

1944

· CAP NÈGRE ·

· VERRIÈRES RIDGE ·

· ADIENS ·

Sgt Stretton, William Joseph. RCASC
 Gnr Stricker, Harry Edward RCA
 F/O Strickland, George John RCAF
 WO₁ Strickland, Leonard RCAF
 Pte Strickland, Nathan Nth NS Highrs
 Pte Strickland, William John HLI of C
 RPn Stride, Arthur Regina Rif
 F/O Stringer, Allan James RCAF
 WO₂ Stringer, George Edward RCAF
 AB Stringer, Joseph RCNVR
 Pte Stringer, Leslie Grant RCASC
 F/O Striowski, Albert George RCAF
 Pte Strizzi, Antonio Rde Mais
 P/O Strom, Carl Walter RCAF
 Gdsm Stronach, John Donald GGFG
 Lt Strong, Clarence Ormiston SSask R
 Tpr Strong, Marvin three Riv R
 LAC Strong, William Garnet RCAF
 P/O Stroud, Claire Douglas RCAF
 LAC Stroud, George William Eugene RCAF
 F/L Stroud, Wallace Dicker RCAF
 F/L Strout, Alfred Carman RCAF
 Spr Strum, Fred Loraine RCE
 P/O Strumm, Maynard Lloyd RCAF
 Pte Struthers, John Fairbank HLI of C
 Pte Stuart, Donald Merton West NSR
 AB Stuart, George Alexander RCNVR
 F/O Stuart, Robert Claire RCAF
 Lt Cdr Stubbs, John Hamilton, DSO, DSC RCN
 WO₂ Stubbs, John Lionel RCAF
 Sgt Stubbs, Norman Richard RCAF
 F/S Stubelt, Robert Ford RCAF
 F/O Stubner, Richard Frank RCAF
 RPn Studd, George Henry QOR of C
 AC₁ Stumph, Glen Joseph RCAF
 Cpl Sturdy, Charles RCASC
 Sgt Sturgeon, John Reginald RCA
 Sigm Sturim, Issie RC Sigs
 P/O Sturmy, William John DeBlois RCAF
 RPn Sturrock, Albert Edward QOR of C
 Tpr Sturrock, William Marvin 14 H

F/O Stusiak, Nicholas RCAF
 P/O Stuttle, Norman Edward RCAF
 Maj Styffe, Edward Grieg L Sup R
 Sgt Styles, Frederick Lansing QOR of C
 F/O Sucharov, Mortimer Samuel RCAF
 Pte Suchow, Kost Calg Highrs
 Gnr Suddaby, George RCA
 Cpl Suddaby, Gordon Hillis Regina Rif
 F/O Suddick, William Edward DFC RCAF
 Pte Sudds, Arthur Joseph Westmr R
 Pte Suden, James Seaforth of C
 L/Cpl Suffron, Gordon Wilfred RC Sigs
 S/Sgt Sugden, Albert RCA
 P/O Sugden, Alfred William Edward RCAF
 S/L Suggitt, William Reid, DFC RCAF
 Pte Sullivan, David Marshall CH of O
 Pte Sullivan, Edgar John Hast & PER
 L/Sgt Sullivan, Edwin George RCR
 L/Cpl Sullivan, Gordon Patrick QOR of C
 Gnr Sullivan, James Allen RCA
 Fus Sullivan, James Oun PL Fus
 Gnr Sullivan, Joseph Albert Earl RCA
 Pte Sullivan, Norman Edward 1r RC
 F/S Sullivan, Patrick William RCAF
 Tel Sullivan, Samuel RCNVR
 F/O Sullivan, Stafford John RCAF
 Pte Sullivan, William John CH of O
 Pte Sulyma, Michael RCR
 P/O Sutz, Henry RCAF
 Pte Sumara, Albin Frank Nth NS Highrs
 P/O Summerhayes, John Wilson RCAF
 Pte Summerhayes, Samuel Joseph HLI of C
 Gdms Summers, Clayton William Clarence CGG
 Cpl Summers, Kenneth William R Regt C
 Pte Summers, Leonard 48 Highrs
 Pte Sundeen, Sven Line & Well R
 P/O Sundercock, Donald Keith RCAF

