B116548
MCRAE
JARVIS ALLOU

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

69-17 A

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 McRAE JARVIS ALLOUR (b) Reg'l. No. B116548
2. (a) Arm of service ARMY (b) Unit C INF C #2 DD (c) Rank L/CPL
3. (a) Date of birth 26 22-25 (b) Have you any dependents? NO (c) Place of residence at time of enlistment N.H. Falls
4. (a) Place of enlistment TORONTO (b) Date of enlistment Feb 14-43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (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.) GRADE 8
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? C.I.O. LOCAL 165

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 PROVINCIAL ENGINEERS Address N.H. Falls-Ont
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Con Steel Industries
20. (a) Your specific occupation (APR) Mechanic (b) Number of years' experience at this occupation with any employer 4 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? 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? 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 (c) In what provinces did you have experience? Ont.

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 Mechanic

DATE Sept 18 1943 SIGNATURE Jarvis McRae

4.

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

C. Infantry C.
Arm or Corps

Trade (if Tradesman or Trade Trainee)

N.T.
Work in Arm (if Non-Tradesman)

I. H116544 | Rank | McRAE, Jarvis Alden | A | 18 | A-1
Regt. No. | Name (surname first) | A or R | Age | Med. Cat.

English | | #2 D.D. Intl. Bldg., Toronto, | 16 Sep 43
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M" Form B.

#2 D.D. Intl. Bldg. | 14 Sep 43 | W.G.SMITH, Cpl.
Place Tested | Date Tested | By Whom

Total	Group		1	2	3	4	5	6	7	8		1-3	4-5	6-8	
91	V	Subtests	10	13	6	20	13	4	13	12	Subtotals	29	33	29	English

Other Tests PULHEMS
25 1111121 14 Dec. 43

III. Educational Background

Completed grade VI (Hopetown) Ont., 6-14 yrs.

IV. Occupational Background

4 yrs. - Helping on home farm.

9 yrs. to enlistment - Construction labourer.

V. Military Background

Nil

VI. Other Personal History and Appraisal

McRae is a healthy, active young man, (5'7½"; 148 lbs.), full of "ginger" and with a rough but friendly manner. His mother, a widow, re-married recently and he gets along well with his ste-father and domestic life and stability seems good.

McRae is strictly limited in his interests and social contact but plays most of the usual sports and seems to enjoy a good "friendly" fist fight as much as anything. He appears aggressive but not mean or pugnacious.

With somewhat restricted ability his energy and spirit should enable him to complete training in Infantry and become a satisfactory soldier.

Will be 19 on Feb. 22/44.

VII. Recommendations

C. Infantry C. Non-tradesman.

(Signed) [signature]
Army Examiner
C.S. Lanskail, Capt. for G.J. Aldridge, Major

M.C.

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

23 Nov 43

FURTHER INFORMATION AND FOLLOW-UP

Referred to Army Examiner during course of Basic Training.

Complains of a foot disability otherwise in good health--progressing fairly well in Basic Training--inclined to be garrulous--Platoon officer reports man to be a fair soldier--normal social attitude--Single, mother and step-father reside at Hopetown, Que--Fair soldier prospect and should develop with further training.

Recommendation: Continue present training.

(G.M. Saunders) Capt.
A.E. No.20 (B)T.C.

27 Jan. 44

Completed Basic Training at #20 B.T.C.
Completed Corps Training Infantry at A-10, C.I.T.C.
A Talkative lad. He has no further trouble with his foot and appears to be in good health. Can do all his training, including route marches and obstacle course. Examination of the foregoing and interview indicate suitability for overseas service in Infantry (Others) operational, on attaining age 19 (Age 19 on 22 Feb. 44)

John A. Mullin Lt.
(J.A.Mullin) A.E.
A-10 C.I.T.C.

10 May 44 Tos from Canada. Lacks toughening and tg records have indicated suitability. So recommend dvy. G.D.
19 May 44 SOS to X-4 List (CIC) Fellowd Capt
No 2 CIRU

Mrs. Rene McRae,
Hopetown,
Quebec.

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-M-41,865 FD 170

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 2 1945

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

MCRAE, Jarvis Alloun, Rfmn. B-116548

CANADIAN ARMY

ESTATES BRANCH JAN 12 1945 H.Q. OTTAWA NATIONAL DEFENCE

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

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

C. J. Stevenson Capt
for Director of Estates.

CS/HO

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		William James McRae.	died	June 15. 1932. deceased at #2.
4	Mother of the Deceased.....		Rena "Sherar" McRae.	46.	Hopetown. Que.
5	Brothers of the Deceased	Full Blood	Spr Aubrey McRae.	25	Brantford. Ont.
			Orald " "	17	Hopetown. Que.
			Merle. " "	14	Hopetown Que.
			Jimmie " "	12	Hopetown Que.
		Half Blood	Burtsyl McRae.	9	Hopetown. Que.
6	Sisters of the Deceased	Full Blood	Phyllis McRae.	27.	Mrs Hubert McRae 33 Knox ave. Toronto Ont.
			Della McRae.	22.	Hopetown. Que.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	None.				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Jarvis Alonzo. McRae.
9	Date of his birth.	February 22. 1925
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Shigawake. Que. May 8. 1918.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hopetown, Pro Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Hopetown, Que. (b) 16 yrs. (c) Niagara Falls. Ont. (d) 3 years.
14	Nature of employment before enlistment.	Factory Work. in Niagara Falls. 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.	Hopetown, Pro Que.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	None.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Five. Hopetown, Que.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	50 — bearer bond. Hopetown.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None.

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.	None.
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

*Mother 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.

Rena McRae — Signature of Informant

Hopetown, Pro Que. — Address

CERTIFICATE

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

See above. Rena McRae {Name of informant} is the mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Hopetown this 8 day of June 19 45.

