

1944

• ATHENS •

• LA HOUELE FR. •

• MARSTON •

OA4c Tupper, Allister Robertson RCNVR  
 F/S Turachek, John Martin RCAF  
 Rfn Turcak, Josef Regina Rif  
 Pte Turcotte, Albert Emilien Roger R22eR  
 Pte Turcotte, Gabriel R22eR  
 Spr Turcotte, Gabriel John RCE  
 Pte Turcotte, George RCR  
 Pte Turcotte, Joseph Rde Mais  
 Gnr Turcotte, Russell RCA  
 Pte Turfff, Clarence Alfred  
 Seaforth of C  
 L/Cpl Turgeon, Joseph Etienne Theodore RCEME  
 Pte Turgeon, Joseph Hubert Stanley Rde Chaud  
 Cav Turgeon, Laval 4 PLDG  
 Sgt Turk, William O'Lynn LD SH(RC)  
 Sgt Turnbull, Ross Glendon PL Fus  
 Pte Turnbull, Thomas Lan & Ren Scot R  
 Pte Turnbull, William John PPCLI  
 AB Turner, Alan Thomas RCNVR  
 G/C Turner, Charles Bruce RCAF  
 Pte Turner, Charles William Lan & Ren Scot R  
 P/O Turner, Claude Sydney RCAF  
 Pte Turner, Donald Graham 1 Cdn Para Bn  
 Tpr Turner, Douglas Clarke 12 H  
 Sgt Turner, Ernest Charles 12 D  
 Sgt Turner, Howard Alg R  
 Rfn Turner, Leamon Clinton Regina Rif  
 Pte Turner, Orval James RCR  
 Pte Turner, Robert Roy RCR  
 Pte Turner, Sydney Alg R  
 P/O Turner, Thomas Duncan RCAF  
 Pte Turner, William Linc & Well R  
 Pte Turner, William Walter CH of O  
 Rfn Turritt, Austin Hubert RWpg Rif  
 Sgt Turtle, Clifford George RCEME  
 Pte Tutt, Charles Leonard HLI of C  
 Pte Tuttle, Ralph Burton Nth NS Highrs  
 P/O Tuttle, Thomas Weldon RCAF  
 Sto 1/c Tutty, Willard Jackson RCNVR

P/O Tuuri, Albert William RCAF  
 Ck(S) Tuzo, Joseph Alpheus RCNVR  
 Pte Tweddle, Ernest Alexander 48 Highrs  
 Gnr Tweedly, Melville Charles RCA  
 Spr Tweedy, Alexander RCE  
 Sgt Tweedy, Kenneth Samuel Calg R  
 P/O Tweter, Lloyd Allan RCAF  
 Pte Twymman, Albert Essex Scot  
 P/O Twigge, Gerald Andrew RCAF  
 Pte Tyee, Philip Calg Highrs  
 Tpr Tyers, Alfred 4 PLDG  
 LAC Tyler, Howard Edward RCAF  
 F/L Tyndale, Lorne Vincent RCAF  
 Spr Tynes, John Jacob RCE  
 L/Bdr Tyo, Ernest Albert RCA  
 Tpr Tyo, William Wallace Three Riv R  
 Pte Tyshuk, Samuel RCASC  
 Pte Tysick, Norman Dalton Hast & PER  
 Spr Tysick, Thomas RCE  
 Pte Tyson, James Alfred R Reg C  
 Pte Tyson, Samuel George CH of O  
 Spr Tyson, Thomas William RCE  
 Pte Tytgat, Armand Paul Camerons of C

