



PO Barrowman, Archibald McArthur DFC RCAF
 Pte Barry, Edward R Regt C
 FO Barry, George Richard RCAF
 Pte Barry, John Philip R Regt C
 Pte Barry, Matthew James N Shore R
 Pte Barsalo, Lionel Léo R 22e R
 ERA 3c Barss, Walter Charles RCNR
 Pte Bartee, Royal Edwin Westmr R
 Pte Bartelotte, John Thomas RHC
 Pte Barter, Robert Henry RCR
 Pte Bartko, Miro George Lan & Ren Scot R
 Pte Bartko, Peter 1 Cdn Para Bn
 PO Bartlemay, William Arthur RCAF
 L/Sgt Bartlett, George Ashley Nth NS Highrs
 Pte Bartlett, Herbert Henry Nth NS Highrs
 Pte Bartlett, Jack William Perth R
 FO Bartlett, Ralph William RCAF
 FO Bartlett, Raymond Neil RCAF
 Pte Bartlett, Stanley James CH of O
 Gdsm Barton, Everett Lawrence CGG
 Cpl Barton, Frank William C Scot R
 Gnr Barton, Harold Richard RCA
 Pte Barton, John Edward R Regt C
 L/Bdr Barton, John Richard RCAF
 PO Barton, Thomas Cranston RCAF
 Maj Barton-Tales, Ronald R Sigs
 Pte Barwell, Charles Thomas Calg Highrs
 PO Basarab, Louis RCAF
 L/Cpl Basaraba, Mike Walter Camerons of C
 LAC Bascom, Charles Stanley RCAF
 Rfn Baskerville, Ernest Charles R Wpg Rif
 PO Baskerville, Norman George RCAF
 Pte Baskett, Reginald John RHLI
 Pte Basque, Emile Seaforth of C
 Pte Basque, Ludovic RCAMC
 Art Basque, Valere RCA
 Tpr Bassett, Earl William RCAC
 L/Cpl Bassett, Richard Camerons of C
 Sgt Bastable, Gerald 12 D
 ACh Bastarache, Joseph Edgar RCAF
 L/Cpl Bastien, Ovide Maurice 1 Cdn Para Bn

Pte Batchelor, James George Seaforth of C
 FO Bate, Arthur John RCAF
 Lt Bate, Gordon Benjamin Anstey 12 D
 O/Smn Bate, John Redvers RCNVR
 Pte Bateman, Albert James RCASC
 Tpr Bateman, Arnold Edward S Alta R
 F/S Bateman, Clarence Kenneth RCAF
 Pte Bateman, Henry Chester N Shore R
 Pte Bateman, Russell Ernest Tor Scot R
 Pte Bates, Albert Leo N Shore R
 L/Cpl Bates, Donald Leroy Lan & Ren Scot R
 PO Bates, John Donald RCAF
 Sgt Bates, Michael Joseph RCAF
 Pte Bates, Stanley Robert Dearling RCASC
 PO Bath, Peter Thomas RCAF
 L/Cpl Bathurst, Edgar Earl RCAF
 F/S Batt, James Henry RCAF
 Pte Batters, Frederick Rueben RHLI
 Sjt Batters, William F. Devon
 FO Batty, Archie Verdun RCAF
 Pte Batty, Ronald Russell C Scot R
 Pte Bauer, William Seaforth of C
 Pte Baulne, Victor Joseph CH of O
 Pte Bauman, Hans L Edmn R
 PO Baumann, George Robert RCAF
 Rfn Baumann, Jacob Louis Regina Rif
 Lt Bawlf, William Frederick Camerons of C
 PO Baxter, Arie Gordon RCAF
 Rfn Baxter, Clifford Howard R Wpg Rif
 Pte Baxter, Donald Lake Sup R
 PO Baxter, Douglas Frank Jakes RCAF
 Tpr Baxter, Henry Glenwood 14 H
 Sigmn Baxter, Julius William RC Sigs
 WO2 Baxter, Lloyd James RCAF
 WO2 Baxter, Robert Leroy RCAF
 PO Baxter, William RCAF
 FO Bayard, John William RCAF
 F/O Bayer, Edward Granville RCAF
 Pte Bayley, Joseph Alexander Westmr R
 Cpl Bayley, Samuel Mitchell RCAF
 Pte Baylis, Albert Essex Scot
 Lt Baylis, Clarence Percy N Shore R

A2516
BARSS
WALTER CHARL

24-1-W

Mrs. Mary A. Barss,

12 $\frac{1}{2}$ Black St.,

Halifax, Nova Scotia

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 A.2516 FD 802

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

8th January

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

BARSS

Walter C., Eng. Em. Art. 3/c

A.2516 Royal Canadian Naval Reserve

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.

