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N.S. 815-11-5



DEPT. NATIONAL DEFENCE
AAL
JAN 15 1942

MS-113 W-1469 3

No eff
No m 8

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME WALKER OFFICIAL NO. 133742
CHRISTIAN NAMES George Edward MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS: 156 Mozart Street W., Montreal P.Q.
RELIGION: United Church

DATE OF BIRTH: Oct. 3rd, 1923
PLACE OF BIRTH: Town Montreal, Province Quebec
NAME AND ADDRESS OF NEXT OF KIN: Emma Walker (Mother)
156 Mozart St. W.,
Montreal P.Q.
Original Nationality of: Father English, Mother English

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>35 1/2</u>	<u>Blonde</u>	<u>Blue</u>	<u>Fair</u>	<u>Nil</u>
Inches <u>4 3/4</u>	Deflated <u>33 1/2</u>				
<u>115 1/4</u>	Mean <u>34 1/2</u>				

EDUCATIONAL STANDING: 1st Year High School
TRADE OR CALLING AND IN WHOSE EMPLOY: Office Messenger
Blaiklock Brothers
307 Common Street.
Montreal

DATE OF ENROLMENT: Jan. 12th, 1942
RATING FOR WHICH ENROLLED: Ordinary Seaman
R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED: H.M.C.S. "MONTREAL"

(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) ~~XXXXXX~~ served in ~~XXXXXX~~ for the period shown, and attach my

~~Record of service in corroboration of this statement.~~

*Cross out Clause not applicable.

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

Personnel Records Division

TO

- 1. Noted in records
- 2. Index Card
- 3. Non-Sub. Card
- 4. Statistical Card
- 5. Rense Strip
- 6. Pension
- 7.
- 8.

20/1/42

ENTERED IN PAY LEDGERS
"MONTREAL"
ROUGH. *[Signature]*

- (c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.
- (4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the H.M.C.S. "MONTREAL" 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 12th day of January 1942

Signature of applicant G. E. Walker

(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 12th day of January 1942

[Signature]
Signature of and rank of Attesting Officer.
SUB/LIEUTENANT R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, George Edward Walker 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 G. E. Walker

Witness [Signature]

Date January 12th, 1942 Rank SUB/LIEUTENANT R.C.N.V.R.

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

(E) CERTIFICATE OF ATTESTING OFFICER

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

[Signature]
SUB/LIEUTENANT R.C.N.V.R. Attesting Officer.

January 12th, 194 2 R.C.N.V.R. Division H.M.C.S. "MONTREAL"
(or other establishment)

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

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

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

"This is to acknowledge that I have not been induced to enter the Ordinary Seaman Branch of the Naval Service by the prospect of being transferred at some future date to another Branch

G. E. Walker
(Signature)

MEMORANDUM FOR

P. 64

Mrs. Emma Walker

156 Mozart St. W.,

Montreal, Quebec

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

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

and the following number quoted:—

H.Q. N.S. 113-W-1469 FD. 278

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 4, 1944

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

WALKER, George Edward, A.B.

No. V. 33442, 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, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

A handwritten signature in dark ink, appearing to read "H.R. Wade".

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

HRW/JN

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.....	Thomas Walker	63	156 Ingot St W	
4	Mother of the Deceased.....	Emma Walker	65	156 Ingot St W Montreal	
5	Brothers of the Deceased	Full Blood	—		
		Half Blood	Alan Aisell Jack Aisell	33 27	Overseas Overseas
6	Sisters of the Deceased	Full Blood	Sillian Peterson	22	156 Ingot St W Montreal
		Half Blood	—		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		
	—	—	—		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	George Edward Walker
9	Date of his birth	October 3 rd 1923
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Montreal 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Montreal P.Q. Since birth
14	Nature of employment before enlistment.	Office work
15	State whether he owned the premises in which he lived and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	—

PARTICULARS OF ESTATE

17	Did he leave a Will?	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?	not married
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.	no
20	Amount of War Savings Certificates held by deceased.	18 - at \$5 ⁰⁰ / ₁₀₀ each
21	Amount of Victory Loan Bonds held by deceased.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

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.	no

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

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.

Emma Walker Signature of Informant
156 Magad. St. N. Montreal Address

CERTIFICATE

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

*See above. Emma Walker { Name of Informant } is the * Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 30th day of January 19 42

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } R. K. Fairbairn Qualification Clergyman
Address 8011 Champagneur

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

I understand that George Walker took me \$50⁰⁰ was bond either just before or just after he joined the R.C.N.V.R while he was stationed in Montreal. I do not know where the bond is. it is not with the things he left at home. Is there any way in which it could be found. I would very much appreciate your kindness in helping me to find it.

Respectfully yours
Emma Walker

CLASSIFICATION FORM

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

RANK/RATING *A/A 13* OFF.NO. *✓ 33442* ADDRESS

AREA	QUALIFYING PERIODS IN DAYS						STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
	FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.			
							1939-45	/	<i>Star</i>
<i>U.K</i>							ATLANTIC		
<i>at</i>							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
<i>reach</i>							ITALY		
							DEFENCE	/	<i>medal</i>
							C.V.S.M.	2	<i>& Clasp</i>
							" CLASP		
							WAR 1945	/	<i>medals</i>
							WAR 1915		

VERIFIED BY *EB*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner,.....MONTREAL.....

.....Ottawa,.....January 5, 1944.....

From.....Head Office.....

V-33442 Able Seaman WALKER, George E.

P. & N. H. 1869-G

The Department of National Defence, Naval Service,
officially reports that the marginally named ^{who previously} ~~was~~ reported - "missing,
is now presumed dead Sept. 20, 1943 -- loss of H.M.C. Ship,
~~make~~ ~~in~~ service Canada & High Seas."

His next of kin is reported as - Mother -
Mrs. Emma Walker,
156 Mozart Street, W.,
Montreal, Quebec.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00

a month to - Mother -
Mrs. Emma Walker,
156 Mozart St. W.,
Montreal, P.Q.

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/LR

E. Clewes,
for
Canadian Pension Commission.

DEPT. NATIONAL DEFENCE
JAN 15 1942
113201469

P003885
OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full GEORGE EDWARD WALKER (b) Reg'l. No. V33442
2. (a) Arm of service NAVAL (b) Unit MONTREAL (c) Rank _____
3. (a) Date of birth 6/3/23 (b) Have you any dependents? yes (c) Place of residence at time of enlistment MONTREAL
4. (a) Place of enlistment MONTREAL (b) Date of enlistment 12/1/42

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? MONTREAL
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.) _____
7. If you attended a university, give name of university and standing or degree secured _____
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? _____ (c) Did you finish it? _____ (d) If you did not finish it, how long did you serve at it? _____
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING
- (b) At time of enlistment of what trade union or professional society were you a member? _____

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 _____ 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? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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? _____ (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? _____ (b) How many years' actual farming experience have you had? _____ (c) In what provinces did you have experience? _____

Section G—MISCELLANEOUS

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

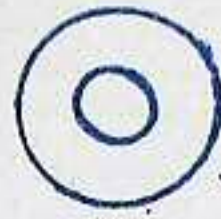
DATE January 12, 1942 SIGNATURE _____

NO A- 5340

APR 20 1942

"AB"

ORIGINAL



NS 113-W 1469
CANADA

8

H.Q. File No.

79222

DECLARATION OF ALLOTMENT

List and Number in Ledger	ALLOTOR	Rank or Rating	Official No.	Daily Rate of Pay
STADACONA DIVISION I SECTION III 5-2-4779	Surname: <u>WALKER</u> Christian Names } <u>George E.</u>	ORD/SMN	V 33442	\$1.25

Section A ALLOTMENT NOW DECLARED

FULL NAME OF ALLOTTEE	Relationship	ADDRESS	Rate per Month to be charged on ledger	Month to commence. Payable on last working day
Surname: <u>WALKER,</u> Christian Names } <u>Mrs. Emma</u>	MOTHER	156 Mozart St., West, Montreal, P. Q.	\$20.00	NEW MAY

Section B DISPOSAL OF EXISTING ALLOTMENTS

(See Note 1 below)

The following allotments are in force:—

Rate	NAME OF ALLOTTEE	ADDRESS	These allotments are to be disposed of as indicated below. (See Note 2):—
	NIL		<div style="border: 2px solid red; padding: 5px; transform: rotate(-2deg);"> <p style="text-align: center; color: red;">Allotment Declarations</p> <p style="text-align: center; color: red;">Ent'd on Index Card</p> <p style="text-align: center; color: red;">Ent'd on Allotment Ledger</p> <p style="text-align: center; color: red;">NIL</p> <p style="text-align: right; color: red;">Initials: <u>M.E.</u> Date: <u>28-4-42</u></p> </div>

NOTE 1:—If there be no existing Allotment, the word "NIL" should be written across Section B.

NOTE 2:—Write "Increased or reduced as Section A"; "To be stopped (charged to.....)"; "To be continued," etc.

Allotter's Signature authorizing charges: G. E. Walker
Ordinary Seaman RCNVR Rank or Rating

ENTERED IN FAIR LEDGER
J. E. Roberts

ENTERED IN ROUGH LEDGER
G. E. Walker

The allotment now declared has been duly entered in the Fair and Rough Ledgers with effect from the appropriate date. The reduction or transfer has been duly approved by the Commanding Officer and the reasons for the alteration are:—

Assigned Pay to other Dependents	113	
Marriage Allowance	119	\$20.00
Dependents Allowance	122	\$20.00
Other Allotments		
Total		\$40.00

Pay Lieutenant RCNVR
for Accountant Officer
[Signature]
H.M.C.S. STADACONA
APR 17 1942

THE NAVAL SECRETARY,
Department of National Defence,
(Naval Service)
Ottawa, Ont.

Forwarded.....

**NOT MORE THAN ONE MONTHLY ALLOTMENT SHOULD BE DEALT WITH ON THIS SHEET
FOR USE AT HEADQUARTERS ONLY**

	INITIALS	DATE
Declaration received at Headquarters.....
Declaration examined.....
Approved.....
Index card made.....
Allotment ledger sheet made.....
Allotment ledger sheet checked.....
Type plate made.....

TWENTY *
 * 2 0 . 0 0
 WALKER, GEORGE EDWARD
 MRS. EMMA WALKER,
 156 MOZART ST. W.,
 MONTREAL, P.O.

V-33442

AIR MAIL 12File: N.S. 113-W-1469
(Pers.(N))

27 September, 1943.

Dear Mrs. Walker:

I deeply regret that I must confirm the telegram of the 27th of September, 1943, from the Minister of National Defence for Naval Services informing you that your son, George Edward Walker, Able Seaman, Royal Canadian Naval Volunteer Reserve, Official Number V-33442, is missing on war service.

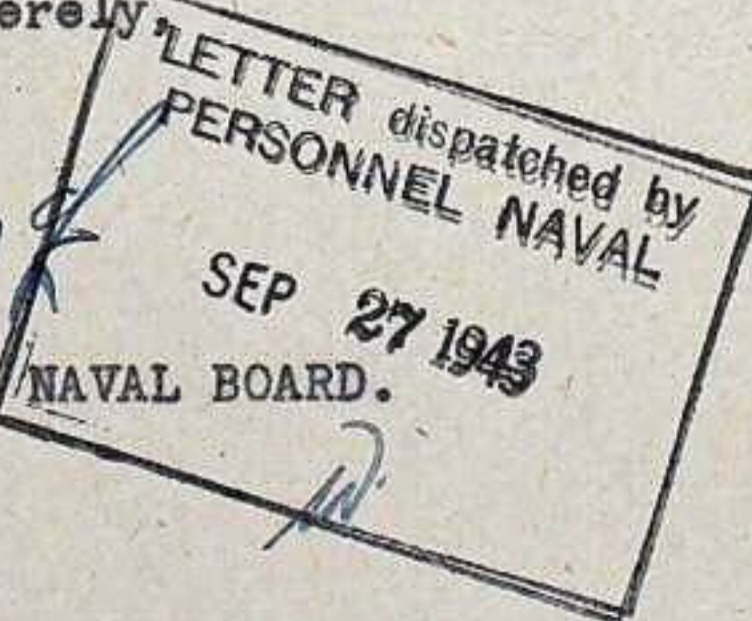
According to the report received, your son is listed as missing, due to enemy action, while serving on Convoy duty in the Atlantic. For reasons of security further details of this incident of war cannot be released at this time.

It is requested that you will regard as confidential anything beyond the fact of your son's loss on war service until such time as an official announcement is made, as this information might prove useful to the enemy.

While your son is listed as missing and virtually no hope can be held out for his having survived, Canadian Naval Authorities are unable to make an official presumption of death until a period of not less than three months has elapsed. If further information has not been received at that time, it is probable that official certification of death will then be made and you will be informed accordingly.

Please allow me to express sincere sympathy with you 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. Emma Walker,
156 Mozart Street, W.,
MONTREAL, Quebec.

J. B. Money

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

14

..... 2 October, 1943
(Date.)

Sir:

The following casualty has been reported -

NAME WALKER, George Edward RANK or RATING Able Seaman NAVAL NO. V-33442 R.C.N.V.R.

DATE OF ENLISTMENT - 12 January, 1942 Active Service 29 January, 1942

DATE OF DISCHARGE - _____

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

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

Reason for discharge and - "Missing" on war service. This rating is listed
when and where any disability as missing due to enemy action, while serving
was incurred, or where death on Convoy duty in the Atlantic. When official presumption of death has been made,
occurred. you will be notified further.

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

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP Mother NAME Mrs. Emma Walker

ADDRESS 156 Mozart Street, W., MONTREAL, Quebec.

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

H.B. Money

for
SECRETARY, NAVAL BOARD.

Secretary, Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ont.

NOTE: Duplicate copies of this Form (Form "B") have been forwarded to the Chief Treasury Officer (Allotment Section) Department of National Defence, Naval Service, for completion respecting the details of Marriage Allowance, Dependents Allowance, etc., and subsequent transmission to you.

(See reverse side for further instructions.)

REMARKS:

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

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs. Emma Walker.	(Mother).		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly Rate:</u>	Nil	\$20.00	\$20.00
<u>To whom Paid:</u> Mrs. Emma Walker.		<u>ADDRESS</u> 156 Mozart St. Montreal. P. Q.	

Date of Enlistment: (See other side)

Date of Discharge: (See other side).

Inclusive date to which D.A. and/or A.P. was Paid: September 30th 1943.

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

Remarks:

Computed by.....

Checked by.....

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

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

C. R. P. A.
TREASURY OFFICE
Date 11/14/43
Initial MS

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

DEC 29 1943

..... (Date.)

Sir,

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
<u>WALKER, George Edward</u>	<u>Able Seaman</u>	<u>V-33442, R.C.N.V.R.</u>

DATE OF ENLISTMENT - 12 January, 1942. Active Service: 29 January, 1942.

DATE OF DISCHARGE - 20 September, 1943.

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

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

Reason for discharge and when and where any disability was incurred, or where death occurred. Missing, presumed dead. He was serving in HMCS "St. Croix" which was lost while on Convoy duty in the Atlantic, due to enemy action.

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

NEXT OF KIN & RELATIONSHIP -
RELATIONSHIP - Mother: NAME - Mrs. Emma Walker.
ADDRESS - 156 Mozart St. W., MONTREAL, Que.

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

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

File No. N.S. 113-W-1469 PERS.(N)

47

DEPARTMENT OF NATIONAL DEFENCE
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mother:-

Mrs. Emma Walker,
156 Mozart St. W.,
MONTREAL, Que.

Date forwarded:- JAN 12 1944
0 2613
Registered Mail No.- ~~02610~~

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

4
 NAVY

ID

20

BASED ON MEMBER'S NAME

George Edward
 (CHRISTIAN NAMES)

WALKER
 (SURNAME)

REGISTER NO. 2016
 FILE NO. NSV-33442
 DATE 25 June/45
 SERVICE NO. V-33442
 FINAL RANK OR RATING A/A.B.
 DATE OF DISCHARGE 20 Sep/43

PAYEE Director of Estates for service Estate of
 ADDRESS 308 Sparks St., George E. Walker,
 Ottawa, Ont. NSV-33442
 DATE OF TERMINATION OF OVERSEAS SERVICE 20 Sep/43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 600 EQUAL TO 20 COMPLETE PERIODS AT \$7.50

\$ 150.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 476 LESS nil INELIGIBLE DAYS, EQUAL TO 476 DAYS @ 25C. PER DAY

119.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY H.L.M. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.55 X 7 = \$ 24.85
 NO. OF DAYS 476 X \$ 24.85

64.64

D. WAR SERVICE GRATUITY

333.64

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
 OTHER DEDUCTIONS \$ NIL

F. TOTAL AMOUNT PAYABLE

333.64

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 333.64

Voucher
cheque 978 - 9/7 - 45

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

TREASURY			
PREPARED BY	CHECKED BY	CHECKED BY	DATE
IM	<i>[Signature]</i>	<i>[Signature]</i>	<i>29/6/45</i>

for Dir. Naval Pay. Accting.

SERVICE REPRESENTATIVE

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name George Edward WALTER
 (Christian Names) (Surname)

Payee Director of Estates for service Estate of George E. Walker
 Address 308 Sparks St. Ottawa, Ont. N.S. V-33442

Register No. 2016
 File No. V-33442
 Date 1-12-44
 Service No. V-33442
 Final Rank or Rating A1A.B.
 Date of Discharge 20 Sept. 43

Date of termination of overseas service 20 Sept. 43

A. TOTAL QUALIFYING SERVICE
 No. of days 600 equal to 20 complete periods at \$7.50
 30 \$ 150.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days 476 less nil ineligible days equal to 476 days @ 25¢ per day \$ 119.00

C. SUPPLEMENT FOR OVERSEAS SERVICE
 DAILY RATES AT DISCHARGE

Pay	\$	1.85	-	-	-	-	-	-	-
Subsistence or Lodging and Provision Allowance	\$	1.45	-	-	-	-	-	-	-
Additional Pay H.L.M.	\$.25	-	-	-	-	-	-	-
Dependents' Allowance 1/30 of \$ _____									
				Total	3.55	x 7	= \$	24.85	
				No. of days	<u>476</u>	x \$	24.85		
					<u>183</u>				

64.64

D. WAR SERVICE GRATUITY \$ 333.64

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

F. TOTAL AMOUNT PAYABLE \$ 333.64

G. YOUR PORTION OF GRATUITY IS
 Dependents' Allowance in issue to you \$ _____ of \$ _____ = \$ 333.64
 Total Dependents' Allowance in issue \$ _____

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

		Treasury	
Prepared by	Checked by	Checked by	Date

Service Representative

D.N.P.A. CHECK

1	<u>2m</u>	6	<u>[Signature]</u>
2	<u>2m</u>	7	<u>[Signature]</u>
3	<u>2m</u>	8	<u>[Signature]</u>
4	<u>2m</u>	9	<u>[Signature]</u>
5	<u>2m</u>	10	<u>[Signature]</u>



DEPT. NATIONAL DEFENCE

JAN 15 1942

NS 113 W 1469

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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 WALKER, George, G.
ORD. SMN.
 † candidate for entry as _____
 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.

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Hemorrhoids, etc.	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
18 3/12	lbs. 115½	ft. 5 ins. 4¾	GOOD	inches (a) maximum 35½ (b) minimum 34½ mean	right eye 6/9 left eye 6/9 *colour vision N	I.S.L.A./C	NORMAL	RT. RING RELAXED	NORMAL	NORMAL	NORMAL	NORMAL	3 DEFICIENT 6 DEFECTIVE	CLEAR	

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

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

104852 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.

George Edward Walker

 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.

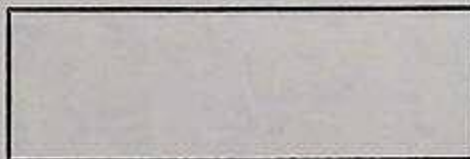
When a Candidate is subject to a defect or disability, the following information is to be inserted:

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 MONTREAL the 12 of JANUARY 1942

Chas. C. Macdonald

 Examining Medical Officer

(Rank) SURG? LIEUT R.C.N.V.R.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

MMB

NAVY

Name: WALKER Surname Christian Names George E. No.: 733442

Rank A/AD Unit R.C.N.V.R. Date of Death 20-9-43

AMOUNT

Date: 26-7-45


W.S.G. \$ 333.64
 L.P.C. 41.11
 Other Credits..... 72.69
 Total..... 447.44
 Prev. dist. 113.80
 This dist. 333.64

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/4	Father	Thomas Walker, 156 Mozart St. W., Montreal 14, Quebec.	83.41
1/4	Mother	Mrs. Emma Walker, (As above)	83.41
1/3	Sister	Mrs. Lillian Peterkin (As above)	111.21
1/12	Half-brother	Alan Ansell (As above)	27.81
1/12	Half-brother	Pte. Jack Ansell #6032 #4 District Depot, Montreal, Quebec.	27.80
(As next of kin entitled)			

333642

EA TO TREAS.
30/7

WSC

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	\$333.64
CLASSIFIED BY 			EXAMINED BY		
For Chief Treasury Officer					

DISTRIBUTION APPROVED AND AUTHORIZED



(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer



Department of National Defence
Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE
No. N.S. 113-W-1469
PERS. (N)

DEC 29 1943



Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
WALKER, George Edward Able Seaman, V-33442, R.C.N.V.R.	Missing, presumed dead to date 20 September, 1943. He was serving in HMCS "St. Croix" which was lost while on Convoy duty in the Atlan- tic, due to enemy action.	Mother: Mrs. Emma Walker, 156 Mozart St. W., MONTREAL, Que.

ALLOTMENTS IN FORCE

<u>In favor of</u>	<u>Amount</u>	<u>Initials</u>
Mrs. Emma Walker. (Mother). 156 Mozart St. Montreal. P.Q.	\$20.00 A.P.	
W. Cooper Ltd.	\$ 4.47	J.H.

Note. Allotments stopped
30th Sept. 1943.

WILL: No Record

Yours truly,

for
SECRETARY, NAVAL BOARD.

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

STATEMENT OF ACCOUNT

36

True extract from the ledger of H.M.C.S. "St. Croix" ending 30
Sept. 1943

List. 5-2.. No. 92.....(Name) WALKER, George....Rank Rating. A.P.....No V. 33442
 When entered.....14. Sep......Date of appearance. 15. Sep. Whither discharged
D.D......

CREDIT from former account....."Niobe".....\$.....8.41

Pay as....A.B......from.....14. Sep. to 30. Sep... (17 days @ 1.85 per day) \$.....31.45

Pay as....H.L.M......from.....16. Sep. to 20. Sep... (5 days @ .25 per day) \$.....1.25

Pay as.....from.....to.....(days @ per day) \$.....

Pay as.....from.....to.....(days @ per day) \$.....

Kit Upkeep Allowance.....1. Oct......\$.....2.

OTHER CREDITS.....\$.....

.....\$.....

Total Credits.....\$.....41.11

DEBT from former account.....\$.....

PAYMENTS 1st 2nd 3rd 4th 5th

1st Month Total.....\$.....

2nd Month Total.....\$.....

3rd Month Total.....\$.....

Allotment...20.00, 4.47 Chged. Niobe 30 Sept. '43.....\$.....

Pension deduction (Officers) charged to.....of.....\$.....

Hospital stoppages.....\$.....

Mulcts.....\$.....

OTHER CHARGES.....\$.....

.....\$.....

.....\$.....

Total debits.....\$.....

 Note: Balance Dr. to be shown in RED. Balance Cr. ~~or Dr.~~ \$.....41.11

Number of days actually victualled during period mentioned above.....5.....

Not Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
		From	To		
.....
.....

Date: Oct. 26 '43 *[Signature]* for Accountant Officer.

198815

113-W-1469.

37

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name WALKER, George. Rating A. B.
 Official No. 572x V-33442 H.M.C.S. St. Croix List 5/2-92
 Who* D. D. on the 20th Sep 19 43

Net sum due on ledger on account of Wages.....	\$	cts.	
			41.11
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—	\$	cts.	
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....			
Found amongst Effects.....			
Debts collected \$.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Twenty dollars and Four 47/100 dollars			
Rate of allotment (in words)..... charged to <u>30 Sep '43</u>			
Name of ship from which transferred <u>St. Croix.</u>			
Total†.....			41.11
			Creditor

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of **HMCS "AVALON"** for **"St. Croix."** amounting to a net balance† of **Forty one** dollars **eleven** cents.

Dated on board H.M.C.S. AVALON at St. John's,
Newfoundland this 26th day of October 19 43

Approved [Signature] Accountant Officer
A/Pay. Lieut. Cmdr. R.C.N.V.R.
[Signature] { Initials of the Assistant Accountant Officer
[Signature] COMMANDER, R.C.N. (Temp) Commanding Officer.

For Use at Headquarters. \$.....cts.....credited on Inspector's certificate
 No.....to.....
 Signature.....
 Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".
 ‡Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

