

V31265  
BAILEY

NORRIS

BENJA

OCCUPATIONAL HISTORY FORM

59537 MAY 27 1942 NS 113 B 2740

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... (b) Reg'l. No. 31265
2. (a) Arm of service... (b) Unit... (c) Rank...
3. (a) Date of birth... (b) Have you any dependents?... (c) Place of residence at time of enlistment...
4. (a) Place of enlistment... (b) Date of enlistment...

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school... (b) Were you attending school or college up to the time of enlistment?
6. State definitely highest standing reached at public, technical or high 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? (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? (b) What languages do you read well?

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- 10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (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... Address...
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation... (b) Number of years' experience at this occupation with any employer.
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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? (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? (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 March 20 1942 SIGNATURE Norris B. Bailey

O.H.F. Received

## MEMORANDUM FOR

P. 64

Mrs. Maria J. Taitenger

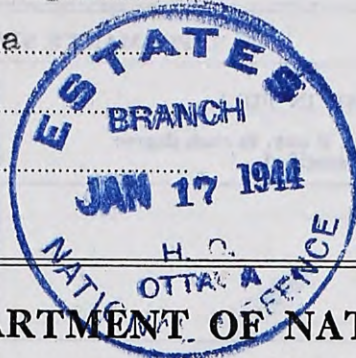
Claresholm, Alberta

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.Q. N.S. 113-B-2740 FD. 312



DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

January 7, 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

BAILEY, Norris B., A.B.

No. V. 31265, R.C.N.V.R.

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, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

*H.R. Wade*  
(H.R. Wade) Cdr. RCNVR,  
for (L.M. Firth) Lt.-Col.  
Administrator of Estates.

HRW/JN

## ANSWER IN FULL ALL APPLICABLE QUESTIONS

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 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.....	None		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	Died 14th December 1918		
4	Mother of the Deceased.....	Maria J. Taitinger	46	Claresholm, Alberta.
5	Brothers of the Deceased	Full Blood		
		Half Blood	Donald Harry Taitinger Robert William Taitinger Kenneth Ray Taitinger	21 16 5
6	Sisters of the Deceased	Full Blood		
		Half Blood	Mary Lou Taitinger Lois Marina Taitinger	15 9
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	
		None		

## ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Norris Benjamin Bailey
9	Date of his birth	18th June 1918
10	Place and date of his marriage.	Never Married
11	Place and date of his parents' marriage.	At Lethbridge Alberta on 15th October 1917

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Magrath in Alberta.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) All his life in Claresholm (b) (c) in Alberta (d)
14	Nature of employment before enlistment.	Farm work, Taxi Driver and at No. 15 Airport, Claresholm
15	State whether he owned the premises in which he lived and, if so, where situated.	He owned no real property
16	Name place where deceased stated he intended to make his permanent home.	In Alberta.

## PARTICULARS OF ESTATE

17	Did he leave a Will?	He told me had. If so it is with your Department
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?	
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.	Not that I know of.
20	Amount of War Savings Certificates held by deceased.	1. for \$5.00
21	Amount of Victory Loan Bonds held by deceased.	1. for \$50.00
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Crown Life Insurance Coy, Policy No. 301,699. for \$1310.00 Value the amt of premiums paid
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No.

## 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.	He had no debts that I know of.
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.	No.

(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.)

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 **lawful and natural mother**.....of the deceased.

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

*Maria Jane Taitinger*

Signature of Informant

Claresholm, Alberta. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief...**Maria J. Taitinger**.....**mother**

\*See above. .... { Name of Informant } is the **lawful and natural**.....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 **Claresholm, Alberta** this **12th** day of **January** 19 **44**

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

*H. H. Wallace*

A Notary Public in and for the Province of Alberta Qualification

Address.....**Claresholm, Alberta.**

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



(5) On being enrolled as a member of the..... CALGARY ..... 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..... 20th ..... day of..... March, 1942......

