



Pte Hamlin, William Charles L Edmn R
Tpr Hamm, Gerald Francis SALTAR
WO₂ Hammitt, Lawrence Samuel RCAF
Cpl Hammitt, William John RCIC
Gnr Hammill, Clifton William Herbert RCA
P/O Hammond, Albert Ernest RCAF
Pte Hammond, Donald Jesse Alg R
F/O Hammond, Douglas William RCAF
Tpr Hammond, Harvey Robert Ont R
Sto 2/c Hammond, John Andrew RCNVR
Pte Hammond, William Earl RCIC
P/O Hampton, William George RCAF
Bdr Hamson, Joseph Edward Robert RCA
Pte Hamula, Michael Victor RHLI
Tpr Hancharyk, Steve Sher Fus R
Tpr Hancock, Arthur Richard Hugh 1 H
Pte Hancock, Donald Malcolm Essex Scot
F/O Hancock, Harold Alton RCAF
Ldg Sig Hancock, Ralph Gardiner RCNVR
F/O Handy, William Bertrand RCAF
P/O Handzuk, John RCAF
P/O Hanes, William Herbert RCAF
Rfn Haney, Horace Roy Thomas Regina Rif
Gnr Haney, Percival RCA
Tpr Hanis, George Victor LD SH (RO)
Tpr Hankins, Raymond RAC
Cpl Hanlan, Newton William L Edmn R
Tpr Hanley, James Edgar GGHG
Capt Hanley, John Alexander RCA
Gnr Hanley, William Gerald RCA
Pte Hanlon, Carl Alphonse CB Highrs
♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦

Sgt Hanlon, Charles Edmund 1 Cdn Para Bn
Pte Hanmore, John Alfred Line & Well R
F/S Hann, Douglas Lurusa RCAF
Sgt Hanna, Kenneth Lavern Camerons of C
F/O Hanna, Stanley Roy RCAF
F/O Hannah, Lloyd Albert RCAF
Pte Hannah, Milton Thomas RHC
L/Sgt Hannay, Alexander RC Sigs
P/O Hannesson, Jack Edward Kristjan RCAF
Pte Hannigan, Marvyn Joseph RCOC
Pte Hanninen, Onni Line & Well R
LAC Hanning, John Hugh RCAF
P/O Hanon, Ingval Millar RCAF
F/S Hans, Stanley William RCAF
P/O Hansen, Ellis Martin 4 PLDG
P/O Hansen, Ezra Mulloy RCAF
Pte Hansen, Frederick John Westmr R
F/S Hansen, George Quist RCAF
Pte Hansen, Haakon RCOC
Lt Hansen, Hans Frederic L Edmn R
P/O Hansen, Lloyd Leonard RCAF
Spr Hansen, Nels Leonard RCE
Sgt Hansen, Norman Andrew 1 Cdn Spec Ser Bn
Pte Hansey, John William Hast & PER
WO₁ Hansford, George Wellington RCAF
Pte Hanson, Algot George L Edmn R
F/O Hanson, Edward RCAF
L/Cpl Hanson, Edwin Archer Gerald Hast & PER
F/L Hanson, James Robert, DFC RCAF
Pte Hanson, Kenneth Harold Gen List
P/O Hanson, Kenneth Stewart RCAF
Pte Hanson, Leo Martin RHC
Spr Hanson, Norman Clayton RCE
Tpr Hanson, Robert John LD SH (RO)
Spr Hantiuk, Nicholas James RCE
S/L Hanway, James Albert, AFC RCAF
F/O Haraczay, Walter RCAF

V60632
HAMMOND
JOHN ANDRE

TO:

PLEASE MAKE OUT FALSE

DEC 16 1944

DOCKET AND FORWARD WITH

N.C.R.

ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. V60632 PERS(N)

26
DEC 18 1944 194

39360



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>
John Andrew HAMMOND, Stoker Second Class, O.N. V-60632, RCNVR	"Missing", presumed dead. He was serving in HMCS. "ALBERNI" which was sunk in the English Channel.	Mother: Mrs. Irene Hammond, 825 Dufferin Ave., LONDON, Ont.