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

Jean C.A. Theriault Qualification J.P.

Address Hopetown Pro. Que

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

E28290
Spr Aubrey McRae was overseas for 3 yrs.
& returned to Canada & is now recovering
in a Sanitorium in Brantford, Ont.

Phyllis McRae is married to Hubert McRae
ad. filled in space. Sister of James Alloen McRae.

Received E.D. 153 Wellana 92220 O
ORIGINAL / DUPLICATE / TRIPLICATE { Copy designation to be shown by striking out terms not applicable. } Checked ✓ Card ..... Observations .....
P.D. P.O.

M.F.M. 2
(Combining M.F.M. 103)
750M—5-43 (9375)
H.Q. 1772—39—1645

Corps #2 District Depot CA (A) Regimental Number B-116548
C.INF.C. #7 Coy. R Wing
Brantford Group "Z"

CANADIAN ARMY

ENROLMENT AND ATTESTATION PAPER

01 PTE

1. McRAE (Surname) Jarvis Alloun (Christian Names)
2. Present Address 827 Jepson Street, Niagara Falls, Ontario, Canada.
3. (a) Date of birth 22 February, 1925
   (b) Place of birth Canda (Country) Quebec (County or Province) Hopetown (Town or Township)
4. (a) Place of birth of Father Canada Quebec Hopetown
   (b) " " " " Mother Canada Quebec Hopetown
   (Country) (County or Province) (Town or Township)
5. Nationality Canada
   (To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) United Church of Canada
7. Trade or calling (a) Machinist helper (Millwright)
   (a) Name and address of last employer: Provincial Engineers, Niagara Falls, Ontario Canada
   (b) How long employed 4 months
9. Married, Widower or Single Single If married, how many children none
10. Name of Next-of-Kin Mrs. Rena McRAE 11. Relationship Mother
12. Address of Next-of-Kin Hopetown, Quebec, Canada.
13. Previous Service (Navy, Army or Air Force) Units and dates NO
14. (a) Former war service NO
    (b) In the armed forces of what country NO
    (c) Dates of such Service NO
15. Decorations and medals, if any NO
16. I do solemnly declare that the above particulars are true

James McRae
Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941

THIS SOLDIER WILL NOT BE 19 YEARS OF AGE UNTIL 22 19

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The 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 above named 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,

at Toronto, Ontario, Canada this 14th day of September 19 43

H. Reverley Lt — Signature of Magistrate, Justice Attesting or Enrolling Officer.

#2 District Depot CA (A) FOR D.N.O. — Office or Rank and Unit or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Jarvis Alloun McRAE, 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 14th September, 1943 James McRae (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Jarvis Alloun McRAE, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness E Garrick Cpl (Name) (Rank) James McRae (Signature of Recruit)

19. The above named recruit has made and signed the declaration and taken the oath before me,

at Toronto, Ontario, Canada. this 14th day of September 19 43

H. Reverley Lt (Signature of Magistrate, Justice or Attesting Officer.)

#2 District Depot CA (A) FOR D.N.O. (Office or Rank and Unit or appointment) 88

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

O. H. F. COMPLETED

FINGERPRINTED M.D. 2 NOM. ROLL SEP 18 1943

5303
10
9 May 44
1111-21

Record of Service of McRAE (Surname) Jarvis Alloun (Christian Name) Regimental Number B-116548

QUALIFICATIONS

Military nil

Business or Professional nil

Trade or Civil Machinist and millwright helper, general labourer

Technical nil

Languages English.

EDUCATIONAL QUALIFICATIONS

High School or Collegiate nil (years completed)

Graduation or Matriculation Gr. 8 p.s. (specify)

College

*University nil

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

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

REPORT Date	REPORT From whom received	Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY Part II D.O. No. Cas. List, etc.	AUTHORITY Dated
		BRANTFORD GROUP "Z"			C.INF.C.			
		T.O.S. #2 DISTRICT DEPOT CA (A) leave	Pte.	14-9-43	#7 Coy. R Wing	Toronto Canada	Pt. 2 D.O. 223	18 Sept. 43
		Granted enlistment by the D.R.C. w.p.&.s. from 21Sept.43 to 27Sept.43 (incl)	"	21Sept.43	"	"	D.O.226-95	22Sept.43
		S.O.S. ON TRANSFER TO NO. 20 BTC FOR P.P. EFF. FOR R. AND Q. EFF.	"	30 SEPT. 43 4 OCT. 43	"	"	D. O. 233B	30 SEPT. 43
		T.O.S. No. 20 C.A.(B) T.C., C.A., BTFD Ontario, for p.p. eff. 1 Oct 43, f.a.p. except pay, eff. 2 Oct 43, on transfer from No. 2 Dist. Depot, Toronto, Ontario, and allocated to Inf "R".	Pte.	1 Oct43	No. 20 BTFD	BTFD Ont.	D.O. 223A P.II	1 Oct 43
		S.O.S. No. 20 C.A.(B) T.C., C.A., BTFD Ontario, f.a.p. on transfer to A.10 C.I.T.C., Camp Borden, Ontario.	"	13 Dec43	"	"	D.O. 282A P.II	11 Dec 43
		TOS on transfer from #20 CA(B)TC BRANTFORD	"	14-12-43	A-10-CITC	BORDEN	297	14-12-43
On 3 JAN 44 awarded 3 dys CB & forfeits 5 dys P&A under FRI for AWL from 0600 hrs 28 DEC 43 to 0755 hrs 1 JAN 44 (Total absence 4 dys 1hr 55 min) Open arrest			"	3-1-44	" "	"	DO PT 11 No 3	5-1-44

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname McRAE Christian Names Jartis Alloun

Reception Centre #2 D.D. CA (A) Military District #2 Date 14 Sept. 43

The medical examination is divided into three parts. The history in Part 1, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 18 Eyes (Colour) blue Hair fair Height 5'7½" Weight 148

Identification marks and scars small scar dorsum left foot

22. URINALYSIS (a) Albumen neg. (b) Sugar neg. (c) Microscopic (if albumen positive)

23. X-Ray No. B14733 Laboratory #2 D Report neg.

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble no

(b) Nose, throat, sinus or ear trouble no

24. (Cont'd)

(c) Any broken bones or other injuries no

Head injuries no

(d) Spinal trouble no

(e) Foot trouble no

(f) Operations no

(g) Ruptures no

(h) Kidney or bladder trouble no

(i) Gonorrhoea no

(j) Varicose veins no

(k) Haemorrhoids no

(l) Rheumatism or joint trouble no

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/20 Lt. 20/20

(with glasses) Rt. 20/..... Lt. 20/.....

Hearing (C.V.) Rt. 20 Lt. 20

Ears (Drums) Rt. neg. Lt. neg.

Nose neg. Throat neg.

Sinuses neg.

Remarks and Diagnosis

PULHEMS Grading E 1

H 1

P Rabmount Capt R.C.A.M.C.

(Signature E.E.N.T. Specialist)

26. Cranium

Spine

Extremities

Hernia

Genito-Urinary N.A.D.

Rectum

Varicose Veins

Feet

Abdominal

Remarks and Diagnosis

PULHEMS Grading U 1

L 1

D H Davis Lt R.C.A.M.C.

(Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)

(m) Tuberculosis ..... no

(n) Bronchitis or other lung trouble ..... no

(o) Asthma or Hay Fever ..... no

(p) Heart Disease ..... no

(q) Rheumatic Fever ..... no

(r) Kidney Disease ..... no

(s) Stomach, Bowel or Rectal trouble ..... no

(t) Diabetes ..... no

(u) Goitre ..... no

(v) Syphilis ..... no

(w) Fits or fainting ..... no

(x) Nervous disorders ..... no

(y) Have you been in the Active Army in this war? ..... no

(z) Are you now or have you in the past received disability pension or compensation? yes-W.C.B. for 1 week in 1941. Infection on forehead.

27. Physique :

Good good Fair ..... Poor .....

Chest :

Full expansion 36½ Range of Expansion 3

Lungs : neg.

Heart : B.P. Systolic ..... Diastolic .....

neg.

Abdomen .....

neg.

Skin neg.

Glandular Systems neg.

Remarks and Diagnosis :

N.A.D.

Jarvis McRae
(Signature of Recruit)

M.O. R.C.A.M.C.
(Witnessed by)

PULHEMS Grading P 1

R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report **Remarks and Diagnosis :**

PULHEMS Grading M 1
S 1

R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Category (or profile) to be assigned.

A1

Year of Birth	P	U	L	H	E	M	S
1925	1	1	1	1	1	2	1

This category (or profile) is not to be changed. See note (c).

R.C.A.M.C.
(President of the Board)

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present category (or profile) to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.	Date	P	U	L	H	E	M	S	Signature of M.O.
	S.P. VACC. } W.H. Tulford Lieut	5-12-43	1	1	1	1	1	2	1	
16-9-43	T.A.B.T. 1 } DEC 14 1943		1	1	1	1	1	2	1	
8-10-43	T.A.B.T. 2 } APR 22 1944		1	1	1	1	1	2	1	
5-11-43	T.A.B.T. 3 }									
17 Feb 44	T.S.V. 1 c c									
22 mar 44	T.S.V. 1 c c									
29 mar 44	Typhus Vac III									

NOTE : (a) Any corrections to entries made must be initialled by the officers making them.
(b) (i) Category (or profile) in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in category (or profile) to be entered in Part III (30) (b).
(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

M.F.M. 14A
200M-9-43 (2069)
H.Q. 1772-39-1662
K.P. 90813

CARD SEQUENCE NO. _____

NO. B-116548 RANK PTE. NAME Mc RAE JARVIS ALLOUN

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
90	APR 26	S.O.S. A. 10 C.I.T.C., w.e.f.	
		T.O.S. U.A. (OVERSEAS) on TRANSFER APR 30 1944 28 Apr	
108.	10 May	T.O.S. 8 CDN. INF. REINF. UNIT. 9 May.	
110	12 May	To rec. inc rate of 140 inf 8 May 44	
116.	19 May	SOS. from 3 CIRU to ~~10 CBR~~ X-4 list 2 I/C inf 19 May 44	
CR	19-5-44	S.O.S. 11 Bn. to +10 list H.Q. 3rd Div. wef. 20-5-44.	
		SOS to X 3 List (RRR) wef 17 Jul 44	
78A	5.9.44	TOS. 1 CIRU 43 list from RRR X3 list wef 30 Jul 44 (RWCH)	
78A	5.9.44	SOS 43 list to 1 CIRU wef 24.8.44	
188	2.9.44	TOS 1 CIRU from 43 list wef 25.8.44 disc RWCH.	
193	15.9.44	Increased Pay 1.50 per diem wef 8 Jul 44	
199	29.9.44	SOS 1 CIRU to C.I.C X-4 list wef. 29 SEP 1944	
		SOS (X4 List RAR. 10 CBR Bn) to 11 Bn. wef 5-10-44.	
		SOS 11 Bn to 3 CID Fd Coy 8.10.44	
		SOS 13 Bn RRR wef 9-10-44	
#53	26.10.44	SOS Regina Rifles from X4 list (RRR) 9 Oct 44	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
		Killed in action wef 2 Nov 44	

LOWE-MARTIN CO. LIMITED—D91574

CASUALTIES, ETC.

