

V37387
BURNS
FRANCIS CONDO

OCCUPATIONAL HISTORY FORM

MAY 21 1942
112 B 3194

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 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

V 37387

1. (a) Print name in full BURNS FRANCIS CANNOLLY (b) Reg'l. No. 1171
2. (a) Arm of service NAVY (b) Unit REMYR (c) Rank 3
3. (a) Date of birth Oct 11/22 (b) Have you any dependents? yes (2) (c) Place of residence at time of enlistment Bedford NB
4. (a) Place of enlistment Saint John NB (b) Date of enlistment 21/10/42

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 3 1/2 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? 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 & French (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) YES (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 Commission Engineering Works Address Montreal PQ
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) making guns
20. (a) Your specific occupation machinist (b) Number of years' experience at this occupation with any employer 10 months
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? NO (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. machinist



DATE May 21 1942 SIGNATURE Francis Connolly

11/10/42

JUN 10 1942

Copy To
V...
ES

MEMORANDUM FOR

P. 64

Mrs. Gertrude Burns

Rexton, N.B.

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. 113-B-3196 FD.198

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 20, 1943

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

BURNS, Francis C., Sto. 1

No. V. 37387, 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.

H.R. Wade
(H.R. Wade) Lt.-Cdr. RCNVR,
for (L.M. Firth) Lt.-Colonel,
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.

Degree 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.....	James M. Burns	64	Died July 31 st 1940
4	Mother of the Deceased.....	Gertrude Burns	54	Reyton N.B.
5	Brothers of the Deceased	Full Blood	J Raymond	18 M. Navy
		Half Blood		
6	Sisters of the Deceased	Full Blood	Elenor Patricia	16 Reyton. N.B.
		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	Francis Conolly Burns
9	Date of his birth	Feb 1 st 1922
10	Place and date of his marriage.	_____
11	Place and date of his parents' marriage.	Pielibucto June 20 th 1921

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Perth
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Montreal about nine months (b) (c) (d)
14	Nature of employment before enlistment.	Machinist
15	State whether he owned the premises in which he lived and, if so, where situated.	_____
16	Name place where deceased stated he intended to make his permanent home.	_____

PARTICULARS OF ESTATE

17	Did he leave a Will?	_____
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.	_____
20	Amount of War Savings Certificates held by deceased.	One \$4.00 as far as I know
21	Amount of Victory Loan Bonds held by deceased.	one \$50. as far as I know
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.	not that I know.
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.	_____

(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.

Mrs Gertrude Burns.

Signature of Informant

Reston N.B.

Address

CERTIFICATE

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

See above. Mrs Gertrude Burns { 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 Reston N.B. this 23 day of September 1943

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

Johnnie Cochran

Qualification Career for forty odd years

Address Reston N.B.

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

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

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



CANADA

N. V. 5
50M-10-41 (1994)
N.S. 815-11-5

ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BURNS OFFICIAL NO. 37387
CHRISTIAN NAMES Francis Connolly MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS: 8 Hindland Ave., Montreal, P.Q.
RELIGION: R.C.

DATE OF BIRTH: Oct. 1st. 1922
PLACE OF BIRTH: Town Rexton, County Kent Co., Province N.B.
NAME AND ADDRESS OF NEXT OF KIN: Mother: Gertrude Burns, Rexton, N.B.

*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>38</u>	<u>Black</u>	<u>Brown</u>	<u>Dark</u>	<u>Scar on left knee.</u>
Inches <u>6 1/2</u>	Deflated <u>34</u>				
	Mean <u>36</u>				

EDUCATIONAL STANDING: Gradee-- 11.
TRADE OR CALLING AND IN WHOSE EMPLOY: Machinist: Dominion Engineering Works, Montreal, P.Q.

DATE OF ENROLMENT: 21/5/42
RATING FOR WHICH ENROLLED: Stoker 1.
R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED: H.M.C.S. Brunswicker.

(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 the period shown and attached record of service, in corroboration of this statement.~~

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

- (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. Brunswicker Division of 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 May 1942

Signature of applicant Francis Connolly Burns

(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 21

day of May 1942

J. R. Shouldice S/L
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Francis Connolly Burns 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 Francis Connolly Burns

Witness J. R. Shouldice

Date 21 st. May 1942 Rank Sub. Lieut. R.C.N.V.R. (T)

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

(E) CERTIFICATE OF ATTESTING OFFICER

Francis Connolly Burns 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. Brunswicker Division of the R.C.N.V.R. or in the appropriate official documents.

J. R. Shouldice S/L
Attesting Officer.

May 21 1942 R.C.N.V.R. Division
(or other establishment) H.M.C.S. Brunswicker

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 STOKER Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Francis Connolly Burns
Signature



Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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 BURNS, Francis Connolly V37387

candidate for entry as Stoker 1. R.C.N.V.R. (Temp)
and I believe him to be * in all respects fit for His Majesty's Service. He has signed
the Certificate given below in my presence. ~~in all respects fit for His Majesty's Service for the reason stated below~~

†Strike out if inapplicable. * Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

(a) Age Years Months	(b) Weight without Clothes lbs.	(c) Height with Bare Feet ft. ins.	(d) General Development	(e) Chest Girth inches	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or revac- cinated 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.
19 yrs. 7 mos.	135 lbs.	5' 6 1/2"	Good	(a) maximum 38 (b) minimum 34 (c) mean 36	right eye 6/9 left eye 6/9 colour vision Normal Ish.	Childhood	Normal *X-Ray	Normal	Normal	Normal	Normal	Left Varicocele	Defective-0 Deficient-5 Nose & Throat Normal	Hemorrhoids.

*Insert either:—NT (not taken) App. (approved) Pos. (positive) or Doubt. (doubtful)

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

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.

Francis Connolly Burns
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.

