

1944

• CAP D'ANNIMAR •

FRANCO-ITALIAN BOUNDARY •

• WINKLEIGH •

Pte Whitehead, Stewart HLI of C
 F/O Whitehead, William Anderson RCAF
 Rfn Whitehouse, Edwin Andrew QOR of C
 Reg PO Whitehouse, Eric RCN
 F/O Whitelaw, Archie RCAF
 Lt Whiter, Henry T. RB
 Gnr Whitford, Arthur Raymond RCA
 Pte Whitford, David SSask R
 Pte Whitford, Harold Kenmir RCASC
 Pte Whitford, Melvin LEdmn R
 Pte Whitford, Morris Ellis C Scot R
 Tpr Whitford, Walter BCD
 Pte Whitford, William Worsley
 Gilbert Calg Highrs
 P/O Whiting, Donald Stuart RCAF
 Cpl Whiting, Douglas SD&G Highrs
 Lt Whiting, Frank Harlow
 Pte Whitlam, Raymond Delmar PPCLI
 F/O Whitley, Robert Newton RCAF
 L/Cpl Whitlock, Daniel George
 Lan & Ren Scot R
 F/O Whitlock, Harold Brand RCAF
 Pte Whitlock, Harry Thomas SSask R
 WO₂ Whitlock, Leslie Innis RCAF
 Cpl Whitmarsh, Joseph William
 SD&G Highrs
 P/O Whitmore, Aubrey Roy RCAF
 Cpl Whitmore, Lloyd Ernest QOR of C
 Sgt Whitney, Albert Thomas RCA
 Pte Whitney, John Richard Tor Scot R
 Tpr Whitney, Richard Harold
 Sher Fus R
 P/O Whitson, Robert Daniel RCAF
 Sgt Whittaker, John RCAF
 P/O Whittaker, John Arthur RCAF
 Pte Whittaker, Ronald Allen
 1 Cdn Spec Ser Bn
 WO₁ Whittard, Frederick Henry
 Theodore RCAF
 Tpr Whittard, Ross Frederick
 Three Riv R
 Gnr Whitley, Joseph RCA
 L/Sgt Whitticks, Douglas Arthur RCA

Capt Whittingham, Jesse 12 H
 Sgt Whittingsall, Calvin George RCAF
 AB Whymark, Milton Elwood RCNVR
 Sgt Whyte, Cecil John RCAF
 Pte Whyte, Duncan Craig Scaforth of C
 P/O Whyte, Gordon Edward RCAF
 AB Whyte, John William RCNVR
 Cpl Whyte, Kenneth Archibald RHC
 P/O Whyte, Percy Alexander RCAF
 Sgt Whyte, Perley Everett N Shore R
 Spr Whyte, William Gerald RCE
 Dvr Wice, Iven Marques RCAMC
 P/O Wick, Stanley Arthur RCAF
 F/O Wickens, Herbert Asquith RCAF
 Tpr Wickes, Arnold Franklin
 Fort Garrys
 F/S Wickham, Walter Robert RCAF
 Pte Wicks, Peter D & H Rif
 Sgt Wicks, Philip Francis RCAF
 Cpl Wickstrom, Eric Torsten 17 H
 Sgt Wickstrom, Henry William
 1 Cdn Spec Ser Bn
 Cpl Wickware, Benson Harold RCAF
 F/O Widdess, Edward Henry RCAF
 Pte Widdis, Errol Edward Perth R
 Tpr Widlake, Thomas Huntington
 Ont R
 Pte Wiebe, Peter Donald PPCLI
 F/O Wiegand, William Norman RCAF
 Pte Wiggins, Chauncey James CFC
 Cpl Wiggins, Lambert Whitfield
 N Shore R
 Sigm Wiggins, Robert RC Sigs
 P/O Wiggins, William Thomas RCAF
 Pte Wigglesworth, Graham Gordon
 Hast & PER
 Sgt Wigham, Edward Albert RCE
 S/Sgt Wightman, Ralph Harlan
 RCASC
 P/O Wigley, Charles Victor Ross RCAF
 Spr Wigmore, Arthur Henry RCE
 Pte Wilbur, William Milton RCR
 Pte Wilcox, Alfred Wesley
 Camerons of C
 Gnr Wilcox, Jessie Frederick RCA
 Cpl Wilcox, Leonard Russell RCAF

V50134

WHYTE

JOHN

WILLIA

DEPARTMENT OF VETERANS AFFAIRS

D OF D 21-8-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

WHYTE	John William	V-50134	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPACHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPACHED
1939-45 Star	6456 15-10-49
Atlantic Star & Clasp	
Africa Star & Clasp	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Oct. 45 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Marguerite L. Whyte - Widow

(1)

ADDRESS: Fort Francis, Ont.

