



Cpl Bordeleau, Joseph Jacques  
Bernard RCAF  
A/Ch Bordeleau, Pierre Paul-Enée RCAF  
Pte Borden, Russell Hamilton  
Mewburn-C Scot R  
Lt Bore, Francis Joseph S Sask R  
Tpr Borgald, Everett, Eugene BCR  
L/Bdr Borgford, Albert Goodman RCA  
F/S Borkofsky, Edward RCAF  
F/O Borland, Alexander George RCAF  
Rfn Borne, Cecil Murray Regina Rif  
PO Borrowes, Robert Dean, DFC RCAF  
F/S Borrowman, William Thomas  
RCAF  
Pte Borsato, Leno Seaforth of C  
Pte Borthwick, George Ross Essex Scot  
Cpl Borthwick, John James Alg R  
Pte Borthwick, Oliver Norman HLI of C  
Pte Borton, Thomas Bertram  
Seaforth of C  
Rfn Boskoyous, Noel R Wpg Rif  
F/O Boss, Norman Holmes RCAF  
LCpl Bossert, Max C Scot R  
LCpl Bostrom, George Camerons of C  
Pte Boswell, Lloyd Kenneth CH of O  
Pte Bosworth, Clifford Theodore  
L Edmn R  
Coder Bosworth, Richard Cooper RCNVR  
Pte Botham, Charles Raymond PPCLI  
PO Botsford, Laurance Neill RCAF  
PO Botsford, Robert Longworth RCAF  
F/S Botterill, Harold Wallace RCAF  
Rfn Bottie, Leo Joseph RRC  
Sgt Bottomley, Harry Frederick RCAF  
PO Bottrell, Gerard Alphonse RCAF  
Pte Bouchard, Arthur R de Chaud  
Pte Bouchard, Hervé RCIC  
Pte Bouchard, Joseph Aurèle R22°R  
O/P Bouchard, Joseph Edmond  
Yvon RCAF  
ERA4c Bouchard, Joseph Jean RCNVR  
Pte Bouchard, Joseph Louis Adélard  
R de Hull  
Pte Bouchard, Léon Fus MR  
Cpl Bouchard, Louis Joseph  
Fort Garry's  
A/Ch Bouchard, Omer Hervé RCAF  
F/O Bouchard, Vernon John, DFC RCAF

Pte Bouchard, William Joseph Alg R  
Rfn Bouchard, Zephirin Henry  
R Wpg Rif  
Pte Boucher, Elaurie N Shore R  
AB Boucher, George Arthur RCNVR  
A/Ch Boucher, George Joseph Antoine  
RCAF  
PO Boucher, Gerald RCAF  
Pte Boucher, Gérard Roland R22°R  
Pte Boucher, Jacques R de Mais  
P/O Boucher, Norman Alfred RCAF  
Pte Boucher, Paul RCIC  
Pte Boucher, Roger R de Mais  
Rfn Boucher, Roland Ernest QOR of C  
Pte Boucher, Tilmon Philip  
R de Chaud  
Pte Boucher, Willie R de Mais  
Pte Bouchie, Victor David  
Nth NS Highrs  
P/O Boucock, Kenneth George RCAF  
Bdier supp Boudreau, Azade RCA  
Pte Boudreau, Eudore Fus MR  
Pte Boudreau, Herbert Andrew RHLI  
S-Lt/A Boudreau, Joseph Rufin RCAF  
OP Boudreau, Lawrence Joseph Henry  
RCAF  
Sto PO Boudreau, Leonard James RCNR  
Cpl supp Boudreau, Ludger R de Chaud  
Pte Boudreau, Napoléon R de Mais  
Pte Boudreau, Percy Joseph Fus MR  
Pte Boudreau, Phile R de Chaud  
Pte Boudreau, Ray Francis  
Nth NS Highrs  
Pte Boudreau, Robert Francis RHLI  
Cpl Boudreau, Vernon William CGG  
Pte Boudreault, Albert R22°R  
CERA Bouffard, Joseph Louis Charles  
Alphonse RCNR  
Pte Boughner, Lysle Stewart S Sask R  
Pte Bougie, Léonel Seaforth of C  
Sgt Bouillon, Ovila R22°R  
Pte Boulanger, Leo Francis C Scot R  
Pte Boulay, George Charlemagne  
L Edmn R  
Pte Boulay, Guy Joseph Adrien  
R22°R  
Pte Boulay, Joseph Claude RCASC  
Lt-Col Boulden, Charles Basil, OBE RE