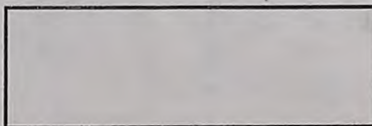
When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of Slight left Varicocele Hemorrhoids.

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

SICK BAY
JUL 1-1942
Reviewed
No. 10 ST. JOHN, N.B.

IF REJECTED
insert here
UNFIT
in block letters



Dated at Saint John, N.B. the 21st. of May 1942

L.E. Prowse
Examining Medical Officer

(Rank) Surg. Lieut. R.C.N.V.R.

SICK BAY
Fit for Draft
AUG 31 1942
No. 10 ST. JOHN, N.B.
W-143 lb

S. 446

FORM-1-41 (8959)

N.S. 815-9-446

Official No. *V37397*

MEDICAL HISTORY SHEET FOR MEN IN NAVAL SERVICE OF CANADA

When entered *21/5/42* NAME
 When entered *Saint John, N.B.* Where Born *Rexton, Kent Co., N.B.*
 Date of Birth *Oct. 1 1922*
 Age at entry *19.7 yrs.* *BURNS, Francis Connolly* Previous Occupation *Machinist.*

RATING	SHIP'S NAME	No. on Ship's Books	Date of Admission on Sick List	Date of Discharge from Sick List	No. of Days Sick	Weight-135 lbs. DISEASE OR HURT	HOW DISPOSED OF	Surgeon of Ship's Initials	No. of Days in Hospital	If invalided, where? and when?	Medical Officer of Hospital's Initials
<i>Sto. 1</i>	<i>Brunswick</i>			<i>2 Sept. 42</i>		<i>Cornwallis</i>				<i>X-ray survey Approved.</i>	
<i>Sto.</i>	<i>Cornwallis</i>		<i>9.10.42.</i>	<i>9.10.42</i>		<i>V.R. 1</i>	<i>Rockhead</i>	<i>X-RAY SURVEY SATISFACTORY</i>		<i>SMALLPOX VACCINE 3-7-42.</i>	
<i>Sto.</i>	<i>Rockhead</i>		<i>9.10.42</i>	<i>14.10.42</i>		<i>" " "</i>	<i>Duty.</i>		<i>6.</i>	<i>Diph Toxoid Completed 4-8-42.</i>	
<i>Sto. 1</i>	<i>Stadacona</i>		<i>28-12-42</i>	<i>28-12-42</i>		<i>V. R. I</i>		<i>CD</i>		<i>TABT Completed 14-8-42.</i>	
<i>Sto.</i>	<i>R.C. N-N</i>		<i>28.12.42.</i>	<i>11.1.43.</i>		<i>v. R. I. Pharyngitis Serum reaction.</i>	<i>duty.</i>		<i>15.</i>		
<i>Death occurred at sea due to natural causes 1-9-43 morbidity code 2081</i>											

For the observations of the Medical Officer receiving a Patient for Hospital,
or an Invalid.

FUNCTIONAL INQUIRY: Negative.

PHYSICAL.

Throat markedly congested, tongue dry and coated, Tonsillar areas enlarged. Has post nasal drip. Heart & lungs clear.

Abdomen - Neg.

G.U. Neg.

Skin. Clear.

IMPRESSION--- U.R.I.

TREATMENT. Full bed rest and U.R.I. routine.

9-10 Temp. 101. on admission, and pulse 80/min. Complaining of sore throat & cough and weakness placed on saling gargles and Mist Expect stim.

10-10 Throat culture neg. for Strep. H. and K.L.B. Conditions much improved and temp. normal. Pulse 62 min.

14-10 Temp. pulse have remained within normal limits. Sore throat has improved and he has no cough.

Considered fit to duty.

Recommended 48 hours light duty.

C. CAMPBELL
SURG. LIEUT. R.C.N.V.R.

DIAGNOSIS: TRACHEA BRONCHITIS.

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

NAMING OFF.NO. *✓ 37387* 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	<i>✓</i>	<i>2 stars</i>
							ATLANTIC		
							FRANCE G.		
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	<i>✓</i>	<i>2 clasps</i>
							" CLASP		
							WAR 1945	<i>✓</i>	<i>medal</i>
							WAR 1915		

VERIFIED BY *gs*

BY DIR. OF PERSONNEL RECORDS.

75

CERTIFICATE of the SERVICE of

Francis Connelly BURNS

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax, N.S.</i>	R.C.N.V.R. Division <i>Saint John, N.S.</i>	Official Number <i>37387</i>
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Date of Birth *1/10/22*

Place of Birth *Reston, N.S.*

Place of Residence *8 Windward Street, Montreal, P.Q.*

Trade brought up to *Machinist*

Religion *Roman Catholic*

Name and Address of Nearest Relative or Friend (in pencil)
*Machinist
Georgette
Reston, N.S.*

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>23/2/42</i>	<i>2/5/42</i>	<i>Hostel</i>	<i>Sto I</i>			

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>5</i>	<i>6 1/2</i>	<i>36</i>	<i>135</i>	<i>Dark Brown</i>	<i>Dark</i>	<i>Dark</i>	<i>Scar on left knee</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

186779

M.F.M. 16A
150M-4-41 (212-3)
H.Q. 1772-39-1665

113B 3198

CANADIAN ARMY (A.F.) AND R.C.A.F. ON ACTIVE SERVICE

(.....Navy.....)
(Service—Military or Air)

APPLICATION FOR DEPENDENT'S ALLOWANCE—FOR DEPENDENTS OTHER THAN THOSE PROVIDED FOR ON FORM M. 16

6

The names required by Questions 1, 2 & 12 must be shown in block capitals.

