



Tpr	Homuth, Clarence Edward	1 H	
F/O	Honderich, Robert Wayne	RCAF	
F/O	Hone, Arthur David	RCAF	
Sgt	Hone, George William		
		SD & G Highrs	
L/Sgt	Honey, Hedley Arthur	Mind. RCA	
L/Sgt	Honycombe, George Campbell		
		RCE	
Pte	Hong, George	West NSR	
F/O	Hong, Joseph	RCAF	
Pte	Honsberger, Verdun	A & SH of C	
Pte	Honsvall, Arthur	S Sask R	
Gnr	Hood, Arthur Franklin	RCA	
Rfn	Hood, Charles Stewart	QOR of C	
Pte	Hood, Edward Albert	48 Highrs	
P/O	Hood, Frederick William	RCAF	
Sgt	Hood, John Spurgeon	RCAF	
Rfn	Hood, William Charles	RWpgRif	
F/O	Hooy, James Douglas Clifford		
		RCAF	
Gdsm	Hooks, James	GGFG	
Pte	Hoole, Ronald Stuart	C Scot R	
Gnr	Hooper, Charles William	RCA	
F/S	Hooper, Harry Donald	RCAF	
Cpl	Hooper, John Jacob	48 Highrs	
L/Cpl	Hooper, Raymond Earl	Alg R	
Bdr	Hooper, Ronald John	RCA	
Bdr	Hooton, John Kitchener	RCA	
Cpl	Hoover, Gordon	RWpgRif	
Gnr	Hope, Albert Nathaniel	RCA	
Sgt	Hope, Alexander	C Pro C	
Spr	Hope, David Lloyd George	RCE	
F/O	Hope, Donald John	RCAF	
Lt	Hope, Gordon Irving	C Scot R	
F/O	Hope, John Charles William		
		RCAF	
Pte	Hope, Thomas Brade		
		Lan & Ren Scot R	
P/O	Hope, William John, DFC	RCAF	
Pte	Hopf, George Peter	Essex Scot	
AB	Hopfe, Kenneth Verdun	RCNVR	
Sgt	Hopkins, Douglas James	RCEME	
Bdr	Hopkins, Ernest Curtis	RCA	
P/O	Hopkins, Frederick Randall	RCAF	
Lt	Hopkins, Oliver Hugh	Ont R	
Tpr	Hopkinson, Albert Edward	Calg R	
L/Sgt	Hopper, Clifford	LD SH (RC)	
F/O	Hopper, Garnet Illingsworth	RCAF	
Lt	Hopper, George William	Hast & PER	
Sgt	Hopper, Jack	RCAF	
F/O	Hopper, Leo James	RCAF	
P/O	Hopper, Lloyd Hinson	RCAF	
Cpl	Hopps, Charles Cedric	Rde Chaud	
WO ₂	Hoppus, Willard Henry	RCAF	
S/L	Hopton, Cecil George	DFC RCAF	
Pte	Hopwood, Earl Henrick	RCASC	
Tpr	Horan, Ernest Bliss	6 H	
Pte	Horbatiuk, Andrew	Camerons of C	
Pte	Hord, George Arthur	48 Highrs	
Tpr	Hore, Ross Earl	12 H	
Stoic	Horley, Wallace Carman	RCNVR	
Pte	Horlock, Lloyd George	1r RC	
F/O	Horn, John	RCAF	
Gnr	Horn, Joseph Bernard	RCA	
P/O	Hornby, Albert William	RCAF	
Gnr	Hornby, Joseph Bersy	RCA	
Gnr	Horne, Donald Woodrow	RCA	
Pte	Horne, Ian Alexander	Carl & York R	
WO ₂	Horne, James Chandler	RCAF	
Sgt	Horne, Reginald Ernest	Alg R	
L/Sgt	Horne, Robert Daniel	RCA	
Pte	Horne, Robert James Gordon		
		Essex Scot	
F/L	Hornell, David Ernest	VC RCAF	
Gnr	Horner, Clyde Joseph	RCA	
Pte	Horner, William Lionel		
		Line & Wellld R	
F/O	Horning, Frederick Arthur		
		RCAF	
F/O	Horrell, Arthur James	RCAF	
Pte	Horsburgh, John Andrew		
		H LI of C	
LAC	Horst, George	RCAF	
Cpl	Horst, John	Regina Rif	
Pte	Horstead, Robert J.	King's	
P/O	Horton, Arthur Leslie	RCAF	
Rfn	Horton, Charles Allan	RWpgRif	
P/O	Horton, Donald Ellsworth		
		RCAF	
Pte	Horton, Gordon Milo	1r RC	
F/O	Horton, Ian McLane	RCAF	
WO ₁	Horton, James Andrew	RCAF	
P/O	Horton, Ronald Elmer	RCAF	
Pte	Horvath, Alexander Julius	Alg R	
Lt	Hosack, Howard Gerald	Alg R	
Asst Ck	Hosanna, Gilbert	RCNVR	

V31090
HORLEY
WALLACE

CARMA

FORM OF WILL No. 1

To be used by a Soldier desirous of leaving a portion of his personal estate
to one person, and the balance of his personal estate
to another person.

