



Pte King, Joseph Harry 1 Cdn Para Bn
 Sgt King, Joseph Hugh CH of O
 Lt King, Kerrigan Milne A & SH of C
 Sgt King, Leonard John RHC
 Cpl King, Raymond Isadore RCE
 WO₁ King, William George RCAF
 Gnr King, Zepher Hector RCA
 Pte Kingdon, William David Perth R
 WO₂ Kinghorn, Herbert Helmer RCAF
 PO Kingsbury, George Frazer RCAF
 Spr Kingsbury, Oliver Peter RCE
 Lt Kingsford, Maurice G.R.
 Pte Kingshott, Gordon Gerald Gren Gds
 Lt Kingsley, Alfred Samuel 48 Highrs
 Kingsley, Robert SSask R
 FO Kingsley, William Charles RCAF
 Spr Kingston, Charles Wilfred RCE
 Pte Kingston, Earl Stewart N Shore R
 PO Kingston, Philip Alan RCAF
 Gnr Kinnaird, Joseph Arthur Elwood RCA
 Pte Kinnear, George Arthur SD & G Highrs
 FO Kinnear, George Publow RCAF
 Gnr Kinney, Albert Lloyd RCA
 FO Kinsler, Thomas Francis RCAF
 Pte Kinsley, William Fraser RHC
 PO Kinsman, Bennett Graham RCAF
 Rfn Kinsman, Harvey Lloyd OOR of C
 Pte Kinsman, Howard Hamps
 WO₁ Kinton, Clare RCAF
 Sgt Kippan, Claremont Delmar RCAF
 Cpl Kippen, Harold Malcolm Hast & PER
 Lt Kipping, Albert Edward ROSB
 Sgt Kirby, Murray Oliver RCA
 Rfn Kirby, Roy Fredrick Regina Rif
 L/Cpl Kirchin, Stanley Edward C Scot R
 Lt Kirk, Alexander Gordon VGC
 Pte Kirk, Leslie Gordon Perth R
 Pte Kirkaldy, John CFC
 L/Cpl Kirker, Harry Irwin GGFG
 Gdsm Kirker, Lorne Russell GGFG
 Pte Kirkey, Edward Hast & PER

Rfn Kirkland, John Fredrick Belton OOR of C
 Lt Kirkpatrick, Douglas Alden
 Spr Kirkpatrick, Edward Francis RWpg Rif
 Cpl Kirkpatrick, Frank George Joseph RCE
 Pte Kirkpatrick, Kenneth Guy ROR of C
 PO Kirkpatrick, Roy Nixon RCAF
 Tel Kirkpatrick, Stanley Melburn RCNVR
 Pte Kirkwood, David Calg Highrs
 PO Kirkwood, Douglass Smith RCAF
 AC₂ Kirlin, Joseph Russell Arnold RCAF
 F/L Kirsch, Abraham Lionel RCAF
 FO Kirschner, Irving RCAF
 FO Kirton, Harry James RCAF
 PO Kirton, Lloyd RCAF
 L/Cpl Kirton, Steven James R Regt C
 Pte Kirwan, Daniel James Camerons of C
 PO Kisilowsky, Edward RCAF
 Tpr Kison, Ward Wayne BCD
 Pte Kissinger, Anton SSask R
 Tpr Kitchemonia, Russell John Fort Garry's
 Sgt Kitchen, Beverley Gordon RCAF
 Pte Kitchen, Fay Howard N Shore R
 Pte Kitchen, Gordon Henry Earl A & SH of C
 F/S Kitchin, Jack Hurst RCAF
 Tpr Kitching, Allan Raymond LD SH (RC)
 Pte Kitching, Eric Thomas Essex Scot
 FO Kite, George Robert Graham RCAF
 Pte Kitteringham, John Howard Wpg Gren
 Sgt Kitts, John Stephen RCAF
 Pte Kivi, Paul PPCLI
 Pte Rivinen, David Victor L Sup R
 Cpl Kjos, Carl Norman Regina Rif
 Pte Klassen, Peter J. SSask R

V2850
KIRKPATRICK

STANLEY

MELBU

DECEASED 21 August 1944

D.D.

| | | | | |
|-----------------------------|-----------------|----------|-------------------|---------------|
| KIRKPATRICK Stanley Melburn | | Tel. | V-2850 | FILE No. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|-----------------------|---|
| 1939-45 Star | 2479 |
| Atlantic Star & Clasp | |
| C.V.S.M. & Clasp | |
| War Medal | |
| | |
| | |
| | |
| | |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Mar. 46 "ALBERNI"

MEMORIAL BAR
REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Albert Kirkpatrick - Father

ADDRESS: 13 Richey St.,
SAINT JOHN, N.B.

DATE DESP

(1) REGN. NO. 580

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. E. Kirkpatrick

ADDRESS: 13 Richey Street
SAINT JOHN, N.B.

(3) 17 January 1945 ,

Mr. Albert Kirkpatrick
13 Richey St.
ST. JOHN. N.B.

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

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

and the following number quoted:-

H.Q.N.S. V-2850-ED-778



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

KIRKPATRICK Stanley Melbutn Ord. Smn.

V-2850 R.C.N.V.R.

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

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

HRW/bwr

M. Wade
Commander
RCNVR
for 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..... | Albert Miles Kirkpatrick | 49 | 13 Ritchey Street Saint John N.B. |
| 4 | Mother of the Deceased..... | Elizabeth Mary Kirkpatrick | 49 | 13 Ritchey Street Saint John N.B. |
| 5 | Brothers of the Deceased | Full Blood | | |
| | | Half Blood | | |
| 6 | Sisters of the Deceased | Full Blood | Helen Doreen Kirkpatrick 20 Doris Audrey Kirkpatrick 19 | 13 Ritchey Street Saint John N.B. 13 Ritchey Street Saint John N.B. |
| | | 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. | Stanley Melbourn Kirkpatrick |
| 9 | Date of his birth. | Feburary 3rd 1922 |
| 10 | Place and date of his marriage. | |
| 11 | Place and date of his parents' marriage. | Saint John N.B. June 30.1920 |

PARTICULARS OF DOMICILE

| | | |
|----|--|--|
| 12 | Place where deceased was born. | Saint John N.B. |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) (b) Saint John N.B. (c) (d) |
| 14 | Nature of employment before enlistment. | High School Student |
| 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. | Saint John N.B. |

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? | |
| 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? | |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | 5 at 13 Ritchey Street Saint John N.B. ✓ |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | 1 --13 Ritchey Street ✓ |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | PrudentialLife-Saint John N.B. \$1228- Beneficiary-Mother |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | |

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.

Albert Miles Kirkpatrick {Signature of Informant
13 Ritchey Street Address
Saint John N.B.

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Albert Miles Kirkpatrick

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

Dated at Saint John N.B. this 1st day of January 1943
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Henry D. H. Jones Qualification Notary Public N.B.
Address C. J. Hall Saint John N.B.

