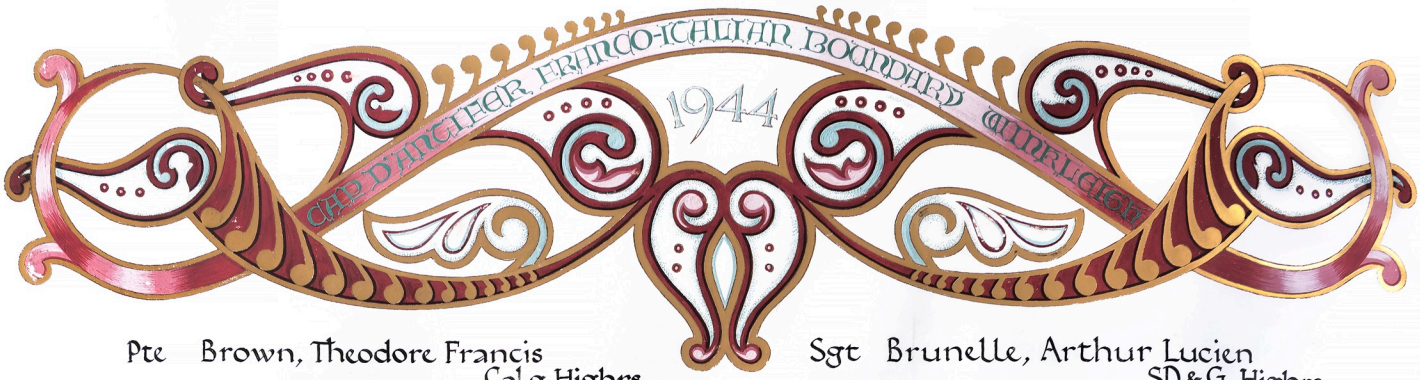

Pte Brown, Theodore Francis Calg Highrs
Pte Brown, Vernon Emery Camerons of C
F/L Brown, Wallace Hilton, DFC RCAF
Pte Brown, Wallace Stirling·PPCLI
H/Capt Brown, Walter Leslie CCS
P/O Brown, Wesley RCAF
Pte Brown, William Cary DCM Calg Highrs
Pte Brown, William Charles L Edmn R
F/S Brown, William Clyde RCAF
WO2 Brown, William Earle RCAF
Pte Brown, William Edward N Shore R
F/O Brown, William Wallace·RCAF
F/L Brown, William Wood Lindsay RCAF
Tpr Browne, Frank Phillips BCR
Sgt Browne, James Samuel·QOR of C
Cpl Browning, William George RH LI
F/S Brownlee, Irvine Gordon Thomas·RCAF
Rfn Brownlee, James Alexander Regina Rif
Pte Brownlee, John L Sup R
Lt Brownlee-Lamont, Wilfred Wallace Nigel Gordons
Rfn Brownstone, Yude R Wpg Rif
Pte Brox, Eldon Francis Essex Scot
Tpr Broyles, William Ellsworth GGHG
O/Smn Brozovich, Walter RCNVR
F/O Bruce, Allan RCAF
Pte Bruce, Edward Nth NS Highrs
Gnr Bruce, Lorne Earl RCA
Cpl Bruce, Robert Emerson RCAF
Sgt Bruce, William Irvin RCAF
P/O Bruegeman, Raymond Glen RCAF
Rfn Brumwell, John Roy R Wpg Rif
Pte Bruneau, Donat 4 PLDG
Pte Bruneau, Jean R 22e R
Pte Bruneau, Joseph Fus MR
Pte Bruneau, Ulysse R 22e R
Sgt Brunelle, Arthur Lucien SD & G Highrs
Pte Brunelle, John HLI of C
Pte Brunet, Aurèle Fus MR
Pte Brunet, Guy Fus MR
Rfn Brunning, Louis Gerald Regina Rif
Pte Brunton, Earl Hayes·Hast & PER
Pte Brush, Clayton Orey RCR
Pte Brush, Gordon Ross Nth NS Highrs
Sgt Bruton, Norman Kenneth RCA
Cpl Bruyère, Gérard Fus MR
Tir Bruyère, Hector Joseph·QOR of C
Gnr Bryan, Edward William RCA
F/O Bryan, Gerald George RCAF
P/O Bryans, William Stewart RCAF
F/S Bryant, Edward Maines RCAF
Gnr Bryant, Ernest RCA
F/O Bryant, James Alfred RCAF
F/S Bryant, James Roy RCAF
Pte Bryant, William John Camerons of C
Pte Bryce, Donald Gordon 1 Cdn Para Bn
Cpl Bryden, George St. Clair RCAF
Capt Bryden, John Tarbell C Scot R
Capt Brydges, Hugh Stanley 1 H
Pte Brydges, Robert William CH of O
P/O Brydon, Francis Samuel·RCAF
Pte Brydon, Ralph C Scot R
Pte Bryer, Edward Camerons of C
F/O Bryon, Frederick Harry RCAF
WO2 Bryson, George RCAF
Tpr Buchanan, Clyde Buck Fort Garry's
Sgt Buchanan, Eric Walter 4 PLDG
Pte Buchanan, Findlay RHC
F/O Buchanan, George David Wills RCAF
AB Buchanan, George Wood·RCNVR
P/O Buchanan, John Donald RCAF
Pte Buchanan, William James CH of O
Cpl Buchanan, William Wilson RCEME