V10937
STUART
GEORGE

ALEXA

023485
NATIONAL DEFENCE
FEB 1942
112/1127

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full **George Alexander STUART** (b) Reg'l. No. **V 10937**
2. (a) Arm of service **NAVAL** (b) Unit **Regina Division, RCNVR** (c) Rank **ORD. SMN.**
3. (a) Date of birth **13 Mar. '21** (b) Have you any dependents? **NONE** (c) Place of residence at time of enlistment **Moose Jaw, Sask.**
4. (a) Place of enlistment **Regina, Sask.** (b) Date of enlistment **4th Feb. '42**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **17 yrs.** (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.) **two years High School**
7. If you attended a university, give name of university and standing or degree secured **--**
8. (a) Did you ever enter upon a trade apprenticeship? **No** (b) If so, for what occupation? **--** (c) Did you finish it? **--** (d) If you did not finish it, how long did you serve at it? **--**
9. (a) What languages do you speak fluently? **English** (b) What languages do you read well? **English**

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) **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 **McBrides Ltd.** Address **Moose Jaw, Sask.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **Grocers**
20. (a) Your specific occupation **Truck Driver** (b) Number of years' experience at this occupation with any employer **1 yr.**
21. (a) Did your employer promise definitely to give you employment on discharge? **No** (b) Did your employer refuse to promise you employment on discharge? **No** (c) Do you wish to return to your former employment? **No**

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? **--**
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) **--**
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form **Electricity**



DATE **4th February 1942** SIGNATURE *George Stuart*

COPY TO
VWD
EG

FEB 20 1942

Mrs. Isabella Stuart,

 923 Hochelaga St., West,

 Moose Jaw, Sask.

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. 10937 FD 783

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

STUART, George Alexander, A/Smn.

V.10937

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

J. W. Wade
 Commander R.C.N.V.R.
 for 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.....	Edward Charles Stuart	56	923 Hochelaga St W Moose Jaw, Sask
4	Mother of the Deceased.....	Isabella Patience Stuart	53	Do
5	Brothers of the Deceased	Full Blood	Robert Edward Stuart 17 Roderick Mc Arthur Stuart 15	Do Do
		Half Blood	/	
6	Sisters of the Deceased	Full Blood	Margaret Jane Stuart 25	923 Hochelaga Street W Moose Jaw Sask.
		Half Blood	/	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
	/	/	/	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	George Alexander Stuart.
9	Date of his birth.	March 13 th 1921.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Dunoon, Argyllshire, Scotland. Oct-15-1917

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Brandon, Manitoba.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Saskatchewan (c) (d)
14	Nature of employment before enlistment.	Truck Driver.
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Saskatchewan

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?	not to my knowledge
20	Amount of War Savings Certificates held by deceased. Indicate where located.	5 War S. Certificates at 5-00 ✓
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	He purchased 100 ⁰⁰ Bond in the 6 th loan
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	2 Policies with the Metropolitan Ins. Co. Mrs. P. Stuart
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 no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

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

(PLEASE TURN OVER)

DECLARATION

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

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

Father

*.....of the deceased.

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

E. C. Stuart

{Signature of Informant

923 Hochelaga St W. Moose Jaw Sask Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief *Edward C Stuart*

*See above.

{ Name of informant }

is the* *Father* of the Deceased

above described. The above Declaration was made by the Informant and signed in my presence.

Dated at *Moose Jaw Sask* this *ninth* day of *February* 19*45*

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

W. J. ...

Qualification *Commissioner for Oaths*

Address *Moose Jaw Sask*

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

George told us he had purchased a \$100.00 Victory Bond on the 6th Loan but we do not hold it. Further he advised us that he was to make an assignment of ^{his} pay each month, but so far, nothing came through, I suppose the pay ad record office would know. ~~pay~~ much as, he did not state any figure.

E. C. Stuart

Insurance Policies each \$1,000.00

one whole Life one endowment.

War saving certificates are held at home

(5) On being enrolled as a member of the **REGINA** 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 **Fourth** day of **February, 1942.**

Signature of applicant.....

(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 **Fourth** day of **February, 1942.**

Lieut. RCNVR.

Signature of and rank of Attesting Officer.

(D) **OATH OF ALLEGIANCE**

I, **George Alexander STUART** 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.....

Witness.....

Date **4th February, 1942.** Rank **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**

George Alexander STUART 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 **REGINA** Division of the R.C.N.V.R. or in the appropriate official documents.

Lieut. RCNVR.

Attesting Officer.

4th February 2 R.C.N.V.R. Division **REGINA**
194..... (or other establishment).....

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters Ottawa. This is to acknowledge that I have not been induced to enter the **Seaman** Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

.....
Witness

Signature

that I have not
Branch
being transferred
that I have



CANADA

023484

Can. B. 207

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

NATIONAL DEFENCE

FEB -9 1942

N 113 2127

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 G. A. STUART

‡ candidate for entry as OD

and I believe him to be * in all respects fit for His Majesty's Service.
unfit for His Majesty's Service for the reason stated below. He has signed the Certificate given below in my presence.

‡ Strike out if inapplicable. * Delete one.

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

(a) Age (Years / Months)	(b) Weight without Clothes (lbs.)	(c) Height with Bare Feet (ft. ins.)	(d) General Development	(e) Chest Girth (inches)	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
20 - 10	167	5' 10 3/4"	Good	38 1/2 36 1/2 37 1/2	right eye 20/20 left eye 20/20 *colour vision N	1934, 13 1/2 / 75					CV10 CV10 drums OK		teeth bad	

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

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

App.

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

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

G. A. Stuart

† 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

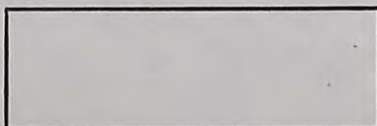
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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 Regina the 30 of Jan 1942

Chivers
Examining Medical Officer

(Rank) Sydney Rowse

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Isabella Stuart - Mother

ADDRESS: 923 Hochelaga Street, West,
Moose Jaw, Sask.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Isabella Stuart

ADDRESS: 923 Hochelaga St. W., Moose Jaw, Sask.

MEMORIAL BAR

(1) DATE DESP

REGN. NO

247

(2)

(3)

17-1-45

STUART	George Alexander	V-10937	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star & F.G. Clasp →	
Africa Star & Clasp	
C.V.S.M. & Clasp	
War Medal	167- 17-10-49.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V10937

OFFICIAL NUMBER

FILE NUMBER

113-S-2127

OFFICIAL NUMBER

V10937

NAME STUART (Surname) George Alexander (Given Names) DATE OF BIRTH 13th March, 1921PLACE OF BIRTH Brandon, Man. OCCUPATION Truck DriverRELIGION United EDUCATION Grade 10RESIDENCE AT TIME OF ENLISTMENT: Street and No. 923 Hochelaga St., West. Town Moose Jaw Province, etc. Sask.

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
4	2	42	H.O.	5'10 $\frac{1}{4}$ "	red	blue	fair	scar lower lip vacc. left arm				

NEXT OF KIN RELATIONSHIP (in pencil) MOTHER NAME (in pencil) MRS. ISABELLA STUARTADDRESS (in pencil): Street and No. 923 HOCHELAGA ST., WEST. Town MOOSE JAW Province, etc. SASK.

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	
4	4	44	CVSM (R & C) 1939-43 Star.	1	8	42	"TR"				
				26	5	42	Qual. A/G 2 days				

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

Date (in figures)			DAYS FORFEITED					O.H.F. Received	
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		In diff. Char.
									O.H.F. Received Unemployment Insurance Book--Regina, Sask. Last Will & Testament dated 4-2-42-received

SECOND CLASS FOR CONDUCT

From

To

V10937 OFFICIAL NUMBER

NAME (Surname) STUART (Given Names) George Alexander

P.I.B.
OFFICIAL NUMBER V10937

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
H.M.C.S. Queen	Ord. Smn.	4	2	42	Div. Str. Regina	V.G.	Sat.	31	12	42	A/A.A. III	28	9	42			
"	"	20	3	42	Active Service	V.G.	Sat.	31	12	43							
Naden	"	19	5	42	TE	V.G.	Sat.	21	8	44							
Cornwallis	"	22	8	42													
Alberni	"	30	9	42	via Stadacona												
"	A.B.	20	3	43	Rated (249A-14931)												
DISCHARGED	"	21	8	44	Missing. Per Casualty List.												
					Presumed "DEAD" (sub. 31-1-45)												

GENERAL REMARKS

Awarded Can. Memorial Cross to Mother:
Mrs. Isabels Stuart,
923 Hochelaga St. West,
Moose Jaw, Sask. on 17-1-45.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		REL.	ED.	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BY	ST.	MAIN	SUB.	GR.		P.	CTY.	TOWN	SERV.	DIV.	A.	BR.	RANK
13	3	21	16		580	0	403		7	07	23	0	17	0	08	95
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SHIP OR ESTAB.	GR.	RANK OR RATE				
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.		A.	GR.	RANK			
04	02	42	20	03	42						1520	0	08	94		
SENIORITY			STR.	NON-SUB.		M.				CODED		CHECKED				
DY.	MO.	YR.	CAT.	A.	B.	ST.										
20	03	43	13	16	00											

This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE, penalty for Improper use, \$300", and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE".

For use of Department only.
No. 19

PROVINCE OF SASKATCHEWAN
RECORD OF REGISTRATION OF DEATH

Registration Division of Municipality No. 27

1. PLACE OF DEATH AT SEA.
(If in city give street and number. If outside the limits of a city, town or village, give sec., tp. and rge. If in hospital, give name)

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

3. PRINT FULL NAME OF DECEASED STUART, George Alexander
RESIDENCE 923 Hochalaga St. West., MOOSE JAW, Sask.
(Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)

4. SEX <u>Male</u>	5. CITIZENSHIP <u>Canadian</u>	6. RACIAL ORIGIN <u>Scotch</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>	8. BIRTHPLACE (Province or Country) <u>Manitoba</u>
-----------------------	-----------------------------------	-----------------------------------	---------------------------------------------------------------------------	--------------------------------------------------------

9. DATE OF BIRTH <u>March 13, 1921</u> (Month, day and year)	10. AGE in Years <u>23</u> Months <u>5</u> Days If less than one day hrs. or min.
-----------------------------------------------------------------	--------------------------------------------------------------------------------------------------

USUAL OCCUPATION

11. Trade, profession or kind of work as farmer, teamster, office clerk, etc. Truck Driver, McBride's Limited, Moose Jaw.
12. Kind of industry or business, as agriculture, lumbering, bank, etc.
13. Date deceased last worked at this occupation.....
14. Total years spent in this occupation.....

PARENTS

15. Name of father.....
16. Birthplace of father..... (Province or Country)
17. Maiden name of mother.....
18. Birthplace of mother..... (Province or Country)

19. Signature of informant H.B. Money
Address Paymaster Commander, R.C.N.R. Naval Service Headquarters, OTTAWA
20. Relationship to deceased Director of Personnel Records

21. Place of burial, cremation or removal No burial
Date of burial, cremation or removal 19.....

22. Signature of Undertaker or person acting as Undertaker.....
(Name and address)

MEDICAL CERTIFICATE OF DEATH

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

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

I	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>"Missing." presumed dead. He was serving in HMCS "ALBERNI" which was sunk in the English Channel.</u>			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)..... (c).....			
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.			

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

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

27. 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.....

28. I hereby certify that the above return was made to me at.....
Dated..... 19.....
(Division Registrar)

SEC. 70, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

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

In case of Stillbirth consult definition on reverse side before making out certificate.

P199181 NOV 29 1942

IN THE NAME OF GOD, AMEN

113-S-2127

I, George Alexander STUART ORD. SMN. O.N. V-10937 of His Majesty's Ship "QUEEN" (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 dear Mother:

Mrs. Isabella Stuart,
923 Hochelega St. West,
MOOSE JAW, Saskatchewan

105295

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/Canadian Navy, together with all other my Estate and Effects whatsoever and wheresoever.

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

And I do hereby appoint my dear Mother:

Mrs. Isabella Stuart
923 Hochelega St. West,
MOOSE JAW, Saskatchewan.

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 Regina, Sask. hereunto set my hand, this Fourth day of February, in the Year of Our Lord One Thousand Nine Hundred and forty-two.

x *George Alexander Stuart*

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

[Handwritten signatures of witnesses]

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 _____
Records by _____

N.V. 17
60M-0-42 (3943)
N.S. 8:5-11-17

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

George Alexander STUART

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number.....
	<i>Regina</i>	<i>V 10937</i>
		"
		"

Date of Birth.....	<i>13th March 1921</i>	Name and Address of Nearest Relative or Friend (in pencil)
Place of Birth.....	<i>Brandon, Manitoba</i>	
Place of Residence.....	<i>923 Hochelaga St W, Moose Jaw, Sask</i>	
Trade brought up to.....	<i>Truck Driver</i>	
Religion.....	<i>United</i>	
Can Swim:—P.P.T. Date.....	19.....	Signature.....
P.S.T. Date.....	19.....	Signature.....

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>4 Feb '42</i>	<i>Duration Hostilities</i>	<i>Ord Amn</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>10 1/2</i>	<i>37 1/2</i>	<i>167</i>	<i>Red</i>	<i>Blue</i>	<i>Fair</i>	<i>Scar lower lip. Vaccination left arm.</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

Instructions for filling up the Form

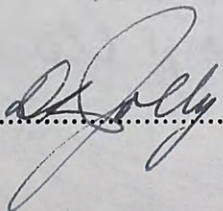
If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

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

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

CERTIFICATE

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

.....  } Signature of the person
by whom the Will was prepared.

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

NAME IN FULL *STUART George Alexander* RANK/RATING *able seaman* OFF.NO. ..

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN				
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEF
<i>Queen</i>	<i>20/3/42</i>	<i>18/5/42</i>	<i>60</i>						
<i>Albani</i>	<i>30/9/42</i>	<i>2/8/44</i>	<i>692</i>	<i>Atlantic</i>					
<i>Discharged</i>	<i>" Doel "</i>			<i>Med-Africa 90. No.</i>					
<i>to date</i>	<i>21/8/42</i>								

VERIFIED BY *Guller B. Long*

VERIFIED BY

VERIFICATION FORM

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

RANK/RATING *able seaman* OFF. NO. *V-10937* ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>Star</i>
							ATLANTIC	1	<i>Star</i>
<i>Atlantic</i>							FRANCE G.	2	
<i>Med-Africa G.O. No.</i>							AFRICA	2	<i>Clasp</i>
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>Clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *Gilles Blanger*

LA/JEM

REGISTERED

AIRMAIL

V-10937 PERS.(N)

10

23 August, 1944.

Dear Mrs. Stuart:

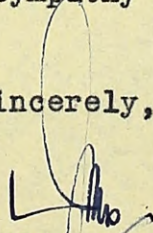
It is with deepest regret that I must confirm the telegram of the 23rd of August, 1944, from the Minister of National Defence for Naval Services, informing you that your son, George Alexander Stuart, Able Seaman, V-10937, Royal Canadian Naval Volunteer Reserve, is missing at sea.

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. Isabella Stuart,
923 Hochelaga St., West,
Moosejaw, Sask.

File Number. V10937.

SERVICE

O.N. V-10937

NAME: STUART, George Alexander

PRESENT RANK/RATING: Able Seaman

DATE TAKEN ON ACTIVE SERVICE: 20.3.42.

SERVICE

SHIP OR ESTABLISHMENT

HMCS Queen

Naden

Cornwallis

Alberni

From

20.3.42

19.5.42

22.8.42

30.9.42

To

18.5.42.

21.8.42.

29.9.42.

11

File Number.

SERVICE

O.N.

WILL: Last Will & Testament dated 4.2.42 received.

NAME & ADDRESS OF NEXT OF KIN:

Mother: Mrs. Iabella Stuart
923 Hochelaga St.
West,
Moose Jaw,
Sask.

DATE TAKEN ON ACTIVE SERVICE:

SERVICE

SHIP OR ESTABLISHMENT

From

To

DISCHARGED PREVIOUSLY?

No.

REASON:

DATE:

Initialed by: D.B.

Date: 24.8.44.

Section:

111

(TO BE COMPLETED IN INK.)

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

12

Sir: 25 August, 1944
(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.
STUART George Alexander Able Seaman V-10937, R.C.N.V.R.

DATE OF ENLISTMENT - 4 February, 1942 Active Service: 20 March, 1942.

DATE OF DISCHARGE - Will be reported later.

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

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

Reason for discharge and - "MISSING" at sea when the ship in which he was
when and where any disability serving was lost by enemy action in the English
was incurred, or where death Channel. While this casualty is listed as missing, it is impossible to make an
occurred. 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).

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Isabella Stuart,

ADDRESS - 923 Hochelaga St., West, Moose Jaw, Sask.

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; 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)

FILE:

N.S. V-10937 PERS(N)

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

DEC 26 1944

32

Sir:

(Date)

The following casualty has been reported -

NAME RANK or RATING NAVAL NO.

STUART, George Alexander Able Seaman V-10937, R.C.N.V.R.

DATE OF ENLISTMENT - 4th February, 1942 Active Service 20 March, 1942.

DATE OF DISCHARGE - 21st August, 1944.

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

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

Reason for discharge and when and where any disability was incurred, or where death occurred. "Missing", presumed dead. He was serving in HMCS "ALBERNI" which was sunk in the English Channel.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Mother NAME - Mrs. Isabella Stuart

ADDRESS - 923 Rochelaga St. West., MOOSE JAW, Sask.

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

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

C.R. P.A. NAVAL TREASURY DATE 28/12/44 INITIAL

REMARKS:.....

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

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

Nil

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	Nil	Nil	

To Whom Paid: _____ Address _____

Date of Enlistment: (See other side)

Date of Discharge: (See other side)

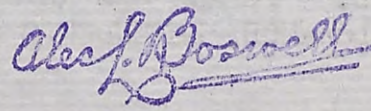
Inclusive date to which D.A. and/or A.P. was Paid: _____

The final deduction of Assigned Pay for _____ has been made for the period from 1st to _____ of _____ 194

Remarks: _____

Computed by... DMD

Checked by... smal


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

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

File No... V-10937 PERS(N).....

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS



33

Issued to:-

Wife:-

Mother:-

Mrs. Isabella Stuart,
923 Hochelaga ST. West.,
MOOSE JAW, Sask.

C.R. BY.....

Date forwarded:- JAN 17 1945

Registered Mail No: 3515

MG

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

4
NAVY

DECEASED MEMBER'S NAME **George Alexander** (CHRISTIAN NAMES)
 PAYEE **Director of Estates,**
 ADDRESS **308 Sparks St.,**
Ottawa, Ont.
 DATE OF TERMINATION OF OVERSEAS SERVICE **21 Aug/44**

STUART (SURNAME)
 For Service Estate of **George A. Stuart,**
NSV-10937
 REGISTER NO. **10523**
 FILE NO. **NSV-10937**
 DATE **22 Oct/45**
 SERVICE NO. **V-10937**
 FINAL RANK OR RATING **A.B.**
 DATE OF DISCHARGE **21 Aug/44**

A. TOTAL QUALIFYING SERVICE \$ 217.50

NO. OF DAYS 886 EQUAL TO 29 COMPLETE PERIODS AT \$7.50

B. QUALIFYING OVERSEAS SERVICE \$ 169.00
 NO. OF DAYS 692 LESS 16 INELIGIBLE DAYS, EQUAL TO 676 DAYS @ 25C. PER DAY

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	1.85		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	2.45		
ADDITIONAL PAY	H.L.M. \$.25		
	A.A.III \$.10		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	N11		
TOTAL	3.65	X7 = \$	25.55
NO. OF DAYS	692	X \$	25.55
	183		

