



CANADA

N. V. 5
50M-8-42 (5715)
N.S. 815-11-5

113-8-5477

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SMITH OFFICIAL No. 1169625
CHRISTIAN NAMES William Roy MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS 6 14th Ave., East, Vancouver, B. C. FA 0217 Y RELIGION Church of England

DATE OF BIRTH 30th July 1925. *PLACE OF BIRTH Nelson, NAME AND ADDRESS OF NEXT OF KIN Mother: Mrs. Louise SMITH, 6 14th Ave. East, Vancouver, B.C.
*Original Nationality of:
Father Irish County
Mother English Province B.C.

*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>37</u>	<u>Dark Brown</u>	<u>Hazel</u>	<u>Fair</u>	<u>Nil</u>
Inches..... <u>8 1/4</u>	Deflated..... <u>32</u>				
<u>126 1/2 lbs</u>	Mean..... <u>35</u>				

EDUCATIONAL STANDING One Year High School TRADE OR CALLING AND IN WHOSE EMPLOY Butcher, James Inglis Reed, Vancouver, B.C.

DATE OF ENROLMENT 18th Aug. 1943. RATING FOR WHICH ENROLLED Ord. Seaman H.M.C.S. ESTABLISHMENT IN WHICH ENROLLED HMCS "DISCOVERY"

(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
-	-	-

Personnel Records Division.

1. Noted in Records

2. Index Card

3. Non-Sub. Card

4. His Majesty's Forces on

5. R. non

6.

7.

8.

DAMES 11.9.43

(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.

IN POSSESSION OF U.I.B BOOK?

(5) On being enrolled as a member 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 when called and 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 naval establishment 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, until called into active service, 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.

(e) I have not been induced to enter as Ordinary Seaman by the prospect of being transferred at some future date to any other branch or rating.

Dated this 18th day of August, 1943.

Signature of applicant Roy Smith

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named and that he has made and signed the above declaration in my presence on this 18th

day of August, 1943.

My authority for attestation is NS 114-1-46 of 3rd Nov, 1942.

Signature of and rank of Attesting Officer [Signature]

(D) OATH OF ALLEGIANCE

I, William Roy SMITH 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 Roy Smith

Witness [Signature]

Date 18th Aug. 1943 Rank Sub-Lieutenant, RCNVR

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

NOTE.—Attestation Form in duplicate, Certificate of Medical Examination (B-207) in duplicate, Occupational History Form in triplicate and certificates of previous service are to be forwarded to Naval Service Headquarters **immediately** after attestation.

Certificates of previous service will be returned after examination.

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. "SHAWINIGAN" at Sea

Name SMITH, William Roy
(Christian names in full)

Rank of Rating Ordinary Seaman Official No. V69625 RCN.V.R.
(If unknown, date of first entry)

Place of Birth Nelson, B.C. Date of Birth 30th July, 1925

Occupation in Civil Life Butcher 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) 8th Sept., 1943 - 24th November, 1944

Date of Death 24th November, 1944 Place of Death At Sea

Cause of Death Enemy action - lost at sea
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend { Name Mrs. Louise Smith Relationship Mother
Address 1156 Yuill St., Medicine Hat, Alta

Date on which the above was informed by Ship Not known

Date on which death was registered with local Officials Not known

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

If borne for discipline only, date D.S.Q. or invalidated

H. P. [Signature]
Commanding Officer,

11/4 1945

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

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

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

*Noted DMPA
M.M.O.
11/4/45*

37

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

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

CERTIFICATE of the SERVICE of

William Roy SMITH

in the Royal Canadian Naval Volunteer Reserve

N.S. 52283
U-69625

Training Headquarters	R.C.N.V.R. Division	Official Number
	<i>H.M.C.S. Discovery</i>	<i>U-69625</i>

Date of Birth *30 July, 1925*

Place of Birth *Nelson, B.C.*

Place of Residence *614 Ave E. Vancouver, B.C.*

Trade brought up to *Butcher*

Religion *Church of England*

Can Swim:—P.P.T. Date.....19..... Signature..... Rank.....

P.S.T. Date.....19..... Signature..... Rank.....

Name and Address of Nearest Relative or Friend (in pencil)

*Mother:
Louise Smith
same.*

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>18 Aug '43</i>	<i>Hospitality Ord. Sm.</i>				

PERSONAL DESCRIPTION

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>8 1/4</i>	<i>35</i>	<i>126.2</i>	<i>Dark Brown Wavy</i>	<i>Fair</i>	<i>Fair</i>	<i>Nil.</i>
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	

NAME IN FULL *S.M.I.T.H. William Roy* RANK/RATING *A.6.*

SHIP	SERVICE			AREA		
	FROM	TO	DAYS		FROM	TO
	<i>8-9-43</i>					
<i>Orella</i>	<i>22-5-44</i>	<i>7-6-44</i>	<i>12</i>	<i>at</i>		
<i>Shawngan</i>	<i>10-6-44</i>	<i>7-11-44</i>	<i>168</i>	<i>at</i>		
	<i><u>Dutch Dead</u></i>			<i>7-11-44</i>		

VERIFIED BY *Roger Leguin*

VERIFIED BY

ON FORM

MEDAL, C.V.S.M. and CLASP.

MEDAL (1915).

OFF. NO. *V-69675* ADDRESS

QUALIFYING PERIODS IN DAYS

1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	✓	ELIGIBLE FOR AWARDS OF
						1	
					1939-45	1	<i>star</i>
					ATLANTIC	1	<i>star</i>
					FRANCE G.		
					AFRICA		
					PACIFIC		
					BURMA		
					ITALY		
					DEFENCE		
					C.V.S.M.		<i>2 + clasp</i>
					" CLASP		
					WAR 1945	1	<i>medal</i>
					WAR 1915		

VERIFIED BY *R.S.*

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

Mrs. Louise SMITH
1156 Yuill STREET
MEDICINE HAT, ALBERTA

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

and the following number quoted:—

H.Q. NS. V-69525 ED 1043

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

26th February 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

SMITH, William Roy Ordinary Seaman

V-69625 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.

HRW/MJ

M. Weader
Commander RCHM
Director of Estates.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the 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.....	<i>nil</i>		
2	Children of the Deceased and dates of their Births.....	<i>nil</i>		
3	Father of the Deceased.....	<i>K93518 Sgt. Stewart M. L. Smith</i>	<i>46</i>	<i>1156 Quill St Medicine Hat</i>
4	Mother of the Deceased.....	<i>Mrs. Louise Smith</i>	<i>42</i>	<i>1156 Quill St Medicine Hat.</i>
5	Brothers of the Deceased	<i>K76771.</i>	<i>cfm S. Gordon Smith</i>	<i>21 England.</i>
		Full Blood	<i>R. Leverne Smith</i>	<i>11, 1156 Quill St. Medicine Hat</i>
		Half Blood		
6	Sisters of the Deceased	Full Blood	<i>Mrs. M. Yada Scott (nee) Smith</i>	<i>22 313 Hallmines Road Nelson B. C.</i>
		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
	<i>nil.</i>	<i>nil</i>		<i>nil.</i>

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	William Roy Smith
9	Date of his birth.	July 30 th 1925
10	Place and date of his marriage.	nil
11	Place and date of his parents' marriage.	21st Oct. 1921. Carstairs Alta

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Nelson B.C.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) British Columbia (b) <input checked="" type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/>
14	Nature of employment before enlistment.	Butcher, Learning Trade
15	State whether he owned the premises in which he lived, and, if so, where situated.	nil
16	Name place where deceased stated he intended to make his permanent home.	Vancouver B.C.

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?	no —————
20	Amount of War Savings Certificates held by deceased. Indicate where located.	no —————
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	One Hundred dollar bond. not reg. held by mother Louise Smith
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no —————
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	no —————

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.	(a) no ————— (b) not known. 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 or Commissioned Officer of any of His Majesty's Forces.

Mrs. Louise Smith

{Signature of Informant

1156 Quill St. Medicine Hat Address

CERTIFICATE

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

*See above. { 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 Medicine Hat this 3rd day of May 19 45

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

Qualification. Commissioned Officer.

Address. Capt. R. E. Bradford Camp 132. M. H.

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

V69625

OFFICIAL NUMBER

FILE NUMBER

113-S-5477

OFFICIAL NUMBER

V69625

NAME SMITH William Roy DATE OF BIRTH 30 July 1925
 (Surname) (Given Names)
 PLACE OF BIRTH Nelson, B.C. OCCUPATION Butcher
 RELIGION Church of England EDUCATION One Year High School
 RESIDENCE AT TIME OF ENLISTMENT: Street and No. 6 14th Avenue East Town Vancouver Province, etc. B.C.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE			
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
18	8	43	H.O.	5' 8 1/2"	D. Brn.	Hazel	Fair				From	To

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) John Smith
 ADDRESS (in pencil): Street and No. 6 East 14 Avenue Town Vancouver Province, etc. B.C.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				22	3	44	Marked "TR".				

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

Date (in figures)			DAYS FORFEITED					O.H.F. Received
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	

SECOND CLASS FOR CONDUCT	
From	To

W.S.G.
 APPLICATION
 19800
 RECEIVED

V69625

OFFICIAL NUMBER

NAME SMITH
(Surname)

William Roy
(Given Names)

OFFICIAL NUMBER

P.I.B. 7 V69625

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. Discovery	Ord. Seaman	18	8	43	Div. Str. Vancouver	V.G.	Sat.	31	12	43	A.A. 111	6	5	44			
"	"	8	9	43	Act. Serv. D.L. #306 8/9/43	V.G.	Supr.	24	11	44							
Cornwallis	"	1	1	44	D.R.D. # 402												
Stadacona	"	13	4	55	Ser. Cert.												
Orillia	"	27	5	44	DRD Sh.170 Pg.10												
Stadacona	"	5	6	44	DRD #177 Pg.2												
Shawinigan	"	11	6	44	DRD Sh.190 Pg.14												
	A.B.	8	9	44	Rated 249A/A 9935												
DISCHARGED	"	24	11	44	"MISSING" Presumed Dead"	Casualty											

GENERAL REMARKS

Canadian Memorial Cross awarded to
 Mother: Mrs. Louise Smith,
 1156 Yull St.,
 Medicine Hat, Alberta
 to date 6-4-45

DATE OF BIRTH			PLACE		CIVIL OCCU.		REL. ED.	PERM. RESIDENCE			PREM ENL.	RANK OR RATE ON ENLISTMENT			
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION		R.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK
30	7	25	18	247	0		30	29	04	10	0	08	0	02	95
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		
18	08	43	13	09	43					9625	0	04	95		
SENIORITY			STR.	NON-SUB		M	PERM. RESIDENCE			CODED		CHECKED			
DY.	MO.	YR.	CAT.	A	B	ST.	R.	CTY.	TOWN	SERV.	DIV.	A	BR.	RANK	
09	01	43	13	00	00		M.S								

D OF D 24-11-44

NAVY

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

WAR SERVICE RECORDS

SMITH	William Roy	V-69625	A.B.	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	<p>MEDALS RET'D UNDERWARD RET'D TO STOCK.</p> <p>CANCELLED 76 TO 16-1-50</p> <p>8531 16-5-51</p>
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALSPERSONENTITLED TO ~~Mr. Stewart M. L. Smith --- Father,~~ADDRESS: ~~1156 Yerrill Street,~~ Mrs. Louise G. Smith⁽¹⁾ (Mother)
~~Medicine Hat, Alberta.~~ Cosmopolitan Hotel,
Cranbrook, B.C. 15 May 51(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Louise Smith

ADDRESS: 1156 Yerrill St., Medicine Hat, Alta.

MEMORIAL BAR

DATE DESP.....

REGN. NO. 383

(3)

6-4-45