



Pte Ens. Frank Calg Highrs
 Pte Ephgrave, Harold RHLI
 O/Smn Eppler, Clifford RCNVR
 P/O Eppler, Edward William RCAF
 Bdr Epps, Edgar Thomas RCA
 Tpr Erickson, Aksel Stampe-LD SHIRO
 Cpl Erickson, Charles Gordon Camerons of C
 L/Bdr Erickson, Edwin Vernon RCA
 Pte Erickson, Gordon Bernard HLI of C
 Tpr Erickson, Herbert Richard Three Riv R
 TEL Erickson, Ingvi Swain RCNVR
 F/O Erickson, James William RCAF
 Pte Erickson, John Nth NS Highrs
 Pte Erickson, Lawrence SSask R
 WO1 Erickson, Lief Tapio RCAF
 Pte Erison, Reginald James Alg R
 Pte Erlick, Muni SD & G Highrs
 F/O Ernst, William Burton RCAF
 Pte Erskine, Charles Stewart SSask R
 Pte Erskine, John Russell R Regt C
 Sgt Ervin, Samuel George RCIC
 Lt Esaruk, John RWpg Rif
 L/Cpl Esbaugh, Clement Joseph Guy RCR
 Cpl Escher, John R Regt C
 F/L Eskil, Odin John RCAF
 Pte Essar, Elmer 48 Highrs
 P/O Essar, William RCAF
 Pte Esselment, John Clarence HLI of C
 Cfn Essen, Victor August RCEME
 Pte Esser, George Camerons of C
 Pte Esson, Joseph Edward Carl York R
 Pte Etherington, Douglas C Scot R
 Sgt Etherington, Lloyd Wesley RCEME
 P/O Etherington, Reginald Norman RCAF
 Pte Ethier, Armand Alphonse Hast & PER
 A2 Ethier, Joseph Paul RCAF
 Pte Ethofer, George Paul RCAMC
 Sgt Etienne, Francis RCAF
 Pte Ettinger, Firth Cheney Nth NS Highrs

Rfn Euerby, Harry Herbert RWpg Rif
 AC1 Eustace, William Stuart RCAF
 Pte Evanchuk, Peter Camerons of C
L/Sa Evans, Albert Kenneth RCNVR
 L/Cpl Evans, Arthur Llewellyn Sher Fus R
 Pte Evans, Clayton Harold C Scot R
 Tpr Evans, Clifford Charles Three Riv R
 P/O Evans, Conrad Cromer RCAF
 F/O Evans, David Carson RCAF
 PO Evans, David Mierion RCNVR
 Pte Evans, David Raymond N Shore R
 O/Smn Evans, Donald Lewis RCNVR
 L/Cpl Evans, Douglas Albert RWpg Rif
 F/O Evans, Douglas John RCAF
 Tpr Evans, Edward Ernest Fort Garry's
 Sgt Evans, Edward George 1 Cdn Para Bn
 Pte Evans, Gerald George Cairnes Perth R
 F/O Evans, Horace Alexander RCAF
 Pte Evans, Jack Mervin Perth R
 Pte Evans, James Edgar R Regt C
 Pte Evans, John Irving N Shore R
 AB Evans, John James RCNVR
 F/O Evans, John Taylor RCAF
 Pte Evans, Joseph Watkin RHC
 Rfr Evans, Kenneth QOR of C
 P/O Evans, Kevin John RAF
 O/Smn Evans, Lewis Brychan RCNVR
 WO1 Evans, Lloyd George RCAF
 Cpl Evans, Lloyd Robert C Scot R
 F/O Evans, Robert William RCAF
 P/O Evans, Thomas Govan RCAF
 Pte Evans, Walter Byron Seaforth of C
 Pte Evans, William James 1 Cdn Para Bn
 Tpr Eve, Geoffrey Thomas BCD
 P/O Everest, Verity RCAF
 Pte Everett, Walter Leonard N Shore R
 Pte Evers, Henry RCASC
 Pte Evers, Milton Edward Line & Wellld R
 Pte Ewan, George A.W. A and SH
 Gnr Ewanus, Fred RCA
 F/O Ewart, Ross Stuart RCAF



V4935
EVANS
ALBERT

KENNE

OCCUPATIONAL HISTORY FORM

51227
MAR 12 1942
NS 113-6-423

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..... Albert Kenneth Evans (b) Reg'l. No. 24935
2. (a) Arm of service..... Navy (b) Unit..... C.V.V.R. (c) Rank..... Supply Prob.
3. (a) Date of birth..... May 20/21 (b) Have you any dependents?..... NO (c) Place of residence at time of enlistment..... Sault Ste. Marie
4. (a) Place of enlistment..... Ottawa, Ont. (b) Date of enlistment..... 11th Mar. 1942.

PLEASE LEAVE BLANK

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.)..... Junior Matriculation
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... NO (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?..... English (b) What languages do you read well?..... English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... Working (b) At time of enlistment of what trade union or professional society were you a member?..... None

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..... Devines Sporting Goods Address..... Sault Ste. Marie
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Retail Store
20. (a) Your specific occupation..... Clark (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?..... (c) Do you wish to return to your former employment?..... Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... NO (b) Do you feel competent to operate a farm?..... NO (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... NO (b) How many years' actual farming experience have you had?..... None (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?..... 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..... None

DATE..... 11th March 194.....

SIGNATURE.....

AK Evans
O.H.F. Receiver

COPY TO
VWD
ES

MAR 26 1942

6779

RESULT OF PROFESSIONAL EXAMINATION

For Rating of..... Leading Supply Assistant.....

113-6-423
P156027
9

Name of Candidate - In full A.K. EVANS.....

Present Rating..... Supply Assistant..... Official No. V-4935.....

The above named rating has — Passed / ~~Failed~~ - for the rating of
..... Leading Supply Assistant (ty) to date 17th May 1943
in accordance with Naval Order 2219.....

Subject	Maximum Marks	Marks Obtained
Naval Stores	200	112
Victualling	200	129
Typewriting	50	28
	<u>450</u>	<u>269</u>

DRAFTING and ADVANCEMENT DEPOT

1 History Card..... *247*

2 Index Card.....

3 Record Card.....

4 Advancement..... *247*

5 A. A. Card.....

6 Training.....

7 Statistical.....

8.....

DATE *21/8/43*

[Signature]
Act. Pay. Lieut. Cdr. R.C.N.
Accountant Training Officer,
H.M.C.S. "Cornwallis"

II.

The Commanding Officer,
H.M.C.S. "STADACONA"
Copy to: The R.C.N. Drafting Depot, Halifax, N.S.

Forwarded for information and necessary action, in accordance with
K. R. & A. I. Article 606, paragraph 17.

H.M.C.S. "Cornwallis"
Cornwallis, N.S.

..... 12th Aug. 1943.....

[Signature]
.....
Captain, R.C.N.

Noted in Service
Records by *[Signature]*
27.8.43

FILE	INITIALS
AUG 24 1943	
DRAFTING AND ADVANCEMENT	



NOTIFICATION OF ADVANCEMENT

309

N.S. 113 - E. 423.

here

Passing Certificate

This is to Certify

that Albert Kenneth EVANS

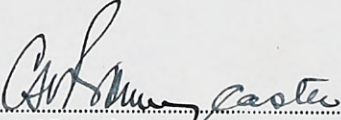
Rating... Supply Probationer, RCNVR Official Number..... V.4935

has passed

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

held on..... 17th March, 1942.

For advancement to Petty Officer


.....
-Naval-Secretary-
A/Commander, R.C.N.V.R.,
Director of Education.

Department of National Defence,

Ottawa, this..... 1st day of..... April, 1942..

C.N.S. 2431

10M-7-40 (6232)

N.S. 815-0-2431

RESULT OF PROFESSIONAL EXAMINATION

For Rating of Leading Supply Assistant

Name of Candidate - In full A.K. EVANS

Present Rating Supply Assistant Official No. V-4935

The above named rating has — ~~Passed~~ / ~~Failed~~ - for the rating of
Leading Supply Assistant (t) to date 17th May 1943
in accordance with Naval Order 2219

Subject	Maximum Marks	Marks Obtained
Naval Stores	200	112
Victualling	200	129
Typewriting	50	28
	<u>450</u>	<u>269</u>

Noted on "STADACONA" 249a

folio No. 26686 dated 21-8-43 *gh*


Act. Pay. Lieut. Cdr. R.C.N.

Accountant Training Officer,
H.M.C.S. "Cornwallis"

II.