Tpr Uhlman, Murray Clayton Sher Fus R  
 Fus Ulbricht, Gustave PL Fus  
 F/S Ulens, Rayburn William Thomas RCAF  
 Gnr Ulley, Alfred George RCA  
 Pte Uloth, Ray Douglas SSask R  
 F/O Utry, Archie Dareld RCAF  
 Pte Utry, Lloyd Allan L Edmn R  
 Pte Umpherville, Jerry PPCLI  
 Pte Umpherville, Robert Maxwell Hast & PER  
 F/O Underhill, Earl John RCAF  
 Tpr Underhill, George Holton Lincoln 1 H  
 Sgt Underhill, Ronald Clare RCA  
 Pte Underwood, Ralph Gordon 48 Highrs  
 Rfn Underwood, Thomas Willis QOR of C  
 AB Unger, Abraham RCNVR  
 P/O Unger, John RCAF

V50180  
TURNER

ALAN

THOMA

D OF D 21-8-44

GB

AWARDS

(NAVY)

D.D.

TURNER Alan Thomas		V-50180	AB	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star & Clasp	1079
Africa Star & Clasp	17-10-49
C.V.S.M. & Clasp	
War Medal	

03-76481 M



P

( THE REVERSE TO BE USED FOR LEGATE )

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR April 46 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mr. Edward Turner - Father

ADDRESS: 160 Edmonton Street,  
Winnipeg, Man.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Kathleen Turner

ADDRESS: 282 Colony St., Winnipeg, Man.

MEMORIAL BAR

(1) DATE DESP

REGN. NO. ~~222~~  
CANCELLED

(2)

(3) 17-1-45

*No later address 28.2.45*



H.M.C.S. CHIPPAWA.  
WINNIPEG, MAN.

(5) On being enrolled as a member of the..... 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.....13th.....day of.....January, 1942.....

Signature of applicant.....*Alan T. Turner*.....

(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.....13th.....day of.....January, 1942.....

.....*W. B. Kinsman*.....  
Signature of and rank of Attesting Officer.  
Sub. LIEUTENANT R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I,.....Alan Thomas TURNER.....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.....*Alan T. Turner*.....

Witness.....*W. B. Kinsman*.....

Date.....13th January, 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

.....Alan Thomas TURNER.....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.....WINNIPEG, MAN.....Division of the R.C.N.V.R. H.M.C.S. CHIPPAWA. or in the appropriate official documents.

.....*W. B. Kinsman*.....  
Sub. LIEUTENANT R. C. N. V. R. Attesting Officer.

.....13th January, 1942..... R.C.N.V.R. Division WINNIPEG, MAN. (or other establishment) H.M.C.S. CHIPPAWA

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 to another Branch at some future date.

.....*Alan T. Turner*.....  
(Signature)

V50180

OFFICIAL NUMBER

FILE NUMBER

113-T-858

OFFICIAL NUMBER V50180

NAME TURNER (Surname) Alan Thomas (Given Names) DATE OF BIRTH 25th May, 1924PLACE OF BIRTH Transcona, Man. OCCUPATION RunnerRELIGION Church of England EDUCATION Grade 9RESIDENCE AT TIME OF ENLISTMENT: Street and No. 282 Colony St. Town Winnipeg, Province, etc. Man.

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
13	1	42	H.O.	5'6 $\frac{3}{4}$ "	brown	green	fair	appendectomy scar				

NEXT OF KIN, RELATIONSHIP (in pencil) Mother NAME (in pencil) Kathleen Turner 6-11-42ADDRESS (in pencil): Street and No. 282 Colony St. Town Winnipeg Province, etc. Man.

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	Awarded C.V.S.M. & C. (249A#A8516)	17	3	42	Passed E.T. "One" R.C.N.				
3	2	44	Awarded 1939-1943 Star ("A8516")	11	9	42	Passed P.S.T. Good				
				26	9	42	Marked "Tr"				

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		
					HMCS "ALBERNI"	CP	12	11	43	Convicted by Civil Power.	3 days pay & time forfeited. 249A-2506.

