BURNS, ROBERT CHARLES

526979

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: ROBERT CHARLES BURNS (b) Reg'l. No.:
2. (a) Arm of service: M.G. (Inf.) Army (b) Unit: Royal Montreal Regt. (M.G.) (c) Rank: 2nd Lieut.
3. (a) Date of birth: 29 Aug 1915 (b) Have you any dependents? Wife (c) Place of residence at time of enlistment: Montreal, P.Q.
4. (a) Place of enlistment: Montreal (b) Date of enlistment: 6 Nov 1942.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 17 (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.): 4 years P.S. - 4 years H.S. To Matriculation.
7. If you attended a university, give name of university and standing or degree secured: N/A
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? English & French

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? None

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? N/A
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked: N/A (b) State how long you had worked at this trade or occupation: N/A
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified: N/A
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment: N/A
15. Give details of last employer, if any: Name: N/A Address: N/A
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): N/A
17. (a) If your last employment was in a business of your own, state nature and address of business: N/A (b) Date of discontinuing it: N/A

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: Alliance Ins. Co. of Philadelphia Address: Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Insurance Company
20. (a) Your specific occupation: Marine Underwriter (b) Number of years' experience at this occupation with any employer: 3 Years
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

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? N/A
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? N/A (c) In what provinces did you have experience? N/A

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.): N/A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: N/A

DATE: March 14 194 3 SIGNATURE: Robert C. Burns

Occup. History Form
Completed

FINGER-PRINTED

ORIGINAL
DUPLICATE
~~TRIPLICATE~~

M.F.M. 1
50M—7-42 (5451)
H.Q. 1772-39-1644

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable)

Unit [redacted] R.M.R. (MG) [redacted] Rank 2nd Lieutenant

Personal No. Name Robert Charles BURNS

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY
ATTESTATION PAPER
OFFICER'S DECLARATION PAPER

WSG COMPLETED

Also applicable to Nursing Sisters

1. Surname BURNS
2. Christian names ROBERT CHARLES
3. Present address 2886 Holt St., Rosemount, Montreal, Quebec, Canada.
4. Date of birth 28 August 1915
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Twp.)
6. Citizenship Canada (Of what country are you now a citizen)
7. Religion (state denomination) Church of England
8. Profession or occupation Marine Underwriter
9. Married, widower or single Married
10. Name of next of kin Mrs. Winifred Elsie Burns (Smith)
11. Relationship Wife SEE CHANGE INSIDE D O 297
12. Address of next of kin ~~2886-Holt-St.,-Rosemount,-Montreal,-Que.,-Canada.~~
13. (*a*) State Unit of Reserve Formation or Unit of the Canadian Army in which you are serving or have served
    2nd Bn. (Res) R.M.R. (MG)
    (*b*) Present rank 2/Lieutenant
14. Have you served in (*a*) an Active Formation or Unit of the Canadian Army? No (Yes or No)
    (If Yes, give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No
    (Yes or No) (If Yes, specify Unit and period of service)
15. Did you serve during the Great War 1914-1918? No
    (If Yes, specify Regimental particulars, Unit and dates of service)

I, Robert Charles BURNS do solemnly declare that the above particulars are true, that I hold or have been recommended for His Majesty's Commission in the Canadian Army and I am willing to serve in the Canadian Active Army if, when and so long as required.

Date 7-November-42 Robert C Burns 2nd Lt.
(Signature and rank)

CERTIFICATE OF OFFICER COMMANDING

The application of Robert Charles BURNS (Rank and name) for appointment to the No. 4 District Depot CA (Unit) with the rank of 2nd Lieutenant and appointment R.M.R. (MG) CA (was) (is) recommended, appointment to date from 7-November-42 has been approved. is recommended for approval.

Authority HQ. 54-27-20-705 (FD 13) dated 31st Oct. 42

(Signature of O.C.) (Rank)

Date 7-November-42 (S. ECHENBERG, E. D.) Colonel
(Unit) COMMANDING No. 4 DISTRICT DEPOT, (CA).

P

Occ Hist complete 8/3/44.

1401—

2

Record of service of BURNS Robert Charles
(Name)

Active Militia Unit No. 4 District Depot CA

Rank 2nd Lieutenant Date of rank 7-November-42

Highest rank for which qualified by examination 2nd Lieutenant

Languages ENGLISH & FRENCH

University or College Degrees NIL

Civil Technical Training or qualifications (specify)
NIL

Staff College NIL
Militia Staff Course NIL
Advanced Course NIL

Other military qualifications or special courses (specify)
10th Med. Bty. R.C.A. 3 Months.
C.O.T.C. Loyola 1 Yr.
R.M.R. (MG) RF 1 Yr.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment 9-11-42 4 D.D. T.O.S. No. 4 District Depot. CA.,	2/Lieut.	7-11-42	4 D.D.	Mtl.Sth.	4 D.D. PT II 270	9-11-42.
13 Nov 42 4 D.D. P.O.C. & attached for all purposes to C.A.M.G. T.C. A-17 Three Rivers, Que.	"	12 Nov 42	OTC "	"	" 274	13 Nov 42
Having been posted for qualifications is attached to O.T.C. Wing, Three Rivers, P.Q., f.a.p. including pay.	"	13-11-42	A-17	3 Rivers	D O 291	30-11-42
Address of next-of-kin changed to: 2291 Sherbrooke StlE., Apt. 3, Montreal, Quebec.	"	5 DEC 42	"	"	D O 297	5 DEC 42
Having successfully completed his course and having been recommended for promotion and appointment to rank of 2nd Lieut. (Inf.M.G.) in the C.A. (A) is hereby pending promulgation of such appointment in CARO granted the provisional rank of 2nd Lieut.	2/Lt.	13-2-43	OTC. A.17	3 Rivers	DO 40	d/13-2-43
Having successfully completed his course and having qualified 2nd Lieut. (Inf. M.G.) ceases to be attached on trans. to A.17 CMGTC	"	18-2-43	OTC.A.17	3 Rivers	DO 44	d/18-2-43
TOS AS RMR REINF on Ceas To Be att to E sec OTC WING	"	19 FEB 1943	CANADIAN MACHINE GUN TRAINING CENTRE A-17		46	20-2-43
S.O.S. on transfer to A-27 Dundurn Sask.	"	25 MAR 43	CMGTC A-17	3 Rivers, Que.	78	24 MAR 43

For additional entries use M.F.M. 1 and 2 (a)

Name in full

Part 1.

1. Age
(a) Rheum
(b) Tuber
(c) Bronc
(d) Heart
(e) Kidne
(f) Stoma
(g) Rupt
(h) Varic
(i) Foot
(j) Nasal

Part 2.

Medical C

1. Identi
2. Heigh
4. Comp
6. Chest
7. Vision
With
9. Condi
10. Blood
11. Urina
12. The a
Colour
Moder

13. Chest

Part

reported in
and Instru

Special re

GL IC

Date

Date
NOV 7 '42
5-12-4
6 Jan 4
NOV 7 '42
16 Aug 4

NOTE: Any
rar

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full BURNS ROBERT CHARLES Place MONTREAL Oct. 16/42

Part 1. Information obtained from the Applicant.

1. Age 27 2. Have you ever suffered from any of the following diseases?

(a) Rheumatism NO
(b) Tuberculosis or pleurisy NO
(c) Bronchitis or asthma NO
(d) Heart disease NO
(e) Kidney or bladder disease NO
(f) Stomach or bowel trouble NO
(g) Rupture NO
(h) Varicose veins NO
(i) Foot trouble NO
(j) Nasal trouble NO
(k) Ear disease NO
(l) Eye disease NO
(m) Fits NO
(n) Nervous or mental disease NO
(o) Syphilis NO
(p) Gonorrhoea NO
(q) Have you ever worn glasses? NO YES
(r) Are you now or have you in the past received disability pension or compensation? If so, give details NO

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

(Signature of Applicant)

Part 2. Information obtained by medical examination. THE APPLICANT MUST BE STRIPPED.