V39770
BUCHANAN
GEORGE WOOD

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: George Wood Buchanan (b) Reg'l. No. V39770 51051
2. (a) Arm of service: RCNVR (b) Unit: HMCS "YORK" (c) Rank: Ord. Sman.
3. (a) Date of birth: 31 July, '23 (b) Have you any dependents? No. (c) Place of residence at time of enlistment: Toronto.
4. (a) Place of enlistment: Toronto. (b) Date of enlistment: 16 June, '42.

2

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16 (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 1 yr. Commercial Schooling.
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? Yes. (b) If so, for what occupation? Electrician (c) Did you finish it? No. (d) If you did not finish it, how long did you serve at it? 1 yr.
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? -------

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: Canada Metal Co. Address: Toronto, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Mfg. machinery.
20. (a) Your specific occupation: Order Clerk. (b) Number of years' experience at this occupation with any employer: 1½ yrs.
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? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? No. (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

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

DATE: 16th June, 2. 194..... SIGNATURE: George Wood Buchanan

Mr. John Buchanan
207 Greenwood Ave.,
Toronto, Ontario.

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

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

and the following number quoted:—

H.Q N.S. V-39770 F.D. 753

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

BUCHANAN GEORGE WOOD A.B.

V-39770 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. R. Wade
Commander R.C.N.V.R.
for Director of Estates.

HRW/DW

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

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		N.A.		
2	Children of the Deceased and dates of their Births		N.A		
3	Father of the Deceased		JOHN BUCHANAN	58	207 GREENWOOD AVE TORONTO ONT.
4	Mother of the Deceased		ELIZABETH BUCHANAN	53	207 GREENWOOD AVE TORONTO ONT
5	Brothers of the Deceased	Full Blood	ANDREW BUCHANAN	25	CANADIAN ACTIVE ARMY
			JOHN BUCHANAN (P/O)	23	R.C.A.F. (OVERSEAS)
		Half Blood	NONE		
6	Sisters of the Deceased	Full Blood	ISOBEL BUCHANAN	7	DECEASED 1924
		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
	ISOBEL BUCHANAN		NONE		N.A.

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	GEORGE WOOD BUCHANAN
9	Date of his birth.	JULY 31 - 1923
10	Place and date of his marriage.	N.A.
11	Place and date of his parents' marriage.	TORONTO ONTARIO DECEMBER 31-1915

PARTICULARS OF DOMICILE

12	Place where deceased was born.	TORONTO, ONTARIO.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) PROV. OF ONTARIO CO. OF YORK (b) DATE OF BIRTH TO DATE OF (c) ENLISTMENT. (d)
14	Nature of employment before enlistment.	CLERK (CANADA METALS)
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.	TORONTO ONTARIO

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NOT KNOWN. - NONE IN MY CUSTODY
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?	N.A.
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?	NOT TO MY KNOWLEDGE
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.	NOT KNOWN
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 $1,000 - BENEFICIARY - ELIZABETH BUCHANAN (MOTHER)
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.	NO
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.	NO

(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.

