RAYMO

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

TAT	A	-	Price -		D.D.
(IN.	A	V	WAR	SERVICE	RECORDS

					FILE No.
CRAIG	Henry Ray	ymond	V-63822	A.B.	
SURNAME (N 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 AN DATE DESPATCHED
C.V.S.M.	9841 24-11-49
War Medal	
M. IN D.	
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

(1)	MEDALS PERSON ENTITLED TO	Mrs. Glennis H. Craig - Widow	(1)
-	ADDRESS:	R.R. # 3, HARROW, Ont.	
(2)	MEMORIAL CR	OSS	
		Mrs. Glennis Craig	(2)
	ADDRESS:	RR # 3, Harrow, Ont.	20-9-45
(3)	MEMORIAL CR	oss	
	MOTHER	Mrs. Chas. Craig	(3) 4-10-45
		RR # 1, Aberfeldy, Ont.	
-	ADDRESS:	200,7	MEMORIAL BAR
			DATE DESP
			REGN. NO. 2157

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V63822		OFFICIAL NUMB	ER FII	E NUMBE	R		113-C-	4742		***********		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OFFICIAL	NUMBER	V63822
	CRAIG (Surname)														
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113-6-474

ATTESTATION FORM

(HOSTILITIES FORM)

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SURNAME						OFFICIAL No. V63822 BLE OR WIDOWER Married.
		ANENT ADDR				RELIGION
835 Vimy	Avenue, Wi	ndsor,	Ontario.	o.Fd2		United Church
DATE	OF BIRTH	*P	LACE OF BIRT	н	NAME AN	ID ADDRESS OF NEXT OF KIN
28 Septem	ber, 1911	Town 'M	osside,	15	Glennis	s Craig (wife)
*Original Nationalis Father Can Mother Can	adian		ambton ntario		Same	Address.
*If not the son	of natural born British PERS				page. N ENROL	MENT
HEIGHT	CHEST MEASU	REMENT	HAIR	EYES	COMPLEXION	N WOUNDS, SCARS, MARKS
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Divisiona 8 June, 1	1 Strength 943.		eaman ore Patr	01) "	HUNTER!,	Windsor, Ontario.
(B)	DECI	LARATIC	N TO BE	MADI	E BY APP	PLICANT
I hereby dec	clare as follows:-	a white				1
(1) That	I am a British S	Subject dom	iciled in Can	ada.		
	I am desirous of at I accept and a					dian Naval Volunteer Reserve
(3) That		ver served, rritorial Fo		serving in	any Naval,	Military, Air Force, Reserve
	*XKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	XXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	beriodyshowik and attach may
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SERVE	ED IN	RA	NK		FROM	Personnel REfords
					- 1	Division. 1. Noted in Records

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

account of unfitness.

- (5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—
- (a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.
- (b) To report for active service when called and 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 naval establishment 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, until called into active service, not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.
- (d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.
- (e) I have not been induced to enter as Able Seaman (Shore) by the prospect of being transferred at some future date to any other branch or rating.

Dated this Eighth day of June, 1943.

Signature of applicant Henry R. Groug

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this **Eighth** day of **June**, 1943.

My authority for attestation is C.O.R.D.? RD 7-5-1 W, 31 May, 1943.

Signature and rank of Attesting Officer.
Lieuténant, R.C.N. V.R.

(D)

OATH OF ALLEGIANCE

I, Henry Raymond Craig do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant & enry & Corrain

Witness

Date 8th June, 1943

(Rank Lieutenant, R.C.N.V.R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters immediately after attestation.

Certificates of previous service will be returned after examination.

N.V. 17 60M--9-42 (5943)

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.

Ledger.

CERTIFICATE of the SERVICE of

2cn/ 109383 in the Royal Canadian Naval Volunteer Reserve

Trai	ning Headquarters	area Barra		R.C.N	.v.R. Divi	sion	Official	Number V-63822
		J.	m	cs	"Hu	nter	/	
Date of Birth Place of Birth Place of Resid Trade brough Religion	dence 835	side	and ler	hu	191 Tour	clan		ame and Address of Nearest Relative or Friend (in pencil) Lennes Graig P#3 Harrin In
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	PARTICULARS (CORATIONS, etc.
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	5 years' Service		/					
	n if necessary							
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NAVAL TRAINING and ACTIVE SERVICE

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s. Glennie Craig. HARROW, Ontario Any further communication on this subject should be addressed to:

THE DIRECTOR OF ESTATES, DEPARTMENT OF NATIONAL DEFENCE, OTTAWA, ONTARIO.

and the following number quoted:-

H.O. NS V63822 FD 204

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH OTTAWA, ONT.