**FILM**  
NO. USP 5820-5  
**DATE**

Date (in figures)			DAYS FORFEITED					O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	
12	11	43				3		

SECOND CLASS FOR CONDUCT	
From	To









F015519

DEPT NATIONAL DEFENCE

Can. B. 207

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

JAN 15 1942  
NS 1137858  
CANADA

4

# 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 Alan T. TURNER  
candidate for entry as Ordinary Seaman  
and I believe him to be <sup>\*</sup>(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. Urine: Alb. & sugar Negative.

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

(a) Age (Years / Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated 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.
17 / 6	139 lbs.	5 ft. 6 3/4 ins.	Good.	38 inches (a) maximum 36 inches (b) minimum 37 inches (c) mean	right eye 20/15 left eye 20/15 *colour vision N.	Never vaccinated.	Normal	Normal	Normal	Normal	normal	Mild varicocele left	O defective. O deficient. N & T Normal	Normal.

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

Pupils react to L & A. Reflexws normal

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

X-RAY APPROVED JAN 15 1942 FILM No. 131117

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.

Alan T. Turner

† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.  
† Strike out if inapplicable.

Signature of Candidate

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 WINNIPEG, MAN. the 13th. of January 19 42

J. S. Fyfe  
Examining Medical Officer  
SURGEON LEUT. R. C. N. V. R  
(Rank)



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

RATING ..... OFF. NO. *152180* ..... ADDRESS .....

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	1	<i>Star</i>
							ATLANTIC	1	<i>Star &amp; Clasp</i>
							FRANCE G.	2	
							AFRICA	2	<i>&amp; Clasp</i>
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>&amp; Clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *J. P. ...*

*ed-*

... BY ..... DIR. OF PERSONNEL RECORDS.

N.V. 17  
 00M-9-42 (5943)  
 N.S. 815-11-17

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

CERTIFICATE of the SERVICE of

*Alan Thomas* TURNER

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V 50180</i>
	<i>Winnipeg Manitoba</i>	"
		"

Date of Birth <i>25 May, 1924</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth <i>Trancona, Manitoba</i>	<i>Walter</i>
Place of Residence <i>282 Selwyn St, Winnipeg, Man.</i>	<i>Matthew Turner</i>
Trade brought up to <i>Runner</i>	<i>282 Selwyn St.</i>
Religion <i>Church of England</i>	<i>Winnipeg, Man.</i>
Can Swim:—P.P.T. Date <i>11 September 1942</i>	Signature _____ Rank _____
P.S.T. Good Date <i>11 September 1942</i>	Signature _____ Rank _____

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>13 Jan '42</i>	<i>Duration Hostilities</i>	<i>Ord. Sma</i>		<i>3 Feb 44</i>	<i>Canadian Volunteer Service Medal + clas. Provisional award</i>
					<i>3 Feb 44</i>	<i>1939-43 Star Provisional award</i>

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>6 3/4</i>	<i>37</i>	<i>139</i>	<i>Brown</i>	<i>Green</i>	<i>Fair</i>	<i>Appendectomy Scar</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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







SERVICE

File Number. V-50180

NAME: *Turner*, Alan Thomas

O.N. V50180

31

PRESENT RANK/RATING: A.B.

DATE TAKEN ON ACTIVE SERVICE: 14.2.42.

SERVICE

SHIP OR ESTABLISHMENT

From

To

HMCS "CHIPPAWA" (Div.Str.)  
" " (Act.Ser.)

13.1.42.

14.2.42.

St.Hyacinthe

14.4.42.

Cornwallis

6.8.42.

Alberni

6.10.42.

WILL:

Nil.

NAME & ADDRESS OF  
NEXT OF KIN:

(Mother)  
Mrs. Kathleen Turner,  
282 Colony St.,  
Winnipeg, Man.

DISCHARGED PREVIOUSLY?

No.

REASON:

DATE:

Initialled by:

*MLW*

Date:

28.8.44.

Section:

RCNVR

(TO BE COMPLETED IN INK.)



PO15520

NATIONAL SERVICE  
JAN 13 1958 3

# 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 ALAN THOMAS TURNER (b) Reg'l. No. 50180
2. (a) Arm of service NAVY (b) Unit RENAVY (c) Rank Oldman
3. (a) Date of birth May 13 1918 (b) I have you any dependents? No (c) Place of residence at time of enlistment Windsor, Ontario
4. (a) Place of enlistment Windsor, Ontario (b) Date of enlistment Jan 13 1958

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 9
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? None

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

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

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

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

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

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

18. Name of employer Mac Donald's Dept. Store Address Windsor, Ontario
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Retail Store
20. (a) Your specific occupation Runner (b) Number of years' experience at this occupation with any employer 9 weeks
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? 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? No (c) If so, in what kind of farming? \_\_\_\_\_
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (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. \_\_\_\_\_



DATE 13 January 1942 SIGNATURE Alan T. Turner

Copy To  
VWD  
ES

JAN 30 1942



20

142443

N.S. V-50180. PERS.(N)

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

My dear Mrs. Turner:

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. Your son was an excellent man both reliable and efficient. He was one of the gunners directly responsible for shooting down a JU 88 a few weeks ago. He has been with me for a long time and has always done an excellent job of work. He was very well liked by all the officers and men and appeared to be quite 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 Winnipeg 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.

Mrs. Kathleen Turner,  
282 Colony St.,  
Winnipeg Man.

P.A.S. CHECKED IN  
C.R. B. [Signature]

LA/CM

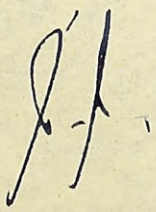
41

N.S. V-50180, F.D. 398, PERS. (N)

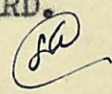
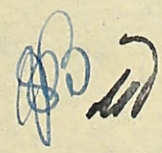
Policy No. P52828

26 January, 1945.

THIS IS TO CERTIFY that according to official information Alan Thomas Turner, Able Seaman, Official Number V-50180, 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.





Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. V-50180. PERS. (N)

OTTAWA, Ont. DEC 26 18 1944 194

39373



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 &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
TURNER, Alan Thomas, Able Seaman, O.N. V-50180, RCNVR.	Missing, presumed dead on the 21st of August, 1944, from H.M.C.S. <u>"ALBERNI"</u> .	Mother:- Mrs. Kathleen Turner, 282 Colony Street, WINNIPEG, Man.

ALLOTMENTS IN FORCE

<u>IN FAVOUR OF</u>		<u>AMOUNT</u>	<u>INITIALS</u>
Mrs. Kathleen Turner	282 Colony St., Winnipeg, Man.	\$25.00	AMP.

Allot. stopped Aug. 31/44

WILL: No Record.

AMP.

13/12/44

Yours truly,

*G. G. Heard*

for  
SECRETARY, NAVAL BOARD.

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



Department of the Army  
Personnel Section  
Washington, D. C.

PERSONNEL UNIT NO. 100

TO:

FROM:

DATE:

CLASS:

REMARKS:

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

Labels:  
In the event of change of name and rank  
information should be furnished immediately  
and the holder of the label  
in accordance with Army Order

13. [Illegible]

TO:  
DEC 16 1944

N.C.R.

PLEASE MAKE OUT FALSE  
DOCKET AND FORWARD WITH  
ATTACHED LETTER TO ADMIN  
ISTRATOR OF ESTATES.

Six copies to be rendered to Naval Service Headquarters

44

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. Naval Service Headquarters, OTTAWA, Ontario.

Name TURNER Alan Thomas  
(Christian names in full)

Rank or Rating Able Seaman Official No. V-50180 Unit R.C.N. (R.C.N.V.R.)

Date of Birth 25th May, 1924 Place of Birth Transcona, Manitoba.

Occupation in Civil Life Runner Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) from 13 January, 1942 to 21 August, 1944.