Allotments in Force

<u>In Favor Of</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Bertha Viola Hammond	\$30.00 Assigned Pay	
	\$37.20 Dependents' Allowance	M.K.

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,



Department of Justice
Federal Bureau of Investigation
Washington, D. C.

RECEIVED
DEC 23 1944

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

RECEIVED
DEC 23 1944

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

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DEC 23 1944

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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

JEM

N.P.R/5-1

FORM A.

File: N.S. V-60632 Pers.N

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

25 August, 1944.

Sir:

(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
HAMMOND, John Andrew	Stoker Second Class	V-60632, R.C.N.V.R.
<u>DATE OF ENLISTMENT</u> -	10 May, 1943.	Active Service: 14 May, 1943.
<u>DATE OF DISCHARGE</u> -	Will be reported later.	
<u>HOSPITAL</u> -	(If discharged in hospital under jurisdiction of D.P. & N.H.)	
<u>SERVICE</u> -	CANADA & HIGH SEAS	
	(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)	
Reason for discharge and - when and where any disability was incurred, or where death occurred.	"MISSING" at sea when the ship in which he was serving was lost by enemy action in the English Channel. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).	
<u>NEXT OF KIN & RELATIONSHIP</u> -		
<u>RELATIONSHIP</u> -	Mother	<u>NAME</u> - Mrs. Irene Hammond,
<u>ADDRESS</u> -	825 Dufferin Avenue, LONDON, Ont.	

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

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

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

H.B. Money
for
SECRETARY, NAVAL BOARD.

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

Noted D.M.P.C.
28-12-44
D.P.

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

(See reverse side for further instructions)

Six copies to be rendered to Naval Service Headquarters

32

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name HAMMOND John Andrew (Christian names in full)

Rank or Rating Stoker Second Class Official No. V-60632 Unit R.C.N. R.C.N.R. R.C.N.V.R.

Place of Birth London, Ontario Date of Birth 21 May 1925

Occupation in Civil Life Receiver Religion United Church

National Grocers, London

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 10th May 1943 to 21st August, 1944.

Date of Death 21 August, 1944 Place of Death AT SEA

Cause of Death Missing, presumed killed when the ship in which he was serving. (If due to accident, violence, or enemy action, particulars to be stated briefly)

H.M.C.S. "ALBERNI" was lost in the English Channel due to enemy action.

Nearest known relative or friend Name Mrs. Irene Hammond Relationship Mother Address 825 Dufferin Ave., LONDON, Ont.

Date on which the above was informed by Ship Naval Service Headquarters: 23rd Aug. 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

Noted D.N.P.C. G.L. 15-3-45

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

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

Date OTTAWA, Ont. February 28 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.

Noted D.N.P.C. G.L. 15-3-45

The particulars stated on this form are important. It is to be retained with the Service documents of the rating concerned. A notation of the award of this certificate is to be made on the man's Service Certificate and History Sheet.

ROYAL CANADIAN NAVY

TECHNICAL TRAINING COURSES

This is to certify that HAMMOND, John A.

O. N. V-60632 Rating Stoker 2/c Seniority 10/5/43

Date of Birth 21/5/25 Completed a course of training
in as Motor Operator

of 8 weeks duration at Danforth Tech. - Toronto

commencing Sept. 7th 1943

He secured marks as follows:

Subjects:	Grading:*
<u>Gen. Knowledge</u>	<u>B</u>
<u>Shop</u>	<u>B</u>
<u>Diesel</u>	<u>B</u>
<u>Application</u>	<u>B</u>
_____	_____
_____	_____
_____	_____

Order of merit 13 - 547 Number in class 20

Dated October 29/43 Qualified for: _____

Remarks:

Signature [Handwritten Signature]

[Handwritten Signature]
(W.W. Porteous)

A/CAPTAIN (E), R.C.N.,
DIRECTOR OF ENGINEERING PERSONNEL.

- * A. (80 - 100)
- B. (40 - 79)
- C. (0 - 39)

(Revised—July, 1938.)

Original
ORIGINAL

albernis 26-1-44
Sto 2/2 (Stad)

HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

- (a) When a man leaves a ship after a period of not less than three months' service in her.
- (b) Annually on 31st December, unless completed within the previous three months.
- (c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

Surname	NAME Christian	Official Number	Port Division
HAMMOND	John Andrew	V- 60632	PREVOST

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course	31/5/43		75%	Satisfactory	G.R. Hartley
Field Training Results		14/6/43			Training Wt. (E) Commander.
Technical Training at Stokers' Training Establishment:—	16/6/43		Satisfactory	Average Student	D.K. Miller
(1) Marine Engineering		29/7/43			W. (E)
(2) Electrical					Engineer Officer.

* Insert:—"Superior," "Satisfactory" or "Moderate." (Failure to be noted in RED INK).

Issued with Stoker's Manual:—Date 16/6/43 Signature and Rank: [Signature]

Entered H.M. Service as Stoker 2nd Class <u>21-5-43</u>	Completed 2 years' training for Mechanician
Advanced to Stoker 1st Class _____	Rated Mechanician 2nd Class _____
Advanced to Leading Stoker _____	" " 1st Class _____
Advanced to Stoker Petty Officer _____	Advanced to Chief Mechanician _____
Advanced to Chief Stoker _____	

RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
Motor Operators Course - Toronto (Sat.)	29/10/43	H.E. Talbot	996

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

S. 1246A
20M-7-42 (5184)
N.S. 815-9-1246A

Special Remarks:

STOKER RATING Employment and A

NOTE:—When a Stoker rating has become a Mechanician the words
are to be inserted over columns 3, 4, 5, 6, 7 and 8.

EFFICIENCY:—To be indicated as "Superior," "Sa

Date	← Watchkeeper →							← In Charge						
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineroom Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party
7/9/43	Motor Operators Course - Toronto - 29-10-43													
16-11-43	BARRACKS ROUTINE EMP. MANUAL PARTY													
26-1-44														

RIFLE PRACTICES

(To be filled in immediately on completing Course)

Date	Ship	Practice carried out	Signature

VOCATIONAL TRAINING CERTIFICATE

(To be filled in on completion of a Vocational Training Course, other than a Correspondence Course)
(Vocational Training is Optional)

VOCATION _____

We certify that (name) _____

Residence _____

has satisfied us that he possesses a † _____

knowledge of the vocation mentioned, and we consider that § _____

Examiners:— _____

Business and Business Address:— _____

Date of Examination:— _____

Signed:— _____ President.

Vocational Training
Committee.

† Here insert qualification.

§ Special notations as applicable.

TO BE FILLED UP ONLY ON FINAL DISCHARGE

His character during service was * _____

His general efficiency in carrying out his duties was * _____

His efficiency on discharge was assessed as * _____

* See Article 610, clauses 3 to 7 K.R. & A.I.

N. 3401/38.

Signature and Rank _____

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

V60632

OFFICIAL NUMBER

NAME
(Surname)

HAMMOND

John Andrew

(Given Names)

OFFICIAL NUMBER

V60632

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS Prevost	Stoker 2	10	5	43	Div. Str. London.	V.G.	Sat.	20	5	43							
"	"	14	5	43	Active Service D.L. 14-5-43	V.G.	Sat.	31	12	43							
Cornwallis	"	31	5	43	D.L. 31-5-43	V.G.	Sat.	21	8	44							
Stadacona	"	31	7	43	DRD H-2210.												
York	"	1	9	43	DRD H-2475.												
Stadacona	"	17	11	43	DRD H-3227												
Alberni	"	27	1	44	DRD S.54 P.1												
"	Stoker I.	27	5	44	Rated, Service Certificate.												
DISCHARGED	"	21	8	44	"Missing" Presumed Dead.												

GENERAL REMARKS

CANADIAN MEMORIAL CROSS SENT TO:-
 Mother, Mrs. Irene Hammond,
 825 Dufferin Avenue,
 LONDON, Ontario. (17-1-45).

