

1944

• ALDERTNEY •

• CAP CRIS NAZ •

• ORBEG •

P/O Staples, John Willard RCAF
 F/O Stapleton, John Wilkins RCAF
 Pte Stapley, John Herbert RHLI
 L/Cpl Stapley, Ralph Donald West NSR
 Pte Stapley, Ralph Jonathon SD & G Highrs
 Pte Stapley, Robert W. KOSB
 Cpl Starcheski, Louis Henry Calg Highrs
 Tpr Starfield, Karl George 14H
 Lt Stark, Daniel Donald LSUP R
 F/L Stark, George Douglas, DFC RCAF
 Cpl Stark, John BCD
 Gnr Stark, Sydney RCA
 Capt Stark, Vincent Elmer HLI of C
 Lt Starke, George Ewing CB Highrs
 Pte Starke, Nicholas Mike Alg R
 Sgt Starnes, Arley Carlisle RCAF
 Rfn Starostic, William QORofC
 F/O Starr, Joseph RAF
 WO2 Starr, Perry Raymond RCAF
 Pte Starratt, Harold Fulton RHC
 P/O Starrup, Benjamin Victor RCAF
 Sgt Stata, Frederick Irwin RCAF
 F/L Statham, Frederick Grant RCAF
 Gnr Stauch, William Lorenzo RCA
 Pte Stavenow, Edgar Garfield RCAMC
 Pte Stawnychka, Miroslaw SSask R
 Pte Steadman, Carman George N Shore R
 Pte Steadman, David Myron Seaforth of C
 Pte Steadman, Lorne Henry HLI of C
 P/O Stear, Victor RCAF
 Capt Stebbens, Frank Sydney RCA
 L/Sgt Stechyshyn, John Camerons of C
 P/O Stecyk, John Michael RCAF
 P/O Steed, Beecham Isaac Gordon RCAF
 LAC Steeden, Stanley Edwin RCAF
 L/Cpl Steeds, John Harold Francis RC Sigs
 Gnr Steel, Charles HR. RA
 Cpl Steel, William Goodhand RHC
 F/L Steel-Davies, George Everette RCAF
 L/Cpl Steele, Carson James LEdmn R

Lt-Col Steele, Charles Wellington RCDC
 Cpl Steele, Clifford Francis Alg R
 Pte Steele, James Herbert PPCLI
 Gdsm Steele, Norman CGG
 Pte Steele, Norman Lawrence Camerons of C
 L/Cpl Steele, Randal Alg R
 L/Cpl Steele, Richard Kenilworth GGFG
 Gnr Steele, Ross Fraser RCA
 Pte Steele, William CFC
 P/O Steels, Floyd Alexander RCAF
 Gdsm Steen, Earl Abner Robert GGFG
 Pte Steen, Eric Edwin Calg Highrs
 Pte Steenberg, John E. Queens
 WO2 Steenson, William Joseph RCAF
 Pte Steep, William Michael RCOC
 F/O Steepe, John Robert RCAF
 Sgt Steeves, Harland Arthur NB Rang
 F/O Steeves, Harold Birch RCAF
 Pte Steeves, James Oscar Carl & York R
 Pte Steeves, Lloyd Millage N Shore R
 Cpl Steeves, Morris William N Shore R
 Rfn Steeves, Paul Forrest QORofC
 Pte Steeves, Roy Devear N Shore R
 Lt Steeves, Warwick Edwin Walmsley RCE
 Rfn Stefansson, Eggert RWpg RIF
 Rfn Stefanuik, Nicholas RWpg RIF
 F/O Steffin, Paul RCAF
 Ldg Smm Stefiuk, George RCNR
 F/O Stein, Arthur George RCAF
 Cpl Stein, Wilfred RCAF
 Capt Steinberg, Abraham RCDC
 F/O Steinberg, Gordon RCAF
 P/O Steinberg, Hymie RCAF
 Pte Steinke, William PPCLI
 F/S Stell, Harold James RCAF
 P/O Stenhouse, James Kelso RCAF
 P/O Stephen, Charles Edward RCAF
Ldg Tel Stephen, Donald KCNVR
 WO1 Stephen, Hubert Andrew RCAF
 F/L Stephen, John James RCAF
 Pte Stephen, Philip Crighton Alg R
 L/Cpl Stephens, George William Ir RC

V24255
STEPHEN
DONALD

113-5-1105 OHC 18
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 INDUSTRIAL LIFE FOR THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

Section A—GENERAL INFORMATION

1. (a) Print name in full DONALD STEPHEN (b) Reg'l. No. V-24251
2. (a) Arm of service NAVY (b) Unit R.C.N.V.R. (c) Rank ADM. SER.
3. (a) Date of birth 27.11.16 (b) Have you any dependents? YES (c) Place of residence at time of enlistment WINNIPEG
4. (a) Place of enlistment WINNIPEG (b) Date of enlistment 20/11/40

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.) TECHNICAL - 100% (H. H. C. T.)
7. If you attended a university, give name of university and standing or degree secured UNIVERSITY OF MANITOBA (NO DEGREE)
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NO (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? NO
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? MANITOWA TELEPHONE ASSOCIATION

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? NO
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked NO (b) State how long you had worked at this trade or occupation NO
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified NO
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment NO
15. Give details of last employer, if any: Name NO Address NO
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NO
17. (a) If your last employment was in a business of your own, state nature and address of business NO (b) Date of discontinuing it NO

