

V27176
BILLINGER
EDWARD JACKS













ABLE SEAMAN E. BILLINGER
ROYAL CANADIAN NAVY

23.2.44

48

PILOT OFFICER
D. L. JACOBS
ROYAL CANADIAN
AIR FORCE
M.S. 44

PILOT OFFICER
M. C. WILKIN
ROYAL CANADIAN AIR FORCE
M.S. 44

5.10.44



OCCUPATIONAL HISTORY FORM

MAY 1946
113B-1707

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 CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full Billingey, Edward Jackson (b) Reg'l. No. V27176
2. (a) Arm of service Navy (b) Unit Toronto Dockyard (c) Rank Ord Sea
3. (a) Date of birth 14 Nov 1914 (b) Have you any dependents? no (c) Place of residence at time of enlistment Toronto Ont
4. (a) Place of enlistment Toronto Ont (b) Date of enlistment 6 May 41

PLEASE LEAVE BLANK

3

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? no
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.) 8 years public school
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) working (b) At time of enlistment of what trade union or professional society were you a member?.....

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", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
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..... Address.....
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 in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

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

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Boyd's Palmolive Co Address Toronto Ont
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) soap manufacturer
20. (a) Your specific occupation labeler (b) Number of years' experience at this occupation with any employer 6 months
21. (a) Did your employer promise definitely to give you employment on discharge? yes (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment? yes

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

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

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.....

DATE 16 May 1946 SIGNATURE Edward Billingey

O.H.
RECEIVED

COPY TO
VWD
ES

MAY 28 1941

Mrs. Florence Billinger
 229 $\frac{1}{2}$ Jones Avenue, Apt. 3,
 Toronto, Ontario

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

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

and the following number quoted:—

H.QNS. 113-B-1707 ED. 390

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.



March 9, 1944

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

BILLINGER, Edward Jackson, A.B.

No. V. 27176, R.C.N.V.R.



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/JN

(H.R. Wade) Cdr. RCNVR,
 for (L.M. Firth) Lt.-Col.
 Administrator 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 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 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 Deceased..... | Catherine Florence Billinger | 23 | apt # 3 229 1/2 Jones Ave Toronto |
| 2 | Children of the Deceased and dates of their Births..... | Dorene Ann Billinger December 21st 1941 | 2 | apt # 3 229 1/2 Jones Ave Toronto |
| 3 | Father of the Deceased..... | | | |
| 4 | Mother of the Deceased..... | Emma Billinger (Foster) | | December 11 th 1937 |
| 5 | Brothers of the Deceased | Full Blood | Harry Billinger (Foster) 39 | 36 Buryon St Toronto |
| | | Half Blood | | |
| 6 | Sisters of the Deceased | Full Blood | Nellie Bailey (Foster) 36 Doris Jacobs ✓ 41 Hilda Jacobs ✓ 43 May Anderson ✓ 46 Elizbeth Woods ✓ 51 Beatrice Hayes ✓ 55 | 30 Carl Grey Rd Toronto Oakville, Ontario Address Unknown 217 Glenferrie Ave Toronto 42 Bouthbee Ave ✓ 30 Carl Grey Rd ✓ |
| | | Half Blood | | |
| 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 | |



ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

| | | |
|----|--|-------------------------------------|
| 8 | Full names of the deceased. | Edward Jackson Billinger |
| 9 | Date of his birth. | November 14 th 1919 |
| 10 | Place and date of his marriage. | Toronto. July 12 th 1941 |
| 11 | Place and date of his parents' marriage. | |

PARTICULARS OF DOMICILE

| | | |
|----|--|---|
| 12 | Place where deceased was born. | Toronto |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) Toronto until (b) Enlistment (c) (d) |
| | Ontario, York County | |
| 14 | Nature of employment before enlistment. | Upholstering |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | No |
| 16 | Name place where deceased stated he intended to make his permanent home. | Toronto |

PARTICULARS OF ESTATE

| | | |
|----|--|--|
| 17 | Did he leave a Will? If in your custody, please forward. | No |
| 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 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? | No |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | None |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | None |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | Metropolitan Ins. Co Policy No Value. In force for 6 months only |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | None |

OTHER PARTICULARS

| | | |
|----|--|--|
| 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 bill "approved" and sign same. If believed incorrect, give particulars. | |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. | |

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the Widow of the deceased.



