

SLADE, RICHARD STANLEY

067550

OCCUPATIONAL HISTORY FORM

B 82627

JUN 26 1941

N.S. 1133-15-55

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 CIVIL 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 Richard Stanley SLADE (b) Reg'l. No. V 27378
2. (a) Arm of service Navy (b) Unit Toronto Division (c) Rank Ord. Sth. (Spec.)
3. (a) Date of birth 16 Aug. '21 (b) Have you any dependents? No (c) Place of residence at time of enlistment Toronto, Ont.
4. (a) Place of enlistment Toronto, Ont. (b) Date of enlistment 13 June '41

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Senior Matriculation.
7. If you attended a university, give name of university and standing or degree secured 1 yr. Commerce & Finance, Univ. of Toronto
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, French & German.

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 Loblaws Groceries Ltd., Address Fleet & Bathurst Toronto, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Retail Stores.
20. (a) Your specific occupation Invoice clerk. (b) Number of years' experience at this occupation with any employer 2 mos.
21. (a) Did your employer promise definitely to give you employment on discharge? ? (b) Did your employer refuse to promise you employment on discharge? (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? (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? 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. Chartered Accountancy.

DATE 13 June 1941 SIGNATURE Stanley Slade



Copy To
VWD
ES

JUL 11 1941

Mrs. Helen L. Slade,
 1133 Dovercourt Rd.,
 Toronto, Ontario

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 0.67550 FD 86

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

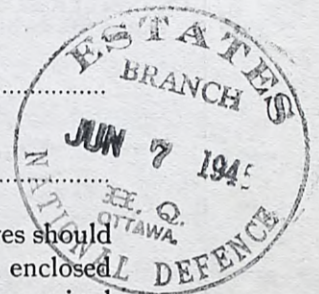
18th May 1945

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

SLADE

Richard S., Lieut.

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.

Chas. Smith
 Col.

Director of Estates.

HRW/BGS

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..... | George Slade | 45 | 1133 Dovercourt Rd Toronto, Can. |
| 4 | Mother of the Deceased..... | Helen Louise Slade | 43 | 1133 Dovercourt Rd Toronto, Can. |
| 5 | Brothers of the Deceased | Full Blood | | |
| | | Half Blood | | |
| 6 | Sisters of the Deceased | Full Blood | Doreen May Kirby | 21 1133 Dovercourt Rd Toronto, Can. |
| | | 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. | Richard Stanley Slade |
| 9 | Date of his birth. | August 16th 1921 |
| 10 | Place and date of his marriage. | |
| 11 | Place and date of his parents' marriage. | Toronto August 5th 1920 |

PARTICULARS OF DOMICILE

| | | |
|----|--|----------------------------------|
| 12 | Place where deceased was born. | Toronto Ont. Canada |
| 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) Toronto (c) (d) |
| 14 | Nature of employment before enlistment. | Clerk. |
| 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. | Toronto |

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? | Joint account with mother Dominion Bank - \$ Bay + Queen Sts Toronto 440. |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | None |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | \$400. In mother name Bearer Dom. Bank. Toronto |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | Prudential \$230. Ancient Foresters \$100 Mother |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | None |

OTHER PARTICULARS

| | | |
|----|--|--------------|
| 24 | Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | no |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. | Lost at sea. |

(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

* Mother of the deceased.

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

Mrs Helen L. Glade

{ Signature of Informant

1133 Dovercourt Rd Toronto, Can Address

CERTIFICATE

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

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

Dated at Toronto this 5 day of June 19 45

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

Leonard W. Black

Qualification Flying Officer RCAF
C12608

Address Leonard W. Black
1132A DOVERCOURT ROAD TORONTO ONTARIO

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

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

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



CANADA

DEPT. NATIONAL DEFENCE
JUN 26 1941-5 N. V. 5
50M-1-41 (8973)
N.S. 815-11-5
CANADA

P 82625

3

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SLADE OFFICIAL NO. ✓ 27378
CHRISTIAN NAMES Richard Stanley MARRIED, SINGLE OR WIDOWER Single

| PERMANENT ADDRESS | RELIGION |
|------------------------------------|----------|
| 1133 Dovercourt Rd., Toronto, Ont. | C. of E. |

| DATE OF BIRTH | *PLACE OF BIRTH | NAME AND ADDRESS OF NEXT OF KIN |
|---|---|--|
| 16 Aug. '21 | Town Toronto County York Province Ontario | Mother: Helen Louise Same address. |
| *Original Nationality of: Father <u>English</u> Mother <u>English</u> | | |

*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..... 5 | Inflated..... 36 | Brown | Blue | Fair | Scar on centre of back. |
| Inches..... 10 | Deflated..... 34 | | | | |
| | Mean..... 35 | | | | |

| EDUCATIONAL STANDING | TRADE OR CALLING AND IN WHOSE EMPLOY |
|---|---|
| Senior Matriculation 1 yr. at U. of T. (Commerce & Finance). | Invoice clerk: Loblaw Groceries Ltd., Fleet & Bathurst Sts., Toronto, Ont. |

| DATE OF ENROLMENT | RATING FOR WHICH ENROLLED | R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED |
|-------------------------------|---------------------------|--|
| Div. Strength: 13 June '41 | Ord. Sea. (Spec.) | Toronto |

(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 for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

| SERVED IN | RANK | FROM | TO |
|-----------|------|------|----|
| -- | -- | -- | -- |

Personnel Records Division.

1. Noted in Records
2. Index Card
3.
4. Statistical Card
5.
6. Pension Card
7.
8.
DATE 9-7-41

(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.

FAIR
L R Lyon 18-7-41
ROUGH
P. S. ...
19/7/41

(5) On being enrolled as a member of the Toronto 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 13th day of June '41

Signature of applicant Richard Stanley Slade

(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 13th day of June '41

A. M. Linkletter

Signature of and rank of Attesting Officer.

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

(D) OATH OF ALLEGIANCE

I, Richard Stanley SLADE 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 Richard Stanley Slade

Witness A. M. Linkletter

Date 13 June '41 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

Richard Stanley SLADE 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 Toronto Division of the R.C.N.V.R. or in the appropriate official documents.

A. M. Linkletter

Attesting Officer.

13 June 1941 R.C.N.V.R. Division Toronto
(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.



NATIONAL DEFENCE
 JUN 26 1941
 N.S. 1133-15
 CANADA
 Can. B. 207
 100 M-11-40 (7881)
 N.S. 816-2-207

Certificate of Medical Examination of Officers, Men and Boys
NAVAL SERVICE OF CANADA
 (R.C.N. OR RESERVE FORCES) P 82626

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 Richard S. D. Slade
 † candidate for entry as Ord. Smn. (Spec.) RCNVR
 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, Variocele, etc. | (o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc. | (p) Anus, Hemorrhoids, etc. |
|--------------------------|-----------------------------------|--------------------------------------|-------------------------|---|--|---|------------------------|---------------------------|----------------------|----------|----------------------|-----------------------------|---|-----------------------------|
| 19-10 | 146 | 5' 10" | Fair | (a) maximum 36 (b) minimum 34 (c) mean 35 | right eye 20/30 left eye 20/20 *colour vision NORMAL | 1939 | NORMAL | NORMAL | NORMAL | NORMAL | NORMAL | NORMAL | NORMAL | NORMAL |

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

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.

Richard S. D. Slade
 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 TORONTO the 11th of June, 19 41.

John A. M. Lachlan
 Examining Medical Officer
 (Rank) Surgeon-Lieutenant, R.C.N.V.R.

OF D 18-3-45

1690-R

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS (NAVY)

WAR SERVICE RECORDS

| | | | | |
|----------------------------|-----------------|----------|-------------------|---------------|
| SLADE Richard Stanley | | 0-67550 | Lt. | FILE No. |
| 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 AN DATE DESPATCHED |
|------------------------|--|
| 1939-45 Star, | 2312 |
| Atlantic Star & Clasp, | |
| C.V.S.M. & Clasp, | |
| War Medal. | |
| | |
| | |
| | |
| | |

03-67587 M



P

RCNVR Jan. 46 "GUYSBOROUGH"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Helen L. Slade - Mother

ADDRESS: 113 Dovercourt Road,
Toronto, Ont. *same address*

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Helen L. Slade

ADDRESS: 1133 Dovercourt Road, Toronto, Ont.

MEMORIAL B R

(1)

DATE DESP

RECEIVED CANCELLED 1899

(2)

(3)

5-6-45

Can. 545
15M 2-40 (7291)
N.S. 9-545

DEPT
NATIONAL DEFENCE

DEC 3 1941

P174010

N.S. 113-S-1555 IN THE NAME OF GOD, AMEN
CANADA

V-27378
Comm Rank

I, Richard Stanley SLADE Ord. Sea. (Spec.), RCNVR of His Majesty's Ship R.C.N.V.R. Toronto Division. (now a Patient* in)

*If in Hospital or in Hospital Ship.

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

See instructions on the back hereof.

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

Mrs. Helen Louise SLADE,
1133 Dovercourt Rd.,
Toronto, Ont.

34780

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

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

And I do hereby appoint my mother:

Mrs. Helen Louise SLADE,
1133 Dovercourt Rd.,
Toronto, Ont.

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 Toronto, Ont. hereunto set my hand, this thirteenth day of June, in the Year of Our Lord One Thousand Nine Hundred and Forty-one.

Stanley Slade

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

J. W. Sinclair
D. A. McFarlane

PAY LIEUT. R. C. N. V. R.

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

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

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

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

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

Noted in Service
Records by
25/7/41
Noted
Records by

Instructions for filling up the Form

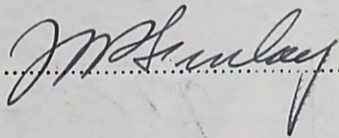
If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words "I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

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.

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY 48

~~INDEXED~~ Naval Service Headquarters, OTTAWA, Ontario.

Name SLADE Richard Stanley
(Christian names in full)

Rank or Rating Lieutenant Official No. _____ Unit R.C.N.V.R.

Place of Birth Toronto, York, Ontario. Date of Birth 16 August, 1921.

Occupation in Civil Life Invoice Clerk Religion Church of England

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 13 June, 1941 to 18 March, 1945.

Date of Death 18 March, 1945. Place of Death At sea

Cause of Death Missing, presumed dead. He was serving in H.M.C.S. "GUYSBOROUGH"
(If due to accident, violence, or enemy action, particulars to be stated briefly)
which was torpedoed and sunk by enemy action at sea.

Nearest known relative or friend { Name Mrs. Helen L. Slade Relationship Mother
 Address 1133 Dovercourt Road,
Toronto, Ontario.

Date on which the above was informed by ~~SNS~~ Naval Service Headquarters: 21 March, 1945.

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., 1 May, 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.

C.N.S. 1121
 10M-6-44 (774)
 N.S. 7570-S-1121

*Noted in DNPA.
 2.5.45 G.P.*

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

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of
{ If in City, Town or Village Street House No.
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED SLADE Richard Stanley
(Family name) (Given name or names in usual order)

RESIDENCE No. 1133 Street Bovercourt Rd. City, Town, Village or Township Toronto Province Ontario.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

| | | | |
|-----------------------|--|------------------------------------|---|
| 4. Sex <u>Male</u> | 5. Nationality (Citizenship) <u>Canadian</u> | 6. Racial Origin <u>English</u> | 7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u> |
|-----------------------|--|------------------------------------|---|

8. BIRTHPLACE Toronto, York, Ontario.
(Province or Country)

9. DATE OF BIRTH August 16th 1921
(Month) (Day) (Year)

10. AGE in { Years 23 Months 7 Days If less than one day old
hrs. or min.

OCCUPATION

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

12. Kind of industry or business, as Loblaws Groceries Ltd., Fleet & Bathurst Sts., Toronto, Ont.
mill, lumbering, bank, etc.

13. Date deceased last worked at this occupation..... 14. Total years spent in this occupation.....

15. If married give name of wife or husband of deceased.....

FATHER

16. NAME.....

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

MOTHER

18. MAIDEN NAME.....

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

20. Person giving information sign here H.B. Money
Commander (S) R.C.M.C.
Address Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased Director of Personnel Records.

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

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

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

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH March 18th 1945
(Month) (Day) (Year)

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

CAUSE OF DEATH

| | PHYSICIAN |
|---|--|
| I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. | Underline the cause to which death should be charged statistically |
| Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). | |
| II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause. | |

(a) Missing, presumed dead while
due to
(b) he was serving in H.M.C.S.
due to
(c) "GUYSBOROUGH" which was torped-
ed and sunk by enemy action at sea.

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

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

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

29. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide?..... Date of injury..... 19.....
(State which)

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

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

Signed by..... M.D.
Address..... Date..... 19.....

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

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

0-67550

Feb. 25/43 DATE

Surname: *Slade* Christian Name: *Richard Stanley*
 Rank: *Probationary Sub. Lieutenant R.C.N. V.R. (Temp.)*
 Home Address: *133 Gowercourt Rd. Toronto, Ont.*
 Date of Birth: *Aug. 16, 1921* Place of Birth: *Toronto*
 Education: Matriculation: Senior *Yes* Junior *Yes*
 University Degrees: *1 year Commerce & Finance, U. of Toronto*
 Mercantile Marine Certificates: / No: *Yes*
 Precis Mercantile or Yachting Experience:

Precis of Business Experience: *Ten months as Bank Clerk
 Can. Bank of Commerce. Two months office experience, Loblain's
 Groceries Toronto*

Sports: *Swimming Basketball*

Other Hobbies or Interests: *Stamp Collecting*

Previous Naval or Military Training: *1 Year Military Studies (C.O.T.C.)
 Naval training as O. Sea. & A.B. from June 16, 1941. S. U. operator
 from March 28, 1942 until Jan. 18/43*

Languages spoken fluently: *Nil*

Languages understood: *High German, French*

Place of Birth of Father:

Place of Birth of Mother:

England

Fathers Occupation: *Chief Petty Officer R.C.N. V.R. England*

Next-of-kin: *Mother*

Surname: *Slade*

Christian Names: *Helen Louise*

Full Address: *133 Gowercourt Rd. Toronto*

Have you been rejected by any other of the Armed Forces? *No*

If so give details:

Religion: *Anglican*

Naval Identity Card No:

Married or Single: *Single*

Dependents *Nil*

Height: *5' 11"*

Weight: *162*

Passing Certificate

5

This is to Certify

that Richard Stanley SLADE,

Rating Ordinary Seaman, Official Number V.27378
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

SR

~~Naval Secretary~~
Director of Education.

Department of National Defence,

Ottawa, this 1st day of September 1941.

C.N.S. 2431
10M-7-40 (6232)
N.S. 815-0-2431

Noted in Services
Records by *m.m.*

✓

By command of the Honourable the Minister of National Defence
for Naval Services of the Dominion of Canada

0-67550

25

To Lieutenant Richard S. Slade (Acting), R.C.N.V.R., (Temporary),--

You are hereby ~~appointed~~ confirmed and re-appointed

Lieutenant, R.C.N.V.R., (Temporary),

of His Majesty's Canadian Ship GUYSBOROUGH (Temporary).

confirmation

Your ~~appointment~~ is to take effect from 14th September, 1944.

(With seniority of 15th February, 1944).

| | |
|---------------------------|-------------|
| Secretary of Naval Boards | |
| Division. | |
| 1. Noted in Records | <i>M.S.</i> |
| 2. Index Card | |
| 3. Non-Sub. Card | |
| 4. Statistical Card | |
| 5. Roneo Strip | |
| 6. Pension Card | |
| 7. | |
| 8. | |
| DATE | |

R.S.
Department of National Defence
Naval Service

Ottawa, 14th November, 1944.
re-apptd.

H.Q. 36a
20M-1-44 (68)
N.S. 815-7-36

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

GL

Name SLADE Richard S. No.
Surname Christian Names

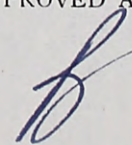
LIEUT. R.C.N.V.R. O/S 18-3-45
Rank Unit Date of Death

AMOUNT **V.S.G.** **697.20**
 L.P.C.....\$ **183.18**
 Date 11-1-46 Other Credits.....
 Total..... **880.38**

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|-------|--------------|--|--------|
| All | Mother | Mrs Helen L. Slade 1133 Dovercourt Road, Toronto, Ontario. <div style="color: red; font-size: 2em; margin-left: 20px;">R</div> | 880.38 |
| | | (Sole beneficiary under will) | |
| | | P4. TO TREAS. 25-1 QW | |

| AUTHORITY | | | | | |
|---------------|------|-----|----------------------------|------|--------|
| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
| 9999 | 831 | 00 | 50 | 000 | 880.38 |
| CLASSIFIED BY | | | EXAMINED BY | | |
| P | | | For Chief Treasury Officer | | |

DISTRIBUTION APPROVED AND AUTHORIZED


 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

HG

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

2
NAVYDECEASED
MEMBER'S
NAMERichard Stanley
(CHRISTIAN NAMES)SLADE
(SURNAME)REGISTER NO. 12831
FILE NO. NSO-67550
DATE 18 Oct/45
SERVICE NO. R.C.N.V.R.
FINAL RANK OR RATING Lieut.
DATE OF DISCHARGE 18 Mar/45PAYEE
ADDRESSDirector of Estates,
308 Sparks St.,
Ottawa, Ont.for Service Estate of
Richard Stanley SLADE
N.S. O-67550

DATE OF TERMINATION OF OVERSEAS SERVICE

18 Mar/45

DATE OF DISCHARGE

18 Mar/45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1372 EQUAL TO 45 COMPLETE PERIODS AT \$7.50

337.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 651 LESS 22 INELIGIBLE DAYS, EQUAL TO 629 DAYS @ 25c. PER DAY

157.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

| | |
|---|---------|
| PAY | \$ 6.00 |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | \$ 1.70 |
| ADDITIONAL PAY H.L.M. | \$.43 |
| | \$ |
| | \$ |

DEPENDENTS' ALLOWANCE 1/30 OF \$ Nil

| | | |
|-------------|------------|----------------|
| TOTAL | \$ 8.13 | x 7 = \$ 56.91 |
| NO. OF DAYS | <u>651</u> | x \$ 56.91 |

202.45

D. WAR SERVICE GRATUITY

697.20

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$ Nil

F. TOTAL AMOUNT PAYABLE

697.20

G. YOUR PORTION OF GRATUITY IS—

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

✓ = \$ 697.20

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
LJMCHECKED BY
WJA

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

for Dir, Naval Pay Accting.

LA/CM

REGISTERED

AIR MAIL

N.S. 0-67550, PERS.(N)

36

21 March, 1945.

Dear Mrs. Slade:

It is with deepest regret that I must confirm the telegram of the 21st of March, 1945, from the Minister of National Defence for Naval Services, informing you that your son, Lieutenant Richard Stanley Slade, Royal Canadian Naval Volunteer Reserve, is missing at sea.

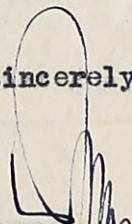
The only information that can be given at this time is that your son is missing at sea as the result of enemy action. The position of the action is such that there is little possibility of him being a prisoner of war and slight hope can be held for his survival.

Please be assured that as soon as further particulars can be released or any other news received, you will be informed.

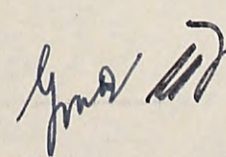
For security reasons, it is requested that you regard the name of your son's ship in connection with his loss as confidential at this time.

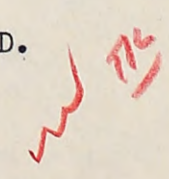
Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,


SECRETARY, NAVAL BOARD.

Mrs. Helen L. Slade,
1133 Dovercourt Road,
TORONTO, Ontario.





COPY

c/o C.F.M.O., London, E.C.2,
April 3rd, 1945. 45

Dear Mrs. Slade:

It is with deep regret that I write this letter. I am the former Commanding Officer of H.M.C.S. "GUYSBOROUGH" in which your son was serving.

I know there is nothing I can say that will take away the grief you are suffering, but I do want you to know how extremely sorry I am.

Stan and I were shipmates for a long time and became very good friends. He was a very clever and highly spirited boy, and was a credit to you and his ship at all times. I cannot praise him too highly. His cheerfulness was spontaneous and he was most popular in the ship, his death being deeply felt by those of us who survived.

Regulations prevent me from giving a detailed description of all that happened but I can say that he got away from the ship to a carley float where he died from a cut in his forehead. He rapidly lost consciousness and I am certain passed away without suffering.

I have already had the pleasure of meeting Mr. Slade and I hope I may have the opportunity of visiting you both, to express my condolences in person. In the meantime, if there is anything I can do please let me know and I will be only too pleased to oblige.

Yours sincerely,

"B.R. Russell"

Lieutenant, R.C.N.R.

FILE NO.: N.S. O-67550 PERS. (N)

21 April, 1945. 47

Dear Mrs. Slade:

Further to my letter of the 21st of March, 1945, I regret to inform you that in view of the length of time which has elapsed since your son, Lieutenant Richard Stanley Slade, Royal Canadian Naval Volunteer Reserve, was reported missing from H.M.C.S. "GUYSBOROUGH", the ship in which he was serving, the fact that all circumstances surrounding his loss have been carefully reviewed, and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 18th of March, 1945.

H.M.C.S. "GUYSBOROUGH", a Royal Canadian Navy minesweeper, was torpedoed and sunk by an enemy submarine while on operational duty at sea. Five Officers and 48 ratings, including one Royal Navy Officer and one rating who were taking passage, are missing and now presumed dead.

The above information is now being released for publication.

The following is an excerpt from the report of a Canadian Naval Press Relations Officer who was in contact with survivors of the ill-fated ship. While there is no official confirmation of these statements, they are believed to be authentic, considering their source:

"Only one death occurred from the explosion but many died during the 19 hours the men who had survived the explosion spent in the water clinging to five Carley floats. Only six men of 42 on one overcrowded float lived until the rescue ship, a Royal Navy frigate, arrived.

"Both the air and the water were cold," said one of the survivors. "Most of the men who died, died smiling. If they suffered any, you'd never have known it."

"With the whaler overturned and the ship's motor boat holed by the explosion, only the Carley floats remained for the survivors. Four of the five floats were lashed together and from these the majority of the survivors were picked up. Seven hours after the men abandoned ship only 10 men remained alive on the one overcrowded Carley float. Four others died before rescue came.

"Exposure accounted for the largest number of deaths. Survivors were unanimous in saying that those who died did so quietly and with little apparent suffering.

"When the torpedo struck the Guysborough so much debris littered the decks that the Commanding Officer, Lieut. B. T. R. Russell, R.C.N.R., at first glance, thought his ship had been the victim of two simultaneous torpedoes.

"It looked at first as if the ship would survive. Guns crews were closed up, water-tight doors were closed, bulkheads shored up and every effort made to save the little vessel.

"There was just one fatality from the torpedoing, although some members of a gun's crew were injured."

One of the survivors is reported to have stated:

"The navigating officer, Lieut. Thomas Holland, of Souris, P.E.I., was one of those who made my raft but he died in it of a broken back. Lieut. R. Stanley Slade of Toronto was another and he died of head injuries."

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

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Helen L. Slade,
1133 Dovercourt Road,
Toronto, Ont.

Despatched by
Sec. N. B.

[Signature]
Date 22.4.45
Time 13 30

OFFICIAL NUMBER _____ FILE NUMBER 103-S-435 0-67550 OFFICIAL NUMBER _____
 NAME SLADE (Surname) Richard Stanley (Given Names) DATE OF BIRTH August 16th, 1921.

PLACE OF BIRTH Toronto, Ontario. OCCUPATION Invoice Clerk
 RELIGION Church of England EDUCATION _____
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1133 Dovercourt Rd. Town Toronto Province, etc. Ontario

| Date (in figures) | | | Period | DESCRIPTION | | | | | PREVIOUS SERVICE | | |
|-------------------|-------|------|------------------|-------------|------|------|------------|----------------|------------------|----------------|------------------|
| Day | Month | Year | | Height | Hair | Eyes | Complexion | Marks or Scars | Served in | Rank or Rating | Dates From To |
| 15 | 2 | 43 | Hostilities only | | | | | | | | |
| | | | | | | | | | | | |
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NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Helen Louise Slade
 ADDRESS (in pencil): Street and No. 1133 Dovercourt Rd. Town Toronto Province, etc. Ontario

| Date (in figures) | | | Particulars | Date (in figures) | | | Particulars | Date (in figures) | | | PARTICULARS |
|-------------------|-------|------|---------------------------|-------------------|-------|------|---------------------------|-------------------|-------|------|-------------|
| Day | Month | Year | | Day | Month | Year | | Day | Month | Year | |
| 7 | 2 | 44 | C.V.S.M. (Ribbon & Clasp) | 24 | 7 | 43 | "HH" Division Crse. 82.1% | | | | |
| 4 | 2 | 44 | 1939-43 Star (Ribbon) | 23 | 7 | 43 | "N.E. Off. A/S. Crse. 92% | | | | |
| | | | | 14 | 9 | 44 | Watchkeeping Certificate | | | | |
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| 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 | | |
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FILM
1042-4442-8
DATE

| Date (in figures) | | | DAYS FORFEITED | | | | | | Last Will & Test. dated 13.6.41 Rec. #34780 |
|-------------------|-------|------|----------------|-------|-------|----------|----------|----------------|---|
| Day | Month | Year | Prison | Det'n | Cells | C. Power | W. Trial | In diff. Char. | |
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W.S.G.
 APPLICATION
 12831
 RECEIVED
 6/45

V.R.

OFFICIAL NUMBER NAME SLADE Richard Stanley OFFICIAL NUMBER
(Surname) (Given Name)

| 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. Stadacona | P/Sub-Lieut. T. | 15 | 2 | 43 | addl. per Appt. 19-2-43. | Promoted from A/B O.N. | | | | | V27378 | | | | | | |
| H.M.C.S. Kings | P/Sub-Lieut. T. | 25 | 2 | 43 | addl. for trng. and disposal | per Appt. 19-2-43. | | | | | | | | | | | |
| H.M.C.S. Cornwallis | Sub-Lieut. T. | 26 | 7 | 43 | addl. for Divisional Course | Confirmed with Seniority of 15.3.43 | | | | | | | | | | | |
| H.M.C.S. York | Sub-Lieut. T. | 9 | 8 | 43 | Per Appt. 11.8.43 | | | | | | | | | | | | |
| H.M.C.S. Stadacona | Sub-Lieut. T. | 5 | 11 | 43 | addl. for disposal | Per Appt. 30.10.43 | | | | | | | | | | | |
| H.M.C.S. Guysborough | Sub-Lieut. T. | 1 | 11 | 43 | (Temp.) Per Amended Appt. | 11.11.43 | | | | | | | | | | | |
| H.M.C.S. Guysborough | A/Lieut. T. | 15 | 2 | 44 | (Temp.) Per Appt. | 22.2.44 | | | | | | | | | | | |
| H.M.C.S. Guysborough | Lieut. T. | 14 | 9 | 44 | Confirmed & re-appt. | Appt. 14-11-44 (Sen. of 15-2-44) | | | | | | | | | | | |
| DISCHARGED | Lieut. T. | 18 | 3 | 45 | "Missing" Per Casualty List | 26-3-45 Page 138 Presumed Dead Per Correction Sheet Page #85 | | | | | | | | | | | |

GENERAL REMARKS

Annual leave for 9 days from 19.3.43
Address: 1133 Dovercourt Rd., Toronto, Ont.
28+202-27/12/44 as above

Memorial Cross Sent. to Mother:
 Mrs. Helen L. Slade
 1133 Dovercourt Rd.,
 Toronto, Ont. 5/6/45

| DATE OF BIRTH | | PLACE | CIVIL OCCU. | | RELI. | ED | PERM. RESIDENCE | | | PREV. ENL. | RANK OR RATE ENLISTMENT | | | |
|---------------|-----|-----------------|-------------|------|-------|-----------------|-----------------|------|---------|--------------|-------------------------|-----|------|------|
| DY. | MO. | YR. | BIRTH | MAIN | SUB | STON | R | CTV. | TOWN | SERV. | DIV. | A | BR. | RANK |
| 16 | 8 | 21 | 11 | 30 | 0 | 30 | X | 1 | 50 | 4 | X | 19 | 2 | 0112 |
| ENLIST. DATE | | ACT. SERV. DATE | | | STR. | ACT. SERV. DATE | | | SHIP OR | RANK OR RATE | | | | |
| DY. | MO. | YR. | DY. | MO. | YR. | CAT. | DY. | MO. | YR. | ESTAB. | A | BR. | RANK | |
| 15 | 02 | 43 | 15 | 02 | 43 | | | | | 3290 | 1 | 01 | 09 | |
| SENIORITY | | STR. | NON-SUB | | M | CODED | | | CHECKED | | | | | |
| DY. | MO. | YR. | A | B | ST. | | | | | | | | | |
| 15 | 02 | 44 | 13 | | | 92 | | | | | | | | |

V27378 OFFICIAL NUMBER

NAME SLADE (Surname) Richard Stanley (Given Names)

OFFICIAL NUMBER V27378

| 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. Toronto | Ord. Smn. | 13 | 6 | 41 | | V.G. | Sat. | 31 | 12 | 41 | A/S.D. | 28 | 3 | 42 | 28 | 3 | 42 |
| Duty Div. Hdqts. | " " | 16 | 6 | 41 | | V.G. | Sat. | 31 | 12 | 42 | | | | | | | |
| Stadacona | " " | 25 | 11 | 41 | | V.G. | Sat. | 14 | 2 | 43 | | | | | | | |
| Baddeck | " " | 7 | 4 | 42 | | | | | | | | | | | | | |
| Stadacona | " " | 10 | 4 | 42 | | | | | | | | | | | | | |
| Columbia | " " | 11 | 4 | 42 | | | | | | | | | | | | | |
| Stadacona | " " | 25 | 5 | 42 | | | | | | | | | | | | | |
| Algoma | " " | 26 | 5 | 42 | | | | | | | | | | | | | |
| Stadacona | Able Smn. | 16 | 6 | 42 | Rated | | | | | | | | | | | | |
| Stadacona | " " | 30 | 6 | 42 | | | | | | | | | | | | | |
| DISCHARGED | " " | 14 | 2 | 43 | Promotion to Commissioned Bank. (Appt 19-2-43) | | | | | | | | | | | | |

GENERAL REMARKS

| | | | | | | | |
|------------------|-----------------|-----------------|-----------------|-----------------|--------------|-------------------------|-------|
| DATE OF BIRTH | PLACE | CIVIL OCCU. | RELIED | PERM. RESIDENCE | PREV. ENL. | BANK OR RATE OF PAYMENT | |
| DY. MO. YR. | BIRTH | MAIN SUB (CYON) | P. CTY. TOWN | SERV. DIV. | A. BR. BANK | | |
| 16 8 21 | 11 8 30 | 0 | 30 X 1 | 56 14 0 | 23 | 0 | 08 95 |
| ENLIST. DATE | ACT. SERV. DATE | STR. | ACT. SERV. DATE | SHIP OR ESTAB. | BANK OR RATE | | |
| DY. MO. YR. | DY. MO. YR. | CAT. | DY. MO. YR. | A. BR. BANK | | | |
| 13 06 41 | 16 06 41 | | | 9830 | 0 | 08 | 94 |
| SENIORITY | STR. | NON-SUB | M | CODED CHECKED | | | |
| DY. MO. YR. CAT. | A B ST | | | | | | |
| 16 06 42 | 09 33 | 00 | 3d | 14 02 43 | | | |

V27378

OFFICIAL NUMBER

FILE NUMBER

113-S-1555

0-67550

OFFICIAL NUMBER

V27378

NAME

SLADE
(Surname)Richard Stanley
(Given Names)

DATE OF BIRTH

16 Aug., 1921.

PLACE OF BIRTH

Toronto, Ont.

OCCUPATION

Invoice Clerk

RELIGION

Church of England.

EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

1133 Dovercourt Rd.,

Town

Toronto,

Province, etc

Ont.

| Date (in figures) | | | Period | DESCRIPTION | | | | | PREVIOUS SERVICE | | | |
|-------------------|-------|------|--------|-------------|------|------|------------|-------------------------|------------------|----------------|-------|----|
| Day | Month | Year | | Height | Hair | Eyes | Complexion | Marks or Scars | Served in | Rank or Rating | Dates | |
| 13 | 6 | 41 | H.O. | 5'10 | Brn. | Blue | Fair | Scar on centre of back. | | | From | To |

NEXT OF KIN RELATIONSHIP (in pencil)

Mother (928537-24-12-42)

NAME (in pencil)

Helen Stanley Slade

ADDRESS (in pencil): Street and No.

1133 Dovercourt Rd.

Town

Toronto

Province, etc.

Ont.

| 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 | |
| | | | | 9 | 7 | 41 | Passed E.T. "one" R.C.N.V.R. | | | | |
| | | | | 17 | 1 | 42 | "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 | | |
| | | | | | | | | | | | |

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

O.H.F. Received.
Last Will and Testament dated 13-6-41 received.

SECOND CLASS FOR CONDUCT

From

To