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 MANITOWA TELEPHONE SYSTEM Address WINNIPEG (MAN.)
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) TELEPHONE COMMUNICATIONS
20. (a) Your specific occupation WIRELINE CLERK (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? NO (c) Do you wish to return to your former employment? NO

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

22. (a) State nature of business, or professional practice NO (b) Where was it located? NO
23. (a) Number of years engaged in this business NO (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO

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? NO
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NO (c) In what provinces did you have experience? NO

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.) NO
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form WIRELINE CLERK + SHIPBUILDING

DATE 16/4/41

194

SIGNATURE N. Stephen



Copy To
VWD
ES

MAY 17 1948

4

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

Mrs. Emily Stephens
1224 Windermere Avenue,
FORT GARRY, Manitoba.

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

and the following number quoted:—

H.Q. NS V-24255 F.D. 759

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

3 January 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

STEPHEN DONALD LDG. TEL.

V-24255 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.

W. M. Black
Commander Porter
for Director of Estates.

HRW/DW

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.....	Peter Stephen		Feb 28 - 1936
4	Mother of the Deceased.....	Coniely Elizabeth Stephen		
5	Brothers of the Deceased	Full Blood	Andrew Stephen	1986. H.M.C.R. Mahone
		Half Blood	William Alexander Stephen	190666 H.M.C.R. Carnwallis
6	Sisters of the Deceased	Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	Margaret March 30/21			

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Donald Stephen
9	Date of his birth.	Nov 27 th 1916
10	Place and date of his marriage.	— not married
11	Place and date of his parents' marriage.	Winnipeg Aug 26 th 1914

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg Man.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Winnipeg - 1916-1940 (b) Manitoba (c) Canada (d)
14	Nature of employment before enlistment.	Bookkeeper Man. Gov. Telephones -
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Winnipeg

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?	He had a joint account with me, Dominion Bank, under \$200 ✓
20	Amount of War Savings Certificates held by deceased. Indicate where located.	10 War Savings stamps Dominion Bank, Kennedy Branch Winnipeg
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	3. Beaver Bonds - \$50 each Kennedy Branch - Dominion Bank
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Prudential \$1,000.00 " " \$100.00 Man. Gov. Telephones - Employer's Benefit 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 degrees 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.

Emily Stephen

{Signature of Informant

124 W Undermen Ave St. Jarry,

Address

CERTIFICATE

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

*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 Wumpel this 12th day of March 1945

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

K.R. Bennett

Qualification a Barrister at Law & a holder Public in of a branch

Address 505 Union Trust Bldg. Wumpel
Man

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



CANADA

N. V. 5
25M-9-40 (6793)
N.S. 815-11-5

1-242555-1

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME.....**STEPHEN**.....OFFICIAL NO.....
CHRISTIAN NAMES.....**Donald**.....MARRIED, SINGLE OR WIDOWER.....**Single.**

PERMANENT ADDRESS	RELIGION
708 South Drive Fort Garry, Manitoba.	United.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
27th November, 1916. N	Town WINNIPEG County Manitoba. Province	Mother (Emily STEPHEN) Same Address.
*Original Nationality of: Father Scotch Mother English		

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... 5 Inches..... 0 1/4 Mean..... 34	Inflated..... 38 1/2 Deflated..... 33	Dark Brown	Blue	Fair	Scar inner side Left Knee Birth Mark back of Left Calf.

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
22nd November, 1940.	Ord. Seaman	Clerk (Manitoba Telephone System)
R.C.N.V.R. Division (or other establishment) at which enrolled..... WINNIPEG		

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

~~* (b) I have served 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

(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.

(3) On being enrolled as a member of the WINNIPEG 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 22nd day of November, 1940.

Signature of applicant D Stephen

(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 22nd day of November, 1940.

Sub Lieutenant McQuinn
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Donald STEPHEN 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 D Stephen

Witness Sub Lieutenant McQuinn

Date 22nd November, 1940. Rank Sub Lieutenant R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Donald STEPHEN 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 WINNIPEG Division of the R.C.N.V.R. or in the appropriate official documents.

Sub Lieutenant McQuinn
Attesting Officer.

22nd November, 1940. R.C.N.V.R. Division (or other establishment) WINNIPEG

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.



CANADA

20-11-'40
Chest x-ray negative
C.T.O.

Can. B. 207

60M-4-40 (4636)
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 Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined.....D. STEPHEN.....

‡candidate for entry as.....Ord. Sea....../for W/T branch)
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.

Age (a)	Weight without Clothes (b)	Height with Bare Feet (c)		General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revac- cinated for Small Pox (Date) (g)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
		lbs.	ft.											
23 11	140½	5	9¼	Fairly good	inches (a) maximum 38½ (b) minimum 33 (c) mean 34	right eye 20 20 left eye 20 20 colour vision unsatisf.	None. Lt. arm School age	Normal	Normal	Normal See inner side of Lt. knee nares rt. side otherwise clear	Normal	Normal	Deficients Defective A. 4. 2.	Normal.

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

Red-green colour blind
Can't distinguish gross colours. Reflexes normal.

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.

Fracture lt wrist 6 yrs ago

D. Stephen

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

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.....

*{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.....WINNIPEG.....the.....19th.....of.....November.....1940.....