V49160  
**BOSWORTH**

RICHARD

COOPE

113-B-4349

# OCCUPATIONAL HISTORY FORM

P257275

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

PLEASE LEAVE BLANK

- 1. (a) Print name in full RICHARD COOPER BRESWORTH (b) Reg'l. No. 149160
- 2. (a) Arm of service NAVY (b) Unit RCHMR (c) Rank SEAMAN
- 3. (a) Date of birth 2/10/1922 (b) Have you any dependents? NO (c) Place of residence at time of enlistment PAULS CNT
- 4. (a) Place of enlistment HANSON CNT (b) Date of enlistment OCT 20/42

## 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.) PUBLIC SCHOOL BRITAIN
- 7. If you attended a university, give name of university and standing or degree secured NO
- 8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NO (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? NO
- 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? NO

## 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? NO
- 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked NO (b) State how long you had worked at this trade or occupation NO
- 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified NO
- 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment NO
- 15. Give details of last employer, if any: Name NO Address NO
- 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NO
- 17. (a) If your last employment was in a business of your own, state nature and address of business NO (b) Date of discontinuing it NO

## 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 GOV. F. BRESWORTH Address PAULS CNT
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) STATION
- 20. (a) Your specific occupation ATTENDANT (b) Number of years' experience at this occupation with any employer 3
- 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? NO (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 NO (b) Where was it located? NO
- 23. (a) Number of years engaged in this business NO (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO

## 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? NO (c) If so, in what kind of farming? NO
- 25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NO (c) In what provinces did you have experience? NO

## Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
- 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.) RETURN TO US
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form NO



DATE Oct 21 1942 SIGNATURE R. Coopersworth

COPY TO  
VWD  
ES

NOV 20 1942

STANDARD VICTOR RECORDS  
MADE IN U.S.A.



Mrs. Katherine Bosworth,

30 Dumfries Street,

Paris, Ont.

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

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

and the following number quoted:—

H.Q. NS. V. 49160 FD 752

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

Jan 3 1945

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

BOSWORTH

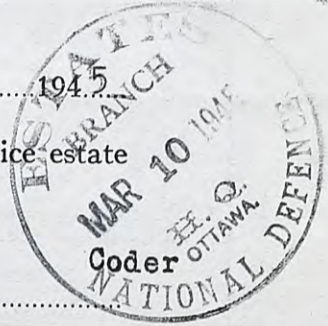
Richard C.

V. 49160

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.



*H. A. Wade*  
*Commissioner, R.C.N.V.R.*  
 Director of Estates.

HRW/JR

## 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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	George Frederick Bosworth	59	30 Dumfries St Paris <u>Ont</u>
4	Mother of the Deceased.....	Mathaine Bernice Bosworth	50	"
5	Brothers of the Deceased	Full Blood	George Lyndon Bosworth 25	R.C.A.F., Overseas 30 Dumfries St Paris <u>Ont</u>
		Half Blood		
6	Sisters of the Deceased	Full Blood	Evelyn Ruth Bremner 26	30 Dumfries St Paris <u>Ont</u>
		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.	Richard Cooper Bosworth
9	Date of his birth.	November 3 1922
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	London Ontario Feb 24 1917

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Paris Ontario
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Paris Ontario (b) (c) (d)
14	Nature of employment before enlistment.	Assisted father in business Service Station & Lunch
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.	Indefinite

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Believe a will was made after enlistment.
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?	unmarried
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?	Believe there was a post office account yes
20	Amount of War Savings Certificates held by deceased. Indicate where located.	30 certificates @ \$5. Located 7 .. @ \$10 in Paris
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	4,49.16 prudential } Father Beneficiary 1,52.17 } London Life "mother" 232.45 }
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

## 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.	not to my knowledge
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

\* mother 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.

Katharine Bosworth

{Signature of Informant

30 Dufferin St, Paris, Ont.

Address

CERTIFICATE

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

\*See above. Katharine Bosworth {Name of informant} is the\* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Paris Ont. this 9th day of March 1945

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

Frank J. Inkster

Qualification J.P.

Address Paris Ont.

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





CANADA

Can. B. 207

100M-3-42 (3733)  
N.S. 815-2-207

P257274

113-B-4349

3

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined..... Richard C. Bosworth  
candidate for entry as..... Pt. 1st Class  
and I believe him to be \*in all respects fit for His Majesty's Service  
unfit for His Majesty's Service for the reason stated below } 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	Yrs. <u>19</u>	Mos. <u>11</u>	(j) Date of last Vaccination for Smallpox	<u>child</u>
(b) Height with bare feet	Feet <u>5</u>	In. <u>9 1/4</u>	(k) General Development	<u>good</u>
(c) Weight without clothes	<u>159</u>		(l) Nose, Throat and Tonsils	<u>T - 0</u>
(d) Ears and Hearing	<b>NORMAL</b>		(m) Heart and Lungs	<b>NORMAL</b>
(e) Chest Girth	Max. <u>38 1/2</u>	Min. <u>35</u>	Mean <u>36 1/4</u>	(n) Abdomen <u>refused inguinal ing. ltr</u> Hernia, etc. <u>bilateral herniating since '40</u>
(f) Teeth	Deficient <u>3</u>	Defective <u>0</u>	Dentures <u>0</u>	(o) Limbs and Joints
(g) Vision by Snellens Types	without glasses	Rt. <u>6/17</u>	Lt. <u>6/17</u>	(p) Skin <u>sl. pes planus both</u> <u>ap. ped. defect since 1932</u>
	with glasses where worn	Rt.	Lt.	
(h) Colour Vision	Ishihara <u>failed</u> R.C.N. lantern <u>group 2</u>			(r) Testes Varicocele
(i) Chest x-ray	<u>not taken</u> <u>approved</u> <u>positive</u> <u>doubtful</u>	<u>19/10/42</u>		(s) Urine <u>sugar</u> <u>alt</u>

### 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.

..... R. C. Bosworth .....  
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..... Amesbury the..... of..... OCT 17 1942..... 19.....

..... Amesbury .....  
Examining Medical Officer  
(Rank)..... SURGEON-LIEUTENANT.....

Employment Insurance Yes

E.D. 92

P.D. 5

113-B-4349



CANADA

N. V. 5  
50M-8-42 (5715)  
N.S. 815-11-5

NEW D.A.  
9/10 8/10

P257273

4

### ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....BOSWORTH.....OFFICIAL No. V 49160

CHRISTIAN NAMES.....Richard Cooper..... MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
30 Dumfries Street, PARIS, Ontario.	Presbyterian

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
November 3, 1922	Town Paris	(mother)
*Original Nationality of: Father British Mother British	County Brant Province Ontario.	Katherine Bosworth same address

\*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... 5	Inflated... 38-1/2	Brown	Blue	Fair	Appendectomy Scar.
Inches... 9-1/4	Deflated... 35				
159	Mean... 36-3/4				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Public School Entrance	Service Station Attendant Mr. George F. Bosworth 26 Dumfries St., Paris, Ontario.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
(Divisional Strength) October 20, 1942.	Ordinary Seaman	H.M.C.S. 'STAR'

#### (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	Personnel Records Division.
	NOT APPLICABLE		1. Noted in Records... 2. Index Card... 3. Non-Sub. Card... 4. Statistical Card... 5. His Majesty's Forces on... 6. Pension Card... 8. DATE 28/10/42

(c) I have never been rejected for or discharged from any account of unfitness.

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

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service when called and to serve ashore or afloat as may be directed, according to where my services are required.

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

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

(e) I have not been induced to enter as Ordinary Seaman by the prospect of being transferred at some future date to any other branch or rating.

Dated this 20th day of October, 1942.

Signature of applicant R. L. Bosworth

(C) **CERTIFICATE OF ATTESTING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 20th

day of October, 1942.

My authority for attestation is XX

J. W. D. J. J. J.  
Signature of and rank of Attesting Officer.

(D) **OATH OF ALLEGIANCE**

I, Richard Cooper Bosworth 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 R. L. Bosworth

Witness J. W. D. J. J. J.

Date October 20, 1942. Rank Lieut. R. L. N. V. R.

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

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

Certificates of previous service will be returned after examination.

LA/CM

R E G I S T E R E D

A I R - M A I L *24*

N.S. V-49160. PERS.(N)

26 December, 1944.

Dear Mrs. Bosworth:

Further to my letter of the 28th of August, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, Richard Cooper Bosworth, Coder, Official Number V-49160, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

Please allow me to express sincere sympathy with you in your bereavement 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,

*[Signature]*  
SECRETARY, NAVAL BOARD.

Mrs. Katherine Bosworth,  
30 Dumfries Street,  
PARIS, Ontario.

*[Signature]*  
Despatched by  
Sec. N. B.

*Noted D.M.P.A  
29-12-44  
L.P.*

.....  
Date  
Time

*[Signature]*  
26.12.44  
10 30

NAME IN FULL BOSWORTH, Richard Cooper RANK/RATING Coder

SHIP	SERVICE			AREA	QU	
	FROM	TO	DAYS		FROM	TO
	29-1-43					
Melita	14-12-43	21-3-44	99	Atl.		
Miske	21-3-44	9-8-44	—	UK		
Albernia	10-8-44	21-8-44	11	Fr Ger.		
Discharged		<u>Dead</u>				
to date						
	21-8-41					

VERIFIED BY E. Parkes

VERIFIED BY .....



RCNVR Feb.46 "ALBERNI"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS  
PERSON  
ENTITLED TO Mr. George F. Bosworth - Father

ADDRESS: 30 Dumfries St.,  
PARIS, Ont.

(2) MEMORIAL CROSS  
WIDOW

ADDRESS:

(3) MEMORIAL CROSS  
MOTHER Mrs. K. Bosworth

ADDRESS: 30 Dumfries St., Paris, Ont.

MEMORIAL B

(1)

DATE DESP.....

REGN. NO. 900

(2)

(3)

17-1-45

L D OF D 21-8-44

DEPARTMENT OF VETERANS AFFAIRS

AWARDS **NAVY**

WAR SERVICE RECORDS

D.D.

BOSWORTH Richard Cooper	V-49160	Coder	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
1939-45 Star	6345
France G. Star	
C.V.S.M & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



V49160 OFFICIAL NUMBER

NAME BOSWORTH Richard Cooper  
(Surname) (Given Names)

OFFICIAL NUMBER V49160 P.I.S.

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. "STAR"	Ord. Smn.	20	10	42	Div. Str. Hamilton	V.G.	Sat.	31	12	42							
" "	"	29	1	43	Active Service D.L. 2-2-43	V.G.	Sat.	31	12	43							
Queen Charlotte	"	5	2	43	D.L. 5-2-43	V.G.	Sat.	21	8	44							
Cornwallis	"	6	4	43	D.L. 6-4-43												
St. Hyacinthe	"	16	6	43	H.D.O. 34761.												
	Ord. Coder	3	9	43	Trans. 249A-33834.												
Stadacona	" "	29	9	43	D.R.D. #H-2739.												
Captor 11	" "	13	12	43	D.R.D.S. 10.P.5.												
Stadacona (Melita)	" "	20	12	43	H.D.O. #63194. Serv. Cert.												
Niobe	" "	22	3	44	D.R.D. #451.P.3.												
Alberni	" "	10	8	44	D.R.D. #679 P7												
	Coder	29	1	44	Rated. 'A20674												
DISCHARGED.	"	21	8	44	"Missing" Casualty List.												
					Presumed Dead 249AA 59558												

GENERAL REMARKS  
 Mother: Mrs. Katherine Bosworth 30  
 Dumfries Street, Paris, Ont. awarded  
 the Memorial Cross (Canadian) to date  
 17th Jan. 1945.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
03	X	22	11	660	0	50	1	10	302	0	20	0	18	95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK	
20	10	42	29	01	43					9550	0	09	95	
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.								
03	09	43	13	00	00		J P			SAD				

V49160

OFFICIAL NUMBER

FILE NUMBER

113-B-4349

OFFICIAL NUMBER V49160

NAME BOSWORTH, Richard Cooper DATE OF BIRTH 3 November, 1922.  
(Surname) (Given Names)PLACE OF BIRTH Paris, Ontario. OCCUPATION Service Station Attendant.RELIGION Presbyterian EDUCATION Public School Entrance.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 30 Dumfries Street Town Paris Province, etc. Ontario.

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	10	42	H.O.	5'9 1/2"	Brown	Blue	Fair	Appendectomy scar.				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Magdalene BosworthADDRESS (in pencil): Street and No. 30 Dumfries Street Town Paris Province, etc. Ontario

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	44	C.V.S.M. (R&C)	16	3	43	Passed E.T. 1 R.C. N.				
				3	9	43	Passed as O/Coder (21-25-3)				
				6	10	43	Qual. Anti-gas 1 day. 'A-27297.				

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.	

SECOND CLASS FOR CONDUCT	
From	To



**FILM**  
**NO.** WSR 5841-5  
**DATE**

**CERTIFICATE of the SERVICE of**

*Richard Cooper BOSWORTH*

**in the Royal Canadian Naval Volunteer Reserve**

*NS 63380*

Training Headquarters	R.C.N.V.R. Division <i>Hamilton, Ontario HMCS STAR</i>	Official Number... <i>V 49160</i>
		"
		"

Date of Birth... <i>3 NOV 1922</i>	Name and Address of Nearest Relative or Friend (In pencil) <i>mother Katherine Bosworth same address</i>
Place of Birth... <i>Paris Ont</i>	
Place of Residence... <i>30 Dundas St Paris Ont</i>	
Trade brought up to... <i>Attendant Service Station</i>	
Religion... <i>Presbyterian</i>	



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

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

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>20 Oct/42</i>	<i>Duration of Hostilities</i>	<i>Attendant</i>	<i>1 July 44</i>		<i>Issued Ribbon &amp; Clasp to CISM</i>

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>9 1/2</i>	<i>36 3/4</i>	<i>159</i>	<i>Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>Apprentice Scar</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







**DISTRIBUTION OF SERVICE ESTATES**

Estates Form "P. 4"

NAVY

OL

Name..... BOZWORTH ..... Richard C. ..... No. V. 49160  
                     Surname                                    Christian Names

Rank..... CODER ..... Unit..... R.C.N.V.R. O/S ..... Date of Death..... 21-8-44

	<u>AMOUNT</u>	<u>W.S.G.</u>	<u>238.99</u>
		L.P.C.....\$	<u>83.84</u>
Date..... <u>11-2-46</u> .....		Other Credits.....	<u>185.89</u>
		Total.....	<u>508.72</u>

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/4	Father	George F. Bosworth 30 Dumfries St., Paris, Ont.	127.18
1/4	Mother	Mrs Katherine B. Bosworth (as above)	127.18
1/4	Brother	George L. Bosworth (as above)	127.18
1/4	Sister	Mrs Evelyn R. Bremner (as above)	127.18
(As next of kin entitled)			
P4. TO TREAS. 28-2-46, QM			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	508.72
CLASSIFIED BY			EXAMINED BY		
<i>D</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

.....  
 (L. M. FIRTH) Colonel  
 Director of Estates

AUDITED FOR PAYMENT

.....  
 For Chief Treasury Officer

ESTATES BRANCH

H.Q.N.S.V-49160  
FD.752

27th February, 1946.

Mrs. Evelyn R. Bremner,  
30 Dumfries Street,  
Paris, Ontario.