(2) MEMORIAL CROSS

WIDOW Mrs. Marguerite Whyte

(2)

ADDRESS: Fort Francis, Ont.

(3) MEMORIAL CROSS

MOTHER no record

(3)

ADDRESS:

MEMORIAL BAR

DATE DESP.....

REGN. NO

29

MRR

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

4
 NAVY

DECEASED
 MEMBER'S
 NAME

John William
 (CHRISTIAN NAMES)

WHYTE
 (SURNAME)

REGISTER NO. 7933
 FILE NO. NB. V50134
 DATE 28 Apl/45
 SERVICE NO. V50134
 FINAL RANK OR RATING A.B.
 DATE OF DISCHARGE 21 Aug/44

PAYEE Mrs. Marguerite Whyte,
 ADDRESS 726 Church St.
 Fort Frances, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE

21 Aug/44

A. TOTAL QUALIFYING SERVICE			\$	
	NO. OF DAYS	920	EQUAL TO	30
			COMPLETE PERIODS AT \$7.50	
				225.00
B. QUALIFYING OVERSEAS SERVICE				
	NO. OF DAYS	688	LESS	20
			INELIGIBLE DAYS, EQUAL TO	668
			DAYS @ 25C. PER DAY	
				167.00
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
			\$	
			\$	
	DEPENDENTS' ALLOWANCE 1/30 OF \$	63.12	\$	2.10
	TOTAL	\$	5.65	X7 = \$ 39.55
	NO. OF DAYS	668	X \$	39.55
				144.37
D. WAR SERVICE GRATUITY				536.37
E. DEDUCTIONS		OVERPAYMENT OF	PAY AND ALLOWANCES \$	
			DEPENDENTS' ALLOWANCE \$	
			AND ASSIGNED PAY \$	N11
	OTHER DEDUCTIONS		\$	
F. TOTAL AMOUNT PAYABLE				536.37

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 536.37

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

cheque # 10026 - 17/5/45.

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

PREPARED BY		CHECKED BY		DATE	
BJD		<i>BJD</i>		17/5/45	

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.



DEPT NATIONAL DEFENCE
F001233
 Can. B. 207
 100 M-11-40 (7881)
 N.S. 815-2-207
 N.S. 113 W-145-6
 CANADA

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.....**John William Whyte**.....2
 † candidate for entry as.....**Ord. Seaman**.....
 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	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revaccinated for Smallpox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Skin	(k) Ears and Hearing	(l) Testes, Varicocele, etc.	(m) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(n) Anus, Hemorrhoids, etc.	
28 8	160 lbs.	5 9 ft. ins.	very good.	inches (a) maximum 40 (b) minimum 37 (c) mean 38	right eye 20/15 left eye 20/20 *colour vision N.	left arm school left arm school	Normal	Normal	Terminal Phalange middle finger right hand.	Normal	Normal	Normal	1 deficient 0 defective. N & T Normal	Normal

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

Pupils react to L & A. Reflexes normal

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

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.

John Whyte
 Signature of Candidate

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

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

This Candidate is the subject of.....

* (which renders him medically unfit for service,
 not considered of sufficient importance to cause his rejection, he being desirable in other respects.

* Delete one.

IF REJECTED
 insert here
 UNFIT
 in block letters

Dated at.....**WINNIPEG, MAN.**.....the...23rd...of...December.....19...41.

John Whyte
 Examining Medical Officer
 (Rank).....**SURGEON LIEUT. R. C. N. V. R.**.....



CANADA

7001232

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

DEPT
NATIONAL
JAN - 9 1942
N.S. 113 W-1456
CANADA

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME WHYTE OFFICIAL NO. V. 60134
CHRISTIAN NAMES John William MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS Roblin, Manitoba. RELIGION United

DATE OF BIRTH 18th April, 1913 PLACE OF BIRTH ROBLIN NAME AND ADDRESS OF NEXT OF KIN Mrs. Jessie WHYTE (Mother)
Roblin, Manitoba.
*Original Nationality of:
Father Scottish County MANITOBA
Mother Scottish Province

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <u>5</u>	Inflated..... <u>40</u>	<u>Fair</u>	<u>Blue</u>	<u>Fair</u>	<u>Terminal Phlange Middle finger right hand.</u>
Inches..... <u>9</u>	Deflated..... <u>37</u>				
	Mean..... <u>38</u>				

EDUCATIONAL STANDING Grade 12 and Normal School TRADE OR CALLING AND IN WHOSE EMPLOY Timber sawyer
J. A. Mathieu,
Rainy Lake, Ontario.

