B162460
VAISE
CLARENCE

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

61693

Received M.F.M. 2 (Combining M.F.M. 103) 1,000,000—12-43 (3115) H.Q. 1772—39—1645 K.P. 96 .... Checked National Registration .... Card E.D. 98 P.D. ? 6

A

FOR USE OF N.D.H.Q. ONLY	
Date Received	
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O' PTE D74

~~ORIGINAL~~ DUPLICATE ~~TRIPLICATE~~ } Copy designation to be shown by striking out terms not applicable.

Corps C. INF. C. RIFLES R WING #2 Coy #2 D.D.C.A. (A) Brantford Y

CANADIAN ARMY

Regimental Number B-162460

WSG COMPLETED

ENROLMENT AND ATTESTATION PAPER

1. VAISE (Surname) Clarence Richard (Christian Names)
2. Present Address R.R.#3, Bolton, Ontario, Canada
3. (a) Date of birth 5 August 1925
   (b) Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
4. (a) Place of birth of Father Canada unknown unknown
   (b) " " " " Mother Canada (Country) unknown (County or Province) unknown (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) Baptist Church
7. Trade or calling Farmer
8. (a) Name and address of last employer C. Wakely, Bolton, Ontario, Canada
   (b) How long employed 2 years 2 months
9. Married, Widower or Single Single If married, how many children
10. Name of Next-of-Kin Mrs. Daisy CRAVEN 11. Relationship Foster Mother
12. Address of Next-of-Kin 1048 Windsor Avenue, Windsor, Ontario, 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 Clarence Vaise
    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

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 20 th day of June 1944

T. Christiansen Cpt } Signature of Magistrate, Justice Attesting or Enrolling Officer.

#2 D.D.C.A. (A) FOR DRO } 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, Clarence Richard VAISE, 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 20 June 1944 Clarence Vaise (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Clarence Richard VAISE, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness E. Bussell (Name) Cpl (Rank) Clarence Vaise (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 20 th day of June 1944

T. Christiansen Cpt (Signature of Magistrate, Justice or Attesting Officer.)

#2 D.D.C.A. (A) FORD RG (Office or Rank and Unit or appointment)

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.

16 June 1944 MW

TO BE FILLED IN BY DISTRICT DEPOT	
Fingerprinted	JUN 21 1944
Photographed	JUN 21 1944
Occupational History Form Completed	

P

5092
10
28-12-44
4
7
12-44
111111
—

Record of Service of VAISE (Surname) Clarence Richard (Christian Name) Regimental Number B-162460

QUALIFICATIONS

Military: nil

Business or Professional: nil

Trade or Civil: Farmer

Technical: nil

Languages: English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 1 year high school (years completed)

Graduation or Matriculation: Entrance (specify)

*College: nil

*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.

This column for checking purposes only	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
	T.O.S. #2 DISTRICT DEPOT (AF)	Pte.	20June44	#2 D.D.	Toronto Canada	D.O.# 165	22 June44
	S.O.S No. 2 D.D.TC No 20 B.T.C.	"	6 JUL 44	"	"	D 0 177	5 JUL 44
	TOS - FAP - on trans from #2 DD / Inf R	Private	7 July44	#20 BTC	BRANTFORD	184	7 July44
	S.O.S. TO A.10. C.I.T.C.	Private	3 Sep44	#20 BTC	BRANTFORD	241	3 Sep44
	TOS from #20 BTC Brantford	"	4 Sep 44	A.10 CITC	C.BORDEN	211	4 Sep 44
	Awarded 14 days Det'n for insubordination to the guard commander at 240630 Q Sep 44 Total forf 14 days pay	"	25 Sep 44	"	"	235	1 Oct 44
	Att. for R.Q.D. & Disc. to No.86 Mil. Det'n. Barr.	"	26 Sep 44	"	"	231	27 Sep 44
	Ceases Att. for R.Q.D. & Disc. to No.86 Mil. Det'n. Barr.	"	7 Oct 44	"	"	241	9 Oct 44

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname VAISE Christian Names Clarence Richard

Reception Centre #2 D.D.C.A. Military District #2 Date 16 June 1944

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) brown Hair black Height 5'11" Weight 161

Identification marks and scars negro

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

" recheck (a) " ..... (b) " " ..... (c) Blood sugar .....

23. X-Ray No. B32330 Laboratory #2 D.D.C.A. (A) Report neg.

Part I. History

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

(a) Eye trouble no JM

(b) Nose, throat, sinus or ear 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 H 1 E 1

J. White, Capt. R.C.A.M.C.

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

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

Tortuoirty vein in rt. forearm, no cause is apparent or can be elected. No significance

26. Cranium neg.

Spine neg.

Extremities neg.

Hernia neg.

Genito-Urinary neg.

Rectum neg.

Varicose Veins neg.

Feet neg.

Abdominal neg.

Remarks and Diagnosis

Pulhems grading P 1 U 1 L 1

Chas. