



Cpl Jones, Arthur Albert Calg Highrs  
 Rfn Jones, Basil Earl Regina Rif  
 Cpl Jones, Cameron Leander 17 H  
 Cpl Jones, Cecil Lloyd, MM Ont R  
 L/Cpl Jones, Chancey Alva RC Sigs  
 Rfn Jones, Charles Albert Regina Rif  
 WOII Jones, Charles Herbert RCA  
 Pte Jones, Clifford Ian Larkin  
 Lan & Ren Scot R  
 WO1 Jones, David Charles Towyn  
 RCAF  
 F/O Jones, David Richard RCAF  
 AB Jones, Donald Owen RCNVR  
 Pte Jones, Donald Nathan RHC  
 P/O Jones, Douglas Edward, DFM  
 RCAF  
 F/L Jones, Douglas Jackson RCAF  
 F/O Jones, Edward Crowther RCAF  
 Tpr Jones, Edward James BCR  
 Tpr Jones, Elmer James Three Riv R  
 Gnr Jones, Emerson William RCA  
 Tpr Jones, Everett Reginald Owen 14 H  
 Pte Jones, Frederick Percy 4 PLDG  
 Sgt Jones, George Andrew RCAF  
 F/O Jones, George Ernest RCAF  
 Lt Jones, George Hayward  
 Essex' Scot  
 Pte Jones, Harold Bertram Wpg Gren  
 F/O Jones, Harry Robert RCAF  
 F/O Jones, Harvey Edgar RCAF  
 Maj Jones, Hector LeRoy Regina Rif  
 Rfn Jones, Henry Charles RWpg Rif  
 F/O Jones, Howard Kitchener RCAF  
 Lt Jones, Hubert Murray Som LI  
 Pte Jones, Ivor Quilliam Essex' Scot  
 Maj Jones, James Harvey, MC  
 West NSR  
 P/O Jones, James Howard RCAF  
 Pte Jones, John Alq R  
 Pte Jones, John RCASC  
 Ldg Swd Jones, John Cameron RCNR  
 Pte Jones, John Donald Cdn Spec Ser Bn  
 F/S Jones, John Harrison RCAF  
 Pte Jones, John Henry RHC  
 Tpr Jones, John Maurice 14 H  
 Rfn Jones, John William OOR of C  
 Cpl Jones, Jordon Corodon Clifford  
 R Regt C

Spr Jones, Julian RCE  
 Pte Jones, Kenneth Herbert  
 Lan & Ren Scot R  
 P/O Jones, Lloyd William Wesley  
 RCAF  
 Pte Jones, Maldwyn Pryce Perth R  
 F/O Jones, Marshall Levi RCAF  
 Pte Jones, Morris Claude  
 Lan & Ren Scot R  
 P/O Jones, Norval Hodges RCAF  
 P/O Jones, Paul Reviere RCAF  
 Sigm Jones, Radin Lester RC Sigs  
 Pte Jones, Raymond Philip  
 Carl & York R  
 LAC Jones, Richard Cyril RCAF  
 F/O Jones, Robert Henry RCAF  
 F/O Jones, Robert Roy RCAF  
 F/O Jones, Ronald Marwood RCAF  
 Pte Jones, Ronald Nelson PPCLI  
 Pte Jones, Sidney Carl & York R  
 Pte Jones, Stanley George  
 Camerons of C  
 Lt Jones, Stewart William  
 Essex' Scot  
 Pte Jones, Thomas Henry Casey  
 Calg Highrs  
 Lt Jones, Walter Emery N Shore R  
 Tpr Jones, Walter Ronald Sher Fus R  
 P/O Jones, Walter Stanley RCAF  
 G/C Jones, Wilfred Alexander RCAF  
 Cpl Jones, William David 4 PLDG  
 LAC Jones, William Gordon RCAF  
 Tpr Jones, William Harry 17 H  
 Lt Jones, William James RCNR  
 Pte Jones, William Lewis A & SH of C  
 F/O Joplin, Stanley John RCAF  
 Pte Jordan, Albert Charles A & SH of C  
 Pte Jordan, Albert Walter 48 Highrs  
 Rfn Jordan, Freeman Howard  
 Regina Rif  
 Pte Jordan, George Ernest  
 Nth NS Highrs  
 L/Bdr Jordan, Lennie Clifford RCAF  
 WO2 Jordan, Thomas Lawrence RCAF  
 Sgt Jorgenson, Gerald Vincent  
 Fort Garry's  
 F/O Jorgenson, Maurice RCAF  
 F/O Jory, William Edward RCAF

V17793  
**JONES**  
DONALD OWEN

DECEASED 21 August 1944

## AWARDS NAVY

D.D.