M. Wade
Commander Reserve
for. Director of Estates.

HRW/BGS

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.....	Mary Anita Basso	30	12 1/2 Black St. Halifax, N.S.
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Walter Benemore Basso	53	Sydney River, C.B.
4	Mother of the Deceased.....	Edna Evelyn Basso	53	Died March 1942
5	Brothers of the Deceased	Full Blood		
		Half Blood <input checked="" type="checkbox"/>	Murray Sedley Basso	15 Sydney River, C.B.
6	Sisters of the Deceased	Full Blood	Shirley Roberts (McDonald)	28 Sydney River C.B.
			Margaret Elaine (Kerr)	25 30 Chestnut St. St. Thomas Ontario
			Frances Eugenia Basso	23 Sydney River C.B.
		Edna Aurora Basso	18 " " "	
	Half Blood <input type="checkbox"/>			
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. <input checked="" type="checkbox"/>	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.	Walter Charles Bares
9	Date of his birth.	March 19, 1918
10	Place and date of his marriage.	January 9, 1943, St. John's Nfld.
11	Place and date of his parents' marriage.	March 9, 1915 Canso, N.S.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Lansburg, Cape Breton
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Sydney River, C.B. (home) (b) Halifax, N.S. (part of call) (c) (d) (was on ship)
14	Nature of employment before enlistment.	Merchant Navy, "Belle Isle" Eng. Room.
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.	not decided on, may have gone back to merchant navy, if so, Halifax would have been, most likely his home.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	may have with the navy, but not certain.
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?	Bank of Montreal, Galtengay St. Halifax, N.S. (Don't believe any money deposited)
20	Amount of War Savings Certificates held by deceased. Indicate where located.	X
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	X
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Great West Life Ins. Co. Mrs. Mary Anita Bares - wife.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Back pay not drawn while overseas on HMS ALBERNI - between April & August 21/44.

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.	X
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.	X

(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

* widow 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.

Mary A. Buss

{Signature of Informant

12 1/2 Black St.

Address

CERTIFICATE

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

*See above.

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

Dated at Halifax this 18th day of January 1944

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

J H MacAdam

Qualification

Commissioner Supreme Court Halifax

Address 9 Dominion Succession Duty Dept. Halifax N.S.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

re - #23 Page 3.

Back pay accumulated while on HMS Albatross between April 21/44 & August 21/44 - the amount would, no doubt, be on record. He was drawing extra pay while overseas, there being no E.O.

on board, I'm not certain how much there is coming to him; he did mention something about it, in a letter, but can't locate the letter, at present.

OTHER PARTICULARS

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. ".....NIOBE for ALBERNI." ending 30th September, 1944.
 List 121 No. 8 (Name) BARRS, Walter E. Rank Rating ERA P3/CL No. A-2516
 When entered F.B. Date of appearance F.B. Whither discharged "Missing".

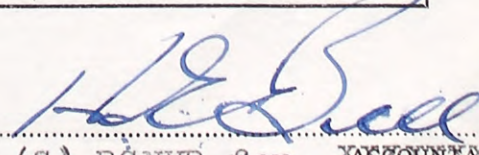
	\$	c.
CREDIT from former account..... F.B.	97	13
Pay as ERA 3 from 1 July to 31 Aug. (62 days at \$3.15 a day)		
(Rank Rating)		
" 1 Cert. " " " (62 " .25 ")	213	90
" 1 GCB " " " (62 " .05 ")		
" " " " (" ")		
" " " " (" ")		
Kit Upkeep Allowance.....	10	66
OTHER CREDITS: H.L.M.	14	40
L.A.	2	00
G.M.	3	12
Total credits.....	341	21