Medical Officer's remarks on information as stated in Part 1

1. Identification marks or scars 1 vac left arm
2. Height 6 feet 1¾ inches. 3. Weight 169 pounds.
4. Complexion Med. Eyes Brown Hair Brown 5. Development good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 37 inches. Range of expansion 3 inches.
7. Vision, right 20/30 left 20/30
With glasses— right left 8. Hearing, right CV 20 left CV 20
9. Condition of mouth and teeth good reflexes normal
10. Blood pressure:—S D (Required if applicant is over 35 years of age, or if otherwise indicated)
11. Urinalysis N
12. The abnormalities (congenital and pathological) found on examination are as follows:—
Color vision ishihara (CN) ears nose throat neg. J.C. Calhoun Maj.
Moderate sized inguinal glands. (Bilateral)
13. Chest X-Ray IV No. 120378 Laboratory at which taken D.P. & N.H. MTL.

Part 3. We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, except as reported in the remarks. We have examined the Applicant in accordance with the pamphlet "Physical Standards and Instructions for the Medical Examination of Recruits" and he is found fit for Category "A"

Special remarks when category lower than A

H. Glickman Capt rank (President) H. GLICKMAN CAPT
J.E. Racicot rank (Member) J.E. RACCOT M.D.
A.G. Morphy rank (Member) A.G. MORPHY M D.

Date Oct 16/42

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
NOV 7 '42	TAB.T. 7 Gibson Lt		
5-12-42	B		
6 Jan 43			
NOV 7 '42	MRC		
14-2-43	Re Inf Cert A Scan Equetto Capt		
10 Aug 43	Cat Confirmed A1		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

For additional entries use M.F.M. 1 and 2 (a)

S.O.S. OH. ST. ANSI. OF. CO. A-27 Dundurn Sask. 25 MAR 43 CMGHQ A-17 3 Rivers, Que. 78 24 MAR 43

Rank 2nd Lieutenant Surname BURNS Christian Name ROBERT CHARLES

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Dundurn		28	8	43						PLA inserted in 73465 Tk	

For additional entries use M.F.M. 1 and 2 (b).

Statement of the Service of No. ..... Rank 2/Lieut. ..... Sheet No. 1

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name BURNS R.C.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.		Authority Dated
		T.O.S. A-27 Cdn. Recce.T.C. on transfer from A-17 CMGTC 3 Rivers Que.	2/Lieut.	26-3-43	A-27	Dundurn	A-27	DO# 77	29-3-43
		Having passed the prescribed tests is Qual. as DRIVER WHEELED, TRACKED, M/C. CLASS III	2/Lieut.	19-5-43	A-27	Dundurn	A-27	DO# 123	21-5-43
		Proceeded on Annual. leave of absence for the period 28-6-43 to 11-7-43 incl. and leave of absence for the period 12-6-43 to 13-7-43 incl. No T.W.	2/Lieut.	28-6-43	A-27	Dundurn	A-27	DO# 155	25-6-43
		Returned from Annual leave of absence at 0200 hrs. 14-7-43	2/Lieut.	14-7-43	A-27	Dundurn	A-27	DO# 171	14-7-43
		Having attended course at A-27 Cdn. Recce. T.C. is Qual. as and promoted to LIEUT. C.A.C. RECCE.	Lieut.	23-6-43	A-27	Dundurn	A-27	DO# 171	14-7-43
		S.O.S. to Point of Embarkation	Lieut.	12-8-43	A-27	Dundurn	A-27	DO#197	12-8-43
T.O.S.		No.2(Temp.)Transit Camps DEBERT N.S.		13AUG43					
S.O.S.		No.2(Temp.)Transit Camps TOCDNARMYO/S		26AUG43				74A 79	18AUG 25AUG43
		SOS C.A. CANADA 27 Aug 43							
		TOS C.A. OVERSEAS 28 Aug 43							
		DISEMBARKED 1 Sept 43							
		TOS 1 CAC RH.	Lieut	3 Sept 43	1 CAC RH.	U.K	205		4 Sept 43
		On. CMHQ crse. 808. Ser. 27. AH. FAP to 3 Wing CTS	Lieut.	3 Oct 43.	1 CAC RH.	U.K.	230.		4 Oct 43
		Off CMHQ crse 808 + Qatt to CTS FAP	Lieut	19 Oct 43	1 CAC RH	U.K	243.		19 Oct 43
		Qual. Q1. on. CMHQ crse. 808 Ser 27.	Lieut.	3/19 Oct 43.	1 CAC RH	U.K.	249		26 Oct 43

Statement of the Service of No. ..... Rank Lieut ..... Sheet No. .....

Name Burns R. C.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
SOS		SOS to 32 Recce Spec I.	Lieut	30 Oct 43	1 CAEW	UK	264	11 Nov 43
	TOS	TOS from 1 CAEW	Lieut	31 Oct 43	32 Recce (59 Spec Inv.)	UK	49	17 Nov 43
SOS	M/18	SOS to 32 Can Recce Regt.	Lieut	13 Jan 44	32 Recce	UK	3	17 Jan 44
M/18	TOS	TOS from Spec. Inv 32 Recce Regt	Lieut	14 Jan 44	32 RECCE	UK	3	17 Jan 44
SOS		SOS to 29 Recce R. (Reinf Inch.)	Lieut.	18 Mar 44	32 Recce R. (Reinf)	UK.	15.	20 Mar 44
	TOS	TOS from 32 Recce Regt	Lieut	19 Mar 44	29 Recce (Reinf)	UK.	14.	25 Mar 44
		Att to 1 CAEW FAP	Lieut	3/16 Apr 44	29 Recce (Reinf)	UK.	19	27 Apr 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
C123		SOS TO X4 Inst CAC (A) (D Sqn 25 CADR)	Lieut	14 June 44	29 Recce Rgt	21 A Gp	27	22 June 44
		Embarked at UK on 22 July 44 / Disembarked at France on						
			Lieut	23 July 44	X4 CAC A.	21 A Gp.	31	24 Aug 44
SOS		SOS X-4 Inst to 29 Recce.	Lieut	12 Aug 44	X4 CAC.	21 A Gp.	32.	31 Aug 44
C100	TOS	TOS from X-4 Inst CAC.	Lieut	13 Aug 44	29 Recce	21 A Gp	37	25 Aug 44
(C92)		SOS Deceased (KILLED in ACTION)	Lieut	20 Aug 44	29 B Recce R	21 A Gp	39	8 Sept 44
		Killed	Lieut	20 Aug 44	-	AEF	A-487	8 Sept 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit R.M.R. (MG) CA Regimental Number -

1. Surname BURNS
2. Christian Names ROBERT CHARLES
3. *Substantive Rank and Appointment 2nd Lieutenant
   *Acting Temporary or Local Rank
   giving date 23-6-43

*To be entered in pencil to facilitate alteration.

4. Place of birth MONTREAL QUE CANADA.
5. Date of birth as declared on attestation 28 Aug 1915.
   (A)
6. Date of enlistment 7th nov 42.
7. Place of enlistment MTL STH QUE CANADA.
8. Residence at time of enlistment 2886 HOLT ST., Rosemont, Montreal, Que., Canada.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion CHURCH OF ENGLAND
12. If married, state date MARRIED. 6 Sep 1941.
13. Trade on enlistment MARINE UNDERWRITER.
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps CAC Unit (Battn., etc) 32 Cdn Recce Regt (RMR)

(18) Medical

Category	Date	Authority
"A"	16-10-42	MFM 1
A	10-8-43	" "

(19) Next of kin (entries to be made in pencil)
Mrs Winifred Elsie Burns (wife)
2291 Sherbrooke St. E.,
Apt. 3, Montreal, P.Q.

