



Sgt Couse, George Fritzgerald RCAF  
 Spr Cousens, Clifford John Ernest RCE  
 Pte Cousens, John Albert PPCLI  
 Pte Cousineau, Patrick Clément Linc & Well R  
 Pte Cousineau, Roger R22<sup>e</sup> R  
 Cpl Cousineau, Roy Essex Scot  
 Pte Cousineau, William Leonard Essex Scot  
 F/O Cousins, Norman Edward RCAF  
 F/O Coutts, Russell Murray RCAF  
 Pte Coutu, Louis Gérard R22<sup>e</sup> R  
 Pte Couture, Antonio R de Mais  
 Pte Couture, Ernest RCASC  
 Pte Couture, Henry Armand R22<sup>e</sup> R  
 L/Sgt Couture, James Daniel CH of O  
 F/L Couture, Joseph Arthur Leo RCAF  
 O/P Couture, Joseph Jean Maurice Marcel RCAF  
 Pte Couture, Joseph Raymond Fus MR  
 Spr Couturier, Hector RCE  
 A/Ch Couturier, Joseph Robert Marcel Armand RCAF  
 Pte Covell, Lorne Hubert Hast & PER  
 Pte Coverett, Russell Vincent Carl & York R  
 Pte Covert, Elmer Vincent 48 Highrs  
 Pte Covey, Donald Martin SD & G Highrs  
 L/Cpl Cowan, Charles William SSask R  
 Capt Cowan, David Lacy RCE  
 Lt Cowan, Duncan Robert Harris RWF  
 S/L Cowan, Emerson Weldon RCAF  
 L/Cpl Cowan, George Lockhart Calg Highrs  
 Maj Cowan, George Paxton RCA  
 Pte Cowan, Gerald Bruce Calg Highrs  
 Spr Cowan, Harold Nelson RCE  
 L/Cpl Cowan, James Matthew Seaforth of C  
 WO1 Cowan, John Joseph Henry RCAF  
 Lt Cowan, John Taylor 14 H  
 TMS Cowan, Linton Kennedy BCD  
 L/Cpl Cowan, Murray Oliver RCR  
 P/O Cowan, Nicholas Edgar John RCAF  
 Pte Cowan, Robert Dodd 48 Highrs

F/O Cowan, Walter Sidney RCAF  
 Pte Cowan, William Kent HLI of C  
 Lt Cowan, William MacDonald BW  
 Spr Cowan, William Vern RCE  
 WO1 Coward, William John RCAF  
 CMM Cowe, James Wilson RCNVR  
 Capt Cowie, Donald MacArthur CH of O  
 Sgt Cowie, Eric Edmond RCAF  
 L/Bdr Cowie, Henry William RCA  
 F/O Cowie, James Moore RCAF  
 Capt Cowling, Gordon Oscar Essex Scot  
 F/L Cowling, John Wesley RCAF  
 Cpl Cowling, William Henry RCASC  
 P/O Cownden, Vincent Joseph RCAF  
 Tpr Cox, Albert Charles RCAC  
 Sgt Cox, Cecil Baden RCA  
 Pte Cox, Gerald Delbert RRegt C  
 F/O Cox, Henry RCAF  
Sto PO Cox, Henry John Maria RCNVR  
 F/O Cox, Jack Scott RCAF  
 Pte Cox, James William RCASC  
 Pte Cox, Jeffrey Henry A & SH of C  
 Pte Cox, Leonard Floyd Camerons of C  
 F/O Cox, Owen James RCAF  
 F/O Cox, Paul Conboy RCAF  
 Cpl Cox, William Henry L Sup R  
 Pte Cox, William James PPCLI  
 L/Cpl Cox, William Richard Essex Scot  
 Pte Coxe, Kenneth Albert RRegt C  
 Gnr Coyle, Alfred Scott RCA  
 Rfn Coyne, Joseph Linus Arnold RWpg Rif  
 P/O Coyne, Vincent Harold RCAF  
 Cpl Cozzolino, Thomas Joseph RC Sigs  
 Lt Crabb, Allen Peter Border  
 Cpl Crabbe, Victor Charles N Shore R  
 P/O Crabtree, Charles Maurice RCAF  
 Lt Crabtree, John Collins PPCLI  
 Pte Crackel, Harry 1<sup>st</sup> RC  
 Sgt Cracknell, Richard Stephen RCAF  
 F/L Cracknell, Walter Charles RCAF  
 Pte Cragg, Garnet Edward Calg Highrs  
 Gnr Craib, Cameron RCA  
 Cpl Craib, Thomas C Pro C  
 Cpl Craig, Allan Bruce C Pro C  
 Tpr Craig, Andrew BCD  
 Tpr Craig, Clifford Harold GGHG

V67950

COX

HENRY

JOHN

D OF D 21-8-44

NAVY

DEPARTMENT OF VETERANS AFFAIRS

### AWARDS

D.D.  
WAR SERVICE RECORDS

COX	Henry John Maria	V-67950	Sto. P.O.	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	6461
Fr. Ger. Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNVR Jan. 46 " ALBERNI "

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Flora Cox - Widow

ADDRESS: 116 Traverse Ave., NORWOOD,

~~ST. VITAL~~, Man.

4-11-48

(1)

(2) MEMORIAL CROSS  
WIDOW

Mrs. Flora Cox

ADDRESS: 89 Essex Avenue, St. Vital, Man.

(2)

17-1-45

(3) MEMORIAL CROSS  
MOTHER

Mrs. Gerard Cox

ADDRESS: 116 Tache Ave., Norwood, Man.

(3)

31-1-45

MEMORIAL BAR

DATE DESP

REGN. NO. 245

V67950

OFFICIAL NUMBER

FILE NUMBER

113-C-5080

OFFICIAL NUMBER V67950

NAME COX (Surname) Henry John Maria (Given Names) DATE OF BIRTH 11th October, 1913.  
 PLACE OF BIRTH Winnipeg, Manitoba. OCCUPATION Stationary Engineer  
 RELIGION R.C. EDUCATION Grade 1X  
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 89 Essex Ave., Town St. Vital, Province, etc. Manitoba.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
6	8	43	H.O.	5' 8½	Brown	Brown	Medium					

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Glenn Cox  
 ADDRESS (in pencil): Street and No. 89 Essex Ave (C.N.S. 537, 27/8/43) Town St. Vital Province, etc. Manitoba

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				5	1	44	Qual. Anti-Gas 1 day				

BADGES, G.C. OR G.S.				BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES							
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

**FILM**  
 NO. W.A. 6082-2  
**DATE**

Date (in figures)			DAYS FORFEITED						O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
									Last Will & Testament #9758 Rec.

SECOND CLASS FOR CONDUCT	
From	To

11/2/45  
**W.S.G.**  
 APPLICATION  
 5705

V67950

OFFICIAL NUMBER

NAME COX  
(Surname)

Henry John Maria  
(Given Names)

OFFICIAL NUMBER V67950

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "CHIPPAWA"	Stoker 1	6	8	43	Div. Str. Winnipeg.	V.G.	Sat.	31	12	44							
"	Sto. P.O.	7	8	43		V.G.	Sat.	21	8	44							
"	"	25	8	43	Act. Serv. D.L. #74 26-8-43												
Cornwallis	"	25	10	43	DE. 3.11.43.												
Saguenay	"	21	12	43	Ser. Cert.												
Cornwallis	"	24	12	43	Ser. Cert.												
Saguenay	"	20	12	43	Ser. Cert.												
Cornwallis	"	15	2	44	Ser. Cert.												
Stadacona	"	19	2	44	Ser. Cert.												
Albarni	"	19	4	44	Ser. Cert.												
DISCHARGED	"	21	8	44	"MISSING" Per Casualty List Presumed Dead												

GENERAL REMARKS

CANADIAN MEMORIAL CROSS SENT TO:-  
 Wife, Mrs. Flora Cox,  
 89 Essex Avenue,  
 ST. VITAL, Manitoba. (17-1-45).  
 Canadian Memorial Cross Sent To:  
 Mother, Mrs. Gerard Cox,  
 116 Tache Ave.,  
 Norwood, Man.

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI.	ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P	CTY	TOWNSHIP	SECT.	DIV.	A	BR	RANK	
11	0	13	16	320	0	10	1	606	000	06	0	15	97		
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		
06	08	43	25	08	43					9830	0	15	97		
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.									
07	08	43	13	00	00										

2514 381

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

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

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

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

3. PRINT FULL NAME OF DECEASED COX Henry John Marie (Surname) (Given name or names in usual order)

RESIDENCE 89 Essex Ave., St. Vital, Manitoba (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male 5. NATIONALITY Canadian 6. RACIAL ORIGIN Dutch 7. Single, Married, Widowed or Divorced Married 8. BIRTHPLACE Winnipeg, Man.

9. DATE OF BIRTH October 11 1913 10. AGE IN Years 30 Months 10 Days If less than one day hrs. or min.

OCCUPATION 11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Stationary Engineer, Canada Packers Ltd. 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. St. Boniface, Man. 13. Date deceased last worked at this occupation 14. Total years spent in this occupation

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

PARENTS 16. Name of father 17. Birthplace of father (same as item No. 8) 18. Maiden name of mother 19. Birthplace of mother (same as item No. 8)

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

20. Signature of informant Dave Gorman, R.C.N.R. 21. Relationship to deceased Director of Personnel Records Address: Naval Service Headquarters, Ottawa

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

23. Burial Permit was issued by Address

24. Signature of Undertaker or person acting as Undertaker Address

MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH 21 August 1944 (Hour) (Day) (Month) (Year)

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

CAUSE OF DEATH I Immediate cause (a) Missing, presumed dead. due to (b) He was serving in H.M.C.S. "ALBERTI" which due to (c) was sunk in the English Channel. II Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). III Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

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

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

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

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

Signed by M.D. Address Date 19

30. Registered number filed this day of 19

31. (Signature of Division Registrar)

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

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)

Read this whole Form and Instructions  
on other side before commencing to  
complete.