DEBT from former account.....											
PAYMENTS:—	1st		2nd		3rd		4th		5th		
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	
1st month.....											Total.....
2nd month.....											Total.....
3rd month.....											Total.....
Allotment..... \$54.00 AP Charged July & Aug.											108 00
Pension deduction (Officers) charged to..... of.....											
Hospital stoppages.....											
Mulcts.....											
OTHER CHARGES:.....											
Total debits											108 00
Balance Cr. XXXX											233 21
(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		
	Leave	15 Aug.	18 Aug.	4	

Date..... 5th April, May 19 45.


 Lieutenant (S), R.C.N.V.R., for ACCOUNTANT OFFICER SUPPLY

C.N.S. 2426
 25M-8-43 (1468)
 N.S. 815-9-2426

R: 
 LEDGERS: 
 F: 



ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME **BARSS,** OFFICIAL No. **A 2516**
 CHRISTIAN NAMES **Walter Charles** MARRIED, SINGLE OR WIDOWER **Single**

PERMANENT ADDRESS	RELIGION
Sydney River, Cape Breton Co., N.S.	C. of E.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
19th March, 1918	Town Louisburg County Cape Breton Province N.S.	Mrs. Edna Barss, (mother) Sydney River, Cape Breton Co., N.S.

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXTION	WOUNDS, SCARS, MARKS
Feet 5	Inflated.....	Light Brown	Blue	Fair	Nil.
Inches 9½	Deflated.....				
.....	Mean..... 38½				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
17th August, 1940.	Engineman	Oiler S.S. "Belle Isle" Halifax, N.S.

(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 Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) ~~That it is my intention to follow the sea for a period of at least five years from this date~~
 (b) ~~That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.~~
 (c) That it is my intention to follow the sea in an Engine-room capacity for a period of five years from this date.

NOTE.—Candidates for enrolment as *Seaman* are to cross out clauses (b) and (c) above.

Candidates for enrolment as *Stoker* are to cross out clauses (a) and (c) above.

Candidates for enrolment as *E.R.A.* are to cross out clauses (a), (b) and (c) above.

Candidates for enrolment as *Engineman* are to cross out clauses (a) and (b) above.

*Cross out clause not applicable.

(4) That I have never been rejected from any of His Majesty's Forces on account of unfitness.

(5) That (a)* I have never served, and am not serving in any Naval, Military, Reserve or Territorial Force.

~~(b) I served in~~ Nil. ~~for the~~
~~periods shown~~

Served in	Rank	From	To
Nil.....		

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:— **AND/OR DURATION OF HOSTILITIES.**

- (a) To serve from the date thereof for five consecutive years, 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 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 Registrar 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.

(8) I am willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities.

Dated this 17th day of August, 1940.

Walter C. Barss ✓
(Signature of Applicant)

(C) OATH OF ALLEGIANCE

I, Walter Charles BARSS do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty.

Signature of Applicant Walter C. Barss ✓

Witness [Signature]

Date 17th August, 1940. Rank Lieutenant R.C.N.V.R.

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

(D) CERTIFICATE OF ATTESTING OFFICIAL

I hereby certify that all the foregoing statements were made by the man above named, in my presence, and that he has made and signed the above declaration and has taken the oath of

allegiance in my presence this 17th day of August, 1940.

[Signature]
Lieutenant R. [Signature] (Signature of Officer and rank)

NOTE.—When this form has been completed it is to be forwarded to Naval Service Headquarters, Ottawa, for custody.



CANADA

Can. B. 207

100M-3-42 (3733)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined BARSS Walter Charles S.P.O. A 2516

candidate for entry as Sub-Lieutenant (E) RCNVR

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. 25 Mos. -	(j) Date of last Vaccination for Smallpox	1940
(b) Height with bare feet	Feet 5 In. 10 3/4	(k) General Development	Well developed
(c) Weight without clothes	155	(l) Nose, Throat and Tonsils	Negative
(d) Ears and Hearing	Normal	(m) Heart and Lungs	NAD
(e) Chest Girth	Max. 34 3/4 Min. 33 1/4 Mean 32 1/4	(n) Abdomen Hernia, etc.	Negative
(f) Teeth	Deficient Defective Dentures	(o) Limbs and Joints	NAD
(g) Vision by Snellens Types	without glasses Rt. 6/12 Lt. 6/18	(p) Skin	Neg
	with glasses where worn Rt. Lt.	(q) Anus Haemorrhoids	Neg
(h) Colour Vision	Ishihara R.C.N. Lantern Normal	(r) Testes Varicocele	Neg
(i) Chest x-ray	not taken approved positive doubtful Neg. App.	(s) Urine	Neg

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.

Walter B Barss

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 St. John's Nfld the 29th of March 1943

H. MacInnis

Examining Medical Officer

(Rank) Surgeon Lieutenant
R.C.N.V.R.

D OF D 21-8-44

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

D.D.
WAR SERVICE RECORDS

BARSS	Walter Charles	A-2516	E.R.A. 3/c	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 AN DATE DESPATCHED
1939-45 Star	3641
Atlantic Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNR Sept. 45 "ALBERNI"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mrs. Mary A. Barss - Widow

ADDRESS: ~~12 $\frac{1}{2}$ Black St.,~~ c/o 69 MacLean St.,
HALIFAX, N.S. 9-2-49

(2) MEMORIAL CROSS
WIDOW Mrs. Mary A. Barss,

ADDRESS: 12 $\frac{1}{2}$ Black St.,
Halifax, N.S.

(3) MEMORIAL CROSS
MOTHER Deceased

ADDRESS:

1 MEMORIAL BAR
DATE DESP
REGN. NO 659

(2) 17-1-45

(3)

A 2516

OFFICIAL NUMBER

FILE NUMBER

123-B-308

OFFICIAL NUMBER

A 2516

NAME BARSS, Walter Charles DATE OF BIRTH 19 March, 1918
(Surname) (Given Names)PLACE OF BIRTH Louisburg, Cape Breton Co., N.S. OCCUPATION Oiler S.S. "Belle Isle", Halifax, N.S.RELIGION Church of England EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Sydney River, Cape Breton, Province, etc Nova Scotia

ENGAGEMENTS			DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								From	To
17	8	40	5' 9½"	L. Brn.	Blue	Fair	Nil				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs. Mary A. Barss
ADDRESS (in pencil): Street and No. 1242 Black St. Town Halifax Province, etc. N.S.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY			EXAMINATIONS, CERTIFICATES, ETC.						
Date (in figures)			Date (in figures)			Date (in figures)			PARTICULARS
Day	Month	Year	Day	Month	Year	Day	Month	Year	
25	2	44	11	7	41				Passed E. T. II R.C.N.
25	2	44	17	1	44				Granted Charge Certificate
			22	4	43				Granted E.R. W/K Cert.
			18	1	44				Recommended for Warrant Engnr.
			5	4					Passed papers for Warrant Engineer

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		
17	8	43	1st G.C.B.	Granted	A 11224						

Date (in figures)			DAYS FORFEITED						Last Will & Testament Dated 29-11-40 Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	

FILM
NO W.S.R. 4507-3
DATE

SECOND CLASS FOR CONDUCT

From

To

W.S.R.
5857

A 2516

OFFICIAL NUMBER

NAME BARSS
(Surname)

Walter Charles
(Given Names)

PIB

OFFICIAL NUMBER

A 2516

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Fully Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Stadacona"	Engmn.	17	8	40													
HMCS "St. Croix"	"	24	9	40		V.G.	Sat.	31	12	40							
" " "	Stoker P.O.	1	1	41		V.G.	Sat.	31	12	41							
HMCS "Stadacona"	" " "	17	10	41		V.G.	Sat.	31	12	42							
" "Avalon"	" " "	27	10	42	(DRD H34)	V.G.	Sat.	21	8	44							
"	E.R.A. 4/c	21	4	43	Transferred (W/T 222150Z/ 4-43)												
"	E.R.A. 3/c	22	4	43	Advanced (W/T 222150Z/ 4-43)												
Stadacona	"	17	6	43	(DDR #568)												
Hochelaga	"	13	8	43	(DRD H-2301)	V.G.	Sat.	31	12	43							
Lindsay	"	16	11	43													
Stadacona	"	28	2	44	(DRD 80P.2)												
Alberni	"	5	4	44	(DRD S. 123 p.3)												
DISCHARGED	"	21	8	44	"Missing" "Presumed Dead" S.C.	S.C.											

GENERAL REMARKS

Rockhead Hosp. 13-1-42 to 20-1-42

Awarded Canadian Memorial Cross
17.1.45 to Wife: Mrs Mary A. Barss
12 1/2 Black St., Halifax, N.S.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCUP.		RED. ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE BY ENLISTMENT		
DY	MO	YR	BIRTH	MAIN	SUB	CION	R	CTV	TOWN	SERV	DIV	A	BR	RANK
19	3	18	14	5250			30	X	4	03	00	0	19	01592
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	
17	08	40	17	08	40					98300			3594	
SENIORITY			STR.	NON-SUB.		M.	CODED			CHECKED				
DY	MO	YR	CAT	A	B	ST.	J.C.-W			P.B.				
22	04	43	13	00	00		J.S. [Signature]			W.P. [Signature]				

mcy

Instructions for filling up the Form.

If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

Then the words "And I give and bequeath unto" should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing "all such wages," should be struck out.

If, however, the *whole* of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE.

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

.....*Walter Charles Buss*..... Signature of the person
by whom the Will was prepared.

DEC -5 1940

N.S. 123 B 306
CANADA

IN THE NAME OF GOD, AMEN

I, *Walter Charles Barss, Eng* ~~A 2716~~
Majesty's Ship *H. Croix* ~~A 2516~~
(now a Patient* in *P090874*),
of His

*If in Hospital or
in Hospital Ship.

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Legatee
or Legatees.

See instructions on
the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I
give and bequeath unto my *Mother*

*Mrs Edna E. Barss,
Sydney River,
Loape Beaton,
Nova Scotia.*

5

*all such Wages, Prize Money, Allowances, and other Sum or Sums of Money, as now
are, or hereafter may be due to me for my service on board the said Ship, or any other
Ship or Vessel, of the Royal Navy, together with all other my Estate and Effects
whatsoever and wheresoever.*

Insert the degree
of relationship (if of
any) and place of resi-
dence of the Executor
or Executors.

And I do hereby appoint

Paymaster Captain Bossette.

Executors of this my last Will and Testament; and hereby revoking all former
Wills by me made, I declare this to be my last Will and Testament.

In witness whereof I have at *Halifax* hereunto set my hand,
this *29th* day of *Nov*, in the Year of Our Lord
One Thousand Nine Hundred *Forty.*

Walter C. Barss

Signed by the said Testator, as his last Will and
Testament, in the presence of us present at the
same time, who in his presence at his request
and in the presence of each other have sub-
scribed our names as Witnesses.

Witnesses { *M. Joseph Dwyre*
C. Brinkman. Chmt. (E.)

NOTE.—As Wills of Petty Officers, Seamen, and Marines must be executed with the formalities required by the
Law of England in the case of other persons, every such Will must be executed in the presence of, and be
attested by, *two disinterested* Witnesses.

Where the Will is made on board one of His Majesty's Ships, one of the two requisite attesting Witnesses shall
be a Commissioned Officer, Chaplain, or Warrant or Subordinate Officer belonging to His Majesty's Naval or
Marine or Military Force.

Where the Will is made elsewhere than on board one of His Majesty's Ships, one of the two requisite attesting
Witnesses shall be a Commissioned Officer, or Chaplain, or Warrant or Subordinate Officer, or the Governor,
Agent, Physician, Surgeon, Assistant-Surgeon, or Chaplain of a Naval Hospital at home or abroad, or a Justice
of the Peace, or the Incumbent, Curate, or Minister of a Church or Place of Worship in the Parish where the
Will is executed, or a British Consular Officer, or an Officer of Customs, or a Notary Public, or a Solicitor, or
in Scotland a Law Agent.

