



Pte Culleton, Garnet Oliver	Gnr Cunningham, Leonard
L/Cpl Culleton, Stewart	Garfield RCA
Tpr Culley, John Kitchener	Lt Cunningham, Malcolm
Pte Cullimore, Harvey Edward	Rothnie R Wpg Rif
Essex Scot	Cpl Cunningham, Merl
Lt Culliton, Frederick James	Spr Cunningham, Raymond
Pte Cullum, Walter Richard	Sgt Cunningham, Robert Norval
P/O Cully, Victor Charles	RCAF
Rfn Culnan, John Windline	Pte Cunningham, Wilfred
Pte Culpan, Ronald	Pte Cunningham, William
Essex Scot	Robertson Essex Scot
<u>Sto PO Culpepper, John Arthur</u>	Sgt Cummings, Ronald Everett
R CNR	Pte Cupido, Arnold
F/O Culshaw, Thurston	P/O Curatolo, Louis
F/S Culverson, Donald Harvey	Pte Curedeau, Vénérand
Tpr Cumberland, Vincent Archibald	P/O Curle, John Garfield
1H	Gnr Curliss, Franklin Blaine
P/O Cuming, Lloyd Wesley	Pte Curoe, Jack Archibald
F/O Cumming, Duncan Herbert	Gnr Curphey, Arthur William
RCAF	F/O Curphey, Thomas George
F/O Cumming, Ernest Robert	L/Cpl Curr, George Clifford
Sgt Cumming, Gordon Farrell	Pte Curran, Manford Roger
Cpl Cumming, James	Sigm Curran, William Frederick
Gnr Cummings, Clifford George	RC Sigs
Pte Cummings, Ernest	F/O Currie, Charles
Pte Cummings, Harry	P/O Currie, Donald Russell
F/O Cummings, James Clyde	P/O Currie, David Fraser
P/O Cummings, Kenneth George	Tpr Currie, Frederick Francis
Pte Cummings, Laurent	Fort Garry's
Pte Cummings, Malcolm John	SA Currie, George Howard
Nth NS Highrs	P/O Currie, Gordon
F/O Cummings, Wesley Elmore	Cpl Currie, Hugh Robert
RCAF	Pte Currie, Ian Percy Merix
F/S Cummins, Manley Morton	Pte Currie, Lewis Luke
Sgt Cummins, Robert Paul	F/O Currie, Ronald James
WO II Cuning, Walter Angus	WO2 Currie, Russell Tyrrell
GenList	Pte Currie, Stanley Kenneth
L/Cpl Cunningham, Charles	Seaforth of C
Carl & York R	Pte Currie, William Charles
Gnr Cunningham, Clare Stanley	Nth NS Highrs
Pte Cunningham, Donald Hardwick	Sto PO Currie, William Patrick
Cameron of C	F/O Curry, Lorne Franklin
Rfn Cunningham, Ernest Arnold	Lt Curtin, Francis Jeremiah
QOR of C	Fort Garry's
P/O Cunningham, Harry Joseph	Pte Curtin, James Joseph
RCAF	Pte Curtis, Donald Ralph
Cpl Cunningham, Howard Dawson	Gnr Curtis, George Edward
12H	Cpl Curtis, Howard Russell
P/O Cunningham, James Adrian	N Shore R
F/O Cunningham, James Hill	RCAF

A3190
CULPEPPER

JOHN

ARTHU

THIS CERTIFICATE IS TO BE COMPILED IN DUPLICATE, THE SECOND COPY BEING
FORWARDED TO THE MAN'S DEPOT

#3140

RRR NR 24-8-43
~~20/8/43~~

AUXILIARY MACHINERY COURSE FOR STOKER RATINGS

123-b-345



CERTIFICATE OF QUALIFICATION P154355

H.M.C.S. "STADACONA"

14

This is to certify that CULPEPPER, John

First Class Stoker, Official Number A-3190 serving in H.M.C.S.

"INGONISH" has successfully passed through the

Auxiliary Machinery Watchkeeping Course as laid down in K.R. and

ALL Appendix XVII, Part I, No. 39 (F), and notations have been made

on his History Sheet accordingly.

DRIFTING and ADVANCEMENT DEPOT	
1 History Card
2 Index Card
3 Roneo Card
4 Advancement	<u>OK</u>
5 A. A. Card
6 Training
7 Statistical
8
DATE	<u>20/8/43</u>

[Signature]
Engineer Officer

[Signature]
Commanding Officer

Date Aug. 9th, 1943

S. 443
10M-6-42 (4888)
N.S. 815-9-443

Noted in Service
Records by M. J.
24.8.43

[Signature]

THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION OF ARCHITECTS

RESOLUTION NO. 1000

RESOLUTION NO. 1000

ADOPTED

Resolved, That the Board of Directors of the National Association of Architects do hereby recommend to the American Institute of Architects that it should take such action as may be necessary to bring about a more effective and efficient organization of the profession of architecture in the United States.

DRAFTING AND ADVANCEMENT
DEPT.
AUG 19 1943
INITIALS
FILE

1000

G.W.

OTTAWA, Ont., 23 August, 1944

N.S. A-3190 PERS. (N)

22

Dear Sir:

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

Name... CULPEPPER John Arthur
 (Surname) (Christian Names)

Rank/Rating ... Leading Stoker

Official No. A-3190 R.C.N.R.

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

Date of Casualty ... Will be reported later

Address at time of Enlistment .. 2827-Clarke Dr.
 Vancouver, B.C.

Marital Status at time of Enlistment..... Married

Occupation..... Machine Shop helper

Name & Address of Next of Kin .. Wife: Mrs. Edith Culpepper,
 1765 Newton St., Vancouver, B.C.

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD. e

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

B.T.
30/11/44
NPR/S
e

123-6-345

O.H.F.

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... Culpepper John A. (b) Reg'l. No... A3190
2. (a) Arm of service... Naval (b) Unit... R.C.N.R. (c) Rank... Sto. 1/c.
3. (a) Date of birth... 22/3/15. (b) Have you any dependents?... Yes (c) Place of residence at time of enlistment... Vancouver B.C.
4. (a) Place of enlistment... Esquimalt B.C. (b) Date of enlistment... 30/9/40.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school... 14 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... 8 yrs. Public School
7. If you attended a university, give name of university and standing or degree secured...
8. (a) Did you ever enter upon a trade apprenticeship?... Yes (b) If so, for what occupation?... Machinist (c) Did you finish it?... No (d) If you did not finish it, how long did you serve at it?... 1 1/2 yrs.
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... Working (b) At time of enlistment of what trade union or professional society were you a member?... None

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

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

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

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

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

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

- 18. Name of employer... Fraser Valley Milk Producers Assn. Address... 222 Vancouver B.C.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)... Dairy
20. (a) Your specific occupation... Assistant Shipper (b) Number of years' experience at this occupation with any employer... 8 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge?... yes (b) Did your employer refuse to promise you employment on discharge?... No (c) Do you wish to return to your former employment?... No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

- 24. (a) Do you wish to engage in farming after the war?... no (b) Do you feel competent to operate a farm?... No (c) If so, in what kind of farming?... None
25. (a) Were you born on a farm?... no (b) How many years' actual farming experience have you had?... None (c) In what provinces did you have experience?... None

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... no complete apprenticeship to the trade of Engineering and Machinist.

DATE March 31/42. 194

SIGNATURE J. Culpepper

O.H.F. Received

Copy To
VWD
ES
APR 14 1942

album

4-2-44

ORIGINAL

HISTORY SHEET FOR STOKER RATINGS

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

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

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

NAME		Official Number	Port Division
Surname	Christian		
CULPEPPER	John Arthur	A-3190	Esquimalt.

