



P/O Jose, Gordon Beverley RCAF
 L/Cpl Joselin, James Edward A&SH of C
 Pte Josland, Wilfred Arthur RCAMC
 P/O Joss, Norman RCAF
 Sgt Joudrey, Ronald Nelson SherFus R
 Sgt Joudrey, William Steadman WestNSR
 Pte Jourdain, Yvon Rde Chaud
 Pte Jowett, John Baird 1 Cdn Para Bn
 Sgt Joy, Clinton Fyfe 1 Cdn Spec Ser Bn
 Sigm J Joy, William RC Sigs
 P/O Joyce, Keith Mayhew RCAF
 WO II Jeyes, Robert Arthur L Edmn R
 P/O Joynson, Francis Edward RCAF
 Pte Jubinville, Irène Henri Claude Rde Mais
 Pte Judges, Arthur George Linc & Well R
 P/O Judges, Joseph RCAF
 Pte Judson, Charles Earl Linc & Well R
 Pte Judson, John Edward Essex Scot
 Gnr Juliette, Mervyn Clarence RCA
 Pte Jukes, Kenneth Alfred N Shore R
 Pte Julian, Anthony NthNS Highrs
 S-Lt/A Julien, Joseph Albini Gustave RCAF
 Pte Julien, Joseph Daniel Antonio R22e R
 Pte Junop, Gordon David RCIC
 F/L Jupp, James John RCAF
 L/Cpl Jurykovsky, Joseph RCD
 Sto 2/c Justice, Robert McLaren RCNVR
 Sgt Jutzi, Curtis RCAF
 L/Cpl **K**achor, John SherFus R
 Pte **K**adeniuk, Walter MM Seaforth of C
 P/O Kaesmodel, Ernest Richard RCAF
 Pte Kaiser, Emil RCOC
 P/O Kaiser, Stanley Keith RCAF
 Pte Kalbfleisch, Harold Robert Essex Scot
 Pte Kalbos, George RCASC
 F/O Kalen, John RCAF
 F/O Kalheim, Ben Ingard RCAF

Rfn Kallichuk, Eddy Regina Rif
 Pte Kalynuk, Harry 1r RC
 P/O Kalyta, Peter RCAF
 Pte Kaminski, Nick NthNS Highrs
 Cpl Kane, Joseph Clifford RHLI
 Pte Kane, Robert WestNSR
 Tpr Kaniecki, Walter Mentzer BCD
 Pte Kant, Herbert Franklin Linc & Well R
 Pte Kaplan, George RMR
 Sgt Karaim, Tony John RCAF
 Lt Karls, Justin Thomas FLan R
Sto 1/c Karns, Robert John RCNVR
 L/bdr Karos, Stephen RCA
 Tpr Karpinka, Walter LD SH(RO)
 P/O Karrel, Curdis RCAF
 P/O Karstens, William Russell RCAF
 Pte Kasik, Jack RCR
 Cpl Kasper, Russell Reinhold CMSC
 Pte Kasprzyk, Joseph NthNS Highrs
 L/Cpl Kastner, Orville Edward Calg Highrs
 F/L Kasubeck, William James RCAF
 Tpr Kato, William George 1H
 Cpl Kauffman, Otto Richard RC Sigs
 Cpl Kaughman, Robert Kertly 14H
 Tpr Kaulback, Eric Reid GGHG
 L/Sgt Kavanaugh, Walter Charles RHC
 Spr Kavanaugh, Patrick Joseph RCE
 Rfn Kavanaugh, Robert Leo Regina Rif
 Cpl Kawiuk, George MM C Scot R
 P/O Kawucha, Joseph RCAF
 Cpl Kay, Jack McGowan 1H
 Wt Off (SB) Kay, John Bowick RCNVR
 P/O Kay, Lloyd Ronald RCAF
 Pte Kay, Louis Calg Highrs
 P/O Kay, Robert James RCAF
 L/Cpl Kay, Robert Wesley L Edmn R
 P/O Kay, Solomon RCAF
 Lt Kealy, John Oswald Sask LI
 Capt Keam, Stanley Wiles RCDC
 Pte Keane, Charles David SSask R
 Gnr Keane, Edward Francis RCA
 Pte Keany, Lawrence VGC
 F/L Kearl, Eldon Eastham, DFC RCAF
 Sgt Kearnes, Robert Lealand WestNSR

V52383
KARNS
ROBERT

JOHN

RCNVR April 46 "ALBERNI"
MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR
DATE DESP.....
REGN. NO. 2012

(1) MEDALS
PERSON
ENTITLED TO Mr. Hugh P. Karns - Father

ADDRESS: 56 Connaught Avenue, S.,
Hamilton, Ontario.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER
Mrs. M. Karns

ADDRESS: 56 Connaught Avenue
HAMILTON, Ontario

(2)

(3) 17 January 1945

DECEASED 21 August 1944

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

WAR SERVICE RECORDS

KARNS	Robert John	V-52383	Sto.1/c	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	6075
France Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V52383

OFFICIAL NUMBER

FILE NUMBER

113-K-1504

OFFICIAL NUMBER V52383

NAME KARNS (Surname) Robert John (Given Names) DATE OF BIRTH 15th January, 1924.PLACE OF BIRTH Hamilton, Ontario OCCUPATION Apprentice Tool & Die Maker:RELIGION Presbyterian EDUCATION Grade 8RESIDENCE AT TIME OF ENLISTMENT: Street and No. 119 Melrose Avenue North Town Hamilton 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
8	1	43	H.O.	5'6 ³ / ₄ "	Brown	Blue	Fair	Scar right pos. kidney region. Scar lateral right shin. Scar post. left thigh and left upper lip.	11th Bty. R.C.A.	Gnr.	1942	1943

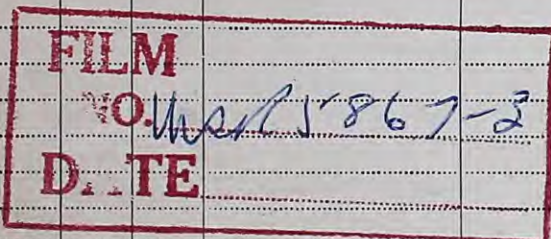
NEXT OF KIN RELATIONSHIP (in pencil) Father NAME (in pencil) Mr. Hugh Karms
ADDRESS (in pencil): Street and No. 56 Connaught Ave South Town Hamilton Province, etc. Ont.

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	
5	7	44	C.V.S.M. R & C	9	6	43	Qual. Anti-gas 1 day 249a 42135				
				28	4	44	Qual. Prel. F.F. 249A/40826.				

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		

Date (in figures)			DAYS FORFEITED						O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
									O.H.F. Received Last Will and Testament, dated 8-1-43

SECOND CLASS FOR CONDUCT	
From	To



V52383 OFFICIAL NUMBER

NAME KARNIS
(Surname)

Robert John
(Given Names)

OFFICIAL NUMBER V52383

PIB

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
HMCS "STAR"	Sto. I	8	1	43	Div. Strength Hamilton	V.G.	Sat.	31	12	43							
" "	" "	8	1	43	Active Service D.L. 9-1-43	V.G.	Sat.	31	12	44							
" Cornwallis	"	20	4	43	D.L. 20-4-43												
" Stadacona	"	26	6	43	D.R.D. H-1704												
York.	"	1	9	43	D.R.D. #H-2471.												
" Stadacona	"	18	11	43	DRD H-3237.												
HMS STAYNER (Niobe)	"	1	2	44	DRD S. 59. P.-3. (Service Passage).												
Alberni	"	5	7	44	Service Cert.												
DISCHARGED.	"	21	8	44	"Missing" Per Casualty List. Sub. 3-8-45												

(Presumed Dead) A 22987

GENERAL REMARKS

Canadian Memorial Cross Awarded to
Mother: Mrs. Marguerite Karnis,
56 Connaught Ave. S.
HAMILTON, Ont. 17-1-45

DATE OF BIRTH		PLACE OF BIRTH	CIVIL	OCCU.	RELI.	ED.	PERM RESIDENCE	PREV. ENL.	RANK OR RATE ON ENLISTMENT				
BY	MO	YR.	MAIN	SUB.	GION.	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RA
15	1	24	11	333	0	30	1	35	02	9	20	0	15 94
ENLIST. DATE		ACT. SERV. DATE		STR.	ACT. SERV. DATE		SHIP OR	RANK OR RATE					
BY	MO	YR.	BY	MO	YR.	CAT.	ESTAB.	A	BR	RANK			
08	01	43	08	01	43		9830	0	15	94			
SENIORITY		STR.	NON-SUB.	M.	CODED		CHECKED						
BY	MO	YR.	CAT.	A	B	ST.							
08	01	43	23	00	00								

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 KARNS,
(Family name) Robert John
(Given name or names in usual order)

RESIDENCE No. 119 Street Melrose Ave. City, Town, Village or Township HAMILTON, 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 <small>(Citizenship)</small> <u>Canadian</u>	6. Racial Origin <u>American</u>	7. Single, Married, Widowed or Divorced <small>(Write the word)</small> <u>Single</u>
-----------------------	---	-------------------------------------	--

8. BIRTHPLACE HAMILTON, Ontario
(Province or Country)

9. DATE OF BIRTH January 15 1924
(Month) (Day) (Year)

10. AGE in { Years 30 Months 7 Days If less than one day old
hrs. or.....min.

11. Trade, profession or kind of work as Apprentice Tool & Die spinner, teamster, office clerk, etc.

12. Kind of industry or business, as Maker
 mill, lumbering, bank, etc.

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 Paym. Cndr. R.C.N.R.
 Address Naval Service Headquarters, Ottawa, Ont.
 Relationship to deceased Director of Personnel Records.

