

V10743
MADOLE
CARL

HUBER

P 9799 P 8 1941

OCCUPATIONAL HISTORY FORM

N.S. 113-M-2678

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

PLEASE LEAVE BLANK

- 1. (a) Print name in full... (b) Reg'l. No...
2. (a) Arm of service... (b) Unit... (c) Rank...
3. (a) Date of birth... (b) Have you any dependents?... (c) Place of residence...
4. (a) Place of enlistment... (b) Date of enlistment...

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school... (b) Were you attending school...
6. State definitely highest standing reached at public, technical or 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?... (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?... (b) What languages do you read well?...

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- 10. (a) State whether you were WORKING or NOT WORKING at time of enlistment... (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?... (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?... (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 21 July 1941 SIGNATURE

AUG 12 1941

[Copy To
VWD
ES

MEMORANDUM FOR

P. 64

Mrs. Mildred Madole,
1950 Wallace Street,
Regina, Saskatchewan.

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-M-2678 FD 286

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

September 29 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

MADOLE Carl Hubert Ord. Seaman O.N.

No. V.10743, 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.

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



ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the 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.....	Mildred Madole	20	Regina 1950 Wallace St.
2	Children of the Deceased and dates of their Births.....	Born Oct 24 1942		Regina Sask.
3	Father of the Deceased.....	Carl Terry Jack Madole	9 days	1950 Wallace St Regina Sask
		William Henry Madole	60	1259 Athol St
4	Mother of the Deceased.....	Carric Madole	49	Hospital Weyburn Mental
5	Brothers of the Deceased	Full Blood		H.M.C.S. Goinchy % Fleet Mail Office
		Half Blood		Esquimalt B.C.
6	Sisters of the Deceased	Full Blood	17	1259 Athol St
		Half Blood	25	864 Cameron St. Regina
		Mrs J J Thauberger	30	2177 Edgar St
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.	Howard Madole Names and ages of their children (if any) died 1911.		Address of their children

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?	Carl Hubert Madole
11	Give the month and year of his birth.	Dec 26 1918
12	Where and when were his parents married?	Feb 2 1909 Brockville Ont.
13	If deceased was married, state place and date of marriage.	Sept 30 1941 Regina Sask
14	Did he leave a Will? If so, a copy should be attached hereto.	He made a will when he joined Navy that's the only one
15	Did he leave a bank account? If so, give full particulars.	He has some money in a bank in Halifax (no) he wanted it there for when she came home on leave.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	
17	State your own postal address in full.	2177 Edgar St Regina Sask.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Regina Sask.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	In Man. Canada 1 1/2 yrs In Sask. Can. 2 1/2 yrs.
20	What was the nature of his employment?	Robert Simpson Ltd.
21	Did he own the premises in which he lived? If so, where?	no.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	a lot of good it would do him <u>now</u> if he had

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

DECLARATION

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

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

* sister of the deceased.

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

Mrs Mona Thauberger

{Signature of Informant

CERTIFICATE

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

*See above Mrs Mona Thauberger ^{Name of Informant} is the * sister 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 Regina this 9th day of November 1942

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

R. J. Janssen v.s. Qualification parish priest

Address 2328 Edgar Regina Sask

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

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

(5) On being enrolled as a member of the REGINA 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 21st day of July, 1941.

Signature of applicant.....

(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.....

day of 21st July, 1941.

Lieutenant, RCNVR.

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Carl Hubert Madole 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.....

Witness.....

Date 21st July, 1941.

Rank Lieutenant, RCNVR.

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

(E) CERTIFICATE OF ATTESTING OFFICER

Carl Hubert Madole 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 REGINA Division of the R.C.N.V.R. or in the appropriate official documents.

Lieutenant, RCNVR.

Attesting Officer.

21st July, 1941.

R.C.N.V.R. Division
(or other establishment)

REGINA.

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.



CANADA

V-10743

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

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME MADOLE, OFFICIAL NO. V-10743
CHRISTIAN NAMES Carl Hubert MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS <u>1259 Athol Street, Regina, Sask.</u>	RELIGION <u>Baptist.</u>
--	-----------------------------

DATE OF BIRTH <u>26th December, 1918</u>	*PLACE OF BIRTH Town <u>Regina,</u> County Province <u>Sask.</u>	NAME AND ADDRESS OF NEXT OF KIN <u>Mr. William H. Madole, 1259 Athol Street, Regina, Sask.</u>
*Original Nationality of: Father <u>Irish</u> Mother <u>Irish</u>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>5</u>	Inflated <u>37</u>	<u>Dark Brown</u>	<u>Blue</u>	<u>Medium</u>	<u>Vacc. left arm.</u>
Inches <u>11 1/2</u>	Deflated <u>33</u>				
	Mean <u>35</u>				

EDUCATIONAL STANDING <u>Grade 9 - Regina, Sask.</u>	TRADE OR CALLING AND IN WHOSE EMPLOY <u>Clerk - Rob't. Simpson Ltd., Regina, Sask.</u>
--	---

DATE OF ENROLMENT <u>21st July, 1941</u> <u>Divisional Strength</u>	RATING FOR WHICH ENROLLED <u>O-4, Sm. for W/T.</u>	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED <u>REGINA.</u>
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(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 Reserve Army for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO
<u>Reserve Army</u>	<u>Private</u>	<u>October 9, 1940</u>	<u>November 9, 1940.</u> <u>discharge 20 July 1941</u>

(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.



DEPT NATIONAL DEFENCE

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

JUL 23 1941

N.S. 113 222 2678
CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

P 97990

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 Carl Hubert Madole

‡ candidate for entry as O. Tel.
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.
22 yrs 4 mths	143 lbs.	5' 11 1/2" ins.	good	inches (a) maximum 37 (b) minimum 33 (c) mean 35	right eye 6/5 left eye 6/5 *colour vision has complete green blindness	1931	app.	app.	app.	app.	app.	app.	app. but has a+++ right nasal spur and 8 teeth deficient	app.

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

He can distinguish all gross colours readily, except green.

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

app.

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.

Carl H. Madole

† 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 Regina the 12th of May 1941.

S. J. Keels
Examining Medical Officer
(Rank) Surg. Comdr (Ret'd)

DOMINION OF CANADA
NATIONAL REGISTRATION REGULATIONS, 1940
REGISTRATION CERTIFICATE

*This certificate
must always be
carried upon the
person of the
registrant.*

Electoral
District
Polling
Division

No. 20
No. 122

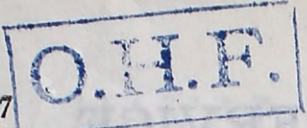
REGINA CITY
(Name)
SIMPSONS
(Name if any)

THIS IS TO CERTIFY THAT

Carl Hubert Madole
residing at *1259 Arden St, Regina*
Sask. was duly registered under the above-mentioned
Regulations this *14th* day of *August* 1940.

M. W. Jeffrey
Deputy Registrar.

Carl H. Madole
Signature of Registrant



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

CERTIFICATE of the SERVICE of

Carl Hubert MADOLE

~~1115 8368~~

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Esquimalt</i>	R.C.N.V.R. Division <i>Regina</i>	Official Number <i>V10743</i>
		"
		"

Date of Birth..... *26 December 1918*

Place of Birth..... *Regina, Sask*

Place of Residence..... *1257- Athol St - Regina Sask*

Trade brought up to..... *Clerk*

Religion..... *Baptist*

Name and Address of Nearest Relative or Friend (in pencil)
Father
William
same address

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	
			<i>21 July '41</i>	<i>Hostilities</i>	<i>Ord Sea</i>	

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>11½</i>	<i>35</i>	<i>143</i>	<i>Dark Brown</i>	<i>Blue</i>	<i>med</i>	<i>Vaccination mark</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

H.M.C.S. "QUEEN"
REGINA - SASK.

A- Superior
 B- Very Good
 C- Good
 D- Fair
 X- Poor

WEEKLY PROGRESS REPORT OF

NAME MADOLE C.H RATE O/D O.N. V- 10743
 DIVISION _____ SECTION NO. _____ APPLICANT FOR R.C.N. _____
 ATTEST. DATE _____ ACT. SERV. DATE _____ BIRTH DATE 26/12/18
 DIV. OFFICER _____ LEADING HAND _____

SCHOOL WORK

Last grade completed 8 Year left school 1933
 Mental Ability Average Arith. 80% English 61% Curr. Events 81%
 Remarks re School 1 yr commercial
 Ed. Test 'ONE' _____ ✓

SUBJECT	MARK								ABILITY	
	1	2	3	4	5	6	7	8		
BOAT WORK	Pulling		D	C						
	Sailing									
GUNNERY AND DISCIPLINARY	Squad Drill	D		C						
	Rifle Drill					B				
POWER OF COMMAND										
SIGNALS	Semaphore		B	B	B		A			
	Morse Signalling					A	C			
	Flags									
	Morse Buzzer									
RULES OF THE ROAD										
SEAMANSHIP										
CONDUCT										
SHOOTING										
SWIMMING (Date Qualified)										

Remarks and Recommendations: _____ GROG: UA. T. G.

AS

HEARING TEST: HEARING _____ % PITCH 75%

Weight and Height		DRAFT: Medical Office	Books Ret'd	Canteen Bill	Kit Insp.	Disposition
Joining	Leaving					
lbs	lbs					BASE: <u>Naden</u>
ft. in	ft. in					DATE: <u>3/12/41</u>

AS

MILITIA ACT

M.F.M. 82
480M-8-40 (6652)
H.Q. 1772-39-1773

National Resources Mobilization Act, 1940

ENROLMENT
NON-PERMANENT ACTIVE MILITIA OF CANADA

841

REGIMENTAL No. L-463806.

Militia Unit taken On Strength R.R.R.

- 1. Surname (Block Letters) M A D O L E
- 2. Christian Names (In Full) Carl Hubert
- 3. Present Address 1259 Athol St., Regina.
- 4. Place of Birth Regina Date of Birth 26 Dec. 1918.
- 5. Religion Protestant 6. Occupation Clerk Mail Order.
- 7. Next of Kin Mr. W.H. Madole
(NAME AND ADDRESS)
1259 Athol St., Regina.
- 8. Physical Description: Height 5'11 1/2" Weight 138 lbs.
Color of Eyes Blue Color of Hair Dk. Brown
- 9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)
Air Force 1 Year Commercial.

9051
86
12.19
0
011

*Completed 79 days training
hosted 1 day such*

3

Dated this 9th day of October, 19 40.

Training Centre No. 120

C. Madole
(SIGNATURE OF MAN)

J.W. Ruddy Lieut
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)



TRAINING CERTIFICATE STAMP



J.P. Paul Major
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

070.0
120
0811.0
2
01
99
84

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

IDENTIFICATION # ~~8368~~

TRUE COPY OF
CERTIFICATE of the SERVICE of

Carl Hubert MADOLE

3-MA-66

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number
Esquimalt, B. C.	REGINA	V-10743.
		"
		"

Date of Birth..... 26th December 1918
 Place of Birth..... Regina, Sask.
 Place of Residence..... 1257 Adel St. Regina
 Trade brought up to..... Clerk
 Religion..... Baptist

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

William H. (Father)
Same address

O.H.F.

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	
15 May/41	21 July/41	Duration	Ord. Smn.			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	5	11½	35	143	Dark Brown	Blue	Medium	Vacc. left arm
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

Squad 29

DIVISIONAL REGISTRAR
ADMINISTRATIVE DIVISION
SEP 27 1940
Dept. of National War Services
REGINA, SASK.

MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES
NATIONAL RESOURCES MOBILIZATION ACT, 1940

Notice of Call
Serial No:—
M 924

This form to be used by divisional registrars for copies of original medical examination and certificate forms. **29**

PART I

Name in full..... **Carl Hubert Madole**.....
(Print in block letters) (Surname) (Given Names)
Born: Place..... **Regina**..... Canadian Province **Sask**..... Date **Dec 26, 1918**.....
(or other country)
Permanent Postal Address..... **1259 Athol St.**..... **Regina** **Sask**.....
(Street and Number) (Rural Route and Post Office) (Town or City) (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—
Rheumatism..... **no**..... Tuberculosis..... **no**..... Bronchitis or Asthma..... **no**..... Heart Disease..... **no**.....
Kidney or Bladder Disease..... **no**..... Stomach or Intestinal Trouble..... **no**..... Rupture..... **no**..... Varicose Veins..... **yes**.....
Trouble with feet..... **yes**..... Nasal Trouble..... **no**..... Ear Trouble..... **no**..... Eye Disease..... **no**..... Fits..... **no**.....
Nervous or Mental Disease..... **no**..... Syphilis..... **no**..... Gonorrhoea..... **no**..... Have you ever worn Glasses?..... **no**.....
Have you ever been rejected for Military Service?..... **no**..... Are you in receipt of disability pension or compensation?..... **no**..... If so, from whom?.....
Place..... **Regina**..... Province..... **Sask**..... Date..... **Sept 21, 1940**.....
(Signed): **Carl H. Madole**.....
Signature of man.

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"
Varicose Veins right - left leg
Feet--flat feet--marked--subacute

Physical examination (the man must be stripped)
1. Height..... **5**..... feet..... **11 1/2**..... inches. 2. Weight..... **138**..... pounds
3. Complexion..... **Olive**..... Colour of eyes..... **blue**..... 4. Development..... **fair**.....
Colour of hair..... **Dk brown**.....
5. Chest measurement—Girth on full expansion..... **35**..... inches
Range of expansion..... **3**..... inches
6. (a) Vision without glasses—Right eye..... **20/20**..... left eye..... **20-20**.....
(b) If in possession of glasses: Vision with glasses—Right eye..... left eye.....
7. Hearing, right ear..... **CV 20**..... left ear..... **CV 20**.....
8. Mouth and teeth..... **only 11 lower teeth and 7 lower left**.....
Describe dentures, if any..... **none**.....
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—

His feet are quite flat; painful when walking more than usual

PART III

I have examined the man in accordance with the physical standards and instructions for the medical examination of recruits and certify that he is fit for:—

Category "A"..... (Signed):
" "B I"..... **B1**..... Signature..... **L. K. Sauer M. D.**.....
" "B II".....
" "C I".....
" "C II"..... Address..... **1259 Athol St.**.....
" "D".....
" "E"..... Date..... **Sept 21, 1940**.....
(Examining Physician)

The space below is reserved for Training Centre Medical Officer.

PART IV

Record in detail any disease or disability not previously described:—

AT

Signature..... **E. J. French**.....
Training Centre Medical Officer.

Training Centre No. or Name.....
N.P.A.M. No.....

(Important: See other side)

Station	Admission to Hospital			Discharged from Hospital			Disease	Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.
	Day	Month	Year	Day	Month	Year		

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an "examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.

2. The "examining physician" must examine the man and complete this form and certificate herein contained in accordance with the physical standards and instructions for the medical examination of recruits, copy of which will be supplied to each "examining physician" by the Department of National War Services.

3. The "examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The names and addresses of all Divisional Registrars will be brought to the attention of all appointed "examining physicians" by notices in the press or, if possible, by letter.

4. Payment for the examination of each man will be made monthly by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account.

5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

"(3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

"Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

I hereby certify this to be a true and correct copy.

F. C. WILSON
Divisional Registrar

Per *[Signature]*

The Divisional Registrar will stamp the four copies showing his Administrative Division and the place and date where the copies were made and certified by him.

(See National War Services Regulations, 1940 (Recruits).)

V10743

OFFICIAL NUMBER

NAME MADOLE
(Surname)

Carl Hubert
(Given Names)

OFFICIAL NUMBER V10743

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
Regina Div. Str.	Ord. Smn. W/T	21	7	41		V.G.	Sat.	31	12	41	A/A.A. 3	14	5	42			
Duty Div. Hdqts.	" " "	1	10	41		V.G.	Sat.	13	9	42							
Naden	" " "	2	12	41													
Stadacona	" " "	11	4	42	138312												
Cornwallis	" " "	1	5	42	D.R.D.												
Stadacona	" " "	15	5	42	144649												
Ottawa	" " "	16	5	42	208006												
DISCHARGED	" " "	13	9	42	Missing, believed Killed in Action. (Casualty List.)												

GENERAL REMARKS

X-ray App.
To R.C.N. Hosp--9-1-42.
From " " " --12-1-42

CANADIAN MEMORIAL CROSS:
Wife: Mrs. Mildred Madole,
1950 Wallace St.,
Regina, Sask.

DATE OF BIRTH			PLACE		CIVIL		OCCU.		RELI-ED		PERM. RESIDENCE			PREV. ENL.		RANK OR RATE ON ENLISTMENT																																																	
DY.	MO.	YR.	BIRTH	MAIN	SUB	GIOR.	P.	CTV.	TOWN	SER.	DIV.	A.	BR.	RANK																																																			
26	R	18	19	830	0	60	27	06	35	9	17	0	08	95																																																			
<table border="1"> <thead> <tr> <th colspan="3">ENLIST. DATE</th> <th colspan="2">SERV. DATE</th> <th colspan="2">STR.</th> <th colspan="2">SHIP</th> <th colspan="2">RANK OR RATE</th> </tr> <tr> <th>DY.</th> <th>MO.</th> <th>YR.</th> <th>DY.</th> <th>MO.</th> <th>YR.</th> <th>CAT.</th> <th>DE.</th> <th>AS.</th> <th>A.</th> <th>BR.</th> <th>RANK</th> </tr> </thead> <tbody> <tr> <td>21</td> <td>07</td> <td>41</td> <td>01</td> <td>10</td> <td>41</td> <td></td> <td></td> <td></td> <td>0</td> <td>350</td> <td>0</td> <td>08</td> <td>95</td> </tr> <tr> <td colspan="10"></td> <td colspan="2">CODED</td> <td colspan="2">CHECKED</td> </tr> </tbody> </table>															ENLIST. DATE			SERV. DATE		STR.		SHIP		RANK OR RATE		DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DE.	AS.	A.	BR.	RANK	21	07	41	01	10	41				0	350	0	08	95											CODED		CHECKED	
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V10743

OFFICIAL NUMBER

FILE NUMBER

113-M-2678

OFFICIAL NUMBER V10743

NAME MADOLE (Surname) Carl Hubert (Given Names) DATE OF BIRTH 26th December, 1918PLACE OF BIRTH Regina, Saskatchewan OCCUPATION ClerkRELIGION Baptist EDUCATION Grade 9RESIDENCE AT TIME OF ENLISTMENT: Street and No. 1259 Athol Street Town Regina Province, etc. Saskatchewan

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
21	7	41	H.O.	5' 11 1/2"	Brown	Blue	Medium	Vacc. left arm	Reserve Army	Pte.	9-10-40	20-7-41

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Madole
ADDRESS (in pencil): Street and No. 9-12-41-1950 Wallace St. Town Regina Province, etc. Sask

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	
				4-5	11	41	Passed E.T.I. R.C.N.V.R				
				14	2	42	TR				
				9	12	41	Qual. A/G.				

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		

FILM
NO. NR 5317-5
DATE

Date (in figures)			DAYS FORFEITED						Last Will & Testament Dated <u>21-7-41</u> Received C. H. F. Rec.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.	

SECOND CLASS FOR CONDUCT

From

To



VERIFICATION FORM

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

/RATING *Ord. Ser.* OFF. NO. *V.10.743* ADDRESS

QUALIFYING PERIODS IN DAYS							STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	1	<i>Star</i>
							ATLANTIC		
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>@ clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *T. Schuet...*

CONDUCT SHEET

Page 1

NAME Carl Hubert MADOLE

RATING Old Sea

{ PORT DIVISION AND OFFICIAL NUMBER Regina V10743

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		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)				
<u>Naden</u>	<u>2 Dec '41</u>	<u>-</u>	<u>21 July '41</u>	<u>1</u>	<u>1</u>	<u>1942</u> <u>Jan 10</u>	<u>Apr</u>	<u>V.B.</u>	<u>Sat</u>	<u>-</u>	<u>-</u>	<u>Stadacona</u>			<u>J. P. Lee</u> <i>for CO</i>
<u>Stadacona</u>	<u>11 Apr '42</u>	<u>-</u>	<u>-</u>	<u>1</u>	<u>1</u>	<u>11 Apr '42</u>	<u>30 Apr '42</u>	<u>V.B.</u>	<u>Sat</u>	<u>NY (NQ)</u>	<u>No</u>	<u>Cornwallis</u>			<u>N.S. Adams</u>
<u>Cornwallis</u>	<u>1 May '42</u>	<u>-</u>	<u>"</u>	<u>-</u>	<u>-</u>	<u>1 May '42</u>	<u>14 May</u>	<u>V.G.</u>	<u>Sat</u>	<u>NY (NQ)</u>	<u>No</u>	<u>Success</u>			<u>N.S. Adams</u>
<u>Stadacona</u>	<u>15 May '42</u>	<u>-</u>	<u>"</u>	<u>-</u>	<u>-</u>	<u>15 May '42</u>	<u>15 May '42</u>	<u>V.G.</u>	<u>Sat</u>	<u>NY (NQ)</u>	<u>No</u>	<u>Ottawa</u>			<u>N.S. Adams</u>

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".