Part II. D.O. No.	Part II. D.O. Date	Nature and particulars	If in Hospital note name
223	18.9.43	T. O. S. No. 2 D. D. EFF. 14.9.43	
226	22-9-43.	LV. WOP. 21-27 Sept.43.Inc.	
232	29-9-43	Ret from Lve from 28 Sept 43	
233	B 30 9 43	S·O S 2·D·D EFF·30 9 43 TO 20 B·T·C	
2230	1/10/43	TOS NO. 20 C.A.BASIC T.C. EFF. OCT 1 1943 DEC 1 3 1943	
		S.O.S. NO. 20 C.A.BASIC T.C.EFF.	
282A	11-12-43		DEC 1 4 1943
291	DEC 1	4 1943 T.O.S. A. 10 C.I.T.C., w.e.f.	
299	16.12.43	X mas leave Rx 2.50.	
309	29.12.43	AWL from 0600 hrs. 28.12.43.	
2	4.1.44	Ret from AWL 0755 hrs. 1-1-44	
2	5.1.44	On 3-1-44 awarded 3 dys C Band forfeits 5 dys P & A under FRo	
43	21-2-44	Attached for R. D.D to A 33 To 8 Wing, Mepford Range eff 22-2-44 to 25-2-44	
78	1-4-44	Granted Special Leave from 30-3-44 to 2-4-44 Rat all 2 DD	
79	3-4-44	Granted Furlough from 3-4-44 to 14-4-44 Rat all. 6 DD.	

No. B.116548 RANK PTE NAME McRAE Jarvis Alloun *Married *Widower *Single

Place of {*Appointment *Enlistment TORONTO, Ont. Date of {*Appointment *Enlistment 14.9.43

A

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
223	18.9.43	PTE	NA	AS	1.30		NO	
110	12 May	"		"	1.40			cwf. 8 May 44
193	15.9.44	"		"	1.50	15.9.44		
KIN:	Mrs. Rena McRAE, Hopetown, Que. Canada. (MOTHER)							

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
MC RAE Rena	~~1.11.43~~	
Hopetown, Que.		~~20.00~~
Mother	1-5-44	25 00
5th Victory Loan	1/11/43	8.40
Nov 43 Apl 44 Inc.		
Total		

DEPENDENTS' ALLCES. No. Deps.

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
~~27.10.43~~	~~Mother~~	D.A. Disallowed	
	DPM DA-Mc 575-10		
NR. B1619			

*Outfit *Clothing {Allce. $ ..... Paid on .....

Rehabilitation Grant $ ..... Paid On .....

*Delete words which are inapplicable.

1-44

M. F. M. 14

200M-2-43 (8705)

H.Q. 1772-39-1662

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

Occupational Form Completed 3K

Regimental No. B-116548 Rank Pte. Sheet No. 2

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name MC RAE Jarvis Alloun

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
GRANTED EMBARKATION LEAVE from 30 Mar 44 to 2 Apr 44 incl. To draw .50¢ per diem in lieu of rations. Total $ 2.00	Pte.	30 Mar 44	A10 CITC	C.Borden	78	1 Apr 44
Granted furlough from 3 Apr 44 to 14 Apr 44 incl. To draw .50¢ per diem in lieu of rations Total $ 6.00 Issued special Travel Warrant # 668728	"	3 Apr 44	" "	" "	79	3 Apr 44
SOS on proceeding overseas to Serial 294 B	"	26-4-44	"	" "	99	26-4-44
SOS CDN ARMY (CANADA)	"	27apr44				
TOS CDN ARMY (O/S) ON TRANSFER	"	28apr44				
DISEMBARKED IN U.K.	"	8 may44	3CIRU	U.K	108	10may44
TOS 3 CDN INF REINF UNIT	"	9 may44				
Granted increased rate of Pay $1.40 per diem	Pte	8 may44	3CIRU	U.K	110	12 may44
SOS TOS 8OS To x4 Lcf (CIC)	Pte	19 may44	3CIRU	U.K	116	19 may 44
SOS TOS T.O.S from x4L. C.I.C. Mnall	Rfn	9 jun44	RRR	3 I AR.	31	14 jul 44
Adm to 4 Cdn Gen Hosp		21 July 44			C2C7	26 July 44
Embarked at.....U.K.....on..1.7.June44						
Disembarked at.....France.....on..6...7.June44	R		X-DRoman	21 A G	13	27 June
Trans to 21 Cdn Gen Hosp.	Rfn	22 Jul 44		C C 1476		8 aug 44
Trans to 18 Cdn Gen Hosp.	Rfn	25 Jul 44		C C 1476		8 aug 44
Trans to Roman way Con	Rfn	4 aug 44		C C 1486		15 aug 44
Disch. from Roman Way Conv.	Rfn.	24 aug 44.		C 2 C 1407.		31 aug 44
SOS TOS 3 K. to X3 List.	Rfn	29 July 44	X8 RRR	21 A Gp.	34	9 Sept 44
T.O.S. (TOS) from X3 L. on discharge from R Way Conv. Hosp. (SOS R. Way Conv. N.)	Pte	25 August	1 CIRU	U.K	155	2 Sept 44
Wife Posted Rate $1.50 p.d.	Pte	30 July 44	4 Cdn.	U.K	1814	5 Sept 44
	Pte	8 July 44	1 Cdn.	U.K	163	15 Sept 44

Regimental No..... Rank..... Sheet No.....

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name.....

