

V24438  
BETTES  
EDWARD



7279

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

NATURALIZATION  
JAN 20 1941  
NS 11310-1430  
CANADA

2

# ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BETTES OFFICIAL NO. 124438  
CHRISTIAN NAMES Edward MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
601 Fleet St., WINNIPEG, Manitoba.	Anglican.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
23rd May, 1921	Town <u>FLEETWOOD</u> County Province <u>England.</u>	Mother-Selina Maud BETTES. 601 Fleet St., WINNIPEG, Man.

\*Original Nationality of:  
Father English  
Mother English.

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

## PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>36 1/2</u>	<u>Blonde</u>	<u>Blue</u>	<u>Fair.</u>	<u>Nil.</u>
Inches <u>8 3/4</u>	Deflated <u>37</u>				
	Mean <u>35</u>				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>17th Jan. 1941</u>	<u>Ord. Seaman</u>	<u>Clerk.</u>
R.C.N.V.R. Division (or other establishment) at which enrolled	<u>WINNIPEG</u>	<u>Kopelow's Grocery.</u>

## (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.~~

\* ~~I served in~~ ..... for the period shown, and attach my ~~Record of service, in corroboration of this statement.~~

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM
<u>70 A-2</u>		

Personnel Records  
TO Division

1. Noted in Records... LL

2. Index Card... LL

3. Non-Sub. Card... LL

4. Statistical Card... LL

5. Pension Card... LL

6. Pension Card... LL

7. best of my knowledge

8. DATE 21-1-41.

(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.

20 R.K.

(3) On being enrolled as a member of the.....WINNIPEG.....Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this.....17th.....day of.....January, 1941.....

Signature of applicant.....*E. Bettes*.....

(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.....17th.....day of.....January, 1941.....

*H. G. [Signature]*  
Signature of and rank of Attesting Officer.  
*Lieut. R. [Signature]*

(D) OATH OF ALLEGIANCE

I,.....Edward BETTESS.....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.....*E. Bettes*.....

Witness.....*H. G. [Signature]*.....

Date.....17th January, 1941..... Rank.....*Lieut. R. [Signature]*.....

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....Edward BETTESS.....having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the.....WINNIPEG.....Division of the R.C.N.V.R. or in the appropriate official documents.

*H. G. [Signature]*  
Attesting Officer.  
*Lieut. R. [Signature]*

.....17th January.....1941..... R.C.N.V.R. Division (or other establishment).....WINNIPEG.....

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

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

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.



V24438

OFFICIAL NUMBER

NAME

BETTRESS

Edward

(Surname)

(Given Names)

OFFICIAL NUMBER

V24438

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
Div. Str. Winnipeg	Ord. Smn.	17	1	41													
Duty Div. Hdqrs.	" "	12	6	41		V.C.	Sat.	31	12	42							
Stadacona	" "	11	8	41		V.C.	Sat.	6	2	43							
Sambro (Louisburg)	" "	25	10	41													
Stadacona	" "	1	5	42													
" "	Able Smn.	12	6	42													
DISCHARGED	"	6	2	43	"Missing, presumed killed in action. (Per Casualty List)												

GENERAL REMARKS

Chest X-ray App.  
 Awarded War Memorial Cross to Mother  
 Mrs. Selina Maud Bettress,  
 588 Ebby Ave., Winnipeg, Manitoba,  
 on 19-3-43.

DATE OF BIRTH	PLACE OF BIRTH	CIVIL OCCU.	RELIED	ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE
MO. YR. BIRTH	TOWN	SUB. GION	P.	CTY.	TOWNSHIP	SERV. DIV.	A. BR. RANK
23	21	22	8300	30	16	06	06
0	06	0	06	0	06	0	08
95							
DATE OF BIRTH	PLACE OF BIRTH	CIVIL OCCU.	RELIED	ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE
MO. YR. BIRTH	TOWN	SUB. GION	P.	CTY.	TOWNSHIP	SERV. DIV.	A. BR. RANK
17	01	41	12	06	41		
96300							08
94							
DATE OF BIRTH	PLACE OF BIRTH	CIVIL OCCU.	RELIED	ED	PERM. RESIDENCE	PREV. ENL.	RANK OR RATE
MO. YR. BIRTH	TOWN	SUB. GION	P.	CTY.	TOWNSHIP	SERV. DIV.	A. BR. RANK
12	06	42	89	00	00	20	06
06	02	43					

MEDALS AND MEMORIALS—DECEASED PERSONNEL  
RCNVR July 43 "LOUISBURG"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mr. George E. Bettess - Father

ADDRESS: 588 Ebby Ave.,  
WINNIPEG, Man.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. S.M. Bettess

ADDRESS: 588 Ebby Avenue, Winnipeg, Man.

MEMORIAL BAR

(1)  
DATE DESP

REGN NO

179

(2)

(3)

19-3-43

DEPARTMENT OF VETERANS AFFAIRS

D OF D 6-2-43

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

BETTES	Edward	V-24438	A.B.	FILE No. <i>V. 16169</i> <i>02-59933</i>
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Atlantic Star	<i>21.</i> <i>3.10.49</i>
Africa Star & Clasp <i>M.A.</i>	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)





VERIFICATION FORM

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

RANK/RATING .. *A.B.* ..... OFF.NO. *124438* ..... ADDRESS .....

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	1	<i>star</i>
<i>d. v. Afr.</i>							ATLANTIC	1	<i>star</i>
							FRANCE G.		
							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 *G. Howard* .....

VERIFIED BY ..... DIR. OF PERSONNEL RECORDS.

# OCCUPATIONAL HISTORY FORM

113-B-143

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 BETTES, EDWARD (b) Reg'l. No. V 24438
2. (a) Arm of service 3/5/41 (b) Unit RECOVER (c) Rank 1st Lt
3. (a) Date of birth 17/1/1917 (b) Have you any dependents? NO (c) Place of residence at time of enlistment 601 St. John Street
4. (a) Place of enlistment Winnipeg (b) Date of enlistment 17/1/41

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 3 YEARS HIGH. SCH.
7. If you attended a university, give name of university and standing or degree secured NO
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? PRINTING (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? NO
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) NOT 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? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked GROCERY CLERK (b) State how long you had worked at this trade or occupation 2 YEARS
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified NO
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment FEBRUARY 1941
15. Give details of last employer, if any: Name REYBELL GROCERY Address Winnipeg
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) GROCERY
17. (a) If your last employment was in a business of your own, state nature and address of business NO (b) Date of discontinuing it NO

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer NO Address NO
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NO
20. (a) Your specific occupation NO (b) Number of years' experience at this occupation with any employer NO
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 NO (b) Where was it located? NO
23. (a) Number of years engaged in this business NO (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO

## Section F—PARTICULARS OF FARMING EXPERIENCE

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

## Section G—MISCELLANEOUS

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

DATE 17 APRIL 1941

SIGNATURE Edward Bettes





16-1-41  
Chest X-ray negative  
P  
11380

Can. B. 207

COM-4-40 (4636)  
N.S. 815-2-207

NATIONAL DEFENCE

JAN 20 1941

NS 11380 1430

# 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..... E. BETTES.

candidate for entry as..... ORD. SEA.  
and I believe him to be \* in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence. White Race  
~~unfit for His Majesty's Service for the reason stated below.~~

†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 revac- cinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Ventricles, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Haemorrhoids, etc.
19 7/2	145	5' 8 3/4"	Good	(a) maximum 36 1/2 (b) minimum 37 (c) mean 35	right eye 20/15 left eye 20/15 colour vision N	yes 1922	X-Ray Heart normal Lungs normal	Normal	Normal	Some redness irritation	Normal	Normal	Normal upper teeth Normal	Normal

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

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

NA

### 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.

*E. Bettes*

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

Signature of Candidate

‡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 16th of January ..... 1941

*J. Stacey*  
Examining Medical Officer

(Rank) *Major*

7

# Passing Certificate

This is to Certify

that Edward BETTESS,

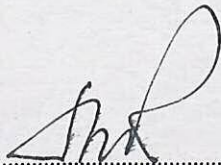
Rating Ordinary Seaman, Official Number V.24438  
R.C.N.V.R.

has passed

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

held on 8th-9th July, 1941.

For advancement to Petty Officer



~~Naval Secretary~~  
Director of Education.

Department of National Defence,

Ottawa, this 1st day of September 1941.

Noted in Service  
Records by [Signature]

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -  
Ottawa, Canada.16th February, 1943.  
(Date)

Sir:

The following casualty has been reported:-

NAME	RANK or RATING	NAVAL NO.
BETTESS, Edward	Able Seaman	V-24438, R.C.N.V.R.

DATE OF ENLISTMENT - 17th January, 1941. Active Service: 12th June, 1941.

DATE OF DISCHARGE - 6th February, 1943.

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 - "DEAD". Missing, presumed killed in action when  
when and where any disability the ship in which he was serving was sunk by  
was incurred, or where death enemy action Overseas.  
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 &amp; RELATIONSHIP -

RELATIONSHIP Mother NAME Mrs. Selina Maud Bettess.ADDRESS 568 Eddy Ave., Winnipeg, Man.NOTE: If records indicate that rating was separated from  
his wife, legally or otherwise, details to be furnished  
and copy of any Court Order, the separation Agreement, etc.,  
to be furnished.Copy Form "B" forwarded to Allots.  
(N) on 16/2/43.*Emu* N.P.R.for  
SECRETARY, NAVAL BOARD.Secretary, Canadian Pension Commission,  
Room ~~404~~ <sup>228</sup>, Daly Building, OTTAWA, Ont.Secretary, Department Pensions & National Health,  
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 comple-  
tion respecting the details of Marriage Allowance, Depend-  
ents Allowance, etc., and subsequent transmission to you.(See reverse side for further  
instructions.)

MEMORANDUM FOR

P. 64

Mrs. ~~Belina~~ M. Bettress,

588 Ebby Ave.,

Winnipeg, Man.

*The correct spelling is BETTRESS.  
Belina Maud Bettress*

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

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

and the following number quoted:—

H.Q. N.S. 113-B-1430 FD. 67

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

March 11, 1943.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

BETTRESS, Edward, A.B.,

V-24438 R.C.N.V.R.

*The correct spelling is BETTRESS.  
Belina Maud Bettress*

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(H.R. Wade) Lieut.-Cdr., RCNVR,  
for (L.M. Firth) Lt.-Col.,  
Administrator 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 decedent 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 inquired for	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.....	Not Married		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	George Bond Betteres	46	588 Ebbey Ave Winnipeg, Canada.
4	Mother of the Deceased..... (3 given names) →	Selina Maud Betteres Puncheon		588 Ebbey Ave. Winnipeg, Canada.
5	Brothers of the Deceased	1. George & Victor Betteres } Signalman H95475 }	23	6 L.A.A. Regt. Sigs. Sect. Canadian Army Overseas.
		2. Sidney Betteres } A.C.I. R. 205381 }	20	#2 F.I.S. Vulcan, Alberta.
		3. Herbert Ford Betteres	18	588 Ebbey Ave. Winnipeg, Canada.
		4. John Robert Betteres Kenneth Frederick Betteres	16 3	588 Ebbey Ave Winnipeg, Canada. 588 Ebbey Ave. Winnipeg, Canada.
6	Sisters of the Deceased	Full Blood		None
		Half Blood		None
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
	None	None		

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased? <i>(Mis spelled on face of this document - above is correct spelling.)</i>	Edward Bettess
11	Give the month and year of his birth.	23rd May 1921
12	Where and when were his parents married? <del>Mont W.C.T.</del>	Sunderland, England 3rd March 1919. <sup>St. Barnabas'</sup> Church.
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	Not married
14	Did he leave a Will? If so, a copy should be attached hereto.	No.
15	Did he leave a bank account? If so, give full particulars.	No.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No.
17	State your own postal address in full.	Mrs. Selina M. Bettess 588 Ebbey Ave. Winnipeg, Man. Canada

On the face of this document -  
the name is mis spelled Bettess.  
The correct spelling is  
BETTESS.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Fletwood, England.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	In England 1 year. In Winnipeg 20 years.
20	What was the nature of his employment?	Clerk in grocery store up to time of enlistment.
21	Did he own the premises in which he lived? If so, where?	No. Living with parents
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	In a letter recently written he said he intended to return to Winnipeg for good when he could.

OTHER PARTICULARS

23	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. Do not know of any such debts.
24	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, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	



DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

\* Mother of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Selena Maud Bettess } Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs. Selina Maud Bettess { Name of Informant } is the\* Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Winnipeg this 18th day of March 1943.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

W. C. Turney Qualification Priest - Church of England

Address 300 Hayes St - Winnipeg

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 enquired after is stated in its proper place in the Statement opposite.

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

Six copies to be rendered to Naval Service Headquarters

113-0-1430  
#497

# REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

94133

H.M.C.S. "NIOBE" (LOUISBURG) at

Name **BETTESS, Edward**  
(Christian names in full)

Rank of Rating **Able Seaman** Official No. **V-24438**  
(If unknown, date of first entry)

Place of Birth **Fleetwood, England** Date of Birth **23rd May, 1921**

Occupation in Civil Life **Clerk** Religion **Anglican**

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) **Two Years.**

Date of Death **6th February, 1943** Place of Death **At Sea.**

Cause of Death **Loss of ship due to enemy action.**  
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name **Selina Maud BETTESS** Relationship **mother**  
Address **679 Mulvey Street, Winnipeg, Manitoba.**

Date on which the above was informed by Ship **Informed by N.S.H.Q.**

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 (if known) 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 invalided

*W. K. Ruxley* **Commander, R.C.N.**  
*Commanding Officer,*

**10th March, 1943.**

The 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.

C.N.S. 1121  
15M-7-40 (5849)  
N.S. 815-9-1121

*Duplicates on file NFA.*  
*20 NPR/5 12/5.*

TLB/IF

N.S. 113-B-1430

- Naval Service -

12th February, 1943.

Dear Mrs. Bettess:

I deeply regret that I must confirm the telegram of the 11th of February, 1943, from the Minister of National Defence for Naval Services informing you that your son, Edward Bettess, Able Seaman, Official Number V.24438, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed in action.

I regret that I have no further information at present other than a report from Overseas that your son is missing, presumed killed when the ship in which he was serving was sunk by enemy action. I can assure you, however, that immediately further details are available you will be informed.

It is for the public interest that the name of the ship and the fact that she has been lost should not find its way to the enemy until such time as it is decided to publish this information in a Naval Casualty List. For this reason it is requested that you will regard as confidential anything beyond the fact of your son's death on war service until such time as an official announcement is made.

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

Yours sincerely,

DEPUTY SECRETARY, NAVAL BOARD.

Mrs. Selina Maud Bettess,  
588 Ebby Avenue,  
WINNIPEG, Manitoba.

(SGD) J. W. C. BARCLAY  
DEPUTY SECRETARY PERSONNEL

11

MPC (M/AL)		
REFER.	INIT	DATE
CNP		
DCNP		
DMNA		
DTNA		
PDG		
MDG		
DWS		
DNE		
C&W		
NPR.	✓	
SNPA		
PIB		
DEP		
P.A.		
B.F.		

Despatched by  
Sec. N. B.  
*JWD*  
*mvc*  
Date 12/2  
Time 4.00

*sa*

DRAFTED BY NPR PER: T.L.B.  
N.S. 113-B-1430

S. 1320D  
10 MIL-8-42 (5915-6)  
N.S. 815-9-1320D

NAVAL MESSAGE

To:

MRS. SELINA MAUD BETTESS,  
508 EBBY AVENUE,  
WINNIPEG, MAN.

From:

NSHQ OTTAWA

113-B-1430

CNS  
VCNS  
DOD  
DSD  
DNI  
D OF P  
CNP

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES  
DREELY REGRETS TO INFORM YOU THAT YOUR SON, EDWARD BETTESS,  
ABLE SEAMAN, ROYAL CANADIAN NAVAL VOLUNTEER RESERVE,  
OFFICIAN NO. V -24438 IS MISSING, PRESUMED KILLED IN ACTION.  
LETTER FOLLOWS.

1530Z/11

(DELIVERY CONFIRMED)

L/T P/L

2033Z/11/2/43

OMA 7503