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 of His Majesty's Forces.

Mrs. Florence Billinger

Signature of Informant

229 1/2 Jones Ave. Apt. 3 Toronto Address

CERTIFICATE

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

*See above.

Mrs. Florence Billinger (Name of informant) is the widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Toronto this 22nd day of March 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

David Peters

Qualification A Commissioner, etc.

Address 561 A Avenue Ave., Toronto, Ontario.

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

Deceased was legally adopted through the Childrens aid Society by his foster mother Emma Billinger.



P 59702

N. V. 5
50M-1-41 (8973)
N.S. 815-11-5

NATIONAL SERVICE
MAY 21 1941
N.S. 113B-1407
CANADA
593

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BILLINGER OFFICIAL NO. 127176
CHRISTIAN NAMES Edward Jackson MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS .131 Boston Avenue, Toronto, Ontario RELIGION C. of E.

DATE OF BIRTH 14 Nov., '19 PLACE OF BIRTH
Town Toronto NAME AND ADDRESS OF NEXT OF KIN Brother: William Henry, 131 Boston Avenue, Toronto, Ontario.
County York
Province Ontario
*Original Nationality of:
Father English
Mother Welsh

*If not the son of natural born British parents, particulars to be given at foot of next page



(A) PERSONAL DESCRIPTION ON ENROLMENT

| HEIGHT | CHEST MEASUREMENT | HAIR | EYES | COMPLEXION | WOUNDS, SCARS, MARKS |
|---------------------|--------------------|-------------|-------------|-------------|----------------------|
| Feet <u>5</u> | Inflated <u>35</u> | <u>Fair</u> | <u>Blue</u> | <u>Fair</u> | <u>None.</u> |
| Inches <u>5 1/2</u> | Deflated <u>32</u> | | | | |
| | Mean <u>33 1/2</u> | | | | |

EDUCATIONAL STANDING Public school completed. TRADE OR CALLING AND IN WHOSE EMPLOY
Labourer: Colgate-Palmolive-Peet Ltd., Natalie Avenue, Toronto, Ontario.

DATE OF ENROLMENT 7th May, '41. RATING FOR WHICH ENROLLED Ord. Smn. R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED Toronto.

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) I served in ----- for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

| SERVED IN | RANK | FROM | TO |
|-----------|------|------|-----|
| --- | --- | --- | --- |

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

Personal Records Division.

1. Noted in Records AM

2. Noted in AM

3. Non-Sub. Card.

4. Status of my knowledge AM

5. Roneo Strip. AM

6. Pension Card.

7.

8.

DATE 26-5-41

(5) On being enrolled as a member of the.....Toronto.....Division.....of the
Royal Canadian Naval Volunteer Reserve, I undertake to 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 if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

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

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this.....7th.....day of.....May, 1941.....

Signature of applicant.....*Edward J. Billinger*.....



(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....7th.....day of.....May, 1941.....

A. M. Linkletter

Signature of and rank of Attesting Officer.

Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I,.....Edward Jackson Billinger.....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.....*Edward J. Billinger*.....

Witness.....*A. M. Linkletter*.....

Date.....7th May, '41.....

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

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....Edward Jackson Billinger.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the.....Toronto.....Division of the R.C.N.V.R. or in the appropriate official documents.

A. M. Linkletter

.....
Lieutenant, R.C.N.V.R. Attesting Officer.

R.C.N.V.R. Division

.....7th May,.....1941..... (or other establishment).....Toronto.....

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

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

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



P 59703

MAY 21 1924
N.S. 1136-1707
CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

42

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 E. J. Billinger
candidate for entry as Ord Sea
and I believe him to be ~~unfit for His Majesty's Service~~ ^{in all respects fit for His Majesty's Service.} He has signed the Certificate given below in my presence.

