

V1624
PROWSE
LOUIS HENRY

OCCUPATIONAL HISTORY FORM

MT 13
AUG 22 1941
113 P 1083
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 PROWSE, LOUIS HENRY (b) Reg'l. No. 1624 N.K.
2. (a) Arm of service Army (b) Unit P.C. 71189, Chatham (c) Rank Private 2
3. (a) Date of birth March 7, 1902 (b) Have you any dependents? No (c) Place of residence at time of enlistment Charlottetown
4. (a) Place of enlistment Charlottetown, P.E.I. (b) Date of enlistment May 13, 1941

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 112551
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.) 1 year, High School
7. If you attended a university, give name of university and standing or degree secured —
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? House Painter (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 1 year
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 House Painter (b) State how long you had worked at this trade or occupation 1 year
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 April, 1941
15. Give details of last employer, if any: Name George Prowse Address Charlottetown
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) House Painter
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 — Address —
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
20. (a) Your specific occupation — (b) Number of years' experience at this occupation with any employer —
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? —

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

DATE May 13, 1941 SIGNATURE Louis H. Prowse



Copy To
VWD
ES

SEP 8 1941

SAD-2,281

N.V. 17
60M-11-40 (7836)
N.S. 815-11-17

CERTIFICATE of the SERVICE of

..... Louis Henry PROWSE.

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <u>V-1624</u>
HALIFAX.	CHARLOTTETOWN.	"
		"

Date of Birth..... <u>2-nd March, 1923.</u>	Name and Address of Nearest Relative or Friend (in pencil) <i>(Mother)</i> <i>Emma</i> <i>96 King Street,</i> <i>Charlottetown, P.E.I.</i>
Place of Birth..... <u>Charlottetown, P.E.I.</u>	
Place of Residence..... <u>96 King Street, Charlottetown, P.E.I.</u>	
Trade brought up to..... <u>Painter.</u>	
Religion..... <u>R.C.</u>	

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	
<u>13th May, 1941.</u>	<u>13-May-1941.</u>	<u>Duration of War.</u>	<u>Stoker 2.</u>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<u>5</u>	<u>3¼</u>	<u>34½</u>	<u>123</u>	<u>Light Brown</u>	<u>Blue</u>	<u>Fair.</u>	<u>None.</u>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

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



CANADA

DEPT NATIONAL DEFENCE

AUG 21 1941

N.S. CANADA

Can. B. 207

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

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

112550 7

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 Louis Prouse
candidate for entry as Stoker 2
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 Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	(p) Anus, Hemorrhoids, etc.
18 3/2	123 lbs.	5-3/4 ft. ins.	906	inches (a) maximum 36 (b) minimum 33 (c) mean 34 1/2	right eye 6/6 left eye 6/6 *colour vision 11	400	u	u	u	u	u	u	0 - deficient 4 - defective short u	u

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

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

approved

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.

Louis Prouse

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

Signature of Candidate

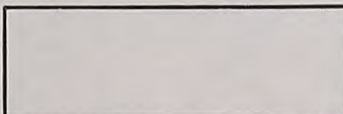
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of.....

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

* Delete one.

IF REJECTED
insert here
UNFIT
in block letters



Dated at Charlottetown the 13 of May 1941

John P. Ramsey
Examining Medical Officer
(Rank) Cap. C. A.M.C. (Res.)



CANADA

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

ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

AUG 21 1941

N.S. CANADA

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE 49

SURNAME.....PROWSE,.....OFFICIAL NO. V1624
CHRISTIAN NAMES.....Louis Henry,.....MARRIED, SINGLE OR WIDOWER.....Single.

PERMANENT ADDRESS.....96 King Street, Charlottetown, P.E.I......RELIGION.....R.C.

DATE OF BIRTH.....March 2nd, 1923......PLACE OF BIRTH.....Town Charlottetown,
County P.E.I......NAME AND ADDRESS OF NEXT OF KIN.....(Father) George Prowse,
Same address.
*Original Nationality of:
Father.....English.
Mother.....Irish.

*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>36</u>	<u>Light Brown</u>	<u>Blue.</u>	<u>Fair.</u>	<u>None.</u>
Inches..... <u>3 1/4</u>	Deflated..... <u>33</u>				
<u>123</u>	Mean..... <u>34 1/2</u>				

EDUCATIONAL STANDING.....Grade 9, Public School......TRADE OR CALLING AND IN WHOSE EMPLOY.....Painter.

DATE OF ENROLMENT.....13th May, 1941......RATING FOR WHICH ENROLLED.....Stoker 2......R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED.....Charlottetown, P.E.I.

(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.

~~XXXXXX~~ record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>NIL</u>			

ENTERED IN TAX LEADERS H. M. C. S. "BYTOWN" (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

FAIR [Signature]
ROUGH [Signature]

Personal Records Division

1. Noted in file.....
2. Noted in file.....
3. Non Sub Card.....
5. Reason stop.....
6. Prison Card.....
7.
8.

DATE 4/9/41

(5) On being enrolled as a member of the.....**CHARLOTTETOWN**.....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.....**May, 1941.**.....

Signature of applicant.....*Louis Prowse*.....

(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.....**May, 1941.**.....

E. H. Saunders
Signature of and rank of Attesting Officer.
Lieutenant, R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I,.....**Louis Henry Prowse.**.....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.....*Louis Prowse*.....

Witness.....*E. H. Saunders*.....

Date.....**13th May, 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

.....**Louis Henry Prowse.**.....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.....**Charlottetown, P.E.I.**.....Division of the R.C.N.V.R. or in the appropriate official documents.

E. H. Saunders
Lieutenant, R.C.N.V.R.
Attesting Officer.

13 **13th May, 1941.**.....194.....R.C.N.V.R. Division **Charlottetown, P.E.I.**
(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.

CONDUCT SHEET

Page 1

NAME Louis Henry Prowse,

RATING Stoker 2.

{ PORT DIVISION AND Charlottetown RCNVR.,
OFFICIAL NUMBER V-1624

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for Conduct		Class for Leave			Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8)			Efficiency (Art. 607)	For Art. 413 ratings only. (See Notes 5, 6 and 7)		Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
				If in 2nd class, insert (1) Date of reduction. (2) Date of proposed restoration.	If in 2nd class, insert date from which entitled to restoration to 1st class (Art. 573, cl. 2)	From	To	Character Assessment	Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)								
R.C.N.V.R. Charlottetown	13th-May-1941.	Nil	13-May-41	1st	1st	13th-May-1941.	14th-Oct-1941.	V.G.	Sat.	Not Yet	----	RCNBarracks, Halifax, N.S.						
<i>Stadacona</i>	15 Oct 41	-	----	1	1	1 Jan 42	24 Feb 42	V.B.	Sat.	NY(N.Q)	NO	Niagara						
<i>Micropera</i>	26 Feb 42	-	----	1	1	25 Feb 42	31 MAR 42	V.G.	Sat	NY(N.Q)	NO	Stadacona						
<i>Stadacona</i>	1 Apr. 42	-	----	1	1	1 Apr. 42	21 Apr. 42	V.B.	Sat.	NY(N.Q)	NO	Raccoon						
<i>Stadacona (Raccoon)</i>	1 May 42	-	----	1	1	1 May 42	4 May 42	V.G.	Charged with duties of Protector (Raccoon)									
<i>Protector</i>	10 May 42	-	----	1st	1st	10 May 42	17 May 42	V.G.	Protector (Raccoon)				Fort Prowse (Raccoon)					

NOTES

- Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet showing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
- Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
- Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
- Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
- Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
 - "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
 - "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
 - "No"—Not recommended, whether qualified or not.
 For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
- Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
- Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
- Offences and Punishments.**—To be recorded on page 2.
- Training Service.**—This column is always to be completed for E.R.As, E.As, O.As, C.P.Os, P.Os and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No".

CONDUCT SHEET

Page 1

NAME *Louis H. Brown*

RATING *Sto. II*

{ PORT DIVISION AND OFFICIAL NUMBER *V-1624*

NAME OF SHIP	Date of Entry	No. of G.C. Badges held	Date of Commencement of "very good" conduct. (Art. 527, cl. 4 and 5) If conduct is not "very good" insert "Nil"	Class for		Character since last assessment on Service Certificate or Conduct Sheet (Art. 605, cl. 5 and 8)			Efficiency (Art. 607)	For Art. 413 ratings only (See Notes 5, 6 and 7)		Ship Discharged to (Giving date, if it differs from date of assessment of character, and, in the case of an N.C.S. Steward or Cook discharged to Shore, the cause of discharge)	In red ink—Whether recommended for (a) Boys' Training Service. (b) Other Instructional Duties. (See Note 9)	R.M.G. or R.R. (where applicable)	Commanding Officer's Signature
				Conduct	Leave	From	To	Character Assessment		Whether recommended for advancement (Must be fit for immediate advancement and fully qualified)	Whether recommended with a view to accelerated advancement (Must also be fit for immediate advancement but not necessarily fully qualified)				
<i>Fort Ramsey (Academy)</i>	<i>18 May '42</i>	<i>Nil</i>	<i>13 May '41</i>	<i>1</i>	<i>1</i>	<i>18 May '42</i>	<i>7 Sep '42</i>	<i>VG</i>	<i>Sat</i>	<i>Yes</i>	<i>No</i>	<i>D.D.</i>			<i>German</i>

NOTES

- Destruction of Conduct Sheet.**—Attention is directed to Art. 603, cl. 3, K.R., which provides for the destruction, after the next assessment of character, of a Conduct Sheet shewing the record of offences in a previous ship. But the Conduct Sheet of a man joining a shore or harbour establishment may (and for Leading Seamen, Leading Signalmen, Able Seamen and Signalmen *must*) be kept in use and accompany him to his next sea-going ship.
- Date of Commencement of "very good" Conduct.**—When the date of commencement of "very good" conduct differs from that which would normally appear from the Service Certificate, the date is to be inserted in red.
- Class for Conduct.**—The date of proposed restoration may be any date not less than 3 months and not more than 6 calendar months from date of reduction. See Art. 567, K.R.
- Good Conduct Medal and Gratuity.**—Recommendations are to be made according to the instructions in Arts. 534, cl. 3, and 606, cl. 4, K.R. If the recommendation is intentionally withheld, a statement to that effect should be inserted. (See Art. 534, cl. 15.)
- Whether Recommended for Advancement.**—To be completed in respect of all Art. 413 ratings by inserting "Yes," "Not Yet" or "No" (but see notes (1), (2) and (3) below):
 - "Yes"—Recommended for advancement. To be followed by (N.Q.) if not fully qualified; this, if awarded in a sea-going ship, will count as a sea-going recommendation for men who require this qualification, although such men are not qualified for recommendation on Form S. 507.
 - "Not Yet"—To be used for ratings not yet recommended for advancement owing to their inexperience. To be followed by (N.Q.) if not fully qualified.
 - "No"—Not recommended, whether qualified or not.
 For Leading Seamen, Leading Signalmen, Able Seamen and Signalmen insert also "S.G.R." or "H.R." according as the ship is or is not a "sea-going" ship (Appendix XVII, Part 1, para. 10) in relation to the individual rating concerned.
- Whether Recommended for Confirmation.**—Notations, in red ink, are to be made across both the "Recommendation for Advancement" columns, after completion of a minimum period of three months' acting time, as to whether or not a rating is recommended for confirmation in the ordinary course. The abbreviations to be used are "R.C.O.C." or "N.R.C.O.C."
- Accelerated Advancement.**—Recommendations are not to be made in this column unless the rating was likely to have been recommended for accelerated advancement on the next return S. 507 had he remained in the ship. This column is intended merely to assist the Captain of the ship to which the rating is discharged in rendering S. 507 at the end of the half-year, by bringing to his notice ratings of more than ordinary merit, who should be specially considered when making the special recommendations on S. 507 for the accelerated advancement of a limited proportion of the ship's company. When recommending Leading Seamen, Leading Signalmen, Able Seamen and Signalmen add "S.G.R." or "H.R." as directed for previous column.
- Offences and Punishments.**—To be recorded on page 2.
- Training Service.**—This column is always to be completed for E.R.As, E.As, O.As, C.P.Os, P.Os and Leading Ratings of the Seamen, Signal W/T and Stoker branches, irrespective of whether or not the rating is a volunteer for the Training Service. If recommended, the word "Yes" should be inserted; if not recommended, the word "No".

V1624

OFFICIAL NUMBER

NAME PROWSE
(Surname)Louis Henry
(Given Names)

OFFICIAL NUMBER V1624

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
Charl. Div. Str.	Stoker 11	13	5	41		V.G.	Sat.	31	12	41							
Duty Div. Hdqtrs.	" "	7	8	41	Duty	V.G.	Sat.	7	9	42							
Stadacona	" "	14	10	41													
Niagara	" "	25	2	42	13.6.42												
Stadacona	" "	30	3	42	18.4.42												
Racoon	" "	22	4	42	17.9.42												
<u>DISCHARGED</u>	" "	7	9	42	"Missing believed lost at sea."												

GENERAL REMARKS

X-Ray App.

AWARDED WAR MEMORIAL CROSS to

MOTHER: Mrs. Emma Prowse,

96 King St.,

Charlottetown, P.E.I.

DATE OF BIRTH			PLACE		CIVIL	OCU	RELI	ED	PERM. RESIDENCE			PRM	ENL	RANK OR RATE ON ENLISTMENT	
DY	MO	YR	BIRTH	MAIN	SUB	GION	A	CTV	TOWN	SER	DIV	A	B	A	B
02	3	23	13	450	0	102	3	02	01	0	18	0	15	95	
ENLIST. DATE			ACT. SERV. DATE			STR.	ACT. SERV. DATE			SMIP					
DY	MO	YR	DY	MO	YR	CAT.	DY	MO	YR						
13	05	41	07	08	41						4980	10/15/95			
SENIORITY			STR.	NON-SUB		M				CO. 22					
DY	MO	YR	CAT.	A	B	ST.									
07	08	41	09	00	00	21	07	09	42	ER	EP				

V1624

OFFICIAL NUMBER

FILE NUMBER

113-P-1083

OFFICIAL NUMBER

V1624

NAME PROWSE
(Surname)Louis Henry
(Given Names)DATE OF BIRTH 2 March, 1923PLACE OF BIRTH Charlottetown, P.E.I.OCCUPATION PainterRELIGION R.C.EDUCATION Grade 9 P. S.RESIDENCE AT TIME OF ENLISTMENT: Street and No. 96 King StreetTown CharlottetownProvince, etc. P.E.I.

ENGAGEMENTS			DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year								From	To
13	5	41	5'3 1/2"	Light Brown	Blue	Fair	None				

NEXT OF KIN RELATIONSHIP (in pencil) FatherNAME (in pencil) George ProwseADDRESS (in pencil): Street and No. 96 King StreetTown CharlottetownProvince, etc. P.E.I.

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	

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.	O.H. ¹ . Rec.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial		

SECOND CLASS FOR CONDUCT

From

To

FILM
NO. W117-52567
DATE

W.S.G.
APPLICATION
15683
RECEIVED
1/45

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

NAME IN FULL PROUSE Louis Henry RANK/RATING Sto. 2 OFF. NO. V/1624 ADDRESS

SHIP	SERVICE			AREA	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF		
	FROM	TO	DAYS		FROM	TO	1939-45	ATLANTIC	DEFENCE				CLASP C.V.S.M.	1915 MEDAL
<i>Chatterbox R.M.S.R.</i>	<i>27/8/41</i>	<i>14/10/41</i>	<i>49</i>									1939-45	1	<i>Star</i>
<i>Niagara</i>	<i>25/2/42</i>	<i>31/3/42</i>	<i>35</i>	<i>atlantic</i>								ATLANTIC	1	<i>Star</i>
<i>Racer</i>	<i>23/4/42</i>	<i>7/9/42</i>	<i>139</i>	<i>atlantic</i>								FRANCE G.		
<i>Discharged "Dead"</i>												AFRICA		
<i>to date 2/9/42</i>												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	<i>@ Clasp</i>
												" CLASP		
												WAR 1945	1	<i>Medal</i>
												WAR 1915		

VERIFIED BY L. G. Chub

VERIFIED BY Angela Sewell VERIFIED BY DIR. OF PERSONNEL RECORDS.

DJM/IM

113-P-1083

31st
~~28th~~ October, 1942.

31

(Policy No. 336119)

Sir:

With reference to your letter of the 9th of October, 1942, attached hereto for your information is a certificate respecting the death of Louis Henry Prowse, Stoker 2nd Class, Official Number V-1624, Royal Canadian Naval Volunteer Reserve.

While the exact location at which H.M.C.S. "Raccoon" was lost is not known, the position at which she was last seen is available. The information which has been received would also indicate that this ship sank either at that position or very close to it. The Department, however, is not prepared at this time to release this information, and as there are varying interpretations of the term "territorial waters", it is suggested that you forward into this office a copy of or extract from the regulations of your company which pertain to territorial waters, with particular reference to the Gulf of St. Lawrence and the waters adjacent to Newfoundland and Cape Breton.

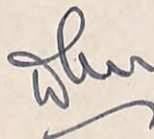
The question as to whether the loss occurred within Canadian territorial waters can thus be established by Naval Service Headquarters on the basis of your own interpretation of "territorial waters".

Yours truly,



Secretary, Naval Board.

Claims Department,
North American Life Assurance Co.,
Head Office,
TORONTO, Ont.



NAVAL SERVICE

33

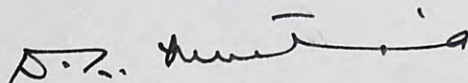
PERS(N)
MEMORANDUM TO N.P.R.:

With reference to letter dated 31st October submitted for signature of the Secretary, Naval Board, the question as to whether the loss of a vessel occurs within or without Canadian Territorial waters is not one which should in any circumstances be made by Naval Service Headquarters in connection with claims emanating from outside the Department. It would seem, therefore, that very little assistance can be given to Insurance Companies pending the time when the location of the disaster is disclosed.

It is consequently suggested that the letter under review should be amended so that, instead of the second and third paragraphs, wording somewhat as follows would appear:

"The question as to whether the loss occurred within Canadian Territorial waters for the purposes of your Insurance Contract is, of course, one which cannot be determined by Naval Service Headquarters.

At a later date it may be possible to disclose the position at which H.M.C.S. "Raccoon" was last seen, and in view of the fact that it appears that this ship sank either at that position or very close to it, you would, no doubt, be able to establish the measure of your liability on Insurance Contract."



DEPUTY SECRETARY, NAVAL BOARD.

O T T A W A, November 2nd, 1942.

November 10th, 1942.

Dear Sir:

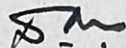
Receipt of your letter of the 9th October is acknowledged.

Attached hereto for your information is a Certificate respecting the death of Louis Henry Prowse, Stoker 2nd Class, Official Number V-1624, Royal Canadian Naval Volunteer Reserve.

The question as to whether the loss occurred within Canadian Territorial waters for the purposes of your Insurance Contract is, of course, one which cannot be determined by Naval Service Headquarters.

At a later date it may be possible to disclose the position at which H.M.C.S. "RACCOON" was last seen, and in view of the fact that it appears that this Ship sank either at that position or very close to it, you would, no doubt, be able to establish the measure of your liability on Insurance Contract.

Yours truly,



DEPUTY SECRETARY, NAVAL BOARD.

The Claims Department,
North American Life Assurance Co.,
Head Office,
TORONTO, Ont.

TREASURY OFFICE
DEPARTMENT OF NATIONAL DEFENCE
 NAVAL SERVICE

COPY
2

NO ACKNOWLEDGMENT IS NECESSARY.
 PLEASE QUOTE CHEQUE NUMBER WHEN REFERRING TO THIS REMITTANCE.

THE ENCLOSED OFFICIAL CHEQUE IS IN PAYMENT OF
 YOUR CLAIM AS DETAILED HEREUNDER.

NAVAL SERVICE

OTTAWA, Ont.

(SOURCE 26)

SOURCE 18

JUN 22 1944

63

To Receiver General of Canada for
 Credit to the Service Estate of Louis H. Prowse, Sto. 11, O. No. V-1624. DATE

CHEQUE NO.	PARTICULARS	AMOUNT
20264	<p>To cover undercredit on Ledger of HMCS. "Fort Ramsay" for "Raccoon" for quarter ended 30th September, 1942, at List 12-2 Account No. 26 as follows:-</p> <p>Hard Lying Money 8th to 30th Sept. 1942, 23 days @ .10 - \$2.30</p> <p>As per S.L.A. memo NS.113-P-1083 dated 12th June, 1944, at Folio No. 61.</p> <p>Cheque & File to D.N.P.A.</p> <p>NS.113-P-1083</p>	2 30

Deposited to Estate
 831-00-50
 O.R. #
 J.P.

N.D.H.Q.-F.E. No. (4)0000	DIV. (2)00	ESTAB. (3)000	VOTE (3)000	PRI. (2)00	DIST. ALT. OR H.Q. SUB. ALT. (2)00	OBJECT (3)000	AMOUNT	DIST. SUB. AL. (2)00	DIST. F.E. No. (4)0000
46503			400	02	32		2 30		
							TOTAL		

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: PROUSE, Louis H. No.: 7-1620
 Surname Christian Names
 Rank Sgt. 2. Unit H.Q.S. "BAGGON" Date of Death 7-9-47

AMOUNT

Date: 10-6-44
 L.P.C.....\$ 37.37
 Other Credits.....
 Total..... 37.37
 Prev. Dist. 37.07
 This Dist. 2.30

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	Father	<p>40764 George P. Prouse, 96 King Street, CHARLESTOWN, P.R.I.,</p> <p>(As next of kin entitled)</p>	2.30

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 14/8/44

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	531	00	50	000	\$2.30
CLASSIFIED BY Original Signed by L. B. ROSEBUSH			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member Name *Louie Henry PROWSE*
 (Christian Names) (Surname)

Payee *Mrs Emma PROWSE*

Address *96 King Street,
 Charlottetown - P.E.I.*

Register No. *15683*
 File No. *V-1624*
 Date *21/8/45*
 Service No. *V-1624*
 Final Rank or Rating *Sto 2*
 Date of Discharge *7 Sep 42*

Date of termination of overseas service *7 Sep 42* Date of Discharge *7 Sep 42*

A. TOTAL QUALIFYING SERVICE
 No. of days *377* equal to *12* complete periods at \$7.50
 30 *90.00*

B. QUALIFYING OVERSEAS SERVICE
 No. of days *174* less *17* ineligible days equal to *157* days @ 25¢ per day *39.25*

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	<i>1.60</i>	
Subsistence or Lodging and Provision Allowance	\$	<i>1.45</i>	
Additional Pay <i>N-L 7</i>	\$	<i>.10</i>	<i>(7)</i>
:			
Dependents' Allowance <i>1/30</i> of \$ <i>Nil</i>	\$	<i>—</i>	
Total		<i>3.15</i>	<i>x 7 = \$ 22.05</i>
No. of days		<i>174</i>	<i>x \$ 22.05 =</i>
		<i>183</i>	<i>20.97</i>

D. WAR SERVICE GRATUITY *150.22*

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

F. TOTAL AMOUNT PAYABLE *150.22*

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ *150.22*
 Total Dependents' Allowance in issue \$ _____

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

Prepared by	Checked by	Treasury	
		Checked by	Date

Service Representative

D.N.P.A. CHECK

1 <i>wp</i>	6 <i>66</i>
2 <i>wp</i>	7 <i>66</i>
3 <i>wp</i>	8 <i>66</i>
4 <i>wp</i>	9 <i>66</i>
5 <i>wp</i>	10 <i>66</i>

(7)

54

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name Surname Louis Christian Names No: V.1624

Rank 1st Lt R.M.C.S. "Hancock" Unit Date of Death

Date 23-11-42 AMOUNT L. P. C. \$ Other Credits 37.07 Total 37.07

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT				
all	father	George E. Frowse, 96 King Street, Charlottetown, P.E.I. (next of kin entitled)	37.07				
AUTHORITY							
H.Q. F.E.No.	DIV	EST	VOTE	PRI	DA OR HO SUB	OBJ.	AMOUNT
9999			831	00	50	000	37 07
CLASSIFIED BY <u>[Signature]</u> EXAMINED BY <u>[Signature]</u>							37 07
FOR TREASURY OFFICER							

Distribution approved and authorized

AUDITED FOR PAYMENT

[Signature]
for Chief Treasury Officer

[Signature]
(L.M. Firth) Lt.-Col.,
Administrator of Estates.

MEMORANDUM FOR

P. 64

Mr. George Prowse,

96 King Street,

CHARLOTTETOWN, P.E.I.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. NS 113-P-1083 FD. 236

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

50

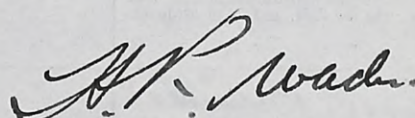
September 28, 1942.

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

PROWSE, Louis Henry, Stoker II

No. V-1624, R. C. N. V. R.

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 or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.



(H. R. Wade) Lt. Cdr. RCNVR
for (L. M. Firth) Lt.-Col.,
Administrator of Estates.

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 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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	George Thomas Prowse	63	96 King Street Charlottetown, P.E.I.	
4	Mother of the Deceased.....	Catherine Emma Prowse	55	96 King St. Charlottetown P.E.I.	
5	Brothers of the Deceased	Full Blood	James Prowse Thomas Prowse Joseph Prowse Matrice Prowse	32 31 22 13	Edmundston, N.B. 96 King St. Charlottetown P.E.I. 96 King St. " " 96 King St. " "
		Half Blood			
6	Sisters of the Deceased	Full Blood	Margaret Prowse Catherine Prowse	25 21	96 King St. Charlottetown P.E.I. 96 King St. " "
		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	
		John R. Prowse Died Apr. 27, 1917.			

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?	Louis Henry Prause.
11	Give the month and year of his birth.	March 2, 1923
12	Where and when were his parents married?	St. Patrick's Church, Fort Augustus November 19, 1908
13	Was he ever married? If so, state exact place and date of marriage.	No 49
14	Did he leave a (later) Will? If so, it should be forwarded.	No
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No

PARTICULARS OF DOMICILE

16	Where was deceased born?	Charlottetown, P.E. Island.
17	In what Province, Country or State did he reside, and in which last?	Charlottetown P. E. I. Canada.
18	How long in each?	
19	What was the nature of his employment?	Painter
20	Did he own the house or homestead in which he lived? If so, where?	No
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No
22	State <u>your</u> postal address in full.	96 King St. Charlottetown P. E. I.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	—
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	—

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

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 * Father of the deceased.

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

George Thomas Prowse {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief that George Thomas Prowse {Name of Informant} is the * father 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 Charlottetown this 6th day of October 1942.

Signature of Clergyman, Priest or Magistrate } J. W. McCardle Qualification Clergyman

Address Bishop's Residence
Charlottetown, P.E.I.

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

DECEASED 7 September 1942

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

NAVY

WAR SERVICE RECORDS

D.D.

PROUSE Louis Henry		V-1624	Sto.2/C.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star,	2011 16/1/50
Atlantic Star,	
C.V.S.M. & Clasp,	
War Medal.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

R.C.N.V.R. "RACCOON" Nov. 42

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. George T. Prowse - Father

96 King St.,
ADDRESS: Charlottetown, P.E.I.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER

Mrs. Emma Prowse

96 King Street
ADDRESS: CHARLOTTETOWN, P.E.I.

MEMORIAL BAR

(1) DATE DESP

REGN NO 181

(2)

(3) 5 January 1943

Name Louis Henry PROWSE
Sub-Rating and Seniority A/S. 7-Aug-41.
Stott. 13-May-41 Non-Sub.
O.N. ... V-1624 S.B. No. W.B. No.
Joined Ship 7-Aug-41 from Shore
Engagement: Period Duration of War. Expires
Date of Birth .. 2nd March, 1923 Religion .. R.C.
Character V.G. Efficiency Sat. Date 14th Oct-41
Badges Nil Class for Conduct 1st Class for Leave .. 1st ..
Date due for: Next Badge .. 13th May, 1945 ..

Progressive Pay
L.S. & G.C. Recommended

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1	Yes	Yes	
Higher Educ. Test.			
Professional for higher Sud-rating			
do Non-Sub.			

Any Non-Service Attainments .. Painter.

Swimming Qualification Good Swimmer.

Athletic capabilities .. Hockey, Baseball.

General Remarks (including intelligence, energy, initiative, powers of command).

Dependable and good type of rating.

R.C.N.V.R.
H.M.C.S. " Charlottetown " .. H. Birtwell Lieut. RCNVR.
Officer of Division.

Date 14th October, 1941 ..

- Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.