



Pte	Ens. Frank	Calg Highrs	Rfn	Euerby, Harry Herbert	RWpg Rif
Pte	Ephgrave, Harold	RHLI	AC1	Eustace, William Stuart	RCAF
O/Smn	Eppler, Clifford	RCNVR	Pte	Evanchuk, Peter	Cameron's of C
P/O	Eppler, Edward William	RCAF	LSA	Evans, Albert Kenneth	RCNVR
Bdr	Epps, Edgar Thomas	RCA	L/Cpl	Evans, Arthur Llewellyn	Sher Fus R
Tpr	Erickson, Aksel Stampe-LD	SHRO	Pte	Evans, Clayton Harold	C Scot R
Cpl	Erickson, Charles Gordon	Cameron's of C	Tpr	Evans, Clifford Charles	Three Riv R
L/Bdr	Erickson, Edwin Vernon	RCA	P/O	Evans, Conrad Cromer	RCAF
Pte	Erickson, Gordon Bernard	HLL of C	F/O	Evans, David Carson	RCAF
Tpr	Erickson, Herbert Richard	Three Riv R	PO	Evans, David Mierion	RCNVR
<u>Tcl</u>	<u>Erickson, Ingvi Swain</u>	<u>RCNVR</u>	Pte	Evans, David Raymond	N Shore R
F/O	Erickson, James William	RCAF	O/Smn	Evans, Donald Lewis	RCNVR
Pte	Erickson, John	Nth NS Highrs	L/Cpl	Evans, Douglas Albert	RWpg Rif
Pte	Erickson, Lawrence	SSask R	F/O	Evans, Douglas John	RCAF
WO1	Erickson, Lief Tapio	RCAF	Tpr	Evans, Edward Ernest	Fort Garry's
Pte	Erison, Reginald James	Alg R	Sgt	Evans, Edward George	1 Cdn Para Bn
Pte	Erlick, Muni	SD & G Highrs	Pte	Evans, Gerald George Cairnes	Perth R
F/O	Ernst, William Burton	RCAF	F/O	Evans, Horace Alexander	RCAF
Pte	Erskine, Charles Stewart	SSask R	Pte	Evans, Jack Mervin	Perth R
Pte	Erskine, John Russell	R Regt C	Pte	Evans, James Edgar	R Regt C
Sgt	Ervin, Samuel George	RCIC	Pte	Evans, John Irving	N Shore R
Lt	Esaruk, John	RWpg Rif	AB	Evans, John James	RCNVR
L/Cpl	Esbaugh, Clement Joseph	Guy RCR	F/O	Evans, John Taylor	RCAF
Cpl	Escher, John	R Regt C	Pte	Evans, Joseph Watkin	RHC
F/L	Eskil, Odin John	RCAF	Rfr	Evans, Kenneth	QOR of C
Pte	Essar, Elmer	48 Highrs	P/O	Evans, Kevin John	RAF
P/O	Essar, William	RCAF	O/Smn	Evans, Lewis Brychan	RCNVR
Pte	Esselment, John Clarence	HLL of C	WO1	Evans, Lloyd George	RCAF
Cfn	Essen, Victor August	RCEME	Cpl	Evans, Lloyd Robert	C Scot R
Pte	Esser, George	Cameron's of C	F/O	Evans, Robert William	RCAF
Pte	Esson, Joseph Edward	Carl & York R	P/O	Evans, Thomas Govan	RCAF
Pte	Etherington, Douglas	C Scot R	Pte	Evans, Walter Byron	Seaforth of C
Sgt	Etherington, Lloyd Wesley	RCEME	Pte	Evans, William James	1 Cdn Para Bn
P/O	Etherington, Reginald Norman	RCAF	Tpr	Eve, Geoffrey Thomas	BCD
Pte	Ethier, Armand Alphonse	Hast & PER	P/O	Everest, Verity	RCAF
A2	Ethier, Joseph Paul	RCAF	Pte	Everett, Walter Leonard	N Shore R
Pte	Ethofer, George Paul	RCAMC	Pte	Evers, Henry	RCASC
Sgt	Etienne, Francis	RCAF	Pte	Evers, Milton Edward	Line & Well'd R
Pte	Ettinger, Firth Cheney	Nth NS Highrs	Pte	Ewan, George A.W.	A and SH
			Gnr	Ewanus, Fred	RCA
			F/O	Ewart, Ross Stuart	RCAF



In Memory Of

Telegraphist

INGVI SWAIN ERICKSON

Service Number: V/51886

H.M.C.S. Alberni., Royal Canadian Naval Volunteer Reserve who died on 21 August 1944 Age 21

Son of Ingvi S. and Herdis Erickson, of Arborg, Manitoba.