The Commanding Officer,

H.M.C.S. "STADACONA"

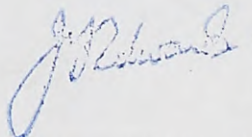
Copy to: The R.C.N. Drafting Depot, Halifax, N.S.

Forwarded for information and necessary action, in accordance with
K. R. & A. I. Article 606, paragraph 17.

H.M.C.S. "Cornwallis"

Cornwallis, N.S.

12th Aug. 1943


.....
Captain, R.C.N.

Recheck OK.
 History, Lung etc.
 11-3-42



CANADA

Can. B. 207
 100 M-11-40 (7881)
 N.S. 815-2-207
 MAR 12 1942
 51223 NS 113-6-423
 CANADA

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 EVANS, Albert Kenneth
 † candidate for entry as at Sea
 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 (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Digestives, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
20 8/12	120	6' 11"	Good	(a) maximum 34 (b) minimum 32 (c) mean 33	right eye 15/15 left eye 15/15 *colour vision N	Child	N	N	N	N	N	Small Varicocele - very	0/Def	N

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

X-ray { Not taken.
 Approved.
 Positive.
 Doubtful. } app.
 Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, † Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. † I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

x Albert Kenneth Evans
 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.

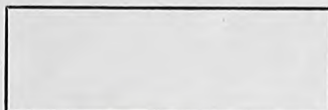
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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 Sancti Spiritus the 10th of Jan 1942

R. J. Denton
 Examining Medical Officer
 (Rank) Surgeon

(5) On being enrolled as a member of the O T T A W A Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

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

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

Dated this 11th day of March, 1942

Signature of applicant Albert Evans

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 11th day of March, 1942

J. J. Jamieson
Signature of and rank of Attesting Officer.
Lieut. R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I, Albert Kenneth Evans 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 Albert Evans

Witness J. J. Jamieson

Date 11th March, 1942 Rank Lieut. R. C. N. V. R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Albert Kenneth Evans having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the O T T A W A Division of the R.C.N.V.R. or in the appropriate official documents.

J. J. Jamieson
Lieut. R. C. N. V. R. Attesting Officer.

11th March, 1942 R.C.N.V.R. Division H. M. C. S. "CARLETON"
(or other establishment)

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

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

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

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

Albert Evans
Signature

V4935

OFFICIAL NUMBER

FILE NUMBER 113-E-423

OFFICIAL NUMBER

V4935

NAME EVANS Albert, Kenneth DATE OF BIRTH 20th May, 1921
(Surname) (Given Names)PLACE OF BIRTH Sault Ste Marie, Ontario OCCUPATION Clerk.RELIGION Anglican EDUCATION Junior Matriculation.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 49 Forest Avenue, Town Sault Ste Marie, 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
11	3	42	H.O.	5'11"	Brown	Brown	Medium	None.				

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr Albert Louis Evans
ADDRESS (in pencil): Street and No. 49 Forest Avenue Town Sault Ste Marie 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	
3	2	44	C.V.S.M. (R & C) (8517)	17	3	42	Passed E.T. "One" R.C.N.				
				17	5	43	Passed Prof. for Ldg. S.A.				

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. W4935-5154-2
DATE

SECOND CLASS FOR CONDUCT
From To

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

O.H.F. received.



V4935

OFFICIAL NUMBER

NAME (Surname)

EVANS

Albert, Kenneth

(Given Names)

OFFICIAL NUMBER

V4935

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
HMCS "Carleton"	Supply Prob.	11	3	42	Ottawa Div. Str.	V.G.	Sat.	31	12	42							
" "Carleton"	" "	11	3	42	Active Service.	V.G.	Sat.	31	12	43							
" "York"	" "	12	3	42		V.G.	Sat.	21	8	44							
Cornwallis	" "	22	6	42	Draft List.												
Stadacona	" "	4	8	42	D.R.D.												
"	Supply Asst.	10	6	42	Back dated 249A #9550												
"	Ldg. S.A.	1	6	43	Rated(249A/27532.)												
Alberni	"	14	11	43	DRD H-3206												
<u>DISCHARGED</u>	"	21	8	44	Missing(Per Casualty List) 249A #A-22987).												
		21	8	44	Presumed Dead, per C.I. page 113.												