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

Sixth Victory Bond—paid and has not been forwarded to the deceased's home---13 Ritchey Street Saint John N.B.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

HG

Name: KIRKPATRICK Stanley M. No: V.2850
Surname Christian Names

Telegraphist R.C.N.V.R. 075 21-8-44
Rank Unit Date of Death

| | | | |
|---------------------|---------------|----------------------|------------------|
| | <u>AMOUNT</u> | <u>W.S.G.</u> | <u>588.77</u> |
| | | <u>L.P.C.</u> | <u>\$ 129.91</u> |
| Date: <u>4-3-46</u> | | <u>Other Credits</u> | <u>21.63</u> |
| | | <u>Total</u> | <u>740.31</u> |

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|----------------|--------------|---|----------|
| 1/2 | Father | Albert M. Kirkpatrick, 13 Ritchey St., SAINT JOHN, N.B. | \$370.15 |
| 1/2 | Mother | Mrs. Elizabeth M. Kirkpatrick, (as above) | 370.16 |
| | | (as next of kin entitled) | |

P4. TO TREAS. 7-3-46, QW.

| AUTHORITY | | | | | |
|---------------|------|-----|----------------------------|------|----------|
| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
| 9999 | 831 | 00 | 50 | 000 | \$740.51 |
| CLASSIFIED BY | | | EXAMINED BY | | |
| <i>D</i> | | | For Chief Treasury Officer | | |

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

BF

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

2
NAVYDECEASED
MEMBER'S
NAMEStanley Melburn
(CHRISTIAN NAMES)KIRKPATRICK
(SURNAME)REGISTER NO. 11716
FILE NO. NS V-2850
DATE 12 Dec./45
SERVICE NO. V-2850
FINAL RANK OR RATING TEL.
DATE OF DISCHARGE 21 Aug./44PAYEE Director of Estates
ADDRESS 308 Sparks St.,
Ottawa, Ont.for service Estate of
Stanley M. Kirkpatrick
NS V-2850

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug./44

DATE OF DISCHARGE

21 Aug./44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1110 EQUAL TO 37 COMPLETE PERIODS AT \$7.50

277.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 795 LESS -- INELIGIBLE DAYS, EQUAL TO 795 DAYS @ 25c. PER DAY

198.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

| | |
|--|---------|
| PAY | \$ 2.00 |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | \$ 1.45 |
| ADDITIONAL PAY HLM | \$.25 |
| | \$ |
| | \$ |

DEPENDENTS' ALLOWANCE 1/30 OF \$

Nil

| | | | |
|-------------|---------|---------|-------|
| TOTAL | \$ 3.70 | x7 = \$ | 25.90 |
| NO. OF DAYS | 795 | x\$ | 25.90 |

112.52

D. WAR SERVICE GRATUITY

588.77

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ Nil

F. TOTAL AMOUNT PAYABLE

588.77

G. YOUR PORTION OF GRATUITY IS—

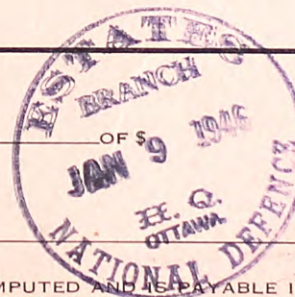
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$OF \$ 1000
= \$ 588.77

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

| | |
|-------------|--------------------|
| PREPARED BY | CHECKED BY |
| EP | <i>[Signature]</i> |

| | |
|--------------------|----------|
| TREASURY | |
| CHECKED BY | DATE |
| <i>[Signature]</i> | 17-12-45 |

for Dir Naval Pay Accts. REPRESENTATIVE



Four copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

27

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

Name KIRKPATRICK Stanley Melburn
(Christian names in full)

Rank of Rating Telegraphist Official No. V-2850 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Saint John, N.B. Date of Birth February 3, 1922

Occupation in Civil Life Student Religion Baptist

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) 3 years and 2 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. "ALBERNI" was lost in the English Channel due to enemy action.

Nearest known relative or friend { Name Mr. Albert Kirkpatrick Relationship Father
Address 13 Richey Street, SAINT JOHN, N.B.

Date on which the above was informed by Ship XXXX Naval Service Headquarters: 23 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 No 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.....

OTTAWA, Ont. 28 February ^{Commanding Officer,} 5.

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

194.....
for.....
SECRETARY, NAVAL BOARD. e

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.

NOTED
ESTATES CARD
JUN 7 1945
D.N.P.A. SECT. 11
E.L.

ESTATES BRANCH

HQ NS V.2850 FD778

April 24, 1945.

The Manager,
The Prudential
Insurance Company of America,
Newark, New Jersey,
U. S. A.

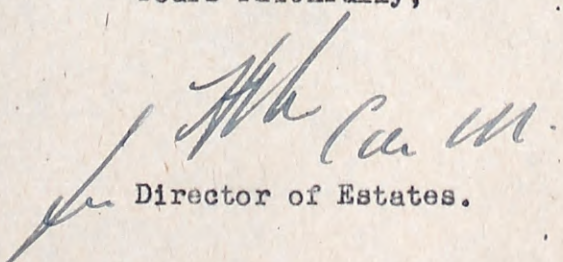
KIRKPATRICK, Stanley M., O/S (Deceased)
No. V.2850 R.C.N.V.R.

Dear Sir:

In reply to your recent letter asking for information as to whether the above named deceased left any Service Will, I have to inform you that according to the Casualty Notice received at this Directorate, there is no record of any Service Will on file at Naval Service Headquarters and the father, the next of kin, Mr. Albert Kirkpatrick of 13 Richey Street, St. John, N.B., advises that he knows of none.

We do not anticipate receiving any personal effects from any of the casualties of H.M.C.S. "Albani" in which this deceased was lost, so no Will may be expected from that source and in all probability any available Service estate will be distributed as an intestacy for the province of domicile of this deceased which is understood to be New Brunswick. The Intestacy Law of New Brunswick provides that the amount be divided equally between the father and mother.

Yours faithfully,


Director of Estates.

HRW/MK



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

28-
26-
24-
23-
22-
21-
20-
19-
18-
17-
16-
15-
14-
13-
12-
11-
10-
9-
8-
7-
6-
5-
4-
3-
2-
1-
0-
-1-
-2-
-3-
-4-
-5-
-6-
-7-
-8-
-9-
-10-
-11-
-12-
-13-
-14-
-15-
-16-
-17-
-18-
-19-
-20-
-21-
-22-
-23-
-24-
-25-
-26-
-27-
-28-
-29-
-30-
-31-
-32-
-33-
-34-
-35-
-36-
-37-
-38-
-39-
-40-
-41-
-42-
-43-
-44-
-45-
-46-
-47-
-48-
-49-
-50-
-51-
-52-
-53-
-54-
-55-
-56-
-57-
-58-
-59-
-60-
-61-
-62-
-63-
-64-
-65-
-66-
-67-
-68-
-69-
-70-
-71-
-72-
-73-
-74-
-75-
-76-
-77-
-78-
-79-
-80-
-81-
-82-
-83-
-84-
-85-
-86-
-87-
-88-
-89-
-90-
-91-
-92-
-93-
-94-
-95-
-96-
-97-
-98-
-99-
-100-

Name KIRKPATRICK, Stanley Rating _____ Tel. _____
 Official No. V 2850 H.M.C.S. NIOBE for ALBERNI List 12.II/11
 Who* Discharged Dead on the 21st August 1944

| | | | |
|--|----|----|------------|
| Net sum due on ledger on account of Wages..... | \$ | 93 | cts. 69 |
| Proceeds of sale of Effects charged against Wages, brought from the other side | | | |
| CASH— | \$ | | cts. |
| Proceeds of sale of Effects, brought from the other side..... | | | |
| Found amongst Effects..... | | | |
| Debts collected \$..... | | | |
| Cash deposited by official Receipt No..... | | | |
| Cash debited in the Accountant Officer's Cash Acct..... | | | |
| If in debt in ledger, amount to be stated (in red ink) <u>Thirty dollars;</u> | | | |
| Rate of allotment (in words) <u>Eight dollars and</u> charged to <u>31 Aug.</u> | | | |
| <u>Eighty cents.</u> | | | |
| Name of ship from which transferred..... | | | |
| Total† <u>Creditor</u> | | 93 | 69 |

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 Ninety-Three dollars Sixty-nine cents.

Dated on board H.M.C.S. Niobe at Greenock Scotland this seventee nth day of May 1945

Approved _____ Accountant Officer
A/Commander(S) RCNVR
 _____ { Initials of the Assistant Accountant Officer
Lieutenant(S) RCNVR
 _____ Commanding Officer.
A/CA PTAIN 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".
 §Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 Note: The above sum has been recovered by Niobe
 10M-3-43 (8719) March cash acct. Receipt voucher N-R-1535.
 H.Q. N.S. 815-9-45

ESTATES BRANCH

HQ NS V-2850 FD
778

March 5, 1946.

Mr. and Mrs. Albert M. Kirkpatrick,
13 Ritchey Street,
Saint John, N.B.

KIRKPATRICK, Stanley M. Telegraphist (Deceased)
No. V-2850 - R.C.N.V.R.

Dear Mr. and Mrs. Kirkpatrick:

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

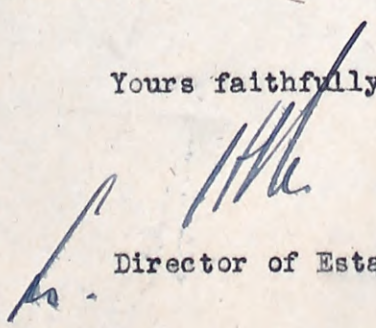
The total amount available to this Branch for distribution is the sum of \$740.31, made up as follows:

| | |
|---|-----------------|
| Balance of Pay and Allowances | \$ 93.69 |
| Recredit Instalments Sixth Victory Loan Bond | 33.60 |
| Credit for Kit Upkeep Allowance and Hard Lying Money | 2.62 |
| War Service Gratuity as per award attached | 588.77 |
| Redemption Value of five \$5.00 War Saving Certificates | 21.63 |
| | <u>\$740.31</u> |

Since your son left no Will, his estate is distributed in accordance with the Intestacy Laws of his province of domicile, and as such, is equally divided between you as next-of-kin entitled.

Cheques in the sum of \$370.15 and \$370.16 respectively, have been requisitioned from the Treasury Department, and on receipt of the same, would you kindly sign and return the enclosed forms of acknowledgement to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,


Director of Estates.

HRW/JB

Encls. 2. ✓

True Copy - Captain's Office

TRUE COPY
OF THE
CERTIFICATE of the Service of

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

Stanley Melburn KIRK PATRICK
IN THE ROYAL CANADIAN NAVY *AL VOLUNTEER RESERVE*

Halifax, N.S. St. John, N.B. Official Number *V2850*

| | | | |
|---|--|---|--|
| Date of Birth | <i>7</i> | Nearest known Relative or Friend (To be noted in pencil) | |
| Where born | Province <i>3 February 1922</i> | | Name: <i>Albert</i> |
| | Town or County <i>Saint John New Brunswick</i> | | Relationship: <i>Father</i> |
| Trade brought up to | <i>Student</i> | | Address: <i>13 Richey St. St. John, N.B.</i> |
| Religious denomination | <i>Baptist</i> | | |
| Date passed swimming test | | | |
| Man's signature on discharge to pension | | | |

All Engagements, including N.C.S., to be noted in these Columns

| Date of actually volunteering | Commencement of time | Period volunteered for | Date of actually volunteering | Commencement of time | Period volunteered for |
|-------------------------------|----------------------|------------------------|-------------------------------|----------------------|------------------------|
| 1. | <i>24 June 41</i> | <i>duration</i> | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Medals, Clasps, Etc.

| Date received or forfeited | Nature of Decoration | Date received or forfeited | Nature of Decoration |
|----------------------------|----------------------|----------------------------|----------------------|
| <i>3 Feb '44</i> | <i>C15M + Clasp</i> | | |
| <i>3 Feb '44</i> | <i>1989-43 Star</i> | | |

| Description of Person | Stature | | Chest, In. | Colour of | | | Marks, Wounds and Scars |
|---|----------|-----------|------------|---------------|-------------|-------------|-----------------------------------|
| | Feet | In. | | Hair | Eyes | Complexion | |
| On entry as a boy | | | | | | | |
| On Advancement to man's rating or on entry under 28 years | <i>5</i> | <i>10</i> | <i>37</i> | <i>Blonde</i> | <i>Blue</i> | <i>Fair</i> | <i>Scar on right side of back</i> |
| On re-entry for C.S. or for Non-C.S. after attaining 28 years | | | | | | | |
| Further description if necessary | | | | | | | |

S.—1246H
 2M—8-41 (1435)
 N.S. 815-9-1246H
 T.S.—93

To be kept attached to the Service Certificate until final discharge from the Service

WIRELESS HISTORY SHEET

ORIGINAL

(Revised—May, 1938.)

Name..... **KIRKPATRICK? Stanley M.**

I. EXAMINATION RECORD

Official No..... **V-2850.**

To be filled up according to the result obtained after examination

| Date | Nature of Examination Qualifying or Requalifying | | Technical | | Theory | School | Procedure and Organization | | Coding | | V/S Paper | Flashing | Sema- phore | Buzzer | | Passed or Failed | Ship or Establishment where examined | Initials of Examining Officer |
|-------------------|---|------------|-----------|-----------|--------|--------|----------------------------|-----------|--------|-------------|-----------|-----------|----------------|-------------------|----------------|------------------|--------------------------------------|-------------------------------|
| | | | Paper | Practical | | | Paper | Practical | Paper | Practical | | | | Trans- mitting | Re- ceiving | | | |
| | FOR T.O. (W/T) (PROVISIONAL) | % Required | — | 80 | — | — | — | 80 | — | 80 | — | 85 | 86 | 85 | 95 | — | — | — |
| | | % Obtained | | | | | | | | | | | | | | | | |
| | FOR T.O. (W/T) (FINAL) | % Required | — | 80 | — | — | — | 80 | — | 80 | — | 85 | 86 | 85 | 95 | — | — | — |
| 25/3/43 | | % Obtained | | 92 | | | | 86 | | 61.5 | | 95 | | 90 | 95 | | Failed | S.T.C. Halifax |
| 10 Aug '43 | | % Obtained | | 93 | | | | 85 | | 88 | | 89 | | 98 | 95 | | P | S.T.C. Halifax |
| | FOR W/T 3 | % Required | 75 | 80 | * | * | 80 | 80 | 80 | 80 | 75 | 85 | 86 | 85 | 95 | — | — | — |
| | State whether after a qualifying course | % Obtained | | | | | | | | | | | | | | | | |
| | FOR W/T 2 | % Required | 75 | 80 | 70 | 70 | 80 | 80 | 80 | 80 | 75 | 85 | 86 | 85 | 95 | — | — | — |
| | | % Obtained | | | | | | | | | | | | | | | | |
| | FOR W/T 1 | % Required | 75 | 85 | 70 | 70 | 80 | 85 | 80 | 80 | 80 | 85 | 86 | 90 | 95 | — | — | — |
| | | % Obtained | | | | | | | | | | | | | | | | |
| | | % Obtained | | | | | | | | | | | | | | | | |

* Insert either (a) the examination marks obtained during the qualifying course, or (b) the marks obtained after a separate School course, these being initialled by the Schoolmaster.