Can. S. 545  
30M-1-43 (8044)  
N.S. 815-9-545

# WILL

(1) I, Henry John Maria COX, of His Majesty's Canadian Ship "Chippawa" do hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH unto my Wife,

Flora COX,  
89 Essex Ave.,  
St. Vital, Man.

Relationship,  
names and  
addresses of  
beneficiaries,  
and what  
each is to  
receive.

All my estate

9758

~~(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto~~

Relationship,  
names and  
addresses of  
residuary  
beneficiaries.

(4) I appoint Flora COX 89 Essex Ave., St. Vital, Man.  
(Name) (Address)  
....., to be the Executrix of this my Last Will.  
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 6th day of August 1943.

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

H. J. M. Cox  
(Name)

Sto. P.O.  
(Rank or Rating)

V-67950  
Official No.

First witness  
sign here.

(5) Signature

H. L. Webster

Civil Address 5023 Grosvenor Ave., Montreal, P.Q.

Civil Occupation Gentleman

Second witness  
sign here.

Signature

H. E. Lehman

Civil Address 91 Alma St., Kitchener, Ont.

Civil Occupation Office Clerk

(Beneficiaries are not to be Witnesses.)

[OVER]  
Noted in Service  
Records by [Signature]



Mrs. Flora Cox,

St. Vital, 89 *Esplanade*

Manitoba

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

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

and the following number quoted:—

H.Q. NS V.67950 FD 755

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

3rd 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

COX

Henry J.M., Sto. P/O

V.67950 Royal Canadian Naval Voluntary 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.

*H. W. Wade*  
Commissioner  
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.....	<i>Elona Cox</i>	33	89 Essex Avenue St. Vital, Man.	
2	Children of the Deceased and dates of their Births.....	<i>Judith Carol Cox</i>	<i>2<sup>1</sup>/<sub>2</sub> two years of age</i>	89 Essex Ave., St. Vital Manitoba	
3	Father of the Deceased.....	<i>Gerald Cox</i>	69	116 Saché Ave. Norwood, Man.	
4	Mother of the Deceased.....	<i>Cornelia Helen Cox</i>	70	116 Saché Ave. Norwood, Man.	
5	Brothers of the Deceased	Full Blood	<i>William Maria Cox</i>	28	Prince George, B.C.
		Half Blood	<i>none</i>		
6	Sisters of the Deceased	Full Blood	<i>Johanna Maria Kammernayer</i>	31	Box 40, Madsen, Ont.
		Full Blood	<i>Cornelia Maria Battistuzzi</i>	27	116 Saché Ave. Norwood, Man.
		Half Blood	<i>Mary Barbara Janex</i>	38	116 Saché Ave. Norwood, Man.
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		
		<i>none</i>			

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Henry John Maria Fox
9	Date of his birth.	October 11th 1913
10	Place and date of his marriage.	East Gildonan, Manitoba July 10th 1940
11	Place and date of his parents' marriage.	Winnipeg, Manitoba Nov. 27th 1912

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg, Manitoba
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Manitoba all his (b) life (c) (d)
14	Nature of employment before enlistment.	Stationary Engineer
15	State whether he owned the premises in which he lived, and, if so, where situated.	Was buying home at 89 Essex Ave., St. Vital
16	Name place where deceased stated he intended to make his permanent home.	at 89 Essex Ave. St. Vital

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	yes. I have a copy of same and original was forwarded to Ottawa
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?	He had no account but was saving while on the Alberni.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	three - I have them.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
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 debts
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

\* 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.

Flora Cox ..... {Signature of Informant}  
89 Essex Ave., St. Vital, Man. ..... Address

CERTIFICATE

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

\*See above. Flora Cox ..... { Name of informant } is the\* Henry John M. Cox .....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at St-Vital ..... this 22<sup>nd</sup> ..... day of January ..... 19 45  
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Arthur Benoit ..... Qualification Parish Priest  
Address 242 Dubuc St. Horwood, Man.

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

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

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

*my husband had saved money but was unable to send it to me on account of Britain's law that no money was to leave the country. As he was a Canadian and serving on a Canadian ship I think this was very unfair. The money was for our taxes and fuel and as a result I had to borrow. Could anything be done about this? The amount he had was a little over \$100.00.*

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

43

Naval Service Headquarters, Ottawa, Ontario.