GENERAL REMARKS

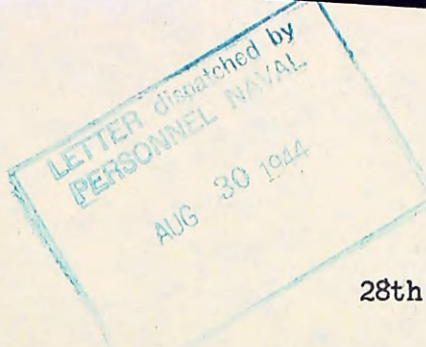
Hospital-13-4-42--7-5-42
 R.C.B. Hospital-21-7-42--
 Canadian Memorial Cross:
 MOTHER: Mrs. Ada EVANS,
 49 Forrest Ave.,
 SAULT STE MARIE, Ont.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED.	PERM. RESIDENCE			PREV.	ENL.	RANK OR RATE		
DY	MO	YR	MAIN	SUB	MAIN	SUB	GION		P.	CTY.	TOWN	SERV.	DIV.	A	BB	RANK
20	5	21	11		830	030			61	02	05	0	03	0		2295
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	BB	RANK			
11	03	42	11	03	42								1520	02293		
SENIORITY			STR.	NON	SUB	M	CODED			CHECKED						
DY	MO	YR	CAT.	A	B	ST										
01	06	43	13	00	00											

OK
 EMIL JAB
 11-20

H/ JAG

"AIR MAIL"



1138127

V-4935 PERS. (N)

28th August, 1944.

Dear Mr. Evans:-

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.

Mr. Albert Ernest Evans,
49 Forest Avenue,
SAULT STE. MARIE,
Ontario.

FILE
ACTION TAKEN

CHECKED IN
C.R. BY *JM*

ad

7

a





142450

21

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

N.S. V-4935. PERS.(N)

P.A.'S CHECKED IN

C.R. BY... P <

My dear Sir:

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 a very good Supply rating both reliable and efficient. He was always managing to get extra food for the ship's company and was well liked by all officers and men.

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 Sault Ste Marie 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.

Re: A. Evans, I/S.A., V4933

Mr. Albert Ernest Evans,
49 Forest Ave.,
Sault Ste. Marie, Ont.

- NAVAL SERVICE -

File No.: N.S. V-4935 PERS.(N)
N.S. 4160-9, F.D. 1051.

CERTIFICATE OF PRESUMPTION OF DEATH

THIS IS TO CERTIFY THAT

Albert Kenneth Evans,
Leading Supply Assistant,
V-4935, R.C.N.V.R.,

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.

2. C.N.M.O.'s Signal 281817 November, 1944,
refers.
3. Staff approval on N.S. 4160-9, F.D. 1051.

G. J. Heard
Paymaster Lieutenant, RCNVR,
for CHIEF OF NAVAL PERSONNEL.

OTTAWA, Ont.,
19 December, 1944.

GFM

18

OTTAWA, Ontario 26 August, 4
N.S. V-4935 PERS. (N)

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name **EVANS,** **Albert Kenneth**
(Surname) (Christian Names)

Rank/Rating **Leading Supply Assistant**

Official No. **V-4935 R.C.N.V.R.**

Nature of Casualty **Missing at sea when ship in which serving was lost by enemy action in English Channel.**

Date of Casualty **Will be reported later,**

Address at time of Enlistment **49 Forest Ave., Sault Ste.,**

Marie, Ontario,

Marital Status at time of Enlistment **Single**

Occupation ... **Clerk**

Name & Address of Next of Kin ... **Father: Mr. Albert Ernest**

Evans, 49 Forest Avenue, Sault Ste. Marie, Ontario

Yours truly,

H.B. Mow

for
SEC RETARY, NAVAL BOARD. C

B.T.
30/11/44
NPP/5
C

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

ACCOUNTS OF MEN DISCHARGED



Account of the Balance of Wages, the Sale of Clothes and Effects
and the other Credits of Men Discharged to the
Shore, D. D. or Run

Name **EVANS, Albert K.** Rating **Idg. S.A.**
 Official No. **V4935** H.M.C.S. **NIOBE for ALBERNI** List **12.II/30**
 Who* **Discharged Dead** on the **21st August** 19**44**

	\$	cts.
Net sum due on ledger on account of Wages.....	86	62
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) Ten dollars; Thirty-three dollars and sixty cents. charged to 31 Aug.		
Name of ship from which transferred.....		
Total† Creditor	86	62 Note:

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of **Niobe for Alberni** amounting to a net balance† **Creditor** of **Eighty-six** dollars **sixty-two** cents.