II. DATE OF GRANTING OF NON-SUBSTANTIVE RATE

| Rate | Date | Initials of Captain | Rate | Date | Initials of Captain | Rate | Date | Initials of Captain | Rate | Date | Initials of Captain |
|------------|-------------------|---------------------|-------|------|---------------------|-------|------|---------------------|-------|------|---------------------|
| T.O. (W/T) | 10 Aug '43 | ✓ | W/T 3 | | | W/T 2 | | | W/T 1 | | |

III. BOYS EXAMINATIONS

(I) ON PASSING OUT OF TRAINING ESTABLISHMENT

| Date | | Paper | Oral | School | Procedure Practical | Buzzer | | Passed or Failed | Training Establishment | Initials of Examining Officer |
|------|------------|-------|------|--------|---------------------|--------------|-----------|------------------|------------------------|-------------------------------|
| | | | | | | Transmitting | Receiving | | | |
| | % Required | 75 | 65 | 40 | 75 | 80 | 85 | — | — | — |
| | % Obtained | | | | | | | | | |

(II) FOR ACCELERATED ADVANCEMENT TO ORDINARY TELEGRAPHIST

| Date | | Technical Practical | Procedure Practical | Coding Practical | Buzzer | | Passed or Failed | Ship or Establishment where examined | Initials of Examining Officer |
|------|------------|---------------------|---------------------|------------------|--------------|-----------|------------------|--------------------------------------|-------------------------------|
| | | | | | Transmitting | Receiving | | | |
| | % Required | Good Ability | 65 | 70 | 85 | 95 | — | — | — |
| | % Obtained | | | | | | | | |
| | % Obtained | | | | | | | | |

IV. EXAMINATION FOR ORDINARY TELEGRAPHIST (S.S.)

| Date | | Technical Practical | School | Procedure | | Coding Practical | V/S Paper | Flashing | Semaphore | Buzzer | | Passed or Failed | Initials of Examining Officer |
|-----------------------------|------------|---------------------|--------|-----------|--------|---------------------|-----------|----------|-----------|--------|-------|------------------|-------------------------------|
| | | | | *Paper | Pract. | | | | | Trans. | Recg. | | |
| 28 th March 1942 | % Required | 65 | 50 | 65 | 65 | 10 85 | 75 | 85 | 86 | 85 | 90 | P | J.P.W. |
| | % Obtained | 98 | | | 67 | 10 | | | | 85 | 90 | | |
| | % Obtained | | | | | | | | | | | | |

V. TRAINING CLASS CERTIFICATE

No Ordinary Telegraphist is eligible for advancement to the rating of Telegraphist until this Certificate has been obtained.

Ordinary Telegraphists (S.S.) are not required to undergo the Training Class in V/S or Electricity and Mag. unless they have failed to obtain the requisite percentages in the V/S Paper and School in Section IV.

| Date of Completion | Subject | % Required | % Obtained | Passed or Failed | Ship or Establishment where examined | Initials of Examining Officer |
|--------------------|--------------------|------------|------------|------------------|--------------------------------------|-------------------------------|
| | Seamanship | 75 | | | | |
| | Field Training | 70 | | | | |
| | V/S | 75 | | | | |
| | Electricity & Mag. | 50 | | | | |

VI. EXAMINATION FOR TELEGRAPHIST

| Date | | Tech. Prac. | Procedure | | Coding Prac. | Flashing | Semaphore | Buzzer | | Passed or Failed | Ship or Establishment | Initials of Examining Officer |
|---------------------------|------------|-------------|-----------|-------|--------------|----------|---------------------|--------|--------|------------------|--------------------------|-------------------------------|
| | | | Paper | Prac. | | | | Trans. | Receg. | | | |
| 23 rd May 1942 | % Required | 65 | 75 | 75 | 75 | 85 | 65 85 | 80 | 95 | P. | H.M.C.S. "St. Hyacintha" | J.P.W. |
| | % Obtained | 90 | 75 | 87 | 75 | 97 | 75 | 80 | 98 | | | |
| | % Obtained | | | | | | | | | | | |
| | % Obtained | | | | | | | | | | | |

X. SPECIAL QUALIFICATIONS

Only to be filled up when a rating is discharged from a Ship or Establishment or on completion of any special course, and it is desired to report on him for special knowledge or ability, not otherwise recorded, e.g., D/F Operator; Mechanical and Instructional ability, Fire Control or laboratory experience; care and maintenance of W/T installations, Alternators, Dynamos, Secondary Batteries; ability to take charge of W/T department; knowledge of a foreign language; typewriting. Efficiency as T.A.G., including Air Gunner or Bomb Aimer, where applicable, is to be included in this Section on each occasion of returning to General Service from the F.A.A.

| Date | Qualifications | Ship or Establishment | Initials of Captain |
|------|----------------|-----------------------|---------------------|
| | | | |

For Directions for completing this part of the Form, see Article 610, K.R. & A.I.

XI. VOCATIONAL TRAINING CERTIFICATE

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

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*

.....19.....*Vocational Training Committee ‡*

*Here insert qualification. †Special notation as applicable. ‡Vocational Training is optional.

To be filled up by Ship or Establishment, from which rating is sent to Depot for final discharge

XII. SPECIAL REMARKS

Include power of command, intelligence, initiative, energy, and any qualification not otherwise recorded

.....

.....

.....

.....

.....

.....

.....

.....

XIII. TO BE FILLED IN 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 Art. 610, K.R. & A.I., clauses 3 to 7

.....Captain

For Record of Experience see Section VIII, on p. 3.