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

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

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course <i>Preliminary Tor. G Gunnery</i>	<i>7/10/40</i>	<i>12/10/40</i>	<i>Superior</i>		<i>W. D. Porteous</i> Training Commander.
	<i>14/10/40</i>	<i>26/10/40</i>	<i>Satisfactory</i>		
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	<i>6/1/41</i>	<i>3/3/41</i>	<i>Sat.</i>		<i>W. Mackay</i> Lieut. (E) Engineer Officer.

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

Issued with Stoker's Manual:—Date *8/11 Nov. 1940* Signature and Rank: *W. D. Porteous Lt. Mech.*

Entered H.M. Service as Stoker 2nd Class _____ Completed 2 years' training for Mechanician
~~ENTERED~~ *Advanced* Stoker 1st Class *30 Sept. 1940*
 Advanced to Leading Stoker *A/(Ty) 15-8-43 (From S.C.)* Rated Mechanician 2nd Class _____
 Advanced to Stoker Petty Officer _____ " " 1st Class _____
 Advanced to Chief Stoker _____ Advanced to Chief Mechanician _____

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

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
Passed Provisional Swimming Test.	10/10/40	<i>W. D. Porteous</i> Cdr(E)	<i>W. D. Porteous</i>
Granted Auxiliary Watchkeeping Cert.	9-8-43	<i>W. Mackay</i>	<i>W. Mackay</i>
On completion of 3 months course of Mechanical Training, qualified for Stoker Petty Officer. Percentage of marks obtained, (Sections I & II only) 76.2%-----	17-1-44	<i>W. D. Porteous</i>	<i>W. D. Porteous</i>

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

Special Remarks :

STOKER RATING

Employment and Ability R

NOTE:—When a Stoker rating has become a Mechanician the words "Refitting and M" are to be inserted over columns 3, 4, 5, 6, 7 and 8.

EFFICIENCY:—To be indicated as "Superior," "Satisfactory,"

Date	← Watchkeeper →								← In Charge of →										
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineroom Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineroom Watch Keeping at Sea	16 General Charge of Firing in a Boiler Room			
31 Dec. 40		NEW ENTRY TRAINING																	
31 Dec. 41		Employed as Car Driver																	
31 Dec. 42		Employed as Ambulance Driver																	
31 Dec. 42		Nt. Nt. Nt.																	
1-10-43		BARRACK'S Routine Employed Work Party																	
15-10																			
31-1-44		BARRACK'S Routine Employed Work Party																	
4-2																			

STEAMER RATING Performance and Ability Record

NAME CULPEPPER, John Arthur.

Mechanician the words "Refitting and Maintenance"
3, 4, 5, 6, 7 and 8.

Official Number A-3190

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

In Charge of						19	20	21	22	23	24	25
13	14	15	16	17	18	Engineer's Writer	Charge of Engineers' 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
									P/S to		"NADEN"	W. W. Tortois.
									Sto. 1/2		"Haden"	K. Madaya
									Sto. 1/2		Naden	J. M. Mearns
									Sto. 1/2	TO P/S to 15-8-13	Givenchy	R. Haithwaite
									A/S to		Stad	
									A/S to		M. P. E.	
									A/S to		Stad.	A. H. Dyma
											Alberni	

RIFLE PRACTICES

(To be filled in immediately on completing Course)

Date	Ship	Practice carried out	Signature
Feb. 1941	"NADEN"	"A" Course 13	<i>[Signature]</i> Lieut.

VOCATIONAL TRAINING CERTIFICATE

(To be filled in on completion of a Vocational Training Course, other than a Correspondence Course)
(Vocational Training is Optional)

VOCATION _____

We certify that (name) _____

Residence _____

has satisfied us that he possesses a † _____

knowledge of the vocation mentioned, and we consider that § _____

Examiners:— _____

Business and Business Address:— _____

Date of Examination:— _____

Signed:— _____ President.

_____ Vocational Training
Committee.

† Here insert qualification.

§ Special notations as applicable.

TO BE FILLED UP ONLY ON FINAL DISCHARGE

His character during service was * _____

His general efficiency in carrying out his duties was * _____

His efficiency on discharge was assessed as * _____

* See Article 610, clauses 3 to 7 K.R. & A.I.

N. 3401/38.

Signature and Rank _____

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.

C.N.S. 264 (S. 264)

100M-2-43 (8709)

N.S. 815-9-264

ORIGINAL

Name *Culpepper, John Arthur*

Sub-Rating and Seniority *AK/15-8-43* Non-Sub

O.N. *A3190* S.B. No. W.B. No.

Joined Ship *31-1-44* from *M.D.C.*

Engagement: Period Expires

Date of Birth Religion

Character *V6* Efficiency *1st* Date *4-2-44*

Badges Class for Conduct *1st* Class for Leave *1st*

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

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

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

Any Non-Service Attainments

Swimming Qualification

Athletic capabilities

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

Time Only

H.M.C.S. "*Stadacona*" *W. J. M. ...* Officer of Division.

Date *4-2-44*

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

P.T.O.

H.M.C.S.....

Date.....

.....
Officer of Division.

H.M.C.S.....

Date.....

.....
Officer of Division.

H.M.C.S.....

Date.....

.....
Officer of Division.

H.M.C.S.....

Date.....

.....
Officer of Division.

H.M.C.S.....

Date.....

.....
Officer of Division.

DISTRIBUTION

N.S.H.Q.
R.C.N. Depot
M.T.E.

PASSING CERTIFICATE

Mechanical Training Establishment at Halifax, N.S.

Date Course Commenced.....25-10-43.....

Date Course Completed.....17-1-44.....

Results of Passing Out Examination

-:-

Leading Stoker Course

-:-

Class.....71.....

		SEC. I	SEC. II		SEC. III			
No. in Class	Order of Merit	Workshop (100)	Arithmetic and Mensuration (75)	English (75)	Engineering I. (75)	Engineering II. (75)	Total Section II. (300)	Total Section I. & II. (400)
Name	Official Number	Rating	Seniority	Date of Birth	Mathematics (125)	Engineering III. (75)	Total Section III. (200)	Percentage Sec. I. & II.
					Grand Total I., II. & III. (600)	Final Percentage Sec. I., II. & III.	Ability to Take Charge, Personality, Bearing, etc. Assessed as a Percentage.	Remarks, Etc.
					Qualified for S.P.O., rated A/S.P.O. and Provisionally selected as E.R.A. Candidate.	Qualified for S.P.O.	Qualified for Confirmation as Leading Stoker.	

22								
4								
	CULPEPPER, J.A.							
	A-3190							
	A/L/STO.							
	15-8-43							
	22-3-15							
67								
68								
66								
57								
47								
238								
305								
76.2								
92								
51								
143								
72								
448								
74.6								
80								
	Good practical man -							
	Co-operative -							
	Neat							
	NO							
	YES							
	Noted on "STADACONA" 249a							
	- 148781 dated 14/1/44							

H. Palmer
Lt. Cdr. (E) R.C.N.R.
Engineer Officer i/c Instruction

W.R. Boston
A/Cdr. (E) R.N.
Officer i/c M.T.E.