Signature of applicant..... Norris Benjamin Bailey.....

(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..... 20th ..... day of..... March, 1942......

A. C. M. Gowan Lieut  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I,..... Norris Benjamin BAILEY..... 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..... Norris Benjamin Bailey  
Witness..... A. C. M. Gowan

Date..... 20th March, 1942...... 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

..... Norris Benjamin BAILEY..... 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..... CALGARY ..... Division of the R.C.N.V.R. or in the appropriate official documents.

Lieut A. C. M. Gowan  
Attesting Officer.

..... 20th March,..... 1942...... R.C.N.V.R. Division (or other establishment)..... CALGARY.....

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.

This is to acknowledge that I have not been induced to enter the..... Seaman..... Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Norris Benjamin Bailey  
Signature

MILITIA ACT

F.M. 82  
480M-8-40 (6652)  
H.Q. 1772-39-1773

National Resources Mobilization Act, 1940

ENROLMENT

N9685'

NON-PERMANENT ACTIVE MILITIA OF CANADA

bat "A"  
*[Handwritten signature]*

REGIMENTAL No M508606

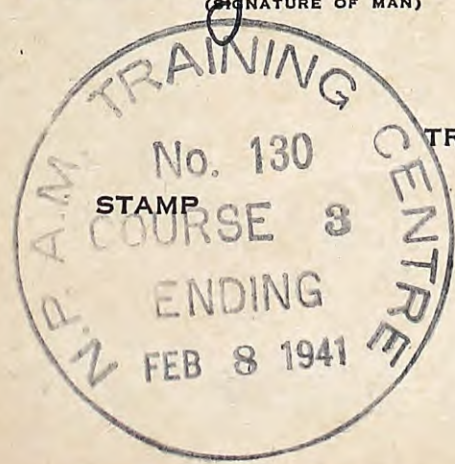
Militia Unit taken On Strength *South Alberta Regiment*

1. Surname (Block Letters) BAILEY
2. Christian Names (In Full) Morris Bergamin
3. Present Address Clearholm Alberta
4. Place of Birth Magrath Alta Date of Birth 18/6/18
5. Religion Pentacostal 6. Occupation Farmer
7. Next-of-Kin Mrs Janie Fittinger (Mother)  
(NAME AND ADDRESS)  
Clearholm Alta.
8. Physical Description: Height 5' 7 1/4" Weight 134  
Color of Eyes Blue Color of Hair Light Brown
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

Dated this 10 day of January 19 41  
Training Centre No. 130

Bailey N.B.  
(SIGNATURE OF MAN)

[Signature] 14.00  
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)



TRAINING CERTIFICATE  
STAMP

[Signature]  
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

Transferred from S.A.R.  
To. 15th A.L.H.  
10-2-41.

Pt. 11. Orders. #19  
8-3-41. *W. J. Jenkins Capt*

---

Discharged on enlistment  
into RCNVR 15-3-42.

Part 11 order  
#(B) 21 d/28-3-42. *W. J. Jenkins Maj*

---



59534

Can. B. 207  
100 M-11-40 (7881)  
N.S. 815-2-207

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NATIONAL DEFENCE  
MAR 26 1942  
NS 352740  
CANADA

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 Harris B Bailey  
‡ candidate for entry as Ord. Seaman R.C.N.V. (R)  
and I believe him to be \* in all respects fit for His Majesty's Service. He has signed  
unfit for His Majesty's Service for the reason stated below. 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. WASSERMAN SP. 130/90. LINK - neg.

(a) Age (Years / Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
23 yrs 9 mo.	130 lbs.	5' - 6 1/2" ins.	average.	(a) maximum 38 inches (b) minimum 34 inches (c) mean 36 inches	right eye 6/5 left eye 6/5 *colour vision	1937	neg	neg	moderately to severely flat feet	neg	neg	neg	dentally fit no nose & throat etc.	neg

\*If colour vision is not normal by Ishihara test degree of colour blindness to be indicated. reflexes normal. pupils = react to light

X-ray { Not taken. Approved. Positive. Doubtful. aff  
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.

N. B. Bailey  
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 fairly marked flat feet but has had no symptoms whatever  
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 Calgary the 19th of April 1942  
W. A. Cumberland  
Examining Medical Officer  
(Rank) Surg. Lieut. R.C.N.V.

BAILEY	Norris Benjamin	V-31265	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	
War Medal	4480
	23.11.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS - DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

**RCNVR Mar. 44 ST. CROIX"**

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Maria J. Taitinger - Mother

ADDRESS:

CLARESHOLM, Alta.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

Mrs. M. Tailenger

MOTHER

ADDRESS:

Claresholm, Alta.

**MEMORIAL BAR**

(1)

DATE DESP.....

REGN. NO.....

318

(2)

(3)

30-12-43

ARMY TRAINEE

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

**M**

WAR SERVICE RECORDS

BAILEY.Norris Benjamin		N508606	Pte	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
	30days training

256041

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

# Submarine Detector History Sheet

Name Bailey, N. B

Official No. V31265

This History Sheet is to be kept attached to the Service Certificate until Final Discharge from the Service when it is to be handed to the Rating.







V31265

OFFICIAL NUMBER

NAME BAILEY

(Surname)

Norris Benjamin

(Given Names)

OFFICIAL NUMBER V31265

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	
H.M.C.S. Tecumseh	Ord. Smn.	20	3	42	Div. Str. Calgary	V.G.	SAT.	31	12	42	Prob. S.D.	1	5	43	2477	1	7	43
"	"	13	5	42	Active Service	V.G.		20	9	43								
H.M.C.S. Naden	"	13	1	43	DRD #405													
Stadacona	"	12	5	43	Givenchy DRD #1046													
St. Croix	Able Smn.	5	6	43	DRD H-1719. Rated A.B. 13-5-43													
<del>DISCHARGED</del>	"	<del>20</del>	<del>9</del>	<del>43</del>	<del>Missing on Active Service (Per Casualty List)</del>													

GENERAL REMARKS

Canadian Memorial Cross awarded to:  
 Mother: Mrs. Maria J. Taitenger,  
 Claresholm, Alta.

DATE OF BIRTH		PLACE		CIVIL		OCCU		REGR		PERM. RESIDENCE		ENL.		RANK OR RATE	
DY	MO	YR.	BIRTH	MAIN	SUB	DIR		P.	CTY.	TOWN	SPR.	DIV.	VA	OR	RANK
18	6	18	17	5	10	0	834	8	02	03	0	21	0	08	95
ENLIST. DATE		AC. SER. DATE		STR.		DET. SER. DATE		SNP. OR		RANK OR RATE					
DY	MO	YR.	DY	MO	YR.	CAT.	DY	MO	YR.	ESTAB.	A	OR	RANK		
20	3	42	13	05	42					0380	0	08	94		
SENIORITY		STR.		NON-SUB		M		CODED		CHECKED					
DY	MO	YR.	CAT.	A	B	ST.			98						
05	06	43	09	33			20	20-07-43							

V31265

OFFICIAL NUMBER

FILE NUMBER

113-B-2740

OFFICIAL NUMBER V31265

NAME BAILEY (Surname) Norris Benjamin (Given Names) DATE OF BIRTH 18th June, 1918PLACE OF BIRTH Claresholm, Alta. OCCUPATION Taxi DriverRELIGION Pentecostal EDUCATION Grade 11RESIDENCE AT TIME OF ENLISTMENT: Street and No. \_\_\_\_\_ Town Claresholm Province, etc. Alta

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
20	3	42	H.O.	5'6 $\frac{1}{2}$ "	lt.br.	grey	dark	scars on forehead				

NEXT OF KIN, RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs Mary J. SatterlyADDRESS (in pencil): Street and No. \_\_\_\_\_ Town Claresholm Province, etc. \_\_\_\_\_

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	
				7	7	42	Passed E.T. "One" RCN				
				26	3	43	Qual. "TR" (249A, #5795)				
				18	1	43	Qualified Anti-Gas 2 days				

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		

**FILM**  
NO. NR 5507-6  
**DATE**

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 16-6-42 received

SECOND CLASS FOR CONDUCT

From

To



Name NORRIS BENJAMIN BAILEY

Sub-Rating and Seniority 0/2 20/3/42 Non-Sub

O.N. V 31265 S.B. No. W.B. No.