.....Date



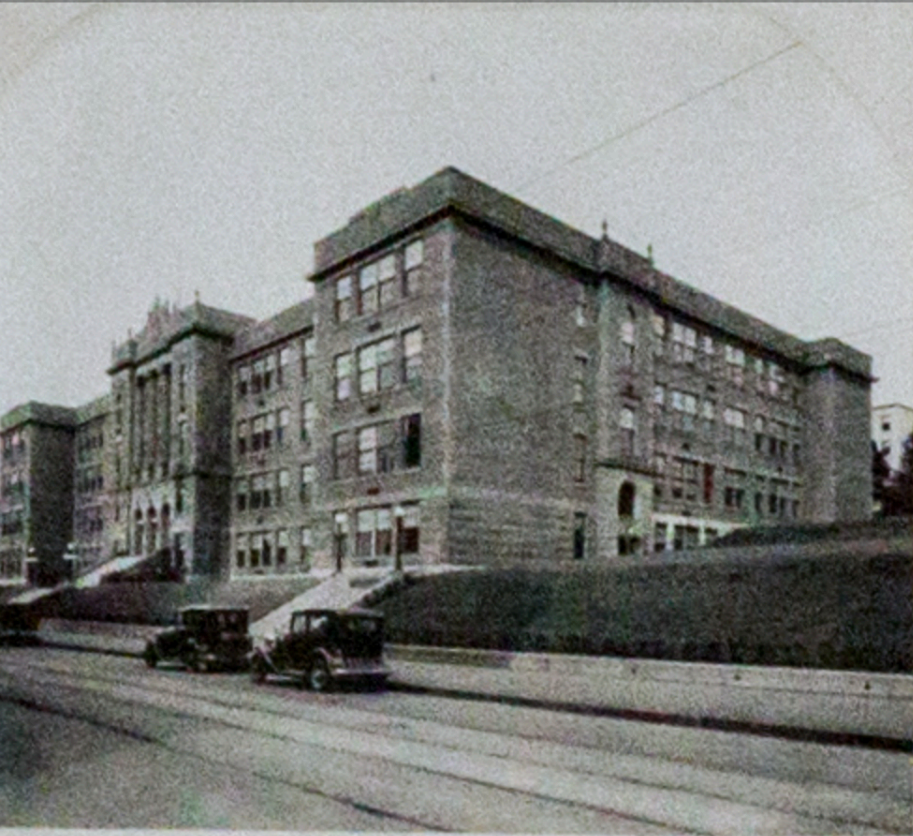
Saint John
High School
Graduating
Class

19 41



- Laura Foster, Jean Adams, Doris Alexander, Joy Allaby, Peter Alward, William Anderson, Corinne Anthony, Jean Appleby, Ruth Anthony, Lawrence Austin, Frederick Arlison, David Armstrong, Phyllis Burt, Constance Barley, Jean Bustin, Russell Buckley, Clair Buckley, Lila Brumbaugh, Phyllis Brown, Jean Brown, Gordon Brown, Victor Boyd, George Boyd, Murray Bolos
- Hugh Bonnell, Patricia Blacklock, Margaret Bausk, Nettie Belova, Lorna Belva, Cecil Belva, Anarey Bell, Ralph Beesley, Robert Barton, Anne Bamford, Lawrence Bakkin, William Carrie, Jack Cunningham, Lillian Cull, June Cronk, Norma Cox, Charles Cooper, Ronald Cook, Robert Combley, Kathryn Caswell, Hudson Colwell, Douglas Cole, Sagar Cohen, Frances Cook, Wilfrid Cobham, Eleanor Clarke
- Albert Clark, Mirray Christie, Donald Chittick, Phyllis Chesley, Madeline Cheney, Lawrence Charlton, Thomas Carter, Olga Carter, Jean Carter, Jack Carson, Leota Carr, Gerald Carr, Margie Campbell, Elizabeth Campbell, Carle Daryl, Rosalie Danlop, Dorothy Danlop, Barry Dunbrock, Vivienne Duffly, Aleta Dossou, Treva Dossou, Clara Diener, Donald Dexter, Dorcas Darnon
- Edith Daitell, Beatrice Swans, Yvonne Estabrook, Helen Erb, Warren Ellis, Marian Ellis, Beverley Earle, Edward Francis, Dave Fowler, Lewis Freeman, Norma Foster, Jean Smith, Dr. J. Alexander, Gladys Flower, Douglas Hummeling, Barbara Hewell, Eleanor Fleming, Charlotte Fillmore, Barbara Jenwick, Frederick Felius, Allison Farris, Garth Ginter, Olive Griffin, Donald Green, Frances Gooden
- James Gillies, Rose Gillet, Henry Geddes, George Galas, Jacqueline Ganser, Eileen Grandt, Hazel Galbraith, Kenneth Hanson, Murray Hughes, Donald Huettis
- Blanche Hubley, Douglas Hamon, Noel Hamilton, Margaret Hamilton, Audrey Hamilton, Gerald Hageman, Gloria Izard, Natalie Jones, Marjorie Johnson, Marjorie Jewett, John Jearns
- Lois Lutson, Frank Loque, Ronald Logan, Donald Logan, William Lockhart, Joseph Lester, Robert Leckman, Jessie Lawson, Ruby Lambert, Pauline Lamb, Verne Lacey
- Allan Melanson, Lloyd MacIntyre, Shirley Maxwell, Norine Maxwell, James Martin, Marilyn Marr, Jeanne Marr, Constance March, Janet Mandip, Jean Marin
- Marion Melnick, Douglas McKim, Duncan MacIsaac, Lloyd McKee, Douglas McKee, Raymond MacKen, William MacDonald, Henry MacDonell, Elizabeth McCole, Douglas McClellan, Malcolm MacCrae
- Gordon Amson, Frederic Rogers, George Robinson, Eleanor Roberts, Thora Reid, Phyllis Ratcliffe, Roy Summers, Robert Sullivan, Malcolm Sullivan, Harold Sullis, William Steel, Frank Steele, Gerald Stark, Gordon Smith, Ruth Styles, Gordon Slocum, Aileen Somerville, David Smith, Hilda Rae, Cecille Sibson, Helen Silliphant, Kenneth Shaw, Norma Shaw, Lloyd Shanks
- Harold Shanks, Lois Scott, Carl Schell, Meredith Tiltus, James Turnbull, Glorietta Tiltus, Frederick Tillet, Auli Thomson, Mildred Thompson, Harry Thompson, Helen Tapley, Dora Vaughan, Kathryn Whipple, Frances Walters, Nancy Weston, Dora Whitney, Manning Wood, Bruce Windsor, Joyce Wilson, Donald Wilson, Frances Williams, Joan Walls, Louise Young, Elizabeth Young
- Eleanor Howland, Ronald Howard, Cyril Horsman, Colleen Heans, Joyce Hasfield, Robert Harrison, Margaret Harding, Lucille Harding, Norma Handren, Jean Handren
- Wynne Jenkins, Ervina Knorr, Stanley Kirkpatrick, John Kingston, James Kingston, Irene Kierstead, Robert Kelly, George Keith, Elizabeth Keon, Helen Lyons, Kathleen Lynch
- Stewart Murray, Leona Murchison, Mary Murray, Evelyn Munsie, Frances Moulton, James Morrison, Joyce Morenau, Anarey Moore, Mary Milligan, Olive Miles, Violet Melick
- Dorothy Manchester, Margaret Malcolm, Robert Macintyre, Ruth Mashey, Marine MacMaster, James McLellan, Lenore McCook, Robert McLean, Margaret McCulloch, Rhona Patterson
- George Noble, Eva Nixon, Frances Prime, David Pimmett, Richard Pearson, Lois Patterson, Arthur Patterson, Lillian Parks, Grace Parkhill, Margery Palmer, Constance MacLean

SJHS Class of 1941



Eleanor Howland Randal Howard Cyril Hotsman Colleen

Yvonne Jenkins Ervine Knott Stanley Kirkpatrick John Kingston

Stuart Murray Lenora Murchison Mary Munro Evelyn Munde

Saint John
High School



CANADA

N. V. 5
25M-9-40 (6793)
N.S. 815-11-5

107332

3
NATIONAL DEFENSE
AUG 30 1941
N.S. 1137495
CANADA

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Kirkpatrick OFFICIAL NO. 12850
CHRISTIAN NAMES Stanley Melburn MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 13 Richey Street Saint John N.B. RELIGION Baptist

DATE OF BIRTH Feb 3/22 PLACE OF BIRTH Saint John NAME AND ADDRESS OF NEXT OF KIN Mr. Albert M. Kirkpatrick
Town Saint John Father
County Saint John
Province N.B. 13 Richey Street
Saint John, N.B.