Date of Death 21st August, 1944. Place of Death At sea

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

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

Nearest known relative or friend { Name Mrs. Kathleen Turner Relationship Mother  
Address 282 Colony Street, WINNIPEG, Manitoba.

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..... Date of Burial.....  
Location, Number, etc., of grave.....  
Undertaker employed.....

H.B. Money  
for SECRETARY, NAVAL BOARD.

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

Date Ottawa, Ont., 28 Feb., 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.A.A.  
M.M.O. 9/3/45*



This form if placed in an envelope, marked "Dominion Statistics—FREE, penalty for improper use, \$300," and properly addressed will pass through the mail "FREE"

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

40

1. PLACE OF DEATH { If in Rural Municipality AT SEA Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_  
 (Name)  
 If in City, Town or Village \_\_\_\_\_ Street \_\_\_\_\_ House No. \_\_\_\_\_  
 (Name) (If in hospital or institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred \_\_\_\_\_ In Province \_\_\_\_\_ In Canada (if immigrant) \_\_\_\_\_  
 (in years, months and days)

3. PRINT FULL NAME OF DECEASED TURNER Alan Thomas  
 (Surname) (Given name or names in usual order)

RESIDENCE 282 Colony Street, WINNIPEG, Man.  
 (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX <u>Male</u>	5. NATIONALITY (Citizenship) <u>Canadian</u>	6. RACIAL ORIGIN <u>English</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) <u>Transcona, Manitoba.</u>
-----------------------	--	------------------------------------	--	---

9. DATE OF BIRTH Month <u>May</u> (Write the word)	Day <u>25</u>	Year <u>1924</u>	10. AGE IN Years <u>20</u> Months <u>3</u> Days _____ If less than one day _____ hrs. or _____ min.
--	---------------	------------------	---

OCCUPATION

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

12. Kind of industry or business, as McDonald Bros. Ltd., Stevenson Airport, St. James, Man.  
 cotton-mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation \_\_\_\_\_

14. Total years spent in this occupation \_\_\_\_\_

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased \_\_\_\_\_

PARENTS

16. Name of father \_\_\_\_\_

17. Birthplace of father \_\_\_\_\_ (same as item No. 8)

18. Maiden name of mother \_\_\_\_\_

19. Birthplace of mother \_\_\_\_\_ (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant [Signature]  
Paymaster Commander, R.C.N.R.,  
 Address Naval Service Headquarters, Ottawa

21. Relationship to deceased Director Personnel Records.

22. Place of burial, cremation or removal No burial Date of burial \_\_\_\_\_ 19\_\_\_\_

23. Burial Permit was issued by \_\_\_\_\_ Address \_\_\_\_\_

24. Signature of Undertaker or person acting as Undertaker \_\_\_\_\_ Address \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH \_\_\_\_\_ 21 \_\_\_\_\_ August, \_\_\_\_\_ 19\_\_\_\_  
 (Hour) (Day) (Month) (Year)

26. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ 19\_\_\_\_  
 to \_\_\_\_\_ 19\_\_\_\_, and last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

CAUSE OF DEATH

I

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

II

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

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

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

29. If death was due to external causes (violence) fill in also the following:—  
 Accident, suicide or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 (State which)

Manner of injury \_\_\_\_\_ (How sustained)

Nature of injury \_\_\_\_\_

Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by \_\_\_\_\_ M.D.

Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

30. Registered number \_\_\_\_\_ filed this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar, who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions.)

Every item of information should be carefully supplied.

.....Mrs. Kathleen Turner.....  
 282 (283) Colony Street,  
 .....WINNIPEG, Manitoba.....

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-50180 F.D. 786.....

DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

.....3 January.....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

.....TURNER ALAN THOMAS..... A.B.....

.....V-50180..... 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.

*H. W. Wicks*  
 Commanding Officer  
 Director of Estates.