(20) E.
(21) E.
(22) E.

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		Unnamed	To be Lieut CAC Recce	can	23 Jun 43	Lieut	171 14 Jul 43
			SOS C.A. CANADA 27 Aug 43				
			TOS C.A. OVERSEAS 28 Aug 43				
			DISEMBARKED 1 Sep 43				
			TOS 1 CACRU	U.K.	3 Sep 43	Lieut	205 4 Sep 43.
		1 CAC RU	posted from CAC Gen List to 32 Recce Reinf.	"	5 Sept. 43	"	206 6 Sept. 43
		"	Proc. on CMHQ case 808 Ser 27 & att. to 3 (Weapons) Wing CTS	"	3 Oct. 43	"	230 4 Oct. 43
		"	Returned from CMHQ Case 808 Ser 27, Course cmpd. to 3 (Weapons) Wing CTS	UK	19 Oct. 43	"	243 19 Oct 43
		"	Having att'd case 808 Ser 27 qual. "Q-1"	"	19 Oct. 43	"	249 26 Oct. 43
		Spec. Inc	SOS to Spec. Inc. 32 Recce.	"	30 Oct. 43	"	264 11 Nov. 43
12 Nov 43	2010	32 Recce	TOS from 1 CACRU	"	31 Oct 43	"	49 — 17 Nov 43
11 Jan 44	"	"	SOS to 32 Recce Regt (B.M.R.)	"	13 Jan 44	"	5 - 17 Jan 44
"	"	32 Recce	TOS from Spec Inc	"	14 Jan 44	"	" "
16 Mar 44	2 Ech	29 CARR Reinf Inc	SOS to R.Inc 29 Armd Recce Regt	"	18 Mar 44	"	15 - 20 Mar 44
"	"		TOS from 32 Recce Regt	Field	19 Mar 44	"	14 - 25 Mar 44
3 May 44	CR	"	Awarded Canadian Volunteer Service Medal and Clasp	"	6 May 44	"	21 - 11 May 44
15 Jun 44	"	"	SOS to X-4 List CAC(C) (D. Sgt 25 ADR)	"	14 Jun 44	"	27 - 22 Jun 44
	X4 SCADR	CAC(A)	TOS from 29 CARR (SAR)	"	15 "	"	22 - 26 "
	X4 CAC	(A)	Embarked U.K. 22 Jul 44 Disembarked France 23 Jul 44			"	31 24 Aug 44
	X4 CAC	(A) D.25 CADR 29 CARR	SOS to 29 Cdn. Armd Recce Regt	Fld	12 Aug 44	"	32 31 Aug 44
			TOS from X-4 List CAC (A)	"	13 Aug 44	"	37 Aug 44
4 Sep 44	Hosp Sec	"	SO Deceased (Killed in Action)	"	20 Aug 44	"	39 Sep 44

20-8-44

AWARDS—CANADIAN ARMY (ACTIVE) M 1736

500M—1-44 (3467)
H.Q. 1772-45-8

FB

FILE No. 332-135-229

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
BURNS, Robert Charles		Lieut.	C.A.C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal CVSM & Clasp	562.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO 6275

(1) MEDALS

PERSON ENTITLED TO Mrs. Winifred E. ~~BURNS~~ Staveley (Re-married), (WIDOW)

ADDRESS: ~~2991 Sherbrooke St., E., Apt. 3, Montreal 24, P.Q.~~ Fellview Farm R.R. #1 BELLEVILLE, Ont. 17/2/49

(2) MEMORIAL CROSS

WIDOW Mrs. Winifred E. BURNS, (ENGLISH)

1736

ADDRESS: 2991 Sherbrooke St. East, Apt. 3, MONTREAL 24, Que.