*Original Nationality of:
Father Scotch
Mother Scotch

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

PERSONAL DESCRIPTION ON ENROLMENT

| HEIGHT | CHEST MEASUREMENT | HAIR | EYES | COMPLEXION | WOUNDS, SCARS, MARKS |
|------------------|----------------------|---------------|-------------|-------------|-----------------------------------|
| Feet <u>5</u> | Inflated <u>38</u> | <u>Blonde</u> | <u>Blue</u> | <u>Fair</u> | <u>Scar on right side of Back</u> |
| Inches <u>10</u> | Deflated <u>35.5</u> | | | | |
| Mean <u>37</u> | | | | | |

| DATE OF ENROLMENT | RATING ENROLLING FOR | TRADE OR CALLING AND IN WHOSE EMPLOY |
|--|----------------------|--------------------------------------|
| <u>24/6/41</u> | <u>OD/WT</u> | <u>Student</u> |
| R.C.N.V.R. Division (or other establishment) at which enrolled <u>ALS 8.8.41</u> | <u>Saint John</u> | |

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

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

*Cross out Clause not applicable.

| SERVED IN | RANK | FROM | TO |
|--|------|------|-----------------------------------|
| ENTERED IN PAY LEDGERS H. M. C. S. "BYTOWN" | | | Personnel Records Division. |
| FAIR | | | 1. Noted in Records <u>M.M.</u> |
| ENOUGH | | | 2. Index Card <u>J.H.B.</u> |
| | | | 3. Non-Sub Card <u>J.R.B.</u> |
| | | | 4. Statistical Card <u>J.R.B.</u> |
| | | | 5. Roneo Strip <u>J.R.B.</u> |
| | | | 6. Pension Card |
| | | | 7. |
| | | | 8. |
| | | | DATE <u>20/6/41</u> |

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief 1.9.41

(3) On being enrolled as a member of the Saint John 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 24 day of June / 41

Signature of applicant Stanley M. Kirkpatrick

(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 24

day of June / 41

R. D. Munro G.T.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Stanley M. Kirkpatrick 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 Stanley M. Kirkpatrick

Witness R. D. Munro

Date 24/6/41 Rank Lieut RCNVR Temp.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Stanley M. Kirkpatrick 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 Saint John Division of the R.C.N.V.R. or in the appropriate official documents.

R. D. Munro
Attesting Officer.

24/6/41 194 R.C.N.V.R. Division (or other establishment) Saint John

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.

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

NAME IN FULL *KIRK PATRICK Stanley Bellman* RANK/RATING *Tel* OFF. NO. *V2850* ADDRESS

| SHIP | SERVICE | | | AREA | QUALIFYING PERIODS IN DAYS | | | | | STARS MEDALS | ✓ 1 2 | ELIGIBLE FOR AWARDS OF | | |
|------------------------------|-----------------|-----------------|------------|--------------------|----------------------------|----|---------|----------|---------|--------------|-------------|------------------------|----------------|----------------|
| | FROM | TO | DAYS | | FROM | TO | 1939-45 | ATLANTIC | DEFENCE | | | | CLASP C.V.S.M. | 1915 MEDAL |
| <i>St. John Dis</i> | <i>8.8.41</i> | <i>19.1.42</i> | <i>165</i> | | | | | | | | | <i>1939-45</i> | <i>1</i> | <i>Star</i> |
| <i>Ville de Quebec</i> | <i>19.6.42</i> | <i>14.10.42</i> | <i>118</i> | <i>Atlantic</i> | | | | | | | | <i>ATLANTIC</i> | <i>1</i> | <i>@ Clasp</i> |
| <i>Antwerp</i> | <i>15.10.42</i> | <i>21.8.44</i> | <i>677</i> | <i>Africa</i> | | | | | | | | <i>FRANCE G.</i> | <i>2</i> | |
| <i>Direct "Dead" to date</i> | <i>21.8.44</i> | | | <i>Fr. Germany</i> | | | | | | | | <i>AFRICA</i> | <i>2</i> | <i>@ Clasp</i> |
| | | | | | | | | | | | | <i>PACIFIC</i> | | |
| | | | | | | | | | | | | <i>BURMA</i> | | |
| | | | | | | | | | | | | <i>ITALY</i> | | |
| | | | | | | | | | | | | <i>DEFENCE</i> | | |
| | | | | | | | | | | | | <i>C.V.S.M.</i> | <i>2</i> | <i>@ Clasp</i> |
| | | | | | | | | | | | | <i>" CLASP</i> | | |
| | | | | | | | | | | | | <i>WAR 1945</i> | <i>1</i> | <i>Medal</i> |
| | | | | | | | | | | | | <i>WAR 1915</i> | | |

VERIFIED BY *C. D. Payne*

VERIFIED BY *H. P. Davis* VERIFIED BY DIR. OF PERSONNEL RECORDS.



CANADA

1 07334

Can. B. 207

100 M-11-40 (7881)
N.S. 815-2-207

NATIONAL DEFENCE
AUG 10 1941
N.S. 1137/1195
1

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 Stanley M. Kirkpatrick
‡ candidate for entry as OD/WI
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.

| (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. |
|--------------------------|-----------------------------------|--------------------------------------|-------------------------|---|---|---|------------------------|---------------------------|----------------------|----------|----------------------|------------------------------|---|-----------------------------|
| 19. 4. | 156.0 | 5. 10. | Good | (a) maximum 38 (b) minimum 35.5 (c) mean 37.0 | right eye 6/45 left eye 6/45 *colour vision N. | 1928 1930 1931 | Normal | Normal | Normal | Normal | Normal | Normal | Healthy 25' teeth 1 crown | Normal |

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

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

[Signature]

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.

Stanley M. Kirkpatrick

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 Rt. Erythema drainage scar.

* 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

[Empty box for UNFIT notation]

Dated at Somerset the 23 of June 1941

John R. [Signature]
Examining Medical Officer
(Rank) Surgeon-Captain

KIRKPATRICK S.M.
NAME (Print)

TEL.
RANK OR RATING

2850
O.N.

H.M.C.S. ALBERNI
SHIP

QUALIFICATIONS FOR AWARD

CANADIAN VOLUNTEER MEDAL AND CLASP (N.O. 3275)

- (a) **MEDAL** Persons of any rank or rating who have voluntarily served on Active Service and have honourably completed eighteen months' total voluntary Service, whether in the Navy, Army or Air Forces of CANADA and whether continuous or not. *Time for which pay is not allowed will not be reckonable.*
- (b) **CLASP** A minimum of sixty days voluntary Service on duty beyond the territorial boundaries of Canada. Such period need not be continuous. Duty outside the boundaries of Canada in transit from one Canadian point to another Canadian point will not count as qualifying Service.

QUALIFICATIONS FOR AWARD

1939-1943 STAR (N.O. 3287)

1. Six months' service afloat in areas of active operations during the period from the 3rd of September, 1939, to the 31st of December, 1943, inclusive. Service after the 31st of December, 1943, will not be reckoned.

These areas are:

- (a) From the 3rd of September, 1939, the Atlantic Ocean, including the United Kingdom waters and the North Sea; the Baltic; the Arctic Ocean between Greenland and longitude 70° E., and that part of the Indian Ocean lying South of 15° S., and West of 55° E.
- (b) From the 1st of June, 1940, as in (1) above with the addition of the Pacific Ocean and the rest of the Indian Ocean.
- (c) From the 10th of June, 1940, anywhere at sea.