Name..... **COX** ..... **Henry John Maria**  
(Christian names in full)  
 Rank or Rating..... **Stoker Petty Officer** ..... Official No. **V-67950** ..... Unit **R.C.N. R.C.N.V.R.**  
 Place of Birth..... **Winnipeg, Manitoba** ..... Date of Birth..... **11th October, 1913**  
 Occupation in Civil Life..... **Stationary Engineer** ..... Religion..... **Roman Catholic**  
 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 6 August, 1943 to 21 August, 1944.**  
 Date of Death..... **21st August, 1944.** ..... Place of Death..... **At sea**  
 Cause of Death..... **Missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.**  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend. { Name..... **Mrs. Flora Cox,** ..... Relationship..... **Wife**  
 Address..... **89 Essex Avenue, ST. VITAL, Manitoba.**

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

Date on which death was registered with local Officials.....

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

If applicable { Place of Burial..... Date of Burial.....  
 Location, Number, etc., of grave.....  
 Undertaker employed.....

*H.B. Moore*  
(Commanding Officer)  
 for SECRETARY, NAVAL BOARD.

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

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

ENTERED IN  
 D.N.P.A.'s LOG BOOK  
 E.L. MAR 15 1945  
 CLERK 10.1





# ENGINEER RATING Performance and Ability Record

NAME Henry John Maria COX

Use the words "Refitting and Maintenance" and 8.

Official Number V-67950

Superior," "Satisfactory," "Moderate," or "Inferior."

In Charge of →					19	20	21	22	23	24	25
14	15	16	17	18	Engineer's Writer	Charge of Engineer's Stores and Tools	Power of Command	Present Rating	REMARKS (including experience in Engineer's Office or in any special duties)	SHIP	Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
								SPO		CHIPPAWA	
								SPO		CORNWALLIS	
								SPO		CHIPPAWA	
								SPO		CORNWALLIS	
								SPO		SAGUENAY	
								SPO		CORNWALLIS	
								SPO		SAGUENAY	
								SPO		CORNWALLIS	
								SPO		STADACONA A.G.B.	
										ALBERNI	



113.6.5080

N. V. 5  
100M-12-42 (7804)  
N.S. 815-11-5



I.C.N.S. 71514

P149584

**ATTESTATION FORM**  
(HOSTILITIES FORM)

**FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE**

SURNAME COX OFFICIAL No. V6.7951  
CHRISTIAN NAMES Henry John Maria MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS	RELIGION
89 Essex Ave., St. Vital, Manitoba	R.C.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
11th October, 1913	Town <u>Winnipeg</u>	Flora COX (Wife), 89 Essex Ave., St. Vital, Man.
*Original Nationality of: Father <u>Dutch</u> Mother <u>Dutch</u>	County Province <u>Manitoba</u>	

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

(A) **PERSONAL DESCRIPTION ON ENROLMENT**

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Fect. <u>5</u>	Inflated <u>35 1/2</u>	<u>Brown</u>	<u>Brown</u>	<u>Medium</u>	<u>Nil</u>
Inches <u>8 1/2</u>	Deflated <u>33</u>				
Mean <u>34</u>					

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Grade IX</u>	<u>Stationary Engineer, Canada Packers Ltd., St. Boniface, Man.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>Divisional Strength 6th August, 1943</u>	<u>Sto. 1/c, 6th Aug. '43 Sto. P.O., 7th Aug. '43</u>	<u>H.M.C.S. CHIPPAWA</u>

(B) **DECLARATION TO BE MADE BY APPLICANT**

I hereby declare as follows:—

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

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

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
			Personnel Records Division.

(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.

**R. C. M. P. CHECK UP**  
**SATISFACTORY**

1. Note in Records	<u>M.S.B.</u>
2. Note Card	<u>M.S.B.</u>
3. Note Sub. Card	
4. Note Card	
5. Photo Strip	
6. Pension Card	
7. ....	
8. ....	
DATE	<u>10/8/43</u>

(5) On being enrolled as a member of the Royal Canadian Naval Volunteer Reserve, I undertake and 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as Sto. P.O. by the prospect of being transferred at some future date to any other branch or rating.

Dated this 6th day of August, 1943

Signature of applicant X H. J. M. Cox

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 6th day of August, 1943

My authority for attestation is RD 7-5-3 C, 13th May, 1943

J. L. Leblond  
Signature and rank of Attesting Officer.

LIEUTENANT R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I, Henry John Maria COX 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 X H. J. M. Cox

Witness J. L. Leblond

Date 6th August, 1943 Rank LIEUTENANT R. C. N. V. R.