1. Surname of applicant.....BURNS.....

2. Full Christian name or names.....Francis Connolly.....

Answer required by question 4 is rank for which pay is issuable. When warrant rank, show Class I or II.

3. Regimental or Official Number.....V 37387..... 4 Rank.....Stoker I.....

5. Unit, Station, or Establishment.....H.M.C.S. Brunswicker, Saint John, N.B.....

Question 6: Should be taken on strength for pay on date of enlistment, or on reporting after being called out for duty. If granted leave of absence Part II Orders should show record.

6. (If "other rank") Date of enlistment or called out for duty and taken on strength for pay.....1st July, 1942..... D.O. No.....d/.....

7. (If "Officer") (a) Date of appointment..... D.O. No.....d/.....
(b) Date reported for duty..... D.O. No.....d/.....

Question 7: In the case of officers the date of reporting for duty is the date pay commences, and dependents' allowances cannot commence prior to that date.

8. Are you a member of the permanent forces, military or air?.....no.....

If so, (a) State permanent establishment, unit or station.....--.....

.....(b) Are you receiving permanent force rates of pay and allowances?

Questions 9 and 10: Are to determine the degree of eligibility to an allowance where salary or wages continue in whole or in part.

9. If you are an employee of a Dominion or Provincial Government, Municipality, Board, Commission or other Public Authority, give particulars of such employment.....--.....

10. (a) If your salary or wages or any part thereof are being continued by such public authority during service, state amount per month.....--.....

(b) "If you are in receipt of disability pension from any source, state amount per month, pension No., and name of Government paying pension.....--....."

11. Give particulars of your civilian occupation together with total earnings and period of time employed in the six months preceding enlistment.....Machinist, employed.....

.....by The Dominion Engineering Works, Ltd., Longueuil, P.Q.....

.....Earned approximately \$148.00 per month - \$888.00 for 6 months.....

12. Name of dependent.....BURNS Gertrude..... Mrs. ✓
Surname Christian Name Mr. Mrs. or Miss

Question 13: Give street name and number or post office box number, R.R. No., city, town or village and province.

13. Address.....Rexton, Kent County, N. B..... ✓

14. Age of dependent.....54..... 15. Relationship **Mother**.....

Questions 16 to 23:
Have a bearing on
the eligibility for the
allowance and the
amount payable.

16. With whom did the dependent reside in the 6 months' period preceding your enlistment?
In own home, Rexton, Kent County, N.B.
State name, address and relationship to dependent

17. With whom will the dependent make his or her home hereafter? **In own home...**
(State relationship) **--**

18. Is dependent being maintained in a Public Institution at the public's expense? **No...**
Yes or no
--
If yes, give name and location of institution

19. Why is dependent unable to provide for his or her own support? If by reason of mental or physical infirmity, give nature and duration of same together with name and address of family doctor, if any. **Due to High Blood Pressure, under care of Dr. W.F. Kenny, Rexton, Kent County, N.B.**

20. From what date have you been contributing to the support of this dependent?.....
For approximately past two years.

21. Are you the sole or partial support? **Sole.**
State whether sole support or partial support

22. (a) Give nature and amount of financial assistance (this may include board and room) given by you to this dependent in each of the 6 months prior to enlistment and total of same for the 6 months. **Approximately \$50.00 per month - \$300.00 for 6 months.**

(b) Did your contributions entitle you to board and lodgings in return or did you provide your own board and lodgings? **This did not entitle me to board and lodgings as I was employed away from home.**

23. If this dependent became dependent upon you within the six months preceding enlistment, what change in the dependent's financial circumstances has made him or her so dependent upon you?.....
--

24. If dependent is your mother, is your father living? **No.**
Yes or No
If "yes" state extent and nature of his contribution to your mother's support and if he does not fully support her, state reasons.

25. If dependent is father or mother, sister or brother, give particulars of your other brothers and sisters.

Name	Address	Age	Occupation	Married or Single
Burns, Raymond Gerrard	Rexton, N.B.	17	Deck hand on coastwise oil-tanker.	Single
Burns, Patricia Theresa	"	15	Student	Single.

26. (a) If any of the above relatives contributed to such dependent's support, state name and nature and amount of contribution in the 6 months preceding your enlistment.

The above do not contribute towards dependent's support.

(b) In any such instance did the relative contributing receive board and lodgings in exchange for such contributions. If "yes" explain: --

27. Give full particulars of the dependent's average monthly income from all sources other than your own contributions, to the best of your knowledge, information and belief under the following headings.

<i>Dependent's Average Monthly Income from:</i>	<i>Dependent's Average Monthly Allowances from:</i>
Personal earnings \$	Workmen's Compensation
Contributions and allowances from other members of family \$	Award \$
Insurance \$	Widow's Pension \$
Dividends from shares, bonds, etc. \$	Other Government or Municipal Allowances. (State nature of allowance and name of Public Authority) \$
Interest on loans or mortgages. \$ \$
Rentals \$ 10.00 \$
Other Board \$ 8.00 \$
Total \$ 19.00	Total \$

Question 28:
 (If "SOLDIER") Fifteen days' pay for month must be assigned to dependent. If 15 days' pay per month has been assigned to dependent wife and child an additional 5 days' pay per month must be assigned to this dependent.
 (If "OFFICER") Five days' pay per month must be assigned to this dependent.

28. What amount of pay have you assigned per month on behalf of this dependent?

15 days' pay \$ 30.00 ✓

29. Date assigned pay effective ~~31st~~ 1st August, 1942. ✓

30. Have you made a prior assignment of pay. If so, state number of days and to whom

no.

[OVER]

31. Have you made a previous claim for dependent's allowance? no.

If so, give particulars of previous unit and official number under which applied for and date of application ---

32. If the allowance is to be paid outside Canada, state the country in which the applicant resided immediately prior to appointment or enlistment ---

Certified that authorization for assigned pay as stated has been received and that the answers to Questions 1, 2, 3, 4, 5, 6, 7, and 8 are in accordance with records.