JONES	Donald Owen	V-17793	A.B.	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	2345- 7/10/49
Atlantic Star & Clasp	
Africa Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Feb.46 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Orpha Jones - Mother

ADDRESS: 82 Metcalfe St.,  
WOODSTOCK, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. O. Jones  
602 $\frac{1}{2}$  Dundas Street  
WOODSTOCK, Ontario

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP

REGN. NO. 1853

(2)

(3) 17 January 1945

**CERTIFICATE OF DIVISION REGISTRAR**  
**RESPECTING REGISTRATION OF BIRTH**

THIS IS TO CERTIFY that the following particulars are from a registration filed ~~during the preceding three months~~ in the office of the Registrar for the

Registration Division of Woodstock Ont.

Name Donald Dion Jones

Date of Birth Oct. 29/1923 Sex male

Where Born 116 Victoria Street North, City  
(Street and Number or Concession and Lot. If an institution give its name)

Full Name of Father Ellis Jones

Maiden Name of Mother Ophele Mauda Chiew

Date of Return Nov. 26<sup>th</sup> 1923

Dated this 16<sup>th</sup> day of January 1937

[Signature]  
Division Registrar

Woodstock Ont.  
Address

Registration Division of Woodstock Ont.

County of Oxford

File No. 113-Q-523

5

DEPARTMENT OF NATIONAL DEFENCE  
NAVAL SERVICE

NAME .. JONES ..... Donald O. ....  
Surname Christian names

RATING .. Ordinary Seaman ..... OFFICIAL NUMBER .. V17793 .....

ACTIVE SERVICE (date of commencement) 27. December. 1941 .....

Authority N.V. 10A of 29-12-41 .....

Initials. *JK* .....

Checked by. *AE* .....

(DATE of ACTIVE SERVICE)

Noted by. *285* .....

Date. *9.1.42* .....

BM/VD

IN REPLY PLEASE QUOTE:



Department of National Defence  
 Naval Service

No. 113-B-2197  
 113-J-523

Ottawa, Canada.

20th September, 1941

MEMORANDUM:

The enrolment of the undermentioned ratings in the London Division, R.C.N.V.R., is approved:

<u>NAME</u>	<u>RATING</u>	<u>O.N.</u>	<u>DATE</u>
BRADFORD, William Sydney	Ord. Ssn.	V.17787	25 August/41
BROHMAN, George Charles	Stoker II	V.17788	5 Sept. "
BROWN, Malcolm Alex.	Stoker II	V.17789	5 " "
BURRELL, Walter Harnock	Ord. Ssn.	V.17790	5 " "
CLARKE, William Lyne	Stoker II	V.17791	5 " "
FLEETWOOD, John Malcolm	Stoker II	V.17792	5 " "
JONES, Donald Owen	Ord. Ssn.	V.17793	8 " "
LESLIE, George	Ord. Ssn.	V.17794	5 " "
ROBBINS, Reginald Earl	Ord. Ssn.	V.17795	8 " "
BOWLES, Fredrick Sidney	Stoker II	V.17796	5 " "
SCHLEICH, Paul	Stoker II	V.17797	5 " "
SWEENEY, Roy Wilfred	Ord. Ssn.	V.17798	8 " "

BY ORDER,

*J. O. Cossette*  
 (J. O. Cossette),  
 Naval Secretary.

The Commanding Officer,  
 London Division, R.C.N.V.R.,  
 Carling Block,  
 Richmond St.,  
 LONDON, Ont.

ORIGINAL

P120419



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

NATIONAL LETTER 50M-1-41 (8973) N.S. 815-11-5

SEP 11 1941 N.S. 113/523 CANADA

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME JONES OFFICIAL NO. 117793 CHRISTIAN NAMES Donald Owen MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS: 602 1/2 Dundas St., Woodstock, Ontario. RELIGION: Co of E. DATE OF BIRTH: 29th October, 1923. PLACE OF BIRTH: Woodstock, Ontario. NAME AND ADDRESS OF NEXT OF KIN: Mrs. Orpha Jones. (Mother) Same Address.

(A) PERSONAL DESCRIPTION ON ENROLMENT

Table with columns: HEIGHT, CHEST MEASUREMENT, HAIR, EYES, COMPLEXION, WOUNDS, SCARS, MARKS. Includes measurements like 5 feet, 35 inches chest, and scars on forehead and ankle.

EDUCATIONAL STANDING: 3 Yrs. Woodstock Collegiate Institute, 1 Yr. Woodstock Commercial High School. TRADE OR CALLING AND IN WHOSE EMPLOY: Labourer. York Knitting Mills. Woodstock, Ontario.

DATE OF ENROLMENT: 8th September, 1941. RATING FOR WHICH ENROLLED: Ordinary Seaman. R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED: 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 shown, and attach my record of service, in corroboration of this statement.

Table with columns: SERVED IN, RANK, FROM. RANK is NIL.

Personnel Records, Military, Reserve, or Territorial Division. Includes checkboxes for Index Card, Non-Sub. Card, etc., and a date stamp 19/9/41.

(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 8th day of September, 1941.

Signature of applicant Donald Owen Jones

(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 8th day of September, 1941.

Sub/Lt C.B. Hunt  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Donald Owen Jones, 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 Donald Owen Jones  
Witness C.B. Hunt

Date 8th September, 1941 Rank SUB. LIEUTENANT, R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Donald Owen Jones 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.

Sub/Lt C.B. Hunt  
Attesting Officer.

8th September, 1941 R.C.N.V.R. Division London  
(or other establishment)

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.

ORIGINAL



Can. B. 207  
100 M-11-40 (7881)  
N.S. 815-2-207

DEPT. NATIONAL DEFENCE  
SEP 16 1941  
N.S. 113 52 B1 20420

# 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 Donald Owen Jones  
‡ candidate for entry as Ordinary Seaman V.R.  
and I believe him to be \* in all respects fit for His Majesty's Service.  
unfit for His Majesty's Service for the reason stated below. He has signed  
the Certificate given below in my presence.  
‡ Strike out if inapplicable. \* Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
17 <sup>11</sup> / <sub>12</sub>	118	5' 6"	Good.	(a) maximum 35" (b) minimum 33" (c) mean 33 1/2"	right eye 6/9 left eye 6/18 *colour vision Sub N.	as a child	Normal	Normal	Normal	L. ear T.M.S. intact. Hearing Normal	Normal	1 deficient 2 defective Throat clean	Normal	

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

X-ray { ~~Not taken.~~ Approved. Positive. Doubtful. } Sept 4/41  
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.

Donald Owen Jones  
Signature of Candidate

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

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

This Candidate is the subject of.....

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

IF REJECTED insert here UNFIT in block letters

Dated at London, Ontario the 4th of September, 1941

Richard  
Examining Medical Officer  
(Rank) Surgeon Lieutenant

N.V. 17  
60M-9-42 (5943)  
N.S. 815-11-17

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

*Donald Owen JONES*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V.17793</i>
	<i>London, Ontario</i>	"
		"

Date of Birth <i>29 October 1923</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth <i>Woodstock, Ontario</i>	<i>Matthew Dyball</i>
Place of Residence <i>602 1/2 Dundas St. Woodstock Ont.</i>	<i>602 1/2 Dundas St. Woodstock, Ont.</i>
Trade brought up to <i>Tobacconist</i>	
Religion <i>Church of England</i>	
Can Swim:—P.P.T. (FAIR) Date <i>27 February</i> 19 <i>43</i> Signature _____ Rank _____	
P.S.T. Date _____ 19 _____ Signature _____ Rank _____	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>8 Sep '41</i>	<i>Duration Hostilities Port. 2nd. 2nd.</i>				

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>6</i>	<i>33 1/2</i>	<i>118</i>	<i>Dark Brown</i>	<i>Brown</i>	<i>Med.</i>	<i>Scar on forehead over rt. eye. Scar on left ankle.</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

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







E. P. HODGINS, B. A.  
PRINCIPAL



WOODSTOCK, September 18, 1941.  
ONTARIO

Royal Canadian Navy

This certifies that Donald Jones enrolled as a student in the Woodstock Collegiate in September 1936 and continued until January 24, 1940.