96.61

D. WAR SERVICE GRATUITY 483.11

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
 OTHER DEDUCTIONS \$ N11

F. TOTAL AMOUNT PAYABLE **J.V. NPA-187 Nov. 6/45** 483.11

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ **483.11**
 TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

AT

PREPARED BY		CHECKED BY		DATE
W		R J A [Signature]		27/10/45
				SERVICE REPRESENTATIVE

for Dir. Naval Pay Acctng.

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member Name George Alexander STUART
 (Christian Names) (Surname)

Payee

Director of Estate
308 Sparks St.
Ottawa, Ont.

for Service Estate of
George A. STUART
N.S.U-10937

Register No. 10523

File No. V10937

Date 26-6-45

Service No. V10937

Final Rank or Rating A-3

Date of termination of overseas service 21 Aug. 44 Date of Discharge 21 Aug. 44

A. TOTAL QUALIFYING SERVICE

No. of days 886 equal to 29 complete periods at \$7.50
30

\$ 00
217.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 692 less 16 ineligible days equal to 676 days @ 25¢ per day

169.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$ 1.85	
Subsistence or Lodging and Provision Allowance	\$ 1.45	
Additional Pay		
H.L.M.	\$.25	
A.A.M.	\$.10	
Dependents' Allowance 1/30 of \$		
Total	<u>3.65</u>	x 7 = \$25.55
No. of days	<u>692</u>	x \$25.55
	<u>183</u>	

96.61

D. WAR SERVICE GRATUITY

483.11

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

OTHER DEDUCTIONS \$

nil

F. TOTAL AMOUNT PAYABLE

483.11

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance in issue to you \$ _____ of \$ = \$ 483.11
 Total Dependents' Allowance in issue \$ _____

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

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

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

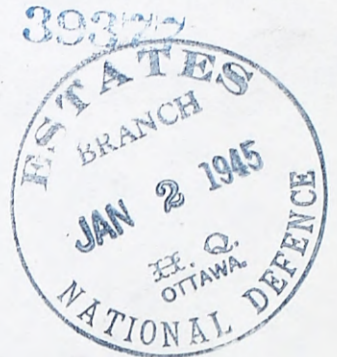


Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE
NO. V10937 PERS(N)

Ottawa, Ont. 26 Dec., 1944



Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
George Alexander STUART, Able Seaman, Official Number V-10937, R.C.N.V.R.	"Missing", presumed dead. Mother: Mrs. Isabella Stuart, He was serving in HMCS. "ALBERNI" which was sunk in the English Channel.	923 Hochelaga St. West., MOOSE JAW, Sask.

Allotments in Force

<u>In Favor Of</u>	<u>Amount</u>	<u>Initials</u>
NIL	NIL	AMP

WILL: Attached.

Yours truly,

for
SECRETARY, NAVAL BOARD.

AMP.

13/12/44

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

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

36
1
1/2

Name.....STUART, George.....Rating.....A.B.
 Official No. V10937.....H.M.C.S. NIOBE for ALBERNI.....List 12.II/4
 Who*.....Discharged Dead.....on the 21st August.....1944

	\$	cts.	
Net sum due on ledger on account of Wages.....	176	90	
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)..... Sixteen Dollars and eighty cents.charged to 31 Aug.			
Name of ship from which transferred.....			
Total†..... Credit or	176	90	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.....**One Hundred, seventy-six**.....dollars.....**ninety**.....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(S) RCNVR
*[Signature]*.....{ Initials of the Assistant Accountant Officer
 Lieutenant (S) RCNVR
*[Signature]*.....Commanding Officer.
 for A/CAPTAIN RCNVR

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

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run. †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.

C.N.S. 46

10M-3-43 (8719)
 H.Q. N.S. 815-9-45

Note: The above sum has been recovered by Niobe
 March cash acct. receipt voucher N-R-1531.

