



Tpr Hutzal, Con Nicholas 12 D
 Pte Huxham, Arthur James Calg Highrs
 WO1 Huxtable, Robert Gerald RCAF
 Rfn Huzyk, Charles Regina Rif
 Pte Hyatt, Roy Elwood Perth R
 WO2 Hyde, Henry John RCAF
 Pte Hyderman, Howard James Line & Wellld R
 Pte Hydichuck, Mathew SSask R
 Pte Hyland, Walter Arnold RHC
 Pte Hylands, William Essex Scot
 Cpl Hynd, Allan HLI of C
 F/O Hyndman, Bruce Douglas RCAF
 P/O Hyndman, Oric Frank RCAF
 Gnr Hynes, Albert Elyde RA
 WO2 Hynes, William Joseph RCAF
 Cpl Hyslop, Fred Arnold CH of O
 Sgt Hyt, Nicholas Edward RCAF

 P/O **I**anuziello, Dominic RCAF
 Rfn Ibbitson, George William QOR of C
 WO1 Iddiols, Carl Edward RCME
 F/L Idema, Walter Doornink RCAF
 F/O Idiens, Richard Bertram RCAF
 Pte Ignace, William Calg Highrs
 Pte Itlingworth, Charles Glen Westmr R
 F/O Iluman, John Alexander RCAF
 P/O Image, Leslie RCAF
 Cpl Imeson, John James RCASC
 Pte Imms, Robert Nelson RHC
 P/O Imrie, George John RCAF
 P/O Imrie, John Alexander Kay RCAF
 WO2 Inch, James Howard RCAF
 P/O Inderbitzin, Victor Herman RCAF
 P/O Ineson, Allan Clifford RCAF
 Gnr Ing, Frederick RCA
 F/L Ingalls, Bruce Johnston, DFC RCAF
 P/O Ingell, Leslie Raymond RCAF
 Pte Ingham, John Verdun HLI of C
 Pte Ingle, Basil Evans Calg Highrs
 Sgt Ingleson, Harry William RCAF
 Pte Inglis, Fred Constantine CH of O

Capt Inglis, Henry Maxwell SSask R
 Pte Ingraham, Arthur Hayman Nth NS Highrs
 Pte Ingraham, Harold Stanley Alqr
 Lt Ingraham, Wilbert Elliott West NSR
 Pte Ingram, James Wood LEdmn R
 Sgt Ingram, Robert Dalton RRegt C
 Pte Ingram, Stanley RRegt C
 Gnr Injates, Louie RCA
 F/S Inman, Lawrence Melvin RCAF
 Pte Inmanen, Victor 1 Cdn Spec Ser Bn
 Tpr Innes, Kenneth Walter GGHG
 P/O Innes, Lloyd John RCAF
 Sgt Innes-Ker, Alastair James Fort Garry's
 P/O Inverarity, John Alexander RCAF
 Spr Ionel, John RCE
 L/Cpl Ionson, William Charles A & SH of C
 F/O Ireland, Donald George Henry RCAF
 Pte Ireland, Elton James RCASC
 F/S Ireland, James Howard RCAF
 Sgt Ireland, Willard Vernon RCAF
 P/O Irish, John Roy RCAF
 Sigmn Irvine, Arthur Donald RC Sigs
 Surg Lt Irvine, Clarence Edward RCNVR
 PO Irvine, George Wood RCN
 Spr Irvine, John Cecil RCE
 AB Irvine, Leonard Clayton RCNVR
 F/O Irvine, Richard Reginald RCAF
 Maj Irvine, Robert Cuyllor Sask LI
 Pte Irvine, Sidney RCASC
 Pte Irving, Andrew Edison Stewart N Shore R
 P/O Irving, Arnold Earle RCAF
 Spr Irving, Arthur Francis RCE
 L/Sgt Irving, Dick West NSR
 Lt Irving, Fleming Ladd 1 H
 Ldg Coder Irving, James Crawford RCNVR
 Rfn Irving, Morton Alexander RRC
 P/O Irving, Walter Nelson RCAF
 Gnr Irving, William RCA
 L/Cpl Irving, William James RCASC

V17668
IRVING
JAMES

CRAWF

AWARDS NAVY

~~DECEASED~~ 31 AUGUST 1944

D.D.

IRVING	James Crawford	V-17668	L/Coder	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	3838
Atlantic Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR No date "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Henry Irving - Father

ADDRESS: 164 Bruce St.,
LONDON; Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. M. Irving

ADDRESS:

164 Bruce Street
LONDON, Ontario

MEMORIAL BAR
DATE DESP.....
REGN. NO. 13

(2)

(3) 17 January 1945



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

D 103679 N. V. 5
50M-1-41 (8973)
N.S. 815-11-5
DEPT. NATIONAL DEFENCE
AUG - 3 1941
N.S. *113 2927*
CANADA

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME IRVING OFFICIAL NO. V. 17668
CHRISTIAN NAMES James Crawford. MARRIED, SINGLE OR WIDOWER Single.

PERMANENT ADDRESS		RELIGION
261 Regent St., London, Ontario.		C. of E.
DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
13th July, 1921.	Town XXXX Montreal	Mrs. M. Irving. (Mother) Same Address.
*Original Nationality of:		
Father English	County	
Mother English	Province Quebec.	

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>35$\frac{3}{4}$</u>	Blond	Blue	Med.	Scar on right groin. Scar on right forehead.
Inches..... <u>7</u>	Deflated..... <u>33</u>				
<u>143</u>	Mean..... <u>33$\frac{1}{2}$</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
5 Years Central Collegiate Institute London, Ontario.	Clerk. Lablows Ltd., London, Ontario.

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
16th July, 1941.	Ordinary Coder.	London

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM
	NIL	

Personal Records Division	
1. Index Card	<i>JK</i>
2. Index Card	<i>JK</i>
3. Non Sub. Card	<i>JK</i>
4. Status at C.P.	<i>JK</i>
5. Roneo Strip	<i>JK</i>
6. Pension Card	
7.	
8.	
DATE	14/8/41

ENTERED IN PAY LEDGERS
H. M. C. S. "BYTOWN"
FAIR *Perkins 21.8.41*
F.C.I.C. *Perfurner*

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

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

(5) On being enrolled as a member of the.....London.....Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

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

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

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

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this.....16th.....day of.....July, 1941.....

Signature of applicant.....James Crawford Irving.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....16th.....day of.....July, 1941.....

.....Lieut. J.V.C. Macdonald.....
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I,.....James Crawford Irving.....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.....James Crawford Irving.....

Witness.....Lieut. J.V.C. Macdonald.....

Date.....16th July, 1941.....

Rank.....LIEUTENANT, R.C.N.V.R.....

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....James Crawford Irving.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the.....London.....Division of the R.C.N.V.R. or in the appropriate official documents.

.....Lieut. J.V.C. Macdonald.....
Attesting Officer.

.....16th July.....1941..... R.C.N.V.R. Division (or other establishment).....London.....

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

V17668

OFFICIAL NUMBER

FILE NUMBER 113-I-92

OFFICIAL NUMBER V17668

NAME IRVING

(Surname)

James Crawford

(Given Names)

DATE OF BIRTH 13 July, 1921

PLACE OF BIRTH Montreal, Quebec

RELIGION Church of England

EDUCATION

5 Years Central Collegiate Institute

OCCUPATION

Clerk, Loblaws Ltd.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 261 Regent St.

Town London

Province, etc

Ontario

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
16	7	41	H.O.	5'7"	Blond	Blue	Medium	Scar on right groin Scar on right forehead				

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
3	2	41	C.V.S.M. (R.&C.) 1939-1943 Star	7	11	41	Qual. for Ord. Coder				
				4	11	41	Passed E.T.1 R.C.N.				
				6	7	43	Passed Prof. for Ldg. Coder.				

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. WSA 5348-8
DATE

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

O.H.F. Received.

SECOND CLASS FOR CONDUCT

From

To



V17668

OFFICIAL NUMBER

NAME IRVING
(Surname)

James Crawford
(Given Names)

OFFICIAL NUMBER

V17668

P.I.D.

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
London Div. Str.	Ord. Coder	16	7	41		V.G.	Sat.	31	12	41							
Duty Div. Hqts.	Ord Coder	16	7	41	D	V.G.	Supr.	31	12	42							
H.M.C.S. Stadacona	" "	14	8	41		V.G.	Sat.	31	12	43							
St. Hyacinthe	" "	6	10	41	via Stad.	V.G.	Sat.	21	8	44							
Venture	" "	9	11	41													
Niagara	" "	12	11	41													
"	Coder	15	4	42	Rated. (249A/2260)												
Stadacona	"	16	6	42													
Chicoutimi	"	19	6	42													
Stadacona	"	21	6	43	DRD H-1859												
Alberni	"	29	7	43	DRD H-2183												
"	A/Ldg.Coder	15	7	43	Adv. Memo 20-7-43. Conf. Ldg.Coder			15	7	44	(A22993)						
DISCHARGED	"	21	8	44	"Missing" per Casualty List.												

GENERAL REMARKS

X-Ray approved
 Awarded Canadian Memorial Cross to
 Mother: Mrs. Mildred Irving,
 164 Bruce Street,
 London, Ont. 17-1-45.

Granted

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI.	ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY	MO	YR.	BIRTH	MAIN	SUB	GION			P	CTY	TOWN	SERV	DIV.	A	BR	RANK
13	7	21	12	8	30	0	30	5	1	30	03	0	16	0	09	05
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP CR	RANK OR RATE					
DY	MO	YR.	DY	MO	YR.	CAT.	DY	MO	YR.	ESTAB.	A	BR	RANK			
16	07	41	16	07	41					1520			09	93		
SENIORITY			STR.	NON-SUB		M				021	CODED	CHECKED				
DY	MO	YR.	CAT.	A	B	ST.										
15	07	45	13	00	00					TF.						



B103680
NATIONAL DEFENCE

AUG - 2 1941
No 113-292

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 James Crawford Irving
‡ candidate for entry as Ordinary Coder, V.R.
and I believe him to be * in all respects fit for His Majesty's Service. } He has signed
unfit for His Majesty's Service for the reason stated below. }
the Certificate given below in my presence.
‡ Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hemorrhoids, etc.
20	143 lbs.	5' 7" ft. ins.	Good	(a) maximum 35 1/2 inches (b) minimum 33 inches (c) mean 33 1/2 inches	right eye 6/18 left eye 6/18 *colour vision Ish Normal.	1931	Normal	Normal	near right sub-inguinal Normal otherwise	Clear	TM's intact Normal	Normal	1 deficient 0 defective Throat clear	Normal

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

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

July 15/41

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

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

James C Irving
Signature of Candidate

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of Defective vision. Not as coder

* which renders him medically unfit for service,
not considered of sufficient importance to cause his rejection, he being desirable in other respects.

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at London, Ontario the 14th of July, 19 41

J. S. Hard
Examining Medical Officer

(Rank) Surgeon Lieutenant

CERTIFICATE of the SERVICE of

James Crawford IRVING

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>✓ - 17668</i>
Halifax Nova Scotia	London, Ontario	"
		"

Date of Birth..... <u>July 13, 1921</u>	Name and Address of Nearest Relative or Friend (in pencil) <i>Mrs. M. Irving 261 Regent St. London Ont (Mother)</i>
Place of Birth..... <u>Montreal, Quebec</u>	
Place of Residence..... <u>261 Regent St., London, Ontario.</u>	
Trade brought up to..... <i>Student A 22985</i> Clerk: Loblaws, London, Ontario.	
Religion..... <u>C. of E.</u>	
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	
July 14/41	Jul. 16/41	Hostili- ties	Od. Coder		3 Feb 44	Canadian Volunteer Service Medal + clas. Provisional Award.
					3 Feb 44	1939-43 Star. Provisional Award.

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	7	33 1/2	143	Blond	Blue	Med.	Scar on right groin Scar on right forehead
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

Neagara
12 Nov '41

NS:113-I.92.

