Jones
William James

037510

123-9-142

13

22055

ATTESTATION FORM FOR OFFICERS OF THE

ROYAL CANADIAN NAVAL RESERVE

(A) DESCRIPTION OF APPLICANT

Surname JONES

Christian Names William James

Religion Church of England

Permanent Address

8502 Fort Hamilton Parkway
Brooklyn, N.Y.

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
20th February, 1914.	Town Birkenhead County Cheshire Province Country England	(Mrs.) Dorothy Gross Jones (wife) 8502 Fort Hamilton Parkway Brooklyn, N.Y.

PERSONAL DESCRIPTION

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 4¼ 126	Inflated 37½ Deflated 34½ Mean 36	Light brown	Blue	Fresh (fair)	None

DATE OF ENROLMENT	RANK IN WHICH ENROLLED	MARRIED, SINGLE, OR WIDOWER	TRADE OR CALLING AND IN WHOSE EMPLOY
3rd Sept., 1942.	Lieut.R.C.N.R. (Temp)	Married	Merchant Marine (Ship's Officer) Gypsum Packet Co, Richmond Terrace Staten Island, N.Y.

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

(1) That I am a British Born Subject of pure European descent, domiciled in Canada.

(2) That I am desirous of being enrolled as an Officer of the Royal Canadian Naval Reserve Force, and that I accept and will 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.

*Cross out clause not applicable.

~~* (b) I served in ..... for the period shown, and attach my record of service.~~

SERVED IN	RANK	FROM	TO

(c) I have never been rejected from any of His Majesty's Forces on account of unfitness.

†This is not essential in the case of Engineer and Accountant Officers.

† (4) That I intend to follow the sea as my profession.

(5) That the particulars hereinbefore contained are correct and true according to the best of my knowledge and belief.

On being enrolled as an Officer of the Royal Canadian Naval Reserve, I undertake and bind myself:

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act and of the regulations made in pursuance thereof for the governing of the Royal Canadian Naval 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 provide myself with the necessary uniform as laid down in R.C.N.R. regulations.

Dated this 3rd day of September, 1942.

Wm. E. Jones
Signature of Applicant

The above declaration was made and signed in my presence this 3rd

day of September, 1942

A. D. Mackintosh
Signature of Enrolling Officer

(C) OATH OF ALLEGIANCE

I William James Jones 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 Wm. E. Jones

Signature of Witness A. D. Mackintosh

Date 3rd September, 1942. Rank Pay, Sub-Lieutenant, RCNVR

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with certificate of medical examination B-207 and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.

123-J-142

Can. B. 207
100M—3-42 (3733)
N.S. 815-2-207

220354 12

CANADA

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 William James Jones

‡candidate for entry as Trent

and I believe him to be *{in all respects fit for His Majesty's Service / ~~unfit for His Majesty's Service for the reason stated below~~} He has signed the Certificate given below in my presence.

‡Strike out if inapplicable. *Delete one.

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

(a) Age	Yrs. 28	Mos. 7	(j) Date of last Vaccination for Smallpox	1941	
(b) Height with bare feet	Feet 5	In. 4 1/4	(k) General Development	Fair	
(c) Weight without clothes	126		(l) Nose, Throat and Tonsils	N	
(d) Ears and Hearing	N		(m) Heart and Lungs	N	
(e) Chest Girth	Max. 37 1/2	Min. 34 1/2	Mean 36.	(n) Abdomen Hernia, etc.	N
(f) Teeth	Deficient 1	Defective 0	Dentures 0	(o) Limbs and Joints	Slight scoliosis thoracic spine convex to left
(g) Vision by Snellens Types	without glasses	Rt. 15/15	Lt. 15/15.	(p) Skin	N
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids	N
(h) Colour Vision	Ishihara N R.C.N. Lantern			(r) Testes Varicocele	N
(i) Chest x-ray {~~not taken~~ / approved / ~~positive~~ / ~~doubtful~~}	approved			(s) Urine	

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.

Wm T. Jones
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 scoliosis thoracic spine suggested slight atrophy muscles of right buttock

*{~~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 Ottawa Ont the 3rd day of September 1942.

Gwen Lapman
Examining Medical Officer

(Rank) Surgeon Lieut R.C.N.R.

OFFICIAL NUMBER | FILE NUMBER 123-J-142 0-37510 | OFFICIAL NUMBER

NAME JONES, (Surname) William James (Given Names) DATE OF BIRTH 20 February, 1914

PLACE OF BIRTH Birkenhead, Cheshire, England OCCUPATION Merchant Marine (Ship's Officer), Gypsum Packet Co., Richmond Terrace, Staten Island, N.Y.

RELIGION Church of England EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 8502 Fort Hamilton Parkway, Town Brooklyn, Province, etc. N.Y.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
3	9	42	Hostilities only

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'4¼"	L.Brown	Blue	Fresh (fair)	None

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	Dates To

NEXT OF KIN RELATIONSHIP (in pencil) Wife NAME (in pencil) Mrs Dorothy Rose Jones

ADDRESS (in pencil): Street and No. 8502 Fort Hamilton Parkway, Town Brooklyn 9 Province, etc. N.Y.U.S.A.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC. Kings Co. (Eng.) 5.9.5- 30.10.42 Chelsea (Lon.) July 43

Date (in figures) Day	Month	Year	Particulars

Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

FILM NO. WSK-4415-1 DATE

SECOND CLASS FOR CONDUCT

From	To

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

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

O.H.F. Received.

Last Will & Test. dated 6.8.43, # 14733, received.

W.S.G. APPLICATION 7892 RECEIVED

H.Q. 35—30M—4-42 (4260)
N.S. 815—7-35

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

N.R. OFFICIAL NUMBER | NAME (Surname) JONES, (Given Names) William James | OFFICIAL NUMBER

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year
Bytown	Lieutenant	3	9	42	(Divisional Strength) (app't. of 19.9.42)					
Cornwallis add'l	"	24	9	42						
Cornwallis add'l	"	29	9	42	for training (app't. of 15.10.42)					
Hochelaga (Provider)	"	2	11	42						
Provider	"				(app't. of 12.11.42)					
Provider	"	4	5	43	as Executive Officer-Appt. 22-5-43					
Stadacona add'l.	"	22	11	43	for disposal (Appt. of 3.12.43)					
Ungava	"	24	12	43	as Executive Officer (Temp.) (Appt. of 13.1.44)					
HMCS "NANAIMO"	"	10	1	44	as Executive Officer (Appt. of 20.1.44)					
HMCS "Shawinigan"	"	5	6	44	in command (List 131-44 of 5-6-44)					
DISCHARGED	"	24	11	44	"Missing" "Presumed dead" 24.11.44. (Casualty List)					

Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year

GENERAL REMARKS

Canadian Memorial Cross sent to Wife:
Mrs. Dorothy G. Jones, 8502 Fort
Hamilton Parkway, BROOKLYN, New
York, U.S.A.
Canadian Memorial Cross sent to Mother
Mrs. Charles Nixon, 10 Daffodil Rd,
Claughton, Birkenhead, Cheshire, Eng

28 days leave from 22/11/43

DATE OF BIRTH DY	MO	YR	PLACE OF BIRTH	CIVIL OCCU MAIN	SUB	RELIGION	ED	PERM. RESIDENCE PR	CTY	TOWN	PREV. SERV	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
20	2	14	22	5090		30	X	X	36	60	0	63	0	01	09

ENLIST. DATE DY	MO	YR	ACT. SERV. DATE DY	MO	YR	STR. CAT	ACT. SERV. DATE DY	MO	YR	SHIP OR ESTAB.	RANK OR RATE A	BR	RANK
03	07	42	24	09	42					2260	01	27	07

SERVICE DATE DY	MO	YR	CAT.	NON-SUB. A	B	M. ST.		CODE	CHECKED
03	09	48	13					10	

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 24 November 1944

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

JONES	William James	O-37510	Lieut	FILE No.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Atlantic Star C.V.S.M. and Clasp War Medal	1592.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 8/6

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNR Jan. 46 "SHAWINIGAN"

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP (1)

REGN. NO 569

(1) MEDALS PERSON ENTITLED TO Mrs. Dorothy G. Jones - Widow

ADDRESS: ~~8502 Fort William Parkway,~~ ~~BROOKLYN, New York, U.S.A.~~

(2) MEMORIAL CROSS WIDOW c/o J.H. Westwood
56 Kingswood Rd.,West, HARTFORD 7, Conn., U.S.A.
23-8-48

ADDRESS: Mrs. D. G. Jones
8502 Fort Hamilton Parkway
BROOKLYN 9, N.Y., U.S.A.

(2) 26 March 1945

(3) MEMORIAL CROSS MOTHER

ADDRESS:

(3)

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 WILLIAM JAMES JONES (b) Reg'l. No.
2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank LIEUT.
3. (a) Date of birth 20/2/14 (b) Have you any dependents? YES (1) (c) Place of residence at time of enlistment BROOKLYN, NY
4. (a) Place of enlistment OTTAWA Canada (b) Date of enlistment 3 Sept 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 years (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.) Junior Matriculation 4 yrs high school England
7. If you attended a university, give name of university and standing or degree secured NO
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? Sea apprentice (c) Did you finish it? YES (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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? Navigating Engineers Union (England)

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? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked MERCHANT MARINE Ship officer (b) State how long you had worked at this trade or occupation 12 years 2 mos
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 July 10/42 - Capt. Can. Nav. Service
15. Give details of last employer, if any: Name Superior Packet Co Ltd Address Montreal PQ
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Steamship Co
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? 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

Are you now employed? If so, what occupation?

DATE ..... 194..... SIGNATURE .....

O.H.F. Received

SEP 29 19[illegible]
Copy To
V[illegible]
ES

O-31570

Six copies to be rendered to Naval Service Headquarters

NO. 60/162

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

H.M.C.S. SHAWINIGAN at Sea 430762

Name JONES, William James
(Christian names in full)

Rank of Rating Lieut., RCNVR (Temp) Official No.
(If unknown, date of first entry)

Place of Birth Birkenhead, England Date of Birth 20th Feb., 1914

Occupation in Civil Life General Foreign Service Religion Church of England

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 3rd Sep., 1942 - 24th Nov., 1944

Date of Death 24th Nov., 1944 Place of Death At Sea

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

Nearest known relative or friend.
Name Mrs. Dorothy Jones Relationship Wife
Address 8502 Fort Hamilton Parkway,
Brooklyn, New York, U.S.A.