Remembered with Honour

HALIFAX MEMORIAL

Panel 12.



|||||
COMMONWEALTH
WAR GRAVES
|||||

COMMEMORATED IN PERPETUITY BY THE COMMONWEALTH
WAR GRAVES COMMISSION

V51886
ERICKSON

INGVI

SWAIN

OCCUPATIONAL HISTORY FORM

113-16-753
P299220

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 ERICKSON, Ingvi Swain (b) Reg'l. No. V 51886
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank Ord. Ebn.
3. (a) Date of birth 17 Apr 23 (b) Have you any dependents? No (c) Place of residence at time of enlistment Winnipeg, Man.
4. (a) Place of enlistment Winnipeg, Man. (b) Date of enlistment 9th Dec 1942

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (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.) Grade XI
7. If you attended a university, give name of university and standing or degree secured -----
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? ----- (c) Did you finish it? ----- (d) If you did not finish it, how long did you serve at it? -----
9. (a) What languages do you speak fluently? English - Icelandic (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? -----
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 Dairy Science, Manitoba, U. Address Winnipeg, Man.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) University
20. (a) Your specific occupation Dairyman (b) Number of years' experience at this occupation with any employer 3 Months
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

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.) -----
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Office Work

DATE 9th December, 1942. SIGNATURE [Signature]



Copy To
VWJ
ES

DEC 30 1942

CERTIFICATE of the SERVICE of

Ingui Swain ERICKSON

in the Royal Canadian Naval Volunteer Reserve

IC.N.S. 70017.

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-51886</i>
	<i>"Chippawa"</i>	"
		"

Date of Birth..... <i>17th April 1923.</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth..... <i>Arborg, Manitoba</i>	
Place of Residence..... <i>Arborg, Manitoba</i>	
Trade brought up to..... <i>Hairyman</i>	
Religion..... <i>Lutheran</i>	
Can Swim:—P.P.T. <i>Good</i> Date <i>22nd March 1943</i> Signature <i>[Signature]</i> Rank <i>SUB. LIEUT. RCNVR</i>	Name and Address of Nearest Relative or Friend (in pencil)
<i>FAIR.</i> P.S.T. Date <i>29th June '43</i> Signature <i>[Signature]</i> Rank <i>1st AY. LIEUT. U.S.N.</i>	

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>9 Dec '42</i>	<i>Duration of Hostilities</i>	<i>Ord. Comm.</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>7½</i>	<i>36</i>	<i>133½</i>	<i>Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>- Nil -</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

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
	"Chippawa"		Ord. Smm.	9 Dec '42	24 Feb '43	
	In Active Service				25 Feb '43	
	"Chippawa"		Ord. Smm.	25 Feb '43	25 Apr '43	
	"York"		"	26 Apr '43	17 June '43	
	"St. Hyacinthe"		"	18 June '43	16 July '43	
	"		Ord. Tel.	17 July '43	18 Mar '43	
	Stadacona		"	19 Mar '43	10 Dec '43	
	Stadacona (Alberni)		"	11 Dec '43	24 Feb '44	
	" ("")		Tel.	25 Feb '44	21 Apr '44	
	Nishi ("")		"	22 Apr '44	21 Aug '44	

PRESUMED DEAD
FD CNMO'S.
 Sig. 271839, Dec '44
 A. 59557

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature
1-11-43	Wound No B-92454	St. Hyacinthe

17. Jan
 30. U
 1. De



CANADA

113-16-753

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

P2992182

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 Ingvi Swain ERICKSON
candidate for entry as Ordinary Seaman
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. Eyes react to L. & A. Reflexes normal.

†Strike out if inapplicable *Delete one.

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

(a) Age	Yrs. 19 Mos. 7	(j) Date of last Vaccination for Smallpox	Left arm School age
(b) Height with bare feet	Feet 5 In. 7½	(k) General Development	Fairly good
(c) Weight without clothes	133½ Pounds	(l) Nose, Throat and Tonsils	N
(d) Ears and Hearing	Normal	(m) Heart and Lungs	B.P. 130/64 NORMAL
(e) Chest Girth	Max. 38 Min. 35 Mean 36	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient 1 Defective 1 Dentures 0	(o) Limbs and Joints	N
(g) Vision by Snellens Types	without glasses Rt. 6/6 Lt. 6/5 with glasses where worn Rt. Lt.	(p) Skin	N
(h) Colour Vision	Ishihara Normal R.C.N. Lantern	(q) Anus Haemorrhoids	N
(i) Chest x-ray	<input checked="" type="checkbox"/> not taken <input type="checkbox"/> approved <input type="checkbox"/> positive <input type="checkbox"/> doubtful APPROVED Dec 9-1942 FILM No. N 18 30	(r) Testes Varicocele	See below Bal normal
		(s) Urine Sugar & Alb.	Negative.

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.

Ingvi Swain

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 Moderate severe left varicocele

* which renders him medically unfit for service, x
 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 HMCS "CHIPPAWA" RCNVR the 9th of December 1942 19

W. J. ...
Examining Medical Officer
(Rank) Surgeon Lieutenant RCNVR



I.C.N.S. 70017

ATTESTATION FORM
(HOSTILITIES FORM)

P299217

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME **ERICKSON,** OFFICIAL No. **151886**
CHRISTIAN NAMES **Ingvi Swain** MARRIED, SINGLE OR WIDOWER **Single**

PERMANENT ADDRESS **Arborg, Manitoba.** RELIGION **Lutheran**

DATE OF BIRTH 17th April, 1923	*PLACE OF BIRTH Town Arborg County Province Manitoba.	NAME AND ADDRESS OF NEXT OF KIN Herdis ERICKSON, (Mother), Arborg, Man.
--	--	---

*Original Nationality of:
Father **Icelandic**
Mother **Icelandic**

*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	Brown	Blue	Fair	Nil.
Inches 7 1/2	Deflated 35				
Mean 36					

EDUCATIONAL STANDING Grade XI	TRADE OR CALLING AND IN WHOSE EMPLOY Dairyman, University of Manitoba, Winnipeg, Man.
---	---

DATE OF ENROLMENT Divisional Strength 9th December, 1942	RATING FOR WHICH ENROLLED Ordinary Seaman	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED H.M.C.S. CHIPPAWA.
--	---	---

(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 have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force, for the period shown and attached records of service, in corroboration of this statement.~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM

Personnel Records Division.

1. Noted in Records ...

2. Index Card ...

3. Non-Sub. Card ...

4. Statistical Card ...

5. Roneo Strip ...

6. Pension Card ...

7. His Majesty's Forces on ...

8. DATE **24-12-42**

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

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

R. C. M. P. CHECK UP
SATISFACTORY

(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 9th day of December, 1942

Signature of applicant [Signature]

(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 9th day of December, 1942

My authority for attestation is NS 30-34-1, 16th June, 1942.

[Signature]
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE **LIEUTENANT R. C. N. V. R.**

I, Ingvi Swain ERICKSON 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 [Signature]

Witness [Signature]

Date 9th December, 1942. Rank **LIEUTENANT R. C. N. V. R.**

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

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

Certificates of previous service will be returned after examination.

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

RATING *zel* OFF. NO. *✓ 51886* ADDRESS

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	/	<i>3 for</i>
							ATLANTIC	2	
<i>Gen</i>							FRANCE G.	/	<i>& Clasp</i>
							AFRICA		
<i>cl</i>							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>& Clasp</i>
							" CLASP		
							WAR 1945	/	<i>medal</i>
							WAR 1915		

VERIFIED BY *ll*

BY DIR. OF PERSONNEL RECORDS.



142449

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

N.S. V-51886. PERS.(N)

P.A.'S CHECKED IN

C.R. BY.....

My dear Mrs. Erickson:

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 was an excellent man both reliable and efficient. Ever since he joined my ship, he has done a very good job of work as a telegraphist and in any other job he has been required to do. He was very well liked by all the officers and men and appeared to be very 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 Arboig 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. Herdi Erickson,
Arboig, Man.

CED/TFH

REGISTERED

A I R - M A I L
N.S. V-51886 Pers. N

23 August, 1944.

Dear Mrs. Erickson:

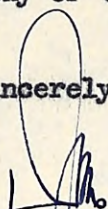
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Ingvi Swain Erickson, Telegraphist, Official Number V-51886, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your son is missing at sea when the ship in which he was serving was lost by enemy action in the English Channel. As soon as further particulars can be released, you will be informed.

Should you know the name of the ship in which he was serving, it is requested that, for security reasons, you will regard this information as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Herdis Erickson,
ARBORG, MANITOBA.

#691

33

Arborg, Manitoba,
February 28th, 1945.

Secretary, Naval Board,
Dept. of National Defence,
Naval Service,
Ottawa, Ontario.

034530

Dear Sir:

Would you please forward to me
the official Death Certificate for my son,
Ingvi Swain Erickson, V51886, Telegrapher, who
was lost at sea with H.M.C.S. Alberni last
August.

Yours very truly,

E. Erickson

for
Mrs. H. Erickson.



2

M. Swain

Osborn (Manitoba)
Dec 29 - 44

Dept of Veterans Affairs
Records Office.
Ottawa Canada

003156



This letter is written to you as an application to come under the War Gratuity payments on account of my late son who served in the Navy, and who I his mother got an assigned pay for while serving name and rank V 51886 TEL.
INGVI SWAIN ERICKSON. "H.M.C.S ALBERNI"
CANADIAN NAVY. = where as he has now been officially declared dead. I make this application in good faith believing I am entitled to same

Yours respectfully
HERDIS ERICKSON.