Joined Ship 12 Jan 43 from Secunseh

Engagement: Period 20 Mar '42 Expires

Date of Birth 18 June 1918 Religion Pentecostal

Character V 4 Efficiency 5AT Date

Badges nil Class for Conduct 1st Class for Leave 1st

Date due for: Next Badge 13 May '45

Progressive Pay 0/2 over 6 mos 13 Nov '42

L.S. & G.C. Recommended

Advancement. Wishes to Pass? Recommended? Date Qualified?

Educ. Test Pt.1 ..... yes ..... 7 July '42

Higher Educ. Test. ....

Professional or higher Sub-rating .....

do Non-Sub. ....

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments

..... Failed 18-3-43

Swimming Qualification

Athletic capabilities Baseball

General Remarks (including intelligence, energy, initiative, powers of command).

Raw score 170 standard score 119 grade B intell. on M Test High. Energy and initiative good. Power of command fair. Can be relied on to carry out duties assigned promptly and efficiently. Average type.

H.M.C.S. "Secunseh" McJover Prob Sub. Lieut.

Officer of Division.

Date 4 Jan '43

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
- (2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
- (3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

H.M.C.S. NADEN .....

Date..27th...March...!43.

*L. O. Hara*  
.....  
Officer of Division.  
S/LIEUT. R.C.N. V.R.

H.M.C.S. ....

Date.....

.....  
Officer of Division.

H.M.C.S. ....

Date.....

.....  
Officer of Division.

H.M.C.S. ....

Date.....

.....  
Officer of Division.

H.M.C.S. ....

Date.....

.....  
Officer of Division.

*12*



VERIFICATION FORM

S, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.  
 NAVAL GENERAL SERVICE MEDAL (1915).

RANK/RATING *A.B.* OFF.NO. *V-3265-* ADDRESS .....

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>Star</i>
							ATLANTIC		
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ Clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *E. Paker*

NO. 17  
25,000-42 (3665)  
N.S. 815-11-17

**O.H.F.**

24

**CERTIFICATE of the SERVICE of**

*Norris Benjamin BAILEY*

in the Royal Canadian Naval Volunteer Reserve

ICNS 37202

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>Hmes Tecumseh</i>	<i>V 31265</i>
		"
		"

Date of Birth..... *18 June 1918*  
 Place of Birth..... *Clareholm, Alta*  
 Place of Residence..... *Clareholm, Alta*  
 Trade brought up to..... *Taxi driver*  
 Religion..... *Pentecostal*  
 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) *16 11/43*  
*mother*  
*Mrs Maria*  
*20 Zaitenger*  
*same address*

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	
		<i>Duration of 20 Mar. 42</i>	<i>hesilities ORD. 5MN.</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>6 1/2</i>	<i>36</i>	<i>130</i>	<i>Light Brown</i>	<i>Grey</i>	<i>Sark</i>	<i>Scars on forehead</i>
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







## CERTIFICATE OF PROGRESS OF ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME  Norris B. BAILEY	OFFICIAL No.  V41265	Date of Birth  18/6/18
------------------------------	----------------------------	------------------------------

### ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....	Good	Math 72% Eng. 73% Gen.Kn. V.G.	<i>WCR</i>
Seamanship—	Good	Seamanship exam 81%	<i>BRM</i>
Boat work:			
(a) Pulling.....	Fair	64% Power of command 66%	<i>BRM</i>
(b) Sailing.....	Sat	Sailing 65%	<i>BRM</i>
Gunnery and Disciplinary Training.....	Sat	Drill 76% Power of command 74%	<i>BRM</i>
Shooting.....	Good	.303 44/50 .22 76% Group 80%	<i>BRM</i>
Swimming—P. P. T. ....	Failed	Date qualified..... 18-3-43	
Physical and Recreational Training.....	Sat		<i>BRM</i>
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Special Remarks	ANTI/HAS.	18-1-43	
e.g., C. W. Candidate.....			
.....			
.....			
.....			