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
SOS SOS to UKAG/9	Pte	29 Sep 44	ICIRU	UK	199	29 Sep 44
TOS Embarked at ..... UK ..... on .. 29 Sept 44						
Disembarked at ... France .. on .. 30 Sept 44	Rfn.	XL RRP	21 Ag	47	12	6 Oct 44.
KILLED 2 NOV 44						
SOS C32 SOS X4 list (1303) to RRR.	Rfn	9 Oct 44	XL RR Reg	21 Ag	52	24 Oct 44
TOS C32 TOS from X4 list Regina Reg.	Rfn	10 Oct 44.	RRR	21 Ag	53	26 Oct 44
M 139 Killed	Rfn	2 Nov 44	R.RR.	AEF	A513	10 Nov 44.
SOS. Killed in action.	Rfn	2 Nov 44	RRR	21 Ag	59	19 Nov 44

2-11-44 AWARDS—CANADIAN ARMY (ACTIVE) 1849 M FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-M-41865

McRAE, Jarvis Alloun	B.116548	Rfmn.	Regina Rifle Regt.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star War Medal, 1939-45 CVSM & Clasp	3873 - 30/3/50.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Rena McRae - Mother

ADDRESS: HOPETOWN, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: Mrs. Rena McRae (ENGLISH)

1849

ADDRESS: Hopetown, Que.,

MEMORIAL BAR

(1) DATE DESP

REGN. NO 4446

(2)

DESP. FEB 23 1945

(3) REGN No. 14555

69-17

- C -

M.F.M. 5
250M—7-42 (5227)
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 ..... McCRAE .....
(Surname first—Christian names in full—Block capitals)

..... Jarvis Alloun .....

(2) Regimental or Official Number and Rank ..... B-116548 Pte. .....

(3) Unit ..... No. 2 D.D. (A.F.) C. Inf. C. #7 Coy R Wing Brant Z .....

(4) Are you married? ..... NO .....

(5) If married, state,

(*a*) Full name of your wife ..... THIS MAN .....

..... BEING .....

(*b*) Present postal address of wife ..... SINGLE .....

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

..... QUESTIONS .....

(7) Are you a widower? ..... (5) to (9) .....

(8) Have you any children? ..... Number of boys ..... Girls .....

Names and ages ..... INCLUSIVE .....

..... ARE NOT .....

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

..... APPICABLE .....

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

Name .....

Postal Address .....

.....

[SEE OTHER SIDE]

RECORDS M. D. 2

(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.....NA.....

.....NA.....

.....NA.....

(11) Is your father alive?.....Deceased.....Stepfather-Yes.....

If so, state name and address, occupation...Mr. Leonard McRAE (FARMER) STEP FATHER

Not .....Hopetown, Quebec, Canada.....

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

(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.....NA.....

.....NA.....

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

(14) Is your mother alive?.....Yes.....

If so, state name and address.....Mrs. Rena McRAE.....

Not .....Hopetown, Quebec, Canada.....

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

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

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?.....NA.....

(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.....NA.....

Full Name.....NA.....

Postal Address.....NA.....

Amount contributed monthly during the past six months.....NA.....

.....NA.....

(18) Are you insured?.....NO.....

If so, in what Company?...NA.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....NA.....
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.

V Jarvis McRae
.....
(Signature of officer or man)

Date.....14th...September...1943

Lt Bmn Lieut
.....

For Officer Commanding.....No....D.D.(A.F.)....

Date....14th...September...1943...

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.)

No B.116548 Rank Rifleman Name McRAE, Jarvis Alloun

Unit Regina Rifle Regiment Date of death 2nd Nov., 1944.

Died at ~~France~~ Belgium

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-M-41,865

N/K Mrs. Rena McRae, Relationship Mother

Address Hopetown, Quebec.

Remains buried in Maldegem Belgium Cdn Mil Cem. Cemetery
006998

CWGC

Grave location

OVER-

BURIAL REPORT TO N.K. JAN 2 1946

RETURN TO BUR. OF STAT. OCT 29 1945

ROYAL MESSAGE DESP'D. DEC 8 1944

CAN. MESSAGE DESP'D. DEC 21 1944

Temp BR sent to NK & Map

HI & CR Form Despd. DEC 7 - 1946

Photographs

Despatched OCT 31 1947

REBURIAL

Adegem Canadian Military Cemetery
Adegem, Belgium.

Grave 3, row H, plot 10.

5M-10-44 (M-4414)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B-116548 RANK Rifleman SERVICE UNIT The Regina Rifle Regiment (CA).

NAME McRAE, Jarvis Alloun

DATE OF BIRTH DAY 22nd MONTH February YEAR 1925 Enlisted: 14-9-43

MARITAL STATUS Single Religion: United Church of Canada

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother

ADDRESS Hopetown, Que.

NAME ADDRESS D.A.B. Mrs. Rena McRae

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 3374A H.Q.43-M-41,865

CASUALTY DETAILS

Killed in action

DATE 8-11-44

FRANCE

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO S/L 3913 O/S with 3 CIBU

DATE 17-11-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

6 fdr

T.O.S. RRB + 3 30 Jul 44/78-A

69-17 SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit # 2 DD (AF) C. INF.C. R WING # 7 Coy. Btfd. Z Regimental Number B-116548

1. Surname McRAE
2. Christian Names Jarvis Alloun
3. *Substantive Rank and Appointment Rfn
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Hopetown, Quebec, Canada.
5. Date of birth as declared on attestation February 22, 1925.
   (A)
6. Date of enlistment September 14, 1943.
7. Place of enlistment Toronto, Ontario, Canada.
8. Residence at time of enlistment 827 Jepson Street, Niagara Falls, Ontario, Canada.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion United Church
12. If married, state date
13. Trade on enlistment Machinist Helper
14. Corps, trade and grade
15. (D) Qualifications Nil
16. (E) Miscellaneous entries

(17) Regiment or Corps: C.INF.C.
Unit (Battn., etc.)