N. R. 5

30M-7-40 (5032)
N.S. 816-12-5

DEPT.
NATIONAL DEFENCE

P072286

OCT - 8 1940

NS 123-C-345
CANADA

2



ATTESTATION FORM

FOR MEN OF THE ROYAL CANADIAN NAVAL RESERVE

SURNAME CULPEPPER OFFICIAL No. A-3190

CHRISTIAN NAMES John Arthur MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS	RELIGION
<u>2827-Clarke Dr. Vancouver, British Columbia.</u>	<u>Presb.</u>

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>22nd March, 1915.</u>	<u>Town Edmonton County Province Alberta.</u>	<u>Mrs. Edith (Wife) 2827-Clarke Dr. Vancouver, British Columbia.</u>

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COM- PLEXION	WOUNDS, SCARS, MARKS
Feet... <u>5</u> Inches... <u>10 1/2</u>	Inflated... <u>36</u> Deflated... <u>33</u> Mean... <u>34 1/2</u>	<u>Brown</u>	<u>Brown</u>	<u>Fair</u>	<u>Scar base of left thumb.</u>
DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY			
<u>30th September, 1940.</u>	<u>Prob. Stoker 1/c. R.C.N.R. (Temp.)</u>	<u>Machine Shop helper and dairy shipper. Fraser Valley Milk producer Ass.</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 Reserve, and that I accept and agree to abide by the rules of the said Force.
- (3) (a) ~~That it is my intention to follow the sea for a period of at least five years from this date.~~
- (b) That it is my intention to follow the calling of a Fireman, either at sea or on shore, for a period of five years from this date.
- (c) ~~That it is my intention to follow the sea in an Engine room capacity for a period of five years from this date.~~

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

Personnel Records Division	
1. Name in Records	<u>J.W.</u>
2. Index Card	<u>J.M.</u>
3. Non-Sup. Card	
4. Statistical Card	<u>J.W.</u>
5. Photo Strip	<u>J.M.</u>
6. Pension Card	
7.	
8.	
DATE	<u>15/10/40.</u>

7/10/40

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

*Cross out clause not applicable.

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

(b)* ~~I have never served in any of His Majesty's Forces during the period shown.~~

Served in	Rank	From	To
Nil.	Nil.	Nil.	Nil.

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

(7) On being enrolled as a member of the Royal Canadian Naval Reserve, I undertake and bind myself:—

duration of hostilities

(a) To serve from the date thereof for ~~two consecutive years~~ being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Registrar or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on Naval duty.

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

Dated this 30th day of September, 1940.

J. Culpepper
(Signature of Applicant)

(C)

OATH OF ALLEGIANCE

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

Signature of Applicant *J. Culpepper*

Witness *John Wood*

Date 30th September, 1940. Rank Lieutenant, R.C.N.V.R.

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

(D)

CERTIFICATE OF ATTESTING OFFICIAL

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

allegiance in my presence this 30th day of September, 1940.

John Wood Lieutenant, RCNVR.
(Signature of Officer and rank)

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

Copy to R.O.
File



CANADA

Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined CULPEPPER, John Arthur
candidate for entry as A/E R.A. 4/c, RCNR
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. Urine: 1025
alt. 0
Sugar 0

†Strike out if inapplicable. * Delete one.

of white race.

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

Age (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 revac- cinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Variocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Amis, Haemorrhoids, etc. (p)
<u>25 5/12</u>	<u>143</u>	<u>5'10 1/2"</u>	<u>Fair</u>	<u>36</u> <u>33</u> <u>34 1/2</u>	<u>right eye 9/64</u> <u>left eye 9/5</u> <u>1921</u> <u>DO5</u> <u>colour vision</u>		<u>N</u> <u>B.P. 124/80</u> <u>*X-Ray app</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>3 deficient. 1 defective</u> <u>N</u>	<u>N</u>

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

If colour vision is not normal by Ishihara test, degree of colour blindness to be indicated.
12.8.6.70.35.2.5.17.21.0.0.0.0.0.0.0.5.2.45.73.5.2.5.6.
No. No. No. No. No. No.

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.

John Arthur Culpepper
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 Green Complete Red Colour Defect by Ishihara - distinguishes Helming's words
* ~~which renders him medically unfit for service,~~
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Vancouver, B.C. the 10th of September 1940.

Recheck.
Radew
Oct. 1/40
R.S.S.

O.M. Kirk
Examining Medical Officer
(Rank) Surg. Lieut. RCNR

If a copy of this Form is required, Form C.N.S. 1243 is to be used

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

CERTIFICATE of the Service of

John Arthur C U L P E P P E R

IN THE ROYAL CANADIAN NAVAL RESERVE

N A D E N	I.C.N.S. 24584 X Official Number... A.3190.....
-----------	---

Date of birth <u>22 March, 1915</u>	Nearest known Relative or Friend (To be noted in pencil) <u>31 Oct 42</u>
Where born { Province <u>Alberta</u> Town or county <u>Edmonton</u>	Name: <u>Edith Adele Culpepper</u>
Trade brought up to <u>Machine Shop helper and dairy shipper.</u>	Relationship: <u>Wife</u>
Religious denomination <u>Presb.</u>	Address: <u>1765 Newton St. Victoria B.C.</u>
Date passed swimming test	
Man's signature on discharge to pension	



All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1.	<u>30 Sep 40</u>	<u>Host.</u>	5.		
2.			6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration
<u>29 March 44 Rec'd</u>	<u>Can. Vol. Serv. Medal 1939-43 Star</u>		

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<u>5</u>	<u>10 1/2</u>	<u>34 1/2</u>	<u>brown</u>	<u>brown</u>	<u>fair</u>	<u>Scar base of left thumb.</u>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....							
Further description if necessary.....							

Name John Arthur CULPEPPER

Ship's Name (Tenders to be inserted in brackets)	List and No.	Rating	From	To	Cause of Discharge
N A D E N		P/Stoker 1/c.	30 Sep 40	29 Sep '41	
— " —		Stoker 1/c	30 Sep '41	14 Jan '43	
Givenchy (Ingonish)		— " —	15 Jan '43	31 Mar '43	
Stadacona (Ingonish)		— " —	1 Apr '43	14 Aug '43	
Stadacona (Ingonish)		A/Ldg. Sto. (Tr.)	15 Aug '43	30 Sep '43	2113
Stadacona		— " —	1 Oct '43	4 Feb '44	
Stadacona (Alberni)		— " —	5 Feb '44	21 Apr '44	
Nebe (Alberni)		— " —	27 Apr '44	14 Aug '44	Reported missing A22988
— " —		A/sto. P.O. A. 23126	15 Aug '44	21 Aug '44	CNMO'S SIGS. 222323 and 231129 AUG 44 Presumed Dead. A59558 CNMO'S SIG 211839 DEC 1944

Date	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	Captain's Signature
23 Aug 43	SCTWT B 82479	

CAMPAIGN STARS, DEFENCE MEDAL, VERIFICATION
 NAVAL GENERAL SERVICE

NAME IN FULL C. V. PEPPER John Arthur RANK/RATING ... A.