DATE OF ENROLMENT Divisional Strength
23rd December, 1941 RATING FOR WHICH ENROLLED Ordinary Seaman R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED H.M.C.S. CHIPPAWA

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

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

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

*Cross out Clause not applicable.

SERVED IN	RANK	FROM
		Personnel Records Division.

1. Noted in Records.....
 2. Index Card.....
 3. Non-Sub. Card.....
 4. State of His Majesty's Forces.....
 5. Roneo Strip.....
 6. Pension Card.....
 7.
 8.
 DATE 7/1/42

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the H.M.C.S. CHIPPAWA 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 23rd day of December, 1941

Signature of applicant Wm Whyte

(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 23rd day of December, 1941

R. Mackintosh Lieut., RCNVR.
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, John William WHYTE 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 Wm Whyte

Witness R. Mackintosh

Date 23rd December, 1941 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

John William WHYTE 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 H.M.C.S. CHIPPAWA Division of the R.C.N.V.R. or in the appropriate official documents.

R. Mackintosh
Lieut., R.C.N.V.R. Attesting Officer.

23rd December, 1941 R.C.N.V.R. Division H.M.C.S. CHIPPAWA
(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.

WHYTE J.W.
NAME (Print)

A.B.
RANK OR RATING

Y. 50134
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)

1. 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.

2. 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 Herewith Declare That I Qualify For:

- (a) Canadian Volunteer Service Medal Ribbon.
 (b) Canadian Volunteer Service Medal Clasp.
 (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	
H.M.C.S. Chippewa	Feb 14/42	Apr. 13/42.	North Atlantic Mediterranean
H.M.C.S. St. Hyacinthe	Apr. 15/42	Aug. 5/42	
H.M.C.S. Cornwallis	Aug. 7/42	Oct. 3/42.	
H.M.C.S. Alberni	Oct 5/42.	Dec. 31/43 -	

.....
Signature of Officer or Rating making Declaration

N.V. 17
 60M-9-42 (5943)
 N.S. 815-11-17

The corner of this Certificate is to be cut off if the man is discharged with a "Bad" character or with disgrace, or if specially directed by the Department of National Defence (Naval Service). If the corner is cut off, the fact is to be noted in the Ledger.

CERTIFICATE of the SERVICE of

John William WHYTE

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Halifax N.S.</i>	<i>Winnipeg Man.</i>	<i>V 50134</i>
		"
		"

Date of Birth	<i>18 April 1913</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>Margaret Whyte Wife 559 Bathurst St Toronto Ont.</i>
Place of Birth	<i>Roblin, Manitoba</i>	
Place of Residence	<i>Roblin Man.</i>	
Trade brought up to	<i>Timber sawyer</i>	
Religion	<i>United Church</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>23 Dec '41</i>	<i>Hostilities</i>	<i>Ord. Smn</i>		<i>3 Feb. '44</i>	<i>Canadian Volunteer Service Medal & Clasp</i>
					<i>3 Feb. '44</i>	<i>1939-43 Star</i>

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>9</i>	<i>38</i>	<i>160</i>	<i>Fair</i>	<i>Blue</i>	<i>Fair</i>	<i>Terminal phlange</i>
On re-enrolment—6 years' Service								<i>middle finger right</i>
On re-enrolment—12 years' Service								<i>hand.</i>
Further Description if necessary								

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

VERIFICATION FORM

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

RANK/RATING *A.B.* OFF. NO. *V-50134* 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>& clasp</i>
	<i>Africa 5-1-43</i>						FRANCE G.	2	
	<i>France - Germ 6-6-44</i>						AFRICA	2	<i>& clasp</i>
							PACIFIC		
							BURMA		
	<i>21-8-44</i>						ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>& clasp</i>
							" CLASP		
							WAR 1945	1	<i>medal</i>
							WAR 1915		

VERIFIED BY *R. Legum*
Sub

VERIFIED BY DIR. OF PERSONNEL RECORDS.

W.S.G. Application No. 7933

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

FILE NO. N.S. V-50134

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>WHYTE, John William</u>	<u>V-50134</u>	<u>Able Seaman</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL RANK OR RATING NUMBER ON DISCHARGE

CAUSE OF DISCHARGE: Dead

Application made by widow of Deceased - IN RECEIPT OF PENSION

TOTAL SERVICE

Date of Active Service 14 Feb '1942 x

Date of Discharge 21 Aug 1944

Total No. of Days 920

Less non qualifying service NIL

Total Days 920

730 =

16

31

30

31

30

31

21

920

OVERSEAS SERVICE

% Total No. of Days 688

Less non qualifying service ---

Total Days 688

CAREER SERVICE:

(4) Record of Service in other Forces (per Naval Records)