On joining:— Weight..... 130..... Height..... 5'6 $\frac{1}{2}$ "..... Date 20 Mch '42.....

On leaving:— Weight..... 133 $\frac{1}{8}$ ..... Height..... 5'6 $\frac{1}{2}$ "..... Date..... 7th Jan '43.....

\* State in remarks column whether Normal, Advanced Class or V/S or W/T.

H.M.C.S. " TECUMSEH " Date 8th Jan '43 *[Signature]* Captain.



IN THE NAME OF GOD, AMEN

I, **NORRIS BENJAMIN BAILEY** of His Majesty's Ship "**TECUMSEH**" (~~now a Patient~~ in \_\_\_\_\_),

\*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 **MOTHER, MRS. MARIA J. TAITINGER, RESIDING AT CLARESHOLM, Alberta.**

*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 MOTHER, MRS. MARIA J. TAITINGER, RESIDING AT CLARESHOLM, Alberta.**

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 **CALGARY, Alberta.** hereunto set my hand, this **SIXTEENTH** day of **JUNE**, in the Year of Our Lord One Thousand Nine Hundred **AND FORTY TWO**

*N.B. Bailey*

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

*[Handwritten signatures of witnesses]*

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.

## 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.

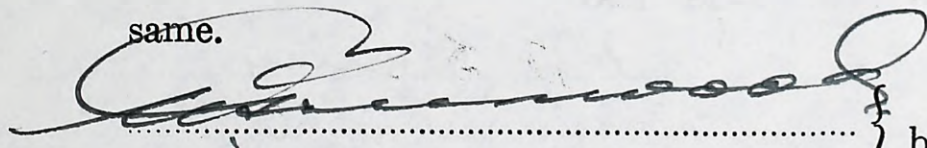
If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

---

### 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.

  
.....

} Signature of the person  
} by whom the Will was prepared.



# Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-B-2740.  
PERS. (N)

DEC 29 1943

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 &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
BAILEY, Norris Benjamin Able Seaman, O.N. V-31265, R. C. N. V. R.	Missing, presumed dead to date 20 September, 1943. He was serving in H.M.C.S. "ST.CROIX", which was lost while serving on convoy duty in the Atlantic, due to enemy action.	Mother: Mrs. Maria J. Taitenger, CLARESHOLM, Alta.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>	<u>AMOUNT</u>	<u>INITIALS</u>
Crown Life Insurance Co., Toronto, Ont.	\$3.00 Stopped Sept. 30/43.	
Rec. Gen. 4th Victory Loan	\$8.40 Stopped Oct. 31/43.	<i>hah</i>



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.

**DISTRIBUTION OF SERVICE ESTATES**

**PH**

Estates Form "P. 4"

**R.C.N.V.R.**

Name: **BAILEY,** Surname ..... **Norris B.** Christian Names ..... No.: **V.31265**

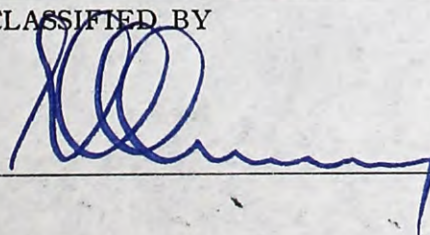
**A.E.** Rank ..... **H.M.C.S. "St. Croix"** Unit ..... **20/9/43** Date of Death

AMOUNT

Date: **Feb. 25, 1944**

L.P.C.....\$ **90.77**  
 Other Credits.....  
 Total..... **90.77**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother <b>100238</b>	<b>Mrs. Maria J. Taitinger,</b> <b>Claresholm, Alta.</b>  <b>(Sole beneficiary under will )</b>	<b>90.77</b>

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<b>831</b>	<b>00</b>	<b>50</b>	<b>000</b>	<b>90.77</b>
CLASSIFIED BY 			EXAMINED BY  ORIGINAL SIGNED BY <b>E. G. COLLYER</b> For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by  
**L. M. FIRTH**

(L. M. FIRTH) Lt.-Colonel  
 Administrator of Estates

AUDITED FOR PAYMENT

ORIGINAL SIGNED BY  
**E. G. COLLYER**

For Chief Treasury Officer

Claremont, Alta.

Mar. 11<sup>th</sup> 1944

No. H.Q. NS.. 113-B-2740. F.D. 312

Dear Mr Firth, Lt. Col.

In reply to my late son's estate, I received Board and balance of wages, but there was a five dollar certificate that I sent to your office, there was no mention of that, will you please inform me as to it.

Thank you for everything

Sincerely yours.

Mrs Harry Dautinger

Blanchetown Alta.

Feb. 7, 1944.

L. M. Girth, Lt. Colonel.

Administrator of Estates.

Dear Sir.

In reply to your letter of  
Feb. 3rd, in regards to certificate,  
and bond, of my late son  
Harrie B. Bailey V31265 R.C.N.  
V. R. please transmitt the  
\$5.00 certificate in my name,  
and send the bond in its  
present form, as I will keep  
it in my bank box.

Would you please register  
letter bearing bond.

Thank you very much for  
your kindness & time.



Jan. 29, 1944.

Dept. of National Defence  
308, Sparks St.  
Ottawa, Ont.

Dear Sir.

In reply to your letter of the 26<sup>th</sup>  
I am enclosing certificate of my late  
son, Harris Benjamin Bailey. However  
this certificate was given him by  
his grandmother, and his full  
name has been omitted.

I thank you so very much, but  
I have <sup>given</sup> my personal papers a  
copy of my sons will.

Thanking you so much for your  
kind consideration.

I remain sincerely  
Mrs Harry Jaitinger



10

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

4  
 NAVY

DISPOSED  
 MEMBER'S  
 NAME

Norris Benjamin  
 (CHRISTIAN NAMES)

BAILEY  
 (SURNAME)

REGISTER NO. 10804

FILE NO. NS. V-31265

DATE 12th July '45.

PAYEE  
 ADDRESS

Director of Estates, for Service Estate of  
 308 Sparks St.,  
 Ottawa, Ont.

Norris B. Bailey,  
 NS. V-31265

SERVICE NO. V-31265

FINAL RANK OR RATING A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE

20th Sep '43.

DATE OF DISCHARGE

20th Sep '43.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 496 EQUAL TO 16 COMPLETE PERIODS AT \$7.50

\$ 120.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 109 LESS 16 INELIGIBLE DAYS, EQUAL TO 93 DAYS @ 25C. PER DAY

23.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$1.85  
 SUBSISTENCE OR LODGING  
 AND PROVISION ALLOWANCE \$1.45  
 ADDITIONAL PAY H.L.M. \$ .25  
 S.D. \$ .15

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.70 X7 = \$ 25.90  
 NO. OF DAYS 109 X \$ 25.90  
 183

15.42

D. WAR SERVICE GRATUITY

158.67

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$  
 DEPENDENTS' ALLOWANCE \$  
 AND ASSIGNED PAY \$  
 OTHER DEDUCTIONS \$ N11

F. TOTAL AMOUNT PAYABLE

158.67

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ 158.67  
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

Voucher 1353- July 26/45

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

DATE

M

SERVICE REPRESENTATIVE

for Mr. Naval Pay Acctg.

