

1944

• HOERSUND •

• BREDA •

• BERGEN •

Pte Oxley, William Albert RHLI
 Pte Oxtoby, Clifford Melbourne
 F/S Ozeroff, William Wayne ^{1 Cdn Para Bn} RCAF
 Stwd Ozon, Gerald Thomas RCNVR

Pachal, William Frederick ^{S Alta R}
 Spr Pachol, Robert RCE
 Gnr Pacione, Peter Paul RCA
 Pte Packwood, Joseph Napoléon Jean
 Georges Fus MR
 F/O Paddison, Harold Douglas RCAF
 Pte Paddon, Albert Edward 1st RC
 Pte Padfield, George Henry RCAMC
 F/O Padget, Richard Elwood RCAF
 Pte Pady, Morris Nelson Camerons of C
 Lt Paiff, Lorne Henry Camerons of C
 Pte Paiff, Ward Andrew RHLI
 P/O Page, Donald Nelson RCAF
 F/O Page, Ernest William RCAF
 Rfn Page, George Ramsay Regina Rif
 L/Sit Page, Herbert S. RAC
 O/Smn Page, Ivan Edward KCNVK
 Maj-Gen Page, Lionel Frank, CB DSO
 Gen List
 Pte Page, Marcel R de Mais
 Pte Page, Murray Benjamin RCOC
 Lt Page, Pierre Roger Joseph 12 D
 Tpr Page, Russell 17 H
 L/Sgt Page, Thomas A & SH of C
 Pte Page, Vernon Herbert Alg R
 Pte Page, Walter Stewart RHC
 F/O Paget, William Robert RCAF
 Cpl Pagetto, Vincent RWpg Rif
 Pte Paiement, Jean-Paul RCASC
 S/Sgt Paige, Herbert Melvin RCOC
 F/O Paige, James Willard RCAF
 WO2 Paige, John Osborne RCAF
 Pte Paille, Gérard Joseph HLI of C
 L/Cpl Pain, John Alfred Perth R
 Pte Painchaud, Hector C Scot R
 L/Sgt Paine, Edward William Alg R
 Lt Painton, Robert James
^{1 Cdn Spec Ser Bn}
 Pte Paisley, George Harold L Sup R
 Sto PO Paithowski, Michael RCNVR

Pte Palardy, James R de Mais
 Sgt Palfenier, Alvin Herman Calg Highrs
 L/Sgt Palfenier, Theodore Emery S Alta R
 Rfn Palichuk, Paul Regina Rif
 F/O Palin, George Stapleford RCAF
 Cpl Pallister, Joseph Hudson C Scot R
 Gnr Palm, Edwin RCA
 Sgt Palmer, Arthur George
^{1 Cdn Spec Ser Bn}
 WO1 Palmer, Brinsley George Henry RCAF
 W/C Palmer, Charles William, DFC RCAF
 L/Cpl Palmer, Douglas Cyril RHLI
 Pte Palmer, Earl Roderick N Shore R
 Pte Palmer, Elmer John Westmr R
 Pte Palmer, Frederick Henry L Edmn R
 P/O Palmer, Freeman Henry RCAF
 Capt Palmer, Harry Gilbert RCOC
 Pte Palmer, Hugh Francis S Sask R
 Pte Palmer, James Charles
 Nth NS Highrs
 Pte Palmer, John Henry Westmr R
 Pte Palmer, Leonard PPCLI
 Lt Palmer, Lionel Mariner GGFG
 L/Cpl Palmer, Peter Henry RCASC
 F/L Palmer, Richard Blake RCAF
 P/O Palmer, William Frederick RCAF
 P/O Palmer, William Frederick RCAF
 Pte Palmer, William Henry RCR
 Rfn Palmer, William John Herbert
 Edward RWpg Rif
 F/O Palsen, George Joseph Herman RCAF
 ERA sc Pamplin, Beaven Brown RCNVR
 Gnr Panasuk, Nick RCA
 Rfn Pangman, William RWpg Rif
 Tpr Pannebaker, Robert Clifford
 Middleton Fort Garry's
 L/Cpl Pannell, John F. AAC
 LAC Panting, Reginald RCAF
 P/O Panton, Charles Lawrence RCAF
 Pte Pape, Stephen James Calg Highrs
 L/Cpl Papineau, Harold Wallace
 Line & Well d R

V59306
PAGE

IVAN

EDWAR

GP

21

AIR MAIL

LETTER dispatched by
PERSONNEL NAVAL
AUG 30 1944

V59306 PERS. (N)

1138112

28th August, 1944.

Dear Mrs. Page:

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

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

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

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

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

P.A.'S CHECKED IN

CR. BY *m*

FILE

ACTION TAKEN

Mrs. Olive Page,
83 West A venue,
HUMBERSTONE, Ont.

W a. x *z*



I



LA/CM

REGISTERED

AIR MAIL

N.S. V-59306. PERS.(N)

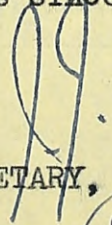
26 December, 1944.

Dear Mrs. Page:

Further to my letter of the 28th August, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, Ivan Edward Page, Ordinary Signaman, Official Number V-59306, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "ALBERNI", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 21st of August, 1944.

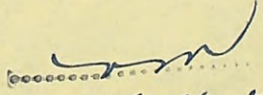
Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your son has helped to maintain.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Olive Page,
83 West Avenue,
HUMBERSTONE, Ont.

Despatched by
Sec. N. B.


Date 26.12.44
Time 10 30

*Noted D.N.P. a
3-1-45*

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

25 August, 1944.

Sir:

(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
PAGE, Ivan Edward	Ordinary Signalman	V-59306, R.C.N.V.R.
<u>DATE OF ENLISTMENT</u> -	19 April, 1943.	Active Service: 22 April, 1943.
<u>DATE OF DISCHARGE</u> -	Will be reported later.	
<u>HOSPITAL</u> -	(If discharged in hospital under jurisdiction of D.P. & N.H.)	
<u>SERVICE</u> -	CANADA & HIGH SEAS	
	(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)	
<u>Reason for discharge and when and where any disability was incurred, or where death occurred.</u>	"MISSING" at sea when the ship in which he was serving was lost by enemy action in the English 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 set.	
	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).	
<u>NEXT OF KIN & RELATIONSHIP</u> -		
<u>RELATIONSHIP</u> -	Mother	<u>NAME</u> - Mrs. Olive Page,
<u>ADDRESS</u> -	83 West Avenue, HUMBERSTONE, 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

for

H.B. Money
SECRETARY, NAVAL BOARD. C

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

*Notes D.N.P.A
3-1-45
R.P.*

NOTE;

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

(See reverse side for further instructions)

REMARKS:.....

NOTES:

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

[Handwritten scribble]

[Handwritten notes in blue ink]

N.S. V-59306 PERS. (N)

23 August, 1944

Dear Mrs. Page:

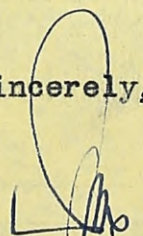
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Ivan Edward Page, Ordinary Signaller, Official Number V-59306, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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.

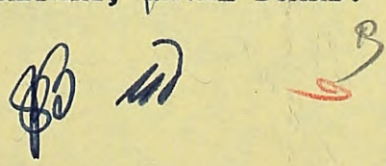
Should you know the name of the ship in which he was serving, it is requested that, for security reasons, you will regard this information as confidential until such time as an official announcement is made.

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

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Olive Page
83 West Avenue
HUMBERSTONE, Ont.



CAM

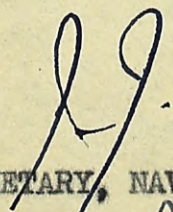
41

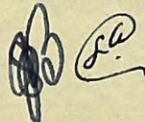
N.S. V-59306, PERS.(N)

Policy No. 311 990.

23 March, 1945.

THIS IS TO CERTIFY that according to official information Ivan Edward Page, Ordinary Signalman, Official Number V-59306, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.


SECRETARY, NAVAL BOARD.







Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE
NO. N.S. V-59306 PERS. (N)

OTTAWA, Ont. DEC 26 1944 194

39341

TO: PLEASE MAKE OUT FALSE
DOCKET AND FORWARD WITH
ATTACHED LETTER TO ADMIN-
ISTRATOR OF ESTATES.