(2) DESP. DEC 7 1944 REGN No. 9274

(3) MEMORIAL CROSS

MOTHER Mrs. Ethel BURNS, (MFM5) (ENGLISH)

1736

ADDRESS: 2218 Hampton Ave., N.D.G., MONTREAL, Que.

(3) DESP. DEC 7 1944 REGN No. 9275

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

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(1) Name of Officer or Other Rank BURNS
(Surname first—Christian names in full—Block capitals)
Robert Charles

(2) Regimental or Official Number and Rank 2nd Lieutenant

(3) Unit R.M.R. (MG) CA.

(4) Are you married? yes

(5) If married, state,

(*a*) Full name of your wife Mrs. Winifred Elsie BURNS (Smith)
2886 Holt Street,

(*b*) Present postal address of wife Rosemount, Que. CANADA

(6) If married, have you been regularly supporting your wife? If not—state reasons yes

(7) Are you a widower? no

(8) Have you any children? no Number of boys ..... Girls .....

Names and ages .....

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them nil

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name nil

Postal Address .....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? no

If so, state her full name and Postal Address nil

(11) Is your father alive? yes

If so, state name and address, occupation Mr. William Alfred BURNS IN ARMY B-83196

2218a Hampton AAvenue., NDG. Montreal, Que. CAN

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? nil

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment

nil

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? nil

(14) Is your mother alive? yes

If so, state name and address Mrs. Ethel BURNS

2218 a Hampton Avenue., NDG. Montreal, Que. CAN.

(15) If your mother is a widow, are you her sole or partial support? nil

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment nil

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? nil

(17) Are you contributing to the support of any dependents, other than those shown above? nil
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship nil

Full Name

Postal Address

Amount contributed monthly during the past six months nil

(18) Are you insured? yes

If so, in what Company? Prudential Life Ins.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Robert A Burns
(Signature of ~~officer or man~~)

Date Nov. 7th 1942

Officer Commanding (S. ECHENBERG, E. D.) Colonel, COMMANDING No. 4 DISTRICT DEPOT, (CA).

Date Nov. 7th 1942

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

406770 B-652

No _____ Rank Lieutenant Name BURNS, Robert Charles

Unit C.A.C. Date of death 20th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces. H.Q. 332-135-229

N/K Mrs. Winifred Elsie Burns, Relationship Widow

Address 2886 Holt St., Rosemount, ~~2991 Sherbrooke Street E., Apt. 3,~~ Montreal ~~24~~ 36, P.Q.

Remains buried in France sheet 7F/6 338282 Paint 117 Cemetery

Grave location

CHR ✓

OVER-

BURIAL REPORT TO N.K. APR 30 1946

RETURN TO BUR. OF STAT. SEP 27 1945

ROYAL MESSAGE DESP'D. OCT 19 1944

CAN. MESSAGE DESP'D. OCT 3 1944

Temp BR sent to NK & Map

REBURIAL

Bretteville-sur-Laize Cdn. Mil. Cem.
Bretteville-sur-Laize, France.

Grave 3, row A, plot 18.

HI & CR Form Despd. OCT 17 1946

Photographs Despatched SEP 24 1947

whole Form and Instructions other side before commencing to omplete.

C.6-B-796

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Robert Charles BURNS (Name in Full), of the city (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County/District of Jacques-Cartier

Province of Quebec, Marine Underwriter (Civil Occupation)

Regimental No 2nd lieutenant, Unit R.M.R. (MG) CA., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "MY WIFE"

Mrs.Winifred Elsie BURNS (Smith)

Residing at:- 2886 Holt Street,
Rosemount, Montreal, Que. CANADA

RCB.

All my estate both real and personal

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

RCB.

(4) I appoint ..... (Name) (Address)

..... (Civil Occupation), to be the Executor/Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 7th day of Nov. 19 42.

Signed and acknowledged by the Testator, 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 hereunto subscribed our names as witnesses.

Robert C Burns (Signature of soldier)

First witness sign here.

(5) Signature M. Costan
Civil Address 1920 St Joseph Blvd E. Montreal Que
Civil Occupation Merchant.

Second witness sign here.

Signature N.D. Rochberg
Civil Address 23 Henry St. Toronto Ont.
Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

H.P. 332-135-229.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER

RANK Lieutenant

SERVICE UNIT 29th Armoured Reconnaissance Regiment C.A.C.(CA)

NAME BURNS, Robert Charles

DATE OF BIRTH DAY 28th MONTH August YEAR 1915

Date enlisted: 7-11-42

MARITAL STATUS Married

Religion: Church of England

NEXT OF KIN AS SHOWN ON NOS. 1, 1, 2 & 5 RELATIONSHIP Wife

NAME ADDRESS D.A.B. Mrs. Winifred Elsie Burns

ADDRESS 2991 Sherbrooke St.E.Apt.3 Montreal,24 Que.

OPTIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 161-A H.Q.332-135-229

CASUALTY DETAILS Killed in action

DATE 20-8-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MCL YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 11-9-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

CANADIAN TRAINING SCHOOL
No. 3 (WEAPONS) WING

C.M.H.Q. COURSE No. 808 SERIAL 27 (MODIFIED COURSE) (2 WEEKS) NAME 3" Mortar 3 Oct to 19 Oct 43.

REGT No. _____ RANK Lt NAME R.C. Burns.

UNIT 32 Recce (RMR)/1 CACRU QUALIFICATION "Q1"

REMARKS: This officer has worked hard on the course and his progress has been satisfactory. He is keen and is very willing to learn. He requires more experience before being given command of a mortar platoon. His instructional ability is quite good.

D. - Distinguished :- Excellent knowledge of this subject. Capable of organizing, supervising and instructing at a school of instruction.

Q.1.- :- Capable of instructing at a School of Instruction, and organizing courses in this subject within his Unit.

Q.2.- :- Qualified to instruct with supervision and requires further experience and training as an instructor.

F. - Failed :- Not sufficient knowledge and experience to carry out the duties of an instructor.

CENTRAL REGISTRY
2 OCT 1943
.....Hrs.
PAY RECORDS

(J.T. Harper) Major, PPCLI
O.C. No. 3 (WEAPONS) Wing.

DUPLICATE

Battery No 340

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

5509

UNIT 10th Medium Battery REGTL. No.

1. Surname? (Block letters) BURNS
2. Christian names? ROBERT CHARLES
3. Present address? 2218 Hampton
   Phone No. EL 8465
4. Date of Birth?* 28/8/15
5. British subject? Yes
6. Occupation? Clerk
7. Religion? Protestant
8. Next of Kin W. BURNS
9. Relationship? Father
   Address as above
10. Previous Naval, Military or Air Force Service
    (Give particulars, qualifications, etc.)

— None —

CERTIFICATE OF MEDICAL EXAMINATION

Height 6' 2½" Weight 173 Chest max 39 min 36½

Descriptive marks

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit Category B Medical

Date Aug 13. 1940 Signature (Signed)

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Robert C. Burns do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, Robert C. Burns do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

(Signed) (Signed)

Signature of Witness Signature of Man

Dated this Fifteenth day of August 19 40 at Montreal

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

(Signed)

Signature of Magistrate, Justice of Peace, or Attesting Officer.