HRW/DW

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.....	<i>Edward Turner</i>		<i>C/o C.M.R. Post Office Box</i>
4	Mother of the Deceased.....	<i>Kathleen Turner</i>	<i>53</i>	<i>282 Colony St Wilmington Del.</i>
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, <i>who are dead</i> , 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.	Alan Thomas Turner,
9	Date of his birth.	May 25 - 1924.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Transcona, Manitoba.

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Transcona, Manitoba.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Winnipeg, Manitoba (b) (c) (d)
14	Nature of employment before enlistment.	Messenger
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.	282 Colony St, Winnipeg, Manitoba.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Made a will at H. M. S. Schipperaw
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?	Had an account. at Bank? St. Hyacinthe Quebec
20	Amount of War Savings Certificates held by deceased. Indicate where located.	1 - War Savings Certificate held by mother, 282 Colony St. \$400
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	<del>Receivable</del> none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Insurance Co. \$1000 Equitable Life Insurance Co. \$1000
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Kathleen Turner, Ban.

## 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

\* mother of the deceased.

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

Kathleen Turner {Signature of Informant  
282 Colony St. Winnipeg Address

CERTIFICATE

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

\*See above.

Turner { Name of informant } is the\* mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Winnipeg this 9th day of January 1945

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

Mrs H. Selig Qualification  
A COMMISSIONER FOR OATHS  
IN AND FOR THE PROVINCE OF MANITOBA  
MY COMMISSION EXPIRES DECEMBER 31ST, A. D. 1945

Address 401 Mc Intyre Bldg  
Winnipeg man.

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

# Passing Certificate

This is to Certify

13

that Allan Thomas TURNER

Rating Ordinary Seaman, R.C.N.V.R. Official Number V.50180

has passed

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

held on 17th March, 1942.

For advancement to Petty Officer

*CMS*

.....  
-Naval Secretary  
A/Commander, R.C.N.V.R.,  
Director of Education.

Department of National Defence,

Ottawa, this 1st day of April, 19 42.

MINISTRY OF NATIONAL DEFENCE  
 NAVY                      ARMY                      AIR FORCE  
**STATEMENT OF WAR SERVICE GRATUITY**

DECEASED MEMBER'S NAME **Alan Thomas**  
 (CHRISTIAN NAMES)

**TURNER**  
 (SURNAME)

REGISTER NO. **3932**  
 FILE NO. **NS. V50180**  
 DATE **27 Jun/45**  
 SERVICE NO. **V50180**  
 FINAL RANK OR RATING **A. B.**  
 DATE OF DISCHARGE **21 Aug/44**

PAYEE **Director of Estates,**  
 ADDRESS **308 Sparks St.**  
**Ottawa, Ont.**

**for Service Estate of**  
**Alan T. Turner,**  
**NS. V-50180**  
**21 Aug/44**

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **917** EQUAL TO **30** COMPLETE PERIODS AT \$7.50

\$ **225.00**

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS **683** LESS **17** INELIGIBLE DAYS, EQUAL TO **666** DAYS @ 25C. PER DAY

\$ **166.50**

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

DAILY RATES AT DISCHARGE

PAY \$ **1.85**  
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ **1.45**  
 ADDITIONAL PAY **H.L.M.** \$ **.25**

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **3.55** X 7 = \$ **24.85**  
 NO. OF DAYS **683** X \$ **24.85**  
 183

\$ **92.75**

**D. WAR SERVICE GRATUITY**

\$ **484.25**

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

\$ **Nil**

**F. TOTAL AMOUNT PAYABLE**

\$ **484.25**

**G. YOUR PORTION OF GRATUITY IS—**

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

= \$ **484.25**

*Voucher 1353 - July 26/45*

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

AT

PREPARED BY  
**DHJ**

CHECKED BY  
*[Signature]*

TREASURY  
 CHECKED BY  
*[Signature]*

DATE  
**17/7/45**

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

# STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "NIOBE for ALBERNI" ending 30th September, 1944

List 12 No. 7 (Name) TURNER, Alan Rank Rating A/B No. V-50180

When entered F.B. Date of appearance F.B. Whither discharged "Missing"