NAVAL PERSONNEL RECORDS
JAN 10 1945 3666
WAR SERVICE GRATUITY SECTION

INFORMATION EXTRACTED FROM NAVAL SERVICE HEADQUARTERS' RECORDS

Six copies to be rendered to Naval Service Headquarters

30

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

~~H.M.C.S.~~ NAVAL SERVICE HEADQUARTERS, OTTAWA, Ont.,

Name..... ERICKSON, Ingmi Swain
(Christian names in full)

Rank or Rating..... Telegraphist..... Official No. V-51886..... Unit { R.C.N.
R.C.N.V.R.

Place of Birth..... Arborg, Manitoba..... Date of Birth..... 17 April, 1923

Occupation in Civil Life..... Dairyman..... Religion..... Lutheran

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings)..... From 9th Dec., 1942 to 21st August, 1944.

Date of Death..... 21st August, 1944..... Place of Death..... At Sea

Cause of Death..... Missing, presumed killed when the ship in which he was
(If due to accident, violence, or enemy action, particulars to be stated briefly)
serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy
action.

Nearest known relative or friend. { Name..... Mrs. Herdis Erickson..... Relationship..... Mother
Address..... Arborg, Manitoba.

Date on which the above was informed by Ship..... Naval Service Headquarters: 23 August, 1944.

Date on which death was registered with local Officials.....

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality.....

If applicable { Place of Burial..... No burial..... Date of Burial.....
Location, Number, etc., of grave.....
Undertaker employed.....

ENTERED IN
D.N.P.A.'s LOG BOOK
MAR 10 1945
CLERK IN CHARGE

H.B. Money
(Commanding Officer)
for SECRETARY, NAVAL BOARD.

The SECRETARY, NAVAL BOARD
Department of National Defence,
Ottawa, Canada.

Date OTTAWA, Ont., 28 February, 1945.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register, Sec. C.P.C., Dir. of Records.

V51886

OFFICIAL NUMBER

FILE NUMBER

113-E-753

OFFICIAL NUMBER V51886

NAME

ERICKSON
(Surname)Ingvi Swain
(Given Names)

DATE OF BIRTH

17th April, 1923.

PLACE OF BIRTH

Arborg, Manitoba

OCCUPATION

Dairyman:

RELIGION

Lutheran

EDUCATION

Grade XI

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

Town

Arborg

Province, etc

Man.

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
9	12	42	H.O.	5'7½"	Brown	Blue	Fair	Nil				

NEXT OF KIN RELATIONSHIP (in pencil)

Mother

NAME (in pencil)

Mrs Alfred Erickson

ADDRESS (in pencil): Street and No.

Town

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			
					29	6	43	Passed Prov. Swim. Test Fair'48358					
					30	10	43	Qualified Telegraphist.					
					1	12	43	Qual. Anti-Gas 1 day, 249A/A6727.					

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. *W.S.R. 5897-5*
DATE

SECOND CLASS FOR CONDUCT

From

To

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

O.H.F. Received

Last Will and Testament, dated 9/12/42



V51886 OFFICIAL NUMBER

NAME ERICKSON
(Surname)

Ingvi Swain
(Given Names)

P.I.B. V51886 OFFICIAL NUMBER

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. "CHIPPAWA"	Ord. Smn.	9	12	42	Div. Strength Winnipeg	V.G.	SAT.	31	12	43.							
" "	" "	25	2	43	Active Service D.L. 2-3-43	V.G.	Sat.	31	12	42							
" York	"	27	4	43	D.L. 27-4-43	V.G.	Sat.	21	8	44							
" St. Hyacinthe	"	21	6	43	W.R.D. 21-6-43												
" "	Ord. Tel.	17	7	43	Transferred, 249A, #47500.												
Stadacona	"	20	11	43	DRD H-3266.												
Alberni	"	11	12	43	DRD S.-8. P.-14.												
"	Tel.	25	2	44	Rated. 249A/A4369.												
DISCHARGED	"	21	8	44	"Missing" A'A22987 "Presumed Dead" Sub. 16-1-45												

GENERAL REMARKS

Canadian Memorial Cross Granted to;
Mother; Mrs. Herdis Erickson,
ARBORG, Man. 17-1-45

DATE OF BIRTH			PLACE	CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
17	7	23	16	360	0	70	4	6	12	00	0	06	0	08 98
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	
09	12	42	25	02	43					1520	2	12	95	
SENIORITY			STR.	NON-SUB		M				COBED	CHECKED			
DY	MO.	YR.	CAT.	A	B	ST.								
17	07	43	13	00	00		EP				C.F. EX			

23 70

DECEASED 21 August 1944

AWARDS NAVY

D.D.

ERICKSON

Ingvi Swain

V-51886

Tel.

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

Fr. Ger. Star & Clasp

C.V.S.M. & Clasp

War Medal

6928

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS
PERSON

ENTITLED TO Mrs. Herdis Erickson - Mother

ADDRESS: ARBORG, Man.

DATE DESP

(1)

REGN. NO. 278

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs H. Erickson

ADDRESS:

ARBORG, Man.

(3)

17 January 1945

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, WINNIPEG

Ottawa, January 5th, 1945.

From.....Head Office.

V-51886 Tel. ERICKSON, Ingvil S.

P. & N. H. 556-I

The Department of National Defence, Naval Service,
officially reports that the marginally named was reported -

Missing, presumed dead. He was serving in H.M.C.S.
"Alberni" which was sunk in the English Channel
on the 21st August, 1944 ~~on~~ service Canada & High Seas.

His next of kin is reported as - Mother -
Mrs. Herdis Erickson,
Arborg, Manitoba.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00 a month to -
Mrs. Herdis Erickson,
Arborg,
Man.

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/LR

E. Clewes,
for
Canadian Pension Commission.

cey.

Mrs. Herdis Erickson,
Arborg, Manitoba.

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. 51886FD 769

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

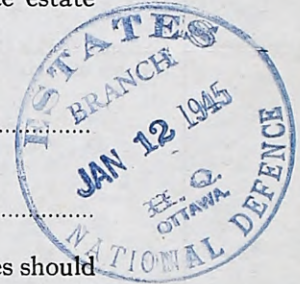
ERICKSON

Ingvil S.

Tel.

V. 51886

R.C.N.V.R.



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

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

HRW/JR

H. W. Mack
Director of Estates

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased 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.....	<i>Not Married</i>			
2	Children of the Deceased and dates of their Births.....	<i>not applicable</i>			
3	Father of the Deceased.....	<i>Ingvi S. Erickson</i>	<i>52</i>	<i>Arborg Man</i>	
4	Mother of the Deceased.....	<i>Herdis Erickson</i>	<i>48</i>	<i>Arborg Man</i>	
5	Brothers of the Deceased	Full Blood	<i>None</i>		
		Half Blood	<i>None</i>		
6	Sisters of the Deceased	Full Blood	<i>Emily Herdis Erickson</i>	<i>23</i>	<i>494 Valour Road Winnipeg Man</i>
		Full Blood	<i>Escher Valdeherdis Gudmundson</i>	<i>20</i>	<i>544 1/2 Ellies Ave Winnipeg Man</i>
		Full Blood	<i>Helga Erickson</i>	<i>14</i>	<i>Arborg Man</i>
		Half Blood	<i>None</i>		
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		
	<i>None</i>				

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Angus Swain Erickson
9	Date of his birth.	April 17 th 1923
10	Place and date of his marriage.	Not Married
11	Place and date of his parents' marriage.	Arborg, Manitoba 12 th January 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Arborg, Manitoba
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Arborg in Manitoba (b) Arborg in Manitoba (c) has lived there continuously (d) up to enlistment
14	Nature of employment before enlistment.	High school student, worked with University of Manitoba
15	State whether he owned the premises in which he lived, and, if so, where situated.	Lived with parents
16	Name place where deceased stated he intended to make his permanent home.	His intention were to come back to his employment with the University of Manitoba, at Winnipeg, Man.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes. (enclosed herewith)
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?	not applicable
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?	Had joint Bank account with his mother at Bank of Commerce, Arborg, Man. does not need administered
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None to my knowledge
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	He held 2 - 50 ⁰⁰ of bearer bonds, 1 bearer and 1 Registered, and he was paying on the 3 rd bond, 50 ⁰⁰ or 100 ⁰⁰ when lost.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Had life insurance payable to his mother as beneficiary, the company will pay only the premium paid on same
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None 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.	Not applicable as he was lost at sea.
<p>(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.)</p>		

(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

* Motherof 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.

Herdis Erickson {Signature of Informant
Arborg, Manu Address

CERTIFICATE

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

See above. Herdis Erickson { Name of informant } is the motherof the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Arborg Manitoba this 9th day of January 1945
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Wm Jonasson Qualification Pastor Arborg Manu
Address Arborg Manitoba

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

TO:

PLEASE MAKE OUT FALSE

DEC 16 1944

N.C.R.

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

NO. N.S. V-51886 Pers. (N)

OTTAWA, Ont. DEC 16 1944 194

39364



Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
ERICKSON, Ingvi Swain, Telegraphist, V-51886, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI"	Mother: Mrs. Herdis Erickson, Arborg, Manitoba.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs Hendis Erickson Arborg Manitoba		\$20.00	S.B.
Rec. Gen. of Canada 6th Victory Loan Ottawa, Ont.		Aug Supp \$67.20	S.B.
Monarch Life Ass. Co. Winnipeg, Man. Pol. No. #-4901		\$3.00	S.B.

WILL: Attached.

Yours truly,

G. J. Heard

for
SECRETARY, NAVAL BOARD.

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

113-E-753
P299219

IN THE NAME OF GOD, AMEN

I, **Canadian** Ingvi Swain ERICKSON of His Majesty's Ship "**Chippawa**" (~~xxxxxx Patient~~),

*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,**
Herdis ERICKSON,
Arborg, Man.

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 ^{Canadian} 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,**
Herdis ERICKSON,
Arborg, Man.

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 **WINNIPEG** hereunto set my hand, this **9th** day of **December**, in the Year of Our Lord One Thousand Nine Hundred and **Forty-two**.

..... *[Signature]*

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 {

..... *[Signature]*
Lieut. R.C.N.V.R.,

Wtr. D. H. Burns

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.

Noted in Service
Records by *[Signature]*

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.

D. H. Burns } Signature of the person
by whom the Will was prepared.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "ALBERNI" ending 31 MARCH 1945

List 12-2 No. 41 (Name) ERICKSON, Ingor Rank Rating Tel. No. V-51886

When entered F.B. Date of appearance _____ Whither discharged _____

		\$	c.
CREDIT from former account	Former Book	85.	81
Pay as (Rank Rating) from _____ to _____	(_____ days at \$ _____ a day)		
" " " " " "	(" " ")		
" " " " " "	(" " ")		
" " " " " "	(" " ")		
" " " " " "	(" " ")		
Kit Upkeep Allowance			
OTHER CREDITS:			
Total credits		85.	81

DEBT from former account							
PAYMENTS:-	1st	2nd	3rd	4th	5th	Total	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month	Niobe Mch. Cash Acct. Receipt Vr. NR-1551					85.	81
2nd month						Total	
3rd month						Total	
Allotment							
Pension deduction (Officers) charged to _____ of _____							
Hospital stoppages							
Mullets							
OTHER CHARGES:							
Total debits,						85.	81
Balance Cr. or Dr.						Nil	
(Balance Dr. to be shown in red)							

Number of days actually victualled during period mentioned above Nil

Not Victualled	Lent, Sick or Leave	Inclusive Date		No. of Days	Ship, Hospital, etc., in which borne
		From	To		

Date 19 May 1945

H. D. Bell
Lieut(S) RCNVR for Accountant Officer

Ledgers
R. *[initials]*
F. *[initials]*

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HG

Name..... ERICKSON Ingvi S. No. V.51886
Surname Christian Names

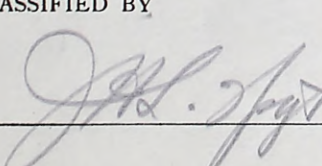
Tale. R.G.N.V.R.O/S 21-8-44
Rank Unit Date of Death

<u>AMOUNT</u>	<u>W.S.G.</u>	<u>231.36</u>
	L.P.C.....\$	<u>155.63</u>
	Other Credits.....	_____
	Total.....	<u>386.99</u>

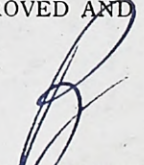
Date..... 2-11-45.....

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p>Mrs. Herdis Erickson, ARBORG, Man.</p> <p align="center">(Sole beneficiary under will)</p>	\$386.99

P4 TO TREAS. 12-11-45 QW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$386.99
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

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

2
NAVY

DECEASED
MEMBER'S
NAME

Ingvi Swain
(CHRISTIAN NAMES)

ERICKSON
(SURNAME)

REGISTER NO. 3666
FILE NO. NS. V51886
DATE 12 June/45
SERVICE NO. V51886
Tel.

PAYEE
ADDRESS

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

Ingvi S. Erickson,
NS.V-51886

FINAL RANK OR RATING

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug/44

DATE OF DISCHARGE

21 Aug./44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 544 EQUAL TO 18 COMPLETE PERIODS AT \$7.50

135.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 255 LESS 4 INELIGIBLE DAYS, EQUAL TO 251 DAYS @ 25c. PER DAY

62.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25
ADDITIONAL PAY H.L.M. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.50 X 7 = \$ 24.50
NO. OF DAYS 251 X \$ 24.50

33.61

D. WAR SERVICE GRATUITY

231.36

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

Nil

F. TOTAL AMOUNT PAYABLE

231.36

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 231.36

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 _____

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.



ΔT

STATEMENT OF WAR SERVICE GRATUITY - NAVY

typ

Deceased Member's Name *Ingui Swain* ERICKSON.
 (Christian Names) (Surname)

Payee *Director of Estates* for service estate of
 Address *308 Sparks Street* *Ingui S. ERICKSON*
Ottawa Ont N.S. V51886
 Register No. *3666*
 File No. *V51886*
 Date *8 Apr 45*
 Service No. *V51886*
 Final Rank or Rating *TEL.*
 Date of termination of overseas service *21 Aug 44* Date of Discharge *21 Aug 44*

A. TOTAL QUALIFYING SERVICE
 No. of days *644* equal to *18* complete periods at \$7.50
30

\$ *135.00*

B. QUALIFYING OVERSEAS SERVICE
 No. of days *255* less *4* ineligible days equal to *251* days @ 25¢ per day

\$ *62.75*

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<i>2.00</i>	
Subsistence or Lodging and Provision Allowance	\$	<i>1.25</i>	
Additional Pay <i>H.L.M.</i>	\$	<i>.25</i>	<i>(K R)</i>
Dependents' Allowance 1/30 of \$ <i>-</i>			
Total	\$	<i>3.50</i>	<i>x 7 = \$ 24.50</i>
No. of days		<i>251</i>	<i>x \$ 24.50 =</i>
		<i>183</i>	<i>33.63</i>

\$ *33.63*

D. WAR SERVICE GRATUITY

\$ *231.36*

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

nil

F. TOTAL AMOUNT PAYABLE

\$ *231.36*

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ *231.36*
 Total Dependents' Allowance in issue \$ _____

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

Service Representative

D.M.P.A. CHECK

1 <i>DN</i>	6
2 <i>DN</i>	7
3 <i>DN</i>	8
4 <i>DN</i>	9
5 <i>DN</i>	10

STATEMENT OF WAR SERVICE GRATUITY -- NAVY

Name Ingrvi Swain (Christian Names) ERICKSON (Surname) Register No. 3666
 Address Mrs. Herdis Erickson, File No. V51886
Arborg, Man. Date 15-1-45
 Service No. V51886
 Final Rank or Rating TEL.
 Date of termination of overseas service 21 Aug. 44 Date of Discharge 21 Aug. 44

A. TOTAL QUALIFYING SERVICE
 No. of days 544 equal to 18 complete periods at \$7.50
 30 \$ 135.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days 255 less 4 ineligible days, equal to 251 days @ 25¢ per day 62.75

C. SUPPLEMENT FOR OVERSEAS SERVICE SUB TOTAL 197.75

DAILY RATES AT DISCHARGE

Pay	\$	2.50	
Subsistence or Lodging and Provision Allowance	\$	1.25	
Additional Pay H.L.M.	\$.25	
Dependents' Allowance 1/30 of \$	—	—	
Total	\$	3.50	x 7 = \$ 24.50
No. of days	<u>251</u>		x \$ 24.50
	<u>183</u>		33.60

D. WAR SERVICE GRATUITY 231.35

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

F. AMOUNT PAYABLE
 (This amount is payable in monthly instalments of \$ _____ each)

G. MONTHLY INSTALMENT NOT TO EXCEED Daily rate of pay and allowances \$ 3.50 x 30 \$ 105.00

Instalm. Payable	1	2	3	4	5	6	7	8	9
AMOUNT									
Cheque No.									
DATE									

Instalm. Payable	10	11	12	13	14	15	16	17	18
AMOUNT									
Cheque No.									
DATE									

D.N.P.A. CHECK

1 <u>W</u>	6 _____
2 <u>W</u>	7 _____
3 <u>W</u>	8 _____
4 <u>W</u>	9 _____
5 <u>W</u>	10 _____

Estate
Relate form prepared

MEMORANDUM

TO : DIRECTOR OF ESTATES

RE: Ingvi Swain Erickson, Tel., O.No. V-51886
D.D. 21st August 1944, H.M.C.S. "ALBERNI"

Following returned papers on estate FD - 769.
The Service state of the above named deceased rating is now ready for disposal.