John Buchanan (Signature of Informant)

207 GREENWOOD AVE TORONTO ONT. Address

CERTIFICATE

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

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 TORONTO ONT. this 6th day of ~~6th~~ JANUARY 1945

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

N. W. Milne Qualification SQUADRON LEADER R.C.A.F.

Address 31 APPLEGROVE AVE TORONTO ONTARIO

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

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

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

EMPLOYMENT INSURANCE BOOK WILL BE BROUGHT IN.

N. V. 5
50M—1-41 (8973)
N.S. 815-11-5

NO OH

F147505

JUN 1

12B3443

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME: BUCHANAN OFFICIAL NO.:

CHRISTIAN NAMES: George Wood MARRIED, SINGLE OR WIDOWER: Single

PERMANENT ADDRESS	RELIGION
207 Greenwood Avenue, Toronto, Ontario.	United.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
31 July, 1923.	Town: Toronto County: York Province: Ontario	Mother: Elizabeth Same address.
*Original Nationality of: Father: Scotch Mother: Scotch		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet: 5 Inches: 3½	Inflated: 35½ Deflated: 32½ Mean: 33¾	Brown	Brown	Fair	None.

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
1 yr. Commercial Schooling.	Order Clerk: Canada Metal Co., 721 Eastern Ave., Toronto, Ontario.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
Divisional Strength 16th June, '42.	Ord. Smn., RCNVR, (Temp.)	H.M.C.S. "YORK", Toronto.

(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 ARMY 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
2nd Div. Signals, R.C.C.S. (R) C.A.	L/Cpl.	4 Apl., '41.	6 May, '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 Toronto 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 16th day of June, 1942.

Signature of applicant George Wood Buchanan

(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 16th day of June, 1942.

D C Elliott
Signature of and rank of Attesting Officer.
Sub-Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, George Wood Buchanan 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 George Wood Buchanan

Witness D C Elliott

Date 16th June, 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

George Wood Buchanan 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 Toronto Division of the R.C.N.V.R. or in the appropriate official documents.

D C Elliott
Sub-Lieut., RCNVR. Attesting Officer.

16th June, 1942. R.C.N.V.R. Division (or other establishment) HMCS "YORK".

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.

George Wood Buchanan
Signature

Can. B. 207

100 M—11-40 (7881)
N.S. 815-2-207

P151050

CANADA

112 B 3 443

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

3

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 G. Buchanan

‡candidate for entry as Ord Sea VR

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.

Age {Years / Months} (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hemorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum	right eye									
18·10	125	5·3½	Good	35½	20/15	Child	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	1 defective	NORMAL
				(b) minimum 32½	left eye 20/15									
				(c) mean 33¾	*colour vision NORMAL									

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

Albumen Neg

X-ray {Not taken / Approved / Positive / Doubtful} Prosser P 7296

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.

George Buchanan
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 Toronto the 2 of May 19 41

Examining Medical Officer

(Rank) .....

(Information extracted from Naval Service Headquarters' Records.)

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name: BUCHANAN George Wood
(Christian names in full)

Rank or Rating: Able Seaman Official No. V-39770 Unit: R.C.N. / ~~R.C.N.R.~~ / R.C.N.V.R.

Place of Birth: Toronto, Ontario. Date of Birth: 31st July, 1923

Occupation in Civil Life: Order Clerk Religion: United

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings): 2 years and 2 months

Date of Death: 21 August, 1944 Place of Death: AT SEA

Cause of Death: Missing, presumed killed when the ship in which he was serving
(If due to accident, violence, or enemy action, particulars to be stated briefly)
H.M.C.S. "ALBERNI" was lost in the English Channel due to enemy action.

Nearest known relative or friend.
Name: Mr. John Buchanan Relationship: Father
Address: 207 Greenwood Ave., TORONTO, Ont.

