

ADDENDA

1943

F/S Peterson, Kernit Joseph RAAF
W/C Piddington, James Arthur, DFC RAF
F/O Piers, Arthur William Jarvis RAF
S/L Prior, Garfield Wallace, DFC RAF

Pte Regan, James Patrick Carl & York R
WC Reid, George Alfred RAF

WO2 Scandiffio, Thomas Peter RCAF
F/S Smith, Robert William RAF

S/L Thompson, Alan Edward RAF
S/L Turner, Francis William Scott, DFC RAF

Sgt Warr, Bertram James RAF
S/L Wellburn, Dennis Crosby, DFC RAF
F/L Williams, Reginald Frank RAF
S/L Wolfe, Denzil Lloyd, DFC RAF

1944

WC Bartlett, Christopher Smales, DFC & Bar RAF
WC Bell-Irving, Roderick Keith Faulkner RAF
Sgt Biehl, William McKay RAF
F/O Blachford, Glen Hugh RCAF
F/L Brown, Robert Lewis RAF

Pte Chevalier, Marcel R de Chat
WC Corbould, Kenneth Bruce, DFC RAF
F/L Currie, James Alexander RAF

P/O Dawson, Stanley RAF
Cpl Day, Francis Edward James RAF
WC Dunlevie, John Sydney RAF
S/L Dunn, Albert Robinson, DFC RAF
Sgt Dunne, Leslie Walter RAF

S/L Eno, Lloyd Higgs, DSO, DFC RAF

S/L Fawcett, Rowland Eden, DFC RAF
S/L Fleming, James Grant, DFC RAF
Pte Foster, Frank Eldon Alq R
F/O Fox, Kenneth Wilson RAF
F/L Francis, Richard Owen RAF

Pte Greene, Donald Lawrence LSupR

S/L Harper, Robert Howard, DFC RAF

S/L Jephson, Richard Stanley RAF
LAC Jamieson, Walter Reginald RCAF

P/O Lochhead, Robert Lachlan RCAF

W/O MacPherson, William Reddington RAF
Sgt Melachlan, David Christie RAF

AB McInnes, William Samuel RCNVR
F/S Murray, James Lowther RCAF

P/O Nelson, Douglas Haig RAF

S/L Percival, John Frederick RAF
S/L Pinhorn, Anthony James, DFC RAF

F/L Reahil, Frederick John, DFC RAF
F/L Reid, John Alexander RAF

V50918
MCINNES
WILLIAM SAMUE

P281307.C.M. 113-771-6016

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 William Samuel MC INNES (b) Reg'l. No. V-50918
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank ORD/SEAMAN
3. (a) Date of birth 16 July 23 (b) Have you any dependents? No (c) Place of residence at time of enlistment 5894 Verdun Avenue
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 23 Nov. 1942

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 Yrs. (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) "Two years 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? - (c) Did you finish it? - (d) If you did not finish it, how long did you serve at it? -
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) "WORKING" (b) At time of enlistment of what trade union or professional society were you a member? No

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. - (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 General Steel Wares Ltd. Address 2355 Dalsie St
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Manufacturing Steel Wares.
20. (a) Your specific occupation Office Clerk. (b) Number of years' experience at this occupation with any employer 3 Yrs 4 Mos.
21. (a) Did your employer promise definitely to give you employment on discharge? - (b) Did your employer refuse to promise you employment on discharge? - (c) Do you wish to return to your former employment? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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



DATE.....194..... SIGNATURE.....

Copy To
VWD
ES

DEC 8 1942

Mr. William McInnes,
5824 Verdun Ave.,
Verdun, Quebec.

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. 50918 FD 758

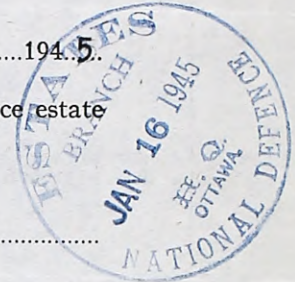
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 3, 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

MC INNES, William Samuel, A/Smr.

V.50918 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/JL

J. W. W. W.
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.....	Single		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	William McInnes	50	5824 Verdun Ave
4	Mother of the Deceased.....	Lillian Grace McInnes Deceased Feb.	14/1941	Verdun Ave
5	Brothers of the Deceased	Full Blood		None
		Half Blood		None
6	Sisters of the Deceased	Full Blood		None
		Half Blood		None
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children
		None		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	McINNES, William Samuel
9	Date of his birth.	July 16, 1923
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Montreal, Que. Mar. 3/1922

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Verdun, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Verdun, Que. (b) (c) for 20 years (d)
14	Nature of employment before enlistment.	Clerk-Timekeeper
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Verdun, Que.