SHIP	SERVICE			AREA	FROM
	FROM	TO	DAYS		
	30-9-40				
<i>Ingonish</i>	<i>15-1-43</i>	<i>30-9-43</i>	<i>259</i>	<i>WC at.</i>	
<i>Alberni</i>	<i>5-2-44</i>	<i>31-8-44</i>	<i>199</i>	<i>France Serv: 6-6-</i>	
<u><i>Disch Dead</i></u>				<i>31-8-44</i>	
<i>(Alberni)</i>					

VERIFIED BY Roger Seguin

VERIFIED BY

VERIFICATION FORM

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

RANK/RATING ... *A/S.P.O.* ... OFF.NO. *A-3190* ... ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>star</i>
							ATLANTIC	1	<i>& clasp</i>
<i>IC at</i>							FRANCE G.	2	
<i>France Spain 6-6-44</i>							AFRICA		
							PACIFIC		
<i>7-8-44</i>							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>& clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

VERIFIED BY *RL*

PIB

A 3190

OFFICIAL NUMBER

NAME CULPEPPER,

(Surname)

John Arthur

(Given Names)

OFFICIAL NUMBER

A 3190

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qua		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS "Naden"	Stoker 1	30	9	40	Confirmed Sto. 1 30-9-40	V.G.	Sat.	31	12	40							
Ingonish	"	15	1	43	(DRD # 417)												
"	A/Ldg.Sto.(ty)	15	8	43	Advanced (249A # 27401)												
Stadacona	"	1	10	43	(DRD H-2763)	V.G.	Sat.	31	12	43							
Alberni	"	5	2	44	(DRD S63 p.3) A/Sto.P.O.	15-8-44	Advanced (Memo. of 25-8-44)										
DISCHARGED	"	21	8	44	"Missing" <i>RYPA 4229</i> <i>Rest from casualty duties</i>												

GENERAL REMARKS

St. Joseph's Hosp.--Sprained back--
from 25-3-41 to 8-4-41.
Canadian Memorial Cross forwarded
17-1-45 to Wife: Mrs. Edith Culpepper,
1765 Newton St., Victoria, B.C.
Wife has been awarded a pension in
respect of her late husband. The
awarded includes allowances for her
child.

DATE OF BIRTH			PLACE OF BIRTH			CIVIL OCCU.		RELIED		PERM. RESIDENCE		ENL.		RANK OR RATE	
DY	MO	YR.	BIRTH	MAIN	SUB	OCION	R	CTV	TD	SERV	DIV.	A	RR	BANK	
22	3	15	19	900	0	50	X	9	04	10	0	13	0	15	94
ENLIST. DATE			ACT. SERV. DATE			STR.		ACT. SERV. DATE		SHIP CO		RANK OR RATE			
DY	MO	YR.	DY	MO	YR.	CAT.	DY	MO	YR.	ESTAB.	A	RR	BANK		
30	09	40	30	09	40					1520	1	1593			
SENIORITY			STR.			NON-SUB.		M		3013		CODED		CHECKED	
DY	MO	YR.	CAT.	A	B	ST.									
15	08	43	13	00	00										

A 3190

OFFICIAL NUMBER

FILE NUMBER

123-G-345 A-3190

OFFICIAL NUMBER

A 3190

NAME CULPEPPER, John Arthur DATE OF BIRTH 22 March, 1915
 (Surname) (Given Names)

PLACE OF BIRTH Edmonton, Alberta OCCUPATION Machine Shop Helper and Dairy shipper, Fraser Valley Milk

RELIGION Presbyterian EDUCATION producer Association.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 2827 Clarke Dr., Town Vancouver, Province, etc. B.C.

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
30	9	40	Hostilities only	5'10"	Brown	Brown	Fair	Scar base of left thumb.				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Edith Culpepper
 ADDRESS (in pencil): Street and No. 1715 Newton St. Town Victoria Province, etc. B.C.

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	
29	3	44	Prov. awarded C.V.S.M. & Clasp.	9	8	43	Granted Aux. W/K Certificate (List of Qual. in file)				
29	3	44	Prov. awarded 1939-43 Star. (249A A4302)	17	1	44	Qual. for Sto.P.O.				

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		
30	9	43	1st G.C.B.	granted							

Date (in figures)			DAYS FORFEITED						O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	

SECOND CLASS FOR CONDUCT

From

To

FILM
 NO. WAR 4579-2
DATE



Official No. A 3190

R.C.N.R.

Presb.

500 cc's Blood
given at R.N. Hosp.
26-11-42. R.N.
60 mo

MEDICAL HISTORY SHEET FOR MEN IN NAVAL SERVICE OF CANADA

When entered..... 30.9.40 NAME
 When entered..... Esquimalt B.C. Where Born..... Edmonton Alta
 Date of Birth..... 22.3.15
 Age at entry..... 25 yrs 5 mths CULPEPPER, John Arthur Previous Occupation..... Shepherd

RATING	SHIP'S NAME	No. on Ship's Books	Date of Admission on Sick List	Date of Discharge from Sick List	No. of Days Sick	DISEASE OR HURT	HOW DISPOSED OF	Surgeon of Ship's Initials	CHEST X-RAY	
									No. of Days in Hospital	If invalided, where and when
<u>P/S</u>	<u>HMCS Haden</u>		<u>14-11-40</u>	<u>20-12-40</u> 1-11-40	<u>36</u>	<u>Broncho-pneumonia</u>	<u>Duty</u>	<u>SR.</u>	<u>NEGATIVE</u>	<u>ON ENTRY 1940</u>
<u>S/S</u>	<u>Haden</u>		<u>25.3.41</u>	<u>25.3.41</u>		<u>spine back</u>	<u>S. Joseph (Lans)</u>			
<u>S/S</u>	<u>S. Joseph (Lans)</u>		<u>25.3.41</u>	<u>8.4.41</u>		<u>spine back</u>	<u>duty</u>	<u>WJW</u>		
	<u>Haden</u>			<u>14-1-43</u>			<u>Ingonil</u>	<u>BC</u>		

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

20

28 August 1944

Sir:

(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
CULPEPPER	John Arthur	Leading Stoker.
		A-3190 R.C.N.R.

DATE OF ENLISTMENT - 30 September, 1940

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 - "MISSING" at sea when the ship in which he was
when and where any disability serving was lost by enemy action in the English
was incurred, or where death Channel. While this casualty is listed as missing, it is impossible to make an
occurred.

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

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. Edith Culpepper,

ADDRESS - 1755 Newton St., Victoria, B.C.

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. c

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

Notes D.N.P.A
29/12-44
D.P.

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.

Handwritten notes in blue ink:
4. 10. 1944
P. 10. 1944
P. 10. 1944



142445

28

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

N.S. A-3190. PERS.(N)

My dear Mrs. Culpepper:

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 husband was an excellent stoker both reliable and efficient. As he and I both came from the West coast, we had become quite good friends. He was very well liked by all the officers and men and appeared to be quite happy aboard.

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

I hope that if I am ever in Victoria you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"

Lieutenant Commander, R.C.N.V.R.

Mrs. Edith Culpepper,
1765 Newton St.,
VANCOUVER, B.C.

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

48

N.S. A-3190 Pers. (N). F.D. 706.

Policy No. 2305986.

24 January, 1945.

THIS IS TO CERTIFY that according to official information John Arthur Culpepper, Stoker Petty Officer, Official Number A-3190, Royal Canadian Naval Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

SECRETARY, NAVAL BOARD.

[Handwritten signature]
[Handwritten initials]

ENTERED IN
D.N.P.A.'s LOG BOOK
FEB 5 1945
CLERK No. 1

ENTERED IN
D.N.P.A.'s LOG BOOK
FEB 5 1945
CLERK No. 1

X-3190 1765 Newton St.

Jan. 23.

The Secretary, Naval Board:

Dear Sir:

015896

I beg to inform you that the where abouts of Mrs Ida Culpepper is unknown to me.

The late John Arthur Culpepper was adopted May - 5 - 1915 by Torraine + Jesse J. Manns.

Mrs Torraine Mann having seperated and remarried is now Mrs Torraine Clay.

126 McCaul St. Toronto Ont.

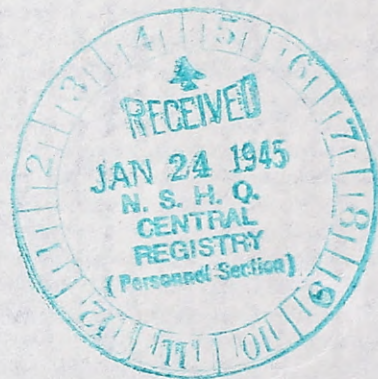
To the best of my knowledge the mother of the late John Arthur Culpepper has not been heard of since the time of adoption, 1915

Noted, 12/11/45
PR/5 e

Regretting that I can not help you further, I remain
Yours Truly
Mrs Edith Culpepper.

noted WPA
PA
1/15

FEB 1 1945.