I certify that the above is a true statement made for the purpose of obtaining dependents' allowance.

W. S. S. S. S.
Paymaster - Lieut - R.C.N.V.R.
Accountant Officer (Rank)

Francis L. Burns
Signature of Applicant

Date 29th July, 1942.

Treasury Officer

Establishment, unit or station

Signed in the presence of:

Beptown.

Place

Ottawa.

Witness

NOTES.—Dependents' allowances may not be awarded to more than three dependents of any officer or man. Any special circumstances applying to the applicant and his service, which are not disclosed by above questions and answers, should be explained by additional necessary notations.

*O.K.
For allot. Acc.
J.S.*

10.00	10.00
8.00	8.00
Total	18.00

38. What amount of pay have you assigned per month on behalf of this dependent? 18.00

39. Date assigned pay effective 1st August, 1942.

40. Have you made a prior assignment of pay? If so state number of days and to whom no.

Name..... Francis Connolly BURNS.....
 Sub-Rating and Seniority *St. I. 21/5/42* Non-Sub.....
 O.N. V-37387..... S.B. No..... W.B. No.....
 Joined Ship *18 July 1942*..... from *Shore*.....
 Engagement: Period *21/5/42*..... Expires.....
 Date of Birth *1/10/22*..... Religion *R.C.*.....
 Character *V. G.*..... Efficiency *Sgt*..... Date *18/8/42*.....
 Badges *Nil*..... Class for Conduct *1st*..... Class for Leave *1st*.....

Date due for: Next Badge.....
 Progressive Pay.....
 L.S. & G.C. Recommended.....

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt.1	-----	Not Written-----	-----
Higher Educ. Test.	-----	-----	-----
Professional or higher Sub-rating	-----	-----	-----
do Non-Sub.	-----	-----	-----

(For ordinary Seamen Form T.S.34 (S.536D) must be used in addition).

Any Non-Service Attainments..... None.....

Swimming Qualification..... Can Swim.....

Athletic capabilities..... Hockey & Baseball.....

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

Has shown a great interest in his work with above average ability.

"M" Test -- 176

H.M.C.S. " BRUNSWICKER ".....

J. O. Wellington
Officer of Division.

Date..... *18/8/42*.....

Sub. Lieut. R.C.N.V. R. (Temp)

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

P.T.O.

Below average in studies. Could do better with more effort.

H.M.C.S. "CORNWALLIS"

Date *17/11/47*

A. D. S. 5/14. V.R.
.....
Officer of Division.

H.M.C.S.

Date

.....
Officer of Division.

H.M.C.S.

Date

.....
Officer of Division.

H.M.C.S.

Date

.....
Officer of Division.

H.M.C.S.

Date

.....
Officer of Division.

(ORIGINAL)

Drumheller
19-1-43.

(Revised July, 1938.)

HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

- (a) When a man leaves a ship after a period of not less than three months' service in her.
 (b) Annually on 31st December, unless completed within the previous three months.
 (c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

Surname	NAME	Christian	Official Number	Port Division
BURNS	Francis Connolly		V-37387	HALIFAX

REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course	21-9-42	5-10-42	60%	Good	<i>W. Stoddard</i> Training Commander.
Technical Training at Stokers' Training Establishment:— (1) Marine Engineering (2) Electrical	6-10-42	3-11-42	Moderate	A satisfactory rating.	<i>[Signature]</i> Lieut. RCNVR Engineer Officer

* Insert:—"Superior," "Satisfactory" or "Moderate." (Failure to be noted in RED INK).

B.R. 77 issued
Issued with Stoker's Manual:—Date 3-7-42 Signature and Rank: *[Signature]*

Entered H.M. Service as Stoker 2nd Class _____ Completed 2 years' training for Mechanician
~~Advanced to~~ Stoker 1st Class on entry 1-7-42 _____
 Advanced to Leading Stoker _____ Rated Mechanician 2nd Class _____
 Advanced to Stoker Petty Officer _____ " " 1st Class _____
 Advanced to Chief Stoker _____ Advanced to Chief Mechanician _____

RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

S. 1246A
20M-7-42 (5184)
N.S. 815-9-1246A

Special Remarks:

STOKER RATING
Employment and Ability

NOTE:—When a Stoker rating has become a Mechanician the words "Refitting" are to be inserted over columns 3, 4, 5, 6, 7 and 8.

EFFICIENCY:—To be indicated as "Superior," "Satisfactory," "Fair," "Dissatisfactory," "Inferior."

Date	← Watchkeeper →								← In Charge of →						
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineroom Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineroom Watch Keeping at Sea
2-9-42															
5-11-42	BARRACK'S ROUTINE EMPLOYED DOCKYARD WORK														
19-1-43															

RIFLE PRACTICES

(To be filled in immediately on completing Course)

Date	Ship	Practice carried out	Signature

VOCATIONAL TRAINING CERTIFICATE

(To be filled in on completion of a Vocational Training Course, other than a Correspondence Course)
(Vocational Training is Optional)

VOCATION _____

We certify that (name) _____

Residence _____

has satisfied us that he possesses a † _____

knowledge of the vocation mentioned, and we consider that § _____

Examiners: _____

Business and Business Address: _____

Date of Examination: _____

Signed: _____ President.

Vocational Training
Committee.

† Here insert qualification.

§ Special notations as applicable.

TO BE FILLED UP ONLY ON FINAL DISCHARGE

His character during service was * _____

His general efficiency in carrying out his duties was * _____

His efficiency on discharge was assessed as * _____

* See Article 610, clauses 3 to 7 K.R. & A.I.

N. 3401/38.

Signature and Rank _____

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.

LA/CM

REGISTERED

N.S. 113-B-3196
PERS.(N)

32

2 September, 1943.

Dear Mrs. Burns:

I deeply regret that I must confirm the telegram of the 1st of September, 1943, from the Minister of National Defence for Naval Services, informing you that your son, Francis Connolly Burns, Stoker 1st Class, Official Number V-37387, Royal Canadian Naval Volunteer Reserve, passed away at sea on the 1st of September, 1943.

According to the report received, your son's death occurred on board the ship in which he was serving, at 12:50 o'clock noon, on the 1st of September, as the result of Peritonitis.

It is understood that Stoker Burns' body will be landed at Londonderry, Ireland, where burial will take place with full Naval honours.

No further particulars are available, but you may rest assured that as soon as additional information has been received you will be notified immediately.

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

Yours sincerely,

Despatched by
Sec. N. B.

J.F.
SECRETARY, NAVAL BOARD.

J.F.
Date 4.9.43
Time 1.20

Mrs. Gertrude Burns,
REXTON, N.B.

J.F.
DEPUTY SECRETARY PERSONNEL

J.F.
NAVAL PERSONNEL RECORDS

39

113-B-3196, Pers.(N).

8 September, 1943.

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name **BURNS, Francis Connolly**.....
(Surname) (Christian Names)

Rank/Rating **Stoker 1st Class**.....

Official No **V-37387, Royal Canadian Naval Volunteer Reserve**.

Nature of Casualty **Natural causes - Peritonitis**.....

Date of Casualty **1st September, 1943**.....

Address at time of Enlistment **8 Hindland Avenue**.....

MONTREAL, P. Q......

Marital Status at time of Enlistment **Single**.....

Occupation **Machinist**.....

Name & Address of Next of Kin **Mrs. Gertrude Burns**.....

REXTON, N.B......

Yours truly,

for *H.B. Money*
SECRETARY, NAVAL BOARD. *l.m.c.*

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ont.

40

8 September, 1943.

Memorandum:

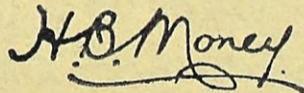
With reference to Naval Service
Headquarters' Memorandum N.S. 30-17-1 of the 5th
November, 1941, you are informed with regret
(casualty has)
that the following (~~casualties have~~) been reported
to the Next-of-kin in your area:

<u>NAME</u>	<u>RANK/RATING</u>	<u>Official No.</u>
BURNS, Francis Connolly	Stoker 1st Class	V-37387, R.C.N.V.R.
<u>NEXT OF KIN: Mother: Mrs. Gertrude Burns,</u> REXTON, N.B.		

CAUSE OF DEATH: Died at sea on the 1st of September, 1943, due to
Peritonitis. Buried in Londonderry, Northern
Ireland.

This rating is of Roman Catholic
faith, and the Catholic Chaplain is to be informed
immediately of this casualty.

BY ORDER,



for
SECRETARY, NAVAL BOARD. *e.m.c.*

The Commanding Officer,
H.M.C.S. "BRUNSWICKER".

B. J. 8/10/43
e. npr/s

GJB:

H.M.S. "Icarus,"
27th September, 1943.

TO: The Medical Director General,
Queene House,
St. James Street,
London, England.

Copy to: Captain "D" Newfoundland,
St. John's, Newfoundland.

11155-V-37387

Death of Francis Condolly BURNS-Sto.1 - 437387 - R.C.N.

Submitted.

I regret to report the death of Francis Condolly BURNS, Stoker 1 class, O.N. 437387, R.C.N. on the 1st of September, 1943.

2. This rating was transferred to H.M.S. Icarus from H.M.C.S. "Drumheller" at sea on 29th August, 1943. He had a history of acute diffuse abdominal pain for two days. The pain had become much worse in the last 12 hours and during that time his temperature had risen to 101 F. The pulse remained at 84-88 per minute during this period. He had some nausea but did not vomit. Anorexia was complete and he had not had a bowel action for three and a half days.
3. He gave a history of many previous attacks of similar pain since he was a child. They had all been of short duration and had cleared up without treatment. In some of these attacks the pain had been of a colicky type.
4. When first seen the patient was very toxic with a foul tongue and breath. Pulse 88, Temperature 102F. The whole of the lower half of the abdomen was very rigid and tender, the latter being most marked in the Right Iliac Fossa. Rebound tenderness was very marked.
5. I decided that early operation offered the only hope of saving this man's life and he was forthwith transferred to H.M.S. "Icarus" by whaler.
6. Laparotomy was performed under open ether anaesthesia on the E.R.A.'s mess table at 1845. An excellent anaesthetic was given by Mr. Marshall, Gunner (T).
7. The abdomen was opened by a right paramedian incision and there was an immediate gush of dirty purulent fluid smelling strongly of B. Coli. The appendix presented into the wound immediately and was removed. A rubber tube drain was put into the peritoneal cavity through the lower end of the wound.
8. The appendix had a stricture half of one inch from the base and beyond there was gangrene of all coats. There was a small perforation at the tip.
9. The patient was returned to his bunk at 2005 in good condition - Pulse 86 - Temperature 98F. He had recovered from the anaesthetic at 2245 and was given 1 gm Soluble Sulphapyridine I.V. at this time.

RE: Case of Francis Condolly BURNS - Sto. 1. - 437387 - R.C.N.

10. Progress: August 30th - Patient passed a comfortable night. Pulse 92 - Temperature 100.6F. 1 gm. Sulphapyridine given I.V. Drinking well and able to retain 2 tablets of Sulphadiazine every 4 hours without nausea or vomiting. Towards the evening slight delirium set in.