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?	Single
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?	None
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Ins. Co. #470.00 William McINNES Father
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None
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.	None

(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.

William McNeil J.

{Signature of Informant

5824 Verdun Ave, Verdun, Que Address

CERTIFICATE

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

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 Verdun this fifth day of January 1945

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

J.G. Joyce

Qualification United Church Clergyman

Address 789 Des marchais Blvd, Verdun, Que

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

VIR



Wm.C.M.

N. V. 5
 50M-10-41 (1994)
 N.S. 815-11-5

113-776016

ATTESTATION FORM
 (HOSTILITIES FORM)

P281366

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME Mc INNES OFFICIAL NO. V-50918
 CHRISTIAN NAMES William Samuel MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
5824 Verdun Avenue, Verdun, Quebec.	United Church

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
16th July 1923	Town Verdun	William Mc Innes.
*Original Nationality of:	County	Father,
Father <u>Scot.</u>	Province <u>Quebec.</u>	Same address.
Mother <u>Canadian</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>35</u>	Light Brown,	Blue	Fresh	Operation scar behind right ear.
Inches <u>5 1/4</u>	Deflated <u>32</u>				
<u>137</u>	Mean <u>33 1/2</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Two Years High School.	"Office Clerk" General Steel Wares Ltd. 2355 Delisle Street, Montreal, Quebec.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
DIVISIONAL STRENGTH 23rd NOVEMBER 1942.	ORD/SEAMAN	H.M.C.S "MONTREAL"

(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
	//////	//////	Personnel Records Division.

Personnel Records Division.

1. Noted in Records *[Signature]*

2. Index Card *[Signature]*

3. Non-Sub Card

4. Statistical Card

5. Roneo Strip

6. Pension Card

7.

8.

DATE 3.12.42

(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.

(5) On being enrolled as a member of the H.M.C.S. "MONTREAL" 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 23rd day of November 1942.

Signature of applicant [Signature]

(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 23rd day of November 1942.

[Signature]
Signature of and rank of Attesting Officer.
Sub/Lieutenant R.C.N.V.R.

(D) **OATH OF ALLEGIANCE**

I, William Samuel MC INNES 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 [Signature]

Witness [Signature]

Date 23rd November 1942 Rank Sub/Lieutenant 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**

William Samuel Mc Innes 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 H.M.C.S. "MONTREAL" Division of the R.C.N.V.R. or in the appropriate official documents.

[Signature]
Sub/Lieutenant R.C.N.V.R. Attesting Officer.

23rd November 1942 R.C.N.V.R. Division H.M.C.S. "MONTREAL"
(or other establishment)

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

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

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

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

[Signature]
Signature



CANADA

P281368
113-M-6016
Can. B. 207
100M-3-42 (3733)
N.S. 815-2-207
2

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

Note—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined McInnes William S.

candidate for entry as O/S.M.M.
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	Yrs. 19	Mos. 4	(j) Date of last Vaccination for Smallpox	1930	
(b) Height with bare feet	Feet 5'	In. 5'74	(k) General Development	Good	
(c) Weight without clothes	127		(l) Nose, Throat and Tonsils	Nose Normal Tonsils Small	
(d) Ears and Hearing	Normal		(m) Heart and Lungs	BP 120/70 Normal	
(e) Chest Girth	Max. 35	Min. 32	Mean 33 1/2	(n) Abdomen Hernia, etc.	Normal
(f) Teeth	Deficient 3	Defective 0	Dentures 0	(o) Limbs and Joints	1° PESTLES
(g) Vision by Snellens Types	without glasses 6-6	Rt. Lt. 6-24 = 6-6	(p) Skin	Normal	
(h) Colour Vision	Ishihara Normal	R.C.N. Lantern	(q) Anus Haemorrhoids	Normal	
(i) Chest x-ray	not taken approved positive doubtful	155194 approved D.P. & H. Mortimer	(r) Testes Varicocele	Normal	
			(s) Urine	Not Taken	

OPERATION RT. PAROTID GLAND 1938 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.