Date on which the above was informed by Ship: Naval Service Headquarters: 23rd Aug. 1944

Date on which death was registered with local Officials:

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality:

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

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

CAMPAIGN STARS, DEFENCE VERIF
MEDAL
NAVAL GENERAL SE

NAME IN FULL BUCHANAN, GEORGE WOOD ....RANK/RATING ..A.

SHIP	SERVICE			AREA	
	FROM	TO	DAYS		FROM
	22.6.42				
Vision	29.12.42	31.12.43	368	Atl.	
Alberni	6.1.44	21.8.44	229	Atl. Fr. Cem.	
	Qualif. "Qual"				
		21.8.44			

VERIFIED BY J. Allaire ..... VERIFIED BY .....

W.S.B.

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

ATING ..A.B.....OFF.NO. V-39770.....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	star
							ATLANTIC	1	Clasp.
							FRANCE G.	2	~~a Clasp.~~
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	@ Clasp.
							" CLASP		
							WAR 1945	1	medal.
							WAR 1915		

VERIFIED BY .....

Y .....

.....
DIR.OF PERSONNEL RECORDS.

P.I.B.

V39770 OFFICIAL NUMBER | NAME BUCHANAN (Surname) George Wood (Given Names) | OFFICIAL NUMBER V39770

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year
H.M.C.S. "YORK"	Ord. Smn.	16	6	42	Div. Str. Toronto					
" "	" "	22	6	42	Active Service D.L. 17-8-42	V.G.	Sat.	31	12	43
" Naden	" "	15	8	42	D.L. 17-8-42					
Stadacona		9	12	42	S.C.					
Vison	" "	29	12	42	DRD H-276					
	A.B.	22	6	43	Rated (249A/42227)					
Stadacona	"	1	1	44	DRD #27 p-2					
Alberni	"	6	1	44	DRD S/132 p-8					
Discharged	"	21	8	44	Missing per C.L. Presumed Dead Sub. 19.2.45					

Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Rec[illegible]ied Day	Rec[illegible]ied Month	Rec[illegible]ied Year
Q&R A/SD	5	12	42	(8/24/26)		

GENERAL REMARKS

Canadian Memorial Cross awarded to.
Mother: Mrs Elizabeth Buchanan
207 Greenwood Avenue
Toronto, Ontario

Awarded

DATE OF BIRTH DY.	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
31	7	23	11	830	0	40	2	1	56	14	9	23	0	08	95

ENLIST. DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
16	06	42	22	06	42						1520	0	08	94

SENIORITY DY.	MO.	YR.	STR. CAT.	NON-SUB A	SUB B	M ST.		CODED	CHECKED
22	06	43	13	32	00		LB		

V39770 OFFICIAL NUMBER | FILE NUMBER N.S. 113-B-3443 | OFFICIAL NUMBER V39770

NAME BUCHANAN (Surname) George Wood (Given Names) DATE OF BIRTH 31st July, 1923

PLACE OF BIRTH Toronto, Ontario OCCUPATION Order Clerk

RELIGION United EDUCATION 1yr. Commercial Schooling

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 207 Greenwood Avenue, Town Toronto Province, etc Ontario

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
16	6	42	H.O.	5'3½"	Brown	Brown	Fair	None	2nd Div. Signals R.C.C.S.(R) C.A.	L/Cpl.	4-4-41	6-5-42

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Elizabeth Buchanan

ADDRESS (in pencil): Street and No. 207 Greenwood Avenue Town Toronto Province, etc. Ontario

16/10/43

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars

Badges, G.C. or G.S.				
Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

FILM NO. WAR 5587-7
DATE

Eligible to count 280 Days Can. Army Reserve Service towards award GSB

Second Class For Conduct	
From	To

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

O.H.F. Received

Last Will & Testament dated 16.6.44 received.

W.S.G. APPLICATION 4376 RECEIVED

H.Q. 35—30M—4-42 (4260)
N.S. 815—7-35

EY

N.P.R/5-1 FORM A. File: N.S. V-39770 Pers.N

11

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

26 August, 1944.
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
BUCHANAN, George Wood	Able Seaman	V-39770, R.C.N.V.R.

DATE OF ENLISTMENT - 16 June, 1942. Active Service: 22 June, 1942.

DATE OF DISCHARGE - Will be reported later.

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 - when and where any disability was incurred, or where death occurred. "MISSING" at sea when the ship in which he was serving was lost by enemy action in the English Channel. While this casualty is listed as missing, it is impossible to make an estimate as to his chances of survival. Should no information be received to the contrary, you will be notified when official presumption of death with date has been set.
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. John Buchanan,

ADDRESS - 207 Greenwood Ave., TORONTO, Ont.

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

Copies Form "B" fwd.
to Allots. (N) on

..... N.P.R/5

H.B. Money
for
SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

Noted D.N.P.A. 3-1-45 PP

NOTE; Duplicate copies of this form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section), Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions)

REMARKS:.....

NOTES:

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

EY

OTTAWA, Ont., 23 August, 1944.

FILE NO.: N.S. V-39770 PERS. (N)

13

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name BUCHANAN, George Wood
(Surname) (Christian Names)

Rank/Rating Able Seaman

Official No. V-39770, R.C.N.V.R.

Nature of Casualty Missing at sea when ship in which serving was lost by enemy action in English Channel.

Date of Casualty Will be reported later.

Address at time of Enlistment 207 Greenwood Ave.,

Toronto, Ont.

Marital Status at time of Enlistment Single.

Occupation Order Clerk

Name & Address of Next of Kin Father: Mr. John Buchanan,

207 Greenwood Ave., TORONTO, Ont.

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD.

B.J.
30/11/44
N.P.R/S
C

The Deputy Minister (Taxation),
Department of National Revenue,
Ottawa, Ont.

142468

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

N.C.R.
P.A.

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

15

N.S. V-39770. PERS.(N)

My dear Sir:

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 seaman both reliable and efficient. Even though he was very young he carried out his A/S and seamanship duties better than men who had been at it for years. He was very well liked by all officers and men and appeared to be very happy aboard.

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

I hope that if I am ever in Toronto 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.

Re: G.W. Buchanan, A.B., V38770

Mr. John Buchanan,
207 Greenwood Ave.,
TORONTO, Ont.

Pers.

TORONTO
AUG 26
8 30 PM
1945
ONTARIO

G. M. Donald
Secretary Naval Board
~~Naval Service~~
Ottawa
Canada

Buchanan
207 Greenwood Ave
Toronto.

207 Greenwood Ave
Toronto
August 27th/-1945

Dunn/,

113 B-3443

Re NS V39770
PERS (N) 18

940527

Dear Sirs

I received a letter from you, saying I was the sole beneficiary of my son, who was lost on the H.M.C.S. ALBERNI on August 21st-1944.

Again on May 19th-1945 I received a letter from you, stating that I would be entitled to my late sons gratuities, under an amendment of the War Service grants.

I have received no further word from you, and would appreciate if you would look into the matter.

Sincerely Yours
Mrs John Buchanan

45

STATEMENT OF ACCOUNT

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

List 12-2 No. 48 (Name) BUCHANAN, George Rank Rating A.B. No. V-38770

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

	$	c.
CREDIT from former account		
Pay as (Rank Rating) from Former Book to (days at $ a day)	162.	26
" " " (" ")		
" " " (" ")		
" " " (" ")		
" " " (" ")		
Kit Upkeep Allowance		
OTHER CREDITS:		
Total credits		
DEBT from former account	162.	26

PAYMENTS:-	1st $ c.	2nd $ c.	3rd $ c.	4th $ c.	5th $ c.		
1st month						Total	
2nd month	Mobe Mch. Cash Acct. Receipt Vr. MR-1555					Total	162. 26
3rd month						Total	

Allotment		
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts		
OTHER CHARGES:		
Total debits,	162.	26
Balance Cr. or Dr. (Balance Dr. to be shown in Nil)		

Number of days actually victualled during period mentioned above

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

Date 19 May 19 45

Accountant Officer

Lieut(S) RCNVR. for

Ledgers R. F. R

typed

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased
Member's Name George Wood (Christian Names) BUCHANAN (Surname)

Payee Director of Estates for service Estate of George W. BUCHANAN, N.S. V39770
Address 308, Sparks St. Ottawa. Ont

Register No. 4376
File No. V39770
Date 18 May '45
Service No. V39770
Final Rank or Rating A-B
Date of Discharge 21 Aug 44

Date of termination of overseas service 21 Aug. 1944

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days 492/30 equal to 26 complete periods at $7.50	195.00
B. QUALIFYING OVERSEAS SERVICE No. of days 597 less 12 ineligible days equal to 585 days @ 25¢ per day	146.25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay $ 1.85 Subsistence or Lodging and Provision Allowance $ 1.25 Additional Pay H.K.M $ .25 Dependents' Allowance 1/30 of $ ~~$~~ Total 3.35 x 7 = $ 23.45 No. of days 585/183 x $ 23.45	74.96
D. WAR SERVICE GRATUITY	416.21
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	416.21

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you $_____ of $ = $416.21
Total Dependents' Allowance in issue $

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

Prepared by	Checked by	Treasury Checked by	Treasury Date

Service Representative

D.N.P.A. CHECK

1 DNY 6
2 DNY 7
3 DNY 8
4 9
5 10

Estate per

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Name George Hood Buchanan.
(Christian Names) (Surname)

Address Mrs Elizabeth Buchanan,
207 Greenwood Ave,
Toronto. Ont.

Register No. 4376
File No. V.39770.
Date 27-1-45.
Service No. V.39770.
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 792/30 equal to 26 complete periods at $7.50	195.00
B. QUALIFYING OVERSEAS SERVICE No. of days 597 less 12 ineligible days, equal to 585 days @ 25¢ per day	146.25
SUB TOTAL	341.25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE Pay $ 1.85 Subsistence or Lodging and Provision Allowance $ 1.25 Additional Pay H.L.M. $ .25 Dependents' Allowance 1/30 of $ ____ Total $ 3.35 x 7 = $ 23.45 No. of days 585/183 x $ 23.45	74.96
D. WAR SERVICE GRATUITY	416.21
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. AMOUNT PAYABLE (This amount is payable in monthly instalments of $ each)	
G. MONTHLY INSTALMENT NOT TO EXCEED Daily rate of pay and allowances $ 3.35 x 30	$ 100.50

Instalm. Payable	1	2	3	4	5	6	7	8	9
AMOUNT									
Cheque No.									
DATE									

Instalm. Payable	10	11	12	13	14	15	16	17	18
AMOUNT									
Cheque No.									
DATE									

D.N.P.A.	CHECK
1	6
2	7
3	8
4	9
5	10

Estate form prepared

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 BUCHANAN, George *Rating* A.B.

Official No. V 38770 *H.M.C.S.* NIOBE for ALBERNI *List* 12.II/48

*Who** Discharged Dead *on the* 21st August *19* 44

	$	cts.
Net sum due on ledger on account of Wages	162	26
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH— Proceeds of sale of Effects, paid for in Cash, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash debited in the Accountant Officer's Cash Acct.		
If in debt in ledger, amount to be stated (in red ink)		
Rate of allotment (in words) Twenty Dollars; Eight dollars and forty cents. charged to 31 Aug.		
Name of ship from which transferred		
Total† Creditor	162	26

Note:

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of Niobe for Alberni amounting to a net balance† creditor of One Hundred and sixty-two dollars twenty-six cents.

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

Approved D P Dawson A/Commander(S) RCNVR Accountant Officer

{ Initials of the Assistant Accountant Officer

Lieutenant (S) RCNVR

Commanding Officer.

for A/CAPTAIN, RCNVR

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

No. to

Signature

Date 19

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

C.N.S. 46
2M-10-39(2369)
H.Q. N.S. 815-9-45

Note: The above sum has been recovered by Niobe March cash acc't. receipt voucher N-R-1555.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "NIOBE for ALBERNI" ending 30 th September 19 44