NAVAL PERSONNEL RECORDS
10804
WAR SERVICE GRATUITY SECTION

1160928

Blanchholm Alta  
June 19<sup>th</sup> 1945

D.S. - V-31265 Pers. (N) (N15)

Dear Sir.

In replying to your letter of the 6<sup>th</sup> of June, regarding gratuity of my late son Norris Bailey #3 V-31265 P.C.M.V.R.

I am applying for gratuity, not as a dependent, but as an authority to act on behalf of my late son's service estate.

I am his next of kin and his only heir to his estate according to his will.

Trusting this will answer your question.

I am sincerely

Mrs Maria Daitinger

DISTRIBUTION OF SERVICE ESTATES

MH  
Estates Form "P. 4"

NAVY

Name: BAILLY Surname Henrie B. Christian Names No.: V-31265

A. Rank H.M.C.S. ST CROIX Unit Date of Death 20-2-43

AMOUNT

Date: 10-5-45

V.S.C.  
L.P.C. \$ 158.67  
90.77

Other Credits.....

Total..... 249.44

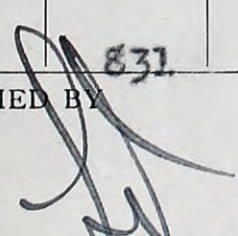
Prev. dist. 90.77  
This dist. 158.67

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Maria Taitinger, Claresholm, Alta.  (Sole beneficiary per will)	158.67

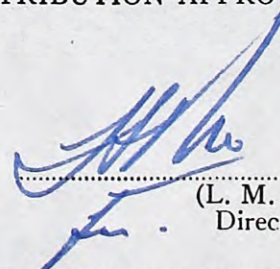
**P4. TO TREAS.**

14/8/45

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$158.67
CLASSIFIED BY 			EXAMINED BY		
For Chief Treasury Officer					

DISTRIBUTION APPROVED AND AUTHORIZED



(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer

IG

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

191  
 2  
 NAVY

DECEASED  
MEMBER'S  
NAME

Norris Benjamin  
 (CHRISTIAN NAMES)

BAILEY  
 (SURNAME)

REGISTER NO. 10804

FILE NO. NS.V-31265

DATE 12th July '45.

PAYEE  
ADDRESS

Director of Estates, for Service Estate of  
 308 Sparks St., Norris B. Bailey,  
 Ottawa, Ont. NS. V-31265

SERVICE NO. V-31265

FINAL RANK OR RATING A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE

20th Sep '43.

DATE OF DISCHARGE

20th Sep '43.

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 496 EQUAL TO 16 COMPLETE PERIODS AT \$7.50  
30

\$ 120.00

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 109 LESS 16 INELIGIBLE DAYS, EQUAL TO 93 DAYS @ 25c. PER DAY

\$ 23.25

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY	\$ 1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.45	
ADDITIONAL PAY H.L.M.	\$ .25	70
S.D.	\$ .15	
	\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	
TOTAL	\$ 3.70	x7 = \$ 25.90
NO. OF DAYS	109	x\$ 25.90
	<small>183</small>	

\$ 15.42

## D. WAR SERVICE GRATUITY

\$ 158.67

## E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ Nil

## F. TOTAL AMOUNT PAYABLE

N.P.H 29

\$ 158.67

## G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_  
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

=\$ 158.67

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

M

CHECKED BY

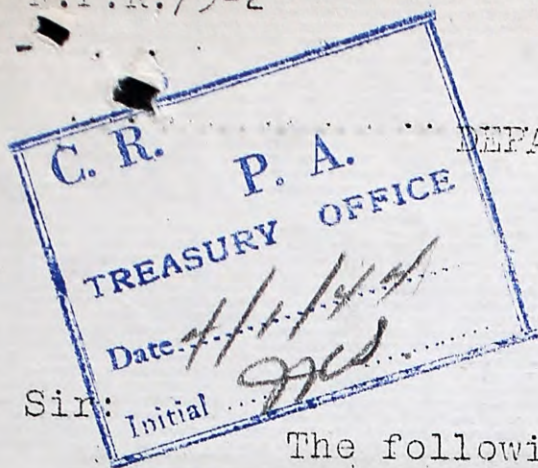
CHECKED BY

DATE

13/7/45

SERVICE REPRESENTATIVE

for Mr. Naval Pay Acctg.