A Will made by any person while serving as a Seaman or Marine will not be valid for any purpose if it is written
or contained on or in the same Paper, Parchment, or Instrument with a Power of Attorney.

The Certificate on the back hereof, is to be signed by the person by whom the Will is prepared.



Department of National Defence
Naval Service

IN REPLY PLEASE QUOTE
NO. N.S. A-2516, F.D. 40.
PERS. (N)

OTTAWA, Ont., 13 December, 1944.

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:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
BARSS, Walter Charles Engine Room Artificer 3rd Class, A-2516, R.C.N.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI"	Wife: Mrs. Mary A. Barss, 12½ Black St., HALIFAX, N.S.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Mary A. Barss, 12½ Black Street, Halifax, N.S.	(Wife)	D.A. 37.20 A.P. 54.00 <u>91.20</u>	<i>hob</i>
		Stopped Aug. 31/44	

WILL: Attached.

Yours truly,

H. B. Mowbray

for
SECRETARY, NAVAL BOARD.



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

Six copies to be rendered to Naval Service Headquarters

62

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name BARSS, Walter Charles
(Christian names in full)

Rank or Rating Engine Room Artificer 3/c Official No. A-2516 Unit R.C.N.
R.C.N.R.
R.C.N.V.R.

Place of Birth Louisburg, Cape Breton, N.S. Date of Birth 19 March, 1918.

Occupation in Civil Life Oiler S.S. "Belle Isle" 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 17 August, 1940 to 21 August, 1944.

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 Mrs. Mary A. Barss, Relationship Wife
Address 12 1/2 Black St.,
HALIFAX, N.S.

Date on which the above was informed by Ship Naval Service Headquarters: 27 August, 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 -----

H.B. Money

(Commanding Officer)

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

for SECRETARY, NAVAL BOARD.
Date Ottawa, Ont., 28 February, 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 ON PA XI
Gibbney 9-5-45*

27

4
NAVY

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

DECEASED MEMBER'S NAME **Walter Charles** (CHRISTIAN NAMES) **BARSS** (SURNAME)
 PAYEE **Mrs. Mary A. Barss,**
 ADDRESS **12 1/2 Black St. Halifax, N.S.**
 REGISTER NO. **5857**
 FILE NO. **NS.A2516**
 DATE **31 Mch/45**
 SERVICE NO. **A2516**
 FINAL RANK OR RATING **E.R.A. 3/0**
 DATE OF DISCHARGE **21 Aug/44**
 DATE OF TERMINATION OF OVERSEAS SERVICE **21 Aug/44**

A. TOTAL QUALIFYING SERVICE
 NO. OF DAYS **1466** EQUAL TO **48** COMPLETE PERIODS AT \$7.50 **\$ 360.00**

B. QUALIFYING OVERSEAS SERVICE
 NO. OF DAYS **631** LESS **26** INELIGIBLE DAYS, EQUAL TO **605** DAYS @ 25C. PER DAY **\$ 151.25**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	3.15	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45	
ADDITIONAL PAY	\$.30	H.L.M.
	\$.25	1 Cert.
	\$.05	1 B.
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	37.20	
TOTAL	\$	6.44	X7 = \$ 45.08
NO. OF DAYS		605	X\$ 45.08
		183	

149.03

D. WAR SERVICE GRATUITY **660.28**

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ **N11**
 OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE **660.28**

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ **660.28**
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Cheque 000059- 5/4-45

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

PREPARED BY	CHECKED BY	TREASURY	DATE
SJD	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Date]</i>

SERVICE REPRESENTATIVE
for Dir. Naval Pay Accting.

TRUE COPY OF

Name..... BARSS, Walter Charles
Sub-Rating and Seniority..... Non-Sub
O.N..... A. 2516 S.B. No. W.B. No.
Joined Ship..... from
Engagement: Period..... Expires
Date of Birth..... Religion
Character..... Efficiency..... Date.....
Badges..... Class for Conduct..... Class for Leave.....

Date due for: Next Badge.....
Progressive Pay.....
L.S. & G.C. Recommended.....

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1
Higher Educ. Test.
Professional or higher Sub-rating
do Non-Sub.

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition.)