Jones enrolled in the Teachers and Matriculation Course and obtained Lower School standing in English Grammar, British History, Geography, Phys., Botany, Zoology, and Art.

In September 1939, Jones transferred to the Commercial Department. He continued in this course for the Fall term.

During the time that Jones was a student here, he showed interest in the school, and I take pleasure in recommending him accordingly.

Certified,

A handwritten signature in blue ink, appearing to read 'E. P. Hodgins', written over a horizontal line.

EPH:RH

# Passing Certificate

## This is to Certify

that ..... Donald Owen JONES .....

Rating Ordinary Seaman, RCNVR Official Number ..... V-17793 .....

has passed

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

held on ..... 17th March, 1942 .....

For advancement to Petty Officer

.....  
*Cook*  
~~Naval Secretary~~  
Director of Education

Department of National Defence,

Ottawa, this ..... 1st ..... day of ..... April ..... 19 42

Noted in Service  
Records by *[Signature]*



NAVAL MESSAGE

To:

MRS. ORPHA JONES  
602 1-2 DUNDAS ST.  
WOODSTOCK ONTARIO

NSHQ  
From

V-17793

21

CNP  
CSOR

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES DEEPLY  
REGRETS TO INFORM YOU THAT YOUR SON DONALD OWEN JONES  
ABLE SEAMAN OFFICIAL NO V-17793 IS MISSING AT SEA. LETTER  
FOLLOWS

/23

DELIVERY CONFIRMED

L/T P/L 23.8.44 R.C. 5545

N.S.V-17793 PERS.N.  
N.P.R. (PAY. LIEUT. T.F. HEARD)

AL/GW.

22

LETTER dispatched to  
PERSONNEL NAME  
AUG 30 1944

1138121

V-17793 PERS. (N)

28 August, 1944.

Dear Mrs. Jones:

Further to my letter of the 23rd August, details of the disaster in which your son has been reported missing are now being released.

H.M.C.S. "ALBERNI" was sunk while on invasion duties in the English Channel. Four officers and fifty-five ratings are missing, with three officers and twenty-eight ratings having survived.

It is regretted that the position of the loss cannot be given, but it is considered unlikely that prisoners of war will be taken.

It is requested that you will keep this information in confidence until an official announcement is made.

May I again express sincere sympathy with you in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

P.A.'S CHECKED IN

C.R. BY *M*

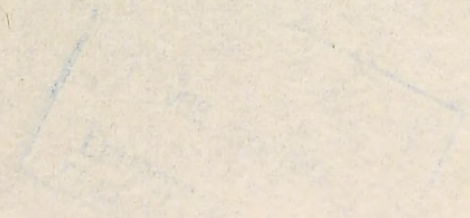
FILE  
ACTION TAKEN

Mrs. Orpha Jones,  
602½ Dundas St.,  
WOODSTOCK, Ont.

*a*  
*M*  
*af*



RECEIVED



RECEIVED





142459 23

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

N.S. V-17793. PERS.(N)

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

My dear Mrs. Jones:

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. Don has been with me for two years and has done an excellent job of work both in A/S and seamanship. 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 Woodstock 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. Orpha Jones,  
602 $\frac{1}{2}$  Dundas St.,  
Woodstock, Ont.

File No. N.S. V-17793 (Pers.N).....

29

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mother:-

Mrs. Orpha Jones,  
602 $\frac{1}{2}$  Dundas Street,  
Woodstock, Ontario.

Date forwarded:- JAN 17 1945

Registered Mail No: 3488

P.A.'S CHECKED IN  
C.R. BY *[Signature]*

LA/ERM

REGISTERED

27

AIR MAIL

N.S. V-17793 PERS(N)

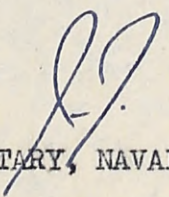
26 December, 1944.

Dear Mrs. Jones:

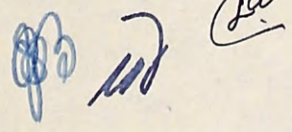
Further to my letter of the 28th of August, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, Donald Owen Jones, Able Seaman, Official Number V-17793, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

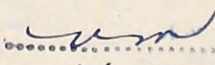
Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,

  
SECRETARY, NAVAL BOARD.

Mrs. Orpha Jones,  
602 $\frac{1}{2}$  Dundas St.,  
WOODSTOCK, Ont.

  
Despatched by  
Sec. N. B.

  
Date 26.12.44  
Time 10 30

Noted D.M.P. a.p.  
2-1-45 J.P.

N.S. V-17793, PERS.(N)

Policy 2278965.

27 January, 1945.

THIS IS TO CERTIFY THAT according to official information Donald Owen Jones, Able Seaman, Official Number V-17793, 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.



FORM 6

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

## PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of \_\_\_\_\_  
 { If in City, Town or Village \_\_\_\_\_ 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 JONES (Family name) Donald Owen (Given name or names in usual order)

RESIDENCE No. 602 1/2 Street Dundas St., City, Town, Village or Township WOODSTOCK, Province Ontario.  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <b>Male</b>	5. Nationality (Citizenship) <b>Canadian</b>	6. Racial Origin	7. Single, Married, Widowed or Divorced <b>single</b> <i>(Write the word)</i>
8. BIRTHPLACE <u>Woodstock, Ontario.</u> (Province or Country)			
9. DATE OF BIRTH <u>October 29 1923</u> (Month) (Day) (Year)			
10. AGE in { Years <u>20</u> Months <u>10</u> Days _____ If less than one day old _____ hrs. or _____ min.			
OCCUPATION			
11. Trade, profession or kind of work as <u>Labourer</u> spinner, teamster, office clerk, etc.			
12. Kind of industry or business, as <u>Tork Knitting Mills,</u> mill, lumbering, bank, etc. <u>Woodstock, Ont.</u>			
13. Date deceased last worked _____ 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 <u>W.B. Moore</u> sign here <u>Payar. Chdr. R.C.N.R.</u> Address <u>Naval Service Headquarters, Ottawa, Ont.</u> Relationship to deceased <u>Director of Personnel Records.</u>			
21. Place of Burial, Cremation or Removal <u>No Burial</u> Date of burial or removal _____			
22. Burial Permit was issued by _____ Address _____			
23. UNDERTAKER _____ (Name and address)			

## MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 21 1944.  
 (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

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>	PHYSICIAN Underline the cause to which death should be charged statistically
	due to <u>He was serving in H.M.C.S. "ALBERTI" which was sunk in the English Channel.</u>	
	(b) _____	
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(c) _____	
	II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	_____

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

33



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

26  
DEC 18 1944  
C.R. BY [Signature]

(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
JONES, Donald Owen	Able Seaman	V. 17793 R.C.N.V.R.

DATE OF ENLISTMENT - 8th September, 1941. Active Service: 27th December, 1941.DATE OF DISCHARGE - 21 August, 1944.

HOSPITAL -

(If discharged in hospital under jurisdiction of D.P. &amp; .N.H.)

SERVICE -

Canada and High Seas.

(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

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

(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 &amp; RELATIONSHIP -

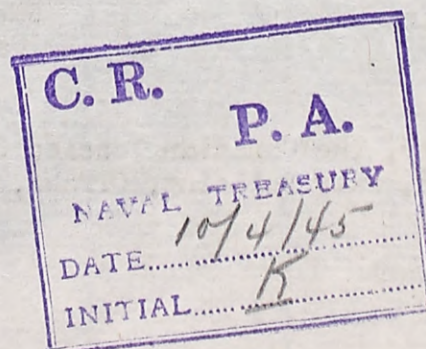
RELATIONSHIP - Mother NAME - Mrs. Orpha Jones,ADDRESS - 602 1/2 Dundas Street, Woodstock, Ontario.

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.

P.A.'S CHECKED IN

C.R. BY [Signature]

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY  
FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MAR-  
RIAGE ALLOWANCE, DEPENDENT'S ALLOWANCE, etc.



REMARKS:.....

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


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

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	nil	\$19.00	\$19.00
To Whom Paid:	Mrs. Orpha Jones		Address 602½ Dundas Street, Woodstock, Ont..
Date of Enlistment:	See other side.		
Date of Discharge:	See other side.		
Inclusive date to which D.A. and/or A.P. was Paid:	Aug. 31/44		
The final deduction of Assigned Pay for	nil		has been made for the period
from 1st to	nil	of	194

Remarks:

Computed by..HK...9/4/45.....

Checked by.....

for   
 Chief Treasury Officer,  
 DEPARTMENT OF NATIONAL DEFENCE,  
 (Naval Service).

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

Four copies to be rendered to Naval Service Headquarters

### REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name JONES Donald Owen  
(Christian names in full)

Rank of Rating Able Seaman Official No. V-17793 R.C.N.V.R.  
(If unknown, date of first entry)

Place of Birth Woodstock, Ontario Date of Birth 29th October, 1923.

Occupation in Civil Life Labourer 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) 2 years and 11 months

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

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

Nearest known relative or friend { Name Mrs. Ophelia Jones Relationship Mother  
Address 602 1/2 Dundas St., WOODSTOCK, Ont.

Date on which the above was informed by Ship H.M.C.S. Naval Service Headquarters 23rd Aug. 1944.

Date on which death was registered with local Officials

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

Place of Burial No burial Date of Burial  
(if known) (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

If borne for discipline only, date D.S.Q. or invalidated

ENTERED IN  
H.M.C.S.'s LOG BOOK  
MAR 10 1945  
CLERK  
mms

Commanding Officer,  
OTTAWA, Ont. 28 February 1945

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

for H.B. Money  
SECRETARY, NAVAL BOARD.

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.

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

4  
NAVY

DECEASED  
MEMBER'S  
NAME

Donald Owen

JONES

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO.

89202

FILE NO.

V-17793

DATE

21 Oct '46

SERVICE NO.

V-17793

FINAL RANK OR RATING

A. B.

DATE OF DISCHARGE

21 Aug '44

PAYEE  
ADDRESS

Mrs. Orpha Jones,  
82 Metcalfe St.,  
Woodstock, Ont

DATE OF TERMINATION OF OVERSEAS SERVICE

21-8-44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 969 EQUAL TO 32 COMPLETE PERIODS AT \$7.50

\$ 240.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 808 LESS 9 INELIGIBLE DAYS, EQUAL TO 799 DAYS @ 25C. PER DAY

199.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	1.85	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45	
ADDITIONAL PAY	\$	.15	S.D.
	\$	.25	HLM
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	Nil	
TOTAL	\$	3.70	x7 = \$ 25.90
NO. OF DAYS		808	x\$ 25.90
		183	

114.35

D. WAR SERVICE GRATUITY

554.10

E. DEDUCTIONS

OVERPAYMENT OF

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

Nil

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

554.10

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

= \$ 554.10

*Cheque 53946 - Nov. 5/46 - paid in full \$554.10*

**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  
PS

CHECKED BY  
H

TREASURY  
CHECKED BY  
P. R. Bryant  
DATE  
28/10/46

SERVICE REPRESENTATIVE

Dir. of Naval Pay Accounting.

Mrs. Orpha Jones,  
 82 Metcalfe Street,  
 Woodstock, Ontario.

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

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

and the following number quoted:—

H.Q.N.S.V-17793.FD.781

DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

10th January, 1946.

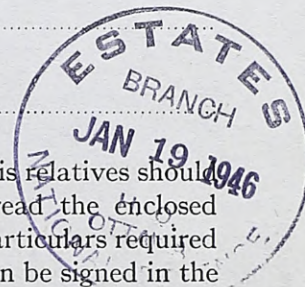
For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

JONES, Donald Owen, A.B.