† Strike out if inapplicable. * Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

| (a) Age (Years / Months) | (b) Weight without Clothes | (c) Height with Bare Feet | (d) General Development | (e) Chest Girth | (f) Vision by— (i) Snellen's Types (ii) Colour Vision | (g) Vaccinated or revaccinated 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. defective and No. defective, if any), Nose, Tonsils, etc. | (o) Anus, Hemorrhoids, etc. |
|--------------------------|----------------------------|---------------------------|-------------------------|---|---|---|------------------------|---------------------------|----------------------|----------|----------------------|------------------------------|---|-----------------------------|
| 21-6 | 145 | 5-5 1/2 | good | (a) maximum 35 (b) minimum 32 (c) mean 33 1/2 | right eye 20/30 left eye 20/20 *colour vision | 1929 | NORMAL | NORMAL | NORMAL | NORMAL | NORMAL | NORMAL | 4 defective | NORMAL |

*If colour vision is not normal by Ishihara test. degree of colour blindness to be indicated.

X-ray Not taken. Approved. Rejected.

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY 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, vaccination, or inoculations as may be authorized.

Edward Billinger
Signature of Candidate

† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
† Strike out if inapplicable.

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

*(which renders him medically unfit for service, not considered of sufficient importance to cause his rejection, he being desirable in other respects.)

* Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at TORONTO, ONT. the 6 of May 1924.

John A. M. Lachlan
Examining Medical Officer
(Rank) SURGEON LIEUT. R. C. N. V. R.

Re-issue ident. card N.S. 30327.

N.V. 17
60M-11-47836
N.S. 8117

A

CERTIFICATE of the SERVICE of



Edward Jackson BILLINGER

in the Royal Canadian Naval Volunteer Reserve

| | | |
|-----------------------|---------------------|---------------------------------|
| Training Headquarters | R.C.N.V.R. Division | Official Number <u>V. 27126</u> |
| <u>Halifax</u> | <u>Toronto</u> | " |
| | | " |

Date of Birth 14 Nov. '19

Place of Birth Toronto, Ont.

Place of Residence 131 Berton ave., Toronto, Ont.

Trade brought up to Labourer

Religion Church of England

Can Swim:—P.P.T. Date 19 Signature _____ Rank _____

P.S.T. Date 19 Signature _____ Rank _____

Name and Address of Nearest Relative or Friend (in pencil)

Wife Florence C
229 1/2 Jones Ave.
Apt.
Toronto, Ontario

O.H.F.

| PARTICULARS OF SERVICE | | | | MEDALS, DECORATIONS, etc. | | |
|-----------------------------|-----------------------------------|------------------------|-------------------------------------|---------------------------|--------------|----------------------|
| Date of Actual Volunteering | Date of Enrolment or re-enrolment | Period Volunteered for | Rating on Enrolment or Re-enrolment | Date of | | Nature of Decoration |
| | | | | Award | Presentation | |
| | <u>7 May '41</u> | <u>Dur. Ho st.</u> | <u>Ord. Sea.</u> | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | Height | | Chest (mean) | Weight | Hair | Eyes | Complexion | MARKS, WOUNDS, SCARS |
|-----------------------------------|----------|--------------|---------------|------------|-------------|-------------|-------------|----------------------|
| | Feet | Inches | | | | | | |
| On Entry | <u>5</u> | <u>5 1/2</u> | <u>33 1/2</u> | <u>145</u> | <u>Fair</u> | <u>Blue</u> | <u>Fair</u> | <u>None.</u> |
| On re-enrolment—6 years' Service | | | | | | | | |
| On re-enrolment—12 years' Service | | | | | | | | |
| Further Description if necessary | | | | | | | | |

| TRANSFER BETWEEN DIVISIONS | | | TRANSFER—LISTS A AND B | | |
|----------------------------|----|------|------------------------|------|-----------|
| From | To | Date | List | Date | Authority |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

IN THE NAME OF GOD, AMEN Ord. Smn.

I, Edward Jackson Billinger of His Majesty's Ship Toronto Division, R.C.N.V.R. (now a Patient* in P105478),

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

See instructions on the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my sister, Mrs. Victoria Mae Anderson, 217 Clendennan Avenue, Toronto, Ontario,

NATIONAL DEFENCE
AUG 24 1941
N.S. 113-B-1207
CANADA

5

all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now are, or hereafter may be due to me for my service on board the said Ship, or any other Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects whatsoever and wheresoever.

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint my brother, Mr. William Henry Billinger, 131 Boston Avenue, Toronto, Ontario.

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In witness whereof I have at Toronto hereunto set my hand, this 19th day of May, in the Year of Our Lord One Thousand Nine Hundred and forty-one.

Edward Billinger

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses { [Signatures]

PAY LIEUT. R. C. N. V. R.

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the Law of England in the case of other persons, every such Will must be executed in the presence of, and be attested by, two disinterested Witnesses. Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or Marine or Military Force. Where the Will is made elsewhere than on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor, Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or in Scotland a Law Agent. A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.

IN THE NAME OF GOD, AMEN

INSTRUCTIONS FOR FILLING UP THE FORM.

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

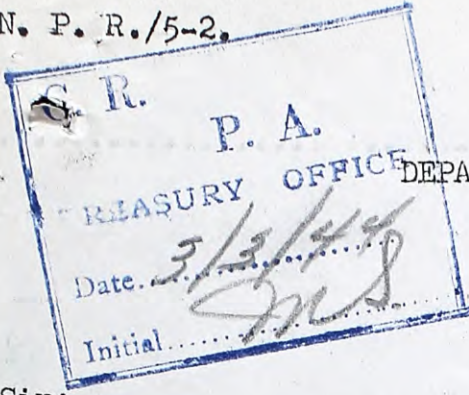
If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE.

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

..... *Jack Beer* { Signature of the person
by whom the Will was prepared.

Noted in Service
Records by *[Signature]*



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

V-27176

.....29th February... 1944.....
(Date)

Sir:

The following casualty has been reported -

62

| NAME | RANK or RATING | NAVAL NO. |
|---------------------------|----------------|---------------------|
| BILLINGER, Edward Jackson | Able Seaman | V-27176, R.C.N.V.R. |

DATE OF ENLISTMENT - 7th May, 1941. Active Service: 16th June, 1941.

DATE OF DISCHARGE - 23rd February, 1944.

HOSPITAL -
(If discharged in hospital under jurisdiction of D.P. & N. H.)

SERVICE - Canada & High Seas
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred. "DEAD" - Killed in air raid Overseas.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Wife NAME - Mrs. Florence Billinger.

ADDRESS - 229 1/2 Jones Avenue, Apt. 3. TORONTO, Ont.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

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



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. N.S. 113-B-1707...
PERS. (N)

29th February, 1944.

V-27176

Sir:

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:

| <u>NAME, RANK/RATING NO.</u> | <u>PLACE, DATE & CAUSE of DEATH</u> | <u>NEXT OF KIN</u> |
|---|--|--|
| BILLINGER, Edward Jackson Able Smn., O.N. V-27176, R. C. N. V. R. | Killed in air raid overseas to date the 23rd of February, 1944. | Wife: Mrs. Florence Billinger, 229 $\frac{1}{2}$ Jones Ave., Apt. 3, TORONTO, Ontario. |

ALLOTMENTS IN FORCE

IN FAVOUR OF:

AMOUNT INITIALS

Mrs. Florence Billinger,
Apt. #3, 229 $\frac{1}{2}$ Jones Ave.,
Toronto, Ont.

D.A. \$51.12
A.P. 30.00

\$81.12.

bat

WILL: ATTACHED.



Yours truly,

H.B. Money

for
SECRETARY, NAVAL BOARD.

Administrator of Estates,
Estates Branch,
Department of National Defence,
O T T A W A.

STANDARD FORM NO. 64

Department of National Revenue
Canada

22nd February, 1944

Dear Sir,

Reference is made to your letter of the 17th inst. in relation to the above-named matter.

Mrs. Florence Billinger,
407 Jones Ave.,
Toronto, Ontario.

It is noted in this regard
that you have the
date of February,
1944.

Enclosed herewith
is a copy of the
relevant provisions of the
Income Tax Act.