1 Aug 194 5

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

CRAIG? Henry, Raymond Able Seaman

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

HRW/IMF

ble Sith Col.

Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees			INFORMANT'S STATE	EMENT	
of Rela- tion- ship		ATIVES e accounted for	NAME IN FULL of any Relative, if any, in each degree specified	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 I	Deceased	Glennis Hilda Gaig	30	Harrow, Ont. RR#
2	Children of the				
	dates of their	Births	NACE AND SECURITION OF		

3	Father of the I	Deceased	Charlie Coraig	76	Aberfeldy. Ont.
4	Mother of the	Deceased	Jean Craig	69	Aberfeldy Out-
5	Brothers of the Deceased	Full Blood	Jean Craig Charles Andrew Craig Douglas Clark Craig Allan Stavely Craig Howard Vincent-Craig	44 35 32 30	13536 he Hicholo Rd & (1159 Howard Detroi West-Lorne. O. 7 the Rece Regt- 17 the Hussars R. H. C. A. O. B. W. E.F
		Half Blood			
6	Sisters of the Deceased	Full Blood	(Min) Grace & Smith (Min) Sophia Jewe Smith (Min) Agnes offeler Juns IL-Ella Ruth & raig N 795198 AN.C. (Min) Florence Blunche Smith (Min) Splina Beatrice Morwood (Min) Laura Corence Colyan	43 41 39	Thamesville Out- 2114 White St-PL-Herr Samia Leveral Delie 3614 S. C. W. Waughan Gund Hooks Petrolia. Boy 8. A berfeldy Out- 2207 Willowship He
		Half Blood			
7	of the full or	ers or sisters (whether the half blood) of the are dead and date of	Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE • PARTICULARS AS TO IDENTITY

No.		
87	Full names of the deceased.	Henry Raymond Coraig
9	Date of his birth.	Sept- 28th. 1911
10	Place and date of his marriage.	Harrow August 29-194
11	Place and date of his parents' marriage.	Harrow, May 4th. 1897
	PARTICULARS OF	
12	Place where deceased was born.	Empherin Jp. Larubton Co.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Outario (b) famblon 60: (c) He spent practically all his life (d) Went to Windson in 1942. James
14	Nature of employment before enlistment.	machine shop work.
15	State whether he owned the premises in which he lived, and, if so, where situated.	The lived at 835 Nimy Que IN + only rented
16	Name place where deceased stated he intended to make his permanent home.	It had intentions of buying a but didn't know, where exacts
	PARTICULARS OF	ESTATE
17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	Do will that I know I, as for the sknow nothing about I.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no
19	 (a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased. 	Post Office Lavings, Halifax B. D. yes own personal occt.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	dm'T Know exactly
21	 (a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they? 	4450. Bearer different boans:
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Canada Life #1000
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nme
	OTHER PART	ICULARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bil "approved" and sign same. If believed incorrect, give particulars.	

DECLARATION

"Insert degree of relationship for example, "Widow", "Father", etc. "Brother", etc. "Brother", etc. "Brother", etc. "Brother", etc.	ue and compete d that I am the
* Occased.	7
N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any	Signature of Informant
Public or Commissioned Officer of any of His Majesty's Forces. Januar Int R R#3	Address
CERTIFICATE I hereby certify that to the best of my knowledge and belief	11 6
	of the Deceased
above described. The above Declaration was made by the Informant and signed	in my presence.
Dated at Harron this 24th day of august	19.40
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Address Harww Ont	Ofidanto

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 and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Relationship, names and addresses of beneficiaries,

and what each is to receive.

Relationship, names and addresses of residuary beneficiaries.

First witness

Second witnessign here.

Civil Address

Civil Occupation

WILL 63822

(1) I, Henry Raymond CRAIG , of His
Majesty's Canadian Ship "HUNTER" do
hereby revoke all former wills by me made and declare this to be my last will.
(2) I GIVE, DEVISE AND BEQUEATH unto my wife, Mrs. Glennis Hilda CRAIG,
R. R. #3, Harrow, Ontario all my estate.
(3) I/GI/E, Devise And Beckerhiall the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto
ar manageograf paparage manager of any and a state of
(4) I appoint Mrs. Glennis Hilda CRAIG, R.R. #3, Harrow, Ontario
Housewife to be the Exemptorx of this my Last Will.
(Civil Occupation) Executrix
IN WITNESS WHEREOF I have hereunto set my hand this 23 day of June
1943.
Signed, published and declared by the
above-named testator as and for his last will and testament in the presence
of us both present at the same time, who at his request and in his presence
have hereunto subscribed our names as witnesses. ABLE SEAMAN (shore Patrol) V- (Rank or Rating) Official No.
B mathield
(5) Signature Pay-Lieut RCNVR
Civil Address H.M.C.S. "HUNTER"
Civil Occupation ACCOUNTANT OFFICER
Signature & Fulkner

(Beneficiaries are not to be Witnesses.)

Bank teller.

99 Park Row, Woodstock, Ontario

Noted in Service
Records by The D



OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF ANADA TO STUDY PLANS FOR ESTABLISHING IN
INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMFLETENESS IN ANSWERING WILL BE OF MUCH
PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

O W A OFNERAL INFORMATION	PLEAS
Section A—GENERAL INFORMATION	LEAVE
1. (a) Print name in full	22000
2. (a) Arm of service	
4. (a) Place of enlistment	
Section B—EDUCATION AND TRAINING	
5. (a) State age on (b) Were you attending school finally leaving school or college up to the time of enlistment?	
6. State definitely highest standing reached at public, technical or high school	
(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	
7. If you attended a university, give name of university and standing or degree secured.	
apprenticeship? Ves occupation? Welding finish it? Indian did you serve at it? In month	S
9. (a) What languages (b) What languages do you speak fluently?	
Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT 10. (a) State whether you were	
WORKING or NOT WORK- (b) At time of en-	
ING at time of enlistment. (Enter here only "Work- trade union or	
ing" or "Not Working", as case may be; particu- professional society	
lars are asked for below)	
Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
OF ENLISTMENT	
QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
11. Had you ever been employed fairly regularly since leaving school?	
12. (a) If answer to 11 be "Yes", (b) State how long you	
state exact trade or occupation had worked at this tradeor occupation	4
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
14. If you had been employed after leaving school, state	
when you last worked fairly regularly before enlistment	
15. Give details of last employer, if any: Name	
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
17. (a) If your last employment was	100
in a business of your own, state nature and address of business	
Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
OF ENLISTMENT	0.000
QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	25
	1906
IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21	70.8
18. Name of employerAutoSpecialties.Co.,AddressWindsor,Ontario	11.7
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)automotivemanufacturing	$G_{ij}(t)$
20. (a) Your (b) Number of years' experience at this conjugation with any employer	100
contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	を行う
21. (a) Did your employer promise (b) Did your employer (c) Do you wish definitely to give you refuse to promise you to return to your employment on discharge?	OIR
	D 2007
IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23	10
22. (a) State nature of business, (b) Where was or professional practice	10 To 10
or professional practice	
Section F—PARTICULARS OF FARMING EXPERIENCE	
24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what	
24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war?	
Section G—MISCELLANEOUS	
26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
27. If so, state nature of your plans (for example, do you plan	
to return to school, or have you been assured of a job, etc.) 28. State any employment preference or ambition you	
may have, other than indicated elsewhere in this form	
A FECEIV	
DATE 8th June, 1943. 194 SIGNATURE Henry R. Grang	

Copy Toll

1.50

FORM "B"

FILE: N.S. V-63822, PERS.(N) "N"5

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service - OTTAWA, Canada.

Sir:

20 July, 1945.

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
CRAIG, Henry Raymond	Able Seaman	V-63822, R.C.N.V.R.
DATE OF ENLISHMENT - 8 June	, 1943 Active	Service: 23 June, 1943
DATE OF DISCHARGE - 18 Jul	у, 1945	
HOSPITAL -		
CANADA	hospital under jurisdi	iction of D.P. & N.H.)
SERVICE - (Indicate whether in Canada		the high seas or elsewhere)
Reason for discharge and -	DEAD - Died of injur	ries resulting from explosion
when and where any disability	at Bedford Magazine,	Halifax, N.S.
was incurred, or where death occurred.		
A Commence of the Commence of		
	,	
accident or disease, and whet elsewhere outside Canada.)		ty due to enemy action, ada, or on the high seas or
NEXT OF KIN & RELATIONSHIP -		
RELATIONSHIP - Wife		Glennis Craig,
ADDRESS - R.R. #3,	Harrow, Ontario.	De 40 (V) 10 (V) -
or otherwise, detai	e that rating was separals to be furnished and sement, etc., to be furn	ated from his wife, legally copy of any Court Order, nished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.



REMARKS:			ar heicht migar	
		in the second		
		and a second	THE COURT OF THE PARTY OF	400
	No.		2/	
7				128085777
THIS PORTION O	F FORM COMPLETED	BY CHIEF TREASU DEFENCE, NAVAL	RY OFFICER, DEPARTS	WENT OF NATIONAL
Names of Depen	dents Relationsh	Maiden name	Date of marriage date of birth of	and/or children
Mrs Glennis	Andrew Control of the			
			Service Control	THE SHAPE WAS A SECOND
				in electric 14, sel krif von 18, s
				54
An or a state in terms of	and an all the second of the second of			
		A.P.		
wife	D.A.	A.F.	TOTAL	CALLED A STATE OF
Monthly rate:	37.20	30.90	67.20	
To Whom Paid:	Mrs Glennis Cra		R.R.#3 Harrow	Ont.
Date of Enlistr	nent:			
Date of Dischar	rge:			
Inclusive date	to which D.A. a	nd/or A.P. was Pa	aid: July 31	st,1945.
The final deduc	ction of Assigne	d Pay for 30.		
			1945	
REMARKS:				
Computed by	2h			
Checked by,	Mu	4	lec Bosino 00	
			Treasury Officer,	

(Naval Service).

The Secretary, The Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ontario.



DEPARTMENT OF MATIONAL DEFENCE - Naval Service -

WAR MEMORIAL CROSS



Wife: -



Mother: -

Mrs. Charlie Craig, R.R. #1, ABERFELDY, Ont.

Date forwarded: OCT 4 1945

Registered Mail No. - 05257

THE CANADIAN PENSION COMMISSION

MEMORANDUM

P77459

To.....Deputy Minister,.... Department of National Defence,

OTTAWA, December 6, 1945.

...The Canadian Pension Commission.....

ATTENTION - Director of Records.

Clamadian Agenov. Imperial WarxGraves Commissionx

#V-63822 A. Smn. Henry R. Craig. R.C.N.V.R.

579300 C.P.C.

The marginally named died

at

Bedford Magazine, Halifax, N.S.

on

July 18, 1945.

Cause of Death

Injuries resulting from explosion.

In the opinion of the Commission,

death was related to military service.

Next of Kin

Mrs. Glennis Craig (widow),

R.R. #3,

Harrow, Ontario.

Not on strength.

Canadian Pension Commission.

E. Lackey Jern A. XI an Pension Commission.

Total De P. O. . Total. Section Division in Sec. N. S. M. Q. Central Registry Mail Opening Most of Min control of the Control (Cites), .oi , one , wash enjeracje do dov

H.M.C.S. "SCOTIAN" Halifax, N.S. 23rd July, 1945. DH 14-C-318 My Dear Mrs. Craig: I would like, at this time, to express my sincere sympathy to you on the recent death of your husband at the Bedford Magazine. As far as can be ascertained, your husband was on duty at the South Jetty at the Magazine as sentry. Approximately, 6.30 P.M. on the 18th July, 1945, he noticed a small fire at the end of the jetty. He turned in the alarm, calling all authorities, i.e. Fire Department, Duty Officer, Gates, and then immediately ran out to the jetty, presumably to extinguish the fire. A military guard saw your husband running along the jetty towards the fire, when a violent explosion occurred, and he was thrown a considerable distance. Death was instantaneous. Owing to the extent of the explosions and fire which followed, it was impossible to approach the vicinity of the jetty until Thursday night, when two Magazine Officers, Sub.Lieut. Landry and Mr. E. Boutilier, found his body. On reporting, a stretcher party, including myself, then entered the area and recovered the body. 4. My dear Mrs. Craig, your husband by his action in reporting the fire promptly and efficiently, and then returning to the actual fire, knowing the quantity and quality of the explosives stored closeby, showed bravery and devotion of the highest order. You may be interested to know that I am submitting to higher authority a full report of your husband's conduct during the initial stages of the explosion. As you probably realize, the several violent explosions levelled and burned the living quarters in the area, and to date no personal items can be located. However, any item recovered will be forwarded. The Administrator of Estates (Naval), Department of National Defence, Ottawa, will administer the Service estate of your husband, and will no doubt be contacting you in the near future. 6. In closing, Mrs. Craig, please do not hesitate to call upon me, if there is anything whatsoever that I can do for you. Yours very sincerely, BesRolton (O.G.S. ROBERTSON) CAPTAIN, R.C.N.R. COMMANDING OFFICER. Mrs. Glennis Craig, R.R. #3, Harrow, Ontario.

Royal Canadian Naval Hospital, HALIFAX, N.S. July 20,1945

Received the Royal Canadian Naval Hospital, Halifax, N.S. the body of

CRAIG, Henry Raymond Patrolman V-63822 R.C.N.V.R. (deceased)

Basif Hulson Cruikshank's Juneral Home.

Redeived the following personal gear from the Royal Canadian Naval Hospital, Halifax, N.S.

- 1 Hat
- 1 Lanyard
- 1 Shirt
- 1 pr. Socks
- 1 Flannel
- 1 Black Silk
- 1 pr. Trousers
- 1 Jumper
- 1 Tally Band

Cruilshank's Fungral Home.

CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S

NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL CRAIGO STARS ANK/RATING ANK/RATING AND OF THE PROPERTY OF T SERVICE QUALIFYING PE SHIP AREA TO FROM DAYS 1939-45ATL TO FROM Stead 18.1.45

VERIFIED BY Alekeal. A. Marin VERIFIED BY

VERIFICATION FORM
DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
VAL GENERAL SERVICE MEDAL (1915). QUALIFYING PERIODS IN DAYS 1939-45 ATLANTIC DEFENCE C.V.S.M. MEDAL STARS ELIGIBLE FROM TO FOR AWARDS OF MEDALS 1939-45 ATLANTIC FRANCE G. AFRICA PACIFIC BURMA ITALY DEFENCE C.V.S.M. " CLASP WAR 1945 WAR 1915 D BY DIR. OF PERSONNEL RECORDS.

STATEMENT OF ACCOUNT

age age						30th Sept		
List N	4					Rating N		
When entered		Date of	f appearance			Whither discharged	18th J	uly
		Y					\$	С.
								40
(Ra	ank Rating)					s at \$a day)		
" Lodgin	g All.	1 July	" 18 3	July	(18 '	.75 ")	13	50
" Grog	Money '	1 Jul	у " 18 .	July	(18 '	06 ")	1	08
"			"		(" ")		
"		·	"		(" ")		
Kit Upkeep All	lowance 18 d	lays (1-1	3 July) (2\$.1	2 per	lay	2	16
OTHER CRE	DITS:							
						Total credits	79	14
DEBT from fo	ormer account							
PAYMENTS:	_ 1st	2nd	3rd	4th	5th			
	\$ c.	\$ c.	\$ c.	c.	\$ c.		/	
1st month						Total		
2nd month						Total		
3rd month						Total		
Allotment\$	30 A.P. and	\$8.40 c	harged fo	or Jul	y stop	ped paid 31 Ju	1. 38	40
Pension deduct	tion (Officers) cha	arged to			.of			
		1						
	RGES:							
							40	74
				/·········				
				••••••				
~ 1	R 18.9					T-4-1 J-1:4-	20	7.4
arage	is K./K.			4		Total debits	79	14
,	As				Balance Cr	r, or Dr.		
				(1	Balance Dr.	to be shown in red)		
Number of day	ys actually victua	alled during p	eriod mention	ed above	e			
NOT	ys actually victus							
VICTUALLED	LENT, SICK OR LEAVE	FROM	VE DATE	No. OF DAYS	SH	IP, HOSPITAL, etc., N WHICH BORNE		
	T 2 A 3 3			30				
	Ldg. All	. 1 July	18 July	18				

Date 6th August 19 45

S/Lt.(S) RCNVR

*** SUPPLY

For:

C.N.S. 2426 25M-4-44 (543) N.S. 815-9-2426

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY



DECEASED MEMBER'S NAME

Henry Raymond

CRAIG (SURNAME) REGISTER NO. 63002 FILE NO.NS V-63822

DATE 3 NOV. 45

SERVICE NO. V-63822

PAYEE Mrs. (
ADDRESS R.R.#

Mrs. Glennis H. Craig, R.R.#3., Harrow,

FINAL RANK OR RATING Ptlm.
DATE OF DISCHARGE 18 July 4

DATE OF TERMINATION OF OVERSEAS SERVICE	nil	DATE OF DISCHARGE	18 July'45
A. TOTAL QUALIFYING SERVICE			\$ ¢
NO. OF DAYS	57 EQUAL TO 25	COMPLETE PERIODS AT \$7.50	187.50
B. QUALIFYING OVERSEAS SERVICE			**
NO. OF DAYS 11 LESS INELIGIBLE DAYS, EQUAL TO	n11 DAYS @ 25C. PE	R DAY	nil
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATI	ES AT DISCHARGE		
PAY	\$		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$		
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$_	\$		
	TOTAL \$	×7 = \$	
	NO. OF DAYS	×\$	nil
	18	13	
	the state of the s		200 70
D. WAR SERVICE GRATUITY			187.50
E. DEDUCTIONS OVERPAYMENT OF	PAY AND ALLO DEPENDENTS' ALL AND ASSIG	WANCES \$ LOWANCE SNED PAY \$	
OTHER DEDUCTIONS		s nil	
			200 50
F. TOTAL AMOUNT PAYABLE			187.50
G. YOUR PORTION OF GRATUITY IS-			

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$____OF \$

=s 187.50

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

chaque 110633 - nov. 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
DATE
TO THE CHECKED BY
DATE
TO THE C

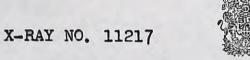
For Dirservice REPRESENTATIVEACCT IN

ΔT

STATEMENT OF WAR SERVICE GRATUITY Memoer's Name Henry Raymond CRAIG (Christian Names) (Surname) Mr. Glennis 21. CRAIG Register No6 3002 File No. V-63822 R. R#3, Harrow. Date 20ct. 45 Address. Service No. 1-63822 Final Rank or Rating PTLM. Date of Discharge 18 July 45 Date of termination of overseas service A. TOTAL QUALIFYING SERVICE No. of days757 equal to25 complete periods at 37,50 187.50 B. QUALIFYING OVERSEAS SERVICE ineligible days equal to - days @ 25¢ per day less C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay Subsistence or Lodging and Provision Allowance Additional Pay Dependents' Allowance 1/30 of x \$ SERVICE GRATUITY E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS Dependents' Allowance in issue to you \$ Total Dependents' Allowance in issue I certify that the amount has been correctly computed and is payable CERTIFICATE: in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder. Treasury Checked by Prepared by Checked by Date Service Representative D.N.P.A. CHECK

PARTICULARS OF DEAD OR MISSING PERSONNEL WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

NAME of Deceased Member Henry Roy	CRAIG	Rank or Rating PILM	0.No.V63822
1. Dependents' Allowance and Assigned Pay in force at date of death:		1.20 mrs	Glennis H. CRAIG R3 Harrow.
2. Pension awarded or heing awarded to:		no recor	d to date.
3. War Service Gratuity Application(s) received from:		mis Glenn R.R.3	24 CRAIG Nife
In accordance wi Clause 4) and Directive dat ity of the Minister of Vete Service Gratuity in respect member may be dealt with as	th the Wed 16th Frans Aff	ar Service Gran December, 1944 airs, applicati service of the	ts Act, 1944 (Part I, issued under author-on(s) for War above named deceased
(x) To be paid to: Mr Glennes. 21.	CRAIC	-wife	In the fall proportion of:
	-	and -	
to:			In the proportion of:
() To be referred to to as to dependency within the Act, 1944, observing this a	spirit	and intent of t	he War Service Grants
Group "B"	(11)		
Group "C"	of t	he above mentio	ned Directive.
Date 25 bel 45		for D.N	.P.A. (G) DN9.
			W



Certificate of Medical Examination of Officers, Men and Boys NAVAL SERVICE OF CANADA