012824

THIS CERTIFICATE IS TO BE COMPILED IN DUPLICATE, THE SECOND COPY BEING
FORWARDED TO THE MAN'S DEPOT

AUXILIARY MACHINERY COURSE FOR STOKER RATINGS

CERTIFICATE OF QUALIFICATION

H.M.C.S. "STADACONA".....

COPY

This is to certify that..... CULPEPPER, John.....

First Class Stoker, Official Number..... A-3190..... serving in H.M.C.S.

"INGONISH"..... has successfully passed through the
Auxiliary Machinery Watchkeeping Course as laid down in K.R. and
A.I. Appendix XVII, Part I, No. 39 (F), and notations have been made
on his History Sheet accordingly.

.....
Alfred C. White
Engineer Officer

Noted on "STADACONA" 249a

folio No. 26639 dated 18-8-43

.....
Alfred C. White
Commanding Officer

Date..... Aug. 9th, 1943.

S. 443

10M-6-42 (4888)
N.S. 815-9-443

JOHN A. CULPEPPER L/Std. A3190 Stadacona
 NAME (Print) RANK OR RATING O.N. SHIP

QUALIFICATIONS FOR AWARD

CANADIAN VOLUNTEER MEDAL AND CLASP (N.O. 3275)

- (a) **MEDAL** Persons of any rank or rating who have voluntarily served on Active Service and have honourably completed eighteen months' total voluntary Service, whether in the Navy, Army or Air Forces of CANADA and whether continuous or not. *Time for which pay is not allowed will not be reckonable.*
- (b) **CLASP** A minimum of sixty days voluntary Service on duty beyond the territorial boundaries of Canada. Such period need not be continuous. Duty outside the boundaries of Canada in transit from one Canadian point to another Canadian point will not count as qualifying Service.

QUALIFICATIONS FOR AWARD

1939-1943 STAR (N.O. 3287)

1. Six months' service afloat in areas of active operations during the period from the 3rd of September, 1939, to the 31st of December, 1943, inclusive. Service after the 31st of December, 1943, will not be reckoned.

These areas are:

- (a) From the 3rd of September, 1939, the Atlantic Ocean, including the United Kingdom waters and the North Sea; the Baltic; the Arctic Ocean between Greenland and longitude 70° E., and that part of the Indian Ocean lying South of 15° S., and West of 55° E.
- (b) From the 1st of June, 1940, as in (1) above with the addition of the Pacific Ocean and the rest of the Indian Ocean.
- (c) From the 10th of June, 1940, anywhere at sea.

2. Personnel granted an Honour, Decoration or Mention in Despatches for Service afloat prior to the 31st of December, 1943, will be eligible for the 1939-43 Star irrespective of the length of sea service.

Hereby Declare That I Qualify For:

- (a) Canadian Volunteer Service Medal Ribbon.
- (b) ~~Canadian Volunteer Service Medal Clasp.~~
- (c) 1939-1943 Star.

To be struck out if not applicable.

Details of my qualifications are as follows:

Noted on "STADACONA" 249a
 dated 29/12/44
 folio No. 3022

SHIP OR PLACE	DAY, MONTH, YEAR				AREA	
	FROM		TO			
H.M.C.S. Ingonish	15	January	43	25 August	43.	West Coast of Canada. East Coast of Canada.

J. Culpepper
 Signature of Officer or Rating making Declaration



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. A-3190

OTTAWA, Ont. DEC 26 16 1944 194

39333



Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
John Arthur CULPEPPER, Acting Stoker Petty Officer, O.N. A-3190, R.C.N.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Wife: Mrs. Edith Culpepper, 1765 Newton St., VICTORIA, B.C.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Edith A Culpepper 1765 Newton Street, Victoria, B.C.		D.A.51.12 A.P.46.00 <u>96.12</u> Stopped Aug.31/44	<i>[Signature]</i>

WILL: No record.

Yours truly,

[Signature: G. G. Heard]

for
SECRETARY, NAVAL BOARD.

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



MEMORANDUM FOR THE RECORD
SUBJECT: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR THE RECORD

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

DEPENDENTS ALLOWANCE BOARD

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

Official No. A-3190 Rank or Rating A/Stoker P.O.

Culpepper John Arthur
(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. i/c U.P. Records

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

Assigned Pay(Amount of 15 days' pay \$35.00)\$ 46.00

2. Effective Sept. 1, 1944 vacate previous award and pay for a period of Six months to Mrs. Edith Culpepper,

1765 Newton Street,

Victoria, B.C.

A. A sum equal to Dependents' Allowance\$ 51.12

and an assignment of 15 days' pay of rank.....\$ 35.00

Total.....\$ 86.12

(ONLY A OR B TO BE FILLED IN)

Noted
OR D.N.P. A. 1-3-45 E.L.

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 Feb. 2, 1945.

H. Lawrence (Chairman)
W. Morrison (Member)
[Signature] (Member)

ROYAL JUBILEE HOSPITAL
THE LOUISA TODD MEMORIAL
DEPARTMENT OF RADIOLOGY

REQUISITION FOR EXAMINATION OR TREATMENT

April 16, 1941.

Date.....

Hospital No.....

Name..... **Stol. 1 J.A. Culpepper** Age..... Case No.....

Hospital Ward.....

Out Patient..... Address..... **R.C.N.R.**

Attending Doctor..... **McCallum** Intern.....

Chair..... Stretcher..... Walk.....

Lesion Suspected.....

Region to be Examined..... **Sacro-iliac region**

Signature.....

REPORT ON EXAMINATION OR TREATMENT

Date.....

TECHNIQUE	VOLTAGE	M.A.	T.D.	TIME	SIZE FILM	NO.	BOX NO.

Radiographic examination of the lumbo-sacral portion of the vertebral column shows no evidence of fracture nor of dislocation. The intervertebral disc spaces are clear. There is no evidence of arthritic change in the intervertebral articular facets. The sacro-iliac sychondroses show no evidence of abnormality.

Conclusion: Our examination gives no evidence of pathological bone change.

JBR/S

Signature.....

J.R. Roberts

St. Joseph's Hospital

VICTORIA, B. C.

DEPARTMENT OF RADIOLOGY

KENNETH A. BIBBY, M. D.
RADIOLOGIST

January 13, 1941.

Department of Pensions and National Health,
Post Office Building,
City.

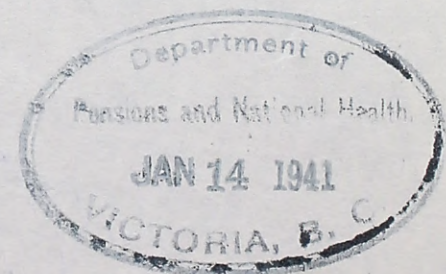
Re: #A-3190 - Sto.1 - John A CULPEPPER- R.C.N.V.R.

Chest (Lipiodal Injection) - Dec. 19/40

Examination of the chest after the injection of opaque media into the bronchial structures, shows normal bronchial structures. There is no evidence of bronchiectasis.

KAB:RB

Kenneth A. Bibby M.D.



Yule c 1749

DEPARTMENT OF BIOLOGY

DEPARTMENT OF BIOLOGY

VICTORIA B.C.

Johns H. P. ...

Requisition for special Examination

HALIFAX N.S.