I Wallace Horley (Name in full).....
Active Service
Number A-20103 of the Canadian ~~Field~~ Force.....
11th Field Coy. R.C.E.
(Unit or Corps) (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my LAST WILL. I bequeath
my personal estate consisting of whatsoever kind and wheresoever situate
.....
(Here describe fully personal estate)

unto Mrs. Rachel Horley Mother
Port Lambton, Ont.
.....
.....

Name and Address of person
or persons to whom it is to
go and relationship.

absolutely, and the residue of my personal estate and everything that I can give or dispose of.....
.....
(Here describe remaining assets)

unto.....
.....
.....

Name and Address of person
or persons to whom it is to
go and relationship.

NOTE.—If Soldier owns Real Estate, Form 10A should be completed.

N.B.—Personal Estate includes Pay, Effects, Money in Bank, Stock Certificates, etc. in fact
everything except Real Estate.

IN WITNESS WHEREOF I have hereunto set my hand this.....

IMPORTANT NOTE
This must be signed and
dated by the soldier him-
self.

24th day of September A.D. 1939
Wallace Horley
(Signature of Soldier)

Signed and acknowledged by the Testator, in the presence of us, present at the same time, who,
in his presence, at his request, and in the presence of each other, have hereunto subscribed our names
as Witnesses.

1st witness to sign here J. T. Williams 2/Lieut.
Address in full 421 Wellington St., Sarnia, Ont.

2nd witness to sign here S. H. Lewis
Address in full Corunna, Ont.

HORLEY, Wallace		A-20103	Spr1	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
War Medal 1939-45	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

298949

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

ADDRESS:

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

(3)

CANADIAN ACTIVE SERVICE FORCE
~~CANADIAN FIELD FORCE~~

M.F.M. 7
12 M-11-36 (9361)
H.Q. 1777-45-18

DISCHARGE CERTIFICATE

This is to Certify that No. **A-20103** (Rank) **Sapper**

Name (in full) **HORLEY WALLACE** enlisted in

the **11th. Fd. Coy. R.C.E., C.A.S.F.**

Canadian Active Service Force

~~CANADIAN FIELD FORCE~~ at **Sarnia, Ontario.** on the **Seventh**

day of **September** 19 **39.**

HE served in **11th. Fd. Coy. R.C.E., C.A.S.F.**

and is now discharged from the service by reason of **His services being no longer required.**

Auth.-R.O. 37 (12) H.Q. 54-27-36-13. Dated November 6, 1939.

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

Age **18 years, 2 months.** Marks or Scars **None.**

Height **5' 11½"**

Complexion **Fair**

Eyes **Blue**

Hair **Light brown.**

W. Horley
Signature of Soldier

Date of Discharge

10th. November, 1939.

Joseph W. P. Major
Issuing Officer
Major
Rank

Date **10th. November** 19 **39.**

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.)

1. That discharge certificate must be carried when wearing uniform;
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing; and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

ORIGINAL
DUPLICATE
TRIPPLICATE

M.F.M. 2
A.F.B. 271
480 M-8-39 (1696)
H.Q. 1772-45-18

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

Unit 11th Field Coy. R.C.E. Regimental Number 1-20103

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

1. Surname..... HORLEY
2. Christian Names..... WALLACE
3. Present address..... Port Lambton, Ont. 131 John St. Sarnia Ont
4. Date of birth..... Sept. 10, 1921
5. Place of birth..... Canada..... Saskatchewan..... Dewar Lake.....
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... Protestant..... United Church
7. Trade or Calling..... Cement worker
8. ~~Married~~, Widower or Single..... NO
9. Name of next of kin..... Carman Horley
10. Relationship..... Father
11. Address of next of kin..... Port Lambton, Ont.
12. Have you served in any Naval, Military or Air Force?..... no
13. If previous war service, state arm, force and regimental particulars.....
.....
14. Do you now belong to or have you served in the Active Militia of Canada?..... no

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wallace Horley..... do solemnly declare that the above particulars are true and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, that is, 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..... Sept. 7, 1939

Wallace Horley
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Wallace Horley..... (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 Sarnia, Ont...... this 7th..... day of Sept...... 1939.....

Glaskerbrook..... {Signature of Magistrate, Justice
or Attesting Officer.
Captain, 11th Field Coy. R.C.E...... {Office or Rank and Unit
or 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

Record of Service of **HORLEY** (Surname) **WALLACE** (Christian Names) Regimental Number **A-20103**

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military *Nil*
 Business or Professional *Nil*
 Trade or Civil **Cement Worker**
 Technical *Nil*
 Languages *Nil*

High School or Collegiate } **NO** (years completed) }
 Graduation or Matriculation } *Nil* (specify) }

*College *Nil*
 *University *Nil*

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
7-9-39	Civil Life	Joined on appointment 11th Field Coy. R.C.E. C.A.S.F.	Spr.	7-9-39	R.C.E.	Sarnia	D.O. 5. PARA. 17	7-9-39.
		Struck off strength on Discharge Discharged as his services being no longer required Authority Routine Order 37-12	Spr.	10-11-39	R.C.E.	Sarnia	11th Field Coy. No. 69	10-11-39

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

DECEASED 21 August 1944

AWARDS NAVY

D.D.

HORLEY

Wallace Carman

V-31090

X/Sto.1

FILE No.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON
DISCHARGE

U.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Fr. Ger. Star

C.V.S.M. & Clasp

War Medal

8225

16-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan.46 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Carman W. Horley - Father

ADDRESS: 114 John St.,
SARNIA, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. C. W. Horley

ADDRESS: 114 John Street
SARNIA, Ontario

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO. 1801

(2)

(3) 31 January 1945

P.I.B.

V31090 OFFICIAL NUMBER

NAME HORLEY Wallace Carman
(Surname) (Given Names)

OFFICIAL NUMBER V31090

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Hunter"	Stoker 11	19	3	42	Div. Str. Windsor												
"	"	19	3	42	Active Service.	V.G.	Sat.	31	12	43							
HMCS "Cornwallis"	"	18	5	42	T.L.												
Venture G.S.	"	22	7	42	DRD												
"	A/Sto. 1	19	3	43	249A/28962												
Stadacona	"																
Alberni	"	14	1	44	DRD S.41 P.30.												
DISCHARGED	"	21	8	44	Missing per Casualty List. (249A, A22987)												
		21	8	44	Presumed DEAD. (249A, A59557)												

GENERAL REMARKS

Awarded Canadian Memorial Cross to
Mother: Mrs. Rachel Horley,
114 John St.,
Sarnia, Ont. dated 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.	BIRTH	MAIN	SUB	GION	P.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK	
10	9	21	19	470	0	40	1	24	08	6	11	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		
19	03	42	19	03	42					3760	1	15	94		
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.									
19	03	43	13	00	00					226					

V31090

OFFICIAL NUMBER

FILE NUMBER

113-H-1958

OFFICIAL NUMBER V31090

NAME HORLEY Wallace Carman DATE OF BIRTH 10th September, 1921
(Surname) (Given Names)PLACE OF BIRTH Dewar Lake, Saskatchewan OCCUPATION Pipe FitterRELIGION United EDUCATION Completed Grade 8RESIDENCE AT TIME OF ENLISTMENT: Street and No. 114 John St. Town Sarnia 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
19	3	42	H.O.	6' 0	Brown	Blue	Fair	None	11th Fd. Coy. R.C.E. C.A.S.F.	Sapper	7-9 39	6-11 39

NEXT OF KIN, RELATIONSHIP (in pencil) Father NAME (in pencil) Mr. Carman Wallace HorleyADDRESS (in pencil): Street and No. 114 John St. Town Sarnia 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	

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. WAR 5504-8
DATE

Eligible to count 62 Days Service
with C.A.S.F. towards award of G.C.B.

SECOND CLASS FOR CONDUCT
From _____ To _____

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

O.H.F. Received.
Ins. Book, Windsor, Ont.



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 HOBLEY Wallace Garman
 (Family name) (Given name or names in usual order)

RESIDENCE No. 114 Street John Street City, Town, Village or Township Sarnia Province Ontario
 (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 English	7. Single, Married, Widowed or Divorced (Write the word) Single
8. BIRTHPLACE <u>Dewar Lake, Saskatchewan</u> (Province or Country)			
9. DATE OF BIRTH <u>September 10 1921</u> (Month) (Day) (Year)			
10. AGE in	Years	Months	Days
	<u>22</u>	<u>11</u>	
If less than one day old hrs. or min.			
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. <u>Pipe Fitter</u>			
12. Kind of industry or business, as cotton- mill, lumbering, bank, etc. <u>Imperial Oil Co. Sarnia, Ontario</u>			
13. Date deceased last worked at this occupation.....		14. Total years spent in this occupation.....	
15. If married give name of wife or husband of deceased.....			
16. NAME.....			
17. BIRTHPLACE..... (Province or Country)			
18. MAIDEN NAME.....			
19. BIRTHPLACE..... (Province or Country)			
20. Person giving information <u>H.S. Money</u> sign here <u>Paymr. Ddr. R.C.N.R.</u> Address <u>Naval Service Headquarters, Ottawa</u> Relationship to deceased <u>Director of Personnel Records</u>			
21. Place of Burial, Cremation or Removal <u>No</u> Date of burial or removal <u>Burial</u>			
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

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

26
25

Mr. Carman Walter Horley
114 John St.,
SARNIA, 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-31090-FD-751

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

HORLEY Wallace Carman Stoker 1/c

V-31090 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. J. Wade
Commander
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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	CARMAN W. HORLEY	48	114 JOHN ST. SARNIA
4	Mother of the Deceased.....	RACHEL HORLEY	45	114 JOHN ST. SARNIA
5	Brothers of the Deceased	Full Blood	ALISTAIR JAMES HORLEY 25 FLOYD ARTHUR HORLEY 21 JOSEPH ROBERT HORLEY 13 WILLIAM DONALD HORLEY 7	R. C. N. R. A4883. R. C. N. o.n. 4658. 114 JOHN ST. 114 JOHN ST.
		Half Blood		
6	Sisters of the Deceased	Full Blood	Mrs. EVELYN MARY DELLOW 26 FRANCES RACHEL HORLEY 15 JANE ISABELLE HORLEY 11 RUTH AGNES HORLEY 9	114 JOHN ST. 114 JOHN ST. 114 JOHN ST. 114 JOHN ST.
		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. WALLACE CARMAN. HORLEY.
9	Date of his birth. 10TH. SEPTEMBER. 1921.
10	Place and date of his marriage.
11	Place and date of his parents' marriage. GREENE. SASK. 29TH. NOVEMBER. 1917.

PARTICULARS OF DOMICILE

12	Place where deceased was born. DEWAR. LAKE SASK.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. (a) 1 YR. SASK. (b) ONTARIO 20 years (c) (d)
14	Nature of employment before enlistment. SARNIA. IMPERIAL OIL EMPLOYEE.
15	State whether he owned the premises in which he lived, and; if so, where situated.
16	Name place where deceased stated he intended to make his permanent home. SARNIA. ont.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Do not know. A will may be on deposit with Dept of Naval Affairs, Ottawa
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?	
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? yes	He had a Post Office deposit at Halifax. I understand he had a bank deposit at Halifax but do not know the bank or the amount. I wish these accounts to be administered with his pay account.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None that I know of.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	100.00. Registered Bonds. 114 JOHN ST.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	LONDON LIFE - \$1000.00. BEN. MRS RACHEL HORLEY. 114 JOHN ST.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None that I know of

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.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

* 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.

Carrman Walter Horley

Signature of Informant

114 John St Sarnia ont

Address

CERTIFICATE

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

*See above. 114 John St Sarnia Ont. { 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 Sarnia Ontario this 8th day of January 1944

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

[Signature]

Qualification

A Notary Public in and for the Province of Ontario

Address 304 North Christina St. Sarnia Ontario

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

RE. 19. I understand he had money in Bank at Halifax also in Post Office Savings at Halifax.

RE. 22. This Policy was taken out after the war.

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

NAME IN FULL *HORLEY Wallace Corman* RANK/RATING *A1st Lt Ve* OFF. NO. *V-31090* 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.
	<i>19/3/42</i>											1939-45	<i>1 Star</i>
<i>Albani</i>	<i>14/1/44</i>	<i>21/4/44</i>										ATLANTIC	<i>1 Star</i>
<i>Albani</i>	<i>22/4/44</i>	<i>21/8/44</i>	<i>221</i>	<i>atl. Fr. Gen.</i>								FRANCE G.	<i>1 Star</i>
<i>Disch. "Dead"</i>	<i>21/8/44</i>											AFRICA	
												PACIFIC	
												BURMA	
												ITALY	
												DEFENCE	
												C.V.S.M.	<i>2 Clasp</i>
												" CLASP	
												WAR 1945	<i>1 Medal</i>
												WAR 1915	
VERIFIED BY <i>S. Belange</i>													
VERIFIED BY <i>S. Belange</i>					VERIFIED BY							DIR. OF PERSONNEL RECORDS.	

(ORIGINAL)

ORIGINAL

S. 1246A. (Revised—July, 1938)
10M—4-41 (190)
N.S. 815-9-1246a

Alberni 13-1-44
Sto 1/c
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
HORLEY	Wallace Carman	V-31090	Halifax

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	19-5-42	8-6-42	55%	Good	<i>Jam Grant</i> Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	8-6-42	14-7-42	Satisfactory	Could do Better	<i>M. Woodds</i> Lieut. R ^o NVR. Engineer Officer.

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

Issued with Stoker's Manual:—Date 8-6-42

Signature and Rank: *H. Arnold*
Lieut. Cdr. (E) R.N.
Comm'd Eng. R.C.N.

Entered H.M. Service as Stoker 2nd Class 5-3-42
 Advanced to Stoker 1st Class (A) 19-3-43
 Advanced to Leading Stoker _____
 Advanced to Stoker Petty Officer _____
 Advanced to Chief Stoker _____

Completed 2 years' training for Mechanician
 Rated Mechanician 2nd Class _____
 " " 1st Class _____
 Advanced to Chief Mechanician _____

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

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials

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.

Special Remarks :

STOKER
Employment and

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

EFFICIENCY:—To be indicated as “Superior,”

Date	← Watchkeeper →						← In Charge →							
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engine Room 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
18-5-42														
22-7-42														
2-1-44	BARRACKS ROUTINE.													
13-1-44														

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.

Unemployment Insurance Book returned to Employment Office Windsor R.R.B.

NO 44



56580

N. V. 5
50M-1-41 (8973)
N.S. 815-11-5

3

ATTESTATION FORM
(HOSTILITIES FORM)

NATIONAL DEFENCE
MAR 21 1942
113H-1458
CANADA

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME HORLEY OFFICIAL NO. V 31090
CHRISTIAN NAMES Wallace Carman MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 114 John Street, Sarnia, Ontario. RELIGION United Church.

DATE OF BIRTH <u>10th Sept. 1921</u>	*PLACE OF BIRTH Town <u>Dewar Lake</u> County Province <u>Saskatchewan</u>	NAME AND ADDRESS OF NEXT OF KIN <u>Mr. Carman Walter Horley, (father) (same address)</u>
---	---	---

*Original Nationality of:
Father English
Mother Scotch

*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>6</u>	Inflated <u>40 1/2</u>	<u>Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>None.</u>
Inches <u>0</u>	Deflated <u>38 1/2</u>				
	Mean <u>39</u>				

EDUCATIONAL STANDING <u>Completed Grade VIII.</u>	TRADE OR CALLING AND IN WHOSE EMPLOY <u>Imperial Oil Company, Sarnia, Ontario. (Pipe fitter)</u>
--	---

DATE OF ENROLMENT <u>Active Service 19th March, 1942.</u>	RATING FOR WHICH ENROLLED <u>Stoker II.</u>	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED <u>Windsor, Ontario.</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) ~~XXXXXX~~ and am not serving in any Naval, Military, Reserve, or Territorial Force.
* (b) I served in 11th Fd. Coy. R.C.E., C.A.S.F. for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM
<u>11th Fd. Coy. R.C.E., C.A.S.F.</u>	<u>Sapper</u>	<u>7th Sept. 1939</u>

ENTERED IN PAY LEDGERS
H. M. C. S. "BYTOWN"
FAIR
ROUGH
L. R. Lyon
Ad. H. B.

Personnel Record
Division TO
Noted in Records
Index Card
Non-Statistical Card
4. Statistical Card
5. Roster Strip
7. His Majesty's Forces on
DATE 29.3.42.

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

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

Unemployment Ins. Book - Windsor Ont.

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

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

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

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

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

Dated this.....19th.....day of.....March, 1942.....

Signature of applicant.....Wallace Carman Horley.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....19th.....day of.....March, 1942.....

R. R. Baker S/L R.C.N.V.R.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Wallace Carman HORLEY.....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.....Wallace Carman Horley.....

Witness.....R. R. Baker.....

Date.....19th March, 1942..... Rank.....S/L R.C.N.V.R.....

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....Wallace Carman HORLEY.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the.....WINDSOR.....Division of the R.C.N.V.R. or in the appropriate official documents.

R. R. Baker S/L R.C.N.V.R.
Attesting Officer.

.....19th March.....1942..... R.C.N.V.R. Division (or other establishment).....Windsor, Ontario.....

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

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

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

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

Wallace Carman Horley
Signature

CERTIFICATE of the SERVICE of

O.H.F.

Wallace Herman Horley

I.C.Z. 149923

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Halifax, N.S.</i>	<i>Windsor</i>	<i>V-31090</i>
		"
		"

Date of Birth	<i>10th September, 1921</i>	Name and Address of Nearest Relative or Friend (in pencil)		
Place of Birth	<i>Seward Lake, Saskatchewan (mother) Saskatchewan</i>			
Place of Residence	<i>114 John St. Sarnia, Ont.</i>			
Trade brought up to	<i>Pipe fitter</i>			
Religion	<i>United Church</i>			
Can Swim:—P.P.T.	Date	19	Signature	Rank
P.S.T.	Date	19	Signature	Rank

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>24th</i>	<i>19th</i>					
<i>Jan 1942</i>	<i>Mar 1942</i>	<i>Hostilities etc. II</i>				

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>6</i>	<i>0</i>	<i>39</i>	<i>190</i>	<i>Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>None</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1942	H.M.C.S. Hunter			Sto II	19 Mar 42	18 May 42	
1942	H.M.C.S. Cornwallis			Sto II	19 May 42	22 July 42	
	Venture (Guard Ship)			---	23 July 42	18 Mar 43	(28962)
	--- (---)			Sto I	19 Mar 43	13 May 43	
	Venture (H.C. # 190)			---	14 May 43	13 Jan 44	
	Stadaema (Alberni)			---	14 Jan 44	21 Apr 44	
	Niobe (Alberni)			---	22 Apr 44	21 Aug 44	Presumed Dead C.M.O.'s signal 271839 Dec. 1944

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

Date	Details	Captain's Signature
19 Oct 92	SCTW * B-49109	3696

Name Wallace Bernard Hosley Conduct

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31st DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		VG	Sat (Sto II)	31 Dec '42	D. J. McElginnis for Capt
		VG	Sat (Sto I)	31 Dec '43	Alfred A. Winstel
		V.G.	Sat (Sto I/c)	21 Aug '44	W. C. Chas

R.C.N.V.R. GOOD CONDUCT AND GOOD SERVICE BADGES			
Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored
Count 62 days Army to G SB 11-3-H-1958 + April 1942			

TIME FORFEITED			
Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

56562

APP 3
NS 113H-1958

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 IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

Section A—GENERAL INFORMATION

- 1. (a) Print name in full WALLACE C HARLEY (b) Reg'l. No. V31090
- 2. (a) Arm of service Navy (b) Unit _____ (c) Rank STA KA9
- 3. (a) Date of birth 2/20/1922 (b) Have you any dependents? none (c) Place of residence at time of enlistment Sarnia
- 4. (a) Place of enlistment Windsor (b) Date of enlistment Mar. 12, 1942

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? no
- 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) high school
- 7. If you attended a university, give name of university and standing or degree secured _____
- 8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? mechanic (c) Did you finish it? yes (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) yes (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 Imperial Oil Co Address Sarnia
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Oil Refinery
- 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? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
- 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) _____
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Return to Imperial Oil

DATE Mar 19 1942 1942 SIGNATURE Wallace C. Harley

0.117 - Received

Copy To
VWD
ES

MAR 31 1942

LA/ew

R E G I S T E R E D

AIR MAIL 9

N.S. V-31090 PERS.(N)

23 August, 1944.

Dear Mr. Horley:

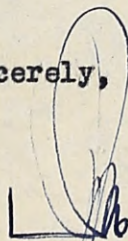
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Wallace Carman Horley, Stoker First Class, Official Number V-31090, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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.

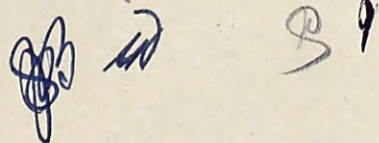
Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,



SECRETARY, NAVAL BOARD.

Mr. Carman Walter Horley,
114 John Street,
SARNIA, Ontario.



NAME: HORLEY, Wallace Carman

PRESENT RANK/RATING: A/Sto. 1

DATE TAKEN ON ACTIVE SERVICE: 19-3-42

SERVICE

<u>SHIP OR ESTABLISHMENT</u>	<u>From</u>	<u>To</u>
HMCS Hunter	19-3-42	17-5-42
Cornwallis	18-5-42	21-7-42
Venture G.S.	22-7-42	
Stadacona	----	
Alberni	14-1-44	-----

WILL: No.

NAME & ADDRESS OF

NEXT OF KIN: Father: Carman Walter Horley,
114 John St.,
Sarnia, Ont.

DISCHARGED PREVIOUSLY? No.

REASON:

DATE:

Initialed by: A.E.

Date: 25-8-44

Section: 3

(TO BE COMPLETED IN INK.)

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

25th August, 1944.

(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
HORLEY, Wallace Carman	Stoker First Class	V-31090 R.C.N.V.R.

DATE OF ENLISTMENT - 19th March, 1942

DATE OF DISCHARGE - Will be reported later.

HOSPITAL -

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

SERVICE - XX CANADA & HIGH SEAS

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - XX
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 EnglishChannel. 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 thecontrary, you will be notified when official presumption of death with date has been setShow clearly whether death or disability due to enemy action,
accident or disease, and whether it occurred in Canada, or on the high seas or
elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father

NAME - Mr. Carman Walter Horley

ADDRESS - 114 John Street, Sarnia, Ontario

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

for

SECRETARY, NAVAL BOARD. *e*Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.*Noted D.N.P. 2
29.12.44
L.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)

REMARKS:.....

NOTES:

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

100-2-100
118-1190-100

NAVAL MESSAGE

MR. GARMAN WALTER HORLEY
114 JOHN STREET
SARNIA ONTARIO

NSHQ ONTARIO
From:

V. 31090

15

CNP
CSOR

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES DEEPLY
REGRETS TO INFORM YOU THAT YOUR SON WALLACE GARMAN HORLEY
STOKER FIRST CLASS OFFICIAL NO V-31090 IS MISSING AT SEA. LETTER
FOLLOWS

/ 23

DELIVERY CONFIRMED

L/T P/L 23.8.44 R. 23036

N.S. V-31090 PEPS (N)

N.P.R. (PAY. LIEUT. T.F. HEARD)

C. R. N.P.R./5-2.
P. A.
 NAVAL TREASURY
 DATE 16/1/45
 INITIAL D.S.B.

FORM "B"

FILE: ~~N.S. V-31090 PERS.(N)~~

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

26
 27
 DEC 16 1944
 (Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
~~HORLEY, Wallace Carman Stoker First Class V-31090, R.C.N.V.R.~~

DATE OF ENLISTMENT - ~~19 March, 1942 Active Service 19 March, 1942.~~

DATE OF DISCHARGE - ~~31 August, 1944.~~

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

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

Reason for discharge and - ~~Missing, presumed dead. He was serving in HMCS~~
 when and where any disability ~~"ALBERNI" which was sunk in the English Channel.~~
 was incurred, or where death occurred.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - ~~Father~~ NAME - ~~Mr. Carman Walter Horley,~~

ADDRESS - ~~114 John Street, Sarnia, Ontario.~~

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

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

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	<i>nil</i>	<i>nil</i>	<i>nil</i>

To Whom Paid:	<i>nil</i>	Address	<i>nil</i>
---------------	------------	---------	------------

Date of Enlistment:	} <i>nil</i> See other side
Date of Discharge:	

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

The final deduction of Assigned Pay for *nil* has been made for the period from 1st to *nil* of *nil* 194

Remarks:

Computed by..... *E.S. 5/1/45*
 Checked by..... *mg*

Alec J. Boswell
 for
 Chief Treasury Officer,
 DEPARTMENT OF NATIONAL DEFENCE,
 (Naval Service).

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



ACCOUNTS OF MEN DISCHARGED

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

Name **HORLEY, Wallace G.** Rating **STO.I.**
 Official No. **V31090** H.M.C.S. **NIOBE for ALBERNI** List **12.II/49**
 Who* **Discharged Dead** on the **21st August** 19**44**

	\$	cts.
Net sum due on ledger on account of Wages.....	114	44
Proceeds of sale of Effects charged against Wages, brought from the other side.....		
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.
Found amongst Effects.....		
Debts collected \$.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) Thirty-three dollars and sixty cents. charged to 31 Aug.		
Name of ship from which transferred.....		
Total† Creditor	114	44

Note:

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of **Niobe for ALBERNI** amounting to a net balance† **Creditor** of **One Hundred and fourteen** dollars **Forty-four** cents.

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

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

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

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

Signature.....

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

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

C.N.S. 46 Note: The above sum has been recovered by Niobe March cash acc't. receipt voucher N-R-1556.
 2M-10-39(2369)
 H.Q. N.S. 815-9-45

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME <small>(If any are not sold, state how they are to be disposed of)</small>					
Total proceeds of sale carried to account on the other side						

..... { Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

..... Signature | Signature
 Rank | Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "ALBERNI" ending 31 MARCH 19 45

List 12-2 No. 49 (Name) HORLEY, Wallace Rank Rating Sto. 1 No. V-31090

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


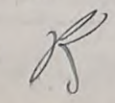
		\$	c.
CREDIT from former account			
	Former Book	114	44
Pay as	(Rank Rating) from _____ to _____ (_____ days at \$ _____ a day)		
"	" " " (" ")		
"	" " " (" ")		
"	" " " (" ")		
"	" " " (" ")		
Kit Upkeep Allowance			
OTHER CREDITS:			
		Total credits	114 44

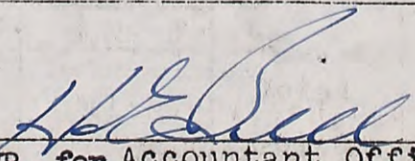
DEBT from former account		1st		2nd		3rd		4th		5th			
PAYMENTS:-		\$	c.	\$	c.	\$	c.	\$	c.	\$	c.		
1st month	Niobe Mch. Cash Acct. Receipt Vr. NR-1556											Total	114 44
2nd month												Total	
3rd month												Total	
Allotment													
Pension deduction (Officers) charged to _____ of _____													
Hospital stoppages													
Mulcts													
OTHER CHARGES:													
												Total debits,	
												Balance Cr. or Dr.	Nil
												(Balance Dr. to be shown in red)	

Number of days actually victualled during period mentioned above Nil

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

Date 19 May 19 45

Ledgers
 R. 
 F. 


 Lieut(S) RCNVR, for Accountant Officer

34

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name HORLEY Wallace Carman
(Christian names in full)

Rank or Rating Stoker First Class Official No. V-31090 Unit R.C.N.
R.C.N.B.
R.C.N.V.R.

Place of Birth Devon Lake, Saskatchewan Date of Birth 10th September 1921

Occupation in Civil Life Pipe fitter
Imperial Oil Co. 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) 2 years and 5 months

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. "ALBERTI" was lost in the English Channel due to enemy action.

Nearest known relative or friend { Name Mr. Carman Walter Horley Relationship Father
Address 114 John Street, Sarnia, Ontario.

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.T. P.A.
7-3-45
E.L.*

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.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HG

Name: HORLEY Surname Wallace C. Christian Names No.: V. 31090

Stoker 1/c Rank R.C.N.V.R.O/S Unit 21-8-44 Date of Death

Date: <u>27-12-45</u>	<u>AMOUNT</u>	<u>W.S.G.</u>	<u>311.59</u>
		L.P.C.....\$	<u>252.06</u>
		Other Credits.....	<u>256.84</u>
		Total.....	<u>820.49</u>

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
6/10	Father	Carman W. Horley, 114 John St., SARNIA, Ont. (1/10 as next of kin entitled) (5/10 for benefit of 5 minors)	\$492.30
1/10	Mother	Mrs. Rachel Horley, (as above)	82.05
1/10	Brother	Alistair J. Horley, (as above)	82.05
1/10	Brother	W/T3 4658, Floyd A. Horley, Naval W.T. Station, ALDERGROVE, B.C.	82.05
1/10	Sister	Mrs. Evelyn M. Dellow, 114 John St., SARNIA, Ont.	82.04

P4. TO TREAS. 25-1 QW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$820.49
CLASSIFIED BY			EXAMINED BY		
P			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

IG

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

4
NAVY

DECEASED
MEMBER'S
NAME

Wallace Carman
(CHRISTIAN NAMES)

HORLEY
(SURNAME)

REGISTER NO. 8262

FILE NO. NS.V-31090

DATE 18th June '45.