BOSWORTH, Richard C., Coder (Deceased)  
No. V-49160, R.C.N.V.R.

Dear Mrs. Bremner:

Distribution can now be made of the amount of money here  
at credit of your late brother.

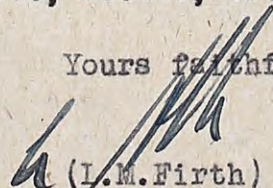
The total amount available to this Branch for distribution  
is \$508.72, and is made up as follows:-

War Service Gratuity.....	\$238.99
Redemption value of War Savings Certificates.....	184.82
Balance withdrawn from Post Office Savings Account, St.Hyacinthe, P.Q.....	1.07
Balance of pay and allowances.....	81.22
Credit for Hard Lying Money, Kit Upkeep Allowance....	<u>2.62</u>
TOTAL.....	\$508.72

Your brother died without having made a Will and his Service  
estate is therefore distributable in accordance with the Intestacy Law  
of his province of domicile. Accordingly, it is divided equally among  
his parents, his brother and sister.

Treasury has been requested to forward to you a cheque in  
the amount of \$127.18, and on receipt of same would you kindly sign  
and return the enclosed form to the Director of Estates, Department  
of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

  
(L.M. Firth) Colonel,  
Director of Estates.

HRW:MS  
Encl.1



*Commodore  
Huliford* 30048

## Passing Certificate

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### This is to Certify

that Richard Cooper BOSWORTH

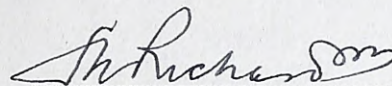
Rating Ordinary Seaman, R.C.N.V.R. Official Number V.49160

has passed

### THE EDUCATIONAL TEST, I, R.C.N.

held on 16th March, 1943.

For advancement to Petty Officer



Instr. Cdr., R.C.N.  
Director of Naval Education

Naval Service Headquarters

Ottawa, this 1st day of April, 1943.

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C.N.S. 2431

10M-5-42 (4453)

N.S. 815-9-2431

- Navy
- Army
- Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441  
1 Mil. 9-44 (5449)  
H.Q. 1772-39-2326

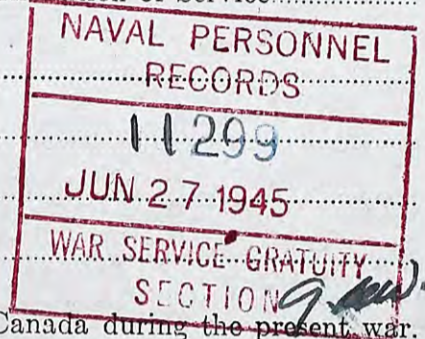
## Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service..... **BOSWORTH** .....  
(Print)
2. Christian Names ..... **Richard Cooper** .....  
(Print)
3. Service No. **V-49160** ..... 4. Paid rank or rating at date of termination of Service..... **Coder**

5. Address, in full, to which payments of gratuity are to be forwarded.....  
**Mrs. Katharine Bosworth**  
**Paris, Ontario.**



6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
NAVY	V-49160	Coder	29-1-43	21-8-44
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... If so, state name of Force or Forces.....

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... If so, state the Force or Forces, with dates of commencement and termination of service. ....

~~Having commenced or resumed active service~~ I hereby apply for payment of the War Service Gratuity in respect of the above named

.....  
(Date)

**Katharine Bosworth**.....  
(Signature of Applicant)  
**(Katherine Bosworth - Mother)**

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:  
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)  
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.  
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.



Department of National Defence  
Naval Service

IN REPLY PLEASE QUOTE  
No. N.S. V-49160 Pers. (N)

26  
DEC 18 1944 194

39310

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>
BOSWORTH, Richard Cooper Coder, V-49160, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	MOTHER: Mrs. Katherine Bosworth, 30 Dumfries Street, PARIS, Ont.

<u>In Favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
	N i l.		

WILL: No Record.

Yours truly,

for  
SECRETARY, NAVAL BOARD.

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

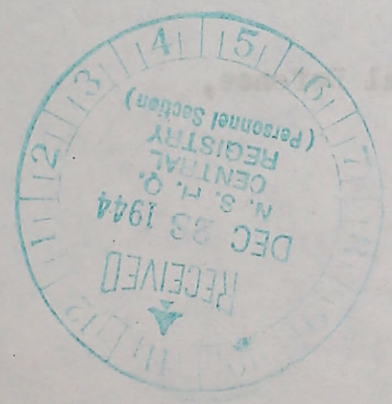
In accordance with Navy Order  
No. 507, it is requested that you  
furnish the following information  
in the Navy Bureau of Oceanic and  
Coastal Survey:

NAME, RANK, GRADE, AND SERVICE NUMBER  
of the following personnel:  
1. Name, rank, grade, and service number of the commanding officer of the vessel.  
2. Name, rank, grade, and service number of the commanding officer of the aircraft carrier.  
3. Name, rank, grade, and service number of the commanding officer of the submarine.  
4. Name, rank, grade, and service number of the commanding officer of the surface ship.

Very truly yours,  
[Signature]

With No. 1000

Very truly yours,



TO:

DEC 16 1944

N.C.R.

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.

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

## PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of .....

{ If in City, Town or Village ..... Street ..... House No. ....  
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED .....  
(Family name) Richard Cooper  
(Given name or names in usual order)

RESIDENCE No. 30 Street Dunfries City, Town, Village or Township Paris Province Ontario  
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
8. BIRTHPLACE <u>Paris, Ontario</u> (Province or Country)			
9. DATE OF BIRTH <u>November 3, 1922</u> (Month) (Day) (Year)			
10. AGE in	Years <u>21</u>	Months <u>9</u>	Days If less than one day old hrs. or min.
OCCUPATION			
11. Trade, profession or kind of work as <u>spinner, teamster, office clerk, etc.</u> <u>Service Station</u>			
12. Kind of industry or business, as <u>cotton-</u> <u>mill, lumbering, bank, etc.</u> <u>Attendant</u>			
13. Date deceased last worked at this occupation.....		14. Total years spent in this occupation.....	
15. If married give name of wife or husband of deceased.....			
FATHER			
16. NAME.....			
17. BIRTHPLACE..... (Province or Country)			
MOTHER			
18. MAIDEN NAME.....			
19. BIRTHPLACE..... (Province or Country)			
20. Person giving information sign here..... <u>H.B. Money</u> <u>Paymr. Cdr. R.C.N.R.</u> Address <u>Naval Service Headquarters, Ottawa, Ont.</u> Relationship to deceased <u>Director of Personnel Records</u>			
21. Place of Burial, Cremation or Removal <u>No burial</u> Date of burial or removal.....			
22. Burial Permit was issued by..... Address.....			
23. UNDERTAKER..... (Name and address)			

## MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 21, 1944  
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:

.....19..... to.....19.....

and last saw h.....alive on.....19.....

CAUSE OF DEATH		PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>Missing, presumed dead.</u>	Underline
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to <u>He was serving in H.M.C.S.</u>	the cause
	(b) due to <u>"ALBERNI" which was sunk in</u>	to which
	(c) <u>the English Channel.</u>	death
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.		should be
		charged
		statistically

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance.....19.....  
(b) Duration of disease.....days

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

28. Was there a surgical operation?.....Date of operation.....19.....

State findings.....Was there an autopsy?.....

29. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide?.....Date of injury.....19.....  
(State which)

Manner of injury.....  
(How sustained)

Nature of injury.....

Specify whether injury occurred in industry, in home, or in public place.....

Signed by.....M.D.

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

30. Division Registrar's Record No.....

31. Filed.....19.....  
(Division Registrar)

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

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

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

CAM

32

N.S. V-49160. PERS.(N)

Policy No. 393419653.

29 January, 1945.

THIS IS TO CERTIFY that according to official information Richard Cooper Bosworth, Coder, Official Number V-49160, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

SECRETARY, NAVAL BOARD.

*[Handwritten signatures and initials]*



F.M.O., Halifax, N.S.,  
August 26th, 1944.