No. V-17793, 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:MS

*H. W. Macleod*  
 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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....				
4	Mother of the Deceased.....	Mrs. Orlpha Jones	53	82 Metcalf St.	
5	Brothers of the Deceased	Full Blood	Kenneth Jones Douglas Jones	31 26	82 Metcalf St. 82 Metcalf St. Woodstock Ont.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. John Brooks Mrs. Stanley Heard	29 23	14 Wellington St. Woodstock Ont. 82 Metcalf St.
		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.	<i>Donald Owen Jones</i>
9	Date of his birth.	<i>October 29. 1923</i>
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	<i>London Ont. April 17. 1914</i>

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Woodstock Ont.</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) <i>Woodstock Ont.</i> (b) <i>Woodstock Ont.</i> (c) <i>.</i> (d) <i>.</i>
14	Nature of employment before enlistment.	<i>Hosiery Ltd. Woodstock Ont.</i>
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.	

## PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	<i>none</i>
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	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	<i>none</i>
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	<i>none</i>
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	<i>none</i>
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	<i>London Life Ins. # 25-0.00</i>
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.	<i>none</i>
----	--	-------------

(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

\* 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.

Mrs. Orpha Jones

{Signature of Informant

82 Melcoffe St. Woodstock

{Address

Ont.

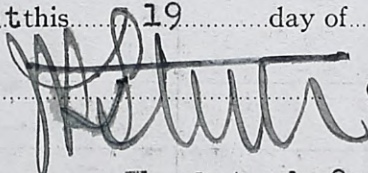
CERTIFICATE

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

\*See above. Mrs. Orpha Jones { 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 Woodstock Ont this 19 day of January 19 46

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



Qualification.....

Postmaster & Commissioner.

Address..... Woodstock Ontario.

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

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

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



# OCCUPATIONAL HISTORY FORM

113-J-523

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..... DONALD OWEN JONES ..... (b) Reg'l. No. V-17793
2. (a) Arm of service..... ARMY ..... (b) Unit..... RENV ..... (c) Rank.....
3. (a) Date of birth..... OCT 30 1923 ..... (b) Have you any dependents? YES ..... (c) Place of residence at time of enlistment..... WOODSTOCK ONT
4. (a) Place of enlistment..... LONDON ONT ..... (b) Date of enlistment..... DEC 27 1942

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

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

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... YES
- (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..... TRUCK ENGINEERING CO ..... Address..... WOODSTOCK ONT
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... CHASSIS BUILDING TRUCKS
20. (a) Your specific occupation..... CARPENTRY ..... (b) Number of years' experience at this occupation with any employer..... ONE WEEK
21. (a) Did your employer promise definitely to give you employment on discharge? NO ..... (b) Did your employer refuse to promise you employment on discharge? NO ..... (c) Do you wish to return to your former employment? NO

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

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

## Section G—MISCELLANEOUS

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



DATE..... 194..... SIGNATURE..... Donald Owen Jones

1-30-42



Copy To  
VWD

ES

JAN 30 1942

IN.

25.  
R.S. V-17793 Pers.(N)

DEC 26 1944

Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
JONES, Donald Owen, Able Seaman, V-17793, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Mother: Mrs. Orpha Jones, 602 1/2 Dundas Street, WOODSTOCK, Ont.

<u>In favour of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Orpha Jones 602 1/2 Dundas Street Woodstock, Ontario	stopped August 31, 1944	\$19.00	JMJ 11-12-44

WILL: Attached.

Yours truly,

*G. J. Heard*  
*H.S. Money*

for  
SECRETARY, NAVAL BOARD. (2)

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

*Noted D.N.P.A  
2-1-45  
J.P.*

P003263

JAN 10 1942

N.S. 113-8-523  
CANADA

IN THE NAME OF GOD, AMEN

I, Donald Owen JONES Ordinary Seaman----- of His  
Majesty's Ship London Division R.C.N.V.R. U17793  
(now a Patient\* in )

\*If in Hospital or  
in Hospital Ship.