DEC 16 1944
N.C.R.



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>
PAGE, Ivan Edward, Ordinary Signalman, V-59306, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI"	Mother: Mrs. Olive Page, 83 West Avenue, HUMBERSTONE, Ont.

<u>In favor of</u>	<u>ALLOTMENTS IN ORDER</u>	<u>Amount</u>	<u>Initials</u>
Rec. Gen. of Canada. 6th Victory Loan. Ottawa, Ont.		16.80	LV

Allotment stopped paid August 31st, 1944.

WILL: Attached
information that the following casualty
in the Naval Forces of Canada has been
reported:

Yours truly,

J. J. Neard

for
SECRETARY, NAVAL BOARD.

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

At the Naval Forces of Canada
Reported:

Administrator of National
Branch
Department of National Forces
O.T.I.

It is reported that the following
information has been received
from the Naval Forces of Canada
that the following information
is being furnished to the
Department of National Forces
for their information.

Administrator of National
Branch
Department of National Forces
O.T.I.



Administrator of National
Branch
Department of National Forces
O.T.I.

PARTICULARS OF DEAD OR MISSING PERSONNEL
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

NAME of Deceased Member James Edward PAGE Rank or Rating O-5 sig O.No. V-59306

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. N
A.P. i
D.A. L
A.P. —

2. Pension awarded or being awarded to: No Record

3. War Service Gratuity Application(s) received from: (Mother)
Mrs Olive R. PAGE
83 West Avenue Humberstone
Ont.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

() To be paid to: In the proportion of:

- and -

to: In the proportion of:

(X) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

~~Group "B" (i)~~

X Group "C" of the above mentioned Directive.

Date 11 Aug. '45

Ronald J. Thorne, C.P.O. WTR.
for D.N.R.A. (G) met.



CANADA

Can. B. 207
150M-9-42 (0200)
N.S. 815-2-207

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined Ivan Edward Page
candidate for entry as Ordinary Seaman V/S
and I believe him to be * $\left\{ \begin{array}{l} \text{in all respects fit for His Majesty's Service} \\ \text{unfit for His Majesty's Service for the reason stated below} \end{array} \right\}$ 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. <u>26</u> Mos. <u>4</u>	(j) Date of last Vaccination	<u>child</u>
(b) Height with bare feet	Feet <u>5</u> In. <u>5 1/4</u>	(k) General Development	<u>good</u>
(c) Weight without clothes	<u>150</u>	(l) Nose, Throat and Tonsils	<u>T + N - I</u>
(d) Ears and Hearing	Rt. <u>NORMAL</u> Lt. <u>NORMAL</u>	(m) Heart and Lungs	<u>NORMAL</u>
(e) Chest Girth	Max. <u>39 1/2</u> Min. <u>37</u> Mean <u>38 3/4</u>	(n) Abdomen Hernia, etc.	<u>NORMAL</u>
(f) Teeth	Deficient <u>4</u> Defective <u>2</u> Dentures <u>Partial</u>	(o) Limbs and Joints	<u>1st Bilat Pes Planus.</u>
(g) Vision by Snellens Types	without glasses Rt. <u>7</u> Lt. <u>6</u> Both <u>6</u> with glasses where worn Rt. <u>7</u> Lt. <u>7</u> Both <u>6</u>	(p) Skin	<u>scar inner right groin</u>
(h) Colour Vision	Ishihara <u>NORMAL</u> R.C.N. Lantern	(q) Anus Haemorrhoids	<u>NORMAL</u>
(i) Chest x-ray	$\left\{ \begin{array}{l} \text{not taken} \\ \text{approved} \\ \text{positive} \\ \text{doubtful} \end{array} \right. \rightarrow$ <u>20/4/43</u>	(r) Testes Varicocele	<u>NORMAL</u>
		(s) Urine <u>sup all</u>	<u>neg</u>

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

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

Ivan Page
Signature of Candidate

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

This Candidate is the subject of.....

* $\left\{ \begin{array}{l} \text{which renders him medically unfit for service,} \\ \text{not considered of sufficient importance to cause his rejection, he being desirable in other respects.} \end{array} \right.$
Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at SICK BAY the _____ of _____ 19____

APR 19 1943

H. M. C. S., "STAR"
HAMILTON, - ONT.

[Signature]
Examining Medical Officer
SURGEON-LIEUTENANT, R.C.N.V.R.
(Rank).....