Dated on board H.M.C.S. **Niobe** at **Greenock** **Scotland** this **seventeenth** day of **May** 19**45**

Approved *[Signature]* **A/Commander (S) RCNVR** Accountant Officer
[Signature] **Lieutenant (S) RCNVR** { Initials of the Assistant Accountant Officer
[Signature] **A/CAPTAIN RCNVR** Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
 ‡Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

Note: The above sum has been recovered by Niobe March cash acc't. receipt voucher N-R- 1548.

STATEMENT OF ACCOUNT

True ~~act~~ from the ledger of H.M.C.S. " NIOBE for ALBERNI " ending 31 MARCH 19 45

List 12-2 No. 30 (Name) EVANS, Albert K. Rank Rating L/S.A. No. V-4935

When entered F.B. Date of appearance - - - - - Whither discharged D.D.

	\$	c.
CREDIT from former account..... <u>Former Book</u>	86.	62
Pay as..... from..... to..... (..... days at \$..... a day)		
"..... (Rank Rating)..... "..... "..... (..... "..... ".....)		
"..... "..... "..... (..... "..... ".....)		
"..... "..... "..... (..... "..... ".....)		
"..... "..... "..... (..... "..... ".....)		
Kit Upkeep Allowance.....		
OTHER CREDITS:.....		
.....		
Total credits.....	86.	62

DEBT from former account.....	1st	2nd	3rd	4th	5th			
PAYMENTS:—	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
1st month..... <u>Niobe March Cash Acct. Receipt Vr. NR-1548</u>						Total.....	86.62	
2nd month.....						Total.....		
3rd month.....						Total.....		
Allotment.....								
Pension deduction (Officers) charged to..... of.....								
Hospital stoppages.....								
Mulcts.....								
OTHER CHARGES:.....								
.....								
.....								
Total debits							86.62	
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..... 18 May..... 1945.....

[Signature]
Lieut(S) RCNVR. for ACCOUNTANT OFFICER

R. *[Signature]*
F. *[Signature]*

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. " NIOBE for ALBERNI " ending 30th September 19 44

List 12-2 No. 30 (Name) EVANS, Albert K. Rank Rating L/S.A. No. V 4935

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

	\$	c.
CREDIT from former account.....	54	15
Pay as <u>L/S.A.</u> (Rank Rating) from <u>1 July</u> to <u>31 Aug.</u> (62 days at \$ <u>2.25</u> a day).....	139	50
" " " " (" ").....		
" " " " (" ").....		
" " " " (" ").....		
" " " " (" ").....		
Kit Upkeep Allowance.....	10	00
OTHER CREDITS:.....		
<u>HLM</u>	12	00
<u>LA</u>	2	00
<u>GM</u>	3	12
Total credits.....	220	77

DEBT from former account.....

PAYMENTS:—	INCLUSIVE DATE							
	1st	2nd	3rd	4th	5th			
	\$	c.	\$	c.	\$	c.	\$	c.
1st month.....							Total.....	
2nd month <u>4th Aug. '44</u> Pay List \$ <u>44.70</u>							Total.....	44 70
3rd month.....							Total.....	
Allotment <u>\$ 43.60</u> chg'd July & Aug. St. Pd. <u>31 Aug.</u>							Total.....	87 20
Pension deduction (Officers) charged to..... of.....								
Hospital stoppages.....								
Mulcts.....								2 25
OTHER CHARGES:.....								
							Total debits	134 15
							Balance Cr. 52 DK	86 62
							(Balance Dr. to be shown in red)	

Number of days actually victualled during period mentioned above..... 52

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	Leave	12 Aug.	15 Aug.	4	

Date..... 14th May..... 19 45

H. E. Bell
Lieutenant (S) for SUPPLY ACCOUNTANT OFFICER

R:
Ledgers:
F:

Dept. of National Defence

• Estate Branch

Ottawa

49, Forest Ave.,
Sault St. Marie
Ont.

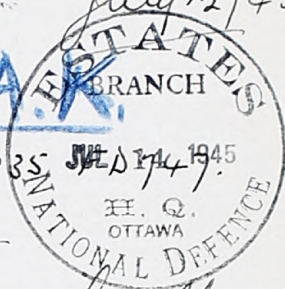
July 12/45

EVANS, A.K.