Passing Certificate

This is to Certify

that James Crawford IRVING,

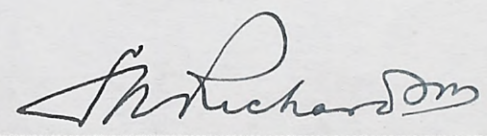
Rating Ordinary Coder, Official Number V.17668
R.C.N.V.R.

has passed

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

held on 4th November, 1941.

For advancement to Petty Officer



~~Naval~~ Secretary
Director of Education.

Department of National Defence,

Ottawa, this 1st day of December 19 41.

IRVING J.C. L. CODER V. 17668 H.M.C.S. ALBERNI
 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.

I 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:

SHIP OR PLACE	DAY, MONTH, YEAR						AREA
	FROM			TO			
LONDON DIV.	16	JULY	41	13	AUGUST	41	
H.M.C. SIGNAL SCHOOL	14	AUGUST	41	30	SEPTEMBER	41	
ST. HYACINTHE	1	OCTOBER	41	8	NOVEMBER	41	
VENTURE	9	NOVEMBER	41	11	NOVEMBER	41	
STADACONA	"	NOVEMBER	41	"	NOVEMBER	41	
NIAGARA	12	NOVEMBER	41	15	JUNE	42	ATLANTIC
STADACONA	16	JUNE	42	19	JUNE	42	
CHICOUTIMI	20	JUNE	42	20	JUNE	43	ATLANTIC
STADACONA	21	JUNE	43	28	JULY	43	
ALBERNI	29	JULY	43	31	JANUARY	44	ATLANTIC

James C. Irving
 Signature of Officer or Rating making Declaration

Noted on "STADACONA" 249a
 folio No. 3-2-44 dated 3-2-44

VERIFICATION FORM
CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. &
NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL IRVIN Lt James Crawford RANK/RATING A/Ldg. Cook OFF.NO

SHIP	SERVICE			AREA	QUALIFYING PERIODS			
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC
<i>London</i>	<i>16/7/41</i>	<i>13/8/41</i>						
<i>Niagara</i>	<i>12/11/41</i>	<i>15/6/42</i>	<i>216</i>	<i>Atlantic</i>				
<i>Chicoutimi</i>	<i>19/6/42</i>	<i>20/6/43</i>	<i>367</i>	<i>Atlantic</i>				
<i>Albion</i>	<i>29/7/43</i>	<i>21/8/44</i>	<i>390</i>	<i>Atl. to Gunn.</i>				
<i>Discharged "Pearl"</i> <i>to date</i>	<i>21/8/44</i>							

VERIFIED BY G. Belanger

VERIFIED BY

VERIFICATION FORM

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

RANK/RATING *A/Ldg. Cooker* OFF.NO. *V-17668* 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>
<i>Atlantic</i>							ATLANTIC	1	<i>Clasp</i>
<i>Atlantic</i>							FRANCE G.	2	
<i>Atl. Sr. Gunn.</i>							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>Clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *A. Bling*

MM

VERIFIED BY DIR. OF PERSONNEL RECORDS.

File Number. V17668

SERVICE

NAME: James Crawford IRVING

O.N.V-17668

PRESENT RANK/RATING: A/Ldg.Coder

DATE TAKEN ON ACTIVE SERVICE: 16-7-41

SERVICE

SHIP OR ESTABLISHMENT

<u>SHIP OR ESTABLISHMENT</u>	<u>From</u>	<u>To</u>
London Div.Str.	16-7-41	16-7-41
Duty Div.Hdqtrs.	16-7-41	13-8-41
Stadacona	14-8-41	5-10-41
St.Hyacinthe	6-10-41	8-11-41
Venture	9-11-41	11-11-41
Niagara	12-11-41	15-6-42
Stadacona	16-6-42	18-6-42
Chicoutimi	19-6-42	20-6-43
Stadacona	21-6-43	28-7-43
Alberni	29-7-43	

WILL: No

NAME & ADDRESS OF Mother: Mrs. M. Irving,
NEXT OF KIN: 164 Bruce St.,
London, Ont.