CHECKED: *W. J. Hart*

E. J. Fahri
Examining Medical Officer

SURG/LT R.C.N.V.R.

(Rank).....SURG/LT R.C.N.V.R......

MEDALS AND MEMORIALS—DECEASED PERSONNEL
RCNVR Nov. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Emily Stephen / Mother

ADDRESS: ~~1224 Windermere Avenue,~~ 1102 Somerville,
Fort Garry, Man.

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Emily Stephen

ADDRESS: 1224 Windermore Ave., Fort Garry, Man.

(3) 17-1-45

MEMORIAL BAR

DATE DESP.....

REGN. NO. 235

D OF D 21-8-44

AWARDS NAVY

D.D.

STEPHEN	Donald	V-24255	L/Tel.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star & Clasp	1056 15/10/49
Africa Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA CANADA

The reverse side of this paper is hereby certified to be a true photostatic copy of a Will on file at this Branch of Donald Stephen named therein, who died on the 21st day of August, 1944, while serving in the Canadian Navy on Active Service.

Dated at Ottawa, this
9th day of April, 1945.

N. O. Seagram
.....
(N.O. Seagram) W/O.
Notary Public in and for
the Province of Ontario.



P297276113-5-1108

IN THE NAME OF GOD, AMEN

I, **DONALD STEPHEN V 24255** of His Majesty's Ship **RESTIKOUCHE** (now a Patient* in _____),

*If in Hospital or in Hospital Ship.

Insert the degree of relationship (if of any) and place of residence of the Legatee or Legatees.

See instructions on the back hereof.

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

**EMILY STEPHEN,
1224 WINDERMERE AVE.,
FORT GARRY, WINNIPEG,
MANITOBA, CANADA.**

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

Insert the degree of relationship (if of any) and place of residence of the Executor or Executors.

And I do hereby appoint **DOUGLAS BASFORD,
2 POINT ROAD,
FORT GARRY, WPG., MAN.**

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

In Witness whereof I have at **SEA** hereunto set my hand, this **TWENTY-SIXTH** day of **NOVEMBER**, in the Year of Our Lord One Thousand Nine Hundred **AND FORTY TWO.**

D. Stephen

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

Witnesses

H. L. Ford

Shel Waters S/LT RCN

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

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

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

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

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

Noted in Service

Records by

P. A.

(INFORMATION EXTRACTED FROM NAVAL SERVICE HEADQUARTER'S RECORDS)

Six copies to be rendered to Naval Service Headquarters

60

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

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

Name..... STEPHEN, Donald
(Christian names in full)

Rank or Rating..... ~~Officer~~/Ldg. Telegraphist Official No. V-24255 Unit ~~R.C.N.~~
R.C.N.V.R.

Place of Birth..... Winnipeg, Manitoba Date of Birth 27 November, 1916

Occupation in Civil Life..... Clerk 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) 22nd November, 1940 to 21 August, 1944.

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

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

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

Nearest known relative or friend. { Name..... Mrs. Emily Stephen, Relationship..... Mother
Address..... 1224 Windermere Avenue, FORT GARRY, Manitoba.

Date on which the above was informed by ~~SNP~~ 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.....

ENTERED IN
D.N.P.A.'s LOG BOOK
E.M. MAR 9 1945
CLERK No. 1

H.B. Money

X (COMMUNICATIONS OFFICER)

for SECRETARY, NAVAL BOARD.

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

Date OTTAWA, Ont., 28 Feb., 1945

LD

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.

DC

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

4
NAVYDECEASED
MEMBER'S
NAMEDonald
(CHRISTIAN NAMES)STEPHEN
(SURNAME)

REGISTER NO.

8141

FILE NO.

NSV-24255

DATE

30 Apl/45

SERVICE NO.

V-24255

FINAL RANK OR RATING

A/Ldg. Tel.

PAYEE

Mrs. Emily Stephen,
1224 Windermere Ave.,
Fort Garry, Man.

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug/44

DATE OF DISCHARGE

21 Aug/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1334 EQUAL TO 44 COMPLETE PERIODS AT \$7.50

\$ 330.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 989 LESS 14 INELIGIBLE DAYS, EQUAL TO 975 DAYS @ 25c. PER DAY

243.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	2.25	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.45	
ADDITIONAL PAY	\$.10	
W.7.III	\$.25	
H.L.M.	\$.05	
1 G.C.B.	\$.83	
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	25.00	
TOTAL	\$	4.93	X7 = \$ 34.51
NO. OF DAYS		975	X\$ 34.51
		183	

183.86

D. WAR SERVICE GRATUITY

757.61

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$.48
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

.48

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

757.13

G. YOUR PORTION OF GRATUITY IS—

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

=\$ 757.13

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
SJD	<i>[Signature]</i>

TREASURY	
CHECKED BY	DATE
<i>[Signature]</i>	4/5/45

cheque # 11792-2/5/45
[Signature]
 SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
"	"	"		
		Total Days		

(%)

OVERSEAS SERVICE:

Where Serving	From	To.	No. of Days
RESTIGOUCHE	10 July '41	20 Apr '43	650
ALBERNI	18 Sep '43	21 Aug '44	339
			<u>989</u>

	730		366
LESS	10	Less	10
	31		17
	30		27
	9		<u>339</u>
	<u>80</u>		
	<u>650</u>		

for (L.R. Levy)
 Lt. Col. R.C.M.C.
 Officer-in-Charge
 Naval Personnel Records

8141

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

Name of Deceased Member Donald STEPHEN Rank or Rating A/LDG.TEL O.No. V24255

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A.	\$ 25.00	<u>Mrs Emily STEPHEN (MOTHER)</u>
A.P.	\$ 40.00	<u>1224 Windermere Ave</u>
		<u>Fort Gary, Man.</u>
D.A.	-	_____
A.P.	-	_____

2. Pension awarded or being awarded to: No record to date

3. War Service Gratuity Application(s) received from: Mrs Emily STEPHEN
1224, Windermere Ave
Fort Gary, Man.

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:

(x) To be paid to: Mrs Emily STEPHEN, MOTHER In the full proportion of: /

- and -

to: _____ In the proportion of: /

() 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" (ii)
Group "C" of the above mentioned Directive.

Date 19 14 apr '45

[Signature]
for D.N.P.A. (G) W.N.J.

ACCOUNTS OF MEN DISCHARGED

Referred in
 Col. Fr.
 159-79

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 STEPHEN, Donald Rating A/ldg. TEL.
 Official No. V 29255 H.M.C.S. NIobe for ALBERNI List 12.11/26.
 Who* Discharged Dead on the 21st August 19 44

	\$	cts.	
Net sum due on ledger on account of Wages.....	85	03	
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>forty dollars; sixteen dollars and eighty cents</u> charged to <u>31 Aug.</u>			
Name of ship from which transferred.....			
Total† <u>Creditor</u>	85	03	Note:

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† Creditor of Eighty-Five dollars Three cents.

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

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

For Use at Headquarters. \$.....cts..... credited on Inspector's certificate

No. NOTED
 ESTATES CARD
 JUN 7 1945
 D.N.P.A. [Signature]
 C.N.S. 46

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

†State whether "debtor" or "creditor".
 ‡Subscription 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.

Note: The above sum has been recovered by Niobe
 March cash acc't. receipt voucher N-R-1545.

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"

FORM 5

PROVINCE OF MANITOBA

OFFICIAL REGISTRATION OF DEATH

61

1. PLACE OF DEATH { If in Rural Municipality... AT SEA... Sec... Twp... Rge... (Name) If in City, Town or Village... Street... House No... (Name) (If in hospital or institution, give name instead of street and number)

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant) (in years, months and days)

3. PRINT FULL NAME OF DECEASED STEPHEN Donald (Surname) (Given name or names in usual order)

RESIDENCE 704 South Drive... FORT GARRY, Manitoba (Usual place of abode—If urban, give street and number and name of city, town or village. If rural, sec., tp. and rge.)

4. SEX Male 5. NATIONALITY Canadian 6. RACIAL ORIGIN Scottish 7. Single, Married, Widowed or Divorced Single 8. BIRTHPLACE Winnipeg, Man.

9. DATE OF BIRTH Month November Day 27 Year 1916 10. AGE IN Years 27 Months 8 Days 25 If less than one day hrs. or min.

OCCUPATION 11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Clark 12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Manitoba Telephone System 13. Date deceased last worked at this occupation 14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased

PARENTS 16. Name of father 17. Birthplace of father (same as item No. 8) 18. Maiden name of mother 19. Birthplace of mother (same as item No. 8)

The above stated particulars are true, to the best of my knowledge and belief.

20. Signature of informant J.B. Money 21. Relationship to deceased Director of Personnel Records. Address: Royal Canadian Mounted Police, Ottawa

22. Place of burial, cremation or removal No Burial Date of burial 19

23. Burial Permit was issued by Address

24. Signature of Undertaker or person acting as Undertaker Address

MEDICAL CERTIFICATE OF DEATH

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

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

CAUSE OF DEATH

Immediate cause (a) Missing, presumed dead on 21 August, 1944, due to from H.M.C.S. "ALBERTI". Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to (c) Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

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

I HEREBY CERTIFY that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signed by M.D.

Address Date 19

30. Registered number filed this day of 19

31. (Signature of Division Registrar)

SEC. 45, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker, to obtain all the particulars required in the "Official Registration of Death" and to file the same with the Division Registrar who shall issue the Burial Permit. The Undertaker obtains the Medical Certificate from the Physician last in attendance, who is required by Section 41 to fill in all the particulars.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. (See reverse side for instructions.)



142492

34

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

N.S. V-24255. PERS.(N)

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

My dear Mrs. Stephen:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Your son was by far the best telegraphist I have ever served with. He was both reliable and efficient and kept his department in excellent order. We had become good friends since he joined the ship and he was very well liked by all the officers and men.

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. Please give my sincerest sympathy to his fiancée. I would write her but I do not know her name.

I hope that if I am ever in Fort Garry you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"

Lieutenant Commander, R.C.N.V.R.

Mrs. Emily Stephen,
1224 Windermere Ave.,
Fort Garry, Man.

SERVICE

O.N. V24255

NAME: Donald Stephen

PRESENT RANK/RATING: A/Ldg. Tel.

DATE TAKEN ON ACTIVE SERVICE: 27.12.40

SERVICE

<u>SHIP OR ESTABLISHMENT</u>	<u>From</u>	<u>To</u>
Div. Str. Winnipeg	22 11	40
Duty Div. Hdqtrs.	27 12	40
Stadacona	1 2	41
Restigouche	10 7	41
Avalon W/T Station	21 4	43
St. Hyacinthe	2 6	43
Stadacona	3 9	43
Alberni	18 9	43

WILL: 26.11.42

NAME & ADDRESS OF

NEXT OF KIN: Mother: Mrs. Emily Stephen
1224 Windemere Ave., Fort Garry, Man.

DISCHARGED PREVIOUSLY? No.

REASON:

DATE:

Initialed by: *ey*Date: 25/8/44 Section: *III* *VOR*

(TO BE COMPLETED IN INK.)

22

Passing Certificate

This is to Certify

that Donald STEPHEN,

Rating Ordinary Telegraphist, Official Number V.24255
R.C.N.V.R.

has passed

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

held on 8th July, 1941.

For advancement to Petty Officer

~~Naval Secretary~~
Director of Education.

Department of National Defence,

Ottawa, this 1st day of August 1941.

NATIONAL P 1768

JAN - 7 1941

NS 113 1108
CANADA

CANADIAN ACTIVE SERVICE FORCE

SERVICE: MILITARY OR AIR

(.....NAVY.....)

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

4

The names required by Questions 1, 2 & 12 must be shown in block capitals.

1. Surname of applicant.....STEPHEN.....

2. Full Christian name or names.....Donald.....

3. Official Number.....V24255..... 4. Rank.....Ordinary Seaman.....

5. Unit, Station, or Establishment.....WINNIPEG Division, R.C.N.V.R.....

6. Date appointment or enlistment.....22Nov'40.....

Question 7: In the case of officers, the date of reporting for duty is the date pay commences and dependents allowance cannot commence prior to such date.

7. Date reported for duty.....27Dec'40.....

8. Are you a member of the permanent forces, military or air?.....No.....

If so (a) State permanent establishment, unit or station.....

(b) Are you receiving permanent force rates of pay and allowances?.....Yes.....

Questions 9 & 10: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment.....

10. If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment. Employed as a Junior clerk at the Manitoba Telephone System full time. Total earnings for last six months is \$449.64

12. Name of dependent.....STEPHEN..... Emily..... Mrs.....
Surname Christian Name Mr. Mrs. or Miss

Question 13: Give street name and number or post office box number, R.R. No. city, town or village and province.

13. Address.....708 South Drive, FORT GARRY, Manitoba, Canada.

14. Age of dependent 49 15. Relationship Mother

Questions 16 to 28
Have a bearing
the eligibility for
allowance and the
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?
Her son-Donald STEPHEN-(Applicant) 708 South Drive, FT. GARRY,
State name, address and relationship to dependent Manitoba.

17. With whom will the dependent make his or her home hereafter? With her two
(State relationship) younger sons, Andrew and William at the
same address.

18. Is dependent being maintained in a Public Institution at the public's expense? No
Yes or no
.....
If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental
or physical infirmity, give nature and duration of same together with name and address
of family doctor, if any. She is becoming aged and looks after
the home for the two other sons.

20. From what date have you been contributing to the support of this dependent?.....
28th February, 1936.

21. Are you the sole or partial support?..... Sole Support.
State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room)
given by you to this dependent in each of the 6 months prior to enlistment and total of
same for the 6 months. The applicant donated \$35.00 a month
to the upkeep of the home, a total of \$210.00 for the
period of six months preceding enlistment.

(b) Did your contributions entitle you to board and lodgings in return or did you pro-
vide your own board and lodgings? Entitled applicant to board and
room.

23. If this dependent became dependent upon you within the six months preceding enlist-
ment, what change in the dependent's financial circumstances has made him or her so
dependent upon you?.....
.....
.....

24. If dependent is your mother, is your father living?..... No
Yes or No
If "yes" state extent and nature of his contribution to your mother's support and if he does not fully
support her, state reasons.
.....
.....

28. Fifteen
per month
assigned to
to obtain al
If 15 days
month has
signed to
wife and ch
additional 5
per month
assigned to
pendent.

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Andrew STEPHEN	708 South Drive, Ft. Garry, Man.	18	Varied & temporary	Single.
William STEPHEN	Same Address.	15	Student.	Single.

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

Andrew STEPHEN - Brother - donates an average of \$10.00 a month from odd jobs. Total for 6 months preceding enlistment is \$60.00

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: During the last six months Andrew lived at home only 2½ months during which time he was given board and lodgings.

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

Dependent's Average Monthly Income from:	Dependent's Average Monthly Allowances from:
(Dressmaking) Personal earnings \$ 6.00	Workmen's Compensation Award \$
Contributions and allowances from other members of family \$ 10.00	Widow's Pension \$
Insurance \$	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority) \$
Dividends from shares, bonds, etc. \$	\$
Interest on loans or mortgages. \$	\$
Rentals. \$	\$
Other \$	\$
Total \$ 16.00	Total \$

28. Fifteen days' pay per month must be assigned to dependent to obtain allowance.

If 15 days' pay per month has been assigned to dependent wife and children, an additional 5 days pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

--20-- days' pay. \$ 25.00

29. Date assigned pay effective January, 1941.

30. Have you made a prior assignment of pay. If so state number of days and to whom

No

31. Have you made a previous claim for dependent's allowance?.....No.....

If so give particulars of previous unit and official number under which applied for and date of application.....

Certified that authorization for assigned pay as stated has been received.

I certify that the above is a true statement.