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWNSHIP	SERV.	DIV.	A	BR.	RANK
21	5	25	11	830	040	31	30	03	9	16	0	15	95	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR		RANK OR RATE		
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A	BR.	RANK	
10	05	43	14	05	43					1520	0	15	95	
SENIORITY			STR.	NON-SUB		M				COBEP		CHECKED		
DY.	MO.	YR.	CAT.	A	B	ST.								
14	05	43	13	02	02					70				

V60632

OFFICIAL NUMBER

FILE NUMBER

113-H-3907

OFFICIAL NUMBER

V60632

NAME HAMMOND (Surname) John Andrew (Given Names) DATE OF BIRTH 21 May 1925.PLACE OF BIRTH London, Ont. OCCUPATION ReceiverRELIGION United EDUCATION Grade 8 2 yrs. Commercial, 1 yr. Technical.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 825 Dufferine Ave., Town London, Province, etc. Ont.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
10	5	43	H.O.	5'7 $\frac{1}{2}$	Black	Blue	Fair	Scar on right arm.	R.C.E.	Pte.	12-40	4-43

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs June Hammond
ADDRESS (in pencil): Street and No. 825 Dufferine Ave. Town London Province, etc. Ont.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				24	7	43	Passed P.P.T. Fair.				
				27	7	43	Qual. Anti-Gas 1 day. 249A/42472.				

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.P. 5981-5
DATE

Date (in figures)			DAYS FORFEITED						O.H.F. Received.	Last Will & Testament #1066 Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.		

SECOND CLASS FOR CONDUCT

From

To



MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Oct. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Irene Hammond - Mother

ADDRESS: ~~825 Dufferin Ave.,~~ R.R. 9,
LONDON, Ont. London, Ont.

Held pending application 30-6-50
(1)

(2) MEMORIAL CROSS

WIDOW

Nov. 4/48

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. I. Hammond

ADDRESS:

825 Dufferin Avenue
LONDON, Ontario

(3) 17 January 1945

DEPARTMENT OF VETERANS AFFAIRS

WAR SERVICE RECORDS

AWARDS

(NAVY)

D.D.

~~DECEASED~~ 21 August 1944

784.1

HAMMOND

John Andrew

V-60632

Sto.1

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

02-93810 M



P

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Fr. Ger. Star & Clasp

C.V.S.M. & Clasp

War Medal

SPR 5/12/51
CANCELLED
 MEDALS RETD UNDELIVERED RETD TO STOCK 18-12-51

Medals Ret'd Undelivered.
 3868 Ret'd to Stock. **CANCELLED**

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

NAME IN FULL HAMMOND John Andrew RANK/RATING LT. JG. OFF. NO. Y-60632 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
	14-5-43											1939-45	1	Stars
<i>Albemi</i>	27-1-44	21-8-44	208	<i>At. In Eu.</i>								ATLANTIC	2	
												FRANCE G.	1	Clasp.
	<u>DC Dead.</u>			21-8-44								AFRICA		
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	Clasp
												" CLASP		
												WAR 1945	1	medal
												WAR 1915		

VERIFIED BY [Signature]

[Signature]

VERIFIED BY [Signature]

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

John Andrew HAMMOND

in the Royal Canadian Naval Volunteer Reserve

NS 135932

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>H.M.C.S. "Prevoost"</i>	<i>V-60632</i>

Date of Birth *21st May, 1925*

Place of Birth *London, Ontario*

Place of Residence *825 Dufferin Ave, London, Ontario*

Trade brought up to *Receiver*

Religion *United Church*

Can Swim:—P.P.T. *A* Date *24 July 43* 19 *43* Signature *[Signature]* Rank *S/Lt. RCNVR*

P.S.T. Date 19 Signature Rank

Name and Address of Nearest Relative or Friend (in pencil)
Mrs Irene Hammond (Mother) Same address

PARTICULARS OF SERVICE				MEDALS, DECORATIONS etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Award	Presentation	Nature of Decoration
	<i>10 May 43</i>	<i>Duration of Hostilities</i>	<i>O.H.F.</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>7 1/2</i>	<i>34 1/2</i>	<i>129</i>	<i>Black</i>	<i>Blue</i>	<i>Fair</i>	<i>Scar on right arm</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

113-H-3907

N. V. 5
100M-12-42 (7804)
N.S. 815-11-5

ORIGINAL



ATTESTATION FORM (HOSTILITIES FORM)

98591

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME HAMMOND OFFICIAL No. V-160632
CHRISTIAN NAMES John Andrew MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 825 Dufferine Ave London, Ontario RELIGION United

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
21 May 1925	Town <u>London</u> County <u>Middlesex</u> Province <u>Ontario</u>	Mrs. Irene Hammond MOTHER 825 Dufferine Ave London
*Original Nationality of:		
Father <u>British</u>		
Mother <u>British</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36</u>	<u>Black</u>	<u>Blue</u>	<u>Fair</u>	<u>Scar on right arm</u>
Inches <u>7 1/2</u>	Deflated <u>33</u>				
<u>129</u>	Mean <u>34 1/2</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>88 Grade Public School London, Ontario</u> <u>2 yrs Commercial, London Tec</u> <u>1 yr Technical, London, Tec</u>	<u>Receiver National Grocers London</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>Divisional Strength 10 May 1943</u>	<u>Stoker 2/c (Temp)</u>	<u>H.M.C.S. "PREVOST" London</u>

(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, Air Force, Reserve or Territorial Force.~~
- * (b) I served in Reserve Army 2 1/2 Yrs for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	Personnel Records Division.
<u>Unit - R.C.E.</u>	<u>Private</u>	<u>Dec. 1940</u>	1. Noted in Records 2. Index Card <u>April 1943</u> 3. Non-Sub. Card 4. Statistical Card 5. <u>Person Card</u> 6. Pension Card 7. <u>His Majesty's Forces on</u> 8. <u>to the best of my knowledge</u> DATE <u>22-5-43</u>

- (c) I have never been rejected for or discharged from any account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake 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 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..... Stoker 2/c (Temp)..... by the prospect of being transferred at some future date to any other branch or rating.

Dated this..... 10..... day of..... May 1943.....

Signature of applicant..... John Hammond.....

(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..... 10.....

day of..... May 1943.....

My authority for attestation is..... RD 8-2-21, RD 7-3-2 12/12/42.....

..... W.P. Lynch.....
Signature and rank of Attesting Officer.

Lieutenant R.C.N.V.R.

(D)

OATH OF ALLEGIANCE

I,..... John Andrew Hammond..... 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..... John Hammond.....

Witness..... W.P. Lynch.....

Date..... 10 May 1943.....

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.

Unemployment Insurance Book -- Yes



CANADA

Can. B. 207
150M-9-42 (6269)
N.S. 815-2-207

ORIGINAL

2

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 Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined John Andrew Hammond

candidate for entry as Stoker 2/c (Temp)

and I believe him to be * $\left. \begin{array}{l} \text{in all respects fit for His Majesty's Service} \\ \text{unfit for His Majesty's Service for the reason stated below} \end{array} \right\}$ He has signed the Certificate given below in my presence.

†Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 17	Mos. 11	(j) Date of last Vaccination	Summer 1939		
(b) Height with bare feet	Feet 5	In. 7 1/2	(k) General Development	good		
(c) Weight without clothes	129		(l) Nose, Throat and Tonsils	N		
(d) Ears and Hearing	Rt. N	Lt. N	(m) Heart and Lungs	N		
(e) Chest Girth	Max. 36	Min. 33	Mean 34 1/2	(n) Abdomen Hernia, etc.	N	
(f) Teeth	Deficient 2	Defective 3	Dentures 0	(o) Limbs and Joints	N	
(g) Vision by Snellens Types	without glasses	Rt. 6/18	Lt. 6/12	Both 6/9	(p) Skin	N
	with glasses where worn	Rt.	Lt.	Both	(q) Anus Haemorrhoids	N
(h) Colour Vision	Ishihara normal R.C.N. Lantern			(r) Testes Varicocele	N	
(i) Chest x-ray	not taken approved positive doubtful 29.4.43 # 63376			(s) Urine	all neg Sug neg	

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.

J.A. Hammond
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 London, Ontario the 29 of April 1943

A.L. Chambers

Examining Medical Officer

(Rank) Surgeon Lieut. R.C.N.V.R.

ESTATES BRANCH

H.Q.N.S.V-60632 FD.735

29th October, 1945.