DISCHARGED PREVIOUSLY? No

REASON:

DATE:

Initialed by: A.T.

Date: 25-8-44

Section: 3

(TO BE COMPLETED IN INK.)

OCCUPATIONAL HISTORY FORM

113-I-98291691
19

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 JAMES CROWFORD IRVING (b) Reg'l. No. V17108
2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank CUDEB
3. (a) Date of birth JULY 12/31 (b) Have you any dependents? NO (c) Place of residence at time of enlistment LONDON ONT.
4. (a) Place of enlistment LONDON ONTARIO (b) Date of enlistment JULY 16/41

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (b) Were you attending school or college up to the time of enlistment? YES
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.) 4 YEARS HIGH SCH
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? NONE (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? (b) What languages do you read well?

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) NOT 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? NO
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 Private mechanic
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..... Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? YES
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....



DATE NOV 25/47 194..... SIGNATURE James C Irving

Copy To
VWD
ES

DEC 23 19



27

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

N.S. V-17668. PERS.(N)

144414

My dear Mrs. Irving:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Your son was an excellent Leading Coder and was both reliable and efficient. He was very well liked by all the officers and men, and as we had been together for such a long time we have become more friends than officer and rating.

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 London 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. Mildred Irving,
164 Bruce St.,
LONDON, Ont.

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

R E G I S T E R E D
A I R M A I L
 N.S. V-17668 EERS. (N)

31

16 December, 1944.

Dear Mrs. Irving:

Further to my letter of the 28th August, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, James Crawford Irving, Leading Coder, Official Number V-17668, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Mildred Irving,
 164 Bruce St.,
 LONDON, Ontario.

Despatched by
 Sec. N. E.

Date 26.12.44
 Time 10 30

Noted D.M.P. a d P.
 29-12-44 d P.

YB

37

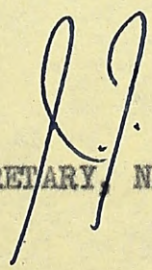
N.S.V-17668, F.D.216, PERS.(N)

Policy No. 101912341

27th January, 1945.

THIS IS TO CERTIFY that according to official information James Crawford Irving, Leading Coder, Official Number V-17668, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

SECRETARY, NAVAL BOARD.



Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

40

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

Name IRVING, James Crawford
(Christian names in full)

Rank or Rating Leading Coder Official No. V-17668 Unit ~~R.C.N.~~ R.C.N.V.R.

Date Place Date of Birth
Place of Birth 13th July, 1921 Montreal, Quebec

Occupation in Civil Life Clerk Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) from 16th July, 1941 to 21st of August, 1944.

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

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

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

Nearest known relative or friend { Name Mrs. Mildred Irving, Relationship Mother
Address 164 Bruce Street,
LONDON, Ontario.

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

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

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

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

H.B. Money

for SECRETARY, NAVAL BOARD.

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

Date OTTAWA, Ont., 28 Feb, 1945.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register, Sec. C.P.C., Dir. of Records.

*Noted D.M.P.A.
M. M. Q.
9/3/45*



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

No. N.S. V-17668

OTTAWA, Ont., DEC 26 16 1944

39361



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>
IRVING, James Crawford, Leading Coder, V-17668, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Mother: Mrs. Mildred Irving, 164 Bruce Street, LONDON, Ontario.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Mildred Irving	A.P.	25.00	G.C.M

Allotment stopped August 31, 1944

164 Bruce Street,

London, Ont.

WILL: No record.

Yours truly,

G. G. Heard

for
SECRETARY, NAVAL BOARD.

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

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

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

3. PRINT FULL NAME OF DECEASED IRVING James Crawford
 (Family name) (Given name or names in usual order)

RESIDENCE No. 261 Street Regent Street City, Town, Village or Township LONDON Province Ontario
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin <u>English</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
-----------------------	--	------------------------------------	---

8. BIRTHPLACE Montreal, Quebec
 (Province or Country)

9. DATE OF BIRTH July 13 1921
 (Month) (Day) (Year)

10. AGE in	Years	Months	Days	If less than one day old
	<u>23</u>	<u>1</u>		hrs. or.....min.

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

12. Kind of industry or business, as cotton-
 mill, lumbering, bank, etc. Loblaws Ltd.,
LONDON, Ontario.

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

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

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

FATHER

16. NAME.....

17. BIRTHPLACE.....
 (Province or Country)

MOTHER

18. MAIDEN NAME.....

19. BIRTHPLACE.....
 (Province or Country)

20. Person giving information
 sign here J.A. [Signature]
Payr. Commander, R.C.N.R.,
 Address Naval Service Headquarters, Ottawa.
 Relationship to deceased Director of Personnel Records

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

22. Burial Permit was issued by.....
 Address.....

23. UNDERTAKER.....
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 21 19 44
 (Month) (Day) (Year)

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

CAUSE OF DEATH

CAUSE OF DEATH	PHYSICIAN
I. 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>	Underline the cause
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>	to which death
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause. (c) <u>"ALBERNI" which was sunk in the English Channel.</u>	should be charged statistically

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

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

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

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

Signed by.....M.D.

Address.....Date.....19.....

30. Division Registrar's Record No.....

31. Filed.....19.....
 (Division Registrar)

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

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

14

.....
 Mrs. Mildred Irving

.....
 164 Bruce St.,

.....
 LONDON, Ont.

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

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

and the following number quoted:—

H.Q. N.S. V-17668-FD-748

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

..... 4 Jan 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

..... IRVING James Crawford Ldg. Coder

..... V-17668.....R.C.N.V.R.....

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

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

HRW/ bwr

M. Wade
 Commander
 R.C.N.V.R.
 Director of Estates.

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.....	NIL		
2	Children of the Deceased and dates of their Births.....	NIL		
3	Father of the Deceased.....	Henry Irving	70	164 Bruce St London
4	Mother of the Deceased.....	Mildred Irving	52	Mildred 164 Bruce St London
5	Brothers of the Deceased	Full Blood	Henry Henry Irving Esq.	Lieut - Perth Regmt C.A. C.M.F
		Half Blood	NIL	
6	Sisters of the Deceased	Full Blood	NIL	
		Half Blood	NIL	
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	
		NIL		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Crawford Irving
9	Date of his birth.	July 13 1921
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Montreal Nov. 5 1912

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	Pro. Quebec (a) 1921-1925 4 years (b) 1926-1941 - 15 " " (c) Joined Navy in his 19th year (d) on graduation from High School
14	Nature of employment before enlistment.	NONE
15	State whether he owned the premises in which he lived, and, if so, where situated.	NO
16	Name place where deceased stated he intended to make his permanent home.	To Return to his Home in London - Ont.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	- No -
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?	- No -
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?	Joint Savings etc. Ontario Loan & Debenture Co \$320.91 No - London Ont
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None to our knowledge
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None to our knowledge
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	- No -
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No assets

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

DECLARATION

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

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

* Mother of the deceased.

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

Mildred Irving {Signature of Informant
164 Bruce Street London-Ont. Address

CERTIFICATE

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

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

Dated at London this 9th day of January 1945

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

W J Eccleston Qualification Clergyman

Address 168 Bruce St London

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

The joint ac at The Ontario Loan and Adventure Company is in the names of Mrs Mildred Irving (mother) and James L Irving (deceased) her son: withdrawal by either or the survivor - as set out in the usual Bank Form, of No I. 368. for which Mrs Irving desires release from the Department as she is now the survivor

IG

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

4
 NAVY

DECEASED
MEMBER'S
NAMEPAYEE
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE

James Crawford

(CHRISTIAN NAMES)

 Director of Estates,
 308 Sparks St.,
 Ottawa, Ont.

IRVING

(SURNAME)

 for Service Estate of
 James C. IRVING
 NS.V-17668
 21st Aug'44.

REGISTER NO.

4018

FILE NO.

NS.V-17668

DATE

27th June'45.

SERVICE NO.

V-17668

FINAL RANK OR RATING

A/Ldg. Coder.

DATE OF DISCHARGE

21st Aug'44.

