

V10554
MCKECHNIE
MORTON HUGH

113-M-1947

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full MORTON H.M. McNEIL (b) Reg'l. No. V-10554
2. (a) Arm of service NAVY (b) Unit RENOVATION FCNVP (c) Rank DRD S.M.
3. (a) Date of birth 21 JUL 1918 (b) Have you any dependents? YES (c) Place of residence at time of enlistment REGINA
4. (a) Place of enlistment REGINA SASK (b) Date of enlistment

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

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? No

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 COCA COLA CO. Address REGINA
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) SOFT DRINK CO.
20. (a) Your specific occupation SALESMAN (b) Number of years' experience at this occupation with any employer 3 YRS
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? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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



DATE 28 July 1941 SIGNATURE M. H. McNeil

COPY TO
VWD
ES

AUG 12 1941

MEMORANDUM FOR

P. 64

Mrs. Marion McKechnie,
1930 Retallack 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. HQ. N.S. 113-M-1947 FD.150

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 10, 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

McKECHNIE, Morton Hugh, Ord. Smn.

O.N. V-10554, 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., RCNVR
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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	John McKechnie	63	1930 Retallack St Regina Sask
4	Mother of the Deceased.....	Frances Marion McKechnie	59	1930 Retallack St Regina Sask
5	Brothers of the Deceased	Full Blood	John Alexander McKechnie 30 William Earl McKechnie 27 Stanley Clarke McKechnie 22	Suite 20 McCallum Block Regina Sask Esquimaux B.C. H.M.C.S. Ambley Halifax N.S.
		Half Blood		
6	Sisters of the Deceased	Full Blood	Rachel Violet Williams 31 Margaret Blanche Gaulton 28 Frances Marion Gilbert 26 Patricia Gertrude Isaldie 21	1213 Queen St. Regina 1323-13 Ave Regina 2044 Ottawa St Regina 1930 Retallack St Regina
		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	
		None deceased		

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?	Morton Hugh McKechnie
11	Give the month and year of his birth.	January 1918.
12	Where and when were his parents married?	Durham, Ontario February 16th 1910
13	If deceased was married, state place and date of marriage.	not married
14	Did he leave a Will? If so, a copy should be attached hereto.	No will as far as known
15	Did he leave a bank account? If so, give full particulars.	No.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No.
17	State your own postal address in full.	1930 Retallack 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.	all his life in Saskatchewan except time spent in navy.
20	What was the nature of his employment?	city salesman for Coca-Cola Co.
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?	No.

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.	not this I know of " " "
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.)	No.

(PLEASE TURN OVER)

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

* mother of the deceased.

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

Frances Marion McKechnie {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Frances Marion McKechnie { Name of Informant } is the * mother 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 27th day of October 1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } J. J. J. J. J. Qualification: a commissioner for oaths in the Province of Saskatchewan
Address: 3008 Victoria Avenue 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

Sirs -
I knew my son was one out of many on the Ottawa but was wondering if you could give us any news of him or if there was any of his personal belongings saved, also was he an ordinary or able seaman?
Mortons father has been unable to work in steady employment for many years owing to ill health so I have been dependant upon Mortons allowance to help out with home expenses. My son has made the supreme sacrifice for his country, but because he was so young he did not leave any estate, and with this in mind I am bringing the above to your attention for your kind consideration
Yours truly,
Mrs. Marion McKechnie
Mother



ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME **McKECHNIE** OFFICIAL NO. **V-10554**

CHRISTIAN NAMES **Morton Hugh** MARRIED, SINGLE OR WIDOWER **Single**

PERMANENT ADDRESS	RELIGION
1930 Retallaack Street, Regina, Sask .	United

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
26th Jan. 1918	Town Regina, County Saskatchewan. Province	Mrs. M. McKechnie (Mother) 1930 Retallaack Street, Regina, Sask.
*Original Nationality of: Father English Mother English		

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

PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... 5	Inflated..... 38	Light Brown	Blue	Medium	Scar first finger right hand. Vacc. left arm.
Inches..... 10	Deflated..... 34				
	Mean..... 36				

DATE OF ENROLMENT	RATING ENROLLING FOR	TRADE OR CALLING AND IN WHOSE EMPLOY
30th Jan. 1941	Ord. Sea. REGINA	XXXXX Service Man- Coca Cola Co. Regina, Sask.
R.C.N.V.R. Division (or other establishment) at which enrolled.....		

(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 I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.~~

* (b) I served in **N.P.A.M.** 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
N.P.A.M.	Private	12th Aug. 1940	23rd Jan. 1941

(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.

(3) 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.....**30th**.....day of.....**January 1941**.....

Signature of applicant.....*M. McKechnie*.....

(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.....**30th**.....day of.....**January 1941**.....

R. Bernickshak.....**Lieut. RCNVR.**
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I,.....**Morton Hugh McKechnie**.....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.....*M. McKechnie*.....

Witness.....*R. Bernickshak*.....

Date.....**30th January 1941**.....Rank.....**Lieutenant, R.C.N.V.R.**.....

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

(E) CERTIFICATE OF ATTESTING OFFICER

.....**Morton Hugh McKechnie**.....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.

.....**Lieut.-Cmdr. RCNVR.**
Attesting Officer.

30th January.....194...**1**.....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.

FEB - 3 1941

Can. B. 207

60M-4-40 (4636)
N.S. 815-2-207



CANADA

P 12310

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 Morton Hugh McKechnie

candidate for entry as O.P.

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. unfit 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.

Age (Years / Months)	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. defective, if any), Nose, Tonsils, etc.	Anus, Haemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(k)	(l)	(m)	(n)	(o)	(p)
22 yrs / 11 mths	155 lbs	5 ft 10 ins	good	38 inches (a) maximum 34 (b) minimum 36 (c) mean	right eye 6/6 left eye 6/10 colour vision good	Rec'd 1933	app.	app.	app.	app.	app.	app. but has 2 dental caries	app.	app.
							*X-Ray app.							

*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.

M. H. McKechnie

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

Signature of Candidate

‡Strike out if inapplicable.

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

This Candidate is the subject of.....

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

*Delete one.

IF REJECTED
insert here
UNFIT
in block letters

Dated at Regina the 22nd of January 1941

R. E. Kell
Examining Medical Officer
(Rank) Surg. Comdr (Ret. 2)

DECEASED 13 September 1942

D.D.

MCKECHNIE	Morton Hugh	V-10554	A.B.	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

CLASS)

No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	<i>Medals. Ref. Under 110' Rd</i> <i>Ret'd. to Stock.</i> CANCELLED
Atlantic Star	
C.V.S.M. & Clasp	
War Medal	



(THE REVER

MEDALS AND MEMORIALS—DECEASED PERSONNEL

HMCS "OTTAWA" Apr. /43. R.C.N.V.R.

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS Father;- Mr. John McKechnie, 1050 Cameron St.
PERSON 7.6.49 REGINA, Sask.

ENTITLED TO Mrs. Marion F. McKechnie - Mother
 (Deceased 2.12.48)

ADDRESS: 1930 Retallack St.,
 Regina, Sask.

Hold pending application 7-7-54
 (1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

Mrs. M. McKechnie

ADDRESS: 1930 Retallack Street
 REGINA, Sask.

(3) 25 November 1942



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

No. N.S. 113-M-1947

235527

September 30th, 1942.

Sir:

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



NAME, RANK/RATING
NO.

McKECHNIE, Morton Hugh,
Ordinary Seaman,
O.N. V-10554, RCNVR

PLACE, DATE & CAUSE
of DEATH

Missing, believed killed
in action on the 13th of
September, 1942. He was
on board H.M.C.S. "OTTAWA".

NEXT OF KIN

Mother:
Mrs. Marion McKechnie,
1930 Retallack St.,
REGINA, Sask.

ALLOTMENTS IN FORCE.

In favour of:

Mrs. Marion McKechnie

1930 Retallack St.,
Regina, Sask.

Amount.

\$15.00

Initials.

BR 1/10/42

WILL: Attached.

Yours truly,

R. C. ...
SECRETARY, NAVAL BOARD.
per [signature]

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

113-m-1947 23

ACCOUNTS OF MEN DISCHARGED

P290398

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 McKechnie, Morton Rating A.B.
Official No. V-10554 H.M.C.S. "OTTAWA" List 5/2/523
Who* Discharged Dead on the 13th September 1942

	\$	cts.
Net sum due on ledger on account of Wages.....	121	80
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.....		
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>Fifteen dollars</u> charged to <u>30 Sep.</u>		
Name of ship from which transferred..... <u>Ottawa</u>		
Total†..... <u>Creditor</u>	121	80

Noted in the PRAC 7-41

(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 H.M.C.S. "OTTAWA" amounting to a net balance† Creditor of One hundred and twenty one dollars eighty cents.

Dated on board H.M.C.S. "AVALON" at St. John's, Newfoundland this Thirteenth day of November 19 42

Approved [Signature] for Accountant Officer
H/Pay. Lieutenant, R.C.N.V.R. { Initials of the Assistant Accountant Officer
[Signature] {
Lieut. Commander, R.C.N. RAY, LIEUTENANT R.C.N.V.R. Commanding Officer.

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

Signature.....
Date.....19.....

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

R.C.N.V.R.

V-10554

~~3-77KE-20~~

TRUE COPY

OF THE

CERTIFICATE of the Service of

Morton Hugh McKECHNIE

IN THE ROYAL CANADIAN NAVY V. R.

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

ICNS: 8177

Official Number *V-10554*

Esquimalt B.C. Regina

Date of birth *26 January 1918*

Nearest known Relative or Friend
(To be noted in pencil)

Where born { Province *Regina, Saskatchewan*
Town or county *1930 Retallack St, Regina*

Name: *Miss M.*

Relationship: *Mother*

Trade brought up to *Service man*

Address: *Same address*

Religious denomination *United*

Date passed swimming test *18 June 1941*

Man's signature on discharge to pension }

All Engagements, including N.C.S., to be noted in these Columns

Date of actually volunteering	Commencement of time	Period volunteered for	Date of actually volunteering	Commencement of time	Period volunteered for
1. <i>20 Jan '41</i>	<i>30 Jan '41</i>	<i>Duration</i>	5.		
2. <i>18 June 41</i>		<i>at Sea</i>	6.		
3.			7.		
4.			8.		

Medals, Clasps, Etc.

Date received or forfeited	Nature of decoration	Date received or forfeited	Nature of decoration

Description of Person	Stature		Chest, In.	Colour of			Marks, Wounds and Scars
	Feet	In.		Hair	Eyes	Complexion	
On entry as a boy.....							
On advancement to man's rating or on entry under 28 years.....	<i>5</i>	<i>10</i>	<i>36</i>	<i>Light Brown</i>	<i>Blue</i>	<i>Med.</i>	<i>Scar - first finger right hand; rubei left arm</i>
On re-entry for C.S. or for Non-C.S. after attaining 28 years.....			<i>Weight</i>	<i>155 lbs.</i>			
Further description if necessary.....							

Name *Max Kechmie, Morton Hugh*

Ship's Name (Tenders to be inserted in brackets)	List and No.	Rating	From	To	Cause of Discharge
1941 <i>Régina</i> ^{R.C.M.P.R.}		<i>Of Sea</i>	<i>30 Jan '41</i>	<i>15 June '41</i>	
		<i>Active Service</i>	<i>16 June '41</i>		
<i>Régina</i> ^{R.C.M.P.R.}		<i>Of Sea</i>	<i>16 June '41</i>	<i>3 Nov '41</i>	
<i>"Haden" (NSHQ)</i>		<i>— —</i>	<i>4 Nov '41</i>	<i>5 Nov '41</i>	
<i>"Haden"</i>		<i>— —</i>	<i>6 Nov '41</i>	<i>29 Jan '42</i>	
1942 <i>Madagascar</i>		<i>— —</i>	<i>30 Jan '42</i>	<i>9 Mch '42</i>	
<i>Ottawa</i>		<i>— —</i>	<i>10 Mch '42</i>	<i>15 June '42</i>	
<i>— —</i>		<i>A/B</i>	<i>16 June '42</i>	<i>12 Sep '42</i>	<i>DD</i>

Date	Wounds received in Action and Hurt Certificate; also any Meritorious Service, Special Recommendations, Prize or other Grants	Captain's Signature
<i>2-5-42</i>	<i>Issued S.C. T. 74 B20404</i>	

Date
11 Nov
10 Jan
5 Mch

VERIFICATION FORM

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

RANK/RATING *A. 12* OFF. NO. *V10557* ADDRESS

DAYS	AREA	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			
	<i>—</i>								1939-45	/	<i>Star</i>
<i>88</i>	<i>Atlantic</i>								ATLANTIC	/	<i>Star</i>
									FRANCE G.		
									AFRICA		
									PACIFIC		
									BURMA		
									ITALY		
									DEFENCE		
									C.V.S.M.	2	<i>@ Clasp</i>
									" CLASP		
									WAR 1945	/	<i>Medal</i>
									WAR 1915		

VERIFIED BY *G. Sarge*

VERIFIED BY DIR. OF PERSONNEL RECORDS.

CERTIFICATE of the SERVICE of

Morton Hugh McKECHNIE AB

in the Royal Canadian Naval Volunteer Reserve

ICNS: 8177

Training Headquarters	R.C.N.V.R. Division	Official Number
<i>Esquimaux B.C.</i>	<i>Regina</i>	<i>V-10554</i>
		"
		"

Date of Birth	<i>26 January 1918</i>	Name and Address of Nearest Relative or Friend (in pencil)	
Place of Birth	<i>Regina, Saskatchewan</i>		
Place of Residence	<i>1930 Retallack St - Regina</i>		
Trade brought up to	<i>Service man</i>		
Religion	<i>United</i>		
Can Swim:—P.P.T.	Date <i>18 June 1941</i>	Signature	Rank
P.S.T.	Date	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>30 Jan '41</i>	<i>30 Jan '41</i>	<i>Duration</i>	<i>Ad Sea</i>			

PERSONAL DESCRIPTION								MARKS, WOUNDS, SCARS
On Entry	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	
	Feet	Inches						
	<i>5</i>	<i>10</i>	<i>36</i>	<i>155</i>	<i>light Brown</i>	<i>Blue</i>	<i>Red</i>	<i>Scar first finger, right hand; Vacci left arm.</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

V10554

OFFICIAL NUMBER

FILE NUMBER

113-M-1947

OFFICIAL NUMBER V10554

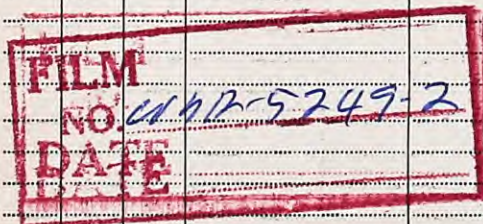
NAME McKECHNIE Morton Hugh DATE OF BIRTH 26th January, 1918
(Surname) (Given Names)PLACE OF BIRTH Regina, Sask. OCCUPATION Service ManRELIGION United EDUCATIONRESIDENCE AT TIME OF ENLISTMENT: Street and No. 1930 Retallack St. Town Regina Province, etc Sask.

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
30	1	41	H.O.	5' 10	L.Brown	Blue	Medium	Scar 1st finger rt. hand Vacc. left arm				

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs M McKechnieADDRESS (in pencil): Street and No. 1930 Retallack 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	
				10	1	42	TR				
				11	11	41	Q. 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		



App. to count 165 Days Service in the N.P.A.M. towards award of G.S.B.

SECOND CLASS FOR CONDUCT	
From	To

H.Q. 35-30M-5-41 (337)
N.S. 815-7-35Q.H.F. Received
Last Will & Testament Received--Dated-31-10-41.

V10554

OFFICIAL NUMBER

NAME **McKECHNIE**
(Surname)

Morton Hugh
(Given Names)

OFFICIAL NUMBER **V10554**

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
Regina Div. Str.	Ord. Smn.	30	1	41		V.G.	Sat.	31	12	41	A/L.R. 3	3	3	42			
Duty Div. Hdqtrs.	" "	16	6	41		V.G.	Sat.	13	9	42							
Naden	" "	4	11	41													
Stadacona	" "	30	1	42	A/Able Smn. 16-6-42 Rated												
Ottawa	" "	9	3	42	Able Smn. 16-6-42 Confirmed	249A/22246											
DISCHARGED	" "	13	9	42	Missing, believed Killed in Action. (Casualty List.)												

GENERAL REMARKS

X-Ray #407 Approved
 CANADIAN MEMORIAL CROSS:
 Mother: Mrs. Marion McKechnie,
 1930 Retallack St.,
 Regina, Sask.

DATE OF BIRTH		PLACE		CIVIL OCCU.		RELI-ED		PERM. RESIDENCE		PREV. ENLI		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GIOW	P.	CTV.	TOWN	DIV.	A	BR	RANK	
26	1	18	19	660	0	40	07	06	35	9	17	0	08	75
ENLIST DATE		ACT. SERV. DATE		STR.		RELI-ED		PERM. RESIDENCE		PREV. ENLI		RANK OR RATE ON ENLISTMENT		
DY.	YR.	DY.	MO.	YR.	CAT.	P.	CTV.	TOWN	DIV.	A	BR	RANK		
30	01	41	16	06	41					0350	0	08	75	
SENIO. STR.		NON-SUB		M		RELI-ED		PERM. RESIDENCE		PREV. ENLI		RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	CAT.	A	B	ST.	P.	CTV.	TOWN	DIV.	A	BR	RANK	
16	06	41	09	08			20	13	09	42	lh		m.m.	

P159166

DEF. I.
NATIONAL DEFENCE
NOV -8 1941

IN THE NAME OF GOD, AMEN

N.S. 113-92-1947
CANADA of His

I, Morton Hugh McKechnie, Ord.Smn. O.N. V-10554, of ~~His Majesty's Ship~~ the Regina Division, R.C.N.V.R.,
(now a Patient* in ~~the Regina Division, R.C.N.V.R.~~),

*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 Mother:

Mrs. Marion McKechnie,
1930 Retallack Street,
Regina, Sask.,

7

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 Mother:

Mrs. Marion McKechnie,
Regina, Sask.,

Noted in Service
Records by - [Signature]

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, Sask., hereunto set my hand, this Thirty-first day of October, in the Year of Our Lord One Thousand Nine Hundred and Forty-one.

M. McKechnie

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

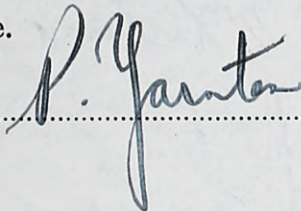
If a special legacy is to be given, the name, residence (and relationship if any) of the person interested is to be inserted in the space after the words " I give and bequeath," or if more than one person, the respective names, &c., also the particulars of the property bequeathed.

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.

..... 

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

- NAVAL SERVICE -

15

September 30th, 1942.

Sir:

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

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE & CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
McKECHNIE, Morton Hugh, Ordinary Seaman, O.N. V-10554, RCNVR	Missing, believed killed in action on the 13th of September, 1942. He was on board H.M.C.S. "OTTAWA".	Mother: Mrs. Marion McKechnie, 1930 Retallack St., REGINA, Sask.

<u>In favour of:</u>	<u>ALLOTMENTS IN FORCE.</u>	<u>Amount.</u>	<u>Initials.</u>
Mrs. Marion McKechnie	1930 Retallack St., Regina, Sask.	\$15.00	Bh 11/1/42.

WILL: Attached.

Yours truly,

R. A. ...
SECRETARY, NAVAL BOARD.
per LA

Administrator of Estates,
Estates Branch,
Department of National Defence,
OTTAWA.

DC

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

4
 NAVY

DECEASED MEMBER'S NAME

Morton Hugh

(CHRISTIAN NAMES)

McKECHNIE

(SURNAME)

REGISTER NO.

11982

FILE NO.

NSV-10554

DATE

18 July '45

SERVICE NO.

V-10554

FINAL RANK OR RATING

A.B.

PAYEE

Mrs. Marion McKechnie,

ADDRESS

1050 Cameron St.,
Regina, Sask.

DATE OF TERMINATION OF OVERSEAS SERVICE

13 Sep '42

DATE OF DISCHARGE

13 Sep '42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 455 EQUAL TO 15 COMPLETE PERIODS AT \$7.50

\$ 112.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 188 LESS 5 INELIGIBLE DAYS, EQUAL TO 183 DAYS @ 25C. PER DAY

\$ 45.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.85
 SUBSISTENCE OR LODGING
 AND PROVISION ALLOWANCE \$ 1.45
 ADDITIONAL PAY H.L.M. \$.13

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.43 X 7 = \$ 24.01
 NO. OF DAYS 188 X \$ 24.01

\$ 24.67

D. WAR SERVICE GRATUITY

\$ 182.92

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
 DEPENDENTS' ALLOWANCE \$

NIL

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 182.92

G. YOUR PORTION OF GRATUITY IS—

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

\$ 182.92

Cheques 47010 - July 30/45

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.

PREPARED BY

YN

CHECKED BY

[Signature]

TREASURY

CHECKED BY

E. St Jacques

DATE

30/7/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.