Branch of Service nil

Date of Active Service _____

Date of Discharge _____

& % Overleaf _____

Computed By [Signature]
Checked By [Signature]

DATE: MAR 31 1945

[Signature]
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

NON QUALIFYING SERVICE

(*) Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
			<u>Total Days</u>

(%)
OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
ALBERNI	4 Oct '42	21 Aug '44	688

Rem

	731
10	
30	
3	43
<hr/>	
	688

7933

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

Name of Deceased Member John William WHYTE Rank or Rating A-13 O.No. V50134

1. Dependents' Allowance and Assigned Pay in force at date of death:
D.A. \$ 63.12 Mrs Marguerite WHYTE (wife)
A.P. \$ 30.00 726 Church St.
Port Frances, Ont.
D.A. /
A.P. /

2. Pension awarded or being awarded to: wife - as above

3. War Service Gratuity Application(s) received from: Mrs Marguerite WHYTE
726, Church St.
Port Frances, Ont.

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

To be paid to: Mrs Marguerite WHYTE - wife 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 20 apr '45

[Signature]
for D.M.P.A. (G) DNJ

STATEMENT OF ACCOUNT

67

Extract from the ledger of H.M.C.S. " HEBE for ALBANI " ending 30th September 1944

List 12-2 No. 13 (Name) WIKES, John Rank Rating A.B. No. V 50134

When entered P.B. Date of appearance P.B. Whither discharged Missing

		\$	c.				
CREDIT from former account.....		47	84				
Pay as <u>A.B.</u> from <u>1 July</u> to <u>31 Aug.</u> (<u>62</u> days at \$ <u>1.85</u> a day)		114	70				
" " " " " " " " " " " "							
" " " " " " " " " " " "							
" " " " " " " " " " " "							
Kit Upkeep Allowance.....		7	32				
OTHER CREDITS: <u>HEB</u>		12	00				
<u>LA</u>		2	00				
<u>CH</u>		3	12				
Total credits.....		186	98				
DEBT from former account.....							
PAYMENTS:—	1st	2nd	3rd	4th	5th		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.		
1st month.....						Total.....	
2nd month <u>4th Aug '44 Pay List \$ 8.94</u>						Total.....	8 94
3rd month.....						Total.....	
Allotment <u>\$ 30.00 A.P. & \$ 16.80 Chg'd July & Aug St. Pl. 31st Aug '44.</u>							93 60
Pension deduction (Officers) charged to..... of.....							
Hospital stoppages.....							1 85
Mulcts.....							
OTHER CHARGES:.....							
						Total debits	104 39
						Balance Cr. or Dr.	82 59

(Balance Dr. to be shown in red)

Number of days actually victualled during period mentioned above..... 52

NOT VICTUALLED	LENT, SICK OR LEAVE	INCLUSIVE DATE		No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
		FROM	TO		
	Leave	11 Aug.	14 Aug.	4	

Date 7th May 1945

Lieutenant (S) W. J. [Name] ACCOUNTANT OFFICER

LEDGERS
R: E
P: G

FORM 5

PROVINCE OF MANITOBA
OFFICIAL REGISTRATION OF DEATH

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..... WHYTE John William
(Surname) (Given name or names in usual order)
RESIDENCE..... ROBLIN, 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 <u>Male</u>	5. NATIONALITY (Citizenship) <u>Canadian</u>	6. RACIAL ORIGIN <u>Scottish</u>	7. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>	8. BIRTHPLACE (If in Manitoba, give exact location; if in Canada, province, city, town, village or nearest post office; if foreign, state the country and post office address) <u>ROBLIN, Manitoba</u>
-----------------------	---	-------------------------------------	--	---

9. DATE OF BIRTH	Month <u>April</u> (Write the word)	Day <u>18</u>	Year <u>1913</u>	10. AGE IN	Years <u>31</u>	Months <u>4</u>	Days	If less than one day hrs. or min.
------------------	---	------------------	---------------------	------------	--------------------	--------------------	------	--------------------------------------

OCCUPATION

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

12. Kind of industry or business, as
cotton-mill, lumbering, bank, etc. Timber Sawyer, J.A. Mathieu, Rainy Lake, Ont.

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..... Mrs. Marguerite Whyte

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..... W.B. Money
Address..... Paymaster Commander, R.C.N.R. Naval Service Headquarters, Ottawa

21. Relationship to deceased..... Director of Personnel Records

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 19 44
(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

I
Immediate cause
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a)..... "Missing", presumed dead. He was serving in
due to
H.M.C.S. "ALBERNI", which was sunk in the
(b).....
due to
English Channel.
(c).....

II
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

III
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.....
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.....
(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

Signed by..... Date.....
Address.....