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

12/34

CERTIFICATE of the SERVICE of

*Harry John Maria COX*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-67950</i>
	<i>"Chippawa"</i>	"
		"

Date of Birth..... <i>11<sup>th</sup> October, 1913</i>	Name and Address of Nearest Relative or Friend (In pencil)
Place of Birth..... <i>Winnipeg, Manitoba</i>	
Place of Residence..... <i>89 Esser Ave, St. Vital, Man.</i>	
Trade brought up to..... <i>Stationary Engineer</i>	
Religion..... <i>Roman Catholic</i>	
Can Swim:—P.P.T. Date..... 19..... Signature..... Rank.....	
P.S.T. Date..... 19..... Signature..... Rank.....	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>6 Aug '43</i>	<i>Duration of Hostilities</i>	<i>Sto. 1/c</i>			

PERSONAL DESCRIPTION								MARKS, WOUNDS, SCARS
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	
	Feet	Inches						
On Entry.....	<i>5</i>	<i>8 1/2</i>	<i>34</i>	<i>135</i>	<i>Brown</i>	<i>Brown</i>	<i>Medium</i>	<i>Nil</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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







# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

## Section A—GENERAL INFORMATION

1. (a) Print name in full..... Henry John Maria COX (b) Reg'l. No. 167950  
2. (a) Arm of service..... Navy (b) Unit..... R.C.N.V.R. (c) Rank..... Sto. P.O.  
3. (a) Date of birth..... 11 Oct. '13 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment..... St. Vital, Man.  
4. (a) Place of enlistment..... Winnipeg, Man. (b) Date of enlistment..... 6 Aug. '43

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 16 yrs. (b) Were you attending school or college up to the time of enlistment?..... No  
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.)..... Grade IX  
7. If you attended a university, give name of university and standing or degree secured.....  
8. (a) Did you ever enter upon a trade apprenticeship?..... No (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....  
9. (a) What languages do you speak fluently?..... English, French, Dutch (b) What languages do you read well?..... English, French, Dutch

## 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 Packers Limited Address..... St. Boniface, Man.  
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.)..... Meat Packers  
20. (a) Your specific occupation..... Stationary Engineer (b) Number of years' experience at this occupation with any employer..... 5 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?..... Yes

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... No (b) Do you feel competent to operate a farm?..... No (c) If so, in what kind of farming?.....  
25. (a) Were you born on a farm?..... No (b) How many years' actual farming experience have you had?..... 1 mth (c) In what provinces did you have experience?..... Manitoba

## 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..... N11

DATE..... 6th August 1945 SIGNATURE..... H. J. M. Cox.



AUG 21 1948

Copy to

Li



LA/GW.

REGISTERED

AIR MAIL

10

N.S. V-67950 (Pers. N)

23 August, 1944.

Dear Mrs. Cox;

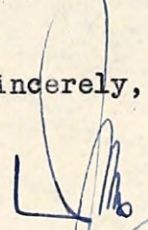
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Henry John Maria Cox, Stoker Petty Officer, O.N. V-67950, Royal Canadian Naval Volunteer Reserve, is missing at sea.

The only information that can be given at this time is that your husband is missing at sea when the ship in which he was serving was lost by enemy action in the English Channel. As soon as further particulars can be released, you will be informed.

Should you know the name of the ship in which he was serving, it is requested that, for security reasons, you will regard this information as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,

  
SECRETARY, NAVAL BOARD.

Mrs. Flora Cox,  
89 Essex Avenue,  
St. Vital, Manitoba.

  B1

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

26 33

DEC 26 1944

(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
COX Henry John Maria	Stoker Petty Officer	V-67950 R.C.N.V.R.

DATE OF ENLISTMENT - 6 August, 1943. Active Service: 25 August, 1943.

DATE OF DISCHARGE - 21 August, 1944.

HOSPITAL -  
(If discharged in hospital under jurisdiction of D.P. & .N.H.)

SERVICE - CANADA & HIGH SEAS  
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - Missing, presumed dead. He was serving in H.M.C.S.  
when and where any disability was incurred, or where death occurred. "ALBERNI" which was sunk in the English Channel

(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 - Wife NAME - Mrs. Flora Cox

ADDRESS - 89 Essex Avenue, St. Vital, Manitoba.

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

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

C. R.  
P. A.  
NAVAL TREASURY  
DATE 28/12/44  
INITIAL K

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

Mrs. Flora Cox, 89 Essex Ave., St. Vital, Man.	Wife.	Makkar.	
--	-------	---------	--

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	\$51.12 <del>52.12</del>	53.00	104.12

To Whom Paid: As Above Address As above.

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: August 31, 1944.

The final deduction of Assigned Pay for 53.00 has been made for the period from 1st to 31st of August 1944.

Remarks:

Computed by... *m.w.*.....

Checked by... *R. Labochelle*.....

for *Alec J. Bonnell*  
 Chief Treasury Officer,  
 DEPARTMENT OF NATIONAL DEFENCE,  
 (Naval Service).

The Secretary, The Canadian Pension Commission,  
Room 228, Daly Building, OTTAWA, Ontario.

# DEPENDENTS ALLOWANCE BOARD

## DECISION OF THE BOARD IN RESPECT OF THE APPLICATION FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

Official No. V-67950 Rank or Rating Stoker P.O.  
COX Henry John Maria 37  
(Surname) (Christian Names)

Military Unit.....  
 Air Force Establishment or Station.....  
 Naval Ship or Establishment.....

### DECISION OF THE BOARD

1. Casualty Presumed Dead Date Aug. 1944 Authority Off. 1/c.N.P. Records

Dependents' Allowance previously in pay for wife, 1 child.....\$ 51.12

Assigned Pay .....(Amount of 15 days' pay \$ 35) .....\$ 53.00

2. Effective Sept. 1, 1944 vacate previous award and pay for a period of

Six months to Mrs. Flora Cox

89 Essex Ave.

St. Vital, Man.

A. A sum equal to Dependents' Allowance .....	\$ <u>51.12</u>
and an assignment of 15 days' pay of rank.....	\$ <u>35.00</u>
Total.....	\$ <u>86.12</u>

(ONLY A OR B TO BE FILLED IN)

OR

B. A sum equal to Pension Rates, which in this case are higher.....\$ .....

3. At the expiration of this six months, if notification re Pension has not been received, pay at Pension Rates \$ 75.00 and continue until advice is received of Canadian Pension Commission's decision.
4. If and when Pension is granted, an amount equal to retroactive Pension only is to be recovered from the Canadian Pension Commission.
5. If a decision to grant Pension has been made before the allowance has been in effect for six months, the difference between the unpaid balance as provided in Paragraph 2 above and Pension for the same period is to be paid to the dependent in a lump sum.
6. In cases where the Pension Rates are less than \$3.00 greater than the D.A. and A.P. in pay, no change will be made until the end of the six months when the account will be adjusted.

Reviewer K. Beardsley.....

Date Jan. 25, 1945.....

.....  
(Chairman)  
 .....  
(Member)  
 .....  
(Member)

ENTERED IN  
D.N.P.A.'s LOG BOOK

FEB 8 1945

CLERK No. PP

TO: N.C.R.

Original War Service Gratuity Application has been  
removed and retained in D.N.P.A. (G). (Paper No. 413014)

39

File No. N.S. V-67950 PERS. (N).

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mother:-

Mrs. Gerard Cox,  
116 Tache Ave.,  
NORWOOD, Man.



C.A.'S CHECKED  
C.R. BY *D*

Date forwarded:- JAN 31 1945

Registered Mail No. 8826

TO:

DEC 15 1944

N.C.R.

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.

Copy for the information. Supt. of Naval Pay accounting.

THE CANADIAN  
PENSION COMMISSION



IN REPLY REFER TO

381-H

ATTENTION: Ledger Section.

Ottawa, February 23, 1945.

The Chairman,  
Dependents' Allowance Board,  
Department of National Defence,  
Ottawa.

Mrs. Henry J. Cox,  
89 Essex Ave.,  
St. Vital, Man. widow of  
V-67950 Cox. Henry J.M.

The above noted widow has been awarded pension in respect of her husband's death, with effect from the 22nd of August, 1944. with additional allowances for her child.

B. Simpson,  
Assistant Secretary.





Department of National Defence  
Naval Service

IN REPLY PLEASE QUOTE  
NO. N.S. V-67950 PERS. (N)

26  
DEC 16 1944 194

39354



Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
COX, Henry John Maria Stoker Petty Officer, V-67950, RCNVR	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Wife: Mrs. Flora Cox, 89 Essex Avenue, ST. VITAL, Man.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>

N i l.

WILL: Attached

Yours truly,

*G. G. Heard*

for  
SECRETARY, NAVAL BOARD.

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

# STATEMENT OF ACCOUNT

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

List 12! No. 10 (Name) COX, Henry Rank Rating SPO No. V-67950

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

		\$	c.				
CREDIT from former account..... F.B.		59	29				
Pay as SPO..... from 1 July to 31 Aug. (62 days at \$2.65 a day)	(Rank Rating)	164	30				
" " " " " " " " " " " "	" " " " " " " " " " " "						
" " " " " " " " " " " "	" " " " " " " " " " " "						
" " " " " " " " " " " "	" " " " " " " " " " " "						
Kit Upkeep Allowance.....		10	66				
OTHER CREDITS:..... H.L.M.		14	40				
..... L.A.		2	00				
Total credits.....		250	65				
DEBT from former account.....							
PAYMENTS:—	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....	4th Aug. Pay List \$4.47					Total.....	4 47
2nd month.....						Total.....	
3rd month.....						Total.....	
Allotment \$53.00 AP July & Aug. (Charged)							106 00
Pension deduction (Officers) charged to..... of.....							
Hospital stoppages.....							
Mulcts.....							
OTHER CHARGES:.....							
						Total debits	110 47
						Balance Cr. <del>or Dr.</del>	140 18
						(Balance Dr. to be shown in red)	

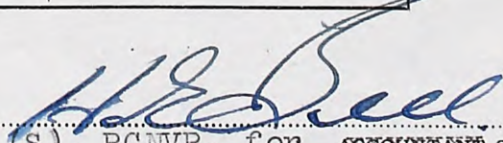
Number of days actually victualled during period mentioned above..... 52

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	Leave	11 Aug.	14 Aug.	4	

Date..... 5th April, May 1945

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

LEDGERS:  
R: 6  
F: 6

  
 Lieutenant (S), RCNVR, for ACCOUNTANT OFFICER  
 Supply



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

555  
Duplicate

Name COX, Henry Rating S.P.O.  
Official No. V67950 H.M.C.S. NIOBE for ALBERNI List 12.I/10  
Who\* Discharged Dead on the 21st August 19 44

Net sum due on ledger on account of Wages.....	\$	cts.	
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—	\$	cts.	
Proceeds of sale of Effects, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
Cash deposited by official Receipt No.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words).....			
Name of ship from which transferred.....			
Total†	140	18	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 forty dollars eighteen cents.

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

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

[Signature] for 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".  
§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

Note: The above sum has been recovered by Niobe March cash acct. receipt voucher N-R-1528.

**DISTRIBUTION OF SERVICE ESTATES**  
NAVY

Estates Form "P. 4"

HG

Name: COX Surname Henry John M. Christian Names No.: V.67950

Rank Sto. P/O. Unit R.C.N.V.R.O/S Date of Death 21-3-44

AMOUNT

Date: 23-1-46

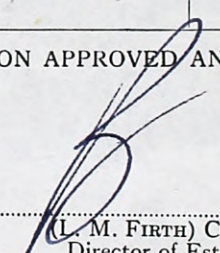
L.P.C.....\$ 143.13  
 Other Credits..... 12.37  
 Total..... 155.55

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Flora Cox, 89 Essex Ave., ST. VITAL, Man.  (Sole beneficiary under will)	\$155.55

*P4. TO TREAS. 29-1-46 QW.*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$155.55
CLASSIFIED BY			EXAMINED BY		
<i>P</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

  
 M. FIRTH Colonel  
 Director of Estates

AUDITED FOR PAYMENT



# 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 Secretary of the Naval Board, Department of National Defence, Ottawa.

I, the undersigned, have examined Henry John Maria COX  
candidate for entry as P.O. Stoker  
and I believe him to be <sup>in all respects fit for His Majesty's Service</sup> ~~unfit for His Majesty's Service~~ He has signed the Certificate given below in my presence.

†Strike out if inapplicable. \*Delete one. **Eyes react to L&A Reflexes normal**

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

(a) Age	Yrs. 29 Mos. 6	(j) Date of last Vaccination	S.A. L.A.
(b) Height with bare feet	Feet 5 In. 8½	(k) General Development	Good
(c) Weight without clothes	135 Pounds	(l) Nose, Throat and Tonsils	N
(d) Ears and Hearing	Rt. Lt. Normal	(m) Heart and Lungs	B.P. 130/64 Normal
(e) Chest Girth	Max. 35½ Min. 33 Mean 34	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient Defective Dentures See Below	(o) Limbs and Joints	N
(g) Vision by Snellens Types	without glasses Rt. Lt. Both 6/6 6/5 6/5	(p) Skin	N
	with glasses where worn Rt. Lt. Both	(q) Anus Haemorrhoids	N
(h) Colour Vision	Ishihara Normal R.C.N. Lantern	(r) Testes Varicocele	See below Bal. normal
(i) Chest x-ray	not taken approved positive doubtful <b>APPROVED May 3/1943</b> <b>FILM No. N. 3047</b>	(s) Urine Sugar & Alb.	Negative

### 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.

H. Cox  
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 Partial upper denture. Small extra testicular mass right side.

\* ~~XXXXXX~~  
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 H. M. C. S. "CHIPPAWA" the 3rd of May 1943

John R. Moore  
Examining Medical Officer  
(Rank) SURGEON LIEUT. R. C. N. V. R.



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

RATING *Sta. P.O.* OFF. NO. *V-67950* 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	/	<i>Star</i>
<i>S. Lunn</i>							ATLANTIC		
							FRANCE G.	/	<del><i>Star</i></del> <i>Star</i>
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>2 Clasp</i>
							" CLASP		
							WAR 1945	/	<i>medal.</i>
							WAR 1915		

VERIFIED BY *[Signature]*  
*[Signature]*

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

4  
NAVY

Deceased Member's

NAME **Henry John Maria**  
(CHRISTIAN NAMES)  
Payee **Mrs. Flora Cox**  
ADDRESS **89 Essex Avenue  
St. Vital, Man.**

**COX**  
(SURNAME)

REGISTER NO. **5705**  
FILE NO. **NB V67950**  
DATE **26 Feb 45**  
SERVICE NO. **V67950**  
FINAL RANK OR RATING **Sto. P.O.**  
DATE OF DISCHARGE **21 Aug. 44**

DATE OF TERMINATION OF OVERSEAS SERVICE **21 Aug. 44**

<b>A. TOTAL QUALIFYING SERVICE</b>		\$	¢
NO. OF DAYS	<b>363</b>	EQUAL TO	<b>12</b>
		COMPLETE PERIODS AT \$7.50	<b>90.00</b>
<b>B. QUALIFYING OVERSEAS SERVICE</b>			
NO. OF DAYS	<b>125</b>	LESS	<b>3</b>
		INELIGIBLE DAYS, EQUAL TO	<b>122</b>
		DAYS @ 25c. PER DAY	<b>30.50</b>
		<b>SUB TOTAL</b>	
<b>C. SUPPLEMENT FOR OVERSEAS SERVICE</b>			
DAILY RATES AT DISCHARGE			
	PAY	\$	<b>2.65</b>
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	<b>1.25</b>
	ADDITIONAL PAY	\$	
		\$	
		\$	
	DEPENDENTS' ALLOWANCE 1/30 OF \$	<b>51.12</b>	\$ <b>1.70</b>
	TOTAL	\$	<b>5.60</b>
		X7 = \$	<b>39.20</b>
	NO. OF DAYS	<b>122</b>	X\$ <b>39.20</b>
		183	
			<b>26.13</b>
<b>D. WAR SERVICE GRATUITY</b>			<b>146.63</b>
<b>E. DEDUCTIONS</b>			
OVERPAYMENT OF	PAY AND ALLOWANCES	\$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$	<b>N11</b>
OTHER DEDUCTIONS		\$	
<b>F. AMOUNT PAYABLE</b>			<b>146.63</b>
(THIS AMOUNT IS PAYABLE IN _____ MONTHLY INSTALMENTS OF \$ _____ EACH)			

~~THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.~~

SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C

**G. MONTHLY INSTALMENT NOT TO EXCEED** DAILY RATE OF PAY AND ALLOWANCES \$ \_\_\_\_\_ X30 \$ \_\_\_\_\_

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	<b>146.63</b>								
CHEQUE No.	<b>111035</b>								
DATE	<b>10/3-45</b>								
INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

**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
<b>SJD</b>	<i>[Signature]</i>	<i>[Signature]</i>	<b>6/3/45</b>

**Dir. of Naval Pay Accounting**  
SERVICE REPRESENTATIVE



STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Henry John Maria COX  
 (Christian Names) (Surname)

Payee Mrs. Flora Cox,  
 Address 89. Essex Ave,  
St Vital. Man

Register No. 5705  
 File No. NS V67950  
 Date 9/24/45  
 Service No. V67950  
 Final Rank or Rating STO. PO.

Date of termination of overseas service 21 Aug. 44 Date of Discharge 21 Aug 44

A. TOTAL QUALIFYING SERVICE  
 No. of days 363 equal to 12 complete periods at \$7.50 90.00

B. QUALIFYING OVERSEAS SERVICE  
 No. of days 125 less 3 ineligible days equal to 122 days @ 25¢ per day 30.50

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 DAILY RATES AT DISCHARGE

Pay	\$	<u>2.65</u>	
Subsistence or Lodging and Provision Allowance	\$	<u>1.25</u>	
Additional Pay	\$		
Dependents' Allowance 1/30 of \$ <u>51.12</u>	\$	<u>1.70</u>	
Total		<u>5.60</u>	x 7 = \$ <u>39.20</u>
No. of days	<u>122</u>	x \$ <u>39.20</u>	<u>26.13</u>
	<u>183</u>		

D. WAR SERVICE GRATUITY 146.63

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

F. TOTAL AMOUNT PAYABLE 146.63

G. YOUR PORTION OF GRATUITY IS  
 Dependents' Allowance in issue to you \$ \_\_\_\_\_ of \$ = \$ 146.63  
 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

Service Representative

D.N.P.A. CHECK

1 <u>EM</u>	6 <u>[Signature]</u>
2 <u>[Signature]</u>	7 <u>[Signature]</u>
3 <u>[Signature]</u>	8 <u>[Signature]</u>
4 <u>[Signature]</u>	9 <u>[Signature]</u>
5 <u>[Signature]</u>	10 <u>[Signature]</u>