DATE: May 3/43

SICK BAY or
HOSP. WARD.

Isolated Sick Bay

M.O. i/c

of case August Mac Millan Surg Lt

NAME: CHILPEPPER John Arthur

RATING: STOI

AGE 28

SHIP: Ingomish

O.N. A 3190

UNIT N.R.

TO: Orthopedic clinic Findings and prov Diagnosis are:

*old back injury suffered 1939 recurrence after leaving Navy March 41
on board ship since Jan 43 and back has become increasingly
painful.*

OPINION REQUESTED re.

Further treatment

SPECIALIST OPINION AND RECOMMENDATIONS

DATE: May 4/43

Lifting mild in 1937 and his foot slipped. He wrenched his back and was off work 14 days. He had no Xray. Heat and off work and given support by W.C.B. Relieved with belt for 2 months and after it had bothered him. Had 10 days off with fall. Has been on compensation 3 times for short period. Has been off once since in service. Has been in 2 years. Had board written and it was deferred. He was told not to go on ship. But all right in January has been at sea. Now his back is sore at night and he can't sleep. Has dull tired feeling in back. It aches if he stays in one position any length of time. He states there is no pain down legs. No worse on one side than the other. Coughing and sneezing has no effect.

Examination: Spine flexer with good lateral movement slight limitation of extension in lumbar region. No definite local tenderness of no reflex sensation. At present no physical signs to indicate any serious trouble in back. To have Xray and if negative suggest he carry on and if an attack develops examine again W.K.Welsh Surgeon Lt. Comdr.

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

CANADA

This Form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office.

All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis.

Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

1. Hospital St. Joseph's Comox B.C. 2. Date of admission 25th., March 1941
 3. Surname Culpepper 4. Christian Name John A. 5. Age 26
 6. Birthplace 7. Next of kin Mrs. J.A. Culpepper (wife)
 8. Address 7125 Duff St., Vancouver B.C.
 9. Regimental Numbers { C.A.S.F. A3190 } 10. Rank { Sto. l/c } 11. Unit { R.C.N.R.
 { C.E.F. } { }
 { Other } { }
 12. Personal address H.M.C.S. Naden III 13. Height 14. Weight
 15. Present pensionable disability

 16. Amount per month
 17. Other disabilities not pensionable

 18. Dates of last or other hospital periods

 19. Authority for hospitalization 20. Class 19
 21. Statement of present complaints in patients own language on admission to hospital
 Pain in back in lumbo sacral area.

 22. Date of discharge 8th., April 1941 23. Reason for discharge Better
 24. Condition of Patient on discharge
 Practically free from discomfort.

 25. Is further treatment needed at home? No
 26. Final Diagnosis Sacro Iliac Sprain.
 27. Disposal of case Discharged from Hospital
 28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer

Signature of C.M.O.

Signature of Patient.

CONFIDENTIAL

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

The M.O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

Mar. 26th, 1941. Has history of low back injury about one and a half years ago for which W.C.B gave him a belt for the Sacro Iliac region. No single diagnosis made except Sacro Iliac Sprain. While on Christmas leave this year he hurt his sacroiliac region and ^{he} found it necessary to wear belt again and was seen nearly weekly on Sick Parades at Naden 2 and 2 for 3 Mo., Pain and tiredness of back gone several weeks when he was yesterday lifting a rock and was off balance and he felt a sudden excruciating sacroiliac pain--- doubled him up. No localized tenderness. Just general ache.

P.D. Sacroiliac Sprain.

"R. Burns"

April 1st., 1941. P.X. On inspection there is some loss of the normal lumbar lordosis, and the sacroiliac muscles are prominent. On palpation there is a mild spasm of the sacrospinalis muscles on both sides, there is no tenderness of the spine, no point of localized tenderness, but generalized slight tenderness over the left ilio-lumbar ligaments.

Movements There is almost complete lack of movement of the lower lumbar vertebrae on flexion and rotation. This appears to be due to muscle spasm, rather than any bone pathology. This patient can move fairly freely in bed without pain, and gets in and out of bed without any trouble.

P.D. Sacroiliac Sprain--- Improving.

April 4th., 1941---Improved.

April 8th., 1941--- Discharged to light duty.

"McKenzie"

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in Sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Esquimaux R.C. DATE April 14, 1961

1. (a) Unit R.C.N.R. (b) Regimental No. A 5190 (c) Rank S to T
 (d) Surname Culpapper (e) Christian name John Arthur
 (f) Home address 7125 Deek St, Vancouver, B.C.
 (g) Next of Kin E. Ruth Culpapper (h) Relationship wife
 (i) Address of Next of Kin as in (f) above
2. Age last birthday 26 Date of birth March 22, 1915
3. Enlistment, or Appointment (if an Officer) (a) Place Esquimaux (b) Date Sept 30, 1940
4. Personal description:
 (a) Height 5' 10 1/2" (b) Weight 145 (c) Complexion medium
 (d) Colour of hair Brown (e) Colour of eyes Brown (stripped) (f) Identification marks, Scars, etc. 2" scar base of h. thumb - Dorsum.
Small Dimple.
5. Former trade or occupation Travel Director.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
		196

	PERIODS	
	From	To
Canada.....	Sept 30/40	Date
England.....		
France or other theatres of War.....		

7. Original disease, or injury Sacro-lumbar Spine.
 (a) Date of origin 1938 (b) Place of origin Vancouver
 (c) Cause Heavy lift

8. Present disability—(Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc.; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(a) ~~Weakness~~ No general weakness. (b) loss of strength lower back. (c) should avoid heavy lifting. (d) none.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Physical Examination

Positive findings - Following flexion of spine there is ~~incomplete~~ ^{INCOMPLETE} extension associated with mid-line pain at base of spine.

Examined slight tenderness over left lumbosacral ligament.

Subjective. I am wearing a supporting belt, and when I take it off I have a feeling of instability in my back.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
(If pulse is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... none

10. (a) History (of the condition referred to in Section 9 (a).)

While lifting a heavy weight in 1938 he slipped and strained lower back. Was under workman's compensation board at that time for 19 days, and was supplied with a belt which he has worn off and on ever since. While on leave Jan. 1940 hurt back again while lifting, and again at work on while lifting a rock did same thing. Was admitted to St Joseph's Hospital Lenoix March 24, 1941 till April 8, 1941

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10(a).)

measles 6 years, B. Pneumonia
November 14 - Dec 20, 1940

(c) (Here give a description of wounds, scars and deformities.)

See 4 (f) above.

11.—(a) Did the disabling condition have its origin before enlistment?

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

a. no.

b. N.A.

12. Was the disability caused, or aggravated: (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (b) no

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? unable to state.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

St Josephs Hospital course March 24/41 to April 8/41 Bed rest.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration.)

16. Can the former trade or occupation be resumed? yes.
(If not, briefly state why.)

17. Recommendations. That patient be referred to Medical Board for reclassification

A. W. Marsh...
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned John B. Culppepper have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

am. Culppepper Sto I Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur
See Letter from M.O. AMES Naden III to S.M.O. AMES Naden I dated 8th April 1941.
DP & NH 100 25th March 1941.
X-Ray sacro-iliac area 16th April 1941
Discharge Film Chest X-Ray.

19. Is the invalid fit for

- (a) ~~General service,~~ (Category A) (~~Yes or No.~~)
- (b) ~~Service abroad, not general service,~~ (" B) (~~Yes or No.~~)
- (c) ~~Home service (Canada only),~~ (" C) (~~Yes or No.~~)
- (d) ~~Temporarily unfit.~~ (" D) (~~Yes or No.~~)
- (e) Unfit for service in Categories A, B and C. (" E) (~~Yes or No.~~)

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) ~~Does not require treatment.~~
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Category E

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Esquimaux, BC.*
 DATE *22nd April 1941*
 President.
 Members.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign the statement the Board of medical officers should so state.