[Signature]
Paymaster

[Signature]
Rank

[Signature]
Signature of Applicant

[Signature]

Date 2nd January, 1941.

A.M.A. 6.1.41

Establishment, unit or station

R.C.N.V.R.

Place WINNIPEG Division.

NOTE.—Dependents' allowances may not be awarded to more than three dependents of any officer or man.

Widow's Pension	\$ 10.00
Insurance	\$
Dividends from shares	\$
Interest on loans or mortgages	\$
Rentals	\$
Other	\$
Total	\$ 10.00

32. What amount of pay have you assigned per month on behalf of this dependent?

33. Date assigned pay effective

34. Have you made a prior assignment of pay. If so state number of days and to whom

N.V. 17
16M-4-40 (4717)
N.S. 815-11-17

alumni

COPY

J.C.N.S. # 6812

CERTIFICATE of the SERVICE of

Ronald Stephen

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Esquimaux</i>	R.C.N.V.R. Division <i>Winnipeg</i>	Official Number <i>24255</i>
Date of Birth <i>27th November 1916</i>	Place of Birth <i>Winnipeg, Manitoba</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Mother Emily Stephen same address</i>
Place of Residence <i>708 South Drive, Winnipeg, Manitoba</i>	Trade brought up to <i>Clerk</i>	
Religion <i>United Church of Canada</i>		
Can Swim:—P.P.T. Date..... 19.....	Signature.....	Rank.....
P.S.T. Date..... 19.....	Signature.....	Rank.....



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>22nd Nov. 1916</i>	<i>1st Dec. 1916</i>	<i>1st Dec. 1916</i>	<i>O.I.F.</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>9 1/4</i>	<i>34</i>	<i>140 1/2</i>	<i>Dark Brown</i>	<i>Blue</i>	<i>Fair</i>	<i>Scar inner side left knee Birth mark back of left calf.</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

P.L.B.

V24255

OFFICIAL NUMBER

NAME STEPHEN, Donald.

(Surname)

(Given Names)

OFFICIAL NUMBER V24255

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			R-ified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Div. Str. Winnipeg	Ord. Smn.	22	11	40		V.G.	Sat.	31	12	40	T.O. W/T	19	5	42			
Duty Div. Hdqrs.	"	27	12	40		V.G.	Sat.	31	12	41	W/T III	14	8	43			
Stadacona	"	1	2	41		V.G.	Sat.	31	12	42							
"	Ord. Tel.	19	4	41		V.G.	Supr.	31	12	43							
Restigouche	"	10	7	41		V.G.	Sat.	21	8	44							
"	Tel.	1	11	41	22601												
Avalon W/T Station	"	21	4	43	DRD A-435												
St. Hyacinthe	"	2	6	43	DRD A-534												
Stadacona	"	3	9	43	DRD H-2499												
"	A/Idg. Tel.	15	8	43	Rated. (2:9A #14956)												
Alberni	"	18	9	43	WRD 057												
DISCHARGED	"	21	8	44	"Missing" per Casualty List. Presumed Dead 21/8/44. per S.C.												

GENERAL REMARKS

X-ray negative.
 AWARDED CANADIAN MEMORIAL CROSS to:
 Mother: Mrs. Emily Stephen,
 1224 Windermere Ave.,
 FORT GARRY, Man.
 17th January, 1945.

DATE OF BIRTH			PLACE CIVIL OCCU		RELI	ED	PERM. RESIDENCE			PREV	ENL	RANK OR RATE ON ENLISTMENT		
DY	MO	YR	BIRTH	MAIN	SUB	GION	P.	CTV.	TOWN	SERV.	DIV.	A	BR	RANK
27	X	16	16	830	0	40	X	6	09	00	0	06	0	08
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHP	CR	RANK OR RATE		
DY	MO	YR	DY	MO	YR	CAT.	DY	MO	YR	ESTAB.	A	BR	RANK	
26	11	40	27	12	40					1520	1	12	93	
SENIORITY			STR.	NON-SUB		M				CODED	CHECKED			
DY	MO	YR	CAT.	A	B	ST.								
15	08	43	13	52	00									

V24255

OFFICIAL NUMBER

FILE NUMBER

113-S-1108

OFFICIAL NUMBER V24255

NAME STEPHEN, (Surname) Donald (Given Names) DATE OF BIRTH 27 November, 1916PLACE OF BIRTH Winnipeg, Man. OCCUPATION ClerkRELIGION United EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 708 South Drive Town Fort Garry Province, etc. Man.

ENGAGEMENTS			DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								From	To
22	11	40	5'9 1/2"	d.brn	blue	fair	Scar inner side L. knee. Birth mark back of L. calf.				

NEXT OF KIN RELATIONSHIP (in pencil) mother NAME (in pencil) Emily Stephen
ADDRESS (in pencil): Street and No. 1224 Wendenburg Ave Town Fort Garry Province, etc. Man.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY			EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Date (in figures)			Date (in figures)			PARTICULARS	
Day	Month	Year	Day	Month	Year	Day	Month	Year		
4	2	44	C.V.S.M. (R.&C.) 1939/43 Star.			14	6	41	Qual. Telegraphist.	
			8	7	41	Passed E. T. I. R.C.N.				

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		
22	11	43	1st G.C.B.	Granted							

Date (in figures)			DAYS FORFEITED						O.H.F. received.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	
									Last Will & Testament dated 26-11-42 Received.

SECOND CLASS FOR CONDUCT

From To



ESTATES BRANCH

5th November, 1945.

F-24255 FD.759

Mrs. Emily Stephen,
1224 Windemere Avenue,
Fort Garry, Manitoba.

STEPHEN, Donald, A/Ldg/Tel. (Deceased)
No. V-24255, R.C.N.V.R.

Dear Mrs. Stephen:

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

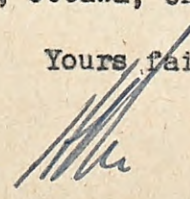
The total amount available to this Branch for distribution
is \$155.45, and is made up as follows:-

Balance of pay and allowances.....	\$ 85.03
Credit for Hard Lying Money, Kit Upkeep Allowance, and Grog Money.....	3.22
Refund of payments made on Sixth Victory Loan Bond.	<u>67.20</u>
TOTAL.....	<u>\$155.45</u>

The whole amount will be paid to you as sole beneficiary
named in your son's Will on file here.

Treasury has been requested to forward to you a cheque in
the amount of \$155.45, and on receipt of same will 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 ✓

STEPHEN

NAME (Print)

A.L./TEL

RANK OR RATING

v 24255

O.N.

H.M.C.S. ALBERNI

SHIP

QUALIFICATIONS FOR AWARD

CANADIAN VOLUNTEER MEDAL AND CLASP (N.O. 3275)

(a) MEDAL Persons of any rank or rating who have voluntarily served on Active Service and have honourably completed eighteen months' total voluntary Service, whether in the Navy, Army or Air Forces of CANADA and whether continuous or not. *Time for which pay is not allowed will not be reckonable.*

(b) CLASP A minimum of sixty days voluntary Service on duty beyond the territorial boundaries of Canada. Such period need not be continuous. Duty outside the boundaries of Canada in transit from one Canadian point to another Canadian point will not count as qualifying Service.

QUALIFICATIONS FOR AWARD

1939-1943 STAR (N.O. 3287)

Six months' service afloat in areas of active operations during the period from the 3rd of September, 1939, to the 31st of December, 1943, inclusive. Service after the 31st of December, 1943, will not be reckoned.

These areas are:

(a) From the 3rd of September, 1939, the Atlantic Ocean, including the United Kingdom waters and the North Sea; the Baltic; the Arctic Ocean between Greenland and longitude 70° E., and that part of the Indian Ocean lying South of 15° S., and West of 55° E.

(b) From the 1st of June, 1940, as in (1) above with the addition of the Pacific Ocean and the rest of the Indian Ocean.

(c) From the 10th of June, 1940, anywhere at sea.

Personnel granted an Honour, Decoration or Mention in Despatches for Service afloat prior to the 31st of December, 1943, will be eligible for the 1939-43 Star irrespective of the length of sea service.

I Hereby Declare That I Qualify For:

(a) Canadian Volunteer Service Medal Ribbon.

(b) Canadian Volunteer Service Medal Clasp.

Yes (c) 1939-1943 Star.

To be struck out if not applicable.

Details of my qualifications are as follows:

SHIP OR PLACE	DAY, MONTH, YEAR						AREA
	FROM			TO			
Stadacona	1	FEB	41	18	APRIL	41	- AREA (a) ABOVE
				9	JULY	41	
RESTIGOUCHE	10	JULY	41	21	APRIL	43	
AVALON	22	APRIL	43	2	JUNE	43	
ST HYACINTHE	3	JUNE	43	14	AUGUST	43	
STADAONA	15	AUGUST	43	8	SEPT	43	
ALBERNI	9	SEPT	43	31	DEC	43	

R. Stephen

Signature of Officer or Rating making Declaration

Notes on "STADACONA" 249a

10-2-44
No. 249a

TFH/JM

REGISTERED

AIR MAIL

N.S. V-24255 Pers. (N)

23 August, 1944.

Dear Mrs. Stephen:

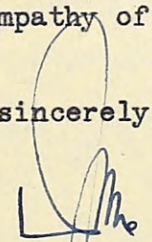
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, Donald Stephen, Leading Telegraphist, Official Number V-24255, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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. Emily Stephen,
1224 Windermere Avenue,
FORT GARRY, Manitoba.

LA/HS

REGISTERED

N.S. V-24255 PERS. (N)

52

²⁶
15 December, 1944.

Dear Mrs. Stephen:

Further to my letter of the 28th of August, 1944, I regret to inform you that in view of the length of time which has elapsed since your son, Donald Stephen, Leading Telegraphist, Official Number V-24255, 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. Emily Stephen,
1224 Windermere Avenue,
Fort Garry, Manitoba.

Despatched by
Sec. N. B.

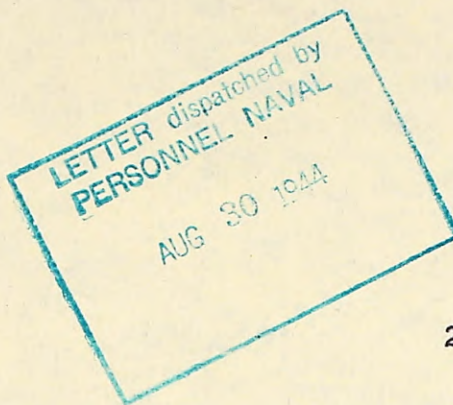
.....
Date 26.12.44
Time 1030

Noted DMP.l
29.12-44
PP

BF
29/1/45
DPR/5

TFH/JAG

"AIR MAIL"



1138116

V-24255 PERS. (N).

42

28th August 1944.

Dear Mrs. Stephen:-

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.

FILE
ACTION TAKEN

Mrs. Emily Stephen,
1224 Windermere Ave.,
FORT GARRY, Manitoba.

P.A.'S CHECKED IN

C.R. BY *m*

da

ACCOUNTANT OFFICER
HMCS "AVALON"
00 23 1941
ST. JOHNS, Newfoundland
FILE..... Log.....

DEPT. No. 667
NATIONAL DEFENCE
"K"
OCT 30 1941
N.S. 113-8-1108
CANADA
H.Q. File No. P153364

ORIGINAL

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
"RESTIGOUCHE". 5.2.444. ✓	Surname..... STEPHEN ✓ Christian Names } Donald.	O.Tel. ✓ RCNVR.	V.24255.	\$ 1.60 ✓ .65 D.A. ✓

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname..... Bond Clothing Shop.		Barrington St., HALIFAX, N.S.	\$ 5.00 ✓ NEW.	NEW NOVEMBER ✓

Section B DISPOSAL OF EXISTING ALLOTMENTS (See Note 1 below)
The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
\$ 45.00 ✓ 25.00	Mrs. P. Stephen.	Winnipeg, Man. ✓	To be continued.
\$ 1.00 ✓	Not known	Not known	TO BE CONTINUED

Note 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.
Note 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorizing charges.....
Ord. Telegraphist. Rank or Rating

ENTERED IN FAIR LEDGER

ENTERED IN ROUGH LEDGER

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—



THE NAVAL SECRETARY,
Department of National Defence,
(Naval Service)
Ottawa, Ont.

Paymaster Sub-Lieutenant RCNVR
for Accountant Officer

H.M.C.S. "AVALON" for "RESTIGOUCHE"

Forwarded..... OCT 25 1941

S. 63

40M-4-40 (4787)
N.S. 815-9-63

Assigned Pay to Wives
Assigned Pay to other Dependents
Marriage Allowance
Dependents Allowance
Other Allotments

Object No. 111 \$.....
" 113
" 116
" 119
" 128 5.00
Total \$ 5.00

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

.....25 August, 1944.....

(Date)

Sir:

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
STEPHEN, Donald	Leading Telegraphist	V-24255, R.C.N.V.R.
<u>DATE OF ENLISTMENT</u> - 22 November, 1940. Active Service: 27 December, 1940.		
<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> 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>Channel.</u> "Missing" at sea when the ship in which he was serving was lost by enemy action in the English Channel.		
<u>Next of kin & relationship</u> -		
<u>RELATIONSHIP</u> -	<u>NAME</u> -	
Mother	Mrs. Emily Stephen,	
<u>ADDRESS</u> -	1224 Windermere Ave., FORT GARRY, Man.	

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

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

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

H.B. Money
for
SECRETARY, NAVAL BOARD. *c*

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

*note D.M.P.A.
29-12-44*

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)

YB

67

N.S. V-24255, F.D.928, PERS(N)

6 April, 1945.

THIS IS TO CERTIFY that according to official information Donald Stephen, Leading Telegraphist, Official Number V-24255, 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

OTTAWA, Ont.

IN REPLY PLEASE QUOTE

NO. N.S. V-24255 PERS. (N)

DEC 26 16 1944 194

39853



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:

NAME, RANK/RATING NO.	PLACE, DATE & CAUSE of DEATH	NEXT OF KIN
STEPHEN, Donald, Ldg. Telegraphist, V-24255, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Mother: Mrs. Emily Stephen, 1224 Windermere Avenue, FORT GARRY, Manitoba.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Emily Stephen (Mother)	1224 Windermere Ave., Fort Garry, Man	D.A. 25.00 A.P. 40.00 <u>65.00</u>	AMP.
Rec. Gen. of Canada	6th. Victory Loan, Ottawa, Ontario	\$16.80	AMP.
Rec. Gen. of Canada War Savings Certificates	Ottawa, Ontario	\$1.00	AMP.

WILL: Attached.

Note All allots. stopped August 31, 1944.

AMP.
12/12/44

Yours truly,

G. I. Heard

for
SECRETARY, NAVAL BOARD.

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



U.S. DEPARTMENT OF JUSTICE
CENTRAL REGISTRY
(Personnel Section)

TO: [Faint text]

FROM: [Faint text]

SUBJECT: [Faint text]

[Faint text]

[Faint text]

[Faint text]

RE: [Faint text]

[Faint text]



VERIFICATION FORM

DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.

NAVAL GENERAL SERVICE MEDAL (1915).

BRANCH/RATING *A/Ldg. Tel.* OFF. NO. *V24255* 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.	1915 MEDAL			
								1939-45	1	<i>Star</i>
	<i>to Ind-Africa</i>							ATLANTIC	1	<i>+ Clasp</i>
	<i>to - France Germany</i>							FRANCE G.	2	
								AFRICA	1	<i>Star</i>
								PACIFIC		
								BURMA		
								ITALY		
								DEFENCE		
								C.V.S.M.	2	<i>+ Clasp</i>
								" CLASP		
								WAR 1945	1	<i>Medal</i>
								WAR 1915		

VERIFIED BY *J.A.H.*