Mrs. Irene Hammond,
825 Dufferin Avenue,
London, Ontario.

HAMMOND, John A., Sto. 2 Cl. (Deceased)
No. V-660632, R.C.N.V.R.

Dear Mrs. Hammond:

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

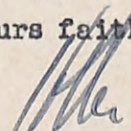
The total amount available to this Branch for distribution
is \$285.04, and is made up as follows:-

War Service Gratuity.....	\$ 182.90
Balance of pay and allowances.....	79.31
Credit for Kit Upkeep Allowance and Hard Lying Money.....	2.62
Balance withdrawn from Bank of Montreal, Halifax, N.S.....	<u>20.21</u>
TOTAL.....	<u>\$ 285.04</u>

The whole amount will be paid to you as sole beneficiary
named in your son's Will on file here.

Treasury has been requested to forward to you a cheque in
the amount of \$285.04, and on receipt of same will 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 ✓

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

LL

Name: HAMMOND Surname John, A. Christian Names No.: 7.60632
 Rank Ste. 2 Cl. Unit R.C.N.V.R. O/S Date of Death 21-8-44

AMOUNT
 W.S.G. 182.90
 L.P.C. \$ 81.93
 Other Credits..... 20.21
 Total..... 285.04

Date: 19 Oct 45

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Irene Hammond, 825 Dufferin Ave., London, Ont. (Sole beneficiary under will)	285.04

P4. TO TREAS.

30-10-45, Q.W.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	285.04
CLASSIFIED BY			EXAMINED BY		
<i>[Signature]</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

Mrs. Irene Hammond
825 Dufferin Ave.,
LONDON, Ont.

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

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

and the following number quoted:—

H.Q. NS V-60632-FD-735

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

3 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

HAMMOND John Andrew Stoker 2nd Class

V-60632 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.

br

[Handwritten Signature]
Commander Royal
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.....	not married			
2	Children of the Deceased and dates of their Births.....	not applicable			
3	Father of the Deceased.....	Wilfred Norton Hammond	42	825 Dufferin Ave., London, Ont.	
4	Mother of the Deceased.....	Irene Lillian Hammond	42	" "	
5	Brothers of the Deceased	Full Blood	Wilfred William Douglas Carol Gerald Russell	17 14 10	" " " " " "
		Half Blood	n.a.		
6	Sisters of the Deceased	Full Blood	Sandra Josephine Lorna Lillian Shirley Louise Irene Margaret Donna June	4 22 21 12 7	" " " " " "
		Half Blood	n.a.		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		
	none	n.a.			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Andrew Hammond
9	Date of his birth.	May 21, 1945
10	Place and date of his marriage.	not applicable
11	Place and date of his parents' marriage.	(Lambeth) London, Ontario, July 20, 1921

PARTICULARS OF DOMICILE

12	Place where deceased was born.	London, Ontario
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) Middlesex (all his life) (c) (d)
14	Nature of employment before enlistment.	National Grocers London
15	State whether he owned the premises in which he lived, and, if so, where situated.	no lived with parents
16	Name place where deceased stated he intended to make his permanent home.	London, Ontario.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	yes (Army) not in my custody
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	unmarried
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	not that is known of
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	2 London Life (mother beneficiary) \$1000.00 \$1000.00 return of premiums only
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	not that I know of
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	n.a.

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....mother.....of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Irene Lillian Hammond

{Signature of Informant

825 Dufferin Ave London

Address

CERTIFICATE

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

*See above. *Irene Lillian Hammond* (Name of Informant) is the* *mother* of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at *London Ont* this *9th* day of *January* 19*45*

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

A. M. McMillan

Authorized to take Affidavit by P.C. 5283

Address *NDHQ MD1*

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

Navy
 Army
 Air Force

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

DEPARTMENT OF NATIONAL DEFENCE

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

Application for War Service Gratuity
 (Canadian Armed Forces)

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

1. Surname on termination of service HAMMOND. (Print)
2. Christian Names JOHN ANDREW. (Print)
3. Service No. V.60632. 4. Paid rank or rating at date of termination of Service STOKER 2ND CLASS.