Spokane

113-M-2678

D200502

54

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... Madole, Carl, H. Rating... O/3mn.
Official No. V-10743 H.M.C.S. OTTAWA List... 511-551
Who*... D.D. on the... 13 Sep 42 19

Net sum due on ledger on account of Wages.....	\$	cts.
	64	61
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side.....	\$	cts.
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).....		
Rate of allotment (in words) <u>Sixty-five dollars</u> charged to <u>30 Sep</u>		
Name of ship from which transferred..... <u>HMCS "Ottawa"</u>		
Total †... <u>Creditor</u>	64	61

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... OTTAWA... amounting to a net balance †... creditor... of... Sixty-four... dollars... Sixty-one... cents.

Dated on board H.M.C.S. AVALON... at... St. John's... Nfld.... this... thirteenth... day of... November... 1942...

Approved
[Signature] Accountant Officer
A/Pay Lieut. Commander, RCNVR
[Signature] Pay Lieut., RCNVR
[Signature] Commanding Officer.
Lieut., Commander, RCN

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.

48

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

SEP 23 1943

To **Mrs. Mildred Madole,**

DATE

CHEQUE NO.	PARTICULARS	AMOUNT
46093	Refund of Marriage Allowance to widow of the late Carl Hubert Madole, Ord.Smn. O.No. V-10743, for period, 14th September - 30th September, 1942, recovered in error from pension - i.e. 17 days @ \$1.15 per day - \$19.55 deposited by O.R. #60.-16192.	19 55
Cheque and file to D.N.P.A.		

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
9999			400	02	33		19 55		
							TOTAL		

NA LC SEPT. 23/43

DEPARTMENT OF VETERANS AFFAIRS
DECEASED 13 September 1942

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

MADOLE Carl Hubert

V-10743

O/S.

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 AND DATE DESPATCHED

1939-45 Star

C.V.S.M. & Clasp

War Medal

1443

24/11/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL
HMCS "OTTAWA" Apr. /43. R.C.N.V.R.

(1) MEDALS
PERSON

ENTITLED TO Mrs. M. Madole - Widow

ADDRESS: 1950 Wallace St.,
Regina, Sask.

(2) MEMORIAL CROSS

WIDOW Mrs. M. Madden

ADDRESS: 1950 Wallace Street
REGINA, Sask.

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP
(1)

REGN. NO. 157

(2) 25 November 1942

(3)

P174447

DEPT. NATIONAL DEFENSE
DEC 11 3 1941
REGINA DIVISION
CANADA
678

IN THE NAME OF GOD, AMEN

I, Carl Hubert MADOLE, Ord.Smn., O.N. V-10743, of the REGINA DIVISION
~~Majesty's Ship~~ of the Royal Canadian Naval Volunteer Reserve
(~~now a Patient in~~)

*If in Hospital or in Hospital Ship.

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

See instructions on the back hereof.

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

Mr. William H. Madole,
1259 Athol Street,
Regina, Sask.

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

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

And I do hereby appoint my dear Father

Mr. William H. Madole,
1259 Athol Street,
Regina, Sask.

Executors of this my last Will and Testament; and hereby revoking all former Wills by me made, I declare this to be my last Will and Testament.

In Witness whereof I have at REGINA hereunto set my hand, this 21st day of July, in the Year of Our Lord One Thousand Nine Hundred and Forty-one.

Carl Hubert Madole

Signed by the said Testator, as his last Will and Testament, in the presence of us present at the same time, who in his presence at his request and in the presence of each other have subscribed our names as Witnesses.

Witnesses

[Signatures of witnesses]

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

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

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

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

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

INSTRUCTIONS FOR FILLING UP THE FORM

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

Then the words " And I give and bequeath unto " should be inserted together with the names, &c., of the person or persons to whom the residue of the Testator's property is to be given, and the words printed in italics commencing " all such wages," should be struck out.

If, however, the whole of the Testator's property is to be given to one person, or between several, all that is necessary is to insert in the space, the names, &c., of the person or persons to be benefited.

CERTIFICATE

I hereby certify that the Will on the other side hereof was previously to its execution read over to the Testator who appeared perfectly to understand the same.

[Handwritten signature]

} Signature of the person
by whom the Will was prepared.

Noted in Service
Records by *[Handwritten initials]*

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Deceased Member's Name Carl Hubert MADOLE
 (Christian Names) (Surname)

38070

Payee Mr Mildred MADOLE

Register No. 3802

Address 1950 Wallace St.
Regina, Sask.

File No. V 10743

Date 16.1.45

Service No. V 10743

Final Rank or Rating O-5MN

Date of termination of overseas service 13 Sep 42

Date of Discharge 13 Sep 42

A. TOTAL QUALIFYING SERVICE

No. of days 348 equal to 11 complete periods at \$7.50
 30

\$ 82.50

B. QUALIFYING OVERSEAS SERVICE

No. of days 121 less 18 ineligible days equal to 103 days @ 25¢ per day

\$ 25.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

Pay	\$	1.50	
Subsistence or Lodging and Provision Allowance	\$	1.45	
Additional Pay <u>A.A.III</u>	\$.10	
<u>H.L.M.</u>	\$.10	
Dependents' Allowance 1/30 of \$	\$	1.15	
Total		<u>4.30</u>	x 7 = \$ 30.10
No. of days		<u>103</u>	x \$ 30.10
		<u>183</u>	

\$ 16.94

D. WAR SERVICE GRATUITY

\$ 125.19

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

Handwritten signature

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 125.19

G. YOUR PORTION OF GRATUITY IS

Dependents' Allowance ~~in issue to you~~ \$ _____ of \$ = \$ 125.19
 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 6
- 2 7
- 3 8
- 4 9
- 5 10

STATEMENT OF WAR SERVICE GRATUITY - NAVY

Name Carl Hubert MADOLE Register No. 3807
 (Christian Names) (Surname) File No. V10743
 Address Mrs. Mildred Madole Date 16-1-45
1950 Wallace Street, Service No. V10743
Regina, Sask. Final Rank or Rating O.S.
 Date of termination of overseas service 13 Sep. 42 Date of Discharge 13 Sep. 42

A. TOTAL QUALIFYING SERVICE \$ 82.50
 No. of days 348 equal to // complete periods at \$7.50
30

B. QUALIFYING OVERSEAS SERVICE \$ 25.75
 No. of days 121 less 18 ineligible days, equal to 103 days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE SUB TOTAL \$ 108.25

DAILY RATES AT DISCHARGE

Pay	\$	<u>1.50</u>	
Subsistence or Lodging and Provision Allowance	\$	<u>1.45</u>	
Additional Pay <u>A/AAD</u>	\$	<u>.10</u>	
<u>H.L.M.</u>	\$	<u>.10</u>	
Dependents' Allowance 1/30 of	\$	<u>1.15</u>	
Total	\$	<u>4.30</u>	x 7 = \$ <u>30.10</u>
No. of days		<u>103</u>	x \$ <u>30.10</u> = \$ <u>16.94</u>
		<u>183</u>	

D. WAR SERVICE GRATUITY \$ 125.19

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

F. AMOUNT PAYABLE (This amount is payable in monthly instalments of \$ each)

G. MONTHLY INSTALMENT NOT TO EXCEED Daily rate of pay and allowances \$ 4.30 x 30 = \$ 129.00

Instalm. Payable	1	2	3	4	5	6	7	8	9
AMOUNT									
Cheque No.									
DATE									

Instalm. Payable	10	11	12	13	14	15	16	17	18
AMOUNT									
Cheque No.									
DATE									

D.N.P.A. CHECK

1 <u>W</u>	6 _____
2 <u>cfm</u>	7 _____
3 <u>Yes</u>	8 _____
4 <u>Yes</u>	9 _____
5 _____	10 _____

Estate

Estate form prepared

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 Madole, Carl, H. Rating O/3mn.
 Official No. V-10743 H.M.C.S. OTTAWA List 511-551
 Who* D.D. on the 13 Sep'42 19

Net sum due on ledger on account of Wages.....	\$	cts.
	64	61
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).....		
Rate of allotment (in words) <u>Sixty-five dollars</u> charged to <u>30 Sep</u>		
Name of ship from which transferred..... <u>HMCS "Ottawa"</u>		
Total † <u>Creditor</u>	64	61

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 OTTAWA amounting to a net balance † creditor of Sixty-four dollars Sixty-one cents.

Dated on board H.M.C.S. AVALON at St. John's Nfld. this thirteenth day of November 1942

Approved _____ Accountant Officer
A/Pay Lieut. Commander, RCNVR
 { Initials of the Assistant Accountant Officer }
Wright
Pay Lieut, RCNVR
 Commanding Officer.
Lieut, Commander, RCN

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.