

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ — OF \$ = \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

\$ 217.42

Voucher No. 1732. Aug. 9-45.

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

TREASURY
 CHECKED BY H. L. Plummer
 DATE 4/9/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.