M.F.B. 235d

*To be shown day, month, year—Example:—25-8-39.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....	15/8/40	Bty orders 120	LOR Munro Lt Col Officer Commanding Unit 10 Med Bty
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

Bn. H.Q. #2

Ha 7101

apt 3 2291 SHERBROOKE ST. E

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 2nd. BATT'N. ROYAL MONTREAL REGT. REGTL. No. 526979

1. Surname? (Block letters) BURNS
2. Christian names? ROBERT CHARLES
3. Present address? ~~[illegible] HOLT ST. ROSEMOUNT, MTL~~
   Phone No. FR ~~[illegible]~~ 5752
4. Date of Birth?* 28. 8. 15
5. British subject? Montreal
6. Occupation? Underwriter
7. Religion? C of E
8. Next of Kin Mrs R. C. Burns
9. Relationship? Wife
   Address as above
10. Previous Naval, Military or Air Force Service
    (Give particulars, qualifications, etc.)
    LOYOLA COTC, 5 Mt Rifle 1941

R. 60/20 L. 30/20

CERTIFICATE OF MEDICAL EXAMINATION

Height 6' 2" Weight 185 Chest max 38 1/2 min 36

Descriptive marks none.

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him Category A

Date Oct 21/41 Signature [illegible]

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned R C Burns do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, R C Burns do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

[illegible] R C Burns

Signature of Witness Signature of Man

Dated this 20th day of Oct 19 41 at Westmount

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

[illegible]

Signature of Magistrate, Justice of Peace, or Attesting Officer.

M.F.B. 235d

*To be shown day, month, year—Example:—25-8-39.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....	21.10.41	Pt.11 0.48 31.10.41	Officer Commanding Unit R.M.R.
nd posted to Bn.HQs.			
B/s forwarded 12.11.41			
Proceeded on command to COTC (EC) Brockville., to attend Practical Portion for Qual. 2/Lt. (RF) M.G. (Auth: HQ's MD 4. M.2-2-126,d/15.1.42.)	30.1.42	Pt.2.No.5. 7.2.42.	Capt Paot
Returned from On Command to Brockville	12.2.42	Pt.11 0.6 14.2.42	
PROCEEDED TO FARNHAM.....	28-6-42		
RETURNED FROM FARNHAM.....	11-7-42		
S.O.S. on appointment to a commission	15.7.42	Pt.2 No.36 13.8.42.	Chairman Limit + Aut adj't
T.O.S. on appointment to the rank of 2/Lieut.(Supernumery) ~~and posted to No. 1 Co.~~	16.7.42	Pt.2 No.36 13.8.42.	Chairman Limit + Aut adj't
Medals and Decorations	AP&R No. 31 of 1942 MD 4 D.O.Pt.11, No. 48, d/2.9.42		
do		Pt.11 0.2 16.1.42	
Qualified 2/Lieut. Infantry 70.8.41 218/300 Q.			
Wrote MG Phase I 14/12/41			
M.G. Practical Brockville 63/100 Qualified 2/Lieut Int MG(R.F)			
cert No 110939 d 12.2.42		Pt.2 No. 9 27/2/42 18.3.42. (D.O. PT. I, d/8.9.42)	
"M" TESTED OCT/42 - HIGHLY RECOMMENDED			

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M.F.B. 235

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			Officer Commanding Unit.....
From No. 1 Co. to No. 2 Co.	29.9.42	Pt.11 0.4 29.9.42	A.W. Hodges Capt
SOD as RMR Reinforcement Officer Candidate to attend A-17 CMGTC Three Rivers, Que. (NDHQs 54-27-20-705- FD 13 d/ MA&QMG MD 4 M. 8-1-54-733 (A	7.11.42 31.10.42 (PSO) d/	Pt.11 0.50 14.11.42 4.11.42	A.W. Hodges Capt Adj

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Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			..... Officer Commanding
.....			Unit.....

I hereby assign to the Regimental Fund of the 2nd Bn. Royal Montreal Regiment (MG) (R)C.A. all pay and allowances due me for annual training while serving with the said unit.

J. Watson ..... R. C. Burns .....

Signature of Witness — Signature of Man

Dated this 21 day of October 1941

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

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