(18) Medical

Category	Date	Authority
A-1	Sept. 14-43	M.F.M.2
25 1 1 1 1 1 2 1	8-12-43	
111 11 21	22-4-44	MFM 2

(19) Next of kin (entries to be made in pencil) Mother
Mrs Bina McRae
No Hopetown Quebec
Number Canada

(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
		A10 C.I.T.	C. Nod qualified as troddesman	C. Borden	26-4-44		
		"	Awl (0600hrs 28 Dec to 0755 hrs 1 Jan 44 (Total absence 4 dys 1 hr 55 min) open arrest and 3 dys CB + 5 days Pay 4A.	"	3 Jan 44	Pte	3 - 5 Jan 44
		3CIRU	SOS CDN ARMY (CANADA)	U.K	27 apr 44		
		"	TOS CDN ARMY (O/S) ON TRANSFER	"	28 apr 44	Pte	108 - 10 May 44
		"	DISEMBARKED IN U.K.	"	8 may 44		
		"	TOS 3 CDN INF REINF UNIT	"	9 may 44		
		3CIRU	Grd encr of $1.40 per diem	UK	8 May 44	Pte	110/12 May 44
SOS		3CIRU	SOS to X-4 list CIC	U.K	19 May 44	Pte	116/19 May 44.
X4	CIC	11 Bn	TOS from 3CIRU	"	20 May 44	"	4 - Jun 44
X4	CIC	11 Bn	Posted X10 dtd 16 Q 3 Cdn Div	"	21 " "	"	5 - Jun 44
X10	"		Posted to X4 list 10 Bn	"	1 Jan 44	"	5 8 Jun 44
X4	"		SOS to RRR.	"	6 " "	"	11 - Jul 44
	ARCO 3 Tw	Regina Rif	TOS from X4 list CIC Mall	Fd	7 Jun 44	Rfn	31 d/Jul 44
26 Jul 44	OC	"	SOS to X3 list Regina Rif	"	17 Jul 44	"	36 d/Aug 44
Aug 44	X-3	3 Reg Rif	TOS. X3 list	Fd	18 Jul 44	Rfn	32/44
		X-3	List SOS to Y-3 List		29 Jul 44		34 1944
	~~TOS~~	~~Y-3~~					
	TOS	Y-3	From RRR X-3 (RWCH)	UK	30 Jul 44	Pte	78A/44
	SOS	Y-3	To 1CIRU on disch RWCH	UK	24 Aug 44	Pte	78A/44
	TOS	1CIRU	From Y-3 list	UK	25 Aug 44	Pte	188/44
	OC	1CIRU	Pay 1.50	UK	8 Jul 44	Pte	193/44
	SOS	1CIRU	To X-4 List CIC (C-6334/15C)	UK	29 Sep 44	Pte	199/44
			Embarked U.K 29 Sep Disembarked and TOS X4. RRR (16 Bn) wef	FR	30 Sep 30 Sep		47 OCT 1944 47 OCT 1944
X4	13 Bn	RRR	SOS X4 (13 Bn) to Regina Rifles Regt	Fd	9 Oct 44	—	52 OCT 1944
8 Oct 44	AR3/935	Regina Rif	TOS from X4 list Regina Rif	"	10 Oct 44	Rfn	53 d/Oct 44
AFW 3014	Ser 159	"	SOS killed in action	"	2 Nov 44	"	59 d/Nov 44

SERVICE AND CASUALTY FORM

M.F.M. 4 (a) (Part II)
40/P & S/412 (2640)

(PART II)

Regiment or Corps: Regina Rif Regimental Number: B 116548

Substantive Rank: Rfn Surname: McRAE Christian Names: J. A.

Acting Temporary or Local Rank: .....

(To be entered in pencil to facilitate alteration)

(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 shown
23 Jul 44	30 15 (65)		Adm to 6 CCS	Jd	17 Jul	Rfn	61-1 Aug 44
25 Jul 44	" (67)		Adm to 14 F A	"	17 Jul	"	61-1 Aug 44
27 Jul 44	" (69)		Adm to 4 Cdn Gen	"	2 Jul	"	63-3 Aug 44

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

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, Jarvis Alloun McRAE (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Niagara Falls, in the County ~~of~~ of WELLAND

Province of Ontario, Machinist helper (Millwright) (Civil Occupation)

Regimental No. B-116548, #2 DD (AF) C.INF.C. #7 COY. Unit, 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 MOTHER: Rena McRAE, of Hopetown, Quebec, Canada. ALL MY ESTATE".

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. Rena McRAE (Name) Hopetown, Quebec, Canada. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 18 day of September 1943.

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.

Jarvis mc Rae.
(Signature of soldier)

First witness sign here.

(5) Signature J. Lubofsky

Civil Address 169 Major Street, Toronto, Ontario, Canada.

Civil Occupation Clerk.

Second witness sign here.

Signature N. Hennick

Civil Address 60 Sussex Avenue, Toronto, Ontario, Canada.

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

Form 6

405-M-41865

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number

For use of Registrar General only.

OCT 29 1945

1. PLACE OF DEATH
City, Town or Village of IN THE FIELD (BELGIUM) 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 MORAR (Surname or last name) Jervis Allcun (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of Niagara Falls Street 827 Jepson Street
Township of County or District of Province of Ontario

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			Single	Quebec

10. Date of Birth: February (Month by name) 22nd (Day) 1925 (Year)

11. AGE

Years	Months	Days	If less than one day
19			hrs. or min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Machinist helper
(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 Ottawa, Ontario, this 29th day of October 19 45
Signature of informant [signature] Relationship to deceased
Address Director of Records, Dept. of National Defence

20. Burial, Cremation or Removal Belgium Date (Month by name) (Day) 19 (Year)
Place of Burial (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 November (Month by name) 2nd (Day) 19 44 (Year)

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

CAUSE OF DEATH		DURATION Yrs.	Mos.	Dys.
I 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.				

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*)

OVERSEAS CASUALTY CANADIAN ARMY

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, 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.

405-M-411865

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME Mc Rae. Jarvis Alloun

RANK Rfmn

UNIT Regina Rifles.

PLACE & DATE OF BIRTH Quebec. CANADA. 22 Feb. 1925.

REGIMENTAL NO. B-116548

NEXT OF KIN & ADDRESS MOTHER.
Mrs. Rena MC RAE,
Hopetown, Quebec. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH

DATE OF DEATH 2 Nov. 44.

HRS

PLACE OF DEATH Belgium

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 3 Nov 44

PLOT NO 1 ROW G GRAVE 21

CEMETERY Cdn.Mil.Temp.Cem.Maldegem
Sh.20-31.006998 Belgium

DEATH CERT. NO

RELIGION United Church

DATE 20 Oct 45

M. BLUTEAU.(Capt.)
for COLONEL
O i/c Records,
CANADIAN MILITARY HEADQUARTERS

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON, LONDON W.3.

EMP

MILITIA FORM [illegible]

[illegible]

CANADIAN ARMY

SOLDIER'S SERVICE AND PAY BOOK

3

ook M. 1 (Part I) Revised 1-10-42
43 (9993)
2-39-1672
67

SERVICE BOOK

Militia Book M. 1 (Part II)
for active service.)

(other than those on page 24
ok M. 1, connected with the
t form of Will) is to be made
of the Officer Commanding
company to which the man

e entries will be initialled by

NS TO SOLDIER

onally responsible for the safe

ry this book on your person
ve service.

book whenever called upon to
litary authority, viz.: Officer,
Military Policeman.

r make any entry in this book
orm of Will on page 24; see
o 23), and disobedience of this
erious offence.

that any entry is lacking or
e the book, you will report the
military superior.

d to retain this book after dis-
services, but should you
cannot be replaced.

Militia Book M. 1 (Part I) Revised 1-10-42
50M—5-43 (9993)
H.Q. 1772-39-1672
K.P. 79767

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

50357—1

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. B-116548

Surname (in capitals) MC RAE

Christian Names (in full) Jarvis Albert

Date of Birth 22 Feb 1925

Place of Birth Hopetown, Que. Canada

Citizenship Canada

Trade on Enlistment Machinist Helper

Nationality of Father at Birth Canada

Nationality of Mother at Birth Canada

Religion United Church

Enlisted at Toronto, Ont.

Date 14-9-43

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

Signature of Soldier J Jarvis McRae

Signature of Officer Cyril Brown Lieut

Place Toronto Date 18-9-43

(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
1st	Wife		
	Children		
2nd	Father	Mr. Leonard McRae	14-9-43
	Mother	Mrs. Rena McRae	4-9-43
3rd	*Brothers and Sisters	Miss. Dimple McRae	4-9-43
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full
Hopetown, Que. Canada
D.O. Hopetown P.Q. Canada
Do. Hopetown P.Q. Canada

(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
14-9-43	Rfe. No. 2 DISTRICT DEPOT (CA)		[illegible]-223	[illegible]
20-10-44	hfn	W.P.		[illegible]

(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:—**

BASIC TRAINING COMPLETED DEC 10 1943

[illegible] Lieut

Completed Common Portion of Standard Inf Trg. Syllabus 4 Feb 44

G L Hoodruff Lieut

Qualified in addition as under:—

Date.....

Commanding.....

*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
Qual. 6 Pr. Gnr. A-10 C.I.T.C.	26 Feb 44	W. Kirby Lieut.

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1944	~~A~~ II	Rifle		[illegible] Lieut
1944	I	L.M.G.		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., ~~Certificate number or authority~~ (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade VI	Ontario	1939	L. D. Meyer Lieut.

10

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	[illegible]	Part II Order	Date	Signature of Officer

11

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
9-10-44		Rfn - Gen duty	[illegible]

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
14-9-43	A-1.	M.of.M.2.		W H. Lulford Lieut
		Y.O.B. P U L H E M S		
8-12-43		25 1 1 1 1 1 2 1		
		Y O B P U L H E M S		
DEC 14 1943		25 1 1 1 1 1 2 1		
APR 22 1944		25, 111, 11, 21		

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O.....

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

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification: Use authorized Abbreviations and Symbols	Signature of Dental Officer
9 DEC 43	✓		PROPH.	
24-APR-44		✓		
1-9-44	✓			

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
S.P. VACC.		
T.A.B.T. 1	16-9-43	Whufford Lieut
T.A.B.T. 2	8-10-43	[illegible]
T.A.B.T. 3	5-11-43	
TS. V. 1cc	1-2-44	[illegible]
TS V 1cc	22/3/44	[illegible]
T.S.V. 1cc	29-3-44	[illegible]
Typhus booster 1cc	25-9-44	J Pratt Capt.
TABT ½cc		

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
25-9-44	J Pratt 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
Gas Compound CAP	18-10-43	[illegible] Lieut
" " DM	9-12-43	
X-Ray # B-14733	14 Sep 43	
B Lister	21 Jan 44	[illegible] Lt
Chlorine	14 Jan 44	
Granted Emb. leave		
Furlough 3 Apr 44 to 14 Apr 44 D079	3 Apr 44	J G Cooper Lt
Finger Printed	18-9-43	[illegible]
Part II issued	10-5-44	
"M" TEST (REV.) COMPLETE	10 MAY 44	SE Read, Capt.
"Q" CARD COMPLETE		
S.A.P. CHAMBER TEST.	18 May 44	[illegible]
Granted 7 days Pr.	25/8/44	[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. 10 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.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

Solely for use on Active Service. This Will page must **NOT** be used until you have been placed under orders for Active Service.

WILL

(For use if the Soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

.....

Date.....

M.F.M. 182 (Identification Card)
ISSUED:
DATE:
INITIALS:

DON'T FORGET
Report immediately to your Commanding Officer any changes in name, address or relationship of your next-of-kin.

Zion United Church

REV. ERLE E. FYTCHE
NEW CARLISLE, P. Q.
TELEPHONE NO. 20

This is to certify that

JARVIS ALLWIN Mc RAE

son of William James McRae and Rena Sherar of Hopetown, County of Bonaventure, Province of Quebec, was born in Hopetown on the twenty-second day of February Nineteen hundred and ywenty - five and was baptized in the same year by the Rev. James F. McCurdy.

Signed by

Mother Mrs Rena Mc Rae

Uncle Charles McRae

Mayor of the Hopetown East

Jean A Thériault

also a Justice of the Peace

Erle E Fytche
Present Pastor 1943.

The above is an authentic copy found in the Register kept in the manse of the United Church of Canada in New Carlisle. P.Q.

Signed
Erle E Fytche
April 29. 1943

O/S

Deceased

DEPARTMENT OF FINANCE

CANADA

ESTATES BRANCH
JAN 25 1945
H. O.
OTTAWA
NATIONAL DEFENCE

To McRae, Jarvis Alloun

No. B116548

~~NAVY~~ — ARMY — ~~AIR~~

The undermentioned bond(s) purchased under the Dominion Government Employees' Instalment Purchase Plan was (were) forwarded by Registered Mail on 24/7 1944

to Mrs L. McRae
Name

Street Address

Hopetown
City, Town or P.O.

Que
Prov.

in accordance with instructions shown on your application form.

Dominion of Canada 5 Victory Loan Bond(s)

Series L-7 Numbers H 1576886

Value $ 50

503

R Cleasselman
Chief Clerk
Employees' Instalment Purchase Plan

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

W8H-595 2 ARMY
8874

DECEASED MEMBER'S NAME: Jarvis Alloun (CHRISTIAN NAMES) MC RAE (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-10012
FILE NO. 405-M-41865
DATE 4-1-46
SERVICE NO. B-116548
FINAL RANK OR RATING Rflm
DATE OF DISCHARGE 2-11-44

DATE OF TERMINATION OF OVERSEAS SERVICE 2-11-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 404 (30) EQUAL TO 13 COMPLETE PERIODS AT $7.50	97.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 189 LESS 14 INELIGIBLE DAYS, EQUAL TO 175 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	43.75
	141.25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $ 2.75 X7 = $ 19.25 NO. OF DAYS 189 (183) X$ 19.25	19.88
D. WAR SERVICE GRATUITY	161.13
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	161.13

ESTATES BRANCH JAN 22 1946 H.Q. OTTAWA NATIONAL DEFENCE

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
DMR	

TREASURY	
CHECKED BY	DATE
J E Fagan	8-1-46

Kirkie Capt
SERVICE REPRESENTATIVE

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. B.116548 Rank and Name McRae J. A. Pte.

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

(~~Transfer~~ or Discharge).....to.....on 2nd November 19 44

Reason Death Authority C.C.L."A" 513 d/10th November 44.

The following is a statement of the account of the above-named from 1st November to 30th November 19 44 the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	26	40
First Monthly Payment			Regimental Pay 30 days @ $1.to	45	00
Casual Payments			Tradesmen's Pay .....days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay	25	00			
Regimental Charges			Allowances (give particulars) .....days at ..... $		
Public Stoppages (give particulars) :					
			Cash Effects SOCR 34961		56
			Cash Effects SOCR 34961	5	07
To Balance Cr Free	52	03	By Balance Dr		
To Balance Cr Deferred			By Balance Dr		
Total	77	03	Total	77	03

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

Remarks

Assigned Pay of $25.00 (M) stopped effect December 1944.

ESTATES BRANCH JUN 6 1945 O.T.Q. OTTAWA NATIONAL DEFENCE

Compiled by D. P. Maloney.

Checked by L Broughton

Date 23rd May 19 45.

Certified correct .....
for Chief Treasury Officer, Overseas

SIS.

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☐

BB H.Q. 405-M-41,865

CASUALTY (REPORT DELIVERY)

OTTAWA

TO:-

9 NOVEMBER 1944

MRS RENA MCRAE
HOPETOWN QUE

15452 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT B116548 RIFLEMAN JARVIS ALLOUM MCRAE HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION SECOND NOVEMBER 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

1st December, 1944.

Mrs. Rena McRae,
Hopetown, Quebec.

Dear Mrs. McRae:

It was with deep regret that I learned of the death of your son, B116548 Rifleman Jarvis Alloun McRae, who gave his life in the Service of his Country in the Western European Theatre of War on the 2nd day of November, 1944.

From official information we have received, your son 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,

A. E. WALFORD
Major - General
Adjutant - General

NOV 27

(A.E. Walford),
Major-General,
Adjutant-General.

/EBA

Mem. x. Mother
8:12/44 H.A.Z

1

H.Q. 405-M-41865
R. 4 (B).

Ottawa,

31st October, 1947.

Mrs. Rena McRae,
Hopetown, Quebec.

Dear Mrs. McRae:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, B116548 Rifleman Jarvis Alloun McRae, the location of which is grave 3, row H, plot 10, Adegem Canadian Military Cemetery, Adegem, Belgium.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

for A/Director,
War Service Records.

Encl.