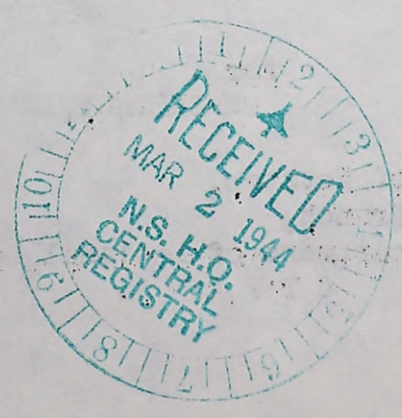
Yours faithfully,

AGENT IN CHARGE

RECEIVED

Mrs. Florence Billinger,
407 Jones Ave.,
Toronto, Ont.

22.2.44
22.2.44



100-100000-100000

not closed file

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY



DATE. *March 11/46*

The Estates Branch has received the following personal effects of

NAME.....*V27176*.....A.B......BILLINGER, E.J......

HQ-NS-113-B-1707 FD 396

MIF

BF-15-3-W

- 1 Attache Case.
- 1 Diary.
- 1 Schick Injector.
- 1 Dictionary.
- 1 Photo Album with Snapshots.
- Writing Pad and Envelopes.
- 1 Shirt, blue.
- 1 Pr. Gloves, woollen.
- 1 Pr. Swimming Trunks.
- 1 Vest, Coloured.
- 1 Woollen Windbreaker, grey and blue.
- 1 Woollen hood.
- 1 Canada Flash (red).
- 1 Book of Maps.

R.

Received the effects as listed

SIGNATURE.....*Mrs. Florence Billinger*.....

EMS. DATE REC'D.....*February 12/46*.....

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

HMCS. NAVAL SERVICE HEADQUARTERS, at OTTAWA, Ont. 50

Name BILLINGER, Edward Jackson (Christian names in full)

Rank of Rating Able Seaman Official No. V-27176, R.C.N.V.R. (If unknown, date of first entry)

Place of Birth Toronto, Ont. Date of Birth 14 November, 1919.

Occupation in Civil Life Laborer 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) From 7 May, 1941 - 23 Feb. 1944.

Date of Death 23 February, 1944 Place of Death London, England.

Cause of Death Killed in air raid. (If due to accident, violence, or enemy action, particulars to be stated briefly)



Nearest known relative or friend. Name Wife, Mrs. Florence Billinger Relationship Address 229 1/2 Jones Ave., Apt. 3, TORONTO, Ont.

Date on which the above was informed by Ship Naval Service Headquarters: 26 Feb. 1944

Date on which death was registered with local Officials --

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 Brookwood near Woking, Surrey, England. (if known) Date of Burial 26 Feb. 1944. (if known)

Location, Number, etc., of grave Canadian Military Cemetery, Canadian Sec. Joint Services Cemetery. (if known)

Undertaker employed -- (if any)

If borne for discipline only, date D.S.Q. or invalided --

Commanding Officer,

14 April, 1944.

The NAVAL SECRETARY, Naval Board, Department of National Defence, Ottawa, Canada.

H.B. Money for SECRETARY, NAVAL BOARD.

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.

10

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

DECEASED
MEMBER'S
NAME

Edward Jackson

BILLINGER

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO. 1908

FILE NO. NS. V-271

DATE 19 Feb/45.

SERVICE NO. V-27176

FINAL RANK OR RATING A.B.

DATE OF DISCHARGE 23 Feb/44.

PAYEE

Mrs. Florence Billinger,
229 1/2 Jones Ave., Apt. 3,
Toronto, Ont.

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 23 Feb/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 983 EQUAL TO 32 COMPLETE PERIODS AT \$7.50

\$ 240.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 776 LESS 23 INELIGIBLE DAYS, EQUAL TO 753 DAYS @ 25C. PER DAY

188.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

| | | |
|--|----|------|
| PAY | \$ | 1.85 |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | \$ | 1.45 |
| ADDITIONAL PAY | \$ | |
| | \$ | |

DEPENDENTS' ALLOWANCE 1/30 OF \$ 51.12 \$ 1.70

TOTAL \$ 5.00 X 7 = \$ 35.00

NO. OF DAYS 753 X \$ 35.00

183

144.02

D. WAR SERVICE GRATUITY

572.27

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE \$

AND ASSIGNED PAY \$

NIL

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

572.27

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

=\$ 572.27

Cheque - 120067 - 29/3-45

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

PREPARED BY

SJD

CHECKED BY

SJD

TREASURY

CHECKED BY

DATE


for Dir. Naval SERVICE REPRESENTATIVE

D OF D 23-2-44

5359

AWARDS NAVY

D.D.

| | | | | |
|--|-----------------|----------|-------------------|---------------|
| BILLI  ER | Edward Jackson | V-27176 | A.B. | FILE No. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICE

BADGE

(CLASS)

No. Nil

DATE DESPATCHED:



ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|------------------|--|
| 1939-45 Star | <p><i>MEDALS NOT TO BE DELIVERED</i></p> <p><i>1940</i></p> <p><i>RET TO STOCK</i></p> <p>CANCELLED</p> |
| Atlantic Star | |
| C.V.S.M. & Clasp | |
| War Medal | |
| | 3777, 14.3.50 |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR June 45

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Florence Billinger - Widow

ADDRESS: ~~229 1/2 Jones Ave., Apt. #3, 159 Pape Ave.,~~
TORONTO, Ont. 151 Craven Road ~~4-11-48~~

(2) MEMORIAL CROSS

WIDOW Mrs. Florence Billinger

ADDRESS: 229 1/2 Jones Avenue, Apt. 3, Toronto, Ont.

(3) MEMORIAL CROSS

MOTHER deceased

ADDRESS:

MEMORIAL B·R
(1)
DATE DESP.....
REGN. NO 1946

(2) 21-3-44

(3)

V27176

OFFICIAL NUMBER

FILE NUMBER 113-B-1707

OFFICIAL NUMBER V27176

NAME BILLINGER (Surname) Edward Jackson (Given Names) DATE OF BIRTH 14 November, 1919PLACE OF BIRTH Toronto, Ont. OCCUPATION LabourerRELIGION C. of E. EDUCATION _____RESIDENCE AT TIME OF ENLISTMENT: Street and No. 131 Boston Avenue Town Toronto Province, etc. Ont.

| ENGAGEMENTS | | | | DESCRIPTION | | | | | PREVIOUS SERVICE | | | |
|-------------------|-------|------|--------|-------------|------|------|------------|----------------|------------------|----------------|-------|----|
| Date (in figures) | | | Period | Height | Hair | Eyes | Complexion | Marks or Scars | Served in | Rank or Rating | Dates | |
| Day | Month | Year | | | | | | | | | From | To |
| 7 | 5 | 41 | H.O. | 5'5 1/2" | Fair | Blue | Fair | None | | | | |

NEXT OF KIN, RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Florence BillingerADDRESS (in pencil): Street and No. 229 1/2 James Ave Apt 3 Town Toronto Province, etc. Ont.

| MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY | | | | EXAMINATIONS, CERTIFICATES, ETC. | | | | | | | |
|--|-------|------|-------------|----------------------------------|-------|------|-------------------------|-------------------|-------|------|-------------|
| Date (in figures) | | | Particulars | Date (in figures) | | | Particulars | Date (in figures) | | | PARTICULARS |
| Day | Month | Year | | Day | Month | Year | | Day | Month | Year | |
| | | | | 2 | 4 | 42 | Marked "TR" (349A#2322) | | | | |

| BADGES, G.C. OR G.S. | | | | BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES | | | | | | | | |
|----------------------|-------|------|------------------------------|---|-----------------------|---------|-------------------|-------|------|------------------------------|--|------------|
| Date (in figures) | | | 1st, 2nd or 3rd G.C. or G.S. | Granted Deprived Restored | SHIP OR ESTABLISHMENT | Wt. No. | Date (in figures) | | | BRIEF PARTICULARS OF OFFENCE | | PUNISHMENT |
| Day | Month | Year | | | | | Day | Month | Year | | | |

| Date (in figures) | | | DAYS FORFEITED | | | | | | O.H.F. Received. |
|-------------------|-------|------|----------------|-------|-------|----------|----------|----------------|--|
| Day | Month | Year | Prison | Det'n | Cells | C. Power | W. Trial | In diff. Char. | |
| | | | | | | | | | O.H.F. Received. Last Will & Testament Dated 19-5-41 Rec. |

| SECOND CLASS FOR CONDUCT | |
|--------------------------|----|
| From | To |
| | |



FILM
NO. WSA 5445-7
DATE _____

V27176

OFFICIAL NUMBER

NAME BILLINGER

(Surname)