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

Ivan Edward PAGE

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>AmcS "Star"</i>	<i>59306</i>

Date of Birth *6th December 1916*

Place of Birth *Humberstone Ontario*

Place of Residence *83 West Ave Humberstone Ont*

Trade brought up to *Labourer*

Religion *Presbyterian*

Name and Address of Nearest Relative or Friend (in pencil)
Mother - Olive
Same address

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>19 April 1943</i>	<i>Duration of Hostilities</i>	<i>Ordinary Seaman</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>5 1/4</i>	<i>38 3/4</i>	<i>150</i>	<i>Brown</i>	<i>Hazel</i>	<i>Dark</i>	<i>Scar inner right groin</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

Unemployment Insurance Yes

FY

ED 153
FD 183

N. V. 5
100M-12-42 (7804)
N.S. 815-11-5



*1 CNS
95822*

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

PAGE

SURNAME..... OFFICIAL No. *V. 59306.*
CHRISTIAN NAMES *Ivan Edward*..... MARRIED, SINGLE OR WIDOWER *Single*

PERMANENT ADDRESS	RELIGION
<i>83 West Avenue, HUMBERSTONE, Ontario</i>	<i>Presbyterian</i>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<i>6th December 1916</i>	Town <i>Humberstone</i> County <i>Welland</i> Province <i>Ontario</i>	<i>(Mother) Mrs. Olive Page, same address</i>
*Original Nationality of: Father <i>Canadian</i> Mother <i>Canadian</i>		

*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
Fect. <i>5</i>	Inflated <i>39½</i>	<i>Brown</i>	<i>Hazel</i>	<i>Dark</i>	<i>Scar inner inner right groin</i>
Inches <i>5½</i>	Deflated <i>37</i>				
<i>150</i>	Mean <i>38½</i>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<i>Junior Matriculation</i>	<i>Labourer International Nickle Company, PORT COLBORNE, Ontario.</i>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED
<i>19th April 1943 22nd April 1943 (Active Service)</i>	<i>Div. Str. ✓ Ordinary Seaman</i>	<i>H.M.C.S. "STAR"</i>

(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, Air Force, 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	TO
<i>NOT APPLICABLE</i>			

(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 and 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..... Ordinary Seaman by the prospect of being transferred at some future date to any other branch or rating.

Dated this..... 19th day of..... April 1943

Signature of applicant..... Ivan Page

(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..... 19th day of..... April 1943

My authority for attestation is..... XX

..... J. W. D. Sessier
Signature and rank of Attesting Officer.
Lieut. RCNVR.

(D) OATH OF ALLEGIANCE

I,..... Ivan Edward Page 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..... Ivan Page

Witness..... J. W. D. Sessier

Date..... 19th April 1943 Rank..... Lieut. RCNVR.

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.

VERIFICATION FORM

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

Lead: RANK/RATING *O/SIC* OFF. NO. *U-59306* ADDRESS

DAYS	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>44</i>	<i>Atl-Fr-Leam</i>							ATLANTIC	2	<i>stars</i>
<i>Lead</i>								FRANCE G.	1	<i>@ Clasp.</i>
								AFRICA		
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	<i>@ Clasp</i>
								" CLASP		
								WAR 1945	1	<i>medal</i>
								WAR 1915		

VERIFIED BY *[Signature]*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

AWARDS

(NAVY)

DECEASED 21 August 1944					
PAGE	Ivan Edward	V-59306	0/Sig.	FILE No.	
SURNAME (IN BLOCK LETTERS)		CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
<u>WAR SERVICE</u>					
<u>BADGE</u>					
(CLASS)	No.	DATE DESPATCHED:			

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED	
1939-45 Star		
Fr. Ger. Star & Clasp	8038	January 1950
C.V.S.M. & Clasp		
War Medal		

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR "ALBERNI" Aug./45.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Olive Page - Mother

ADDRESS: 83 West Ave.,
Humberstone, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Olive Page