W. S. McInnes
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 Montreal the 17th of November 1942

W. D. Heath
Examining Medical Officer
(Rank) Surg. Lieut R.C.N.V.R.

V50918

OFFICIAL NUMBER

FILE NUMBER

113-M-6016

OFFICIAL NUMBER V50918

NAME McINNES (Surname) William Samuel (Given Names) DATE OF BIRTH 16th July, 1923.PLACE OF BIRTH Verdun, Quebec. OCCUPATION Office ClerkRELIGION United EDUCATION 2 years High SchoolRESIDENCE AT TIME OF ENLISTMENT: Street and No. 5824 Verdun Ave., Town Verdun Province, etc. Quebec.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
23	11	42	H.O.	5' 5 1/4	Lt.Br.	Blue	Fresh	Operation scar behind right ear.				

NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) William McInnesADDRESS (in pencil): Street and No. 5824 Verdun Ave. Town Verdun Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				24	5	43	Qual. anti-gas 1 day				
				2	7	43	Marked "Tr". 249A-42347.				

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			

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

H.Q. 35-30M-4-42 (4260)
N.S. 815-7-35

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "ALBERNI" Sept. /45 - R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

1) MEDALS
PERSON

ENTITLED TO Mr. William McInnes - Father

ADDRESS: 5824 Verdun Ave.,
Verdun, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Irene McInnes

ADDRESS: 5824 - Verdun Avenue
VERDUN, Que.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO. 867

(2)

(3)

17 January 1945

DECEASED 21 August 1944

AWARDS NAVY

D.D.

MCINNES

William Samuel

V-50918

A.B.

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 MEDALSREGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Fr. Ger. Star & Clasp

C.V.S.M. & Clasp

War Medal

7451

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CERTIFICATE of the SERVICE of

William Samuel McINNES

in the Royal Canadian Naval Volunteer Reserve

i.c. # NS 75564

Training Headquarters	R.C.N.V.R. Division	Official Number
	<u>Ames Montreal</u>	<u>0-50918</u>
		"
		"

Date of Birth 16 July 1923 Name and Address of Nearest Relative or Friend (in pencil)

Place of Birth Verden - Que. Father

Place of Residence 5824 Verden Ave - Verden - Que. William McInnes

Trade brought up to Office Clerk **O.H.F.** same address

Religion United Church

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	
	<u>23 Nov 42</u>	<u>Duration of Hostilities</u>	<u>Ord Smm</u>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<u>5</u>	<u>5 1/4</u>	<u>33 1/2</u>	<u>137</u>	<u>R. Brown</u>	<u>Blue</u>	<u>Fresh</u>	<u>Operation scar behind right eye.</u>
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.				
	Montreal			Ord Smm	23 Nov '42	12 Jan '43	
				On Active Service	13 Jan '43		
	Montreal			O/Sea	13 Jan '43	20 Apr '43	
	Cornwallis			---	21 Apr '43	10 Aug	
	Stadacona			---	11 Aug '43	8 Sept '43	
	Chaloupi (Alberni)			---	9 Sept '43	5 Nov '43	
	Stadacona (- " -)			A. B.	6 Nov '43	12 Jan '44	
	Tribe (Alberni)			---	13 Jan '44	21 Apr '44	
				---	25 Apr '44	21 Aug '44	Sted Plt # A-4638 Reported missing to dates 21 Aug 1944 CN 110, 222, 323, 231121 August 1944 AS 9552 Presumed "Dead" 21 Aug 44. CN 110's Sig. 271839, Dec 44.

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

Date	Details	Captain's Signature
13 Aug '43	LCY # B81700	

24
27
8
6

VERIFICATION FORM

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

Samuel RANK/RATING *AB* OFF.NO. *V-50918* ADDRESS

DAYS	AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
		FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
								1939-45	1	<i>star</i>
			<i>6-6-44</i>							
<i>348</i>	<i>At - Fr. Gen.</i>							ATLANTIC	2	
								FRANCE G.	1	<i>4 clasp</i>
	<i>Dis Dead - 21-8-44</i>							AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	<i>4 Clasp</i>
								" CLASP		
								WAR 1945	1	<i>medal</i>
								WAR 1915		

VERIFIED BY *J.B.*
lu

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

41

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 McINNES, William Rating A.B.
 Official No. V 50918 H.M.C.S. NIOBE for ALBERNI List 12.II/28
 Who* Discharged Dead on the 21st August 1944

Net sum due on ledger on account of Wages.....	202	94
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, brought from the other side.....		
Found amongst Effects.....		
Debts collected \$.....		
Cash deposited by official Receipt No.....		
Cash debited in the Accountant Officer's Cash Acct.....		
If in debt in ledger, amount to be stated (in red ink).....		
Rate of allotment (in words) <u>sixteen dollars and eighty cents</u> charged to <u>31 Aug.</u>		
Name of ship from which transferred.....		
Total†.....	202	94

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† of Two hundred and two dollars ninety-four cents.

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

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

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

No. to **NOTED** ESTATES CARD Signature..... Date..... 19.....
 JUN 7 1945

*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 acc't receipt voucher N-R-111546.**
 H.Q. N.S. 815-9-45

32

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name McINNES William Samuel
(Christian names in full)

Rank or Rating Able Seaman Official No. V-50918 Unit R.C.N.R.
R.C.N.V.R.

Place of Birth Verdun, Quebec Date of Birth 16th July 1923

Occupation in Civil Life Office Clerk Religion United Church

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 1 year and 9 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. William McInnes Relationship Father
Address 5824 Verdun Ave., VERDUN, Que.

Date on which the above was informed by Ship 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.....

If applicable { Place of Burial No burial Date of Burial.....
Location, Number, etc., of grave.....
Undertaker employed.....

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.

C.N.S. 1121
10M-6-44 (774)
N.S. 7570-S-1121

*Noted D.M.D.
M.M.Q.
2/28/45*

ESTATES BRANCH

HQ NS V.50918 FD758

January 24th, 1945.

Mr. William McInnes,
5824 Verdun Avenue,
Verdun, Quebec.

MC INNES, William S. A/Smn. (Deceased)
No. V.50918 R.C.N.V.R.

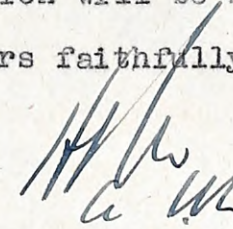
Dear Mr. McInnes:

Receipt is gratefully acknowledged of completed form P.64 herein which appears to be quite in order and 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 you apparently know of none.

We do not anticipate receiving any personal effects from any of the casualties of H.M.C.S. "Alberni" in which your late son was lost so no Will may be expected from that source and it is planned to distribute the service estate herein as an intestacy for the province of your late son's domicile which is understood to be Quebec.

The finalized statement of pay and allowances has not yet come to hand to admit of distribution of the available service estate herein but as soon as particulars of same are received a further communication will be sent to you.

Yours faithfully,


Director of Estates.

HRW/MK

37

H.M.C.S. "NIOBE" CASH ACCOUNT FOR THE MONTH OF MARCH, 1945

DATE: 28th March, 1945

RECEIPT VOUCHER: N-R-1546.

NAVAL ESTATES PRESENT WAR

RECEIVED FROM: The Supply Officer, H.M.C.S. "NIOBE"

The sum of Two Hundred and Two Dollars and Ninety-four Cents

being the equivalent of
Forty-five pounds,
Eight shillings and four pence, Sterling,
at the fixed rate of exchange £1.0.0 equals \$4.47.

FOR CREDIT: to Naval Estate of William McInnes, A.B.V-50918
with balance of pay on discharge dead - H.M.C.S. "ALBION"

£ 45.8.0 or
\$ 202.94

W. McInnes
Lieutenant (S) R.C.N.V.R.
for SUPPLY OFFICER

*Noted
D.N.P.A.
19.4.45
E.L.*

NAVAL SERVICE

DIVISION 01

<u>F. E.</u>	<u>EST.</u>	<u>VOTE</u>	<u>PRIM.</u>	<u>SUB.</u>	<u>AMOUNT</u>
9999		831	00	50	\$ 202.94

copy: D.N.P.A. ✓
Naval Estates Officer



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. V-50918

26

DEC 28 1944 194

39368

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>
William Samuel McInnes, Able Seaman, Official Number V-50918, RCNVR	Missing, presumed dead, since 21 August, 1944, from HMCS "ALBERNI".	Father: Mr. William McInnes 5824 Verdun Ave., VERDUN, Que.

ALLOTMENTS IN FORCE

<u>In Favor Of</u>	<u>Amount</u>	<u>Initials</u>
(Mother) Mrs Irene McInnes 5824, Verdun Ave. Verdun, P.Q.	A.P. 20.00	S.P.