Dear Sir,

H. Q. N.S. V 4935

JUL 14 1945



This is to enquire when the estate of my son will finally be cleared up. It is now eleven months since my son became a casualty and I would appreciate some action or information on the case.

Yours truly

A. Evans

ESTATES BRANCH

H.Q.N.S.V-4935 FD.747

17th November, 1945.

Mrs. Ada Evans,
49 Forest Avenue,
Sault Ste. Marie, Ontario

EVANS, Albert K., LDG.Sup.Asst. (Deceased)
No. V-4935, R.C.N.V.P.

Dear Mrs. Evans:

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

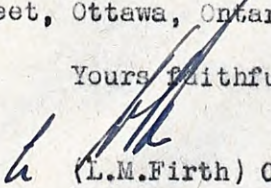
The total amount available to this Branch for distribution
is \$742.59, and is made up as follows:-

War Service Gratuity.....	\$324.36
Redemption value of War Savings Certificates.....	142.52
Balance withdrawn from Post Office Savings Account, Halifax, N.S.....	51.59
Refund payment made on 6th Victory Loan Bond.....	134.40
Balance of pay and allowances.....	86.62
Credit for Hard Lying Money and Crog Money.....	<u>3.10</u>
total.....	<u>\$742.59</u>

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

Treasury has been requested to forward to you a cheque in
the amount of \$247.53, 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

TC D.N.P.A.

FILE No. NS-V4935

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>EVANS</u>	<u>Albert Kenneth</u>	<u>V4935</u>	<u>Ldg. S.A.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: D. D. Hmcs Alberic
 (Application by father Mr. Albert Ernest Evans NOK.)
Mother Mrs. Ada Evans was in receipt of \$10.00 A.P. but not D.F.
at ratings death.

	<u>TOTAL SERVICE</u>	
Date of Active Service	<u>11 Mch '42</u>	365
Date of Discharge	<u>21 Aug '44</u>	366
Total No. of Days	<u>895</u>	21
# Less non qualifying service	<u>—</u>	30
		30
		31
		21
		<u>895</u>
		Total Days <u>895</u>

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>282</u>	
# Less non qualifying service	<u>—</u>	
		Total Days <u>282</u>

Record of Service in other Forces (per Naval Records)
 Branch of Service _____
 Date of Active Service _____
 Date of Discharge _____

& % Overleaf

Computed By [Signature]
 Checked By [Signature]

DATE: JAN 11 1945

[Signature]
 for (H.B. Money)
 Payr. Cmdr. R.C.N.R.
 Officer-in-Charge
 Naval Personnel Records

Applicant's father

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
		Total Days	

(%)
OVERSEAS SERVICE:

Where Serving

From

To

No. of Days

Alberni

14 Nov. 43 - 21 Aug 44

282

17
31
31
29
31
30
31
30
31
21
282

Naval Personnel Records
Officer-in-Charge
R.C.M.R.
for (H.B. Navy)

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Name *Albert Kenneth, EVANS*
 (Christian Names) (Surname)
 Register No. *3662*
 File No. *V 4935*
 Address *A. E. Evans*
49 Forest Ave.,
Sault Ste. Marie, Ont.
 Date *12/1/45*
 Service No. *V 4935*
 Final Rank or Rating *Ldg. S. A.*
 Date of termination of overseas service *21 Aug. 44* Date of Discharge *31 Aug. 44*

A. TOTAL QUALIFYING SERVICE		
No. of days <i>895</i> equal to <i>29</i> complete periods at \$7.50		\$ <i>217.50</i>
B. QUALIFYING OVERSEAS SERVICE		
No. of days <i>282</i> less <i>25</i> ineligible days, equal to <i>257</i> days @ 25¢ per day		\$ <i>64.25</i>
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		SUB TOTAL
Pay	\$ <i>2.25</i>	
Subsistence or Lodging and Provision Allowance	\$ <i>1.45</i>	
Additional Pay	\$ <i>25</i>	
	<i>H.L.M.</i>	
Dependents' Allowance 1/30 of \$ <i>—</i>		
Total	\$ <i>3.95</i> x 7 = \$ <i>27.65</i>	
No. of days <i>257</i>	x \$ <i>27.65</i>	\$ <i>38.83</i>
	<i>183</i>	

D. WAR SERVICE GRATUITY	\$ <i>320.58</i>
E. DEDUCTIONS	
OVERPAYMENT OF PAY AND ALLOWANCES	\$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$
OTHER DEDUCTIONS	\$
F. AMOUNT PAYABLE	
(This amount is payable in monthly instalments of \$ each)	
G. MONTHLY INSTALMENT NOT TO EXCEED	
Daily rate of pay and allowances	\$ <i>3.95</i> x 30 = \$ <i>118.50</i>

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	<i>REP</i>	6	_____
2	<i>REP</i>	7	_____
3	<i>REP</i>	8	_____
4	<i>REP</i>	9	_____
5	<i>REP</i>	10	_____

Dependent Estate

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Albert Kenneth EVANS.
 (Christian Names) (Surname)

Payee Director of Estates, } for service Estate of
308 Sparks St. } Albert K. EVANS
Ottawa, Ont. } N.S. V4935.
 Register No. 3662
 File No. V4935
 Date 11 Apr 45
 Service No. V4935
 Final Rank or Rating Doc. S. A.
 Date of Discharge 21 Aug 44

Date of termination of overseas service 21 Aug 44

A. TOTAL QUALIFYING SERVICE
 No. of days 895 equal to 29 complete periods at \$7.50
 30 217.50

B. QUALIFYING OVERSEAS SERVICE
 No. of days 282 less 25 ineligible days equal to 257 days @ 25¢ per day
64.25

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<u>2.25</u>	
Subsistence or Lodging and Provision Allowance	\$	<u>1.45</u>	
Additional Pay <u>H.L.M.</u>	\$	<u>.25</u>	
Dependents' Allowance 1/30 of \$	\$	<u>-</u>	
Total	\$	<u>3.95</u>	<u>7</u> = \$ <u>27.65</u>
No. of days		<u>282</u>	<u>183</u> x \$ <u>27.65</u>
			<u>42.61</u>

D. WAR SERVICE GRATUITY 320.58

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

F. TOTAL AMOUNT PAYABLE 324.36

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 324.36
 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.N.P.A. CHECK

1 <u>519</u>	6 <u>[Signature]</u>
2 <u>[Signature]</u>	7 <u>[Signature]</u>
3 <u>[Signature]</u>	8 <u>[Signature]</u>
4 <u>[Signature]</u>	9 <u>[Signature]</u>
5 <u>[Signature]</u>	10 <u>[Signature]</u>

IIFICATION FORM
 WAR MEDAL, C.V.S.M. and CLASP.
 SERVICE MEDAL (1915).

... OFF. NO. *14935* ... ADDRESS

QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
					1939-45	1	<i>Star</i>
					ATLANTIC	2	
<i>21-8-44</i>					FRANCE G.	1	<i>@ to clasp</i>
					AFRICA		
					PACIFIC		
					BURMA		
					ITALY		
					DEFENCE		
					C.V.S.M.	2	<i>@ to clasp</i>
					" CLASP		
					WAR 1945	1	<i>Medal</i>
					WAR 1915		

VERIFIED BY *[Signature]*

DIR. OF PERSONNEL RECORDS.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, **TORONTO**.....

.....Ottawa, **Jan. 6th, 1945.**.....

From.....Head Office.....

P. & N. H.

V-4935 L.S.A. EVANS, Albert K.

563-A

The Department of National Defence,

Naval Service,

officially reports that the marginally named was reported -

Missing, presumed dead 21st Aug. 1944. He was serving in H.M.C.S. "ALBERNI" which was sunk in the English Channel,

on the
XXXXXX

on service **CANADA & HIGH SEAS.**

His next of kin is reported as -

**Father -
Mr. Albert Ernest Evans,
49 Forest Ave.,
Sault Ste. Marie, Ont.**

The Addressograph Stencil shows payment of Assigned Pay of

\$ **10.00** a month to -

**Mrs. Ada Evans,
49 Forrest Ave.,
Sault Ste. Marie, Ont.**

(Relationship not stated)

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

/AS

E. Clewes,
for
Canadian Pension Commission.

cl

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov. 45 "ALBERNI"

(1) MEDALS
PERSON

ENTITLED TO Mr. Albert E. Evans - Father

ADDRESS: 49 Forest Ave.,
SAULT STE. MARIE, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs A. Evans

ADDRESS: 49 Forrest Avenue
SAULT STE MARIE, Ont.

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO. 2268

(2)

(3)

17 January 1945

~~DECEASED~~ 21 August 1944

EVANS	Albert Kenneth	V-4935	L.S.A.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Fr. Ger. Star & Clasp	
C.V.S.M. & Clasp	767
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Mr. Albert Ernest Evans
 49 Forest Ave.,
 SAULT STEE MARIE,
 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.N.S. V-4935-ED-747

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

4 Jan 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

EVANS Albert Kenneth Ldg. Sup. Assist.

V-4935 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/bwr

[Handwritten Signature]
 Commander ROBIN
 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.....	NIL		
2	Children of the Deceased and dates of their Births.....	NIL		
3	Father of the Deceased.....	EVANS ALBERT ERNEST	49	49 FOREST AVE., SAULT ST. MARIE. ONT.
4	Mother of the Deceased.....	EVANS ADA	49	49 FOREST AVE SAULT ST. MARIE. ONT.
5	Brothers of the Deceased	Full Blood	NIL	
		Half Blood	NIL	
6	Sisters of the Deceased	Full Blood	EVANS MAVIS MARY	15 49 FOREST AVE SAULT ST. MARIE. ONT.
		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	
		NIL		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	EVANS ALBERT KENNETH
9	Date of his birth.	MAY 20. 1921
10	Place and date of his marriage.	NIL
11	Place and date of his parents' marriage.	ST. BARNABAS CHURCH MIDDLESBROUGH ENGLAND JULY 31. 1919

PARTICULARS OF DOMICILE

12	Place where deceased was born.	358 NORTH ST. SAULT ST. MARIE. ONT
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) ONTARIO (b) (c) (d)
14	Nature of employment before enlistment.	SALESMAN
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.	SAULT ST. MARIE.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NOT TO MY KNOWLEDGE. PROBABLY WITH THE NAVY.
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?	NIL
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?	HALIFAX POST OFFICE. \$50.00 OR MORE. YES.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$170.00 SAULT ST. MARIE. ONT
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$550.00 BEARER. SAULT ST. MARIE \$200 BEING PURCHASED AT TIME OF DEATH
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	\$1000. 20YR. PAYMENT LIFE. THE MONARCH FATHER A.E. EVANS LIFE ASS CO.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NIL

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.	NO
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	NO

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

(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 **FATHER** 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.

Albert Ernest Braus (Signature of Informant)
49 Forest Ave. Soc. Blvd. (Address)

CERTIFICATE

I hereby certify that to the best of my knowledge and belief *Albert E. Braus*

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

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

Dated at *Bank St. Maine* this *6th* day of *January* 19.....
H. Penhorne, H. Col. Qualification *M. V. O. - O. B. E. - V. A. - J. P.*
Address *718 Wellington Street*

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

At the time of my son's death, his mother was in receipt of an allotment from him, \$20 per month for several months, which my son discontinued for 6 months while buying victory bonds. My son renewed his allotment to his mother of \$10 per month for the past 10 months previous ten months. I intend to put in a claim to the proper authorities for my son's gratuity and desire that any moneys accruing should be included in my son's estate.

With respect to the life insurance of my son, I wish to point out that, I, the father, is the sole beneficiary and have made the premium payments. A clause is included in the policy to that effect.

A. E. Braus

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

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

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 ...
2. LENGTH OF STAY (in years, months and days)
3. PRINT FULL NAME OF DECEASED EVANS Albert Kenneth
RESIDENCE No. 49 Street Forrest Avenue City, Town, Village or Township Sault Ste. Marie Province Ontario.

4. Sex Male 5. Nationality Canadian 6. Racial Origin English 7. Single, Married, Widowed or Divorced Single

8. BIRTHPLACE Sault Ste. Marie, Ontario.

9. DATE OF BIRTH May 20 1921

10. AGE in Years 23 Months 3 Days If less than one day old

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Clerk
12. Kind of industry or business, as cotton mill, lumbering, bank, etc. Devine Sporting Goods
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

16. NAME
17. BIRTHPLACE (Province or Country)

18. MAIDEN NAME
19. BIRTHPLACE (Province or Country)

20. Person giving information sign here Paymaster Commander, R.C.N.R.
Address Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased Director of Personnel Records.

21. Place of Burial, Cremation or Removal NO BURIAL
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

25. I HEREBY CERTIFY that I attended deceased from:
and last saw h. alive on

CAUSE OF DEATH

I. Immediate cause (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
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

PHYSICIAN Underline the cause to which death 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...
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)