Any Non-Service Attainments.....
.....

Swimming Qualifications.....

Athletic capabilities.....

General Remarks (including intelligence, energy, initiative, powers of command).

Very efficient, supervising installation of machinery at shipyards, and in his duties as Chief E.R.A. since commissioning.

H.M.C.S. "..... LINDSAY " "..... D.R. Wallace"
Officer of Division

Date..... 2-44.....

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

P.T.O.

TIME ONLY

H.M.C.S. STADACONA

DATE: 4-4-44

W.V. Jones Wt. Mech.
Divisional Office

S. 1246A. (Revised—July, 1938.)
 5M-7-40 (5842)
 N.S. 815-9-1246a

TRUE COPY OF
ENGINEER'S OFFICE (TRUE COPY)
 (ENTERED AS ENGINEER 17-8-40)

C-11 373
 C.M. 398
 11-8-43

HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

- (a) When a man leaves a ship after a period of not less than three months' service in her.
- (b) Annually on 31st December, unless completed within the previous three months.
- (c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

E.R.A.

NAME			
Surname	Christian	Official Number	Port Division
<i>Barrs</i>	Christian	A-2516	HAL (BAX)
BARRS WALTER	CHARLES		

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course					Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical					Engineer Officer.

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

Issued with Stoker's Manual:—Date _____ Signature and Rank:— _____

Entered H.M. Service as Stoker 2nd Class _____ Completed 2 years' training for Mechanician
 Advanced to Stoker 1st Class _____
 Advanced to Leading Stoker _____ Rated Mechanician 2nd Class _____
 Advanced to Stoker Petty Officer _____ **17-8-40 (AS ENGINEER)** " 1st Class _____
 Advanced to Chief Stoker _____ Advanced to Chief Mechanician _____

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

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
		A.G.B.	E.L.A.
TRANS. TO E.R.A. 4/c	21-4-43		
TRANSFERRED TO E.R.A. 4/c	21-4-43		

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

R.C.N.R. DURATION OF HOSTILITIES.

~~True Copy of the~~
CERTIFICATE of the Service of
 B A R S S, Walter Charles.
 in the Naval Service of Canada

The corner of this Certificate is to be cut off whenever it is considered that the man's antecedents and character are such as to render his re-entry at any future time undesirable. Whenever the corner is cut off the fact is to be noted in the Ledger.

PORT DIVISION Halifax, Nova Scotia. OFFICIAL NUMBER A 2516

Date of birth 19th March, 1918.

Where born { Town Louisburg.
 County and province Cape Breton, Nova Scotia.

Usual place of residence Sydney River, Cape Breton Co., N.S.

Trade brought up to Oiler S.S. "Belle Isle", Halifax, N.S.

Religious denomination Church of England.

Next of kin Mother - Edna - same address.

Can swim.....

Man's signature on discharge to pension.....

CONTINUOUS SERVICE ENGAGEMENTS			MEDALS, CLASPS, Etc.	
Date of actual volunteering	Commencement of time	Period volunteered for	Date Received	Nature of Decoration
<u>17th Aug. 1940</u>		<u>duration of Hostilities.</u>	<u>25 Feb 44</u>	<u>Canadian Voluntary Service Medal & Clasp - 1939-43 Star - Prov. Award</u>

DESCRIPTION OF PERSON	STATURE		COLOUR OF			MARKS, WOUNDS AND SCARS
	Feet	In.	Complexion	Hair	Eyes	
On entry as a boy.....						
On advancement to man's rating, or on entry under 28 years.....	<u>5</u>	<u>9½</u>	<u>Fair</u>	<u>Light Brown.</u>	<u>Blue.</u>	<u>Nil.</u>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....						
Further description if necessary.....						

Name.....

SHIP'S NAME	LIST AND No.	RATING	FROM	TO	CAUSE OF DISCHARGE
Stadacona	- -	Eng'n	17 Aug '40	23 Sep '40	
St Croix	- -	- -	24 Sep '40	31 Dec '40	
- - -	- -	Sto. P.O.	1 Jan '41	16 Oct '41	
Stadacona	- -	- -	17 Oct '41	26 Oct '42	
Avalon	- -	- -	27 Oct '42	20 Apr '43	
Avalon	- -	E.R.A. 4/c (T)	21 Apr '43	21 Apr '43	
Avalon	- -	E.R.A. 3/c	22 Apr '43	16 June '43	
Stadacona	- -	- -	17 June '43	11 Aug '43	
Stadacona (C 77398)	- -	- -	12 Aug '43	12 Aug '43	
Hochelega (C 77399)	- -	- -	13 Aug '43	15 Nov '43	
Stadacona (Lindsay)	- -	- -	16 Nov '43	27 Feb '44	3
Stadacona	- -	- -	28 Feb '44	4 April '44	
Stadacona (Alberni)	- -	- -	5 April '44	21 Apr '44	PRESUMED DEAD
Neche (Alberni)	- -	- -	22 Apr '44	21 Aug '44	"D.D." A 59557 Comdig 2712390

DATE	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	CAPTAIN'S SIGNATURE
7 Nov '41	Issued SET WT # 11196	
21 Feb '44	70 Hrs 280 annual leave	

9 Sep
1 Jan
11 July
17 Jan
23 Apr
22 May

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

PROVINCE OF NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County of AT SEA Municipality of _____ Registered No. _____
 (For use of Registrar General only)
 If in City or Town _____ Street _____ House No. _____
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
 (a) In City, Town or Rural Division where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. NAME OF DECEASED BARRS (Surname) Walter Charles (Given name or names) Cape Breton
 RESIDENCE No. _____ Street _____ City, Town or Rural Division Sydney River Province Nova Scotia
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE Louisburg, NOVA SCOTIA
 (Province or Country)

9. DATE OF BIRTH MARCH 19 1918
 (Month) (Day) (Year)

10. AGE in { Years 26 Months 5 Days _____ If less than one day old _____ hrs. or _____ min.

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

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

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

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

20. Signature of informant H.B.M.
Paynt. Commander, R.C.N.R.
 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 1918
 (Month) (Day) (Year)

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

CAUSE OF DEATH
 I Immediate cause (a) Missing, presumed dead. He was serving in H.M.C.S. "ALBERNI" which was sunk in the English Channel.
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to _____
 Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). { (b) _____ due to _____ (c) _____
 II Other morbid conditions (if important) contributing to death but not causally related to immediate cause. { _____

25. If a woman, was the death associated with pregnancy? _____
 26. Was there a surgical operation? _____ Date of operation _____ 19 _____
 State findings _____ Was there an autopsy? _____

27. If death was due to external causes (violence) fill in also the following:—
 Accident, suicide or homicide? _____ Date of injury _____ 19 _____
 (State which)
 Manner of injury _____ (How sustained)
 Nature of injury _____
 Specify whether injury occurred in industry, in home, or in public place _____

Signed by _____ M.D.
 Address _____ Date _____ 19 _____

28. Registrar's Record Number _____
 29. Filed _____ 19 _____ (Division Registrar)

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

704



Department of National Defence
Naval Service

..... 194.....

OUR FILE.....

YOUR FILE.....

A I R M A I L

MEMORANDUM:

Re:

Approval to discharge the above named as
"Medically Unfit" has been forwarded to-day to the

2. In accordance with Naval Order 3321,
will probably be drafted to your establishment for discharge.
Should this be the case, the date of discharge is to be
reported by Air Mail, at an early date.

BY ORDER,

for
SECRETARY, NAVAL BOARD.

D 2258

10057-7-43 (1189)
N.S. 815-5-2258

LA/G

REGISTERED
AIR MAIL

FILE NO: A-2516 PERS. (N)

2D40

54


16 December, 1944.

Dear Mrs. Barss:

I regret to inform you that in view of the length of time which has elapsed since your husband, Walter Charles Barss, Engine Room Artificer Third Class, Official Number A-2516, Royal Canadian Naval Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

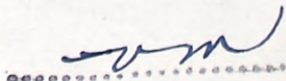
Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Mary A. Barss,
12½ Black Street,
Halifax, N. S.

Despatched by
Sec. N. B.


Date 26.12.44
Time 10 30

Noted D.M.P.
2-1-45
LP