30. Registered number..... filed this..... day of.....

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.)

File No. N.S. V-50134 PERS(N) *B*

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS

Issued to:-

Wife:-

Mrs. Marguerite Whyte,
FORT FRANCES, Ont.

Mother:-



Date forwarded:- JAN 17 1945

Registered Mail No.- 3514

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

48

Fort Frances Ont.

Jan 2/45

002293

ENCLOSURE
IN N.C.R.

SECTION	NO.	IND.
II		

Budget

Priority

Department

Department of Naval Services

Dear Sir:

Mr W. Whyte J.W.

V-50134 - Informed me
in a letter that he
had taken out a
hundred dollar bond
on the sixth Victory Loan.
And that I should
receive this in October.

So far I have had
no word of it. Would
you please look after
this for me.

Yours Truly

Mrs Marquette Whyte
Fort Frances
Ont.



FORM "B"

FILE: N.S. V-50134 PERS(N)

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

Sir:

DEC 26 1944

(Date)

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
WHYTE, John William	Able Seaman	V50134, R.C.N.V.R.

DATE OF ENLISTMENT - 23rd December, 1941 Active Service 14 Feb., 1942.

DATE OF DISCHARGE - 21st August, 1944.

HOSPITAL -

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

SERVICE - Canada & High Seas.

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

Reason for discharge and - "Missing", presumed dead. He was serving in H.M.C.S. when and where any disability was incurred, or where death "ALBERNI", which was lost in the English Channel. occurred.

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

NEXT OF KIN & RELATIONSHIP -

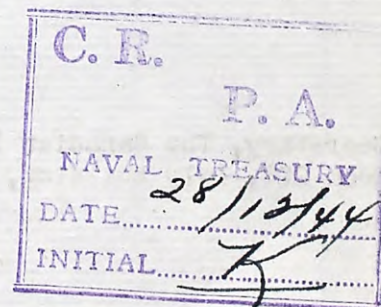
RELATIONSHIP - Wife: NAME - Mrs. Marguerite Whyte

ADDRESS - FORT FRANCES, Ont.

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

C.R. BY

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



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>
Mrs. Marguerite Whyte	Wife		
William	Son		May 15th, 1944.

(Name of other child, not entered on card).

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	\$63.12	\$30.00	\$93.12

To Whom Paid: Wife Address Fort Frances, Ontario.

Date of Enlistment: (See other side)

Date of Discharge: (See other side)

Inclusive date to which D.A. and/or A.P. was Paid: August 31st, 1944.

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

Remarks:

Computed by... DMD

Checked by... DMD

Alfred Boswell

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

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

DEC 26 1944

42

V-50134 PERS(N)

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>
John William WHYTE, Able Seaman, O.N. V-50134, R.C.N.V.R.	Missing, presumed dead. He was serving in HMCS "ALBERNI" which was sunk in the English Channel	Wife: Mrs. Marguerite Whyte, FORT FRANCES, Ont.

Allotments in Force

<u>In Favor Of</u>	<u>Amount</u>	<u>Initials</u>
Rec. Gen. of Canada	6th. Victory Loan Ottawa, Ontario	\$16.80 AMP.
Mrs. Marguerite Whyte	Fort Frances, Ontario D.A.	\$63.12 AMP.
	A.P.	\$30.00
		<u>\$93.12</u>

WILL: No record.

Both allots. stopped August 31, 1944.

Yours truly,

AMP.
13-12-44

[Signature]
for *[Signature]*
SECRETARY, NAVAL BOARD.

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

*Noted D. MPA
29-12-44
LP.*

DEPENDENTS ALLOWANCE BOARD

DECISION OF THE BOARD IN RESPECT OF THE APPLICATION
FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

36

Official No. V-50134 Rank or Rating Able Seaman
WHYTE John William
(Surname) (Christian Names)

Military Unit.....
Air Force Establishment or Station.....
Naval Ship or Establishment.....

DECISION OF THE BOARD

1. Casualty Missing Date August 1944 Authority Off. i/c N.P. Records
Dependents' Allowance previously in pay for wife 2 children\$ 63.12
Assigned Pay(Amount of 15 days' pay \$30.00).....\$ 30.00

2. Effective Sept. 1-44 vacate previous award and pay for a period of
Six months to Mrs. Marguerite Whyte,
Fort Francis, Ontario.

A. A sum equal to Depents' Allowance\$ 63.12
and an assignment of 15 days' pay of rank.....\$ 30.00
Total.....\$ 93.12

(ONLY A OR B TO BE FILLED IN)

OR

B. Award made to conform with Pension Rates which in this case are higher
Vide Article 113 (a) (3)\$.....
If at the end of six months there is no change in status, continue payments
at the Pension Rate of \$87.00 per month and ~~refer~~ refer file to Board when there
is a change in status.