List 12.2 No. 48 (Name) BUCHANAN, George Rank Rating A.B. No V 38770

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

	$	c.
CREDIT from former account	70	62
Pay as A.B. (Rank Rating) from 1 July to 31 Aug. (62 days at $1.85 a day)	124	00
" S.D. " 1 July " 31 Aug. (62 " .15 ")		
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
Kit Upkeep Allowance	7	32
OTHER CREDITS: HLM	12	00
LA	2	00
GM	3	12
Total credits	219	06
DEBT from former account		
PAYMENTS:— 1st month Total		
2nd month Total		
3rd month Total		
Allotment $28.40 chg'd July & Aug. St.Pd 31st Aug.	56	80
Pension deduction (Officers) charged to of		
Hospital stoppages		
Mulcts		
OTHER CHARGES:		
Total debits	56	80
Balance Cr. ~~XXXX~~	162	26

(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 FROM	TO	No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
Leave	11 Aug	14 Aug	4	

Date 14th MAY 19 45

Lieutenant (S) for SUPPLY ~~XXXXXX~~ ACCOUNTANT OFFICER

C.N.S. 2426
25M—4-44 (543)
N.S. 815-9-2426

Ledgers: R: C F: G

C. T. 212 N
50M-4-44
K.P. 5988

DEPARTMENT OF NATIONAL DEFENCE
CANADA
NAVAL SERVICE
1945-46

COPY NO. 5
FOR D.N.P.A.

80

RECEIVED FROM

C2 cheque No. 010344,
Redeposited.

DATE May 25, 1945.

SOURCE

OFFICIAL RECEIPT 60 — 055783

CASH BOOK FOLIO 67

VOUCHER NUMBERS

AUTHORITY V-39770

RECEIPT

THE SUM OF $ 33.60 BY ~~CASH~~ CHEQUE C2-010344

ON ACCOUNT OF (SEE NOTE BELOW) Service Estate of George W. Buchanan, A.B., V-39770, being refund for 6th Victory Loan.

FOLD HERE

FOLD HERE

PREPARED BY YD

CHECKED BY EW

NOTE: FULL DETAILS must be given including NAME, RANK and OFFICIAL NUMBER where applicable, if different than "RECEIVED FROM" followed by details of account covered by the payment, i.e., TRANSPORTATION WARRANT NUMBER, SERVICE PERFORMED, REFUND OF ADVANCE BY CASH ACCOUNT VOUCHER NUMBER, CHEQUE NUMBER, etc.

H.Q. F.E. NO. (4)0000	ESTAB. (3)000	VOTE (3)000	PRI. (2)00	H.Q. SUB. ALT. (2)00	AMOUNT	D.R. NO. (4)0000
		831	00	50	$ 33.60	4835
				TOTAL	$ 33.60	

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

ISSUED AT N.S.H.Q.,
OTTAWA, Canada.

CERTIFIED CORRECT

FOR CHIEF TREASURY OFFICER
Naval Service.

H. M. C. DOCKYARD, R. C. N. BARRACKS, ETC.

ESTATES BRANCH

October 2, 1945.

HQ.V-39770 FD.753

Mrs. Elizabeth Buchanan,
207 Greenwood Avenue,
Toronto, Ontario.

BUCHANAN, George W., A/B (Deceased)
No. V.39770, R.C.N.V.R.

Dear Mrs. Buchanan:

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

The total amount available to this Branch for distribution is made up as follows:

Balance of pay and allowances	$165.48
Refund of Victory Loan Bond allotments	33.60
War Service Gratuities	416.21
	$615.29

This amount is payable to you as the sole beneficiary named in your son's last Will.

The Treasury Branch has been requested to forward to you a cheque payable to your order in the amount of $615.29, and on receipt of same will you kindly sign and return the enclosed form to the Director of Estates, 308 Sparks Street, Ottawa.

Yours faithfully,

(L.M.Firth) Colonel,
Director of Estates.

HRW/JM
Encl.1

IG

NPA.26

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: George Wood (CHRISTIAN NAMES) BUCHANAN (SURNAME)

REGISTER NO. 4376 –

FILE NO. NS.V-39770

PAYEE: Director of Estates, for Service Estate of George W. Buchanan,

ADDRESS: 308 Sparks St., Ottawa, Ont. N.S. V-39770

DATE 22 May/45.

SERVICE NO. V-39770 –

FINAL RANK OR RATING A.B. –

DATE OF TERMINATION OF OVERSEAS SERVICE 21 Aug/44

DATE OF ~~DISCHARGE~~ DEATH 21 Aug/44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 792 / 30 EQUAL TO 26 COMPLETE PERIODS AT $7.50	195.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 597 LESS 12 INELIGIBLE DAYS, EQUAL TO 585 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	146.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $1.85; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.25; ADDITIONAL PAY H.L.M. $ .25; $; $; $	
DEPENDENTS' ALLOWANCE 1/30 OF $ ____	
TOTAL $ 3.35 ×7 = $ 23.45	
NO. OF DAYS 585 / 183 ×$ 23.45	74.96
D. WAR SERVICE GRATUITY	416.21
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $ — Nil	
F. TOTAL AMOUNT PAYABLE	416.21

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $____ OF $ ____ =$ 416.21

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
DNJ	[illegible]	[illegible]	26/5/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Acting.

Can. S. 545
20M—4-41 (135)
N.S. 815-9-545

IN THE NAME OF GOD, AMEN

I, George Wood Buchanan, Ord. Smn., R.C.N.V.R., of His Majesty's Ship H.M.C.S. "YORK", Toronto, (now a Patient* in), being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my mother, Mrs. Elizabeth Buchanan, 207 Greenwood Avenue, Toronto, Ontario,

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

See instructions on the back hereof.

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 residence of the Executor or Executors.

And I do hereby appoint my father, Mr. John Buchanan, 207 Greenwood Avenue, Toronto, Ontario,

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 Toronto hereunto set my hand, this 16th day of June, in the Year of Our Lord One Thousand Nine Hundred and forty-two.

George Wood Buchanan

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 subscribed our names as Witnesses. } *Witnesses* { R. E. Elliott / D. D. Matthews

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.

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.

..... { Signature of the person by whom the Will was prepared.

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of At Sea Township of ____
If in City, Town or Village ____ (Name) Street ____ House No. ____ (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED BUCHANAN (Family name) George Wood (Given name or names in usual order)

RESIDENCE No. 207 Street Greenwood Ave. City, Town, Village or Township Toronto Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE Ontario (Province or Country)

9. DATE OF BIRTH July (Month) 31 (Day) 1923 (Year)

10. AGE in

Years	Months	Days	If less than one day old
21	1		____ hrs. or ____ min.

OCCUPATION

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

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Canadian Metal Co., Toronto.

13. Date deceased last worked at this occupation ____ **14.** Total years spent in this occupation ____

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

FATHER

16. NAME ____

17. BIRTHPLACE ____ (Province or Country)

MOTHER

18. MAIDEN NAME ____

19. BIRTHPLACE ____ (Province or Country)

20. Person giving information sign here P.B. Mooney Paymr. Commander, R.C.N.R.
Address Naval Service Headquarters, Ottawa.
Relationship to deceased Director of Personnel Records.

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

22. Burial Permit was issued by ____
Address ____

23. UNDERTAKER ____ (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August (Month) 31 (Day) 19 44 (Year)

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

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

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) He was serving in H.M.C.S.

due to

(c) "ALBERNI" which was sunk in the English channel

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

PHYSICIAN: Underline the cause to which death should be charged statistically

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

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

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

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

Signed by ____ **M.D.**
Address ____ **Date** ____ **19** ____

30. Division Registrar's Record No. ____

31. Filed ____ 19 ____ ____ (Division Registrar)

DEPARTMENT OF VETERANS AFFAIRS

D OF D 21-8-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
BUCHANAN	George Wood	V-39770	A.B.		

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	4854
Atlantic Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Oct. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.

REGN. NO. 2174

(1) MEDALS

PERSON ENTITLED TO Mrs. Elizabeth Buchanan - Mother

ADDRESS: 207 Greenwood Ave., TORONTO, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. E. Buchanan

ADDRESS: 207 Greenwood Avenue, Toronto, Ont.

(3) 17-1-45