→ 1.	Report of Death at folio 30.	
→ 2.	Balance of Pay as per C.N.S. 46 at folio 45 and H.M.C.S. "NIOBE" March 1945, Cash Account	
→	Receipt Voucher No. N.R. 1551 at folio 47.....	\$85.81
→	Credit for Kit Upkeep Allowance, Hard Lying Money as per Journal Voucher No. AA683 at folio 51.....	2.62
→	Refund of payments made on 6th Victory Loan Bond as per Official Receipt No. 60-052644 at folio 28.....	67.20
	Total Credits.....	\$155.63

- ✓ 3. Will is in the hands of the Director of Estates.
- ✓ 4. Service Certificate *at folio 29.*
- ✓ 5. Funeral Expenses *are not known.*
- ✓ 6. Allotments stopped last payment 31st August, 1944.
 - (1) \$20.00 - Mrs. Hardis Erickson (mother)
 - (2) 3.00 - Monarch Life Ass. Co., Winnipeg, Man. Policy No P-4901
 - (3) 16.80 - Receiver General of Canada, 6th Victory Loan.
- ✓ 7. War Savings Certificates - Nil.

Bonds:-

- (1) \$ 8.40 from May 1943 to October 1943
- (2) 8.40 " Nov. " " April 1944
- (3) 16.80 " May 1944 " August "

In favour of:

- (1) Mr. Ingvi Erickson, Arborg, Man.
 - (2) Mr. Ingvi Erickson " "
 - (3) See paragraph 2.
- 28 9-45
M. M. Queltte
C. M. M.
Stam (M.)*

Caporach
DIRECTOR OF NAVAL PAY ACCOUNTING.

PREPARED BY.....*Marie M. Queltte*.....
CHECKED BY.....*G. G. Burry*.....
OTTAWA, ONT.,

25th September, 1945.

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"

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

31

1. PLACE OF DEATH { If in Rural Municipality AT SEA (Name) Sec. Twp. Rge. If in City, Town or Village. Street House No. (Name) (If in hospital or institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant) (in years, months and days)

3. PRINT FULL NAME OF DECEASED ERICKSON (Surname) Ingvi Swain (Given name or names in usual order)

RESIDENCE Arborg, Manitoba (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male 5. NATIONALITY Canadian 6. RACIAL ORIGIN Icelandic 7. Single, Married, Widowed or Divorced Single 8. BIRTHPLACE Arborg, Manitoba.

9. DATE OF BIRTH Month April Day 17 Year 1923 10. AGE IN Years 21 Months 4 Days If less than one day hrs. or min.

OCCUPATION 11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Dairyman 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. University of Manitoba 13. Date deceased last worked at this occupation 14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased. PARENTS 16. Name of father 17. Birthplace of father (same as item No. 8) 18. Maiden name of mother 19. Birthplace of mother (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant [Signature] 21. Relationship to deceased Paymaster Commander, RCN 22. Place of burial, cremation or removal No Burial 23. Date of burial 19..

23. Burial Permit was issued by Address 24. Signature of Undertaker or person acting as Undertaker Address

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH 21 AUGUST 1944 (Hour) (Day) (Month) (Year)

26. I HEREBY CERTIFY that I attended deceased from 19.. to 19.., and last saw h... alive on 19..

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

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

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by M.D. Address Date 19..

30. Registered number filed this day of 19..

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death," and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician first in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)

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

26
DEC 16 1944

Sir:

(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
ERICKSON, Ingvi Swain Telegraphist V-51886, R.C.N.V.R.

DATE OF ENLISTMENT - 9 December, 1942. Active Service: 25 February, 1943.

DATE OF DISCHARGE - 21 August, 1944.

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

SERVICE - CANADA & HIGH SEAS
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead. He was serving in H.M.C.S.
when and where any disability "ALBERNI" which was sunk in the English Channel.
was incurred, or where death 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. Herdis Erickson

ADDRESS - Arborg, Manitoba

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

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

ENTERED IN
D.N.P.A.'s LOG BOOK
FEB 3-75
L.P.

C. R.
NAVAL TR
DATE 28/12/44
INITIAL B

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>
Mrs. Hendis Erickson	Mother		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	Nil	\$20.00	\$20.00

To Whom Paid: Mrs Hendis Erickson Address Arborg Manitoba.

Date of Enlistment: See other Side

Date of Discharge: See other side

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

The final deduction of Assigned Pay for \$20.00 has been made for the period from 1st to 31st of Aug. 1944

Remarks:

Computed by S.B.

Checked by HP

Alex B. Boswell

for R.C. Playfair
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

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

OTTAWA, Ont. DEC 26 1944

19

Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
ERICKSON, Ingvi Swain, Telegraphist, V-51886, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI"	Mother: Mrs. Herdis Erickson, Arborg, Manitoba.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs Hendis Erickson Arborg Manitoba		\$20.00	S.B.
Rec. Gen. of Canada 6th Victory Loan Ottawa, Ont.		Aug Supp \$67.20	S.B.
Monarch Life Ass. Co. Winnipeg, Man. Pol. No. #-4901	WILL: Attached.	\$3.00	S.B.

Yours truly,

J. J. Seard
H. B. Moseley

for

SECRETARY, NAVAL BOARD. *e*

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

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