DEPARTMENT OF NATIONAL DEFENCE

- Naval Service -

Ottawa, Canada.

DEC 29 1943

(Date.)

Sir: Initial

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
<u>BAILEY, Norris Benjamin</u>	<u>Able Seaman</u>	<u>V-31265, R.C.N.V.R.</u>

DATE OF ENLISTMENT - 20th March, 1942. Active Service: 13th May, 1942.

DATE OF DISCHARGE - 20th September, 1943.

HOSPITAL -  
(If discharged in hospital under jurisdiction of D.P. & M.E.)

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

Reason for discharge and - Missing, presumed dead. He was serving in  
When and where any disability H.M.C.S. "ST. CROIX", which was lost while  
was incurred, or where death serving on convoy duty in the Atlantic, due to enemy action.  
occurred.

(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 Mother NAME Mrs. Maria J. Taitenger,  
ADDRESS CLARESHOLM, Alberta.

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.

*ca*

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

REMARKS: .....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

Crown Life Insurance Co. Toronto, Ont.			\$3.00 Stopped Sept. 30/43.
Rec. Gen. 4th Victory Loan			8.40 Stopped Oct. 31/43.

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly Rate:</u>	Nil	Nil.	Nil.

To whom Paid: ADDRESS

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: Nil.

The final deduction of Assigned Pay for Nil. has been made for the period from 1st to \_\_\_\_\_ of \_\_\_\_\_ 194

Remarks:

Computed by M.W.  
Checked by H. H. Abouchelle

Alec J. Roswell  
for  
Chief Treasury Officer,  
DEPARTMENT OF NATIONAL DEFENCE,  
(Naval Service.)

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

LA/CM

REGISTERED

AIR MAIL

N.S. 113-B-2740.PERS.(N)

38

DEC 29 1943

Dear Mrs. Taitenger:

Further to my letter of the 27th of September, 1943, in view of the length of time that has elapsed since your son, Norris Benjamin Bailey, Able Seaman, Official Number V-31265, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "ST.CROIX", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 20th of September, 1943.

May I again express the sincere sympathy of the Department in your bereavement.

LETTER PERSONNEL NAVAL  
Yours sincerely,  
DEC 28 1943  
SECRETARY, NAVAL BOARD.

SECRETARY, NAVAL BOARD.

Mrs. Maria J. Taitenger,  
CLARESHOLM, Alta.

NAVAL PERSONNEL RECORDS

MEMORANDUM:

The enrolment of the undermentioned ratings in the Division, R.C.N.V.R., is approved:

<u>NAME</u>	<u>RATING</u>	<u>O.N.</u>	<u>DATE</u>
-------------	---------------	-------------	-------------

BY ORDER,

SECRETARY, NAVAL BOARD;

The Commanding Officer,  
H.M.C.S. " " " "

TFH:PMB

REGISTERED

AIR MAIL

FILE: NS.113-B-2740  
(Pers.N.)

27th September, 1943

13

Dear Mrs. Taitenger:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services informing you that your son, Norris Benjamin Bailey, Ordinary Seaman, Royal Canadian Naval Volunteer Reserve, Official Number V-31265, is missing on war service.

According to the report received, your son is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service until such time as an official announcement is made, as this information might prove useful to the enemy.

While your son is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely, patched by  
PERSONNEL NAVAL

*J. B. Money*  
27 1943  
SECRETARY, NAVAL BOARD

Mrs. Maria J. Taitenger,  
CLARESHOLM, Alberta.

*J. B. Money*  
NAVAL PERSONNEL RECORDS

*[Handwritten initials]*