2. Personnel granted an Honour, Decoration or Mention in Despatches for Service afloat prior to the 31st of December, 1943, will be eligible for the 1939-43 Star irrespective of the length of sea service.

I Herby Declare That I Qualify For:

- (a) Canadian Volunteer Service Medal Ribbon.
 (b) Canadian Volunteer Service Medal Clasp.
 (c) 1939-1943 Star.

To be struck
out if not
applicable.

Details of my qualifications are as follows:

| SHIP OR PLACE | DAY, MONTH, YEAR | | AREA |
|-----------------|------------------|-------------|----------------------------------|
| | FROM | TO | |
| Saint John Div. | 8 Aug '41 | 19 Jan '42 | North Atlantic, Mediterranean |
| St. Hyacinthe | 20 Jan '42 | 9 June '42 | |
| Stadacona | 10 June '42 | 17 June '42 | |
| Ville de Quebec | 18 June '42 | 16 Oct '42 | |
| Alberni | 17 Oct '42 | 31 Dec '43 | |

S.M. Kirkpatrick

Signature of Officer or Rating making Declaration

Noted on "STADACONA" 249
folio No. 785/5 dated 3-2-44

11716

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

NAME of Deceased Member Star Leggett KIRKPATRICK Rank or Rating TEL O.No. V2850

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

D.A. —

A.P. 30.00

D.A. —

A.P. —

Mr Betty KIRKPATRICK (Mother)
13 Redley Street
St John N.B.

2. Pension awarded or being awarded to:

no record

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

Elizabeth (Mother)
Mr Betty KIRKPATRICK
13 Redley Street
St John N.B.

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

() To be paid to:

In the proportion of:

- and -

to:

In the proportion of:

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

X Group "B" (ii)

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

Date 14 Sep' 45

Ronald J. Thorne, C.P.O. W.R.
for D.N.P.A. (G) D.J.

NON QUALIFYING SERVICE

| (#) | Date | Reason | No. of Days |
|-----|------|--------|-------------|
| | N/A | | |
| " | | " | |
| " | | " | |
| " | | " | |
| " | | " | |
| " | | " | |
| " | | " | |
| | | | Total days |

OVERSEAS SERVICE:

| Where Serving | From | To | No. of Days |
|-----------------|--------------|-------------|-------------|
| Ville de Quebec | 19 JUNE / 42 | 14 OCT / 42 | 118 |
| Alberni | 15 Oct / 42 | 21 Aug / 44 | 677 |
| | | | 795 |

| | |
|-----|-----|
| 12 | 365 |
| 31 | 17 |
| 31 | 30 |
| 30 | 31 |
| 14 | 31 |
| 118 | 29 |
| | 31 |
| | 30 |
| | 31 |
| | 30 |
| | 31 |
| | 21 |
| | 677 |

TYPE OF DISCHARGE: _____
 IN LINE: _____
 NUMBER OR DISCHARGE: _____
 RECEIPT: _____
 TYPE OF SERVICE: _____
 COMPLETION OF SERVICE: _____
 DATE OF SERVICE: _____
 DATE OF DISCHARGE: _____

CC

33

N.S. V-2850, F.D.584, PERS.(N)

19 March, 1945.

THIS IS TO CERTIFY THAT according to official information Stanley Melburn Kirkpatrick, Telegraphist, Official Number V-2850, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI" was lost in the English Channel due to enemy action.


SECRETARY, NAVAL BOARD. c



FORM C-3

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG. No.

VITAL STATISTICS, REGULATION 210, 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 SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)

1. PLACE OF DEATH { Sub-Health District AT SEA Area (City, Town or Civil Parish)
 { If in City, Town or Village..... (Name) Street..... House No.....
 (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 Civil Parish where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. NAME OF DECEASED KIRKPATRICK Stanley Melburn
 (Surname) (Given name or names)

RESIDENCE No. 13 Street Richey Street City, Town, Village or Civil Parish Saint John Province N.B.
 (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 Scottish 7. Single, Married, Widowed or Divorced (write the word) Single

8. BIRTHPLACE Saint John, N. B.
 (Province or Country)

9. DATE OF BIRTH February 3 1922
 (Month) (Day) (Year)

10. AGE in { Years 22 Months 6 Days If less than one day old
 hrs. or min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. 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.....

16. NAME.....

17. BIRTHPLACE.....
 (Province or Country)

18. MAIDEN NAME.....

19. BIRTHPLACE.....
 (Province or Country)

20. Name of informant..... Paymaster Commander, RCNR
 Address Naval Service Headquarters, Ottawa, Ont.
 Relationship to deceased Director of Personnel Records

21. Place of Burial, Cremation or Removal..... NO BURIAL
 Date of burial or removal.....

22. 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 him..... alive on..... 19.....

CAUSE OF DEATH

I
 Immediate cause (a).....
 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) Missing, presumed dead.
 due to He was serving in H.M.C.S.
 (c) "ALBERNI" which was sunk in the English Channel.

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. S.D.R. No.....

29. Filed..... 19.....
 (Sub-Deputy Registrar)



144437 18

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

N.S. V-2850. PERS.(N)

My dear Mrs. Kirkpatrick:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Stanley was an excellent telegraphist rating. He has been with me for two years and we have become more friends than officer and rating. He was very well liked by all the officers and men and appeared to be very happy aboard.

The only minor comfort I can give you is that he was down below at the time the ship was hit and as the ship sank instantly I am sure he did not suffer any pain.

I hope that if I am ever in St. John you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"

Lieutenant Commander, R.C.N.V.R.

Mr. Albert Kirkpatrick,
13 Richey St.,
SAINT JOHN, N.B.

P.A.'S CHECKED IN

C.R. BY.....h.....

A.J.B. NO. 21379 18th June, 1942
 ORIGINAL P169164

113-K-495
 CANADA

H.Q. File No.

DECLARATION OF ALLOTMENT

7

| List and Number in Ledger | ALLOTOR | Rank or Rating | Official No. | Daily Rate of Pay |
|--|---|----------------|-----------------------------------|-------------------|
| STADACONA DIVISION I SECTION I SUB. B. 5/2-650 | Surname..... KIRKPATRICK Christian Names } STANLEY | O/TEL. | V2850 R.C.N.V.R. | 1.60 |

Section A ALLOTMENT NOW DECLARED

| FULL NAME OF ALLOTTEE | Relationship | ADDRESS | Rate per Month to be charged on ledger | Month to commence. Payable on last working day |
|--|---|---|--|--|
| Surname..... KIRKPATRICK Christian Names } MRS. BETTY | MOTHER NON/DEPENDANT | 13 XXXXXXXX Richey Street, St. John, N.S. | 20.00 <i>D</i> | NEW JULY |

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

| Rate | NAME OF ALLOTTEE | ADDRESS | These allotments are to be disposed of as indicated below. (See Note 2):— |
|------|------------------|------------|---|
| | | NIL | |

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
 NOTE 2:—Write "Increased or reduced (as Section A)"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotment Declarations
 Initials *SK*
 Filed on Allotment Ledgers

Allotor's Signature authorizing charges..... *Stan Kirkpatrick*
 O/TEL. Rank or Rating **R.C.N.V.R.**

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

B

[Signature]

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

128-----20.00
 \$20.00

THE NAVAL SECRETARY,
 Department of National Defence,
 (Naval Service)
 Ottawa, Ont.