Edward Jackson

(Given Names)

OFFICIAL NUMBER

V27176 P.I.B.

| Ship or Establishment | Rating | From | | | Remarks | Character | Efficiency | Date | | | Non-Sub. Rating | Qualified | | | Re-Qualified | | |
|-----------------------|-----------|------|-------|------|---|-----------|------------|------|-------|------|-----------------|-----------|-------|------|--------------|-------|------|
| | | Day | Month | Year | | | | Day | Month | Year | | Day | Month | Year | Day | Month | Year |
| Div. Str. Toronto | Ord. Smn. | 7 | 5 | 41 | | V.G. | Sat. | 31 | 12 | 41 | A/A.A. 3 | 21 | 8 | 42 | | | |
| Duty Div. Hdqtrs. | " " | 16 | 6 | 41 | | V.G. | Sat. | 31 | 12 | 42 | | | | | | | |
| Stadacona | " " | 12 | 8 | 41 | | V.G. | Sat. | 31 | 12 | 43 | | | | | | | |
| Hoch. (Manning Pool) | " " | 3 | 10 | 41 | | V.G. | Sat. | 23 | 2 | 44 | | | | | | | |
| Sudbury | " " | 16 | 10 | 41 | | | | | | | | | | | | | |
| Stadacona | " " | 20 | 6 | 42 | | | | | | | | | | | | | |
| Cornwallis | " " | 26 | 6 | 42 | | | | | | | | | | | | | |
| " | Able Smn. | 16 | 6 | 42 | Rated. (249A #2731) | | | | | | | | | | | | |
| Stadacona | " " | 19 | 8 | 42 | | | | | | | | | | | | | |
| Q 061 | " " | 20 | 8 | 42 | A.D.O. # B-2381 | | | | | | | | | | | | |
| Stadacona | " " | 8 | 10 | 43 | DRD H-2824 | | | | | | | | | | | | |
| Niobe | " " | 1 | 11 | 43 | DRD H-3073 | | | | | | | | | | | | |
| Excellent | " " | 30 | 11 | 43 | DRD 338 | | | | | | | | | | | | |
| DISCHARGED | " " | 23 | 2 | 44 | Killed in Air Raid. Signal 231146A/2/44. | | | | | | | | | | | | |



GENERAL REMARKS

Canadian Memorial Cross awarded to
Wife: Mrs. Florence Billinger,
229 1/2 Jones Ave., Apt. 3.
Toronto, Ont.
dated 21.3.44.

| DATE OF BIRTH | | | PLACE BIRTH | | CIVIL OCCU. | | RELI-ED | | PERM. RESIDENCE | | | PREV. ENL. | | RANK OR RATE ON ENLISTMENT | | |
|---------------|-----|-----|-----------------|------|-------------|------|---------|-----------------|-----------------|----------|----------------|------------|--------------|----------------------------|--|--|
| DY. | MO. | YR. | BIRTH | MAIN | SUB | GION | R. | CTY. | TOWN | SERV. | DIV. | A | BR | RANK | | |
| 14 | X | 19 | 11 | 900 | 0 | 50 | X | 1 | 56 | 14 | 0 | 23 | 0 | 08 95 | | |
| ENLIST. DATE | | | ACT. SERV. DATE | | | STR. | | ACT. SERV. DATE | | | SHIP OR ESTAB. | | RANK OR RATE | | | |
| DY. | MO. | YR. | DY. | MO. | YR. | CAT. | DY. | MO. | YR. | ESTAB. | A | BR | RANK | | | |
| | | | 17 | 05 | 41 | 16 | 06 | 41 | | | | | | 9740 0 08 94 | | |
| SENIORITY | | | STR. | | NON-SUB | | M | | CODED | | | CHECKED | | | | |
| DY. | MO. | YR. | CAT. | A | B | ST. | DY. | MO. | YR. | ESTAB. | A | BR | RANK | | | |
| | | | 16 | 06 | 42 | 09 | | | 19 | 23-02-44 | | | | | | |