5. Address, in full, to which payments of gratuity are to be forwarded.....
825 DUFFERIN AVE.
LONDON, ONT.

not list AF

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

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>NAVY.</u>	<u>V. 60632.</u>	<u>STOKER 2ND CLASS</u>	<u>10 MAY 1942.</u>	<u>MISSING AT SEA 20 Aug. 1944.</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? NO. If so, state name of Force or Forces.....

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? NO. If so, state the Force or Forces, with dates of commencement and termination of service.....

NAVAL PERSONNEL RECORDS
 FEB - 1 1945 5318
 WAR SERVICE GRATUITY SECTION

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

22 JAN 45.
 (Date)

(Mrs) Irene Hammond
 (Signature of Applicant)
 (NEXT OF KIN)

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

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

(5315)

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member John Andrew Hammond Rank or Rating 56 11 O.No. 1-60632

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. —

Mrs Irene Hammond (Mother)
825 Deufferin Ave.,
London, Ontario.

A.P. 20.00

D.A. —

A.P. —

2. Pension awarded or being awarded to:

No record of Pension

3. War Service Gratuity Application(s) received from:

Mother - as above

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

() To be paid to:

In the proportion of: /

- and -

to:

In the proportion of: /

(X) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

~~Group "C"~~ of the above mentioned Directive.

Date February 8, 1945

[Signature]
for D.N.P.A. (G)

BZ
2/1/45
[Signature]

W.S.G. Application No. 5318 -

TO: B.N.P.A. "G"

FILE NO. NS. V60632 -

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>HAMMOND</u>	<u>John Andrew</u>	<u>V60632</u>	<u>ST011</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (ALBERNI)
Application by Mother. Was in receipt of A.P. at time of ratings death

	<u>TOTAL SERVICE</u>	
Date of Active Service	<u>14 May 43</u>	366
Date of Discharge	<u>21 Aug 44</u>	18
Total No. of Days	<u>466 -</u>	30
# Less non qualifying service	<u>—</u>	31
		21
		<u>466</u>
		Total Days <u>466 -</u>

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>208</u>	
# Less non qualifying service	<u>—</u>	
		Total Days <u>208</u>

Record of Service in other Forces (per Naval Records)

Branch of Service NAVY

Date of Active Service _____

Date of Discharge _____

& % Overleaf _____

Computed By [Signature]

Checked By [Signature]

DATE: FEB 5 1945

[Signature]
 for (H.B. Money)
 Payr. Cmdr, R.C.N.R.
 Director of Personnel Records

CFHC

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days	Overseas
"	_____	"	"	_____
"	_____	"	"	_____
"	_____	"	"	_____
"	_____	"	"	_____
"	_____	"	"	_____
"	_____	"	"	_____
			Total Days	=====

(%)
OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
ALBERNI.	27 JAN '44	21 AUG '44	208

5
29
31
30
31
30
31
21

208

COMPLETION OF SERVICE
DAYS SERVICE COMPLETED

EMC

25

N.S. V-60632, F.D. 659 PERS.(N)

17 January, 1945.

THIS IS TO CERTIFY that according to official information John Andrew Hammond, Stoker Second Class, Official Number V-60632, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

L.A.H.
Deputy ~~SECRETARY~~, NAVAL BOARD.
MD *SLA*
GB



Department of National Defence
Naval Service

Ottawa, Canada.

OUR FILE N.S. V-60632, F.D. 659 PERS(N)

YOUR FILE.....

17 January, 1945.

THIS IS TO CERTIFY that according
to official information John Andrew
Hammond, Stoker Second Class, Official
Number V-60632, Royal Canadian Naval
Volunteer Reserve, is missin

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

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

3. PRINT FULL NAME OF DECEASED HAMMOND John Andrew
(Family name) (Given name or names in usual order)

RESIDENCE No. 825 Street Dufferin Ave. City, Town, Village or Township LONDON Province ONT.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality <small>(Citizenship)</small> <u>Canadian British</u>	6. Racial Origin <u>British</u>	7. Single, Married, Widowed or Divorced <small>(Write the word)</small> <u>Single</u>
-----------------------	---	------------------------------------	---

8. BIRTHPLACE ONTARIO
(Province or Country)9. DATE OF BIRTH May 21 1925
(Month) (Day) (Year)10. AGE in { Years 19 Months 3 Days _____ If less than one day old _____
hrs. or min.

11. Trade, profession or kind of work as <u>Receiver-National</u> <small>spinner, teamster, office clerk, etc.</small>	12. Kind of industry or business, as <u>Grocers, London, Ont.</u> <small>cotton-mill, lumbering, bank, etc.</small>	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 _____ <small>(Province or Country)</small>
----------------	--

18. MAIDEN NAME _____	19. BIRTHPLACE _____ <small>(Province or Country)</small>
-----------------------	--

20. Person giving information sign here H.B. [Signature]
 Address Paymaster Commander, R.C.N.R. 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
(Month) (Day) (Year)25. I HEREBY CERTIFY that I attended deceased from: _____
_____ 19 _____ to _____ 19 _____
and last saw h. _____ alive on _____ 19 _____

CAUSE OF DEATH

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

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

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

28. Was there a surgical operation? _____ Date of operation _____ 19 _____
State findings _____ Was there an autopsy? _____

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

Accident, suicide or homicide? _____ Date of injury _____ 19 _____
(State which)Manner of injury _____
(How sustained)

Nature of injury _____

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

Signed by _____ M.D.

Address _____ Date _____ 19 _____

30. Division Registrar's Record No. _____

31. Filed _____ 19 _____
(Division Registrar)

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

LA/GFM

REGISTERED
AIR MAIL
N.S. V-60632 PERS. (N)

22

26 December, 1944.

Dear Mrs. Hammond:

Further to my letter of the 28th August, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, John Andrew Hammond, Stoker Second Class, Official Number V-60632, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Irene Hammond,
825 Dufferin Ave.,
LONDON, Ontario.

Despatched by
Sec. N. B.

*Noted D.N.P.A.
28-12-44
S.P.*

Date
Time

*26.12.44
10 30*

23 August, 1944.

Dear Mrs. Hammond:

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, John Andrew Hammond, Stoker Second Class, Official Number V60632, 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. Irene Hammond,
825 Dufferin Ave.,
LONDON, Ont.

File Number, V60632

SERVICE

NAME: HAMMOND John Andrew

O.N. V-60632

PRESENT RANK/RATING: Stoker 2

DATE TAKEN ON ACTIVE SERVICE: 14-5-43

SERVICE

SHIP OR ESTABLISHMENT

HMCS Prevost (Div. Str. London)
" " (Act. Serv. ")
" Cornwallis
" Stadacona
" York
" Stadacona
" Alberni

From

To

10-5-43
14-5-43
31-5-43
31-7-43
1-9-43
17-11-43
27-1-44

WILL: # 1066

NAME & ADDRESS OF

NEXT OF KIN: Mother: Mrs. Irene Hammond,
825 Dufferine Ave.,
London, Ont.

*V10937
Stewart, SA*

DISCHARGED PREVIOUSLY? No

REASON:

DATE:

Initialed by: *max*

Date: 25-8-44

Section: 3 R.C.N.V.R.

(TO BE COMPLETED IN INK.)

OCCUPATIONAL HISTORY FORM

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 INDUSTRIAL LIFE FOR 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 HAMMOND, JOHN ANDREW (b) Reg'l. No. V60632
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank Stoker 2/e
3. (a) Date of birth May 21, 1925 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment London, Ontario
4. (a) Place of enlistment London, Ontario (b) Date of enlistment May 10, 1943

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (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.) 1 year Technical School
7. If you attended a university, give name of university and standing or degree secured None
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 National Grocers Address London, Ontario
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Wholesale Grocers
20. (a) Your specific occupation Receiver (b) Number of years' experience at this occupation with any employer 5 months
21. (a) Did your employer promise definitely to give you employment on discharge? - (b) Did your employer refuse to promise you employment on discharge? - (c) Do you wish to return to your former employment? 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? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed Farming
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 5 years (c) In what provinces did you have experience? Ontario

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Plans to engage in farming
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None



DATE 10th May, 1943 SIGNATURE.....

COPY TO
VWD
ES

MAY 22 1943