



Pte Henderson, Douglas Seaforth of C
 Pte Henderson, Floyd Losford Nth NS Highlrs
 Cpl Henderson, George RCR
 Pte Henderson, George RCAMC
 P/O Henderson, Gerald William RCAF
Surg Lt Henderson, Hugh Malcolm RCNVR
 Lt Henderson, James Robert Perth R
 LAC Henderson, John Daniel RCAF
 Lt Henderson, John Roger RCA
 F/O Henderson, Marvin George RCAF
 F/O Henderson, Paul Wood RCAF
 Lt Henderson, Steadman Bucknell & NBH
 Pte Henderson, Wesley Harold Seaforth of C
 Tpr Henderson, William Andrew GGHG
 F/O Henderson, William Ashton RCAF
 Rfn Hendren, Gordon Frederick Regina Rif
 Pte Hendren, Kenneth RCASC
 Cpl Hendricksen, Raymond Vincent 4 PLDG
 Gnr Hendry, David RCA
 Sgt Hendry, Frank Arthur CGG
 P/O Hendry, Robert Elliot RCAF
 WO2 Henfrey, Jack RCAF
 F/O Heninger, Harold Frederick RCAF
 Sgt Henley, Ernest RCAF
 Pte Hennessey, Gordon Joseph N Shore R
 Sigm Hennessey, William Thomas RC Sigs
 P/O Hennessey, Thomas Alban RCAF
 Pte Hennigar, Ancel Cleland West NSR
 P/O Henning, John Francis RCAF
 Cpl Henri, Joseph Paul-Emile Fus MR
 ERA3/c Henry, Alexander RCNR

Pte Henry, Arthur Joseph RCR
 Pte Henry, Bruce Huntington RCASC
 Spr Henry, Claire RCE
 F/O Henry, George Edgar RCAF
 Cpl Henry, Irwin Norman RCE
 Cpl Henry, James Maxwell RWpg Rif
 Pte Henry, Joseph Alg R
 Cpl Henry, Robert Gordon Alg R
 AB Henry, Robert John RCNVR
 L/Cpl Henry, Robert Lawrence Carl & York R
 F/S Henry, Robert William Garth RCAF
 Tpr Henry, Thomas Haliburton Sher Fus R
 Cpl Henson, Donald RCASC
 P/O Henson, George Arthur RCAF
 Lt Hentig, John Kenneth Seaforth of C
 Pte Henwood, Arnold RHC
 Gnr Hepfner, Lambert RCA
 Pte Hepinstall, Kenneth Edmund Perth R
 Lt Heppell, John Roy PPCLI
 Rfn Heppley, Zeigfried RWpg Rif
 P/O Herbert, Horace Montague Richard RCAF
 Pte Herbert, Morris George C Scot R
 Cpl Herd, William Rue Murray RHC
 Gnr Herdman, Walter Ridley RCA
 P/O Herger, Robert Blair RCAF
 P/O Her Gott, Gerard Albert RCAF
 P/O Hutten, Ernst Osborne RCAF
 Sgt Herman, Donald Lawrence RCAF
 L/Cpl Herman, Harold Tracy RCAMC
 P/O Herman, William Henry RCAF
 F/O Hermiston, James William RCAF
 F/L Hermitage, Arthur George RCAF
 WO1 Herod, Richard Campbell RCAF
 L/Cpl Heron, Harry Addison C Pro C
 F/O Heron, Kenneth RCAF
 Pte Héroux, Herve R de Mais
 Pte Héroux, Joseph Roland Fus MR



HENDERSON, HUGH
MALCOLM

O32330

ORIGINAL
DUPLICATE
TRANSMITTE

Grade: 12
7 years College

(Interne) Medical ~~XXXXXX~~
R.C.A.M.C.

Occupation

M.F.M. 2
A.F.B. 271
500M-7-41 (1131)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

No. 6. District depot, C.A.

Unit.....

Regimental Number F 30703

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname..... **HENDERSON**
2. Christian Names..... **Hugh Malcolm**
3. Present address..... **Halifax Infirmary, Halifax, Halifax County, Nova Scotia**
4. Date of birth..... **8 April, 1915**
5. Place of birth..... **Canada** **Hfx. Co., N.S.** **Halifax**
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... **United Church of Canada**
7. Trade or Calling..... **Medical Interne**
8. Married, Widower or Single..... **Single**
9. Name of next of kin..... **Dougald Ronaldson Henderson**
10. Relationship..... **Father**
11. Address of next of kin..... **103 Collage Street, Halifax, Halifax County, Nova Scotia**
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?..... **YES**
C.O.T.C. Dalhousie Contingent 1940-1941 2 years C.O.T.C. at Kings College.
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) an Active Formation or Unit of The Canadian Army?..... **NO**
(Yes or No)
..... (b) Any other Naval, Military, or Air Force?..... **NO**
(If Yes, Give Regimental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918?..... **NO**
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

Hugh Malcolm HENDERSON

I, **Hugh Malcolm HENDERSON**, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year provided His Majesty should so require my services.

Date..... **22nd May, 1942** *Hugh M Henderson*
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, **Hugh Malcolm HENDERSON**, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Hugh M Henderson (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at **Halifax, N.S.** this **22nd** day of **May**, 19**42**

G.R. Saunders
(G.R. SAUNDERS) Major
District Recruiting Officer, M.D. No. 6

{ Signature of Magistrate, Justice
or Attesting Officer.
Officer or Rank and Unit
of appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Hugh Malcolm HENDERSON Place Halifax, N.S.
 Place Halifax Infirmary, Halifax, N.S. Date MAY 14 1942

Part 1. Information obtained from the recruit.

1. Age 27 2. Have you ever suffered from any of the following diseases?
- a. Rheumatism NO k. Ear disease NO
 b. Tuberculosis or pleurisy NO l. Eye disease NO
 c. Bronchitis or asthma NO m. Fits NO
 d. Heart disease NO n. Nervous or mental disease NO
 e. Kidney or bladder disease NO o. Syphilis NO
 f. Stomach or bowel trouble NO p. Gonorrhoea NO
 g. Rupture NO q. Have you ever worn glasses? YES
 h. Varicose veins NO r. Are you now or have you in the past received disability pension or compensation? If so, give details NO
 i. Foot trouble NO
 j. Nasal trouble YES *Hugh M Henderson*
 k. Pneumonia NO Signature of Applicant.

Part 2. Information obtained by medical examination.

THE RECRUIT MUST BE STRIPPED

1. Identification marks or scars. (If operative obtain history).
Birthmark Lt. thumb Numerous Pigmented Moles upper Chest & back
2. Height 5 feet 10 1/2 inches. 3. Weight 159 pounds. Good
 4. Complexion Medium Eyes Brown 5. Development Good Fair
 Hair Brown Poor
6. Chest measurement—Girth on full expansion 37 1/2 inches.
 Range of expansion 3 1/2 inches.
7. Vision, right 20/40 left 20/40
 With Glasses— right 20/20 left 20/20 8. Hearing, right c.v. 20 left c.v. 20
9. Condition of mouth and teeth Pass
10. The abnormalities (congenital and pathological) found on examination are as follows.
Had acute Sinusitis three years ago AURISCOPIC Normal
no trouble since (2) Glasses for correction REFLEXES Normal
of Vision URINALYSIS Ng
Ishihara Normal FIELD OF VISION Normal
Film # 6892 CHEST X-RAY Ng

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category A-1.
 Special remarks when category lower than A

E. Berthelme President
A. Macdonald Member
G. Walsh, Major Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature

For additional entries use M.F.M. 1 and 2 (a)



20

N. V. 4
10M-4-40 (4718)
N.S. 815-11-4

103-20-3-113

103-H-365

51800

ATTESTATION FORM

FOR OFFICERS OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

(A) DESCRIPTION OF APPLICANT

SURNAME..... HENDERSON	PERMANENT ADDRESS
CHRISTIAN NAME..... Hugh Malcolm	103 College St., Halifax, N. S.
RELIGION..... United Church of Canada	

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
8th April, 1915.	Town Halifax, County Halifax, Province N. S. Country	Mrs. Ada Henderson (Mother) 103 College St., Halifax, N. S.

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 39	Brown	Brown	Medium	Birth mark on l. thumb.
Inches..... 10 $\frac{1}{2}$	Deflated..... 35				
162	Mean..... 37				

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
23rd Feb. 1943. Active Service	Surg. Lieut. (Temp)	Single	Medical Student

(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 an Officer of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and will abide by the rules of the said Force.
- (3) That* (a) ~~I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.~~

* (b) I served in..... RCAMC..... for the period shown, and attach my record of service.

* Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
RCAMC	Private	22nd May, 1942.	22nd Feb. 1943.

- (c) I have never been rejected for any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct, and true according to the best of my knowledge and belief.

(OVER)

Noted in Service
Records by. *[Signature]*

(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I understand and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing 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 provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 23rd day of February, 1943.

Hugh M Henderson
Signature of Applicant.

The above declaration was made and signed in my presence this 23rd day of February, 1943.

J.P. Boutin
Signature of Enrolling Officer.
Lieutenant, R.C.N.V.R.

(C) OATH OF ALLEGIANCE

I, Hugh Malcolm Henderson, 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

Hugh M Henderson

Signature of Witness

J.P. Boutin

Date 23rd February, 1943.

Rank Lieutenant, R.C.N.V.R.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.



OFFICIAL NUMBER

NAME HENDERSON
(Surname)

Hugh Malcolm
(Given Names)

OFFICIAL NUMBER

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
H.M.C.S. Stadacona	Surg. Lieut. T.	23	2	43	addl. for training and disposal)	Per Appt.	25-3-43										
H.M.C.S. Captor	Surg. Lieut. T.	3	3	43													
" Brunswicker	" " "	23	7	43	for duty as Divisional Medical Officer-	Appt.	26-7-43										
H.M.C.S. Stadacona	Surg. Lieut. T.	22	6	44	addl. for passage to U.K												
H.M.C.S. Niobe	Surg. Lieut. T.	26	6	44	for disposal	per Appt. List. No.	147-44										
H.M.C.S. Alberni	Surg. Lieut. T.	6	7	44	per Appt. List 162-44												
DISCHARGED	Surg. Lieut. T.	21	8	44	Missing on Active Service	Per Casualty List of 24-8-44	-Presumed Dead-list 68/45										

GENERAL REMARKS

*Annual leave for 7 days
from 29-12-43
Address: 103 College St.,
Halifax, N.S.*

CANADIAN MEMORIAL CROSS sent to
Wife: Mrs. Marjorie J. Henderson,
"Lyon House," Avon St.,
HANTSPOINT, N.S.
sent 17-1-45

Memorial sent to Mother:
Mrs. D.R. Henderson,
Apt., 4, 103 College St.,
Halifax, N.S. 31-1-45

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		REL.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	MAIN	SUB	GION	STR.	CAT.	STR.	DY.	MO.	YR.	SERV.	DIV.	A	BR.	RANK
08	4	15	14	X	X	0	410		11	08	02	9	19	0	03	09
ENLIST. DATE			ACT. SERV. DATE			STR.	CAT.	STR.	ACT. SERV. DATE			SHIP OR ESTAB.	RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.		STR.	DY.	MO.	YR.	ESTAB.		A	BR.	RANK
23	02	43	23	03	43							9520		03	09	
SENIORITY			STR.	NON-SUB		M				CODED			CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.										
23	02	43	13													

OFFICIAL NUMBER

FILE NUMBER

103-H-365

0-32330

OFFICIAL NUMBER

NAME

HENDERSON

(Surname)

Hugh Malcolm

(Given Names)

DATE OF BIRTH

8th. April, 1915

PLACE OF BIRTH

Halifax N.S.

OCCUPATION

Medical Student

RELIGION

United Church of Canada

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

103 College Street

Town

Halifax

Province, etc

Nova Scot

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
23	2	43	Hostilities Only	5'10 $\frac{1}{2}$ "	Brown	Brown	Medium	Birth mark on left thumb.	R.C.A.M.C.	Pte.	22-5 42	22-2 43

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
3	3	44	Issued ribbon of C.V.S.M.								

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. WSR 4352-8.
DATE

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

SECOND CLASS FOR CONDUCT

From

To

AWARDS NAVY

DECEASED 21 August 1944

D.D.

HENDERSON	Hugh Malcolm	0-32330	Surg.Lt.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
Fr. Ger. Star	3695
C.V.S.M. and Clasp	
War Medal	
1939-45 Star	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Marjorie J. Henderson - Widow

ADDRESS: ~~"Lyon House", Avon St.,~~ c/o Bank of Nova Scotia,
~~HANTSPORT, N.S.~~ Coburg & Robie Br.,
24-1-49 HALIFAX, N.S.

(2) MEMORIAL CROSS

WIDOW

Mrs. M. J. Henderson

ADDRESS: "Lyon House"
Avon Street
HANTSPORT, N.S.

(3) MEMORIAL CROSS

MOTHER

Mrs. D. R. Henderson
Apt #4 - 103 College Street
HALIFAX, N.S.

ADDRESS:

MEMORIAL BAR

(1) DATE DESP

REGN NO

1043

(2) 17 January 1945

(3) 31 January 1945

To be made out in duplicate

M.F.M. 5
200M-7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR
R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer of Other Rank..... HENDERSON.....
(Surname first—Christian names in full—Block capitals)

..... Hugh Malcolm

(2) Regimental or Air Force Number and Rank... F 30703..... Private.....

(3) Unit..... *No Co. District Depot, C.A.*

(4) Are you married?..... NO.....

(5) If married, state,

(a) Full name of your wife..... NA.....

..... NA.....

(b) Present postal address of wife..... NA.....

(6) If married, have you been regularly supporting your wife? If not—state reasons..... NA.....

(7) Are you a widower?..... NO.....

(8) Have you any children?..... NO..... Number of boys..... NA..... Girls..... NA.....

Names and ages..... NA.....

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... NA.....

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name..... NA.....

Postal Address..... NA.....

..... NA.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....NO.....

If so, state her full name and Postal Address.....NA.....

(11) Is your father alive?.....YES.....

If so, state name and address, occupation..Dougald Ronadson Henderson (Salesman)
103 College Street, Halifax, Nova Scotia.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NO.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment. NA.....

.....N.A.....
Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....NA.....

(14) Is your mother alive?.....YES.....

If so, state name and address.....Mrs. Ada Henderson
103 College Street, Halifax, Nova Scotia.....

(15) If your mother is a widow, are you her sole or partial support?.....NO.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....NA.....

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?.....NA.....

(17) Are you contributing to the support of any dependents, other than those shown above?.....NO.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship.....NA.....

Full Name.....NA.....

Postal Address.....NA.....

Amount contributed monthly during the past six months.....NA.....

(18) Are you insured?.....YES.....

If so, in what Company?..Sun Life, Insurance
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....YES.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Hugh M Henderson
(Signature of officer or man)

Date..22nd May..1942.....

D. A. Stillerbatt
Officer Commanding.....No. 6 District Depot C.A.

Date..22 May 1942.....

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

Mrs. Marjorie J. Henderson
 "Lyon House" Avon St.,
 HANTSPOET, N.S.

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 9-32330-FD-775

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

HENDERSON Hugh Malcolm Surg Lt.

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

J. H. Meade
 Commander Reserve
 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.....	Marjorie Jessie Henderson	26	'Hyon House' Hantsport, N.S.	
2	Children of the Deceased and dates of their Births.....	Hugh Dugald	6 months	"	
3	Father of the Deceased.....	Dugald R. Henderson	58.	APT 4, 103 College St, Halifax, N.S.	
4	Mother of the Deceased.....	Ada Henderson	56.	"	
5	Brothers of the Deceased	Full Blood	Ronald Henderson	33	APT 7. 103 College St, Halifax, N.S.
		Half Blood	Oswald Henderson	24	APT 4. 103 College St, Halifax, N.S.
6	Sisters of the Deceased	Full Blood	Mrs. W. G. Foster.	30	115 Wilmot Place, Winnipeg, Man.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Hugh Malcolm Henderson
9	Date of his birth.	April 8 th 1915.
10	Place and date of his marriage.	Halifax, N.S. August 3 rd 1943.
11	Place and date of his parents' marriage.	Hagersville, Ont. March 7 th 1910.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Halifax, N.S.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Nova Scotia all his life. (b) (c) (d)
14	Nature of employment before enlistment.	Medical student - Hospital interne.
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.	Nova Scotia.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
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?	X
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?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$10.00 Halifax.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$300.00 registered. Halifax.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Sun life - \$2000.00 - wife. Excelsior life - 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.	No. 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.)

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.

R. Henderson

{ Signature of Informant

103 College St. Halifax N.S.

Address

CERTIFICATE

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

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

Dated at Halifax this 11 day of January 19 45

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

R. Kelly

Qualification

Law. & Supreme Court of Nova Scotia

Address 78 Granville St. Halifax N.S.

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

(Information extracted from Naval Service Headquarters' Records.)

Four copies to be rendered to Naval Service Headquarters

87

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name **Surgeon Lieutenant Hugh Malcolm HENDERSON**
(Christian names in full)

Rank of Rating Official No. **R.C.N.V.R.**
(If unknown, date of first entry)

Place of Birth **Halifax, N.S.** Date of Birth **8th April 1915**

Occupation in Civil Life **Medical Student** Religion **United Church**

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) **1 year and 6 months**

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

Cause of Death **Missing, presumed dead 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. "ALBERTI" was lost in the English Channel due to enemy action.

Nearest known relative or friend { Name **Mrs. Marjorie Henderson** Relationship **Wife**
Address **Lyon House, HANTSPOUT, N.S.**

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.....

Place of Burial..... Date of Burial.....
(if known) (if known)

Location, Number, etc., of grave.....
(if known)

Undertaker employed.....
(if any)

If borne for discipline only, date D.S.Q. or invalided.....

*Noted
D. T. P. D.
7-3-45
E. L.*

The ~~NAVAL~~ SECRETARY, **Naval Board,**
Department of National Defence,
Ottawa, Canada.

Commanding Officer,
OTTAWA, Ont. 28 February 1944
H. B. Money
for.....
SECRETARY, NAVAL BOARD.

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.

OCCUPATIONAL HISTORY FORM

21

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

- 1. (a) Print name in full MICHAEL MALCOLM HENDERSON (b) Reg'l. No. _____
- 2. (a) Arm of service NAVY (b) Unit R.E.N.V.R. (c) Rank SUB LT.
- 3. (a) Date of birth APRIL 23, 1915 (b) Have you any dependents? NO. (c) Place of residence at time of enlistment HAMPDEN, N.S.
- 4. (a) Place of enlistment HAMPDEN, N.S. (b) Date of enlistment 23/3/43

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 18 YRS. (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.) 12 GRADE
- 7. If you attended a university, give name of university and standing or degree secured DR. HOUSE M.D. C.M.
- 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) MEDICAL STUDENT (b) At time of enlistment of what trade union or professional society were you a member? —

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

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

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

- 18. Name of employer — Address —
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
- 20. (a) Your specific occupation — (b) Number of years' experience at this occupation with any employer. —
- 21. (a) Did your employer promise definitely to give you employment on discharge? — (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? —

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? —
- 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) MEDICAL PRACTICE
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. —



DATE February 23 - 1943

SIGNATURE M Henderson

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 NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of AT SEA Municipality of _____ Registered No. _____
 (For use of Registrar General only)
 If in City or Town _____ 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 Rural Division where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED HENDERSON Hugh Malcolm
 (Surname) (Given name or names)

RESIDENCE No. 130 Street College City, Town or Rural Division Halifax Province Nova Scotia
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality (Citizenship) Canadian 6. Racial Origin _____ 7. Single, Married, Widowed or Divorced (write the word) Married

8. BIRTHPLACE Nova Scotia, Canada
 (Province or Country)

9. DATE OF BIRTH April 8 1915
 (Month) (Day) (Year)

10. AGE in { Years Months Days If less than one day old
29 4 _____ hrs. or _____ min.

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

15. If married give name of wife or husband of deceased _____

FATHER 16. NAME _____
 17. BIRTHPLACE _____
 (Province or Country)

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

20. Signature of informant Director, Cndr. R.C.N.R., Naval Service Headquarters, Ottawa, Ont. Director of Personnel Records
 Address _____
 Relationship to deceased No Burial

21. Place of burial, cremation or removal _____
 Date of burial or removal _____

22. UNDERTAKER _____
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

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

24. I HEREBY CERTIFY that I attended deceased from: _____
 _____ 19 _____ to _____ 19 _____
 and last saw h. _____ alive on _____ 19 _____

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.
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to _____

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) _____
 due to _____
 (c) _____

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

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

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

27. 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 _____

28. Registrar's Record Number _____

29. Filed _____ 19 _____ (Division Registrar)

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DIVISION REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions.) Every item of information should be carefully supplied.

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT B Coy Dal COTC REGT. No. 1078

1. What is your surname? (Block letters) Henderson
2. What are your Christian names? Hugh Malcolm
3. What is your present address? King's College Residence Phone No.
4. Employer's name and address? None Phone No.
5. Date of Birth April 1916. (a) Country of Birth Canada (b) Nationality British
7. Are you Single? Yes Married? No Widower? No
8. What is your trade or calling? Student 9. Religious persuasion? United
10. Previous Naval, Military or Air Force Service
Give particulars, qualifications, etc.

11. Name, Relationship and Address of Next of Kin P.R. Henderson
25 Smith Ave. Guelph, N.B. Father

CERTIFICATE OF MEDICAL EXAMINATION

Height 5-10 1/2 Weight 140 Chest max. 35' min. 31 1/2
Descriptive marks Nil

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him fit Category A
Date Nov. 30/33 Signature [Signature]

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned H.M. Henderson do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, H.M. Henderson do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

V.M. Regan Hugh M. Henderson
Signature of Witness Signature of Man
Dated this 16th day of Oct. 1933 at H'fax

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

[Signature]
Signature of Magistrate, Justice of Peace, or Attesting Officer

M.F.B. 235d.

100M-6-30

H.Q. 1772-39-545

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from..... 	4/10/33	D.O. #11 No 6/1933.	<div style="text-align: right;"> <i>A. H. Griffin Major</i> Officer Commanding Unit <i>DeVos Cav Co 7c</i> </div>
Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

A

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT *Halifax No. 6 C.O.T.C.*

REGTL. No. *426* ⁷³² ~~579~~

- Surname (Block letters) *HALIFAX NO. HENDERSON*
- Christian names? *Hugh Malcolm*
- Present address? *1106 College St. Halifax N.S.*
Phone No.
- Date of Birth? *April 5th 1915*
- British subject? *Yes*
- Occupation? *Medical Student*
- Religion? *United Church of Canada*
- Next of Kin *P.R. Henderson* 9. Relationship? *Father*
Address *95 Smith Hill Ave. Lunenburg N.S.*
- Previous Naval, Military or Air Force Service *2 years*
C.O.T.C. at Kings College.
(Give particulars, qualifications, etc.)

CERTIFICATE OF MEDICAL EXAMINATION

Height *5' 10 1/2"* Weight *138* Chest max *38* min *34*

Descriptive marks.....

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him..... Category *A*

Date *18-9-40* Signature *[Signature]*

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned *Hugh Malcolm Henderson* do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, *Hugh Malcolm Henderson* do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

J.H. White Signature of Witness *Hugh M. Henderson* Signature of Man

Dated this *18th* day of *Oct* 19*40* at *Halifax*

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

.....
Signature of Magistrate, Justice of Peace, or Attesting Officer

*To be shown day, month, year—Example:—25-8-39.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....	14-10-40	Part II Orders No. 24 18-11-40 Officer Commanding Unit.....
S.O.S.	1-10-42	Part II Orders No. 23 21-10-42	
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc

RH

M.F.M. 7
400 M-8-39 (1704)
H.Q. 1777-45-18

CANADIAN FIELD FORCE DISCHARGE CERTIFICATE

This is to Certify that No. P-30703 (Rank) Private
Name (in full) HENDERSON, Hugh Malcolm enlisted in
the No. 6 District Depot, C.A.
CANADIAN FIELD FORCE at Halifax, Nova Scotia on the 22nd
day of May 1943

He served in C A H A D A
and is now discharged from the service by reason of For enlistment in other service
Routine Order No. 1029(13) R.C.N.V. R.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 27 years 10 months
Height 5 feet 10 1/2 inches
Complexion Medium
Eyes Brown
Hair Brown

Marks or Scars Birthmark Lt. thumb
Numerous pigmented moles upper
chest and neck

Hugh M Henderson
Signature of Soldier

W. J. Andrew
Issuing Officer

Date of Discharge
22 February, 1943
Halifax, Nova Scotia
21 1943

(P.I. Andrew) Lt. Col.
Officer Commanding Rank
No. 6 District Depot, C.A.
Date 22 February 1943

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)



CANADA

10

Can. B. 207

COM-4-40 (4636)
N.S. 815-2-207

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 HENDERSON Hugh M
candidate for entry as Surg Lieut VR
and I believe him to be * in all respects fit for His Majesty's Service. He has signed
unfit for His Majesty's Service for the reason stated below. the Certificate given below in my presence.

†Strike out if inapplicable. * Delete one.

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

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Haemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
27 9	162	5' 10 1/2"	Good	inches (a) maximum 39 (b) minimum 35 (c) mean 37	right eye 6/9 left eye 6/6 colour vision N- dash	1957	N 135/80 *X-Ray app	N	N	N	N	N	N 2. Deficient Defective Shed	N

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

Hugh M Henderson
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

unanalysis
sugar neg
albumen neg

Dated at Halifax N.S. the 12 of January 19 43

W. Hutcheon
Examining Medical Officer

(Rank).....

SURGEON LIEUT.

MEDICALLY *fit*

Dr. Melburn
SURGEON LIEUT.

MEDICAL RECRUITING
DEPARTMENT

James
FEB 22 1943

R. C. N. BARRACKS
HALIFAX, N. S.

OFFICERS RECORD FORM

DATE:

SURNAME: *Henderson* CHRISTIAN NAMES: *Hugh Malcolm*

RANK: *Surgeon Lieutenant*

HOME ADDRESS: *103 College St, Halifax N.S.*

DATE OF BIRTH: *April 8th; 1915* PLACE OF BIRTH: *Halifax N.S.*

EDUCATION: Matriculation, Senior: _____ Junior: _____

University Degrees: *M.P., C.M.*

Jan 5th 1943

MERCANTILE MARINE CERTIFICATES: *None* No: _____

PRECIS MERCANTILE OR YACHTING EXPERIENCE: *Amateur sailing.*

PRECIS OF BUSINESS EXPERIENCE: _____

SPORTS: *Football, Hockey, Boxing*

OTHER HOBBIES OR INTERESTS: _____

PREVIOUS NAVAL OR MILITARY TRAINING: *C.O.T.C. - 3 yrs.
R.C.A.M.C. - 9 months.*

LANGUAGES SPOKEN FLUENTLY: *English*

LANGUAGES UNDERSTOOD: _____

BIRTH PLACE OF FATHER: *Hamilton Ont* BIRTH PLACE OF MOTHER: *Peterborough Ont.*

FATHERS OCCUPATION: *Manufacturer's Agent.*

NEXT OF KIN: *Mother*
Surname: *Henderson* Christian Names: *Ada.*

Full Address: *103 College St.
Halifax, N.S.*

HAVE YOU BEEN REJECTED BY ANY OTHER OF THE ARMED FORCES? *no*
IF SO GIVE DETAILS: - _____

RELIGION: *United Church of Canada* NAVAL IDENTITY CARD NO: *NS 41308*

MARRIED OR SINGLE: *Single* DEPENDENTS: *none*

HEIGHT: *5'10 1/2"* WEIGHT: *162 lbs.*

NOTE: HALIFAX ADDRESS: - *103 College St.*

TELEPHONE NUMBER: - *2-3372.*

By command of the Honourable the Minister of National Defence
for Naval Services of the Dominion of Canada

39

To Surgeon Lieutenant Hugh M. Henderson, R.C.N.V.R., (Temporary),--

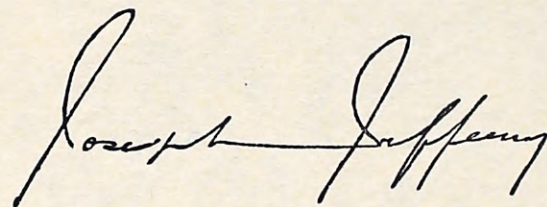
110033

You are hereby appointed

Surgeon Lieutenant, R.C.N.V.R.,

of His Majesty's Canadian Ship ALBERNI.

Your appointment is to take effect from Date of joining.



Secretary, Naval Board

JN
Department of National Defence
Naval Service

Ottawa. 12th July, 194 4.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

LL

Name..... **HENDERSON.**..... **Hugh Malcolm**..... No.....
Surname Christian Names

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

AMOUNT

Date..... **31 Oct 45**.....
 L.P.C.....\$ **496.47**
 Other Credits..... **427.29**
 Total..... **923.76**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	<p>Mrs. Marjorie J. Henderson, Lyon House, Kvon St., Hantsport, N.S.</p> <p><i>(1/3 as next of kin entitled)</i> <i>(2/3 for benefit of 1 minor)</i></p>	923.76

P4. TO TREAS.

19-11-45

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	923.76
CLASSIFIED BY			EXAMINED BY		
<i>A</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

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

4
 NAVY

BASED NUMBER'S NAME Hugh Malcolm (CHRISTIAN NAMES) HENDERSON (SURNAME)
 PAYEE Mrs. Marjorie Henderson,
 ADDRESS Lyon House, Hantsport, N.S.
 REGISTER NO. 3947
 FILE NO. N80-32330
 DATE 22 Mch/45
 SERVICE NO. RCNVR
 FINAL RANK OR RATING Surg. Lieut
 DATE OF DISCHARGE 21 Aug/44
 DATE OF TERMINATION OF OVERSEAS SERVICE 21 Aug/44

A. TOTAL QUALIFYING SERVICE			\$	
	NO. OF DAYS	823	EQUAL TO	27 COMPLETE PERIODS AT \$7.50
		30		
				202.50
B. QUALIFYING OVERSEAS SERVICE				
	NO. OF DAYS	61	LESS	13 INELIGIBLE DAYS, EQUAL TO 48 DAYS @ 25c. PER DAY
				12.00
C. SUPPLEMENT FOR OVERSEAS SERVICE				
DAILY RATES AT DISCHARGE				
	PAY	\$	7.50	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.70	
	ADDITIONAL PAY	\$		
		\$		
		\$		
	DEPENDENTS' ALLOWANCE 1/30 OF \$	66.12	\$	2.20
	TOTAL	\$	11.40	X7 = \$ 79.80
	NO. OF DAYS	48	X\$	79.80
		183		
				20.93
D. WAR SERVICE GRATUITY				235.43
E. DEDUCTIONS				
	OVERPAYMENT OF PAY AND ALLOWANCES	\$		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$	NIL	
	OTHER DEDUCTIONS	\$		
F. TOTAL AMOUNT PAYABLE				235.43

G. YOUR PORTION OF GRATUITY IS—
 DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ 235.43
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Cheque 120803- 1/4-45

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY SJD CHECKED BY [Signature] TREASURY CHECKED BY [Signature] DATE 23/3/45 SERVICE REPRESENTATIVE for Dir. Naval Pay Accting.

3

October 31st. 1942,
103 College Street,
Halifax, N. S.

Surgeon Captain A. McCallum,
Medical Director General,
Elgin Building,
Ottawa, Ontario.

24-1-10

R 2678

Dear Sir:-

Upon the recommendations of Surgeon Commander Johnson and Surgeon Lieutenant Commander MacLeod of H. M. C. Dockyard, Halifax, I wish to make formal application to enter the Medical Service of the Royal Canadian Navy.

Surgeon Commander Johnson has my qualifications on file here at Halifax, but advised me to write directly to you at Ottawa. At present I am completing a years internship and will receive my degree from Dalhousie University in January 1943. While at the Halifax Infirmary I was intern for Dr. W. Alan Curry who is the surgeon for the Mariners Service, and gained considerable experience under him.

I wish to volunteer for active service as soon as I receive my degree, but if there are no immediate openings available I would be glad to take a post-graduate internship provided I was granted a provisional standing in the service.

In June of this year I volunteered for active service under the Army Medical Students Scheme, and was granted leave of absence with privates' pay until I

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have completed my course. Under this scheme upon graduation I have the choice of entering one of the three Services, and have already filed my preference for the Navy.

I would appreciate it very much if you would supply me with further details concerning my enlistment in the Navy, as I would like to commence duty as soon as possible after graduation in early January. If you wish I can supply recommendations from the various doctors with whom I have worked in Halifax.

Thanking you for your kind consideration of this matter, I am

Yours very truly

Hugh M. Henderson

AMcC/VB

NS 24-1-104

November 17th, 1942.

R 2678

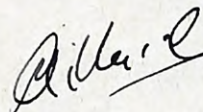
Dr. Hugh M. Henderson,
103 College Street,
HALIFAX, N.S.

Dear Doctor:

With reference to your letter of October 31st, I notice that you have enlisted as a Private in the R.C.A.M.C. and presume you have signed a pro forma which expressed a preference for the Navy when you complete your internship.

Having done this, nothing more can be accomplished until you have finished your graduation and internship as it is not possible to transfer while you are still in uniform. Neither is it possible for us to predict what vacancies may exist in the Medical Branch of the R.C.N. when you are ready for service. At that time it will be necessary for you to again draw attention to the fact that you have expressed preference for the Navy, and the matter will be given consideration in the light of what vacancies may exist.

Yours very truly,



(A. McCallum, M.D., V.D.)
Surgeon Captain,
Medical Director General, R.C.N.

7D
101-43

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Apartment 4.
103 College Street,
Halifax, N.S.
January 11th. 1943.

Surgeon Captain A. McCallum, M.D., V.D.
Medical Director General, R.C.N.
Ottawa, Ont.

Dear Sir:

Referring to your letter of November 17th. 1942
under file number N.S.24-1-10.

I wish to make my formal application to join the Medical
Service of the Royal Canadian Navy as Surgeon Lieutenant.
I am forwarding my papers from H.M.C. Dockyard.

I am very sorry I was unable to get in touch with you while
you were in Halifax this past week. I phoned the Nova Scotian
Hotel several times, and left a message.

While writing one of my Dominion Council Examinations, I
received a note from Dr. Alan Curry asking me to come to the
Victoria General Hospital to meet you, but I was unable to
leave. Dr. Curry told me that he had spoken to you about me
and that I might hope for an appointment at Halifax within
the near future.

Trusting you will give my application your consideration,
and thanking you for your kindness, I am

Yours very truly,

Hugh M. Henderson
Hugh M. Henderson, M.D.

MWM/TFH

REGISTERED
AIR MAIL

N.S. O-32330 Pers. (N)

23 August, 1944.

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Dear Mrs. Henderson:

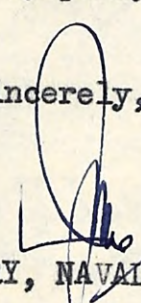
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Surgeon Lieutenant Hugh Malcolm Henderson, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your husband 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. Marjorie J. Henderson,
"Lyon House" Avon St.,
HANTSPOUR, N. S.

7 8 9

TFH/MED

AIR MAIL

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LETTER dispatched by
PERSONNEL NAVAL
AUG 30 1944

0-32330 Pers. (N).

123559

28th August, 1944.

Dear Mrs. Henderson:

Further to my letter of the 23rd August, details of the disaster in which your husband 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,

P.A.'S CHECKED IN
G.R. BY *L*

SECRETARY, NAVAL BOARD.

FILE
ACTION TAKEN

Mrs. Marjorie J. Henderson,
"Lyon House", Avon Street,
HANTSPOUR, N. S.

md
a 2 3

LA/CM

R E G I S T E R E D

AIR MAIL

N.S. 0-32330. PERS.(N)

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26 December, 1944.

Dear Mrs. Henderson:

Further to my letter of the 28th of August, 1944, I regret to inform you that in view of the length of time which has elapsed since your husband, Surgeon Lieutenant Hugh Malcolm Henderson, 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 husband has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Marjorie J. Henderson,
"Lyon House", Avon Street,
HANTSPOUR, N.S.

Despatched by
Sec. N. B.

Wm
Date 26.12.44
Time 1600

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