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

See instructions on  
the back hereof.

being sound of mind, do hereby make this my last Will and Testament: I  
give and bequeath unto my mother-Mrs. Orpha JONES, 602½ Dundas St.  
Woodstock Ontario-----

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

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

And I do hereby appoint my mother Mrs. Orpha JONES, 602½ Dundas  
Street Woodstock Ontario-----

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

In Witness whereof I have at London Ontario hereunto set my hand,  
this Eighteenth day of September, in the Year of Our Lord  
One Thousand Nine Hundred and Forty-One.

Donald Jones

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

Witnesses

John G. Maccoy  
Sub. Lieut.  
W. J. [unclear]

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

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

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

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

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

Noted in Service  
Records by... H.E.

## Instructions for filling up the Form

---

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

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

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

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## CERTIFICATE

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

John J. Hancock } Signature of the person  
by whom the Will was prepared.

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

NAME IN FULL JONES, Ronald Owen RANK/RATING A/B OFF. NO. V/17793 ADDRESS .....

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
<u>London class</u>	<u>27/12/41</u>											1939-45	1	<u>star</u>
<u>Albani</u>	<u>6/6/42</u>	<u>21/8/44</u>	<u>808</u>	<u>Cal + Afr. + Fr. Ser.</u>								ATLANTIC	1	<u>@ clasp.</u>
<u>Discharged "Head"</u>												FRANCE G.	2	
<u>to date 21/8/44</u>												AFRICA	2	<u>@ clasp.</u>
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	<u>@ clasp.</u>
												" CLASP		
												WAR 1945	1	<u>Medal</u>
												WAR 1915		

VERIFIED BY J. H. ...

VERIFIED BY George ...

VERIFIED BY .....

DIR. OF PERSONNEL RECORDS.

V17793 OFFICIAL NUMBER NAME JONES Donald Owen (Surname) (Given Names) OFFICIAL NUMBER **P.L.B.** V17793

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. Smm.	8	9	41		V.G.	Sat.	31	12	41	A/S.D.	5	6	42			
Duty Div. Hdqts.	" "	27	12	41		V.G.	Sat.	31	12	42							
Stadacona	" "	18	2	42	113/226	V.G.	Sat.	31	12	43							
Cornwallis	" "	1	5	42		V.G.	Sat.	21	8	44							
Stadacona	" "	6	6	42	17190												
Alberni	" "	6	6	42	DRD												
"	A.B.	27	12	42	Rated. 219A (1/95%)												
DISCHARGED	"	21	8	44	"Missing" per Casualty List.												
					"Presumed Dead" Per Casualty List. P.#114.												

GENERAL REMARKS

X-Ray Approved.  
 Awarded Canadian Memorial Cross to  
 Mother: Mrs. Orpha Jones,  
 602 1/2 Dundas St.,  
 Woodstock, Ont. 17-1-45

DATE OF BIRTH			PLACE 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	
30	03	11	900		0	305	1	36	06	0	78				
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP. OR	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	BR.	RANK		
08	09	41	2	12	41					152					
SENIORITY			STR.	NON-SUB		M	CODED			CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.									
06	06	43	13	33	00										

V17793

OFFICIAL NUMBER

FILE NUMBER

113-J-523

OFFICIAL NUMBER

V17793

NAME JONES (Surname) Donald Owen (Given Names) DATE OF BIRTH 29th October, 1923PLACE OF BIRTH Woodstock, Ont. OCCUPATION LabourerRELIGION C. of E. EDUCATION 3 years Woodstock Collegiate Institute & 1 year High School.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 602<sup>1</sup>/<sub>2</sub> Dundas St. Town Woodstock Province, etc. Ont.

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
8	9	41	H.O.	5'6	D. Brown	Brown	Med.	Scar on forehead over rt. eye & on the left ankle.				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs. Sophia JonesADDRESS (in pencil): Street and No. 602<sup>1</sup>/<sub>2</sub> Dundas St. Town Woodstock Province, etc. Ont.

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	
				27	2	42	P.P.T. "Fair"				
				17	3	42	E.T. I.R.C.N.				
				18	4	42	Marked "TR"				

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		
				2							

Date (in figures)				DAYS FORFEITED						Last Will & Testament Dated 18-9-41 Received. O.H.F. Received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.		

SECOND CLASS FOR CONDUCT	
From	To

H.Q. 35-30M-5-41 (337)  
N.S. 815-7-35

5/6/45