Date on which the above was informed by Ship Not Known

Date on which death was registered with local Officials Not Known

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

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

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

Undertaker employed (if any) - - - - -

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

H. R. Jackson
Commanding Officer,

4 May 1945

5 Encl. M.L.

Noted D.N.P.R. 29.5.45 E.L.

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

RECEIVED MAY 8 1945 F.M.O. N.S.H.Q.

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

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

C.N.S. 1121
15M—7-40 (5849)
N.S. 815-9-1121

091959 O-37510

By command of the Honourable the Minister of National Defence
for Naval Services of the Dominion of Canada

To Lieutenant William J. Jones, R.C.N.R., (Temporary),-- 25

You are hereby appointed

Lieutenant, R.C.N.R.,

of His Majesty's Canadian Ship SHAWINIGAN in command.

Your appointment is to take effect from 5th June, 1944.

P.A.'S CHECKED IN C.R. BY

Secretary, Naval Board

DH

Department of National Defence
Naval Service

Ottawa. 5th June, 194 4.

Noted in Service Records by [illegible] 27/6/44

H.Q. 36a
20M—1-44 (68)
N.S. 815-7-36

NANAIMO as X.O.

JONES, W.J.

OFFICERS RECORD FORM

DATE:

SURNAME: JONES CHRISTIAN NAMES: WILLIAM JAMES

RANK: LIEUT. R.C.N.R.

HOME ADDRESS: 8502 FORT HAMILTON PARKWAY, BROOKLYN, NEW YORK, U.S.A.

DATE OF BIRTH: FEB. 20th 1914 PLACE OF BIRTH: BIRKENHEAP, ENGLAND

EDUCATION: Matriculation, Senior: —— Junior: YES.

University Degrees: NONE

MERCANTILE MARINE CERTIFICATES: MASTERS CERTIFICATE FOREIGN GOING No: 5469

PRECIS MERCANTILE OR YACHTING EXPERIENCE: GENERAL FOREIGN SERVICE.

PRECIS OF BUSINESS EXPERIENCE:

SPORTS: FOOTBALL, CRICKET

OTHER HOBBIES OR INTERESTS:

PREVIOUS NAVAL OR MILITARY TRAINING: NONE.

LANGUAGES SPOKEN FLUENTLY: ENGLISH
LANGUAGES UNDERSTOOD:

BIRTH PLACE OF FATHER: ABERGELE, WALES BIRTH PLACE OF MOTHER: BONAR BRIDGE, SCOTLAND

FATHERS OCCUPATION: DECEASED.

NEXT OF KIN: WIFE
Surname: JONES Christian Names: DOROTHY GROSS

Full Address: 8502 FORT HAMILTON PARKWAY, BROOKLYN NEW YORK, U.S.A.

HAVE YOU BEEN REJECTED BY ANY OTHER OF THE ARMED FORCES?
IF SO GIVE DETAILS:- NO.

RELIGION: PROTESTANT. NAVAL IDENTITY CARD NO: NS. 40636.

MARRIED OR SINGLE: MARRIED. DEPENDENTS: WIFE.

HEIGHT: 5' 4¼" WEIGHT: 126.

NOTE: HALIFAX ADDRESS:-

TELEPHONE NUMBER:-

62-21-5J

NAVAL SERVICE

OFFER OF SERVICE (HOSTILITIES ONLY)

N. V. 3a
30M—4-42 (4173)
N.S. 815-11-3a

5

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

Name JONES (Surname (in Block Letters)) William James (Christian Names) Telephone {Bus. New York Shore Road / Home 5-7995

Address 333 (Number) 86th St. (Street) Brooklyn (Town or City) Kings Co (County) New York (Province) STATE.

Date of birth February 20th 1914 Place of birth Birkenhead, England.

Nationality British Are you British by birth? Yes or by naturalization? —

Birth place of (a) Father Abergele, Wales, G.B. (b) Mother Bonar Bridge, Scotland, G.B.

Are you (a) Single — (b) Married Yes (c) Widower — (d) No. of Children? —

Any physical defects (especially eyesight?) No

Height 5'5" Weight 130 Can you swim? Yes 13103

B. Education—

Highest school grade passed successfully? completed matriculation course in Secondary School, England Any Matriculation? Passed School Certificate.

University: (a) Name — (b) Years attended — (c) Course and Degree —

Technical courses taken —

Special studies —

Languages spoken English

C. Sea Experience—

Have you ever been employed at sea? Yes Give number of years and how employed 12 years
4 years as apprentice; 2 years as able seaman; 2½ years as 3rd officer
3 years as 2nd officer; 5 months as Chief officer

Name and number of Mercantile Marine Certificates held
Master's Certificate of Competency (Foreign Going) No 5469 - Canada
Issued at Montreal, November 1941

State last position held at sea (with dates)
Chief Officer - from February 24/42 to present date.

State employment since leaving sea
Continuing.

D. Occupation: What is your profession, trade or occupation in civil life?
Ship's Officer, Mercantile Marine

Are you (a) Actively pursuing your profession or trade on your own account? No.
(b) Employed; if so, in what capacity and under what employer? Employed as Chief Officer, Gypsum Packet Co, Ltd, 561 Richmond Terrace, Staten Island N.Y.

General experience (with dates)
As above.

No. and Class of any Stationary Engineer's certificates or other certificates of competency
—

Have you ever served in any of His Majesty's Forces? If so, which? How long?
No.

Have you had 30 days' training? No

Where registered Resident Alien, U.S.A. Registered New York, U.S.A.

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)
Merchant Service Officers Defense Course

F. Branch Applying for: (a) As Officer Yes (b) As rating (i.e., in the ranks) —

If you cannot be accepted as an Officer are you willing to serve as a rating? No

In what capacity do you wish to enrol?

How long would you need to settle up your private affairs? If in port approx. 2-3 weeks.

Date of Application July 23rd 1942 Signature Wm. J. Jones.

3

333 - 86 Street
Brooklyn, New York
July 13, 1943

P 1179

62-21-5

Secretary
Department of Defense
Ottawa, Canad a

Dear Sir:

Would you be kind enough to send me any information available regarding qualifications required, and general conditions pertaining thereto, when applying for a commission in the Royal Canadian Navy or Reserve.

I am a British subject by birth, aged 28 years, and a resident alien of the U.S.A. I have completed 12 years' service in the British Merchant Marine, the last 5 months as Chief Officer, and hold Master's Certificate of Competency (Foreign-Going) No. 5469 Canada.

I would appreciate any information you could send me regarding different branches of service, pay, allowances, etc.

Respectfully yours,

William James Jones

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
JUL 16 1912
REFERRED TO Pers (N)

(License no. 208)

No 203

This is a Certified Copy

DEPARTMENT OF HEALTH, MONTCLAIR, N. J.

L.K. Canter (Mayor)

Certificate of Marriage

of

Full Name of Husband William James Jones

Maiden Name of Wife Dorothy Lyons

Place of Marriage Montclair, N.J.

Date of Marriage September 8, 1939 at 4 A. M. 5:30 P. M.

GROOM	BRIDE
Residence Birkenhead Cheshire, England	Residence 333 - 86th St. Brooklyn N.Y.
Age 25 years	Age 31 years
Color White	Color White
Single ~~Married~~ ~~Divorced~~ ~~Widowed~~	Single ~~Married~~ ~~Divorced~~ ~~Widowed~~
Number of Marriage 1st	Number of Marriage 1st
*Date of Birth, Feb. 10. 1914	Date of Birth, May 26. 1908
Occupation Insurance Feb. 20 1939	(Names of Former Husbands If Any)
Birthplace Birkenhead England	Birthplace Bronx N.Y.
Father's Name William John Jones	Father's Name James M. Lyons
Mother's Maiden Name Maria Sim	Mother's Maiden Name Edith Hausman
Witness Edith Alice Sherman	Copy of the Signature of Person or Officer of Society Officiating Frank A. Hunger
Residence 44 Alston Rd. Upper Montclair	P. O. Address 24 Cleveland Road Montclair N.J.
Witness Herbert G. Whitefield	
Residence 670 Colonial Rd. Brooklyn N.Y.	
Filed 9-11-1939	

[SEAL]

This record is not authentic unless it contains the imprint of the official seal of the Office of the Registrar and unless it is free from alterations of any kind.

ISSUED AT MONTCLAIR, N. J., this 9th day of March 1940

Helen P. Lannin
Registrar.

* Original
** Date of Birth of Groom corrected by Rev. Frank A. Hunger; April 9, 1940 Helen P. Lannin

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA CANADA

The reverse side of this paper is hereby certified to be a true photostatic copy of a Marriage Certificate issued at Montclair N.J. on 9th March 1940.

Dated at Ottawa, this

23rd day of February, 1946.

G.S. Gilroy S/L

.....

(G.S. Gilroy) S/Ldr.
Notary Public in and for
the Province of Ontario.



DC

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: William James (CHRISTIAN NAMES) JONES (SURNAME)

REGISTER NO. 7897
FILE NO. NSO-37510
DATE 11 May/45
SERVICE NO. RCNR
FINAL RANK OR RATING LIEUT.

PAYEE Mrs. Dorothy G. Jones,
ADDRESS 8502 Fort Hamilton Parkway, Brooklyn 9, N.Y., U.S.A.

DATE OF TERMINATION OF OVERSEAS SERVICE 24 Nov/44
DATE OF DISCHARGE 24 Nov/44

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS $\frac{793}{30}$ EQUAL TO 26 COMPLETE PERIODS AT $7.50	195.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 693 LESS 13 INELIGIBLE DAYS, EQUAL TO 680 DAYS @ 25c. PER DAY	170.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

PAY	$ 7.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70	
ADDITIONAL PAY H.L.M.	$ .43	
C.M.	$ .75	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF 66.12	$ 2.20	
TOTAL	$ 12.08 ×7 = $	84.56
NO. OF DAYS $\frac{680}{183}$	×$	84.56 = 314.21

D. WAR SERVICE GRATUITY	679.21
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ / DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ NIL	
Cleared by F.E.C.B. — OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	679.21

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ _____ = $679.21
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Cheque 19325 — 5/6-45

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	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
SJD	[illegible]	[illegible] O'Brien	22/5/45

