

1944

N.W. ATLANTIC

MARGATE

EDMONTON

Tpr Lamb, Philip David 12H
 S/Sgt Lamb, Reuben William RCASC
 Pte Lamb, Ronald LaVerne 4 PLDG
 P/O Lamb, William Alexander RCAF
 Bdr Lambert, Arthur Ernest RCA
 F/L Lambert, Charles Alfred RCAF
 S-Lt/A Lambert, Edward Roger RCAF
 Pte Lambert, Evangeliste R22eR
 Pte Lambert, George Henry R22eR
 Pte Lambert, Paul Yvon R22eR
 Gnr Lambourn, William Thomas RCA
 Pte Lamey, Rannie Hugh RHLI
 Pte Lamirante, Joseph Ernest RHC
 Pte Lamka, Leonard William
 Gen List
 Pte Lamke, Norman Edward PPCLI
 Pte Lamkie, George Lyle SD&G Highrs
 Gnr Lamont, Clair Willis RCA
 Pte Lamont, Donald Hugh LEdmnR
 Tpr Lamont, Hector John 1H
 Pte Lamont, Joseph VGC
 P/O Lamont, Raymond Joseph RCAF
 Tir Lamontagne, Emélie Regina Rif
 Sgt Lamontagne, Joseph Albert Yvon RCAF
 Pte Lamontagne, Léo Paul Alq R
 Pte Lamontagne, Maurice Lucien R Regt C
 LAW Lamothe, Marie Elizabeth Rita RCAF
 Mat sec Lamoureux, André RCNVR
 Pte Lamoureux, Gérard Fus MR
 Pte Lamoureux, Roland Yvan Rde Mais
 F/O Lampin, Frank Edward RCAF
 Tpr Lampman, Charles Melvin GGHG
 Pte Lamure, Andrew Arthur Gordon R Regt C
 AB Lancaster, Earl Franklin RCNVR
 Sgt Lancaster, George RCE
 F/O Lancaster, George Kenneth RCAF
 F/O Lancaster, John Douglas RCAF
 Pte Land, Earl Leroy LSup R
 Pte Landers, Douglas George West NSR

Pte Landon, Gordon Malwin L Edmn R
 Pte Landoni, Louis Pnr Corps
 Pte Landridge, William John N Shore R
 Pte Landry, Alyre Joseph N Shore R
 Pte Landry, Denis Joseph RHC
 Pte Landry, Edoine Rde Chaud
 Pte Landry, Frederick Martin S Sask R
 Pte Landry, Joseph Pierre Rosaire Rde Mais
 Pte Landry, Lévie Joseph N Shore R
 Sgt Landry, Oliva Rde Mais
 Pte Landry, Ovide Rde Mais
 L/Cpl Landry, Roméo RCA
 Pte Landry, Stanley Joseph PPCLI
 F/O Landsky, John Frederick RCAF
 L/Cpl Lane, Clarence Melvin Ir RC
 Pte Lane, Harvey Ivan Essex Scot
 Pte Lane, John Alfred HLI of C
 Brig Lane, John Napier, DSO RCA
 Tpr Lane, Victor Henry GGHG
 Tpr Lanfranchi, Cecil 1H
 F/O Lanfranchi, James Leon RCAF
 F/O Lang, Francis Henry RCAF
 Pte Lang, Karl LEdmnR
 Tpr Lang, Keith Butchart Sher Fus R
 ERA 4/C Lang, Robert Alexander RCNVR
 Pte Lang, Robert Stanley LEdmnR
 Pte Lang, Ronald Bell 48 Highrs
 Pte Lang, Roy Sidney Craig RCR
 Pte Langevin, Joseph Alphonse VGC
 Ldg Smm Langfeld, Leslie Bruce RCNVR
 P/O Langford, Frederick George RCAF
 Gnr Langford, Gordon Walter RCA
 F/L Langford, Patrick Wilson RCAF
 Pte Langille, Arthur Melvin N Shore R
 Pte Langille, Clarence Robert RCR
 Gnr Langille, Frank Horton RCA
 F/O Langille, George Eugene RCAF
 Pte Langille, Lawrence Alvin Essex Scot
 Pte Langille, Reginald Gordon Gen List
 Tpr Langis, Charles 8 NBH
 Pte Langley, Frederick Richard RHC

V976

LANG

ROBERT

ALEXA

ATTESTATION

H. Q. Coy.
B445,562

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT THE SAULT STE. MARIE & SUDBURY REGT. (MG) REGTL. No. 576

- Surname? (Block letters) LANG
- Christian names? Robert Alexander
- Present address? 516 Bay St City
Phone No. 1583
- Date of Birth?* 12-2-19
- British subject? Yes
- Occupation? Apprentice Machinist
- Religion? United church
- Next of Kin Ann Lang
- Relationship? mother
Address 516 Bay St. City
- Previous Naval, Military or Air Force Service cadets and navy league
(Give particulars, qualifications, etc.)