11. August 31st - Abdomen distended and tympanitic. Nausea but no vomiting. Pulse slowly rising and temperature falling. Slow deterioration of general condition during the day. The weather was not good but he did not appear to be unduly disturbed by the ship's movement. The conditions made I.V. therapy impossible but he was drinking well and retaining the Sulphadiazine. Morphine was given freely.

12. September 1st - Very restless and delirious during the night. Pulse rose steadily to 140. Abdomen remained distended - no bowel action. By 1300 he was obviously moribund and he died at 1350.

I have the honour to be, Sir,

Your obedient Servant,

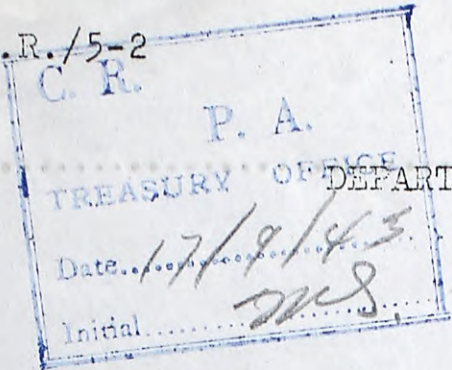
H. Butler

(H. Butler)
Surgeon Lieutenant., R.N.V.R.

M.P.R./5-2

FORM B.

FILE: 113-B-3196, Pers, (N).



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

8th September, 1943.

(Date.)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
BURNS, Francis Connolly	Stoker 1st Class	V-37387, R.C.N.V.R.

DATE OF ENLISTMENT - 21st May, 1942. Active Service 1st July, 1942.

DATE OF DISCHARGE - 1st September, 1943.

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 when and where any disability was incurred, or where death occurred. "DEAD" Passed away at sea as the result of peritonitis. Buried in Londonderry, N., Ireland.

(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. Gertrude Burns.

ADDRESS REXTON, N.B.

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.

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. Gertude Burns Rexton, Kent. Co. N.B.	Mother		

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly Rate:	25.00	30.00	55.00
To whom Paid: Mrs. Gertude Burns			
ADDRESS	Rexton, Kent. Co. N.B.		

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for 55.00 has been made for the period from 1st to 31st of Aug. 1943

Remarks:

D.A. 80¢ from 1st of Jan. 1943

Computed by... *V. G.*

Checked by... *R. LaRoche*

for *[Signature]*
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service.)

The Secretary, The Canadian Pension Commission,
Room 228, Daly Building, OTTAWA, Ontario.
The Secretary, The Department of Pensions & National Health,
Daly Building, OTTAWA, Ontario.

EJ/RR

113-B-3196 (Pers.(N))
REGISTERED

26th October, 1943.


Dear Madam:

Official Cheque No. 56127 in your favour for Fifty-five Dollars (\$55.00) is herewith enclosed as interim payment for the month of October, 1943, pending final approval by the Dependents' Allowance Board of the advances for six months following the date on which your late son, Francis Connolly Burns, Stoker 1st Class, Official Number V-37387, was reported "missing".

This cheque is being forwarded to you on the distinct understanding that in the event of pension or compensation being awarded in your favour this payment will be deducted from such pension or compensation award.

Yours truly,

Encl.


(C.F.G. Hill)
A/Pay. Commander R.C.N.V.R.
Director of Naval Pay Accounting.

Mrs. Gertrude Burns,
Rexton, N.B.

MC

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
NAVY

DECEASED
MEMBER'S
NAME

Francis Connolly

(CHRISTIAN NAMES)

BURNS

(SURNAME)

REGISTER NO.

13784

FILE NO.

NBV-37387

DATE

26 Oct/45

SERVICE NO.

V-37387

FINAL RANK OR RATING

Sto. 1/c

DATE OF DISCHARGE

1 Sep/43

PAYEE

Miss Patricia Burns,

ADDRESS

Rexton, N.B.

DATE OF TERMINATION OF OVERSEAS SERVICE

1 Sep/43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 428 EQUAL TO 14 COMPLETE PERIODS AT \$7.50

\$ 105.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 225 LESS 8 INELIGIBLE DAYS, EQUAL TO 217 DAYS @ 25C. PER DAY

\$ 54.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.00
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.45
ADDITIONAL PAY H.L.M. \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$ 25.00 \$.83
TOTAL \$ 4.53 X 7 = \$ 31.71
NO. OF DAYS 225 X \$ 31.71

\$ 38.99

D. WAR SERVICE GRATUITY

\$ 198.24

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$ 2.90
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

\$ 2.90

F. TOTAL AMOUNT PAYABLE

\$ 195.34

G. YOUR PORTION OF GRATUITY IS—

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

= \$ 195.34

Cheque 109852-100.5/45

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.

AT

PREPARED BY RS CHECKED BY [Signature]

TREASURY
CHECKED BY [Signature] DATE 2/31/45

for Dir. Naval Pay Acctng.

SERVICE REPRESENTATIVE

STATEMENT OF ACCOUNT

73

ue extract from the ledger of H.M.C.S. " DRUMHEKLER" ending SEPTEMBER
1943 ~~1944~~

List. 12-2. No. 56.....(Name) BURNS, Francis....Rank Rating. STO. 1...No. V-37387

When entered. Former Book.....Date of appearance.....Whither discharged
 .. Dis charged. Dead.. 1 September/1943

CREDIT from former account.... Former Book.....\$... 47.21...

Pay as.. STO. 1.....from.. 1 July.....to.. 30 Sep.. (92 days @
 \$2.00 per day)\$... 184.00...

Pay as.. D.A......from.. 1 July.....to.. 31 July.. (31 days @
 .80¢ per day)\$... 24.80...

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

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

Kit Upkeep Allowance... 1 July to 30 Sep.....\$... 10.00...
 H.L.M. 1 July-29 July, 29 days @.25¢)

OTHER CREDITS..... 5 Aug.-29 Aug., 25 days @.25¢).....\$... 13.50...

..... L.A.-30 July-4 Aug, 6 days @.50¢.....\$... 3.00...

Total Credits.....\$... 282.51...

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

PAYMENTS	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	<u>4th</u>	<u>5th</u>		
1st Month		<u>16.00</u>				Total.....	\$... <u>47.29</u> ...
2nd Month	<u>3.54</u>	<u>5.00</u>				Total.....	\$... <u>39.83</u> ...
3rd Month		<u>NIL</u>				Total.....	\$.....

Allotment. July-55.00, Aug.-30.00, Sep.-30.00, Oct.-30.00.....\$... 145.00...

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

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

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

OTHER CHARGES, K.U.A. Recovered for Sep... 3.33.....\$... 3.33...

..... C.N.S. #126 Identification Card Lost.....\$... 1.00

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

Total debits.....\$... 236.45

 Note: Balance Dr. to be shown in RED. Balance Cr. or Dr. \$... 46.06

Number of days actually victualled during period mentioned above.. 54 days.

Not Victualled	Lent, Sick or Leave	Inclusive date		No of days	Ship, Hospital etc, in which borne
		From	To		
	...Leave....	<u>30 July</u>	<u>4 Aug</u>	<u>6</u>
	...Lent.....	<u>30 Aug</u>	<u>1 Sep</u>	<u>3</u>	<u>HMS "IGARUS"</u>

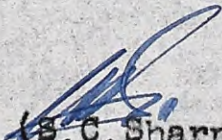
Date: 24 November 1943 [Signature] for Accountant Officer.
 PAY LIEUT. CMDR, R.C.N.C.

ADJUSTMENT OF ADVANCES UNDER ARTICLE 367,
PARAGRAPH 113A OF
CANADIAN NAVAL REGULATIONS.

Francis Connolly Burns, Sto. I. O.No. V-37387
D.D. 1st Sept. 1943 - H.M.C.S. "DRUMHELLER"

Authorized payments for six months October, 1943 to March, 1944, incl.

6 months Assigned Pay @ \$30.00	\$180.00	
" " Dependents' Allowance 25.00	<u>150.00</u>	330.00
Pension 6 months @ \$50.00	300.00	
Advance for October, 1943	55.00	
Recovery at pension rate for October (folio 57) Dep. by Official Receipt 60-4505		50.00
Adjustment by cheque	<u>25.00</u>	
	<u>\$380.00</u>	<u>\$380.00</u>


(B.C. Sharpe)
Pay. Lieut. Commander, R.C.N.V.R.
Asst. Director of Naval Pay Accounting.

OTTAWA, 27th March, 1944.

October 26 th, 1943.

The following is a list of the Personnel Effects
of the late:-

F. C. BURNS, Sto.1, V-27387. P/S Drumheller-
Discharged Dead - 15th Sept 1943

One (1) Turtle-Neck Sweater	One (1) Crusifix
One (1) Jerseys	One (1) Ring
Two (2) Towels	One (1) Identity Disc
Two (2) Gym Sweaters	One (1) Gauze Bandage
Two (2) Gym Shorts	One (1) Earthen Ware Jug
Two (2) Dickey Fronts	One (1) Small Glass Bottle
One (1) Balaclava	Two (2) Note Books
Twelve (12) Prs. Socks	One (1) Packet of Snaps
Two (2) Pair Winter Pants	Two (2) Large Photos in Frame
One (1) Waist Belt	One (1) Photo in Frame
One (1) Face Cloth	One (1) Photo Cabinet
Two (2) Jars Shaving Cream	One (1) Cigarette Case
Two (2) Sticks of Shvaing Cream	One (1) Writing Pad
One (1) Tube Shaving Cream	Two (2) Small Note Books
One (1) Tin Tooth Powder	One (1) Large Envelope of Letters
Two (2) Tins After Shaving Powder	One (1) Pair of Shorts
One (1) Tube Zinc Ointment	One (1) Singlets
One (1) Bottle of Shaving Lotion	One (1) Ditty Bag
One (1) Schick Razor	One (1) Pair of Shoes
Three (3) Holders of Shhick Blades	One (1) Hair Brush
One (1) Shaving Brush	One (1) Attache Case
Two (2) Tooth Brushes	
One (1) Packet Razors Blades	
One (1) Pair of Scissors	
One (1) Panama Photo of Gibraltar	
One (1) Jiffy Kodak V.P. Camera	
One (1) Fountain Pen	
Two (2) Pen Knives	
One (1) Nail File	
One (1) Roseary	

ESTATES BRANCH

January 27, 1944

H.Q.113-B-3196 FD.198

Mrs. Gertrude Burns,
Rexton, N.B.

BURNS, Francis G., Sto.1 (Deceased)
No. V.37387, R.C.N.V.R.

Dear Mrs. Burns:

Enclosed is Dominion of Canada cheque No.084770 dated
January 13, 1944, payable to your order in the amount of \$46.00. ✓

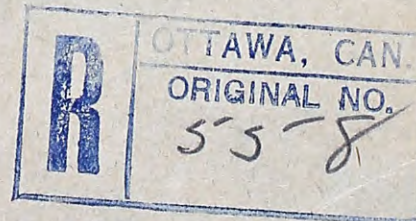
This is the total amount to the credit of your son's
Service estate, and is made up entirely of balance of wages.

Your son died without having made a Will and his Service
estate is, therefore, paid to you as the next-of-kin entitled in accor-
dance with the Intestacy Laws of his province of domicile. You will
note that distribution is not being made in accordance with my letter
to you of the 2nd of October last, which was erroneous as the whole amount
is paid to you.

Receipt of the personal effects was acknowledged by you
on November 20th, 1943.

Will you kindly sign the enclosed receipt form, and return ✓
it to the Administrator of Estates, Department of National Defence, 308
Sparks Street, Ottawa, Ontario.

Yours faithfully,



(L.M. Firth) Lt.-Colonel,
Administrator of Estates.

HRW/JW
Encls.
Registered

931801

Rexton, N. B.
July 23, 1945.

Department of National Defence,
Naval Service,
OTTAWA, Ont.

Gentlemen:-

Re V-37387 Pers. (N)(N-15)

Your registered letter of June 13th., addressed to my Mother, the late Mrs. Gertrude Burns, has been received by me.

At the time of my Mother's death, she was receiving Dependent's Allowance from Francis Connolly Burns, Stoker 1, Official Number Q N V-37387, R. C. N. V. R.

There are two surviving members of the family, myself and my brother Raymond Burns, serving in the Pacific in the Merchant Marines and whose address is unknown to me at the present time.

I am the only one authorized to act on behalf of my late brother's estate.

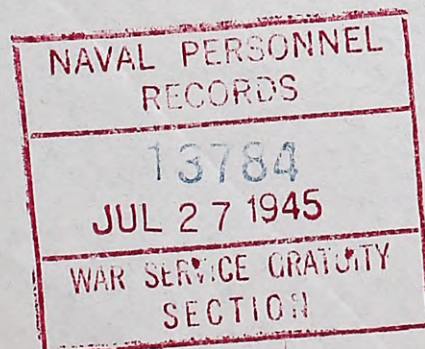
I trust that this fact will be the information you require and if he were living to-day I would certainly be dependent upon him for a livelihood.

I shall anticipate an early reply and hope for an early settlement of this matter.

Yours truly,

Patricia Burns.

(Miss) Patricia Burns.



107301

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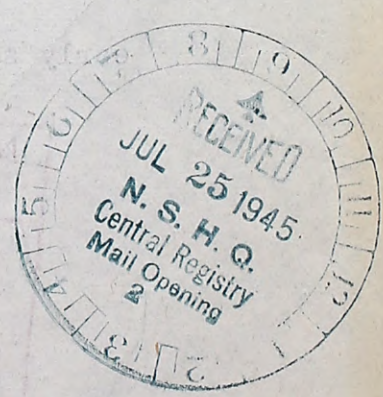
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Your truly,

(sic)



W
BOARD OF D 1-9-43

NAVY

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

266000

WAR SERVICE RECORDS

BURNS Francis Connolly		V 37387	Sto.1	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:

Repd

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
C.V.S.M. & Clasp	6130 . 22 . 1149
War Medal	
	SENT ENVOYE JUL 11 1988
	SENT ENVOYE SEP 23 1988

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

8/9/88

RCNVR Apr. 44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS

PERSON

ENTITLED TO Mrs. Gertrude Burns - Mother

REXTON, Kent Co., N.B.

ADDRESS:

DATE DESP

(1)

REGN. NO

535

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Gertrude Burns

Rexton, N.B.

ADDRESS:

(3)

16-12-43

V37387

OFFICIAL NUMBER

NAME BURNS
(Surname)

Francis Connolly
(Given Names)

OFFICIAL NUMBER

V37387

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
HMCS Brunswicker	Stoker I	21	5	42	Div. Str. St. John	V.G.	Sat.	31	12	43							
" "	"	1	7	42	Active Service	V.G.	Sat.	1	9	43							
" Cornwallis	"	3	9	42	DRD												
" Stadacona	"	6	11	42	DRD H-44												
" Drumheller	"	20	1	43	DRD No. H-464												
<u>DISCHARGED</u>	"	1	9	43	"DEAD". W/T 011316Z/9/43.												

(Peritonitis)

GENERAL REMARKS

Rockhead Hosp. 9/10/42 to 14/10/42.

Awarded Canadian Memorial Cross to
Mother: Mrs. Gertrude Burns,
Rexton, N.B. on 16.12.43.

DATE OF BIRTH		PLACE		CIVIL		OCCU.		RELIED		PERM. RESIDENCE		PREV. ENL.		RANK OR RATE ON ENLISTMENT	
BY	MO	YR.	BIRTH	PLACIN	SUB	GIOW	P	CTY	TOWN	SERV	DIV	A	OR	RANK	
01	0	12	15	270	0	10	3	23	02	002	0	15	95		
ENL. DATE		ACT. SERV. DATE		STR.		ACT. SERV. DATE		SHIP OR		RANK OR RATE					
BY	MO	YR.	BY	MO	YR.	CAT.	BY	MO	YR.	ESTAB.	A	OR	RANK		
21	05	42	01	07	42					18300	0	15	95		
SE. PRIORITY		STR.		NON-SUB		M									
BY	MO	YR.	CAT.	A	B	GT.									
01	07	42	09				1901-09-43	AL							

V37387

OFFICIAL NUMBER

FILE NUMBER

113-B-3196

OFFICIAL NUMBER

V37387

NAME BURNS (Surname) Francis Connolly (Given Names) DATE OF BIRTH 1st October, 1922

PLACE OF BIRTH Rexton, N.B. OCCUPATION Machinist

RELIGION Roman Catholic EDUCATION Grade II.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 8 Hindland Ave. Town Montreal Province, etc. P.Q.

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	5	42	H.O.	5'6 1/2"	Black	Brown	Dark	Scar on left knee.				

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Gertrude Burns ADDRESS (in pencil): Street and No. Rexton Town Rexton Province, etc. N.B.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.									
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS		
Day	Month	Year		Day	Month	Year		Day	Month	Year			

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

FILM NO. W.S.R. 5641-7 DATE

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

O.H.F. received. U.I.B., 80 Pr. William St., St. John, N.B.

W.S.G. APPLICATION RECEIVED 13784

13/6/45