[signature]
SERVICE REPRESENTATIVE
for Dir. Naval Pay Acctng.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

~~ARMY~~ NAVY ~~AIR~~

Name JONES William J. No.
Surname Christian Names

LIEUT R.C.N.R. O/S 24-11-44
Rank Unit Date of Death

AMOUNT

Date 7-1-46

L.P.C. $ 167.18
Other Credits 77.31
Total 244.49

Prev dist 167.18
This dist 77.31

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs Dorothy G. Jones 8502 Fort Hamilton, Parkway, Brooklyn 9, New York, U.S.A. (Sole beneficiary under will)	77.31

P4. TO TREAS. 25-10-46

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	01	50	000	77.31

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

W.S.G. Application No. 7897

TO: D.N.P.A. "G"

FILE NO. N.S. ~~L.H.C.~~ 0-37510

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
JONES,	William James.	0-37510	LIEUT.

CAUSE OF DISCHARGE: MISSING (PRESUMED DEAD)

Application made by Widow (HMCS "SHAWINIGAN"). F.D. no record D.A.

731
1
31
24
793

TOTAL SERVICE

Date of Active Service 24 SEP '42

Date of Discharge 24 NOV 44

Total No. of Days 793

Less non qualifying service —

Total Days 793

OVERSEAS SERVICE

% Total No. of Days 693

Less non qualifying service —

Total Days 693

Record of Service in other Forces (per Naval Records)

Branch of Service —

Date of Active Service —

Date of Discharge —

& % Overleaf

Computed By JW
Checked By JHH

J B McGregor
for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: MAR 28 1945

"O"

NON QUALIFYING SERVICE

(#)

Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
	Total Days		

(%)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
PROVIDER	1 DEC '42 ✓	21 NOV '43 ✓	356 ✓
UNGAVA NANAIMO SHAWINIGAN	24 DEC '43 ✓	24 NOV 44 ✓	337 ✓ 693 ✓

Lieu 365 − 9 = 356

Lieu 366 − 6 − 23 = 29 − 337

#7897.

PARTICULARS OF DEAD OR MISSING PERSONNEL WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member William James JONES Rank or Rating LIEUT O.No. 037510

1. Dependents' Allowance and Assigned Pay in force at date of death:

D.A. $ 66.12 — Mrs Dorothy G. JONES (wife) 8502 Jon Hamilton Pkway Brooklyn 9, N.Y.

A.P. $ 173.00

D.A. —

A.P. —

2. Pension awarded or being awarded to: No record to date

3. War Service Gratuity Application(s) received from: Mrs Dorothy G. JONES, 8502, Jon Hamilton Parkway, Brooklyn 9, N.Y. U.S.A

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

(X) To be paid to: Mrs Dorothy G. Jones - wife — In ~~the~~ full ~~proportion of~~: /

- and -

to: — In the proportion of: /

( ) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)

Group "C" of the above mentioned Directive.

Date 10 May 45

for D.N.P.A. (G) ~~D.W.~~

STATEMENT OF ACCOUNT

80

True extract from the ledger of H.M.C.S. "SHAWINIGAN" ending 31 DEC. 19 44

List 12 No. 20 (Name) JONES, W. James Rank Rating Lieut. O/3 yrs. No. O-37510

When entered Former Book Date of appearance Former Book Whither discharged "Missing"

	$	c.
CREDIT from former account	106	68
Pay as Lieut (Rank Rating) o/3 yrs from 1 Oct to 30 Nov (61 days at $ 7.00 a day)	427	00
" C.M. " 1 Oct " 30 Nov (61 " .75 ")	45	75
" Adj. Pay o/3 yrs. 24 Sep " 30 Sep (7 " .25 ")	1	75
" " " " (" " ")		
" " " " (" " ")		
Kit Upkeep Allowance		
OTHER CREDITS: H.L.M. for 55 days at .43¢ per day	23	65
Total credits	604	83
DEBT from former account	-	-

PAYMENTS:—

	1st	2nd	3rd	4th	5th			
	$ c.	$ c.	$ c.	$ c.	$ c.			
September Pay 1st month	106.00					Total	106	00
October Pay 2nd month	52.00					Total	52	00
3rd month						Total		
Allotment AP 173.00 ~~and 16.80~~ (16.80 New Nov) Charged Oct ~~and Nov~~ CH6'D NOV.							362	80
Pension deduction (Officers) charged to of								
Hospital stoppages								
Mulcts								
OTHER CHARGES:								
Total debits							520	80
Balance Cr. ~~of~~ Dr.							84	03

(Balance Dr. to be shown in red)

6.77

Number of days actually victualled during period mentioned above 55

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE FROM	INCLUSIVE DATE TO	No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE

Date 28 December 1944

Pay S/Lieutenant R.C.N.V.R.

ACCOUNTANT OFFICER

C.N.S. 2426
25M—5-42 (4545)
N.S. 815-9-2426

Mrs. Dorothy G. Jones,
8502 Fort ~~William~~ HAMILTON Parkway,
Brooklyn, N.Y. U.S.A.

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

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

and the following number quoted:—

H.Q. NS 0-37510 FD 968

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

February 23 1945.

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

JONES, William James, Lieutenant
R.C.N.R.

ESTATES BRANCH MAR 5 1945 H.Q. OTTAWA NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

H. R. Wade
Lieutenant-Commander R.C.N.R.
for Director of Estates.

HRW/HO

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		DOROTHY GROSS JONES	36	8502 FORT HAMILTON PKWY BROOKLYN, 9, N.Y. U.S.A.
2	Children of the Deceased and dates of their Births		WILLIAM DONALD JONES (BORN MAY 30, 1943)	21 MONTHS	8502 FORT HAMILTON PKWY BROOKLYN, 9, N.Y. U.S.A.
3	Father of the Deceased		WILLIAM JOHN JONES		DIED IN 1918 (Lost at sea during last war.)
4	Mother of the Deceased		MARION NIXON (MRS. CHARLES NIXON)	63	10 DAFFODIL ROAD CLAUGHTON, BIRKENHEAD ENGLAND
5	Brothers of the Deceased	Full Blood	NONE		
		Half Blood	NONE		
6	Sisters of the Deceased	Full Blood	None		
		Half Blood	NONE		
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.	WILLIAM JAMES JONES
9	Date of his birth.	February 20, 1914
10	Place and date of his marriage.	MONTCLAIR, NEW JERSEY, U.S.A. September 8, 1939
11	Place and date of his parents' marriage.	?

PARTICULARS OF DOMICILE

12	Place where deceased was born.	BIRKENHEAD, ENGLAND
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) BIRKENHEAD, ENGLAND - BIRTH to 1939 (b) BROOKLYN, NEW YORK, U.S.A. - 1939 to decease (c) (d)
14	Nature of employment before enlistment.	Officer in BRITISH MERCHANT MARINE
15	State whether he owned the premises in which he lived, and, if so, where situated.	NO
16	Name place where deceased stated he intended to make his permanent home.	CANADA OR U.S.A., DEPENDING ON POSSIBILITIES OF EMPLOYMENT AFTER WAR.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Only duplicate of will executed Aug. 6, 1943, at request of Royal Canadian Navy, original of which is in file with Navy Records.
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?	NO
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	—
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NONE
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NONE
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Canada Life Assurance Company - $5000 Beneficiary "my wife, Dorothy Grace Jones, if living, otherwise my son William Donald Jones, if living, otherwise my estate." Policy bears "War and Aviation Clause and Patriots benefits as result of death under certain conditions.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	See Page 4

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.	—
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.)

(PLEASE TURN OVER)

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

*Widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Dorothy G. Jones — Signature of Informant

8502 Fort Hamilton Parkway, Brooklyn N. Y. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Dorothy G. Jones {Name of informant} is the* widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Brooklyn N.Y. this 2nd day of March 1941

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

John B Swift

JOHN B. SWIFT
Notary Public, Kngs County
Kings Co. Clk's No. 1260, Reg. No. 645-S-5
Commission Expires March 30, 1945

Qualification

Address 471-86 St. Brooklyn New York

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

Item # 23

Definite amounts of other assets are not known. Mr. Jones was a member of the Merchant Navy Officers Pension Fund, "Davaar", New Road, Esher, Surrey, England, Membership No. 5177, since approximately November 30, 1938, while in the British Merchant Marine. Any benefits to which he is entitled should be administered with his pay account.

Can. S. 545
20M—4-41 (135)
N.S. 815-9-545

IN THE NAME OF GOD, AMEN

I, William James Jones (Lieutenant R.C.N.R.) of His Majesty's/Canadian Ship "PROVIDER" (now a Patient* in), being sound of mind, do hereby make this my last Will and Testament: I give and bequeath unto my Wife, Dorothy Gross Jones

of 8502 Fort Hamilton Parkway,
Brooklyn 9,
New York, U.S.A.

And if she should predecease me, I do give and bequeath all my estate unto my son - William Donald Jones
of 8502 Fort Hamilton Parkway,
Brooklyn 9,
New York, U.S.A.

*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.

4733

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 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 Ruth Whitehead (Mrs. Herbert G. Whitehead) of 8502 Fort Hamilton Parkway,
Brooklyn 9,
New York, U.S.A.

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 H.M.C.S. "PROVIDER" hereunto set my hand, this Sixth day of August, in the Year of Our Lord One Thousand Nine Hundred and Forty Three.

Wm. L. Jones
LIEUTENANT, R.C.N.R.

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

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.

Noted in Service Records by E.M. (3/11/43)

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.

John L. Robertson
Writer, V-4898, R.C.N.V.R. } Signature of the person by whom the Will was prepared.

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of..... Township of.....

If in City, Town or Village..AT SEA.. (Name) Street..... House No.....
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred.....(b) In Province.....(c) In Canada (if immigrant).....

3. PRINT FULL NAME OF DECEASED ..JONES.. (Family name) ..William James.. (Given name or names in usual order)

RESIDENCE No..6502.. Street..Post Hamilton Parkway.. City, Town, Village or Township..Brooklyn, N.Y.. Province..U.S.A..
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
Male	English (British)	Welsh	Married

8. BIRTHPLACE ..Birkenhead Cheshire, ENGLAND.. (Province or Country)

9. DATE OF BIRTH ..February.. (Month) ..20.. (Day) ..1914.. (Year)

10. AGE in

Years	Months	Days	If less than one day old
30	9		hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. ..Merchant Marine..

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. ..(Ship's Officer)..

13. Date deceased last worked at this occupation.....

14. Total years spent in this occupation.....

15. If married give name of wife or husband of deceased ..Mrs.Dorothy Gross Jones..

FATHER

16. NAME.....

17. BIRTHPLACE ..Wales.. (Province or Country)

MOTHER

18. MAIDEN NAME.....

19. BIRTHPLACE ..Scotland.. (Province or Country)

20. Person giving information sign here ..J.H.B.Money..
..Paymaster Commander, RCNR.
Address ..Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased ..Director of Personnel Records..

21. Place of Burial, Cremation or Removal ..No burial..

Date of burial or removal.....

22. Burial Permit was issued by.....

Address .....

23. UNDERTAKER .....
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH ..November.. (Month) ..24.. (Day) ..44.. (Year)

25. I HEREBY CERTIFY that I attended deceased from:

.....19.....to.....19.....

and last saw h.....alive on.....19.....

CAUSE OF DEATH

		PHYSICIAN
I. **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) ..Missing, presumed dead when..	Underline the cause to which death should be charged statistically
	due to	
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) ..H.M.C.S. "SAGUENAY" was..	
	due to	
	(c) ..lost while on operational..	
II. **Other morbid conditions** (if important) contributing to death but not causally related to immediate cause.	..duty at sea..	

26. If a communicable disease is mentioned on this certificate, give
(a) Date of appearance.....19.....
(b) Duration of disease.....days

27. If a woman, was the death associated with pregnancy?.....

28. Was there a surgical operation?.....Date of operation.....19.....

State findings.....Was there an autopsy?.....

29. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide?.....Date of injury.....19.....
(State which)

Manner of injury.....
(How sustained)

Nature of injury.....

Specify whether injury occurred in **industry,** in **home,** or in **public place**.....

Signed by.....**M.D.**

Address..... **Date**.....19.....

30. Division Registrar's Record No.....

31. Filed.....19..... .....
(Division Registrar)

22

CLASS OF SERVICE

FULL RATE
DAY LETTER

TELEGRAM

RECEIVER'S NO.
TIME FILED
CHECK 30

TO: MRS. DOROTHY G. JONES,
8502 FORT HAMILTON PARKWAY,
BROOKLYN, NEW YORK, U.S.A.

FROM: NAVAL SERVICE HEADQUARTERS,
OTTAWA, Ont.

THE MINISTER OF NATIONAL DEFENCE FOR NAVAL SERVICES DEEPLY REGRETS TO REPORT THAT YOUR

HUSBAND (FATHER, HUSBAND, SON, ETC.) LIEUTENANT WILLIAM JAMES JONES, R.C.N.R. (FULL NAME)

IS MISSING AT SEA. LETTER FOLLOWS. (RATING) XXXXXXXXX OFFICIAL NO.

FILE N.S. C-37510 PERS (H)

DRAFTED BY D.P.R. (PAYMR. LIEUT. T. F. HEARD)

CHECKED BY

DATE 29-11-44.

NAVAL

CHARGE NAVAL

S. 2575
5M SETS 11-42 (6949)
N.S.815—9-2575

TFH/C

REGISTERED
AIR MAIL

FILE NO.: N.S. O-37510 PERS.(N)

29 November, 1944.

Dear Mrs. Jones:

It is with deepest regret that I must confirm the telegram of the 29th of November, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, Lieutenant William James Jones, Royal Canadian Naval Reserve, is missing at sea.

The only information that can be given at this time is that your husband is missing at sea when the ship in which he was serving was lost. Please be assured, however, that as soon as further particulars can be released, you will be informed.

It is regretted that slight hope is held for your husband's survival. When it is considered, beyond all reasonable doubt, that no further hope exists and should no information be received to the contrary, an official presumption of death will be made by the Canadian Naval Authorities.

It is requested that, for security reasons, you regard the name of the ship in which your husband was serving, as confidential until such time as an official announcement is made.

Please accept the sincere sympathy of the Department in your anxiety.

Yours sincerely,

LETTER dictated by PERSONNEL (NAVAL)

SECRETARY, NAVAL BOARD.

Mrs. Dorothy G. Jones,
8502 Fort Hamilton Parkway,
Brooklyn, New York,
U.S.A.

65

N.S. O-37510, Pers. (N)

24th ~~16th~~ April, 1945.

Sir:

Lieutenant William James JONES, R.C.N.R.

With reference to your letter of the 22nd March, 1945, enclosed herewith Certificate of Death of the above-named officer.

The duties of the late Lieutenant Jones during the six months' period preceding his death, required him to proceed beyond three miles from the Dominion of Canada and the United States of America.

It is regretted for reasons of security that specific information cannot be given in answer to the remainder of your questions. From intended movements of the ship and the position where bodies were recovered, it is thought probable that the ship was sunk beyond three miles from the coast of Canada and the United States of America but as there were no survivors this cannot be established beyond doubt.

Yours truly,

W.W.C.

Encl.

SECRETARY, NAVAL BOARD.

Supervisor, Claims Department,
The Canada Life Assurance Company,
TORONTO, Ontario.

Despatched by
Sec. N. B.

Date 24.4.45
Time 10 00

A/A
(1) A/Sec
(2)

Naval Service ——— MINUTE SHEET

FILE NO. N.S. O-37510 FD.64 LETTER NO.

REFERRED TO	REMARKS (WITH INITIALS AND DATE)
D.N.I. ✓ 1/6 & D.P.R.	Suggest following reply to the Canada Life Assurance Company:- "Shawinigan sailed from Sydney 24th November, 1944, to escort a merchant ship to Port Aux Basques. On arrival off Port aux Basques on the night of the 24th November Shawinigan had been instructed to carry out a patrol which would have taken her outside territorial waters. She was to have met the merchant ship on the morning of the 25th November and escort her back to Sydney. It was not until the evening of the 25th November when the merchant ship arrived at Sydney without the escort that it became known that Shawinigan was missing. Apparently the merchant ship on reaching the position off Port aux Basques where Shawinigan should have met her, and not finding Shawinigan there proceeded on to Sydney independently. The position where the bodies were picked up gave no definite clue towards establishing whether the ship was inside or outside territorial waters, as wind and currents may have carried them up to 60 miles from the scene of the sinking."
DEPT. NUMBER.	

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10 Daffodil Rd. Claughton
Birkenhead. England

To The Secretary

Dear Sir

I recieved the Memorial Cross Re Lieut William James Jones of the Corvette "Shawinigan" for which I sincerely thank you for your kind geoture He was my only son and I also lost his father at sea in the last war through enemy action. Please accept my deepest gratitude

Yours Sincerely
Marion Dixon

noted
£2 0s 0d
£2 0s 0d


RECEIVED
MAY 25 1945
N. S. H. Q.
Central Registry
Mail Opening
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P632683

F 411

8502 Fort Hamilton Parkway
Brooklyn 9, New York
August 20th, 1945

O-37510.

Secretary, Naval Board
Department of National Defence
Naval Service
Ottawa, Canada

Re: H. M. C. S. "Shawinigan"

Dear Sir:

Under dates of 29th November, 1944, 7th December, 1944 and 15th, February, 1945, I had letters from you giving me what details could be released at that time in connection with the sinking of HMCS Shawinigan on which ship my husband, the late Lieutenant William James Jones, was Commanding Officer.

From your letters I know only that the sinking occurred the 24th of November, 1944, "while on operational duty at sea".

Since hostilities have now ceased, I wonder if it is not now possible to give me some further details of the sinking. Both Lieutenant Jones' mother and I would like to know. If possible, I should also like to know the place the sinking occurred - for insurance purposes.

I shall be grateful for any information you can now give me.

Sincerely yours,

Dorothy S. Jones

Mrs. William James Jones

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AUG 22 1945
N. S. H. Q.
Central Registry
Mail Opening
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ABL/CAM

REGISTERED

N.S. 0-37510, F.D. 411

28 August, 1945.

Dear Mrs. Jones:

Further to my letter of the 23rd of August, 1945, the Department is now able to release additional information regarding the loss of your husband's ship and I am accordingly passing on the following particulars which will, no doubt, be of interest to you.

H.M.C.S. "SHAWINIGAN" sailed from Sydney, N.S., on the 24th of November, 1944, to escort a merchant ship to Port Aux Basques, Newfoundland, and arrived off Port Aux Basques that night. In accordance with orders she was then to carry out a patrol in the area for the duration of the night, after which she was to meet the same merchant ship the next morning and return with her to Sydney.

The merchant ship arrived in Sydney unescorted on the night of the 25th of November, and after it was ascertained that "Shawinigan" had not appeared at the designated rendezvous to provide escort as instructed, searches were instituted and "Shawinigan" was discovered to be missing.

It was the opinion of the Department at the time that the ship had been torpedoed by an enemy submarine during the night of the 24th/25th of November, 1944, as submarines were known to be operating in that area; and this has since been confirmed from German evidence. Although no survivors were found, a few bodies were recovered by later searches, due to tidal movements, some distance from the area in which "Shawinigan" was known to be operating. As a result, the position of the sinking can not be exactly ascertained, although from German evidence and the Department's computation, it is estimated to be in the vicinity of the three mile limit off Channel Head, near Port Aux Basques, Newfoundland.

Despatched by
Sec. N. B.

Date 29.8.45
Time 1430

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Dorothy G. Jones,
8502 Fort Hamilton Parkway,
BROOKLYN 9, N.Y., U.S.A.

(Approval on N.S. 0-3690, F.D.76,
See Also N.S.S. 1156-331/93.

FILE NO.: N.S. O-37510
PERS. (N)
REGISTERED

AIR MAIL

15 February, 1945.

Dear Mrs. Jones:

Further to my letter of the 7th of December, 1944, I regret to inform you that in view of the length of time which has elapsed since your husband, Lieutenant William James Jones, Royal Canadian Naval Reserve, was reported missing from H.M.C.S. "SHAWINIGAN", and as no news has since been received to the contrary, the Canadian Naval Authorities have now presumed his death to have occurred on the 24th of November, 1944.

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, the high traditions of which your husband has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Mrs. Dorothy Gross Jones,
8502 Fort Hamilton Parkway,
Brooklyn 9,
NEW YORK, N.Y. U.S.A.

Despatched by
Sec. N. B.

FEB 20 1945

Date 15.2.45
Time 1800