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.G.S. "ALBERNI" ending 31 MARCH 1945

List 12-2 No. 4 (Name) STUART, George Rank Rating A.B. No. V-10937

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

CREDIT from former account

	Former Book	\$	c.
		176.	90
Pay as (Rank Rating) from _____ to _____ (_____ days at \$ _____ a day)			
" " " " (" ")			
" " " " (" ")			
" " " " (" ")			
" " " " (" ")			

Kit Upkeep Allowance

OTHER CREDITS:

Total credits

176.90

DEBT from former account

PAYMENTS:-	1st		2nd		3rd		4th		5th		Total
	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	
1st month											Total
2nd month											Total
3rd month											Total

Niobe March Cash Acct. Receipt Vr. NR-1531

176.90

Allotment

Pension deduction (Officers) charged to _____ of _____

Hospital stoppages

Mulcts

OTHER CHARGES:

176.90

Total debits,
Balance Cr. or Dr. Nil
(Balance Dr. to be shown in red)

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 17 May 1945

[Signature]
for Accountant Officer

Lieut.(S) RCNVR.

Ledgers

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

Four copies to be rendered to Naval Service Headquarters

26

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

NAVAL SERVICE HEADQUARTERS at OTTAWA, Ont.

Name STUART, George Alexander (Christian names in full)

Rank of Rating Able Seaman Official No. V-10937 R.C.N.V.R. (If unknown, date of first entry)

Place of Birth Brandon, Manitoba Date of Birth 13th March, 1921

Occupation in Civil Life Truck Driver Religion United

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 2 years and 6 months.

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

Cause of Death Missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, R.N.C.S. "ALBERTA", was lost in the English Channel due to enemy action.

Nearest known relative or friend. Name Mrs. Isabella Stuart Relationship Mother Address 923 Hochelaga St. West., MOOSE JAW, Sask.

Date on which the above was informed by Ship Naval Service Headquarter's 23 Aug. 1944.

Date on which death was registered with local Officials

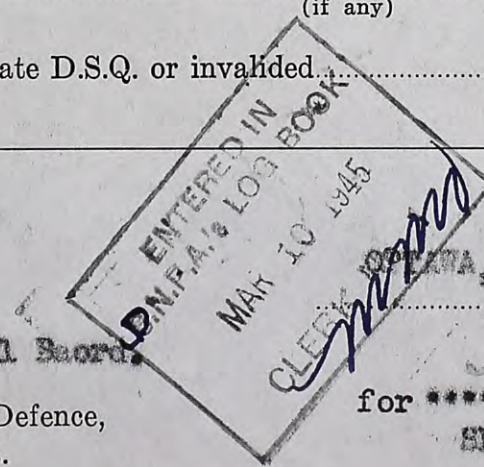
In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

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

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

Undertaker employed (if any)

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



Commanding Officer, OTTAWA, Ont. February 5. 28.194. H.B. Money SECRETARY, NAVAL BOARD.

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

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.

DISTRIBUTION OF SERVICE ESTATES

GMW

Estates Form "P. 4"

~~ARMY~~ NAVY

Name: STUART, Surname George A. Christian Names No.: NSV 10937

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

Date: 8-12-45

<u>AMOUNT</u>		<u>W.S.G.</u>	<u>483.11</u>
		L.P.C.....\$	<u>246.72</u>
		Other Credits.....	
		Total.....	<u>729.83</u>
		Prev. Dist.	<u>246.72</u>
		This Dist.	<u>483.11</u>

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Isabella Stuart, 923 Hochelaga St. W. Moose Jaw, Sask.	483.11
		(Sole beneficiary per will)	

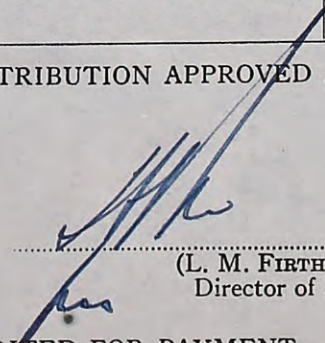
P4. TO TREAS.

DEC 18 1945

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	331	00	50	000	483.11
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer