A104166
WEBSTER
HOWARD

DUPLICATE

...Checked...E...Card...✓...Observati...

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

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

Unit ~~No. 1 District Depot (AF) Can. List.~~ Regimental Number A-104166

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

01
PTE

ATTESTATION PAPER

C.A.A.

1. Surname: WEBSTER
2. Christian Names: HOWARD ARLINGTON.
3. Present address: R.R. #1 Arris, Ontario, Canada.
4. Date of birth: 11th, November, 1912
5. Place of birth: Canada (Country) Quebec (County or Province) Bury. (Town or Township)
6. Religion (state denomination): Church of England.
7. Trade or Calling: Motor Mechanic.
8. Married, Widower or Single: Married.
9. Name of next of kin: Mrs. Ada Mary W E B S T E R
10. Relationship: Wife.
11. Address of next of kin: R.R. # 1 Arris, Ontario, Canada.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No.
    (If Yes, Give Unit and Dates of Service)
13. 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)
14. Did you serve during the Great War 1914-1918? No.
    (If Yes, specify Regimental No., Unit and Dates of Service)

OCCUPATIONAL HISTORY FORM COMPLETED.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, HOWARD ARLINGTON W E B S T E R, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 25th Aug. 1942 Howard Arlington Webster.
(Signature of recruit)

WITNESS: J.E. Valliéres

J.E. VALLIERES C.S.M. OATH TO BE TAKEN BY MAN ON ATTESTATION

I, HOWARD ARLINGTON W E B S T E R do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Howard Arlington Webster.
(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR 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 as provided by law.

The above questions and answers 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 as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at London, Ont. Can. this 25th day of Aug. 19 42

E.A. Smith Capt.
{Signature of Magistrate, Justice or Attesting Officer.

FOR O.C. NO.1 DIST. DEPOT (AF)
{Officer or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

FINGERPRINTED—CAIB

P

Record of Service of WEBSTER (Surname) HOWARD ARLINGTON (Christian Names) Regimental Number A-104166

Qualifications		Educational Qualifications			
Military	NIL	High School or Collegiate	NIL (years completed)	Graduation or Matriculation	NIL (specify)
Business or Professional	NIL				
Trade or Civil	MOTOR MECHANIC	*College	NIL		
Technical	FARMER	*University	NIL		
Languages	ENGLISH				

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	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						
25-8-42	Civ.Life	T.O.S. NO.1 DIST.DEPOT (AF) GEN.LIST	PTE.	25-8-42	No.1 DD	London	DO# 239	27-8-42
29-8-42	#1DD	SOS #1DD(AF) on trans. to #12BTC CHATHAM INF (M)	"	30-8-42	"	"	DO# 241	29-8-42
31-8-42	#12 BTC	TOS #12 BTC for all purposes and allocated to		31-8-42	#12bTC	Chatham	PT II # 90	31-8-42
27-10-42	12BTC	S.O.S. on transfer to A10 Camp Borden, Ontario	"	27-10-42	"	"	Pt. I, #115	27-10-42
		TOS on trans from #12 BTC Chatham, Ont.	"	28-10-42	AllIATC	BORDEN	D.O. #261	2-11-42
		Granted 5 days Xmas leave & .50¢ per diem	"	22-12-42	"	"	" 299-A	16-12-42
		Having passed prescribed tests at A-11 IATC the a/m is qualified as Driver IC Class III	"	23-1-43	"	"	" 19	23-1-43
		Granted 4 mos. increase in pay	"	1 Jan 43	"	"	D.O. 25A	30 Jan 43
		"On Command" and att'd f.a.p. to No.2 V. T.S. Toronto to attend 16 Automotive Training Course at International Harvester	"	22 Feb 43	"	"	" 44	22 Feb 43
		Att'd to #2 VTS f.a.p.i.p. from A-11 I. (A) T.C. Camp Borden, Ont.	"	23-2-43	V.T.S.	TORONTO	D.O. #46	23-2-43
		Granted new rate of pay at $1.50 per day	"	25-2-43	"	"	D.O. #68A	20-3-43

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full WEBSTER, Howard Arlington Place London, Ont.

Place R.R. #1, Anis, Ont. Date Aug. 18/42

Part 1. Information obtained from the recruit.

1. Age 29 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
r. Are you now or have you in the past received disability pension or compensation? If so, give details ..... no

.....
Signature of Applicant.

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

1. Identification marks or scars. (If operative obtain history).
Scar ¾" long dorsal surface proximal phalanx 3rd left finger. Scar rt. forearm arm flexor surface 1½" long.

2. Height 5 feet 6¾ inches. 3. Weight 141 pounds.

4. Complexion fair Eyes hazel Hair lt. brown

5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 37 inches.
Range of expansion 2½ inches.

7. Vision, right 20/20 left 20/20
With Glasses— right ..... left .....

8. Hearing, right 20/cv left 20/cv

9. Condition of mouth and teeth All molars and some upper incisors missing.

10. The abnormalities (congenital and pathological) found on examination are as follows .....

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 Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category A T

Special remarks when category lower than A .....

A.W.Gregory, Major (President) J.H.Beattie, Capt. (Member) J.McCabe, Capt. (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
Aug. 18/42	Normal, ears, reflexes, cat. A T A.W.G.		
Aug. 19/42	X-ray chest neg. 96/ A.W.G.		
26.8.42	VACC.		
26.8.42	TABTHS		
15.9.42			
6.10.42			
JAN 6 1943	RE-EXAMINED CAT. A CONFIRMED		

CERTIFIED TO BE A TRUE COPY OF ORIGINAL

A.W.Gregory Major
President of Med. Board

August 42
Date

Regtl. No. A-104166 Rank Pte. Surname W E B S T E R Christian Name HOWARD ALRINGTON

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				

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

CONTINUATION CARD M.F.M. 14

Regimental No. A-104166 Name Webster H. A.

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
46	14/9/43	T.O.S. SD + G off 10 Sept 43.
56	8-11-43	7 days Ph & RA off 21-27 Oct 43
7	2-2-44	10 DAYS Ph & RA 22-31 JAN 44
21	21-3-44	AWARDED CVSM & clasp 28/2/44
CR	50	SOS to X list SD & G, 5 Aug Killed

M.F.M.—14A
40/P&S/67 (3129)

No. A-104166 RANK Pte. NAME WEBSTER Howard Arlington *Married *Widower *Single XX

Place of { *Appointment, *Enlistment } London Ontario Date of { *Appointment *Enlistment } 25-8-[redacted]

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
239	27-8-42	Pte		A.S	1.30		
25A	30.1.43	"		"	1.40		>
68a	20.3.43	Pte	n a	a.s.	1.50	effect 25-2-43	
93	20.4.43	"	"C"		1.75		wef 3.4.43

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount	
WEBSTER Ada Mary R.R.# 1	Arris		
Ont.(Wife) ~~Sept/42~~	1.9.42	~~20.00~~	
[redacted]			
	1-5-43	23	—
6 Vict. Loan May-Oct ~~Nov~~ 1944	~~April~~	8	40
	Total.....		

DEPENDENTS' ALLCES.

No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
	.Wife &	47.00	
	1 child		

*Outfit / *Clothing } Allce. $.....Paid on.....

Rehabilitation Grant $.....Paid on.....

*Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $.....P.A.

Occupational Form Completed.....7 Days

CASUALTIES, ETC.

Part II D.O. No.	Date	
239	27-8-42	TOS No 1 DD London eff 25-8-42 C section
241	29-8-42	SOS to #12 BTC Chatham, Ont. Eff 30-8-42
90	31-8-42	TOS NO. 12 BTC CA(A) on trans. from No.1 D.D. (London, Ont.,) Eff. 31-8-42.
115	27-10-42	SOS # 12 BTCCA(A) on transfer to ATC A-10 Camp Borden, Ont. eff. 27-10-42 (Inf. (Motors)
261	2-11-42	TOS A 11 I. (A). T. C. EFF 28-10-42
19	23-1-43	Qualified tradesman Driver U.C. class III eff 23-1-Jan.
44	22.2.43	SOS A 11 C.I.T.C. to No 2 V.T.S. Toronto eff 22-2-43
46	23-2-43	Attached To VTS No 2 all surs. inc. Day effect 23-2-43
81	5-4-43	SOS No 2 VTS. on return to A11-1(A)TC. Borden - 5-4-43
86	12.4.43	TOS A-11 C.I.T.C eff 6.4.43
88	14.4.43	Grtd 14 days fuel & meal allow 19-4-43 to 2-5-43
91	17.4.43	Qualified tradesman Driver Mechanic Group "C" Grade I wef 13.4.43
93	20.4.43	Trades Pay Group C wef 13.4.43
110 A	11-5-43	S.O.S. A11 I (A) TC wef 11-5-43 (Overseas)
79	26-5-43	TOS C.A.O/S wef 24-5-43, 5 C.I.R.U wef 23-5-43
119	19-[illegible]-43.	Trade tested as Dvr. Mech U.P.C. and passed wef 13 July 43.
162.	10.9.43	S.O.S. to S.D. & G. Field wef. 9 Sept 43.

No A.104166 Rank Private Name WEBSTER, Howard Arlington

Unit S. D. &. G. Highrs. Date of death 15th August, 1944

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-W-8106

N/K Mrs. Ada M. Webster, Relationship Widow

Address R. R.#1, Arris, Ontario.

Remains buried in Cdn Mil Temp Cem Mondeville 7F/1 Cemetery

088670 P 4 R B G 24

Grave location France

CHK

OVER

BURIAL REPORT TO N.K. APR 16 1946

RETURN TO BUR. OF STAT. JUL 13 1945

ROYAL MESSAGE DESP'D. OCT 27

CAN. MESSAGE DESP'D. SEP 14 1944

Temp BR sent to NK & Ma

REBURIAL

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

Grave 4, Row A, Plot 7.

HI & CR Form Despd. FEB 8 1947

Photographs
Despatched
OCT 8 1947

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Howard Arlington WEBSTER (b) Reg'l. No. A-104166
2. (a) Arm of service Army (b) Unit NO.1 D.D.(AF) GEN.LIST (c) Rank PTE.
3. (a) Date of birth 11 Nov.1912 (b) Have you any dependents? YES (c) Place of residence at time of enlistment Arva,Ont.Can.
4. (a) Place of enlistment London, Ont. Can (b) Date of enlistment 25th Aug.1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 yrs. (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.) Entrance
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? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

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

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

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

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

18. Name of employer Sterling Rubber Address Guelph, Ont. Can.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Seamless rubber goods
20. (a) Your specific occupation Dipper (b) Number of years' experience at this occupation with any employer 5 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? N.A. (c) Do you wish to return to your former employment? NO

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? YES (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? MIXED
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 5 yrs. (c) In what provinces did you have experience? Ontario

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 NO

DATE 25th Aug. 194.... SIGNATURE Howard Arlington Webster

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

PART I (For all ranks)

Unit No.1 Dist.Depot (AF) ~~Gen.List~~ [illegible] Regimental Number A-104166

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	WEBSTER		
2. Christian Names	Howard Arlington	No.1 DD(AF)Gen.List.	
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank giving date	pte		
*To be entered in pencil to facilitate alteration.			
4. Place of birth	Bury,Que,Can.	(18) Medical	
5. Date of birth as declared on attestation (A)	11 Nov.1912		
6. Date of enlistment	25th Aug.1942		
7. Place of enlistment	London,Ont.Can.		
8. Residence at time of enlistment	Arris,Ont.Can.		
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	21st Sept. 1940		
13. Trade on enlistment	MOTOR MECHANIC.		
14. Corps, trade and grade			
15. (D) Qualifications	Dr Mech "C"		
16. (E) Miscellaneous entries			

Category	Date	Authority
A 1	18-8-42	Medical Board.

(19) Next of kin (entries to be made in pencil) (Wife)
Mrs Ada Mary Webster
[illegible] #1 Arris Ont.

(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
			Dvr Mech Class 1 Group C				
			S.O.S. C.A.(A.F.) CANADA ON				
			EMBARKATION ON 13 May 43				
			T.O.S. C.A.(A.F.) OVERSEAS ON				
			TRANSFER ON 14 May 43				
			AND DISEMBARKED ON 22 May 43				
		5 C.I.R.U.	T.O.S. — 5 C.I.R.U.	U.K.	23 May 43	Pte	79 26 May 43
		5 C.I.R.U.	Continues to draw trades pay Dr Mech "C"	U.K.	23 May 43	Pte	93 15 June 43.
		"	Tde Tested as Mech Dvr Gpl "C" and pass	U.K.	13 July 43	Pte	119 19 July 43
SOS		5 C.I.R.U.	S.O.S. to S.D. & G. Highrs.	U.K.	9 Sep 43	Pte	162 10 Sep 43.
9 Sep 43	O.C.	S.D. & G.	T.O.S. from 5 C.I.R.U.	Fd	10 Sep 43	"	46 — Sep 43
15 Mar 44	O.C.	S.D. & G.	Awd the C.V.S.M. & Clasp	Fd	25 Feb 44	Pte	21 — Mar 44.
		Embarked U.K.	Disembarked France				
20 aug 44	OC	S.D.&G.H.	was killed in action (Mech "C")	fd	15 aug 44	pte	47 aug 44

Regimental No. A-104166 Rank Pte Sheet No. 2

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name WEBSTER, H.A.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Ceases to be att'd to #2 VTS f.a.p.i.p. on return to A-11 I. A. T.C. C. Borden, Ont.	Pte	5-4-43	#2 VTS	TORONTO	#81	5-4-43
Returned for all purposes - ceasing to be "On Command" f.a.p. to Voc. Training School M.D.2, Toronto, Ont.	"	6 Apr 43	All CITC	Borden	#86	12 Apr 43
Granted 14 days furlough from 19 APR 43 until 2 MAY 43	"	19APR43	"	"	88	14APR43
Qualified as Driver Mechanics Group "C" Grade 1	"	13APR43	"	"	91	17APR43
S.O.S. on proceeding to #5 C.I.R.U. as Renf. to Gen. Serv.	"	11 May 43	"	"	110-A	11 May 43
S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 13 may 43 T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 14 may 43 AND DISEMBARKED ON 22 may 43						
T.O.S. — 5 C.I.R.U.	Pte	23 may 43	5 C.I.R.U.	U.K.	79	26 may 43
Continue to draw Trds pay as Dr. Mech. Gp "C".	Pte.	23 May 43	5 C.I.R.U.	U.K	93	15 June 43
T/Tested to S/Dr/Mech. Gp C.	Pte	13 July 43	5 C.I.R.U.	U.K	119	19 July 43.
S.O.S.	Pte	9 Sept 43.	5 C.I.R.U.	U.K.	162.	16 Sept 43
T.O.S.	Pte	10 Sept 43	S.D. & G.H.	U.K	46	14 Sept 43
Embarked at U.K. on France	Pte	9 June 44	S.D. & G.H.	21 A.G.P.	40	14 June 44
Disembarked at AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	Pte	25 Feb 44	S.D. & G.H.	U.K.	21	21 Mar 44
Embarked at U.K. on		4 June 44				
Disembarked at France on	Pte	6 June 44	S.D. & G.H.	21 A.G.	40.	14 July 44
Killed	Pte	15 Aug 44	S.D. & G.H.	A.E.F.	D-48	27 Aug 44

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.

---

(1) Name of Officer or Other Rank.....WEBSTER HOWARD ARLINGTON
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank.....A-104166 Pte.

(3) Unit.....NO.I D.D.(AF) GEN.LIST

(4) Are you married?.....YES

(5) If married, state,

(*a*) Full name of your wife.....Mrs. Ada Mary WEBSTER

(*b*) Present postal address of wife.....R.R.#1, Arris, Ont. Can.

(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?.....YES..... Number of boys.....I (ONE)..... Girls.....NIL.....

Names and ages.....Robery Wayne WEBSTER 1 yr.

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

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

Name.....Mrs. Ada Mary WEBSTER

Postal Address.....R.R.#1, Arris, Ont. Can.

[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 N.A.

(11) Is your father alive? YES

If so, state name and address, occupation Mr. Samuel WEBSTER (Farmer) R.R.#4, Acton, Ont. Can.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(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. N.A.

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

(14) Is your mother alive? YES

If so, state name and address Mrs. Enid WEBSTER R.R.#4, Acton, Ont. Can.

(15) If your mother is a widow, are you her sole or partial support? NO

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

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? N.A.

(17) Are you contributing to the support of any dependents, other than those shown above? NO
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 N.A.

Full Name N.A.

Postal Address N.A.

Amount contributed monthly during the past six months N.A.

(18) Are you insured? YES

If so, in what Company? GREAT WEST 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.

Howard Arlington Webster
(Signature of officer or man)

Date 25th Aug. 1942

C. A. Smith Capt.
for Officer Commanding
No. 1 DISTRICT DEPOT (A. F.)

Date 25th Aug. 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.)

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Howard Arlington Webster, of the Village
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Arris, in the County District of Wellington

Province of Ontario, Motor Mechanic
(Civil Occupation)

Regimental No A-104166, Unit No.1 DD(AF) Gen. Hist. 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. Ada Mary Webster
R.R. No.1 Arris, Ont. Can.

"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

(4) I appoint Mrs. Ada Mary Webster, R.R. No.1 Arris, Ont. Can.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 26 day of August 1942

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.

Howard Arlington Webster.
(Signature of soldier)

First witness sign here.

(5) Signature R.M. Wade Cpl.
Civil Address 51 Communist London Ont.
Civil Occupation stockkeeper

Second witness sign here.

Signature P. Whitney Pte
Civil Address 30 Byron Ave London Ont.
Civil Occupation Bell Tel. Op.

(Witnesses are not to be beneficiaries.)

[OVER]

E [illegible]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

COMPLETION AND RETURN BY

Mrs; Ada M. Webster,
R.R. #1,
Arris,
Ontario.

Form P. 64

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. 405-W-8106 FD-414

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Oct., 3, 1944

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

WEBSTER Howard Arlington Pte.

A.104166 CA

ESTATES BRANCH
OCT 31 1944
H.Q.
OTTAWA.
DEPARTMENT OF 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.

GHF/HS

H. Griffith Capt.
for Director of Estates.

M.F.W. 77
6-44 (4878)
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		Webster. Ada Mary	29	R.R #1 Ariss. Ont.
2	Children of the Deceased and dates of their Births		Webster. Robert-Wayne	3	R.R #1 Ariss Ont.
3	Father of the Deceased		Webster. Samuel Harold.	56	Acton R.R 4. Ont.
4	Mother of the Deceased		Webster. Sylvia Enid. (deceased Oct-9th 1944)	54.	
5	Brothers of the Deceased	Full Blood	Webster. Lawrence Fulton	29	R.R 4 Acton Ont.
			Webster. Clifford. H Bennett	24	Overseas.
			Webster. Walter Lewis.	13.	R.R 4 Acton Ont.
			Webster. Rayner.	11	R.R 4 Acton Ont.
		Half Blood	N/a.		
6	Sisters of the Deceased	Full Blood	Ellerby. Linnie Maxine	34	Acton Ont.
			Barr. Signa Laurine	27	R.R 2 Acton Ont.
			Webster Verna Mildred	21	R.R 4 Acton Ont.
		Half Blood	N/a.		

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

8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Howard Arlington.
9	Date of his birth.	Nov 22nd 1912
10	Place and date of his marriage.	Caledonia. Ont. Sept 21st 1940.
11	Place and date of his parents' marriage.	Bury Que. October 20th 1908

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Bury Quebec.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec 7 years. (b) Ontario Acton 18 years (c) (d) Ontario Guelph. 5 years Army 2 years
14	Nature of employment before enlistment.	Stirling Rubber Co. Guelph Ont.
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.	Not decided on.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes. Made while in the Army.
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?	N/A.
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?	Had no bank account or other deposits.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$65. par value. Held by his widow.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50. Bearer Bond. Held by Widow. $50 while in Army and being paid for out of Pay.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Great West. Life Assn Co 2 policies $1000.00 under each policy. Widow named as beneficiary.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Such personal assets as clothes. Of small value.

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.	no debts incurred so far as is known.
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.	no.

(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.

Mrs. Ada M. Webster ..... Signature of Informant

..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Ada M. Webster {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 Guelph this 28th day of October 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. S. J. Brownlee Qualification Lieut. C. of S.

Address 99 Woolwich St. - Guelph. Ont.

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

14th September, 1944.

Mrs. Ada M. Webster,
R.R. #1,
Arris, Ontario.

Dear Mrs. Webster:

It was with deep regret that I learned of the death of your husband, A104166 Private Howard Arlington Webster, who gave his life in the Service of his Country in the Western European Theatre of War on the 15th day of August, 1944.

From official information we have received, your husband was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON
Major - General
Adjutant - General

SEP 12 19[illegible]

(H.F.G. Letson),
Major-General,
Adjutant-General.

/EMA

BHC.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER A104166 RANK Private SERVICE UNIT Stormont, Dundas & Glengarry Highlanders (CA)

NAME WEBSTER, Howard Arlington

DATE OF BIRTH DAY 11-11-1912 MONTH ---------- YEAR ------- Date of Enlistment: 25-8-42

MARITAL STATUS Married Religion: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Ada M. Webster

ADDRESS R.R. # 1, Arris, Ontario. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9721 H.Q.405-W-8106

CASUALTY DETAILS Killed in action DATE 15-8-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? PER YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 31-8-44

Dorothy Lind

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

FORM No. 1

Regis[illegible]r No. ..... Nominal Roll No. .....

H.Q. File No. 4D5-W-8106

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
A-104166	Pte	WEBSTER	Howard Arlington

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Killed in Action ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 25 Aug 42	T.O.S.	T.O.S.
S.O.S. 15 Aug 44 MD 40/5	S.O.S. MD	S.O.S. MD
Total Days 722	Total Days	Total Days

Total Service 722 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	262	—	262
Overseas Service	460	—	460
Totals	722	—	
Add Non-qualifying Service			—
Total Service			722

T.OS. 14 MAY 43

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 15 AUG 44 2. Date S.O.S. Overseas .....

KILLED IN ACTION 15 AUG-44

REMARKS:

Computer's Signature ..... [signature]

Checker's Signature ..... [signature]

Date Computed 17 Apr 45

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

[signature]
C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

23

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total

Total ....

Overseas: T.O.S. 14 MAY 43 T.O.S. .... T.O.S. ....

S.O.S. 15 AUG 44 S.O.S. .... S.O.S. ....

Total ....

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Howard Arlington (CHRISTIAN NAMES) WEBSTER (SURNAME)

REGISTER NO. D-3099
FILE NO. 405-W-8106
DATE 14-6-45
SERVICE NO. A-104166
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 15-8-44

PAYEE Mrs. Ada M. WEBSTER,
ADDRESS R.R. # 1,
Arisa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 15-8-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 722/30 EQUAL TO 24 COMPLETE PERIODS AT $7.50	180.00	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 460 LESS 2 INELIGIBLE DAYS, EQUAL TO 458 DAYS @ 25c. PER DAY	114.50	
	SEE PAR. 2 OVERLEAF FOR EXPLANATION		
		294.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY	$ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25		
ADDITIONAL PAY	$ .25		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12	$ 1.70		
TOTAL	$ 4.70 X7 = $ 32.90		
NO. OF DAYS 460/183	X $ 32.90	82.70	
D. WAR SERVICE GRATUITY		377.20	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		377.20	

RECEIVED
JUN 20 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
[redacted]			

SERVICE REPRESENTATIVE

H.Q. 405-W-8106 D.R. 2(D)

5th July, 1945.

Mrs. Ada M. Webster,
R.R. #1,
Arris, Ont.

Dear Madam:

Information has now been received from the overseas military authorities that your husband A104166 Private Howard Arlington Webster, was buried with religious rites in grave 24, row B, plot 4, of a temporary Military Cemetery located at Mondeville, just across the Orne River from Caen, in the Department of Calvados (Normandy), France.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

JJJ

29

Form 6

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number
For use of Registrar General only.

JUL 13 1945

1. PLACE OF DEATH
City, Town or Village of IN THE FIELD (FRANCE) Street
(If death occurred in a hospital or institution, give the name instead of street and number)
Township of County or District of

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED [illegible] (Surname or last name) Howard Arlington (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of Arnis Street R.R. No.1
Township of County or District of Province of Ont.

5. SEX	**6.** CITIZENSHIP (See marginal note)	**7.** RACIAL ORIGIN (See marginal note)	**8.** Single, Married, Widowed or Divorced (Write the word)	**9.** BIRTHPLACE (Province or Country)
M			Married	Que.

10. Date of Birth (Month by name)	(Day)	(Year)	**11.** AGE	Years	Months	Days	If less than one day
Nov.	11th	1912		31			hrs. or min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Motor Mechanic
(b) Kind of industry or business, as paper mill, lumber, bank, etc.
(If "Labourer" specify kind of work above)

13. Date deceased last worked at this occupation

14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased

16. Name of father (Surname or last name) (Given or Christian names)

17. Maiden name of mother (Surname or last name) (Given or Christian names)

18. Birthplace:
Father (Province or Country) Mother (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at , this day of 19

Signature of informant Relationship to deceased

Address Director of Records, Dept. of National Defence

20. Burial, Cremation or Removal Date (Month by name) (Day) (Year)

Place of Burial France (Municipality) Cemetery

Burial Permit was issued by Address

21. Funeral Director:
Name Address

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August (Month by name) 15th (Day) 1944 (Year)

24. I HEREBY CERTIFY that I attended deceased from 19
to 19, and last saw h alive on 19

I	CAUSE OF DEATH	DURATION Yrs.	Mos.	Dys.
Immediate cause — Give disease, injury or complication which caused death, NOT the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Killed in action			
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)			
	due to			
	(c)			
II				
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.				

OVERSEAS CASUALTY CANADIAN ARMY

25. If a woman, was the death associated with pregnancy? Duration weeks. Was there a delivery?

26. Was there a surgical operation? Date of operation 19
State findings Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) Date of injury 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Signed by **Designation** M.D., Coroner, etc.
Address **Date** 19

Division Registrar's Record No.
Date of Registration 19 (For use of Division Registrar only) (Signature of Division Registrar)

30

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

MILITIA BOOK M 1

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

A/104/66
Helster
Carmichan B.7466
Maryory Small

M. 1 (Part I) Revised 1-10-42
2 (5040-2 & 5232)
)-1672

RVICE BOOK

ia Book M. 1 (Part II)
ıctive service.)

her than those on page 24
M. 1, connected with the
rm of Will) is to be made
the Officer Commanding
ıpany to which the man

ıtries will be initialled by

—

TO SOLDIER

lly responsible for the safe

this book on your person
service.

ok whenever called upon to
ry authority, viz.: Officer,
litary Policeman.

ake any entry in this book
ı of Will on page 24; see
), and disobedience of this
us offence.

t any entry is lacking or
ıe book, you will report the
tary superior.

retain this book after dis-
rvices, but should you lose
not be replaced.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. A 104166.

Surname (in capitals) WEBSTER.

Christian Names (in full) Howard Arlington

Date of Birth 11 Nov 1912.

Place of Birth Bury Que. Canada.

Citizenship Canadian

Trade on Enlistment Motor Mechanic

Nationality of Father at Birth British

Nationality of Mother at Birth British

Religion Anglican

Enlisted at London Ontario Canada

Date 25 Aug 142.

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. Nil

Signature of Soldier H A Webster

Signature of Officer J L Pierce Lieut

Place Camp Borden Ontario Date 30/4/43

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
	Wife	Ada Mary Kelsater	
1st	Children	Gilbert Kelsater	
	Father	Samuel Kelsater	
2nd	Mother	Enid Kelsater	
3rd	*Brothers and Sisters	Laurence Kelsater Seymour Kelsater Walter Kelsater Clifford Kelsater Raimond Kelsater	
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full

R.R.#1 Harris Ont Canada
~~HARRIS~~ ARISS ONT.
DITTO.

RR#4 Acton Ontario Canada
Ditto
Ditto
Ditto
C.O.C. R.R.#4 Acton Ontario

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
25-8-42	Pte		#239	J R Purshaul

(VI) **Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas**

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

Completed Basic Trng (Inf) as per standard syllabus 30-11-42

Advanced Trng Completed (Inf) as per syllabus for C.I.T.C 23-1-43

J Ahtwood Lieut

Qualified in addition as under:—

Basic & Advanced Trng completed at 5 C.C.I.R.U. 8 Sep 43 B Thos Lieut

Date.....

Commanding Jim MacLeod Lt

*If no further training required, strike out words in italics and initial

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
D.V.R. I.C. CLASS III (WXT) D.O. 19.	23/1/43	J.R. Pearson Lieut
Dvr. Mech. Gp.C. D.O. 19. 14/4/43	13 July 43	J.R. Pearson Lieut

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1942	2nd	Rifle		J.R. Pearson Lieut
1942	2nd	L.M.G.		J.R. Pearson Lieut

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Pub. School Ent.	Acton Ont.	1926	[illegible] Lieut.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
Dr. MECH.	C	1	91	13-4-43	[illegible]
Dr. MECH.	C.	1	119	19-7-43	[illegible] Lieut

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
18-8-42	A1	Med Board Normal Urine eyes reflexes		
6-1-43	A.1	Confirmed S.M.B.		
		M7M2.		

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
						Frame No. (or measurements):	Date of Issue:
R							
L							

Signature of M.O...

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
						Frame No. (or measurements):	Date of Issue:
R							
L							

Signature of M.O...

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
24 No 43	•		1 F	E. C. [signature] Capt

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

TABT ½ cc 5.6.44 Rowed

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. 1	26-8-42	[illegible]
2	15-9-42	
3	6-10-42	
TABT ½ C.C.	29-11-43	[illegible] Rowed Capt
Typhus ¼ cc	4/1/44	[illegible]
Typhus ½ cc	11/1/44	[illegible]
Typhus 1 cc	19/1/44	[illegible]
Typhus 1 cc	26/4/44	R B Rowed

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
26-8-42	[illegible]
VIIIMED. 23.2.44	Rowed Capt

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
Chest X-Ray Neg.	19-8-42	[illegible]
Dental Exam	19-8-42	
Tuberculosis	19-4-43	[illegible]
"M" TEST (REV.) COMP	2.6.43	[illegible] Turner Capt
"Q" CARD COMPLETE		
FINGERPRINTED—CAIB		
P.L. 1. Free T.W.	22 Oct 43	[illegible] Capt
P.L. 2. Free T.W.	21 Jan 44	[illegible] Capt
C.V.S.M. Clasp WEF	~~[illegible]~~ 25 Feb 44	[illegible]
N.Y. TEST GOOD		
Awarded & Service ribbons WEF	25 Aug 43	[illegible]

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with

at Signature of Officer.

Date Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M..... received and forwarded to the Officer i/c Records at

Signature of Officer.

Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

To whom sent CMHQ

Unit or Dept. Records

Date Will extracted 3 Jun 43

Signature of Officer [illegible]

DISTRIBUTION OF SERVICE ESTATES

lmw.

Estates Form "P. 4"

ARMY

Name: WEBSTER, Howard, A. No.: A-104166
Surname Christian Names

Pte. C.A. O/S 15-8-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 116.14

Date: 8 June 45.

Other Credits.....

Total..... 116.14

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Ada Mary Webster, R. R. # 1, ARISS, Ontario. (Sole beneficiary under Will)	$116.14

TO BE FORWARDED BY REG. MAIL DIRECT

P4. TO TREAS. 28-9-45, qw.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$116.14

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

H. Q. 405-W-8106.
D. R. 2 (C).

April 16th, 1946.

Mrs. Ada M. Webster,
R. R. #1, Arris,
Ontario.

Dear Mrs. Webster:

Information has just been received from overseas that the remains of your husband, A.104166, Private Howard Arlington Webster, have been carefully exhumed from the original place of interment and reverently reburied in grave 4, row A, plot 7, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

Encl.

for C. L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

KD.

File No. 405 - W - 8106

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

P. A.

No. A-104166. Name WEBSTER HOWARD ARLINGTON

Rank on Discharge Pte. Date of Discharge 15-8-44

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 25-8-42.	to 13-5-43	
	from	to	
United Kingdom	from 14-5-43	to 4-6-44	
	from	to	
Italy	from	to	
Northwest Europe	from 6-6-44.	to 15-8-44	N/A.
----------	from	to	
----------	from	to	

Eligible for award of:

1939 - 45 Star ok /

~~Italy Star~~

~~France-Germany~~ Star ok /

Defence Medal ok /

War Medal 1939-45 ok

Canadian Volunteer Service Medal ok /

with clasp ok /

M

W+

Verified by H. Brenard

Date SEP 19 1946

Carded SEP 21 1946

HA 165

NO RIBBON DESPATCH

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME ..... A-104166 Pte Webster H.A. (Dec'd)

RECEIVED FROM ..... Cdn Sec G.H.Q. 2nd Ech 21 A Gp

CHECKED BY ..... B-69920 Tpr Browning W M DATE ..... 7 Mar 45

AND ..... B-38320 L/Cpl Turnbull T C

2	Loose leaf note books		
1	Phamplet (Inter. Harvester Co.)		
1	Book (Automobile)		
1	New Testament		

ORIGINAL
DUPLICATE
TRIPLICATE
} To Officer i/c Estates with original inventory, if any.

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD

CANADIAN MILITARY ESTATES
12 MAR 1945
BRANCH
HEADQUARTERS

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. A.104166 Rank and Name Webster, H.A. Pte.

of (Unit)..... on.....

(~~Transfer~~ or Discharge)..... to..... on 15th August, 1944.

Reason Death. Authority: C.C.L. "A"483. d/27th August, 44.

The following is a statement of the account of the above-named from 1st August, to 31st August, 1944. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	88	54
First Monthly Payment AR.117 d/1.8.44	4	47	Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at @ $ .25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at $		
Assigned Pay	23	00			
Regimental Charges			Allowances (give particulars) ..... days at $		
Public Stoppages (give particulars):					
			Cash Effects. SOCR.17371		45
			Def. Pay Interest.		37
To Balance Cr Free	98	14			
To Balance Cr Deferred	18	00	By Balance Dr		
Total	143	61	Total	143	61

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

Assigned Pay $23.00 (W) Stopped eff. September 44.

Assigned Pay $8.40 (6th V.L.) Cancelled. eff. May 44.

Compiled by E.G. Ripley.

Checked by J. McClaughton

Date 9th April, 1945.

Certified correct D. Fowley
for Chief Treasury Officer, Overseas

AR.