3. In cases where the Pension rates are less than \$3.00 greater than the D.A. and
A.P. in pay, no change will be made until the end of the six months when the account
will be adjusted.

Reviewer K. Beardsley

[Signature]
(Chairman)
[Signature]
(Member)

Date November 6, 1944

(Member)

*Notes D.N.P.A.
16-11-44 J.P.*



144415

31

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

N.S. V-50134. PERS.(N)

My dear Mrs. Whyte:

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. John was an excellent seaman and has been in charge of a watch for some time. He was both reliable and efficient and 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.

I hope that if I am ever in Fort Francis 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"

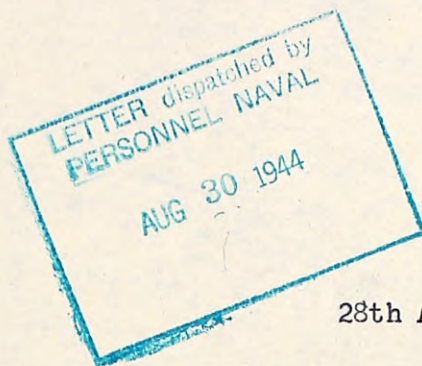
Lieutenant Commander, R.C.N.V.R.

Mrs. Marguerite Whyte,
FORT FRANCES, Ont.

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

TFH/JAG

"AIR MAIL"



V-50134 PERS. (N).

30

28th August 1944.

123567

Dear Mrs. Whyte:-

Further to my letter of the 23rd August, details of the disaster in which your husband 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. Marguerite Whyte,
FORT FRANCES, Ont.

FILE CHECKED IN
R.R. BY *R*
ad a

File Number V50134

SERVICE

O.N. V-50134

NAME: WHYTE, John William

PRESENT RANK/RATING: A.B.

DATE TAKEN ON ACTIVE SERVICE: 14.2.42.

24

SERVICE

SHIP OR ESTABLISHMENT

From

To

HMCS "CHIPPAWA (Div.Str.)	23.12.41.
" " (Act.Ser.)	14.2.42.
St.Hyacinthe	14.4.42.
Cornwallis	6.8.42.
Alberni	14.2.43.

WILL:

Nil

NAME & ADDRESS OF
NEXT OF KIN:

(Wife)
Mrs. Marguerite Whyte,
Fort Frances,
Ont.

DISCHARGED PREVIOUSLY?

No.

REASON:

DATE:

Initialled by:

MAD

Date:

24.8.44.

Section:

RCNVR

(TO BE COMPLETED IN INK.)

Passing Certificate

This is to Certify

8

that John William WHYTE

Rating Ordinary Seaman, R.C.N.V.R. Official Number V. 50134

has passed

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

held on 17th March, 1942.

For advancement to Petty Officer

~~-Naval Secretary-~~
A/Commander, R.C.N.V.R.,
Director of Education.

Department of National Defence,

Ottawa, this 1st day of April, 19 42.

Noted in Service
Records by MB

OCCUPATIONAL HISTORY FORM

P001234N

NATIONAL SCIENCE

1942

N.S. 11370-1456 CANADA

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. JOHN WILLIAM WHYTE (b) Reg'l. No. 50034
2. (a) Arm of service. NAVAL (b) Unit. RCNVR (c) Rank. O-1smn
3. (a) Date of birth. April 18/13 (b) Have you any dependents? no (c) Place of residence at time of enlistment. Robbinston
4. (a) Place of enlistment. Wainwright (b) Date of enlistment. Dec 23/41

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school. 19 (b) Were you attending school or college up to the time of enlistment? no
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 12
7. If you attended a university, give name of university and standing or degree secured. none
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. J. Mathew Address. R. J. Mathew
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Logger
20. (a) Your specific occupation. Sawyer (b) Number of years' experience at this occupation with any employer. 5 years
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? yes (c) If so, in what kind of farming? Stock raising
25. (a) Were you born on a farm? yes (b) How many years' actual farming experience have you had? 1 year (c) In what provinces did you have experience? Manitoba

Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? no
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Industrial Chemistry

DATE 23 December 1941 SIGNATURE W. J. Mathew

THIS FILE

COPY TO
VWD
ES
JAN 1 0 1942

ESTATES BRANCH

HQ. NS.V-50134 FD.773

October 24th, 1945.

Mrs. Marguerite L. Whyte,
726 Church Street,
Fort Frances, Ontario.

WHYTE, John William, A/B (Deceased)
No. V-50134, R.C.N.V.R.