CERTIFICATE OF MEDICAL EXAMINATION

Height 5'-9" Weight 140 lbs Chest max. 34 3/4" min. 32 1/2"
 Descriptive marks lineal scar left wrist
 I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him Category A
 Date July 17th 1940 Signature [Signature]

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Robert Alexander Lang do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement; that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin, to my Commanding Officer.

OATH TO BE TAKEN

I, Robert Alexander Lang do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Signature of Witness [Signature] Signature of Man [Signature]
 Dated this 17th day of July 1940 at Sao Lou

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

Signature of Magistrate, Justice of Peace, or Attesting Officer [Signature]

Statement of Services

Promotion, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of Entries
Accepted for Service with effect from	17/7/40	R.O. Part II. No 166-40. Officer Commanding Unit.....
SOS Transfer to R.C.N. H 17 C S. Carlston	2-3-42	R.O. Part II NO. 19-40	

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

39456

11321969 6
1942
N.S. CANADA

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 Alexander Lang. (b) Reg'l. No. 1976
- 2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank A/E.R.A. 4th
- 3. (a) Date of birth Feb. 12/19 (b) Have you any dependents? No (c) Place of residence at time of enlistment Sault Ste. Marie, Ont.
- 4. (a) Place of enlistment Ottawa Division R.C.N.V.R. (b) Date of enlistment 3rd March, 1942.

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 17 (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.) Senior Matric.
- 7. If you attended a university, give name of university and standing or degree secured.
- 8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Machinist (c) Did you finish it? Yes (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) Working (b) At time of enlistment of what trade union or professional society were you a member? C.O.L.

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 Northern Foundry and Machine Co. Address Sault Ste. Marie, Ont.
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Foundry & Machine Shop.
- 20. (a) Your specific occupation Machinist (b) Number of years' experience at this occupation with any employer 5
- 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?..... (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

DATE 3rd MARCH 1942

SIGNATURE Robert Lang



COPY TO
VWD
ES

MAR 12 1942

JAN 9 1942

If taken on do not call for Actins before 1/4/42

NAVAL SERVICE

Key *man* N. V. 3a
30M-7-41 (1262)
N.S. 815-11-3a

OFFER OF SERVICE (HOSTILITIES ONLY)

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

M 18234

Name *WANG* *ROBERT ALEXANDER* *1553*
Surname (in Block Letters) Christian Names Telephone No.

Address *516* *Bay* *S. S. MARIE* *ALBANY* *ONT*
Number Street Town or City County Province

Date of birth *FEB 12, 1919* Place of birth *S. S. MARIE ONT*

Nationality *Canadian* Are you British by birth? *Yes* or by Naturalization? _____

Birth place of (a) Father *Mt. Forest, Ont* (b) Mother *Aldershot, Ont.*

Are you (a) Single *Yes* (b) Married _____ (c) Widower _____ (d) No. of Children? _____

Any physical defects (especially eyesight)? *no*

Height *5' 10"* Weight *140* Can you swim? *Yes*

B. Education—

Highest school grade passed successfully? *Last Grade in Collegiate* Any Matriculation? *Senior*

University: (a) Name _____ (b) Years attended _____ (c) Course and Degree _____

Technical courses taken _____

Special studies _____

Languages spoken _____

C. Sea Experience—

Have you ever been employed at sea? _____ Give number of years and how employed? _____

Name and number of Mercantile Marine Certificates held _____

State last position held at sea (with dates) _____

State employment since leaving sea _____

Interviewed by the engineer Officer Personnel.

D. Occupation: What is your profession, trade or occupation in civil life? *Machinist*

Are you (a) Actively pursuing your profession or trade on your own account? _____

(b) Employed; if so, in what capacity and under what employer? *Machinist at Northern Foundry & Machine Co.*

General experience (with dates) *April 1937 - January 1942*

Thorough training in all classes of work on Drill Press, Lathe, Shaper, Milling Machine, Planer & Grinding Mill.

Have you ever served in any of His Majesty's Forces? If so, which? How long? *S. S. Marie & Sag Sudbury Reserve Unit 1 1/2 yrs.*

No. and Class of any Stationary Engineer's certificates or other certificates of competency _____

How long would you need to settle up your private affairs? *2 weeks*

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

High School Cadets - 4 yrs.

Naval League - 1 yr.

F. Branch Applying for: (a) As Officer _____ (b) As Rating (i.e., in the ranks) *Yes*

If you cannot be accepted as an Officer are you willing to serve as a rating? _____

In what capacity do you wish to enrol? *Machinist*

Date of Application *Jan 9/42* Signature *Robert A. Wang*

ERRA 4 to cl. (act)

RECRUITING CENTRES

Applicants should apply to the nearest centre.

NOVA SCOTIA—

- (a) Royal Canadian Naval Barracks HALIFAX, N.S.
(b) The Registrar, R.C.N.R. Shipping Master's Office or P.O. Box 992, HALIFAX, N.S.

PRINCE EDWARD ISLAND—

- (a) Naval Barracks Simms Building CHARLOTTETOWN, P.E.I.
(b) The Registrar, R.C.N.R. c/o N.A. Life Insurance Co.,
or P.O. Box 271 CHARLOTTETOWN, P.E.I.

NEW BRUNSWICK—

- Naval Barracks 221-223 Prince William St.
Mail Address, P.O. Box 1077 SAINT JOHN, N.B.

QUEBEC—

- (a) Naval Barracks 322 St. John St. QUEBEC, P.Q.
(b) Naval Barracks 1464 Mountain St. MONTREAL, P.Q.
(c) The Registrar, R.C.N.R. Marine Department or P.O. Box 265 QUEBEC, P.Q.
(d) The Registrar, R.C.N.R. 167 Common St. MONTREAL, P.Q.

ONTARIO—

- (a) Naval Barracks 72 Queen St. OTTAWA, ONT.
(b) Naval Barracks Richardson Bldg., Princess St. KINGSTON, ONT.
(c) Naval Barracks 165 Lakeshore Blvd. TORONTO, ONT.
(d) Naval Barracks Cor. Stuart & McNab Sts. HAMILTON, ONT.
(e) Naval Barracks (Carling Block, Richmond St.),
433 Richmond LONDON, ONT.
(f) Naval Barracks 2462 Howard Ave. WINDSOR, ONT.
(g) Naval Barracks 232 Cooke St. PORT ARTHUR, ONT.

MANITOBA—

- Naval Barracks 583 Ellice Ave. WINNIPEG, MAN.

SASKATCHEWAN—

- (a) Naval Barracks The New Armouries REGINA, SASK.
(b) Naval Barracks 1st Ave. and 25th St. SASKATOON, SASK.

ALBERTA—

- (a) Naval Barracks 9722-102nd Avenue EDMONTON, ALTA.
(b) Naval Barracks 337-7th Ave. West CALGARY, ALTA.

BRITISH COLUMBIA—

- (a) Naval Barracks Old Yacht Club, Stanley Park
Mail Address: 408 Marine Bldg. VANCOUVER, B.C.
(b) Royal Canadian Naval Barracks ESQUIMALT, B.C.
(c) The Registrar, R.C.N.R. 337 Federal Building VANCOUVER, B.C.
(d) The Registrar, R.C.N.R. 964-11th Ave. East PRINCE RUPERT, B.C.

N.V. 17
COM-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

Robert Alexander LANG

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Esquimalt, B.C.</i>	<i>Ottawa, Ont.</i>	<i>V976</i>
		"
		"

Date of Birth	<i>12 February 1919</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth	<i>Sault Ste Marie, Ont.</i>	
Place of Residence	<i>576 Bay St Sault Ste Marie</i>	
Trade brought up to	<i>Machinist</i>	
Religion	<i>United Church</i>	
Can Swim:—P.P.T. ^{Fair} Date	<i>16 Mch 1942</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>3 Mch 42</i>	<i>Hostilities</i>				

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>9</i>	<i>33</i>	<i>140</i>	<i>Light Brown</i>	<i>Blue</i>	<i>Medium</i>	<i>Small scar left thumb</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



CANADA

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

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME LANG OFFICIAL NO. _____
CHRISTIAN NAMES ROBERT ALEXANDER MARRIED, SINGLE OR WIDOWER SINGLE

PERMANENT ADDRESS	RELIGION
<u>516 Bay St. Sault Ste. Marie, Ont.</u>	<u>United Church</u>

J.P.J.

DATE OF BIRTH <u>12th Feb. 1919</u>	*PLACE OF BIRTH Town <u>Sault Ste. Marie</u> County <u>Algoma</u> Province <u>Ontario</u>	NAME AND ADDRESS OF NEXT OF KIN <u>Father: Alexander Lang, Same address.</u>
*Original Nationality of: Father <u>Scotch</u> Mother <u>Scotch</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>35</u>	<u>Light brown.</u>	<u>Blue</u>	<u>Medium</u>	<u>Small scar left thumb.</u>
Inches <u>9</u>	Deflated <u>32</u>				
	Mean <u>33</u>				

EDUCATIONAL STANDING <u>Senior Matriculation</u>	TRADE OR CALLING AND IN WHOSE EMPLOY <u>Machinist Northern Foundry and Machine Co. Sault Ste. Marie, Ont.</u>
---	--

DATE OF ENROLMENT <u>3rd March, 1942.</u>	RATING FOR WHICH ENROLLED <u>A/E.R.A. 4th Class</u>	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED <u>H.M.C.S. "CARLETON"</u>
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(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.~~
Sudbury Regt.
* (b) I served in Sault Ste. Marie & for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>Sault Ste. Marie & Sudbury Regt.</u>			

- (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 O T T A W A 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 3rd day of March, 1942.

Signature of applicant Robert Lang

(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 3rd day of March, 1942.

J. J. [Signature]
Signature of and rank of Attesting Officer.

Lieut. R. C. N. V. R.

(D) OATH OF ALLEGIANCE

I, Robert Alexander Lang 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 Lang

Witness J. J. [Signature]

Date 3rd March, 1942. Rank Lieut. 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

Robert Alexander Lang 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 O T T A W A Division of the R.C.N.V.R. or in the appropriate official documents.

J. J. [Signature]
Lieut. R. C. N. V. R. Attesting Officer.

R.C.N.V.R. Division Lieut. R. C. N. V. R.
(or other establishment)

3rd March 194 2

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.

This is to acknowledge that I have not been induced to enter the Engine Room Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Robert Lang
Signature



39455

NATIONAL MAR - 3 1942
113 R 1469 7

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 LANG, Robert A.
‡ candidate for entry as Engine-Room (Stk i) (ERA)
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 revaccinated 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.
22 1/2	140	5' 9"	Good	(a) maximum 35 (b) minimum 32 (c) mean 33	right eye 15/15 left eye 15/15 *colour vision N	Cholera	N	N	N	N	N	N	11 Depic 0 Depic	N

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

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

App.

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.

x Robert Lang
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.

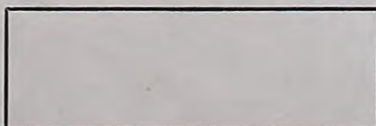
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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 Saint Ste Marie the 9th of Jan 1942

R. J. Denton
Examining Medical Officer
(Rank) Surg Lt.

712
R. J. DENTON
SURG. LEUT.
MAR 2 1942

V976 OFFICIAL NUMBER NAME LANG Robert Alexander (Surname) (Given Names) P.I.B. OFFICIAL NUMBER V976

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			R-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
HMCS Caletton	A/E.R.A. 4/c.	3	3	42	Ottawa Div. Str.	V.G.	Sat.	31	12	42							
	" "	3	3	42	Active Service.	V.G.	Sat.	31	12	43							
Naden	" "	7	3	42	T.L.	V.G.	Sat.	21	8	44							
Stadacona	" "	27	4	42	DRD												
Niobe - Alberni	" "	26	9	42	DRD												
DISCHARGED	" "	21	8	44	"MISSING" PER CASUALTY LIST. 249A #A-22986.												
		21	8	44	Presumed Dead, per C.L. #-114.												

GENERAL REMARKS

AWARDED:
 Canadian Memorial Cross.
 MOTHER: Mrs. Ann LANG,
 516 Bay St.,
 SAULT Ste. Marie, Ont.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELIGION	EDUCATION	PERM. RESIDENCE			PREV. ENL. DIV.	RANK OR RATE ON ENLISTMENT		
DY	MO	YR.	MAIN	SUB	MAIN	SUB			P.	CTY.	TOWN	SERV.	A	BR	RANK
12	2	19	11	270	X		407		1	12	05	9	03	1	35 95
ENLIST. DATE			ACT. SERV. DATE			STR. CAT.	ACT. SERV. DATE			SHIP OR ESTAB.	RANK OR RATE				
DY	MO	YR.	DY	MO	YR.		DY	MO	YR.		A	BR	RANK		
03	03	42	03	03	42						1520	1	35 95		
SENIORITY			STR. CAT.	NON-SUB	M	S E H			CODED			CHECKED			
DY	MO	YR.		A	B	ST.									
03	03	42	13	00	00		C.P.A.			193					

V976

OFFICIAL NUMBER

FILE NUMBER

113-L-1469

OFFICIAL NUMBER

V976

NAME LANG (Surname) Robert Alexander (Given Names) DATE OF BIRTH 12th February, 1919.PLACE OF BIRTH Sault Ste Marie, Ont., OCCUPATION Machinist.RELIGION United Church. EDUCATION Senior Matriculation.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 516 Bay St., Town Sault Ste Marie 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
3	3	42	H.O.	5' 9	L. Brn.	Blue	Medium	Small scar left Thumb.	Sault ste Marie & Sudbury Regt.	For One & Half yr.		

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Mr. AlexanderADDRESS (in pencil): Street and No. 516 Bay St Town Sault Ste Marie 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	
3	2	44	1939-1943 Star. (C.V.S.M. (R&C)).	16	3	42	P.P.T. "Fair".				
				20	3	42	Qual. A/G. 2 days.				

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.		

Eligible to count 1 yr. 229 days N.R.A.M. Service towards award of G.S.B.

SECOND CLASS FOR CONDUCT

From To



CERTIFICATE of the SERVICE of

Robert Alexander LANG

in the Royal Canadian Naval Volunteer Reserve

I.C.N.S. #52544

Training Headquarters <i>Halifax</i>	R.C.N.V.R. Division <i>Ottawa</i>	Official Number <i>V-976</i>
		"
		"

Date of Birth *12th February 1919*
 Place of Birth *Sault Ste. Marie, Ontario*
 Place of Residence *516 Bay St. SAULT STE MARIE, ONT.*
 Trade brought up to *Machinist*
 Religion *United*
 Name and Address of Nearest Relative or Friend
FATHER (in pencil) ALEXANDER LANG SAME ADDRESS.
 Can Swim:—P.P.T. *(Swim)* Date *16 March 1942* Signature *[Signature]* Rank *for C.O.*
 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>3rd Mar/42</i>	<i>Hostilities</i>	<i>9/E.R.O. 4th</i>		<i>3 Feb 44</i>	<i>Canadian Volunteer Service Medal & clas. Provisional Award</i>
					<i>3 Feb 44</i>	<i>1939-43 Star, Provisional Award</i>

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>9</i>	<i>33</i>	<i>140</i>	<i>Light Brown</i>	<i>Blue</i>	<i>Med</i>	<i>Small Scar Left Thumb</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

ORIGINAL

118

Nisobe
25-9-42

Form S.—1233g. (Revised—March, 1938)
5M—10-40 (7652) N.S.—815-9-1233g

Engine Room Artificer's History Sheet

Name LANG Robert Alexander

Port Division ESQUIMALT Official Number V- 976

Served apprenticeship Northern Foundry & Machinery Co. Sault St. Marie for 5 years at the trade of Machinist

E.R.A. V. in H.M.S. " " for _____ years
Entered

Date ~~rated~~ Acting E.R.A. IV 3rd March 1942

I. Certified as capable of taking charge of a Watch in the Boiler Room, and, having proved an efficient workman, is recommended for confirmation.

Date _____ Engineer Officer _____ Captain _____

Confirmed E.R.A. IV. _____

II. Certified as capable of taking charge of a Watch in the Engine Room, and able to calculate readily the H.P. developed (from Torsiometer/Indicator), and recommended in all respects for the rating of Chief Petty Officer.

Date _____ Engineer Officer _____ Captain _____

Rated E.R.A. III. _____

Rated E.R.A. II. _____

Rated E.R.A. I. _____

III. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit for the rating of C.E.R.A., and is recommended for this advancement.

Date _____ Engineer Officer _____ Captain _____

Rated Acting C.E.R.A. II. _____

Confirmed C.E.R.A. II. _____

Rated C.E.R.A. I. _____

IV. Certified as being in all respects capable of taking charge of the Machinery of a Small Ship; is considered fit in every respect for advancement to Warrant Rank, and is recommended for this advancement.

Date _____ Engineer Officer _____ Captain _____

NOTE.—Certificates I., II., III. and IV., when granted, are to be noted on Service Certificate. The Depot is to be informed as soon as each Certificate is granted.

COURSES TAKEN AND EXAMINATIONS PASSED

(To be filled up when applicable.)

Date	Particulars	Initials of Engineer Officer, if of Lieutenant's rank or above, otherwise Captain
16/3/42 21-3-42 11-4-42	Passed Provisional Swimming Test. PRELIMINARY WEEK. GUNNERY.	B. J. Larson W. J. D.
25/3/42	Rifle Practice Course "A" 44	J. H.

VOCATIONAL TRAINING CERTIFICATE

To be filled up on completion of a Vocational Training Course, other than a Correspondence Course

(Vocational Training is optional)

Vocation _____

We certify that (name)* _____

_____ (residence) _____

_____ has satisfied us

that he possesses a † _____ knowledge of the vocation mentioned, and we consider that ‡ _____

Examiners _____

Business and Business Address _____

Date of Examination _____

Signed _____ President,

_____ Vocational Training Committee.

SPECIAL REMARKS §

TO BE FILLED ONLY ON FINAL DISCHARGE

His character during service was || _____

His general efficiency in carrying out his duties

was || _____

His efficiency on discharge was assessed as || _____

Captain's signature _____

* Name in full. † Here insert qualification. ‡ Special notation as applicable. § Include power of command, intelligence, initiative, energy and any qualification not otherwise recorded. || May be used at any time during a man's service. || See article 610, clauses 3 to 7, King's Regulations and Admiralty Instructions. To be filled in by the Captain of the ship from which the man is discharged to shore, or to Depot as a preliminary to discharge to shore.

VERIFICATION FORM

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

RANK/RATING *A/ER.2.4/c* OFF.NO. *1976* ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>Star</i>
<i>Africa</i>	<i>5-1-43</i>	<i>26-2-43</i>					ATLANTIC	1	<i>@ clasp</i>
<i>France Germany</i>	<i>6-6-44</i>						FRANCE G.	2	
							AFRICA	2	<i>@ clasp</i>
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *L. A. Chubb*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

142480

25



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

N.S. V-976. PERS.(N)

My dear Sir:

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. Bob was an excellent E.R.A. and was very well liked by all the officers and men. He had been with me for a long time and we had become more friends than officer and rating.

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

I hope that if I am ever in Sault Ste Marie 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.

Re: R.A. Lang, A/ERA 4, V976

Mr. Alexander Lang,
516 Bay St.,
Sault, Ste Marie, Ont.

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

AL/GW.

LETTER dispatched by
PERSONNEL NAVAL
AUG 30 1944

V-976 PERS. (N)

123581

29 August, 1944.

Dear Mr. Lang:

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.

Mr. Alexander Lang,
516 Bay St.,
SAULT STE. MARIE, Ont.

FILE
ACTION TAKEN

CHECKED IN
C.R. BY.....

7 a

Mr. Alexander Lang
 516 Bay st.,
 SAULT STE. MARIE,
 Ont.

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

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

and the following number quoted:—

H.Q. NS V-976-FD-784

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

LANG Robert Alexander A/E.R.A.4

V-976 R.C.N.V.R.

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

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

HRW/ bwr

M. W. W. W.
 Commandant
 R. C. N. V. R.
 Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Alexander Lang	66	516 Bay St, Sault Ste Marie, Ontario
4	Mother of the Deceased.....	Anna Lang	67	as above
5	Brothers of the Deceased	Full Blood		None
		Half Blood		
6	Sisters of the Deceased	Full Blood	K. Beryl Lang (Mrs A. E. Lake) 36 E. Eileen " (Mrs H. Hancock) 31	152 Upton Rd, Soo 38 Algoma Ave, "
		Half Blood	A. Ernestine " 31 Mrs J. B. Juck	768 Bay St "
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	
	Alexandria G. V. Lang	Died July 17, 1936.		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert Alexander Lang
9	Date of his birth.	Feb. 12, 1919.
10	Place and date of his marriage.	_____
11	Place and date of his parents' marriage.	Hagersville Mar. 20, 1907.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	516 Bay St. Sault Ste. Marie, Ontario
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, all his life (b) before enlistment (c) (d)
14	Nature of employment before enlistment.	Machinist
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.	With his parents

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
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?	Yes. Royal Bank of Canada, Saw \$510.57. No Yes -
20	Amount of War Savings Certificates held by deceased. Indicate where located.	24 five dollar certificates at 516 Bay St.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$150.00 held by Royal Bank, Queen St 50.00 registered, at 516 Bay St
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
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.	No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

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

(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.

Alexander Lang

{Signature of Informant

516 Bay St. - Sault Ste Marie Address

CERTIFICATE

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

*See above.

Lang { 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 Sault Ste Marie this 11th day of January 19 45

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

H. O. Hamelton

Qualification Notary Public

Address 494 Queen St E. Sault Ste Marie Ont.

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

Six copies to be rendered to Naval Service Headquarters

43

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. NAVAL SERVICE HEADQUARTERS, OTTAWA, Ontario.

Name LANG Robert Alexander (Christian names in full)

Rank or Rating Engine Room Artificier 4th Class Official No. 7-976 Unit R.C.N. R.C.N.R. R.C.N.V.R.

Place of Birth Sault Ste-Marie, Ont. Date of Birth 12 February, 1919

Occupation in Civil Life Machinist Religion United Church

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) From 3rd March, 1942 to 21 August, 1944.

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

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

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

Nearest known relative or friend Name Mr. Alexander Lang, Relationship Father Address 516 Bay St., SAULT STE-MARIE, Ontario.

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

Date on which death was registered with local Officials

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

If applicable Place of Burial No burial. Date of Burial Location, Number, etc., of grave Undertaker employed

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

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

Date Ottawa, Ont., 3 March, 1945.

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

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

Noted ONPA. M.M.O. 17/3/45

MEMORANDUMTO - DIRECTOR OF ESTATES

E.R.A. 4/Cl., Robert Alex. Lang, O.No. V-976
D.D. 21st August, 1944 - H.M.C.S. "ALBERNI"

The Service Estate of the above named deceased rating is now ready for disposal.

1. Report of death at folio 43.
2. Balance of pay as per CNS 46 at folio 52 and HMCS "NIOBE" Cash Account for March, 1945, Receipt Voucher No. N-R-1521 at folio 49.....\$106.16
 Credit for H.L.M., as per Journal Voucher No. AA-260 at folio 57..... 3.00
 Total Credits.....\$109.16
3. No record of a will as per folio 29. *Credit*
4. Service Certificate is not at hand.
5. Funeral Expenses are not known.
6. Allotments stopped last payments 31st August, 1944.
 (1) \$40.00 - Mrs. Ann Lang (mother)
 (2) 16.80 - Rec.Gen. of Canada, 6th Victory Loan .
7. War Savings Certificates - Nil.
Bonds - (1) \$ 8.40 from May 1943 to October, 1943.
 (2) 8.40 from November, 1943 to April, 1944.
 (3) 16.80 from May 1944 to August, 1944
 In favour of:-
 (1) Mr. Robert Lang,
 516 Bay St.,
 Sault Ste.Marie, Ont.
 (2) Mrs. A. Lang,
 516 Bay St.,
 Sault Ste.Marie, Ont.
 (3) Cheque in refund to be issued.

C. Augue
 DIRECTOR OF NAVAL PAY ACCOUNTING.

PREPARED BY *Evelyn Lindsay*

CHECKED BY *Marie M. Anglette*

OTTAWA, ONT., 19th July/45.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name **Robert Alexander LANG**
 (Christian Names) (Surname)

Payee **Director of Estates** for service estate of **Robert A. LANG**
 Address **308 Sparks St. Ottawa, Ont. N.S. V976**
 Register No. **7410**
 File No. **V976**
 Date **26-3-45**
 Service No. **V976**
 Final Rank or Rating **A/E.R.A. 4/c**
 Date of termination of overseas service **21 Aug. 44** Date of Discharge **21 Aug. 44**

A. TOTAL QUALIFYING SERVICE
 No. of days **903** equal to **30** complete periods at **7.50** \$ 225.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days **696** less **3** ineligible days equal to **693** days @ **25¢** per day 173.25

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$ 3.05	
Subsistence or Lodging and Provision Allowance	\$ 1.45	
Additional Pay H.L.M.	\$.30	
Dependents' Allowance 1/30 of \$ <u> </u>		
Total	4.80	x 7 = \$ 33.60
No. of days	696 693	x \$ 33.60 = 127.24 127.49
	183	

D. WAR SERVICE GRATUITY 525.49

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

F. TOTAL AMOUNT PAYABLE 526.04

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ = \$ 526.04
 Total Dependents' Allowance in issue \$ _____

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>W</u>	6	<u> </u>
2	<u>W</u>	7	<u> </u>
3	<u>W</u>	8	<u> </u>
4	<u>W</u>	9	<u> </u>
5	<u>W</u>	10	<u> </u>

ESTATES BRANCH

H.Q.N.S.V-976, FD.784

17th November, 1945.

Mrs. A. Ernestine Tuck,
768 Bay Street,
Sault Ste. Marie, Ontario.

LANG, Robert A., ERA/4/c (Deceased)
No. V-976, R.C.N.V.R.

Dear Mrs. Tuck:

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

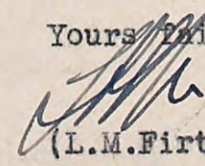
The total amount available to this Branch for distribution
is \$1,014.87, and is made up as follows:-

War Service Gratuity.....	\$ 526.04
Refund payment made on 6th Victory Loan Bond.....	67.20
Balance of pay and allowances.....	106.16
Credit for Hard Lying Money.....	3.00
Redemption value of Victory Loan Bonds.....	204.28
Redemption value of War Savings Certificates.....	103.31
Sale of Victory Loan Bond Coupons.....	<u>4.88</u>
TOTAL.....	<u>\$1,014.87</u>

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

Treasury has been requested to forward to you a cheque in
the amount of \$202.97, and on receipt of same would you kindly sign
and return the enclosed form to the Director of Estates, Department
of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,


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

HRW:MS
Encl.1

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner,.....TORONTO.....

.....Ottawa,.....January 11th, 1945.....

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

V-976 E.R.A.4 LANG, Robert Alexander P. & N. H.1061-R

The Department of National Defence, Navy

officially reports that the marginally named was reported -

Missing, presumed dead. He was serving in H.M.C.S.
"Alberni", which was sunk in the English Channel

~~xxxxxx~~ on the Date of death on service Canada & High Seas.
21st Aug., 1944

His next of kin is reported as - Father -

Mr. Alexander Lang,
516 Bay Street,
Sault Ste. Marie, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 40.00 a month to -

Mrs. Ann Lang,
516 Bay Street,
Sault Ste. Marie, Ont.
(relationship not stated)

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

/FD

for E. Clewes,
Canadian Pension Commission.

e 91

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

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 LANG Robert Alexander
 (Family name) (Given name or names in usual order)

RESIDENCE No. 516 Street Bay Street City, Town, Village or Township Sault Ste. Marie Province Ontario
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality (Citizenship) Canadian 6. Racial Origin Scotch 7. Single, Married, Widowed or Divorced (Write the word) Single

8. BIRTHPLACE Ontario
 (Province or Country)

9. DATE OF BIRTH February 12 1919
 (Month) (Day) (Year)

10. AGE in { Years 25 Months 6 Days _____ If less than one day old _____ hrs. or _____ min.

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Machinist
 12. Kind of industry or business, as cotton- 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 Paymr. Cmdr. R.C.N.R.
 Address Naval Service Headquarters, Ottawa.
Director of Personnel Records.
 Relationship to deceased _____

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 19 44
 (Month) (Day) (Year)

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

CAUSE OF DEATH		PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, aethenia, etc.	(a) <u>Missing, presumed dead. He was serving in H.M.C.S. "ALBERTI", which was sunk in the English Channel.</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) _____ (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)

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DECEASED 21 August 1944

D.D.

LANG

Robert Alex.

ERA.4/c. V- 976

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 MEDALSREGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Atlantic Star & Clasp

Africa Star

C.V.S.M. & Clasp

War Medal

82-15.10.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

RCNVR "ALBERNI" Nov./45

(1) MEDALS
PERSON

ENTITLED TO Mr. Alexander Lang - Father

ADDRESS: 516 Bay St.,
Sault Ste. Marie, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. A. Lang
516 Bay Street
SAULT STE MARIE, Ontario

ADDRESS:

MEMORIAL BAR

DATE DESP.....

REGN. NO. 898

(2)

(3) 17 January 1945