N.S. V-49160 PERS.(N)

144421

My dear Mrs. Boswell:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Your son had just joined my ship but had quickly made many friends and seemed to be well liked by all the officers and men. He did his job well and appeared to be quite happy aboard.

The only minor comfort I can give you is that he was down below at the time the ship was hit and as the ship sank instantly I am sure he did not suffer any pain.

I hope that if I am ever in Paris you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"

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

Mrs. Katherine Bosworth,  
30 Dumfries St.,  
PARIS, Ont.

P.A.'S CHECKED IN  
C.R. BY *R*



TFH/JM

AIR MAIL

LETTER dispatched by  
PERSONNEL NAVAL  
AUG 30 1944

V-49160 Pers. (N)

123580

28th August, 1944.

Dear Mrs. Bosworth:

Further to my letter of the 23rd August, details of the disaster in which your son has been reported missing are now being released.

H.M.C.S. "ALBERNI" was sunk while on invasion duties in the English Channel. Four officers and fifty-five ratings are missing, with three officers and twenty-eight ratings having survived.

It is regretted that the position of the loss cannot be given, but it is considered unlikely that prisoners of war will be taken.

It is requested that you will keep this information in confidence until an official announcement is made.

May I again express sincere sympathy with you in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

FILE  
ACTION TAKEN

Mrs. Katherine Bosworth,  
30 Dumfries Street,  
PARIS, Ontario.

P.A.'S CHECKED IN

C.R. BY

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

14

..... 26 August, 1944, .....  
(Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.  
BOSWORTH, Richard Cooper Coder V-49160, R.C.N.V.R.

DATE OF ENLISTMENT - 20 October, 1942. Active Service: 29 January, 1943.

DATE OF DISCHARGE - Will be reported later.

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 - "MISSING" at sea when the ship in which he was  
when and where any disability was incurred, or where death  
occurred. Channel. While this casualty is listed as missing, it is impossible to make an  
estimate as to his chances of survival. Should no information be received to the

contrary, you will be notified when official presumption of death with date has been set  
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. Katherine Bosworth,

ADDRESS - 30 Dumfries Street, Paris, 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.

Copies Form "B" fwd.  
to Allots. (N) on

..... N.P.R/5

*H.B. Money*  
for  
SECRETARY, NAVAL BOARD. *C*

Secretary, Canadian Pension Commission,  
Room 228, Daly Building, OTTAWA, Ont.

NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

*Noted D.M.P.A.  
29-12-44  
D.P.*

REMARKS:.....

NOTES:

This form to be accompanied by documents only in cases of (a) discharge "medically unfit" (b) Death in Canada (c) Death anywhere if question of misconduct arises. Report of Board of Inquiry to be forwarded if disability or death is due to accidental injury in Canada or possible misconduct -- If Documents are not readily available this form should be sent at once with advice that documents will follow as soon as possible.



*Handwritten notes in blue ink, possibly a date or initials, located at the bottom left of the page.*

File Number. V49160

SERVICE

NAME: BOSWORTH, Richard Cooper

O.N. V-49160

PRESENT RANK/RATING: Ord.Coder.

DATE TAKEN ON ACTIVE SERVICE: 29.1.43.

SERVICE

SHIP OR ESTABLISHMENT

HMCS "STAR"(Div.Str.)

From

To

20.10.42.

" " (A&S.Ser.)

29.1.43.

Queen Charlotte

5.2.43.

Cornwallis

6.4.43.

St.Hyacinthe

16.6.43.

Stadacona

29.9.43.

Captor 11

13.12.43.

Stadacona(Melita)

10.2.44.

Niobe

22.3.44.

WILL:

NAME & ADDRESS OF  
NEXT OF KIN:

Nil

(Mother)  
Mrs. Katherine Bosworth,  
30 Dumfries St.,  
Paris, Ont.

DISCHARGED PREVIOUSLY?

REASON:

DATE:

No.

Initialled by:

Date:

Section:

*MRA*

25.8.44.

RENVR

(TO BE COMPLETED IN INK.)