21. Place of Burial, Cremation or Removal No burial
 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	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 to which death should be charged statistically
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. "ALBERTI" which was sunk in the English Channel.</u>	
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause. (c)	

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

666

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

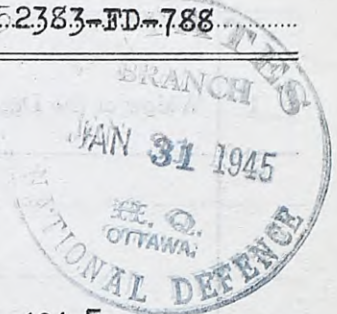
Mr. Hugh Karns
56 Connaught Ave., S.,
HAMILTON, Ont.

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

and the following number quoted:—

H.Q.NS. V-52383-FD-788

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

KARNS Robert John Sto-1/c

V-52383 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

A. W. ...
Commander
J. ...
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.....	NONE		
2	Children of the Deceased and dates of their Births.....	NONE		
3	Father of the Deceased.....	Hugh Karns	54	56 Connaught Ave. S. Hamilton, Ont.
4	Mother of the Deceased.....	Marguerite Isobel Karns	46	56 Connaught Ave, S. Hamilton, Ont.
5	Brothers of the Deceased	Full Blood	NONE	
		Half Blood	NONE	
6	Sisters of the Deceased	Full Blood	June Marie Karns.	24 56 Connaught Ave, S. Hamilton, Ont. (Now serving with the Canadian Red Cross in London, Eng.)
		Half Blood	NONE	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children
		NONE		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	ROBERT JOHN KARNS.
9	Date of his birth.	Jan, 15, 1924
10	Place and date of his marriage.	Not Married
11	Place and date of his parents' marriage.	Toronto, Ont. Aug, 19, 1919

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hamilton, Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) Wentworth (c) All his life until enlistment (d)
14	Nature of employment before enlistment.	Apprentice Toolmaker.
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.	With his parents.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No civilian Will. Understand one made at time of enlistment and forwarded to Ottawa.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	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?	\$75.96 in Mother's personal account in Bank of Montreal, Westinghouse Branch. Hamilton, Ont. No. ✓
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$115.00. In safety box of Father at Bank of Commerce, Sherman and Barton St. Hamilton, Ont.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer, and where located.	\$200.00. In safety box as above.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	\$125.09 Paid up policy. Aetna L.I. Co. Hartford, Conn. Group policy
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Only personal things left at home.

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.	Not to my knowledge.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....Father.....of the deceased.

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

Hugh Karns {Signature of Informant
56 Connaught Ave S Hamilton Ont Address

CERTIFICATE

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

*See above. *56 Connaught Ave S Hamilton* { Name of informant } is the* *Father*.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at.....*Hamilton*.....this *29* day of.....*January*.....19*45*.....

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

T. G. Marshall Qualification.....*Clergyman*.....

Address.....*40 Hilda Ave, Hamilton*.....

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

I understand that my son was paying on a \$50.00 Victory Bond and there should be 2 months yet to pay. Please deduct from moneys due for this balance and forward bond.

War Saving Certificates should be transferred to his sister, June Marie Karns. Certificates will be forwarded when requested.

It is the intention of Mrs. Karns and I to deposit any moneys due from this estate in a trust fund to help pre-establish his sister upon her return to Canada after the war.

OTHER PARTICULARS

IN THE NAME OF GOD, AMEN

I, Robert John Karns of His Majesty's Ship H.M.C.S. 'STAR' (now a Patient* in),

being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my Father

*If in Hospital or in Hospital Ship. Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees. See instructions on the back hereof.

Hugh Patrick Karns
119 Melrose Avenue North
HAMILTON, 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 residence of the Executor or Executors.

And I do hereby appoint my mother Marguaritte Karns 119 Melrose Avenue North HAMILTON, 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 HAMILTON, Ontario hereunto set my hand, this Eighth day of January, in the Year of Our Lord One Thousand Nine Hundred and Forty-three

Robert John Karns

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 { J.R. Lynette M. Rennie

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 Surved. Records by M.C.

Instructions for filling up the Form

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

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

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

CERTIFICATE

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

.....*J. H. [Signature]*..... (A 27 2 R)..... } Signature of the person
by whom the Will was prepared.

(Revised—July, 1938.)

TRUE COPY OF HISTORY SHEET FOR STOKER RATINGS

*York 31-8-43
J.T.C.*

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

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

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

Surname	NAME Christian	Official Number	Port Division
KARNS	Robert J.	V-52383	'STAR'

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING (To be filled in on completion of courses in Depot)

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course	28-4-43	11-5-43	70	Satisfactory for	W. Daly S/Lt (E) Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	12-5-43	25-6-43	Inferior	Very poor work shown in classes	W. Daly S/Lt (E) for Engineer Officer.

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

Issued with Stoker's Manual:—Date 12-5-43 Signature and Rank:—W. Daly S/Lt (E)

Entered H.M. Service as Stoker 2nd Class	Completed 2 years' training for Mechanician
Advanced to Stoker 1st Class <u>8 Jan. '43</u>	
Advanced to Leading Stoker	Rated Mechanician 2nd Class
Advanced to Stoker Petty Officer	" " 1st Class
Advanced to Chief Stoker	Advanced to Chief Mechanician

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

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials
<i>Motor Operators Course - Toronto (Sat.)</i>	<i>29-10-43</i>	<i>H.E.T</i>	<i>J.T.C</i>

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

S. 1246A
20M-7-42 (5184)
N.S. 815-9-1246A

STOKER RATING Performance and Ability Record

NAME _____

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

Official Number _____

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

In Charge of →						19	20	21	22	23	24	25
13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineroom Watch Keeping at Sea	16 General Charge of Firing in a Boiler Room	17 Double Bottom Party	18 Regulating Duties	19 Engineer's Writer	20 Charge of Engineer's Stores and Tools	21 Power of Command	22 Present Rating	23 REMARKS (including experience in Engineer's Office or in any special duties)	24 SHIP	25 Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
									Sto.1		CORNWALLIS	
									Sto.1		STADACONA	H. SEYBOLD
									Sto.1		YORK	
									Sto.1		YORK	H.E.T.

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

Robert John Karns

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number..... <i>U52383</i>
	<i>HMCS Star</i>	"
		"

Date of Birth..... <i>15th January 1924</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Hugh Karns Father 119 Melrose Ave N Hamilton Ontario</i>
Place of Birth..... <i>Hamilton, Ontario</i>	
Place of Residence..... <i>119 Melrose Ave N Hamilton Ont</i>	
Trade brought up to..... <i>Apprentice tool + Die maker</i>	
Religion..... <i>Presbyterian</i>	

Can Swim:—P.P.T. Date..... 19..... Signature..... Rank.....

P.S.T. Date..... 19..... Signature..... Rank.....

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>8 Jan 1943</i>	<i>Duration of Hostilities</i>	<i>Stoker I</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>6 3/4</i>	<i>36 1/2</i>	<i>146</i>	<i>Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>Scar right post kidney region; scar lateral right chin</i>
On re-enrolment—6 years' Service.....								<i>Scar post. left thigh & left upper lip.</i>
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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

Employment Insurance Yes

ED 111
PD 119



CANADA

ATTESTATION FORM (HOSTILITIES FORM)

N. V. 5
50M-8-42 (5715)
N.S. 815-11-5

006359

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME KARNS OFFICIAL No. V52383
CHRISTIAN NAMES Robert John MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 119 Melrose Avenue North, HAMILTON, Ontario RELIGION Presbyterian

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<u>15th January 1924</u>	Town <u>HAMILTON</u> County <u>Wentworth</u> Province <u>Ontario</u>	(Father) <u>Hugh Karns</u> <u>Same Address</u>

*Original Nationality of:
Father United States
Mother United States

*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>38</u>	<u>Brown</u>	<u>Blue</u>	<u>Fair</u>	<u>scar right pos. kidney region</u> <u>scar lateral right shin</u> <u>scar post. left thigh and left upper lip</u>
Inches..... <u>62</u>	Deflated..... <u>35</u>				
..... <u>146</u>	Mean..... <u>36 1/2</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Grade 8</u>	<u>Apprentice Tool & Die Maker</u> <u>International Harvester Co. Ltd.</u> <u>HAMILTON, Ontario.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<u>8th January 1943</u>	<u>Stoker I</u>	<u>H.M.C.S. 'STAR'</u>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM
<u>11th Battery R.C.A.</u>	<u>Gunner</u>	<u>March 1942</u>

Personnel File
Division

1. Noted in Record.....
2. Index Card.....
3. Non Sub. Card.....
4. Statistical Card.....
5. January 1943.....
6. Pension Card.....
7.
8.

DATE 14-1-43

(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 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 when called and to serve ashore or afloat as may be directed, according to where my services are required.

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

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

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

Dated this 8th day of January, 1943

Signature of applicant Robert John Karns

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 8th

day of January, 1943

My authority for attestation is attached.

~~X~~ J. R. Smyth
Signature of and rank of Attesting Officer.
Lieutenant R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Robert John Karns 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 Robert John Karns

Witness J. R. Smyth

Date 8th January 1943 Rank Lieutenant R.C.N.V.R.

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

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

Certificates of previous service will be returned after examination.

PERS (NAVAL)		REFER.	INIT	DATE
		CNP		
		DCNP		
		DMNA		
		DTNA		
		PDG		
		MDCG		
		DWS		
		DNE		
		CEW		
		NPR.		
		SNPA		
		PIB		
		DEP.		
		P.A.		
		B.F.		

874

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

NAMING *Stoke* OFF. NO. *V-52383* ADDRESS

QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
						1939-45	1	<i>Star</i>
						ATLANTIC		
						FRANCE G.	1	<i>Star</i>
						AFRICA		
						PACIFIC		
						BURMA		
						ITALY		
						DEFENCE		
						C.V.S.M.	2	<i>6 Clasp</i>
						" CLASP		
						WAR 1945	1	<i>Medal</i>
						WAR 1915		

Germany

44

VERIFIED BY *[Signature]*

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, HAMILTON.....

.....Ottawa, MARCH 7th, 1945.....

From.....Head Office.....

V-52383 STO.1 KARNS, Robert J.

P. & N. H.

976-R

The Department of National Defence, NAVAL SERVICE,
officially reports that the marginally named was reported -
Missing, presumed dead

on the 21st August, 1944 ~~on~~ service CANADA & HIGH SEAS.

His next of kin is reported as - Father -
Mr. Hugh Karns,
56 Connaught Ave. South,
Hamilton, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 30.00 a month to - Mrs. Marguerite Karns,
56 Connaught Ave. S.,
Hamilton, Ont.
(Presumably mother)

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

-AS

E. Clewes,
for
Canadian Pension Commission.

c-1

113-K-1504
2 000311

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full **Robert John Karns** (b) Reg'l. No. **V 523 83**
2. (a) Arm of service **Navy** (b) Unit **R.C.N.V.R.** (c) Rank **Stoker I**
3. (a) Date of birth **15 Jan. '24** (b) Have you any dependents? **No** (c) Place of residence at time of enlistment **Hamilton, Ontario**
4. (a) Place of enlistment **Hamilton, Ontario** (b) Date of enlistment **8th Jan. '43**

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.) **Grade 8**
7. If you attended a university, give name of university and standing or degree secured **X**
8. (a) Did you ever enter upon a trade apprenticeship? **Yes** (b) If so, for what occupation? **Tool & Die** (c) Did you finish it? **No** (d) If you did not finish it, how long did you serve at it? **1 1/2 years**
9. (a) What languages do you speak fluently? **English** (b) What languages do you read well? **English**

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) **Working** (b) At time of enlistment of what trade union or professional society were you a member? **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 **International Harvester Co. Ltd.** Address **Hamilton, Ontario**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **Farm implements**
20. (a) Your specific occupation **Apprentice Tool & Die Maker** (b) Number of years' experience at this occupation with any employer **1 1/2 years**
21. (a) Did your employer promise definitely to give you employment on discharge? **Yes** (b) Did your employer refuse to promise you employment on discharge? **No** (c) Do you wish to return to your former employment? **Yes**

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

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.) **X**
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form **X**



DATE **8th January** 194**3** SIGNATURE *Robert John Karns*

JAN 15 1943
COPY TO
VVD
ES

10

23 August, 1944.

Dear Mr. Karns:

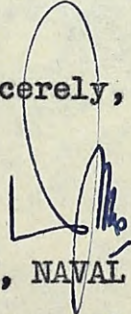
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Robert John Karns, Stoker First Class, V-52383, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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

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

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

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mr. Hugh Karns,
56 Connaught Ave. South,
Hamilton, Ont.





B 9

000M-11-4
N. S. 815-9-1
K. P. 95440

NAVAL MESSAGE

To: MR. HUGH KARNS
56 CONNAUGHY AVE. SOUTH
HAMILTON, ONT

From: NSEQ

J. 52383

11

CNP

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES
DEEPLY REGRETS TO INFORM YOU THAT YOUR SON ROBERT
JOHN KARNS STOKER FIRST CLASS V-52383
IS MISSING AT SEA. LETTER FOLLOWS.

/24

DELIVERY CONFIRMED

W/T P/L

24/8/44

AMB

05441

File Number. V52383

SERVICE

O.N. V 52383

12

NAME: KARNIS Robert John

PRESENT RANK/RATING: Sto. 1/c

DATE TAKEN ON ACTIVE SERVICE: 8/1/43.

SERVICE

<u>SHIP OR ESTABLISHMENT</u>		<u>From</u>	<u>To</u>
H.M.C.S.	STAR	DIV. STR.	'8/1/43.
"	"	Act.Serv.	8/1/43
"	Cornwallis		20/4/43.
"	Stadacona		26/6/43.
"	York		1/9/43.
"	Stadacona		18/11/43.
HMS	Stayner (Niobe)z		1/2/44.

WILL:

NAME & ADDRESS OF
NEXT OF KIN:

Father.

Mr. Hugh Karns.
56 Connaught Ave. South
Hamilton, Ont.

DISCHARGED PREVIOUSLY? No. REASON: DATE:

Initialed by: M.C.P.

Date: 26/8/44

Section: 3

(TO BE COMPLETED IN INK.)

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

13

....26th August, 1944.....
(Date)

Sir:

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
KARNS, Robert John **Stoker First Class** **V-52383 R.C.N.V.R.**

DATE OF ENLISTMENT - **8th January, 1943**

DATE OF DISCHARGE - **Will be reported later.**

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

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

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

Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - **Father** NAME - **Mr. Hugh Karns**

ADDRESS - **56 Connaught Avenue South, HAMILTON, 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.

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

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

H.B. Money
for
SECRETARY, NAVAL BOARD

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

*Noted D.N.P.A
29-12-44
J.P.*

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

(See reverse side for further instructions)

REMARKS:.....

NOTES:

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

16

OTTAWA, Ont., 28th August, 4

N.S. V-52383 PERS. (N)

Dear Sir:

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

Name **KARNS** **Robert John**
 (Surname) (Christian Names)

Rank/Rating **Stoker First Class**

Official No. **V-52383 R.C.N.V.R.**

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

Date of Casualty **Will be reported later.**

Address at time of Enlistment **119 Melrose Avenue North,**
Hamilton, Ontario.

Marital Status at time of Enlistment **Single**

Occupation **Apprentice Tool & Die Maker**

Name & Address of Next of Kin **Father: Mr. Hugh Karns**
56 Connaught Avenue South, Hamilton, O

Yours truly,

H.B. Money

for SECRETARY, NAVAL BOARD. ©

*B.D.
30/11*

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

C. R.	P. A.
NAVAL TREASURY	
DATE <u>1/3/45</u>	Sir: <u>SR</u>
INITIAL <u>SR</u>	

DEPARTMENT OF NATIONAL DEFENCE

Naval Service -
Ottawa, Canada.

DEC 26 1944

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
<u>KARNS, Robert John</u>	<u>Stoker First Class</u>	<u>V-52383, R.C.N.V.R.</u>

DATE OF ENLISTMENT - 8th January, 1943DATE OF DISCHARGE - 21st August, 1944

HOSPITAL -

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

SERVICE - CANADA & HIGH SEAS

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

Reason for discharge and - MISSING, presumed dead. He was serving in H.M.C.S.
when and where any disability
was incurred, or where death "ALBERNI" 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 & RELATIONSHIP -

RELATIONSHIP - FATHER: NAME - Mr. Hugh Karns,ADDRESS - 56 Connaught Avenue South, HAMILTON, Ont.

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

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

P.A.'S CHECKED IN

C.R. BY SR

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	\$30.00	\$30.00
To Whom Paid:	Mrs. Marguerite Karus		Address
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		
from 1st to	nil	of	nil 194

Remarks:

Computed by... HK.....

Checked by... *JMD*.....

Alec L. Boswell

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

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



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE
NO. N.S. V-52383 Pers. (N)

OTTAWA, Ont., DEC 16 1944

39371



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>
KARNS, Robert John Stoker First Class V-52383, RCNVR	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	FATHER: Mr. Hugh Karns, 56 Connaught Ave. S., HAMILTON, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Marguerite Karns 56 Connaught Avenue, Hamilton, Ontario	stopped August 31, 1944	\$30.00	
Sixth Victory Loan Ottawa, Ontario	stopped August 31, 1944	\$8.40	(JMJ 11-12-44)

WILL: Attached.

Yours truly,

G. J. Heard

for
SECRETARY, NAVAL BOARD.

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



Personnel Section
Central Registry
Washington, D.C.

TO: SAC, [illegible]
FROM: [illegible]

RE: [illegible]

(100-11-1-1)

On 12/21/44, [illegible]

In [illegible]

1-0000, [illegible]
Special Agent in Charge
[illegible]

1-0000, [illegible]
Special Agent in Charge
[illegible]

1-0000, [illegible]
Special Agent in Charge
[illegible]

1-0000, [illegible]

1-0000, [illegible]

1-0000, [illegible]

In the [illegible] of [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

STATEMENT OF ACCOUNT

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

List 12-2 No. 74 (Name) KARNS, Robert Rank Rating Sto. 1 No. V-52383

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

	\$	c.
CREDIT from former account		
Former Book		64.79
Pay as (Rank Rating) from _____ to _____ (_____ days at \$ _____ a day)		
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
" " " " (" ")		
Kit Upkeep Allowance		
OTHER CREDITS:		
Total credits		64.79

DEBT from former account							
PAYMENTS:-	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month						Total	
2nd month	Niobe Mch. Cash Acct. Receipt Vr. NR-1571					Total	64.79
3rd month						Total	
Allotment							
Pension deduction (Officers) charged to _____ of _____							
Hospital stoppages							
Mulcts							
OTHER CHARGES:							
							64.79
						Total debits, Balance Cr. or Dr. (Balance Dr. to be shown in red)	Nil

Number of days actually victualled during period mentioned above Nil

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

Date 19 May 1945

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

Ledgers R.
F.

Four copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

~~XXXXXX~~ NAVAL SERVICE HEADQUARTERS at OTTAWA, Ont.

Name KARNS Robert John
(Christian names in full)

Rank of Rating Stoker First Class Official No. V-52383 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth Hamilton, Ontario. Date of Birth 15th January, 1924.

Occupation in Civil Life Apprentice Tool & Die Maker Religion Presbyterian

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 1 year and 7 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. "ALBURNI" was lost in the English Channel due to enemy action.

Nearest known relative or friend { Name Mr. Hugh Karns Relationship Father
Address 56 Connaught Ave. S., HAMILTON, Ont.

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

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

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

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.....

~~XXXXXX~~ Naval Board,
The NAVAL SECRETARY,
Department of National Defence,
Ottawa, Canada.
Commanding Officer,
OTTAWA, Ont. 28 February 5.
J.P. Money
for.....
SECRETARY, NAVAL BOARD. C

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.

*Noted D.N.P.A.
m.m.d.
27-3-45*

- Navy
- Army
- Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

519-

Application for War Service Gratuity
(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service Karns (Deceased) (Print)
2. Christian Names Robert John (Print)
3. Service No. V52383 4. Paid rank or rating at date of termination of Service Sto. 1/c

5. Address, in full, to which payments of gratuity are to be forwarded

H. Karns (Father)
56 Connaught Ave S,
Hamilton, Ont.

NAVAL PERSONNEL RECORDS
6547
FEB 22 1945
WAR SERVICE GRATUITY

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>Navy</u>	<u>V52383</u>	<u>Sto. 1/c</u>	<u>Jan 8, 1943</u>	<u>Aug 21, 1944</u>

(Lost at sea - H.M.C.S. Alberni)

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? ? If so, state name of Force or Forces

(This question cannot be answered by me.)

8. Have you during the present War, while not a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? No If so, state the Force or Forces, with dates of commencement and termination of service.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

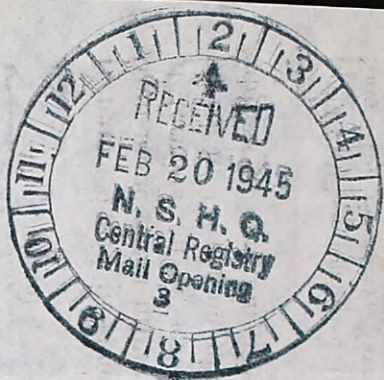
July 17, 1945
(Date)

H. Karns
(Signature of Applicant)

56 Connaught Ave S
Hamilton, Ont

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.) Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General. Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.



ON 20 FEB 1945
XXMS (100000)

FEB 25 1945

Application for War Service Certificate

Department of War Service Certificates

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

PAID
 RECEIVED
 MEMBER'S
 NAME

Robert John
 (CHRISTIAN NAMES)

KARNS
 (SURNAME)

REGISTER NO. **6547**

PAYEE
 ADDRESS

**Director of Estates,) For Service Estate
 308 Sparkes Street,) of Robert John Karns
 Ottawa, Ont.) NSV-52383**

FILE NO. **NSV-52383**

DATE **28-11-45**

SERVICE NO. **V-52383**

FINAL RANK OR RATING **Sto. 1/c**

DATE OF TERMINATION OF OVERSEAS SERVICE **21 Aug. 1944**

DATE OF DISCHARGE **21 Aug. 1944**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **592** EQUAL TO **19** COMPLETE PERIODS AT \$7.50

142.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **203** LESS **22** INELIGIBLE DAYS, EQUAL TO **181** DAYS @ 25C. PER DAY

45.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **2.00**
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ **1.25**
 ADDITIONAL PAY **H.L.M.** \$ **.25**

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **3.50** X7 = \$ **24.50**

NO. OF DAYS **203** X \$ **24.50**

27.18

D. WAR SERVICE GRATUITY

214.93

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE \$
 AND ASSIGNED PAY \$
 OTHER DEDUCTIONS \$ **Nil**

F. TOTAL AMOUNT PAYABLE

214.93

G. YOUR PORTION OF GRATUITY IS—

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

= \$ **214.93**

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

Voucher 3811- Dec. 6/45

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 **EP** CHECKED BY

TREASURY
 CHECKED BY *[Signature]* DATE

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Typed

Overseas Member's Name *Robert John KARNNS*
 (Christian Names) (Surname)

Employee *Director of Estates for service* Register No. *6547*
 Address *308 Sparks St. Ottawa, Ont.* File No. *V-52383*
 Date *22-11-45* Service No. *V-52383*
 Final Rank or Rating *Sto 1c*
 Date of termination of overseas service *21 Aug 44* Date of Discharge *21 Aug 44*

A. TOTAL QUALIFYING SERVICE
 No. of days *542* equal to *19* complete periods at *37.50* *142.50*

B. QUALIFYING OVERSEAS SERVICE
 No. of days *203* less *22* ineligible days equal to *181* days @ *25¢* per day *45.25*

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<i>2.00</i>	
Subsistence or Lodging and Provision Allowance	\$	<i>1.25</i>	
Additional Pay <i>HLM</i>	\$	<i>.25</i>	
Dependents' Allowance 1/30 of \$			
Total		<i>3.50</i>	<i>x 7 = \$ 24.50</i>
No. of days		<i>203</i>	<i>x \$ 24.50</i>
		<i>183</i>	<i>27.18</i>

D. WAR SERVICE GRATUITY *214.93*

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

F. TOTAL AMOUNT PAYABLE *214.93*

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ *214.93*
 Total Dependents' Allowance in issue \$

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

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

- | | |
|-------------|--------------|
| 1 <i>EB</i> | 6 <i>JA</i> |
| 2 <i>EB</i> | 7 <i>JA</i> |
| 3 <i>EB</i> | 8 <i>JA</i> |
| 4 <i>JA</i> | 9 <i>JA</i> |
| 5 <i>JA</i> | 10 <i>JA</i> |

The particulars stated on this form are important. It is to be retained with the Service documents of the rating concerned. A notation of the award of this certificate is to be made on the man's Service Certificate and History Sheet.

ROYAL CANADIAN NAVY

TECHNICAL TRAINING COURSES

This is to certify that KARNS, Robert J.

O. N. V-52383 Rating Stoker 1/c Seniority 6/1/43

Date of Birth 15/1/24 Completed a course of training
in as Motor Operator

of 8 weeks duration at Danforth Tech. - Toronto

commencing Sept. 7th, 1943

He secured marks as follows:

Subjects:	Grading:*
<u>Gen. Knowledge</u>	<u>B -</u>
<u>Shop</u>	<u>B -</u>
<u>Diesel</u>	<u>B+</u>
<u>Application</u>	<u>B -</u>
_____	_____
_____	_____
_____	_____

Order of merit 13 - 55⁹ Number in class 20

Dated October 29/43 Qualified for: _____

Remarks:

Signature *W. W. Porteous*

W. W. Porteous
(W.W. Porteous)
A/CAPTAIN (E), R.C.N.,
DIRECTOR OF ENGINEERING PERSONNEL.

* A. (80 - 100)
B. (40 - 79)
C. (0 - 39)



CANADA

Can. B. 207

150M-9-42 (8269)
N.S. 815-2-207

006363

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Robert John KARNs
candidate for entry as Stoker ~~2nd~~ class
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	Yrs.	Mos.	(j) Date of last Vaccination		
18	18	11		never	
(b) Height with bare feet	Feet	In.	(k) General Development		
	5	6 ³ / ₄		Good	
(c) Weight without clothes	146		(l) Nose, Throat and Tonsils		
(d) Ears and Hearing	Rt.	Lt.	(m) Heart and Lungs		
	NORMAL			NORMAL	
(e) Chest Girth	Max.	Min.	Mean	(n) Abdomen Hernia, etc.	
	38	35	36 ¹ / ₂		
(f) Teeth	Deficient	Defective	Dentures	(o) Limbs and Joints	
	2	6			
(g) Vision by Snellens Types	without glasses	Rt. ⁶ / ₆	Lt. ⁶ / ₆	Both	(p) Skin
					Scar rt. post. kidney region Scar lateral rt. shin Scar post left thigh & left upper lip
	with glasses where worn	Rt.	Lt.	Both	(q) Anus Haemorrhoids
(h) Colour Vision	Ishihara	NORMAL			(r) Testes Varicocele
	R.C.N. Lantern				
(i) Chest x-ray	not taken approved positive doubtful			(s) Urine	
	JAN 6 1943			Sug. alb	neg!

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.

Robert John Karns
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 H. M. S. Star the JAN 5 1943 of 19

J. Shucklennan
Examining Medical Officer
(Rank) SURGEON-LIEUTENANT, R.C.N.V.R.