A. TOTAL QUALIFYING SERVICE

 NO. OF DAYS 1133 EQUAL TO 37 COMPLETE PERIODS AT \$7.50

\$ 277.50

B. QUALIFYING OVERSEAS SERVICE

 NO. OF DAYS 973 LESS 23 INELIGIBLE DAYS, EQUAL TO 950 DAYS @ 25C. PER DAY

\$ 237.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL	\$	3.95	X7 = \$	27.65
NO. OF DAYS		973	X \$	27.65
		183		

147.01

D. WAR SERVICE GRATUITY

662.01

E. DEDUCTIONS

OVERPAYMENT OF

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

Nil

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

662.01

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 662.01

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

Voucher *beque* 1070-12/7-45-

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

PREPARED BY

u

CHECKED BY

TREASURY

CHECKED BY

DATE

Roy Paugens 3/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accounting.

AT

ESTATES BRANCH

HQ. V-17668 FD.748

September 21, 1945.

Mr. and Mrs. Henry Irving.
164 Bruce Street,
London, Ontario.

IRVING, James C., L/Cdr. (Deceased)
No. V.17668, R.C.N.V.R.

Dear Mr. and Mrs. Irving:

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

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

Balance of pay and allowances	\$156.71
War Service Gratuities	<u>662.01</u>
	\$818.72

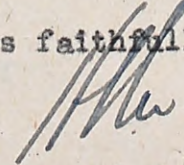
Your son died without having made a Will and his estate is, therefore, distributable in accordance with the Intestacy Laws of his province of domicile, equally among his parents and brother.

The Treasury Branch has been requested to forward to you each a cheque in the amount of \$272.91, and on receipt of same will you kindly sign and return the enclosed forms to the Director of Estates, 308 Sparks Street, Ottawa.

We enclose herewith a statement in connection with your son's War Service Gratuities.

The share of your son, Lieutenant Henry Irving, will be retained here until he has returned from Overseas. When he arrives in Canada will you kindly advise us, giving us his Canadian address.

Yours faithfully,


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

ERW/JN ✓
Encls.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name..... **IRVING** **JAMES C.** No. **V-17668**
 Surname Christian Names

Ldg./Coder **R.C.N.V.R. O/S** **21-8-44**
 Rank Unit Date of Death

AMOUNT **W.S.G.** **662.01**
 L.P.C.....\$ **156.71**
 Other Credits.....
 Total..... **818.72**
 Prev. Dist. **545.82**
 This Dist. **272.90**

Date..... **30-1-47**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
ALL	BROTHER	Capt. Henry Irving. 164 Bruce St., London, Ont. (As next of kin entitled.)	272.90

Rt to James 3/2/47

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	272.90
CLASSIFIED BY <i>[Signature]</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

ESTATES BRANCH

HQ.NS.V.17668
FD 748

February 3rd, 1947.

Capt. Henry Irving,
164 Bruce Street,
London, Ontario.

IRVING, James Crawford, L.Coder (Dec'd)
No. V 17668, R.C.N.V.R.

Dear Mr. Irving:

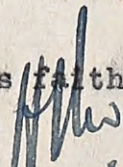
Distribution can now be made of your share of the Service estate of your late brother amounting to \$272.90. This money was withheld pending confirmation of your address.

Your brother died without having made a Will and his Service estate is, therefore, distributable in accordance with the Intestacy Laws of his province of domicile. Therefore, the sum of \$818.72 which was made up of balance of pay and allowances - \$156.71 and War Service Gratuity amounting to \$662.01 was divided equally amongst his father, mother and brother.

Treasury has been requested to forward you a cheque in the above-mentioned \$272.90, representing your individual share and on receipt of same, would you kindly sign and return the enclosed form of acknowledgement to Director of Estates, Department of National Defence, 304 Sparks Street, OTTAWA, Ontario.

Enclosed herewith please find a statement showing the manner in which the War Service Gratuity was computed.

Yours faithfully,


(H.R. Wade) Commander,
for (L.M. Firth) Colonel,
Director of Estates.

HRW:PM (Encls.)