WILL: No Record

Yours truly,

J. G. Heard

for
SECRETARY, NAVAL BOARD.

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

TO:

DEC 16 1944

N.C.R.

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.

AB

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

4
 NAVY

DECEASED
 MEMBER'S
 NAME

William Samuel McINNES

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO.

34051

PAYEE

Director of Estates, for Service Estate of

FILE NO.

NSV50918

ADDRESS

308 Sparks St.,
 Ottawa, Ont.

W.S. McINNES

DATE

4 May '46

SERVICE NO.

V-50918

FINAL RANK OR RATING

A.B.

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug. '44

DATE OF DISCHARGE

21 Aug. 44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 587 EQUAL TO 19 COMPLETE PERIODS AT \$7.50

\$ 142.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 348 LESS 17 INELIGIBLE DAYS, EQUAL TO 331 DAYS @ 25c. PER DAY

82.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.25	
ADDITIONAL PAY	\$.15	S.D.
	\$.25	HLM
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	nil	\$ nil
TOTAL	\$	3.50	X7 = \$ 24.50
NO. OF DAYS		348	X\$ 24.50
		183	

46.59

Voucher 205 - June 4/46 = \$271.84
 D. WAR SERVICE GRATUITY

271.84

E. DEDUCTIONS

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

F. TOTAL AMOUNT PAYABLE

271.84

G. YOUR PORTION OF GRATUITY IS—

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

-\$ 271.84

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 CH CHECKED BY [Signature]

TREASURY
 CHECKED BY B. Johnston DATE 7-5-46

SERVICE REPRESENTATIVE

for Dir, Naval Pay Accounting.

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

1. PLACE OF DEATH	Municipal county AT SEA	Official name of civil municipality or township	Place an X over the word which applies to this municipality or this territory City Town Village Parish Township													
	Street	No.	Hospital or Institution													
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED	Surname..... McINNES (Block letters)	Do not write in this space
	Given names..... William Sennel	

4. RESIDENCE	Street..... 5824 Verdun Ave.	No.....
	Official name of civil municipality or township.....	
	Municipal county..... VERDUN	Province..... Que.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
Male	Canadian	Scottish	Single

9. If married give name of wife or husband of deceased

10. BIRTHPLACE (Province or Country) **Quebec.**

11. DATE OF BIRTH **July 16 1923**
(Month) (Day) (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	21	1	3hrs. or.....min.

OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc..... Office Clerk, General Steel Wares Ltd., Montreal, Que.
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.....
	15. Date deceased last worked at this occupation
	16. Total years spent in this occupation

17. NAME

FATHER	18. BIRTHPLACE (Province or Country)
MOTHER (Maiden Name)	

19. Place of burial, cremation or removal **No Burial**

20. Date of burial.....19.....

21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church.....
	(b) Civil municipality of.....
	(c) Municipal county.....
	(d) Date.....19..... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death.....**August 21 1944**
(Month) (Day) (Year)

23. I HEREBY CERTIFY that I attended deceased from19..... to19.....
and last saw h.....alive on.....19.....

24. CAUSE OF DEATH

I
Immediate cause
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a).....**"Missing," presumed dead. He was serving in HMCS "ALBERNI", which was sunk in the English Channel.**

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

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

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

25. If a woman, was there a puerperal condition?.....

26. Was there a surgical operation?.....Date of.....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.....19.....
(State which)

Manner of injury.....(How sustained)

Nature of injury.....

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

Signed.....M.D.

Address.....Date.....19.....

28. Signature of person who fills in the form (surgeon, coroner, hospital authority, etc.)
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

Paymaster Commander, R.C.N.R.

This signature authorizes the collector to accept this form as authentic.

Naval Service Headquarters, Ottawa, Ont., Director of Personnel Records

(Voir l'autre côté pour le français)

Do not write in this space

22

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>
Mrs Irene McInnes	Mother		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	NIL	\$ 20.00	\$20.00

To Whom Paid: Mrs Irene McInnes Address 5824 Verdun Ave. Verdun, P.Q.

Date of Enlistment: see other side

Date of Discharge: see other side

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

The final deduction of Assigned Pay for \$ 20.00 has been made for the period from 1st to 31st of Aug. 194 4

Remarks:

Computed by...S.P.....