PAYEE

Director of Estates,
308 Sparks St.,
Ottawa, Ont.

for Service Estate of
Wallace G. Horley,
NS V-31090

SERVICE NO. V-31090

FINAL RANK OR RATING A/Sto. 1/C

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE

21st Aug '44. DATE OF DISCHARGE 21st Aug '44.

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 949 EQUAL TO 31 COMPLETE PERIODS AT \$7.50

\$ 232.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 221 LESS 19 INELIGIBLE DAYS, EQUAL TO 202 DAYS @ 25c. PER DAY

\$ 50.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY \$

H.L.M. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.70 x 7 = \$ 25.90

NO. OF DAYS 202 x \$ 25.90

\$ 28.59

D. WAR SERVICE GRATUITY

\$ 311.59

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

Nil

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 311.59

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 311.59

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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.

TREASURY
BY CHECKED BY CHECKED BY DATE
JM [Signature] [Signature] 22-6-45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member Name Wallace Carman HORLEY
 (Christian Names) (Surname)

Payee Director of Estates, Wallace C. HORLEY Register No. 8262
 Address 308, Sparks St, Ottawa, Ont N.S. V31090 File No. V31090
 Date 13-4-45
 Service No. V31090
 Final Rank or Rating A. STO. 1/2
 Date of Discharge 21 Aug 44

A. TOTAL QUALIFYING SERVICE
 No. of days 247 equal to 31 complete periods at \$7.50
NAVY 887
ARMY 62 30 232.50

B. QUALIFYING OVERSEAS SERVICE
 No. of days 221 less 19 ineligible days equal to 202 days @ 25¢ per day
NAVY 221, ARMY - NIL 50.50

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<u>2.00</u>			
Subsistence or Lodging and Provision Allowance	\$	<u>1.45</u>			
Additional Pay	\$	<u>.25</u>	H.L.M.		
Dependents' Allowance 1/30 of \$	\$	<u>—</u>			
Total		<u>3.70</u>	<u>x 7</u>	= \$	<u>25.90</u>
		No. of days	<u>202</u>	x \$	<u>25.90</u>
			<u>183</u>		<u>28.59</u>

D. WAR SERVICE GRATUITY 311.59

E. DEDUCTIONS

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

F. TOTAL AMOUNT PAYABLE 311.59

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 311.59
 Total Dependents' Allowance in issue \$ _____

CERTIFICATE: I certify that the amount has been correctly computed and is payable in accordance with the terms of the War Service Grants Act, 1944 and the regulations issued thereunder.

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>2/20</u>	6	
2	<u>6/20</u>	7	
3	<u>4/20</u>	8	
4	<u>1/20</u>	9	
5		10	

Army Time



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. V-31090 PersN.

Ottawa, Ont. DEC 16 1944²⁶

39333

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>
HORLEY, Wallace Carman Stoker 1/c V-31090, RCNVR	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Father: Mr. Carman Walter Horley, 114 John Street, SARNIA, Ontario.

ALLOTMENTS IN FORCE

<u>In favor of</u>	<u>Amount</u>	<u>Initials</u>
NIL	NIL	NIL

WILL: No record.

Yours truly,

G. G. Heard

for
SECRETARY, NAVAL BOARD.

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

X-RAY NO. 9524



CANADA

Can. B. 207

100 M-11-40 (7881)

NATIONAL DEFENCE

N.S. 815-2-207

MAR 21 1942

N.S. 11341958

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 Wallace Carman Horley
‡ candidate for entry as Stoker II
and I believe him to be * ~~in all respects fit for His Majesty's Service.~~
~~unfit for His Majesty's Service for the reason stated below.~~ He has signed
the Certificate given below in my presence.
‡ Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
20 - 6m	190	6'	Good	(a) maximum 40 1/2 (b) minimum 38 1/2 (c) mean 39	right eye 20/20 left eye 20/40 *colour vision ↓	1939.	ny.	ny.	ny.	ny.	ny.	ny.	ny.	ny.

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

Failed Ishihara. ; Gross colour OK.

X-ray { Not taken.
Approved.
Positive.
Doubtful.

Negative -- Approved.

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

Wallace Horley

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.

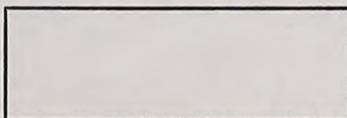
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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 Sarnia the 5th of March 1942

S. R. Quinn
Examining Medical Officer

(Rank) Surgeon Lt

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, LONDON. ONT.

.....Ottawa, Jan. 24th, 1945.

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

V-31090 STO.1C HORLEY, Wallace C.

P. & N. H. 895-W

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

Missing, presumed dead

on the 21st Aug. 1944 on service CANADA & HIGH SEAS.

His next of kin is reported as - Father-

Mr. Carman Walter Horley,
114 John St.,
Sarnia, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

\$ Nil a month to -

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

/AS

E. Clewes,
for
Canadian Pension Commission.

ed