PLACE.....
 DATE.....
 President.
 Members.

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....

16th. April 1941.

A-3190 Sto. l. J. A. CULPEPPER. R.C.N.R.

Royal Jubilee Hospital, Victoria, B.C.

XRay- Sacro - iliac.

Radiographic examination of the lumbo-sacral portion of the vertebral column shows no evidence of fracture nor of dislocation. The intervertebral disc spaces are clear. There is no evidence of arthritic change in the intervertebral articular facets. The sacro-iliac sychondroses show no evidence of abnormality.

Conclusion: Our examination gives no evidence of pathological bone change.

"Dr. J. B. Roberts"

X RAY INSPECTION OF CHESTS

SECTION 1

A radiograph of the chest of

DISCHARGE FILM

Film No. D 35

Rank STO 1/c

Name Culpepper, John. A.

Reg. No. A 3141

Unit R.C.N.R.

Civilian Address as per Registration Card

Age 26

is reported as follows:—

- (a) Radiological examination does not disclose evidence of tuberculous disease of the lungs of such a nature as to indicate rejection for service in the Canadian Active Service Force, except as stated below.
- (b) The transverse diameter of the heart is 12 cms. as compared with a transverse diameter of the chest of 29 cms.
- (c) Pathological conditions or congenital abnormalities of importance seen in the film are as under-noted. In each instance an opinion should be expressed as to whether such was present prior to enlistment.

D. M. O. M. D. XI
APR 17 1941
VICTORIA, B. C.

**NEGATIVE
APPROVED**
Andrews Capt
Radiologist

Place.....

Date.....

If a pathological condition or congenital abnormality is not observed by this method of examination after (c) record "negative."

(OVER)

SECTION 2

Remarks of the Internist, Surgeon or Specialist in Tuberculosis. (State whether in your opinion the lesion present antedated enlistment.)

SECTION 3

Opinion of Consultant Physician and Radiologist as may be indicated by Section 2.

Conclusion.

Date.....

Place.....

Sig..... Sig.....

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

LL

Name: CULPEPPER, John, A. No.: A. 3190
Surname Christian Names

Sto. P/O R.C.N.R. O/S 21-8-44
Rank Unit Date of Death

AMOUNT

Date: 22 Oct. 45
 L.P.C.....\$ 124.10
 Other Credits.....
 Total..... 124.10

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Edith A. Culpepper, 1765 Newton St., Victoria, B.C. (1/2 As next of kin entitled) (1/2 benefit of 1 minor)	124.10

R ✓

P4. TO TREAS. 31-10-45, qm

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	124.10
CLASSIFIED BY <i>D</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

D OF D 21-8-44

(NAVY)

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

CULPEPPER	John Arthur	A-3190	L/Sto.	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	<i>2195.</i>
Atlantic Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RCNR Oct. 45 "ALBERNI"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) <u>MEDALS</u> <u>PERSON</u> ENTITLED TO	Mrs. Edith Culpepper - Widow
ADDRESS:	1765 Newton St., P.O. Box 743, VICTORIA, B.C. 5-9-48
(2) <u>MEMORIAL CROSS</u> WIDOW	Mrs. E. Culpepper
ADDRESS:	1765 Newton St., Victoria, B.C.
(3) <u>MEMORIAL CROSS</u> MOTHER	
ADDRESS:	

(1) MEMORIAL B R
DATE DESP.....
REGN. NO..... 417
(2) 17-1-45

(3)

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, OTTAWA, Ontario.

Name.....GULPEPPER John Arthur
(Christian names in full)

Rank or Rating Stoker Petty Officer Official No. A-3190 Unit $\left\{ \begin{array}{l} \text{R.C.N.} \\ \text{R.C.N.R.} \\ \text{R.C.N.V.R.} \end{array} \right.$

Place of Birth Edmonton, Alberta Date of Birth 22 March, 1915.

Occupation in Civil Life Machine Shop helper and dairy shipper Religion Presbyterian

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 30 September, 1940 to 21 August, 1944.

Date of Death 21 August, 1944. Place of Death At Sea.

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

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

Nearest known relative or friend $\left\{ \begin{array}{l} \text{Name.....Mrs. Edith Culpepper, Relationship Wife} \\ \text{Address.....1765 Newton St.,} \\ \text{VICTORIA, B.C.} \end{array} \right.$

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

Date on which death was registered with local Officials

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

If applicable $\left\{ \begin{array}{l} \text{Place of Burial.....No burial. Date of Burial} \\ \text{Location, Number, etc., of grave} \\ \text{Undertaker employed} \end{array} \right.$

*Noted
D.H.P.L.
8-3-45
E.L.*

H.B. Money
(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.

Mrs. Edith Culpepper,
 1765 Newton Street,
 Victoria, British Columbia

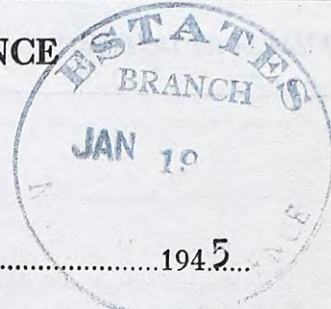
Any further communication on this subject should
 be addressed to:—

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

and the following number quoted:—

H.Q. NS A. 3190 FD 739

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

CULPEPPER

John A., Sto.P/O

A. 3190 Royal Canadian Naval Reserve

it is necessary that certain information regarding the deceased and his relatives should
 be furnished the Estates Branch. You are asked therefore to read the enclosed
 memorandum before completing pages 2 and 3 of this form. The particulars required
 are to be carefully filled in and the Declaration on page 4 should then be signed in the
 presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary
 Public or a Commissioned Officer of any of His Majesty's Forces who should be asked
 to complete and sign the Certificate. This form should then be returned to the above
 address.

If there is insufficient space for complete particulars to be given opposite any
 question on pages 2 and 3 of this form, the space under "additional remarks" on
 page 4 should be used.

M. A. Black
 Commander
 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.....	EDITH ADELE CULPEPPER	29	1765 NEWTON ST. VICTORIA B.C.
2	Children of the Deceased and dates of their Births.....	EARL JAMES CULPEPPER OCTOBER. 3 1933	11	1765 NEWTON ST VICTORIA B.C.
3	Father of the Deceased.....	WILLIAM LOUIS CULPEPPER		
4	Mother of the Deceased.....	IDA CULPEPPER.		
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	JOHN ARTHUR CULPEPPER
9	Date of his birth.	MARCH. 22 1915
10	Place and date of his marriage.	SAPPERTON NEW WESTMINSTER MAY 13. 1933
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born.	EDMONTON
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) ALBERTA 6 YEARS. (b) BRITISH COLUMBIA. 19 YEARS (c) (d)
14	Nature of employment before enlistment.	TRUCK DRIVER
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	VANCOUVER. B.C.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	
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?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	LONDON LIFE INSURANCE \$ 1000.00 MRS EDITH CULPEPPER
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* 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.

Mrs Edith A. Calpepper

{Signature of Informant

Address

CERTIFICATE

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

See above Calpepper { Name of informant } is the Widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Victoria B.C. this 13th day of Jan'y 1945

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

[Signature]

Qualification A Notary Public in and for the Province of British Columbia.

Address 1702 South Victoria

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

JESSE JAMES MANN FOSTER FATHER.
109 BROADWAY EAST
VANCOUVER
B.C.