		\$	c.																									
CREDIT from former account.....		73	12																									
Pay as <u>A.B.</u> from <u>1 July</u> to <u>31 Aug.</u> (62 days at \$1.85 a day)		120	90																									
(Rank Rating)																												
<u>AA III</u> " " " (62 " .10 " )																												
" " " ( " " " )																												
" " " ( " " " )																												
" " " ( " " " )																												
Kit Upkeep Allowance.....		7	32																									
OTHER CREDITS: <u>HLM</u>		12	00																									
<u>I.A.</u>		2	00																									
Total credits.....		215	34																									
DEBT from former account.....		8	94																									
PAYMENTS:—	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> <th>5th</th> </tr> <tr> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> <th>\$ c.</th> </tr> </thead> <tbody> <tr> <td colspan="5">1st month..... 4th Aug. Pay List \$22.35</td> </tr> <tr> <td colspan="5">2nd month.....</td> </tr> <tr> <td colspan="5">3rd month.....</td> </tr> </tbody> </table>	1st	2nd	3rd	4th	5th	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.	1st month..... 4th Aug. Pay List \$22.35					2nd month.....					3rd month.....					Total.....	22 35
1st	2nd	3rd	4th	5th																								
\$ c.	\$ c.	\$ c.	\$ c.	\$ c.																								
1st month..... 4th Aug. Pay List \$22.35																												
2nd month.....																												
3rd month.....																												
		Total.....																										
		Total.....																										
Allotment <u>\$25.00</u> Charged July & Aug.		50	00																									
Pension deduction (Officers) charged to..... of.....																												
Hospital stoppages.....																												
Mulcts.....		5	85																									
OTHER CHARGES:.....																												
Total debits		87	14																									
Balance Cr. <del>of Dr.</del>		128	20																									

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above 52

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
	FROM	TO		
"I"	3 May	12 May	10 (inf'n)	"FERRET"
Leave	15 Aug.	18 Aug.	4	

Date 6th April, May 1945

R: E

*[Signature]*  
Lieutenant (S), RCNVR, for ACCOUNTANT OFFICER  
SUPPLY

LEDGERS:

F: G





ESTATES BRANCH

HQ NS V-50180 FD  
786

April 16th, 1946.

Mrs. Kathleen Turner,  
160 Edmonton Street,  
Winnipeg, Manitoba.

TURNER, Alan T. A/Smn. (Deceased)  
No. V.50180 - R.C.N.V.R.

Dear Mrs. Turner:

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

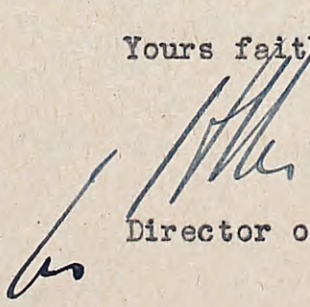
The total amount available to this Branch for distribution is the sum of \$619.38, made up as follows:

Balance of Pay and Allowances	\$128.20
Credit for Kit Upkeep Allowance and Hard Lying Money	2.62
War Service Gratuity	484.25
Redemption Value 1 X \$5.00 War Saving Certificates	4.31
	<u>\$619.38</u>

Since your don died without leaving a Will, his estate is distributed in accordance with the Intestacy Laws of his province of domicile, and as such, is equally divided between yourself and his father as next-of-kin entitled. Your share, therefore, is the sum of \$309.69.

A cheque for this amount has been requisitioned from the Treasury Department and on receipt of the same, would you kindly sign and return the enclosed form of acknowledgement to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

  
Director of Estates.

HRW/JB  
Encl. 1.