Checked by.....*ll*.....

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.

FORM "B"

FILE: N.S. V-50918 PERS(N)

C.R. P.A.
NAVAL TREASURY
 DATE: *12/26/44*
 INITIAL: *MS*

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

26
 DEC 26 1944
 (Date)

The following casualty has been reported -

NAME McINNES, William Samuel RANK or RATING Able Seaman NAVAL NO. V50918, R.C.N.V.R.

DATE OF ENLISTMENT - 23 November, 1942. Active Service 13 Jan., 1943

DATE OF DISCHARGE - 21 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 the
 when and where any disability HMCs "ALBERNI", which was sunk in the English
 was incurred, or where death Channel.
 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. William McInnes
 ADDRESS - 5824 Verdun Ave., Verdun, Que.

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.

P.A.'S CHECKED IN
 C.R. BY.....

SUMS TO BE CHARGED ON THE LEDGER OF H.M.C. SHIP

D.P.R. 2-1-44

a 113/4/1

"NIobe"

400891

F.D.858

NAME	Amount to be charged	Ship in which the Charge arose	REMARKS
<p>William McInnes, O/S <u>O.No. V-50918</u></p>	<p>13.00</p>	<p>N.S.H.Q.</p>	<p>Recovery of difference of cost of Special Leave and Furlough Warrant No. B 96438 and regular one way fare. McInnes received Special Leave and Furlough Warrant No. B 81700 on August 10, 1943 and B 96438 on November 12, 1943. Vide Naval Order 1617.</p>

*Noted in 080 051
 8/1/45
 Noted by
 ETO (A) HQ
 26/2/46*

NOTE—Should the person have been transferred to another Ship, it is requested that this form or an extract thereof may be forwarded to such Ship.

H.M.C.S. Niobe (Albernie)
 26 December 1944

The above amount has been charged at List 12th No. 28
 in Ledger ending 31 December

*L.R. 2/2/46
 F.T. 1/2*

[Signature]
 PAY. LIEUT. RCNVR. Accountant Officer
 Commanding Officer

The Superintendent Naval Pay Accounting,
 Department of National Defence (Naval Service)
 Ottawa, Ont.

FERRY DISPATCH

Trans. 17-D

HQ. 832

DEPARTMENT OF NATIONAL DEFENCE
(NAVAL SERVICE)

Ottawa, December 9 194 4

No. N.S. V-50918
N.T.4 Transp.

SIR,—

I have to request that you will cause the sum shewn on the other side to be charged on the current ledger of His Majesty's Canadian Ship under your command, and this form to be returned as early as practicable.



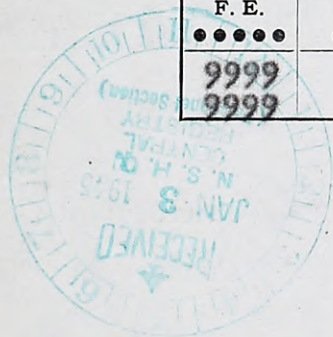
(C.F.G. Hill)
A/Pay. Captain R.C.N.V.R.
Director
Superintendent of Naval Pay Accounting

The Commanding Officer,

H.M.C.S. "NIobe"

(For Accountant Officer)

F. E.	Est.	Vote	Pri.	S.A.	Amount	
•••••	•••	•••	••	••	\$	c.
9999		400	58	30	6.	50
9999		936	01	31	6.	50



N.S. V-50918. PERS.(N)

Policy DC 83233185.

26 December, 1944.

THIS IS TO CERTIFY that according to official information William Samuel McInnes, Able Seaman, Official Number V-50918, 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.

[Handwritten signature]
[Handwritten initials]
[Handwritten initials]

LA-cm

REGISTERED

AIR MAIL

N.S. V-50918, PERS.(N)

25

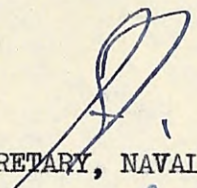
26 December, 1944.

Dear Mr. McInnes:

Further to my letter of the 28th of August, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, William Samuel McInnes, Able Seaman, Official Number V-50918, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

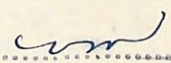
Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mr. William McInnes,
5824 Verdun Avenue,
VERDUN, Quebec.

Despatched by
Sec. N. B.


Date 26. 12. 44
Time 1600

*Noted DMPA
29-12-44
DP.*