OTHER PARTICULARS

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name JOHN ARTHUR CULPEPPER
 (Christian Names) (Surname)

Payee MRS EDITH CULPEPPER,
 Address 1765 NEWTON ST.,
VICTORIA B.C.

Register No. 6300A
 File No. NSA 3190
 Date 30/4/45
 Service No. A 3190
 Final Rank or Rating S.P.O.

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

A. TOTAL QUALIFYING SERVICE
 No. of days 142 equal to 47 complete periods at \$7.50
 30 352.50

B. QUALIFYING OVERSEAS SERVICE
 No. of days 458 less 12 ineligible days equal to 446 days @ 25¢ per day, 111.50

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$ 2.65		
Subsistence or Lodging and Provision Allowance	\$ 1.45		
Additional Pay		IB. \$.05	
		H.L.M. \$.30	
			\$ 1.70
Dependents' Allowance 1/30 of \$ 57.12			\$ 1.70
			<u>42.05</u>
		Total <u>6.70</u> x 7 = \$	<u>47.05</u>
		<u>6.15</u>	<u>42.05</u>
		No. of days <u>446</u> x \$	<u>39.90</u>
		<u>183</u>	<u>104.92</u>

D. WAR SERVICE GRATUITY 568.92

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

F. TOTAL AMOUNT PAYABLE 568.92

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 568.92
 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>✓</u>	6	<u>✓</u>
2	<u>✓</u>	7	<u>✓</u>
3	<u>✓</u>	8	<u>✓</u>
4	<u>✓</u>	9	<u>✓</u>
5	<u>✓</u>	10	<u>✓</u>

Amended rate of pay to S.P.O.
Joe
Two memos attached
26/4/45

4
NAVY

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

DECEASED
MEMBER'S
NAME

John Arthur
(CHRISTIAN NAMES)

CULPEPPER
(SURNAME)

REGISTER NO. 6300
FILE NO. NSA-3190
DATE 10 Apl/45
SERVICE NO. A-3190
FINAL RANK OR RATING A/L/Sto.
DATE OF DISCHARGE 21 Aug/44

PAYEE Mrs. Edith Culpepper,
ADDRESS 1765 Newton St.,
Victoria, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug/44

DATE OF DISCHARGE

21 Aug/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1422 EQUAL TO 47 COMPLETE PERIODS AT \$7.50
30

\$ 352.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 458 LESS 12 INELIGIBLE DAYS, EQUAL TO 446 DAYS @ 25C. PER DAY

111.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.25
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY 1 B. \$.05
H.L.M. \$.25

\$.05
\$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$ 51.12 \$ 1.70

TOTAL \$ 5.70 X 7 = \$ 39.90

NO. OF DAYS 446 X \$ 39.90

183

97.24

D. WAR SERVICE GRATUITY

561.24

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$ NIL

F. TOTAL AMOUNT PAYABLE

561.24

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$ 561.24

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

SJD

CHECKED BY

[Signature]

TREASURY

CHECKED BY

DATE

[Signature] 14/1/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay. Accting.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "ALBERNI" ending 31 MARCH 1945

List 12-1 No. 11 (Name) GULPEPPER, John Rank Rating A/S.P.O. No. A-3190

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

CREDIT from former account Former Book \$ 120.88 c.

Pay as (Rank Rating) from _____ to _____ (_____ days at \$ _____ a day)

" " " " (" ")

" " " " (" ")

" " " " (" ")

" " " " (" ")

Kit Upkeep Allowance

OTHER CREDITS:

Total credits 120.88

DEBT from former account

PAYMENTS:-	1st		2nd		3rd		4th		5th	
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.

1st month	<u>Niobe March Cash Acct. Receipt Vr. NR-1529</u>										Total	<u>120.88</u>
-----------	---	--	--	--	--	--	--	--	--	--	-------	---------------

2nd month											Total	
-----------	--	--	--	--	--	--	--	--	--	--	-------	--

3rd month											Total	
-----------	--	--	--	--	--	--	--	--	--	--	-------	--

Allotment

Pension deduction (Officers) charged to _____ of _____

Hospital stoppages

Mulcts

OTHER CHARGES:

120.88

Total debits,
Balance Cr. or Dr.
(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above Nil

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

Date 17 May 1945

[Signature]
Lieut.(S) RCNVR. for Accountant Officer

Ledgers

R. [Signature]

F. [Signature]

STATEMENT OF ACCOUNT

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

List No. 12.2 No. 68 (Name) CULPEPPER, John Rank Rating A/L/STO No. A3190

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

		\$	c.
CREDIT from former account.....		65	86
Pay as	A/L/STO. from 1st July to 31 Aug. (62 days at \$ 2.25 a day)	142	60
"	(Rank Rating) 1-CCB. " 1st July " 31 Aug. (62 " .05 ")		
"	" " " " (" " ")		
"	" " " " (" " ")		
"	" " " " (" " ")		
Kit Upkeep Allowance.....		7	32
OTHER CREDITS:	H.M. 12 00 I.A. 2 00 G.M. 3 12		
Total credits.....		232	90

DEBT from former account.....							
PAYMENTS:—	1st	2nd	3rd	4th	5th	Total	
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....							
2nd month.....	4th Aug '44 Pay List. \$26.82					26	82
3rd month.....							
Allotment.....	\$46.00 chg'd July & Aug. St.Pd. 31st Aug.					92	00
Pension deduction (Officers) charged to..... of.....							
Hospital stoppages.....							
Mulcts.....							
OTHER CHARGES:							
Total debits						118	82
Balance Cr. of						114	08

(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	15th Aug	18 Aug	4	

Date 14th MAY 19 45

 Lieutenant (S) for Supply ACCOUNTANT OFFICER

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

Ledgers: R: 5
 F: 1

**PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH**

Reg. No. (Office use only)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country. RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

1. PLACE OF DEATH
Name of city or place At Sea Name of Municipality (if any) _____
Street or road _____ House No. _____
(If death occurred in a hospital or institution, give the 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 CULPEPPER John Arthur
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place VANCOUVER Name of Municipality (if any) British Columbia
Street or road Clarke Dr. House No. 2327

5. SEX <u>Male</u>	6. CITIZENSHIP (See marginal note) <u>Canadian</u>	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>	9. BIRTHPLACE (Province or Country) <u>EDMONTON, Alberta.</u>
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10. Date of Birth March 22 19 15 **11. AGE** } 29 5
(Month by name) (Day) (Year) } Years Months Days If less than one day
hrs. or min.

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Machine Shop helper and dairy shipper.
(b) Kind of industry or business, as paper mill, lumber, bank, etc. Fraser Valley Milk producer Ass.
(If labourer specify kind of work above)

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 _____

16. Name of father _____ (Surname or last name) (Given or Christian names)

17. Maiden name of mother _____ (Surname or last name) (Given or Christian names)

18. Birthplace:—
Father _____ Mother _____
(Province or Country) (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at OTTAWA, Ontario. this 3 day of March, 19 45
Signature of informant [Signature] Relationship to deceased Director, Personnel Records
Address Naval Service Headquarters, Ottawa.

20. Burial, Cremation or Removal No Burial Date _____ 19 _____
(Month by name) (Day) (Year)
Place of Burial _____ Cemetery _____
(Municipality)

21. Undertaker:—
Name _____ Address _____

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August 21 19 44
(Month by name) (Day) (Year)

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

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

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

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

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

Signed by _____ **Designation** _____ M.D., Coroner, etc.
Address _____ **Date** _____ 19 _____

28. I hereby certify that the above return was made to me at _____
Dated _____ 19 _____ (District Registrar)

District Registration No. _____

In case of Stillbirth consult reverse side before making out certificate.