Dear Mrs. Whyte:

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

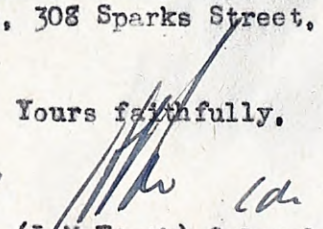
The total amount available to this Branch for distribution is the sum of \$216.91, made up as follows:

Balance of Pay and Allowances	\$ 82.59
Credit in respect of Kit Upkeep Allowance,	
Hard Lying Money and Crog Money	3.22
Refund for 6th Victory Loan Bond	67.20
Post Office Savings Bank Account, Halifax, N.S.	63.90
Total -	\$ 216.91

Your husband died without having made a Will and his Service estate is, therefore, payable to you as next of kin entitled in accordance with the Intestacy Laws of his province of domicile.

Treasury has been requested to forward to you a cheque in the amount of \$216.91 and on receipt of same, kindly sign and return the enclosed form to the Director of Estates, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,


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

HRW/PM
Encl.1 ✓

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.N.V.R. (NAVY)

LL

Name..... **WHYTE.** **John. V.** No. **7-50134**
 Surname Christian Names

A/E **R.C.N.V.R. O/S** **21-6-14**
 Rank Unit Date of Death

AMOUNT

Date..... **15 Oct. 45**.....

L.P.C.....\$ **153.01**
 Other Credits..... **63.90**
 Total..... **216.91**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Marguerite L. Whyte, 726 Church St., Fort Frances, Ont. (As next of kin entitled)	216.91

P4. TO TREAS. 25-10-45, A.W.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	216.91
CLASSIFIED BY <i>D</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

Six copies to be rendered to Naval Service Headquarters

52

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

Form 103 Naval Service Headquarters, OTTAWA, Ontario.

Name..... WHITE John William
(Christian names in full)
 Rank or Rating..... Able Seaman..... Official No. V-50134..... Unit R.C.N. R.C.N.V.R.
 Place of Birth..... Roblin, Manitoba..... Date of Birth..... 18th April, 1913.
 Occupation in Civil Life..... Timber Sawyer..... Religion..... United Church
 Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings)..... from 23 December, 1941 to 21 August, 1944.
 Date of Death..... 21st 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. Marguerite Whyte..... Relationship..... Wife
 Address..... Fort Frances, Ontario.

Date on which the above was informed by Ship..... Naval Service Headquarters: 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.....

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

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

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

Date..... Ottawa, Ont., 28 Feb., 1945.

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

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

noted D.A.P.
M.M.O.
9/3/45

ACCOUNTS OF MEN DISCHARGED

69

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 WHYTE, John Rating A.B.
 Official No. V 50134 H.M.C.S. NIobe for ALBERNI List 12.11/13
 Who* Discharged Dead on the 21st August 1944

Net sum due on ledger on account of Wages.....	\$	cts.
	82	59
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—	\$	cts.
Proceeds of sale of Effects, brought from the other side.....		
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>Thirty Dollars (A P)</u> charged to <u>31 Aug.</u> <u>Sixteen Dollars & eighty cents.</u>		
Name of ship from which transferred.....		
Total† <u>Creditor</u>	82	59

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-two dollars Fifty-nine cents.

Dated on board H.M.C.S. Niobe at Greenock Scotland this seventeenth day of May 1945

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

[Signature]
A/CAPTAIN RCNVR

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

NOTED
ESTATES CARD

JUN 7 1945
 State which 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.

D.N.P.A. SECT. 11
 C.N.S. 46
 40M-3-42 (8719)
 H.Q. N.S. 615-9-45

Note: The above sum has been recovered by Niobe March cash acc't. receipt voucher N-8-1537

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

Mrs. Marguerite Whyte
Fort Francis, Ontario

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

and the following number quoted:—

H.Q. NS V-50134 F.D. 773

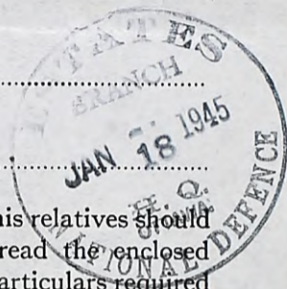
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

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

WHYTE JOHN WILLIAM A.B.

V-50134 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.

M. Wade
Commander
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.....	Marquette Lillian Whyte	37	Fort Frances Ontario
2	Children of the Deceased and dates of their Births.....	Maiprie June Dunne June 22, 1930 (Step child)	14	Fort Frances Ontario
		William Kenneth Whyte May 15, 1944	8 ^{mo}	Fort Frances Ontario
3	Father of the Deceased.....	John William Whyte	68	Roblin, Manitoba
4	Mother of the Deceased.....	Jessie Ann Whyte Maiden Name - Robinson	66	Roblin Manitoba
5	Brothers of the Deceased	Robert Nickleson Whyte	40	Roblin Manitoba.
		Full Blood		
		Half Blood		
6	Sisters of the Deceased	Annie Gladys Chicoski	37	Grandview Manitoba
		Effie Grace Jegg	36	830 Russell St., Brandon Manitoba.
		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	
	Joseph Arthur Whyte February 20, 1937	—	—	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John William Whyte
9	Date of his birth.	April 18 1913
10	Place and date of his marriage.	Winnipeg Man. March 16, 1942
11	Place and date of his parents' marriage.	Kemroy, Manitoba Dec 24, 1902

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Roblin, 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) Roblin Man except for 1 yr (b) he spent in Brandon Normal (c) School & 1 1/2 yrs teaching 1937 (d) he came to Fort Frances remained till February 1942
14	Nature of employment before enlistment.	Bush work.
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.	Fort Frances Ontario

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	—
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 did have one at the post office at Roblin M.S. at one time. But I don't know whether he had one overseas or not. ✓
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	He took out one hundred bonds on the sixth Victory Loan its still with the Navy.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	—
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	—
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.	

(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

* widow 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.

Marquise Lillian Whyte { Signature of Informant
726 Church St. Fort Frances Ont. Address

CERTIFICATE

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

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

Dated at Fort Frances this 15th day of January 19 45

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

J. W. Walker Qualification Justice of the Peace & Commissioner
 Address Fort Frances Ont.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

In 1925 I married Harry Drennan at Fort Frances Ont
My maiden name was Marquise Lillian McLeod
On - October 10 - 1930 Harry Drennan died.

I also had a son - Donald Gordon Drennan.
On September 25, 1937 Donald Drennan died.

V50154

OFFICIAL NUMBER

FILE NUMBER

113-W-1456

OFFICIAL NUMBER V50134

NAME WHYTE (Surname) John William (Given Names) DATE OF BIRTH 18th April, 1913
 PLACE OF BIRTH Roblin, Man. OCCUPATION Timber sawyer
 REGION United EDUCATION Grade 12 and Normal School
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. _____ Town Roblin Province, etc. Man.

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
23	12	41	H.O.	5'9"	fair	blue	fair	terminal phlange middle finger rt. hand				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Margaret Whyte
 ADDRESS (in pencil): Street and No. FD-6562-10-11-43 Town Fort Snats Province, etc. Man.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
3	2	44	Awarded C.V.S.M. & C. (249A"A8516)	17	3	42	Passed E.T. "One" R.C.N.				
3	2	44	Awarded 1939-1943 Star (249A"A8516)	26	9	42	Marked "Tr"				

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

FILM
 NO. WAD-5819-8
DATE

SECOND CLASS FOR CONDUCT
 From _____ To _____

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

O.H.F. Received



V50134 OFFICIAL NUMBER

NAME **WHYTE** **John William**
 (Surname) (Given Names)

OFFICIAL NUMBER **V50134 P.I.B.**

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 Chippawa	Ord. Smn. V.S.	23	12	41	Div. Str. Winnipeg	V.G.	Sat.	31	12	42							
"	" "	14	2	42	Active Service.												
St. Hyacinthe	" "	14	4	42	D.												
"	Ord. Smn.	28	7	42													
Cornwallis	" "	6	8	42	DRD												
Alberni	" "	4	10	42	HDO 10334 Via Stadacona												
	A.P.	14	2	43	Rated. 249A-14939.	V.G.	Supr.	31	12	43							
DISCHARGED.	"	21	8	44	Missing Per Casualty List. 249AA 22987	V.G.	Supr.	21	8	44							

Presumed "Dead" Sub.15-2-45

GENERAL REMARKS
 Pension awarded to Wife Mrs. John Wm. Whyte 726 Church St. Fort Frances Ont. to date the 30-1-45.
 Wife: Mrs. Marguerite Whyte Fort Frances awarded Canadian Memorial Cross to date the 17-1-45.

DATE OF BIRTH			PLACE OF BIRTH		CIVIL OCCU.		RELI-ED.		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB.	GIOR.	R.	CTY.	TOWN.	SERV.	DIV.	A.	BR.	RANK		
18	4	13	16	3	2	0	40	5	6	14	04	0	86	0	28	92
ENLIST. DATE			ACT. SERV. DATE			STR.		ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	ESTAB.	A.	BR.	RANK			
23	12	41	14	02	42					520		058	94			
SENIORITY			STR.		NON-SUB		M.		CODED		CHECKED					
DY.	MO.	YR.	CAT.	A	B	ST.										
14	02	43	13	00	00		E.P.		013		520					