ADDRESS: 83 West Avenue
HUMBERSTONE, Ontario

MEMORIAL B.R.
DATE DESP
REGN. NO 2 226

(2)

(3) 17 January 1945

V59306

OFFICIAL NUMBER

FILE NUMBER

113-P-2756

OFFICIAL NUMBER V59306

NAME

PAGE

Ivan Edward

DATE OF BIRTH

6 December 1916

(Surname)

(Given Names)

PLACE OF BIRTH

Humberstone Ontario

OCCUPATION

Labourer

RELIGION

Presbyterian

EDUCATION

Junior Matriculation

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

83 West Avenue

Town

Humberstone

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
19	4	43	H. O.	5'5 1/4"	Brown	Hazel	Dark	Scar inner right groin				

NEXT OF KIN RELATIONSHIP (in pencil)

NAME (in pencil)

ADDRESS (in pencil): Street and No.

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				19	11	43	Qual. for Sig.				
				9	12	43	Qual. anti-gas 1 day				
				27	8	43	Qual. for Ord. Sig. Ser. Cert.				

BADGES, G.C. OR G.S.

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

FILM NO. WSR-5940-3
DATE

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

O.H.F. Received.
Last Will & Testament; No. 203; Received.

SECOND CLASS FOR CONDUCT

From

To

12518
W.S.G.
APPLICATION
RECEIVED
8/14

V59306

OFFICIAL NUMBER

NAME PAGE
(Surname)

Ivan Edward
(Given Names)

OFFICIAL NUMBER V59306

P.1.8.

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"	Ord. Smn.	19	4	43	Div. Str. Hamilton	V.G.	Sat.	31	12	43							
" "	"	22	4	43	Active Service D.L. 22/4/43	V.G.	Sat.	21	8	44							
" "York"	"	26	4	43	D.L. 28/4/43												
" "St. Hyacinthe"	"	9	7	43	D.L. 9-7-43.												
" "	Ord. Sigl	27	8	43	Transf. 219A-47561												
" Stadacona	"	8	12	43	DRD # Page No. 3												
" Alberni	"	21	12	43	DRD S.17 P.15												
DISCHARGED	"	21	8	44	"Missing" Presumed Dead" Casualty List.												

GENERAL REMARKS

Canadian Memorial Cross awarded to (Mother) Mrs. Olive Page., 83 West Ave., Humberstone, Ont., dated 17/1/45.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCUP.		REL. ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DAY	MO.	YR.	MAIN	SUB.	MAIN	SUB.	GRON.	P.	CTV.	TOWN	SERV. DIV.	A.	BR.	RANK
06	12	16	11		900	0	306	1	53	16	0	20		
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.	RANK OR RATE			
DAY	MO.	YR.	DAY	MO.	YR.	CAT.	DAY	MO.	YR.		A.	BR.	RANK	
19	04	43	28	04	43					15200	1	1	1	
SENIORITY			STR.	NON-SUB.		M.	CODED			CHECKED				
DAY	MO.	YR.	CAT.	A.	B.	ST.								
27	08	43	13			11								

DISTRIBUTION OF SERVICE ESTATES

DME

Estates Form "P. 4"

NAVY

Name: PAGE Surname Ivan E. Christian Names No.: V 59306

O SIG. Rank O/S Unit 21-8-44 Date of Death

AMOUNT W.S.G. 207.46
L.P.C. \$ 178.26

Date: 19-12-45

Other Credits.....

Total..... 385.72
Prev. dist. 178.26
This dist. 207.46

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Olive R. Page, 83 West Ave., HUMBERSTONE, Ontario. (Sole beneficiary per will)	207.46
		WSG	

P4. TO TREAS.
JAN 11 1946

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	331	00	50	000	\$207.46
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(Signature)
.....
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

W.S.G. Application No. 12518

TO: D.N.P.A. "G"

FILE NO. N.S. V-59306 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>PAGE, Juan Edward</u>	<u>V-59306</u>	<u>O/Sic.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER
		RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD (ALBERNI) ✓
 .. Applicant - mother - No record A.P. or D.A. ..

TOTAL SERVICE

Date of Active Service	<u>22 Apr '43</u> ✓	1817
Date of Discharge	<u>21 Aug '44</u> ✓	1330
Total No. of Days	<u>488</u> ✓	487
# Less non qualifying service	<u>Nih</u>	488 ✓
		Total Days <u>488</u> ✓

OVERSEAS SERVICE

% Total No. of Days	<u>244</u> ✓	
# Less non Qualifying service	<u>Nih</u> ✓	Total Days <u>244</u> ✓

Record of Service in other Forces (per Naval Records)

Branch of Service N ✓
 Date of Active Service i ✓
 Date of Discharge L ✓

& % Overleaf

Computed By Wootley & Procter

Checked By Lang Ferguson

Heathley
 for (R.W. Underhill)
 A/Captain (s) R.C.N.V.R.
 Director of Naval Pay Accounting

DATE: JUL 19 1945

Handwritten initials

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days	TOTAL SERVICE	OVERSEAS SERVICE
"		"	"		
"		"	"		
"		"	"		
"		"	"		
"		"	"		
"		"	"		
			Total days		

(%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Alberni	22 Dec '43	21 Aug '44	244

COMMISSION OF SERVICE
 NAME BRANCH OF SERVICE
 DATE OF DISCHARGE
 DATE OF VESTING SERVICE
 DATE OF DISCHARGE
 DATE OF DISCHARGE

SERVICE NO. _____
 LIFE NO. _____
 A.B.C. VERIFICATION NO. _____

FO

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

4
 NAVY

DEPARTMENTED
 MEMBER'S
 NAME

Ivan Edward
 (CHRISTIAN NAMES)

PAGE
 (SURNAME)

REGISTER NO. 12518
 FILE NO. NB V-59306

PAYEE
 ADDRESS

Director of Estates) for service Estate of
 308 Sparks Street) Ivan Edward PAGE
 Ottawa, Ont. N.S. V-59306

DATE 25 Oct. 145
 SERVICE NO. V-59306
 FINAL RANK OR RATING O.Sig.

DATE OF TERMINATION OF OVERSEAS SERVICE 21 Aug. 144 DATE OF DISCHARGE 21 Aug. 144

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 488 EQUAL TO 16 COMPLETE PERIODS AT \$7.50
30

\$ 120.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 244 LESS 8 INELIGIBLE DAYS, EQUAL TO 236 DAYS @ 25C. PER DAY

59.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.60
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.25
 ADDITIONAL PAY \$

H.L.M. \$.20

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil

TOTAL \$ 3.05 X 7 = \$ 21.35

NO. OF DAYS 244 X \$ 21.35
183

28.46

D. WAR SERVICE GRATUITY

207.46

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ Nil.

F. TOTAL AMOUNT PAYABLE

207.46

G. YOUR PORTION OF GRATUITY IS—

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

~~TOTAL DEPENDENTS' ALLOWANCE IN ISSUE~~ \$

= \$ 207.46

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 YN

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

For Dir. Naval Pay Accounting.

STATEMENT OF ACCOUNT

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

List 12-2 No. 43 (Name) PAGE, Ivan Rank Rating O'Sig. No. V-59306

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

		\$	c.
CREDIT from former account			
	Former Book	108.	94
Pay as	(Rank Rating) from _____ to _____ (_____ days at \$ _____ a day)		
"	" " " (" ")		
"	" " " (" ")		
"	" " " (" ")		
"	" " " (" ")		
Kit Upkeep Allowance			
OTHER CREDITS:			
		Total credits	108.94

DEBT from former account								
PAYMENTS:-	1st	2nd	3rd	4th	5th			
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
1st month	NIob e Mch. Cash Acct. Receipt Vr. NR-1552					Total	108.94	
2nd month						Total		
3rd month						Total		

Allotment		
Pension deduction (Officers) charged to _____ of _____		
Hospital stoppages		
Mullets		
OTHER CHARGES:		
		108.94
	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

Ledgers
R. *[Signature]*
F. *[Signature]*

[Signature]
Lieut(S) RCNVR for Accountant Officer

47

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name PAGE, Ivan Rating O/SIO.
Official No. V59306 H.M.C.S. NIOBE for ALBERNI List 12.II/43
Who* Discharged Dead on the 21st August 19 44

Net sum due on ledger on account of Wages.....	\$	cts.	
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—			
Proceeds of sale of Effects, brought from the other side.....	\$	cts.	
Found amongst Effects.....			
Debts collected \$.....			
Cash deposited by official Receipt No.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words) <u>Sixteen dollars and eighty cents.</u> charged to <u>31 Aug.</u>			
Name of ship from which transferred.....			
Total† <u>Creditor</u>	<u>108</u>	<u>94</u>	<u>Notes:</u>

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of Niobe for Alberni amounting to a net balance† of One Hundred and eight dollars ninety-four cents.

Dated on board H.M.C.S. Niobe at Greenock Scotland this seventeenth day of May 19 45

Approved [Signature] Accountant Officer
A/Commander, RCNVR.
Lieutenant (S) RCNVR { Initials of the Assistant Accountant Officer
[Signature] Commanding Officer.

For Use at Headquarters. \$..... cts..... credited on Inspector's certificate
No..... to.....

Signature..... Date..... 19.....

NOTED
ESTATES CARD
1945
D.N.S. 46
10M-8-43 (1464)
H.Q. N.S. 8150 45
[Signature]

Note: The above sum has been recovered by Niobe March cash acc't, receipt voucher N-R-1552.

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
‡Subscriptions for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

Mrs. Olive Page,

83 West Avenue,

Humberstone, 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. 59306 FD 744

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 3, 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

PAGE, Ivan Edward, Ord. Sgmn.

V.59306 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/JL

W. W. W. W.
Commander Person.
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.....	Orson B Page	60	83 west ave Humberstone, Ont.	
4	Mother of the Deceased.....	Olive R Page	58	83 west ave Humberstone Ont.	
5	Brothers of the Deceased	Full Blood	Archie D Page	30	B136012 C. Squadron 6 C.F.F First Hussars C.A.O. B.W.E.F
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs Ward Putman	37	811 Steele St Humberstone Ont
		Full Blood	Mrs Raymond House	34	Crystal Beach Ont.
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	
		Mildred Olive Page died Dec 29th 1913			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Ivan Edward Page
9	Date of his birth.	Dec 6th 1916
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Sep 15th 1908 at Humboustow Ont

PARTICULARS OF DOMICILE

12	Place where deceased was born.	8320 east ave Humboustow 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) Ont (b) Welland Co. (c) (d)
14	Nature of employment before enlistment.	Trickle Plant
15	State whether he owned the premises in which he lived, and, if so, where situated.	Lived at Home with Parents
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?	Had a Bank account of four hundred dollars in trust account to his mother
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Three hundred & fifty (Bearer) In his mother's care when he left.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	9000 £ in London life to mother 1500 \$ Imperial Life to Mother
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.)

DECLARATION

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

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

* Mother of the deceased.

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

Olive R. Page

{Signature of Informant

83 West Ave. Humberstone, Ont.

Address

CERTIFICATE

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

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

Dated at Humberstone, Ont. this 26th day of January 1945

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

W. B. Pat.
Commissioner

Qualification Commissioner

Address Humberstone, 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

Imperial Life Insurance has a war clause and was taken out on June 6th/42 and so will receive only premium paid int and in The London Life I do not know yet what I will receive.

Read this whole Form and Instructions on other side before commencing to complete.

Can. S. 545
30M-1-43 (8044)
N.S. 815-9-545

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WILL

(1) I, Ivan Edward Page, of His Majesty's Canadian Ship 'STAR' do hereby revoke all former wills by me made and declare this to be my last will.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother, Mrs. Olive Page, 83 West Avenue, Humberstone, Ontario, all my estate.

Relationship, names and addresses of beneficiaries, and what each is to receive.

~~(3) I Give, Devise and Bequeath all the rest and residue of my estate, both real and personal of whatsoever kind and wheresoever situate unto~~

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint Mrs. Olive Page 83 West Ave., Humberstone, Ont.
(Name) (Address)
Housewife, to be the ~~Executor~~ Executrix of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 19th day of April 1943...

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

Ivan Page
(Name)
Ordinary Seaman
(Rank or Rating) U59306
Official No.

First witness sign here.

(5) Signature J. W. Dresser
Civil Address H.M.C.S. "STAR"
Civil Occupation Lieut. RCNVR.

Second witness sign here.

Signature J. D. Gibbs
Civil Address H.M.C.S. "STAR"
Civil Occupation Writer, RCNVR.

(Beneficiaries are not to be Witnesses.)

[OVER]

Noted in Service Records by MBR

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..... PAGE Ivan Edward
(Family name) (Given name or names in usual order)

RESIDENCE No. 83 Street West Ave. City, Town, Village or Township HUMBERSTONE Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE HUMBERSTONE, Ontario
(Province or Country)

9. DATE OF BIRTH December 6 1916
(Month) (Day) (Year)

10. AGE in { Years 27 Months 8 Days If less than one day old
hrs. or..... min.

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

12. Kind of industry or business, as cotton-
mill, lumbering, bank, etc. International Nickle Co.

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.....

16. NAME.....

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

18. MAIDEN NAME.....

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

20. Person giving information sign here.....
Payr. Commander, R.C.M.C.
Address Naval Service Headquarters, Ottawa
Relationship to deceased Director, Personnel Records

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

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

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

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 21 1944
(Month) (Day) (Year)

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

CAUSE OF DEATH

I. Immediate cause (a) Missing, presumed dead.
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). { (b) He was serving in H.M.C.S.
(c) "ALBERTINI" which was sunk in the English Channel

II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause. {

PHYSICIAN
Underline the cause to which death should be charged statistically

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

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

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

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide?..... Date of injury.....19.....
(State which)

Manner of injury.....
(How sustained)

Nature of injury.....

Specify whether injury occurred in industry, in home, or in public place.....

Signed by..... M.D.

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

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

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

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

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

JEM

16

OTTAWA, Ont., 25 August, 4.

N.S. V-59306 PERS. (N)

Dear Sir:

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

PAGE, Ivan Edward

Name
 (Surname) (Christian Names)

Ordinary Signalman

Rank/Rating
V-59306, R.C.N.V.R.

Official No.

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

Date of Casualty

Address at time of Enlistment
83 West Avenue,
HUMBERSTONE, Ontario.

.....
Single

Marital Status at time of Enlistment
Labourer

Occupation
Mother: Mrs. Olive Page,

Name & Address of Next of Kin
83 West Avenue, HUMBERSTONE, Ontario:

.....

Yours truly,

H.B. Money

for

SECRETARY, NAVAL BOARD.

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

30/11/44
NPR/S
e

SERVICE

File Number. V59306

13

~~NAME~~ PAGE, Ivan Edward

O.N. V-59306

PRESENT RANK/RATING: Ord. Sig.

DATE TAKEN ON ACTIVE SERVICE: 22-4-43

SERVICE

SHIP OR ESTABLISHMENT

From

To

HMCS Star	Div. Str.	19-4-43
" "	Act. Ser.	22-4-43
" York		26-4-43
" St. Hyacinthe		9-7-43
" Stadacona		8-12-43
" Alberni		21-12-43

WILL: # 203

NAME & ADDRESS OF
NEXT OF KIN:

MOTHER:
Mrs. Olive Page,
83 West Ave.,
Humberstone, Ont.

DISCHARGED PREVIOUSLY? NO.

REASON:

DATE:

Initialed by: B.D.

Date: 25-8-44

Section: R.C.N.V.R.

(TO BE COMPLETED IN INK.)

OCCUPATIONAL HISTORY FORM

2

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 Ivan Edwards Page (b) Reg'l. No. V59306
2. (a) Arm of service Navy (b) Unit R.C.N.V.R. (c) Rank Ord. Sqn.
3. (a) Date of birth 6 Dec. 1916 (b) Have you any dependents? no (c) Place of residence at time of enlistment Humberstone, Ont.
4. (a) Place of enlistment Hamilton, Ontario (b) Date of enlistment 19th April 1943

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (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.) junior matriculation
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? no (b) If so, for what occupation? X (c) Did you finish it? X (d) If you did not finish it, how long did you serve at it? X
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 Nickel Co. Address Port Colborne, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) X
20. (a) Your specific occupation Labourer (b) Number of years' experience at this occupation with any employer 7 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..... (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? yes (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 no



DATE.....194..... SIGNATURE Ivan Page

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MAY 1 1943