Note—This Certificate is to be	e completed by the Examining Medical Officer and forwards	d to the Secretary of the Naval	Board, Department of National Defence, Ottawa.
I, the undersi	gned, have examined CRAIG, He	enry Raymond	
	as		PROL) RCNVR He has signed the Certificate
This examina	ation has been made in accordance with	the current Instruction	ons as to Medical Standards.
(a) Age	Yrs. Mos. 31	(j) Date of last Vaccination	1937
(b) Height with bare feet	Feet In. 5-3/4	(k) General Development	
(c) Weight without clothes	147	(l) Nose, Throat and Tonsils	you.
(d) Ears and Hearing	Rt. Lt.	(m) Heart and Lungs	Manage 115
(e) Chest Girth	Max. Min. Mean 38/2 35 37	(n) Abdomen Hernia, etc.	appendicectory seas.
(f) Teeth	Deficient Defective Dentures	(o) Limbs and Joints	10 stymes
(g) Vision by Snellens	without Rt. Lt. Both glasses 4/4 4/4 4/6	(p) Skin	slear
Types	with glasses Rt. Lt. Both where worn	(q) Anus Haemorrhoids	neg:
(h) Colour Vision	Ishihara paned R.C.N. Lintern	(r) Testes Varicocele	Hydrocele repair in 1933
(i) Chest not take approve positive doubtful	d Neg.	(s) Urine	
	CERTIFICATE TO BE SIG	GNED BY CANDID	ATE
from the Ears, or an after entry, such der	fy that to the best of my belief I have no ny other disease likely to render me unf ntal treatment, vaccination, or inoculation be clearly explained to the Candidate by the Examining Me	it for His Majesty's ions as may be authori	Service. II am willing to undergo.
	When a Candidate is subject to a defect or disabile	ity, the following informati	on is to be inserted:
This Candida	te is the subject of		······································
	medically unfit for service, sufficient importance to cause his rejecti	on, he being desirable	in other respects.
policie dile.	IF REJECTED insert here UNFIT in block letters		
	Dated at Windsor, Ontario	. the 4t.	h of June 10 43.
	Dated at Willuson, Ontario	, the 4t.	Gom Medical Officer

(Rank)...SURGEON.LIEUTENANT.RCNVR....

Name:

CRAIG, Henry Raymond (deceased)

Rank and Service: Patrolman, RCNVE (V-63822)

Home Address:

Wife: Mrs. Glennis Craig, R.R.#S, Harrow, Ont.

Award:

M. in D. (Posthumous)

Date gazetted:

2.1.46

Previous award, with date:

Citation: "For outstanding valour in the face of fire during the Magazine Explosion at Halifax in July, 1945.

This rating was on duty at the south jetty when the first explosion occurred. He turned in the necessary alarm and then attempted to proceed to the scene to help extinguish the fire. He was killed by the ensuing explosion before he could reach the scene.

His bravery and resource were in keeping with the highest traditions of the Canadian Naval Service".



Department of National Defence

No. N.S. V-63822, PERS.(N)

1166563

Naval Service

OTTAWA, Ontario, 20 July, 194 5.

FROM:

Secretary, Naval Board,

Naval Service Headquarters,

Ottawa, Ontario.

TO:

Director of Estates,

Estates Branch,

Department of National Defence,

Ottawa, Ontario.

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

NAME, RANK/RATING, OFFICIAL NO., UNIT

CRAIG, Henry Raymond Able Seaman V-63822, R.C.N.V.R. PARTICULARS RE DEATH

Died of injuries resulting from explosion at Bedford Magazine, Halifax, N.S., on the 18 July, 1945. NAME & ADDRESS OF NEXT OF KIN

Wife: Mrs. Glennis Craig, R.R. #3, HARROW, Ontario.

BRANCH 26

OFFICIAL DORL

INITIALS

ALLOTMENTS IN FORCE

IN FAVOR OF

Mrs. Glennis Craig, R.R. # 3, Harrow, Ont.

Rec. Gen. of Canada 8th Victory Loan, Ottawa, Ont. ALIOUNT

D.A. 37.20 A.P. 30.00

\$67.20

8.40

mw.

WIIL: Attached.

J.B.Money.

for SECRETARY, NAVAL BOARD.

HALLES CALLES

And Canada



 $Six\ copies\ to\ be\ rendered\ to\ Naval\ Service\ Headquarters$

30

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Scotign at	Ø
Name	
Rank of Rating Official 1	
Place of Birth	., 1911
Occupation in Civil Life Religion Religion	2004
Number of years service in the Navy (Long Service R.C.N., or mobilized se TOINED 8/6/43 (Temporary) or Reserve ratings)	rvice in case of R.C.N.
Date of Death Place of Death Place of Death	the man tak
Cause of Death (If due to accident, violence, or enemy action, particulars to be st	ated briefly)
Nearest known Name Relationship	
relative or friend. Address	10.
Date on which the above was informed by Ship.	15
Date on which death was registered with local Officials	
In the case of Imperial Service men, whether Active Service, Pensioner or Res	erve, date on which the
prescribed return was rendered to the Registrar General in London, Edinb	urgh or Dublin, accord-
ing to Nationality	
Place of Burial Date of Burial	nova
(if known)	(if known)
Location, Number, etc., of grave	
Undertaker employed(if any)	
If borne for discipline only, date D.S.Q. or invalided	•
If bothe for discipline only, dute Discip, or invalided	7 11-
Bes	Toletoon
16th Aug	ommanding Officer,
The Naval Secretary, Department of National Defence, Ottawa, Canada.	
In all cases this Form is to be sent in addition to the Report by TeleRegulations.	egraph required by the
Distribution: File, Imp. W. G. Com., Dom. Stat., Register.	STATES CARD
C.N.S. 1121	AUG 30 1945
15M—7-40 (5849) N.S. 815-9-1121	N.P.A. SECT. 11
	6 L.

34

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

Name CRAIG, Henry			
Official No. V-63822 H.M.C.S. SCOTIAN	·	List. 5/	2-14
Who* Discharged Dead on the	18th July PM	19	45.
		\$	cts.
Net sum due on ledger on account of Wages		43	08
Proceeds of sale of Effects charged against Wages, brought	t from the other side		
Cash—	\$ cts.		
Proceeds of sale of Effects, paid for in Cash, brought from the other side			
Found amongst Effects			
Debts collected & Debts collec	183-093903	40	74
Brought to acct. by Official Receipt Cash debited in the Accountant Officer's Cash Acctdate	183-093967° d 25 Sep.1945	2	34
If in debt in ledger, amount to be stated (in red ink)	and	- war	
If in debt in ledger, amount to be stated (in red ink)	charged to 31.	July	
Name of ship from which transferredSCOTIAN		- AC 24	
Redgers & JRA. Total +			
We hereby certify that we have every reason to belie	ave that the shove so	count conts	ine a
true statement of all wages, Effects, and other Credits or			
SCOTIAN amounting to a net balance†			
of Forty-three dollars.	The second second		cents.
Dated on board H.M.C.S. SCOTIAN		alifax	
this 25th	May & September	r19	45
Approved	The state of the s	pply municipal	Officer
	con 161	Initials of the Accountant C	Assistant Mcer
Mulping & Commanding	g Officer.		
	credited on Inspe	estan'a conti	Gasta
	and the second second		шсате
Noto			
Signature	Wild any more and		
I	Date	1	9
*State whether discharged on shore, D.D. or Run. \$Subscription for Charitable or other purposes should not be shown hereon, but on	†State whether " a Remittance List, and dealt	debtor" or "cree with as laid do	ditor". wn in the
King's Regulations.	NOTED ESTATES CAL		
10M—10-40 (7450)			
H.Q. N.S. 815-9-45	OCT 4 194	5	
	D.N.P.A. SECT	. 11	
	601:		

RXEXEXE. NAVY HG

Name: CRAIG		Henry R.		No:	V-63822
Su	rname	Christian Names			On here's
Able Se	aman	R.C.N.V.R.			18-7-45
Rank		Unit		D	ate of Death
			AMOUNT		
				L.P.C	69.13
	Date:	3-1-46		Other Credits	352.88
				Total	402.01

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT	
		Mrs. Glennis H. Craig,	\$402.01	
All	Widow	R.R. #3, HARROW, Ont.	9203.02	
		(Sole beneficiary under will)		
		P4. TO IRLAS. 29-1-46 QW.		

AUTHOR	RITY		-		
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	831	00	50	000	\$402.01
CLASSIFIED BY		EXAMINED BY			
P			For Chief Treasury Office		

DISTRIBUTION APPROVED AND AUTHORIZED

(I. M. Firth) Colonel
Director of Estates

Director or Estat

AUDITED FOR PAYMENT