..... *Re Chapman*
 Paymaster Sub-Lieutenant, R.C.N.V.R.
 FOR Accountant Officer

H.M.C.S. "STADACONA".

Forwarded.....

PAY OFFICER
 DIVISION I
 JUL 13 1942
 HALIFAX, N. S.
 R. C. N. BARRACKS

S. 63

**NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY**

| | INITIALS | DATE |
|---|----------|------|
| Declaration received at Headquarters..... | | |
| Declaration examined..... | | |
| Approved..... | | |
| Index card made..... | | |
| Allotment ledger sheet made..... | | |
| Allotment ledger sheet checked..... | | |
| Type plate made..... | | |

TWENTY *
 * 20.00
 KIRKPATRICK, STANLEY MELBURN V-2850
 MRS. BETTY KIRKPATRICK,
 13 RICHEY ST.,
 ST. JOHN, N.B.

6

Passing Certificate

This is to Certify

that Stanley Melburn KIRKPATRICK,

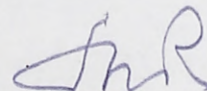
Rating Ordinary Seaman, Official Number V.2850
R.C.N.V.R.

has passed

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

held on 4th-5th November, 1941.

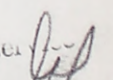
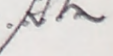
For advancement to Petty Officer



Naval Secretary
 Director of Education.

Department of National Defence,

Ottawa, this 1st day of December 19 41.

Noted in Ser. 
 Records by 

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 2

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

- 1. (a) Print name in full Stanley Melnick (b) Reg'l. No. 10050011
- 2. (a) Arm of service Army (b) Unit 1st Canadian Parachute Battalion (c) Rank Private
- 3. (a) Date of birth 1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment St. Catharines, Ont.
- 4. (a) Place of enlistment St. Catharines, Ont. (b) Date of enlistment 1941

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? Yes
- 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Junior Matriculation
- 7. If you attended a university, give name of university and standing or degree secured None
- 8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? None (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? None
- 9. (a) What languages do you speak fluently? English (b) What languages do you read well? None

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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? None

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

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

- 11. Had you ever been employed fairly regularly since leaving school? No
- 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked None (b) State how long you had worked at this trade or occupation None
- 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified None
- 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment None
- 15. Give details of last employer, if any: Name None Address None
- 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) None
- 17. (a) If your last employment was in a business of your own, state nature and address of business None (b) Date of discontinuing it None

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 None Address None
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) None
- 20. (a) Your specific occupation None (b) Number of years' experience at this occupation with any employer None
- 21. (a) Did your employer promise definitely to give you employment on discharge? None (b) Did your employer refuse to promise you employment on discharge? None (c) Do you wish to return to your former employment? None

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 None (b) Where was it located? None
- 23. (a) Number of years engaged in this business None (b) Have you made, or will you make plans to return to the same or a similar business on discharge? None

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? None
- 25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None

Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? None
- 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.) None
- 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None



DATE 24th June 1941 194

SIGNATURE Stanley Melnick

AUG 23 1941

COPY TO
VWU
ES

V2850

OFFICIAL NUMBER

NAME

KIRKPATRICK

Stanley Melburn

(Given Names)

P.I.B. OFFICIAL NUMBER V2850

| 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 |
| St. John Div. Str. | Ord. Smn. W/T | 24 | 6 | 41 | | V.G. | | 31 | 12 | 41 | T.O.W/T. | 10 | 8 | 43 | | | |
| Duty Div. Hdqrs. | " " " | 8 | 8 | 41 | D | V.G. | Sat. | 31 | 12 | 42 | | | | | | | |
| St Hyacinthe | " " " | 20 | 1 | 42 | | V.G. | Sat. | 31 | 12 | 43 | | | | | | | |
| Stadacona | Ord. Tel. | 28 | 3 | 42 | Transferred 249A #4431. | V.G. | Sat. | 21 | 8 | 44 | | | | | | | |
| Ville de Quebec | " " | 10 | 6 | 42 | D.R.D. | | | | | | | | | | | | |
| Alberni | " " | 18 | 6 | 42 | D.R.D. | | | | | | | | | | | | |
| " | " " | 15 | 10 | 42 | DRD Ledger. | | | | | | | | | | | | |
| " | Telegraphist | 8 | 8 | 42 | 249A #14939. | | | | | | | | | | | | |
| DISCHARGED | " | 21 | 8 | 44 | "Missing" per Casualty List. 249A #A22988. | | | | | | | | | | | | |
| | | 21 | 8 | 44 | Presumed Dead, per C.L. Page 114. | | | | | | | | | | | | |

GENERAL REMARKS

X-Ray App.
 AWARDED Canadian Memorial Cross,
 MOTHER: Mrs. Elizabeth KIRKPATRICK
 13 Richey St.,
 SAINT JOHN, N.B.

| DATE OF BIRTH | | | PLACE OF BIRTH | | CIVIL OCCU. | | RELI. | ED. | PERM. RESIDENCE | | | PREV. ENL. | RANK OR RATE ON ENLISTMENT | | | |
|---------------|-----|-----|-----------------|---------|-------------|------|-----------------|-----|-----------------|---------|--------------|------------|----------------------------|----|-----|------|
| DY. | MO. | YR. | BIRTH | MAIN | SUB. | GION | | | P. | CTY. | TOWN | SERV. | DIV. | A. | BR. | RANK |
| 03 | 2 | 22 | 15 | X | X | D | 60 | X | 5 | 11 | 01 | 0 | 02 | 0 | 05 | 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 | | | |
| 24 | 06 | 41 | 08 | 08 | 41 | | | | | 1250 | 0 | 12 | 94 | | | |
| SENIORITY | | | STR. | NON-SUB | | M | CODED | | | CHECKED | | | | | | |
| DY. | MO. | YR. | CAT. | A. | B. | ST. | | | | | | | | | | |
| 08 | 08 | 42 | 13 | 53 | 00 | | N.O.B. | | | 9.4.41 | | | | | | |

V2850

OFFICIAL NUMBER

FILE NUMBER

113-K-495

OFFICIAL NUMBER

V2850

NAME KIRKPATRICK (Surname) Stanley Melburn (Given Names) DATE OF BIRTH 3 Feb. 1922PLACE OF BIRTH Saint John, N. B. OCCUPATION StudentRELIGION Baptist EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 13 Richey St. Town Saint John Province, etc. N. B.

| 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 |
| 24 | 6 | 41 | H.O. | 5' 10" | Blonde | Blue | Fair | Scar on rt. side of back. | | | | |

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr. Albert Kirkpatrick
ADDRESS (in pencil): Street and No. 13 Richey St. Town Saint John Province, etc. N. B.

| MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY | | | | EXAMINATIONS, CERTIFICATES, ETC. | | | | | | | |
|--|-------|------|-------------------------------------|----------------------------------|-------|------|------------------------------|-------------------|-------|------|-------------|
| Date (in figures) | | | Particulars | Date (in figures) | | | Particulars | Date (in figures) | | | PARTICULARS |
| Day | Month | Year | | Day | Month | Year | | Day | Month | Year | |
| 3 | 2 | 44 | C.V.S.M. (R&C) 1939-43 Star. (8515) | 5 | 11 | 41 | Passed E.T. "One" R.C.N.V.R. | | | | |
| | | | | 23 | 5 | 42 | Qual. for "Tel". | | | | |

| 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. WR 5166-4-
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 |

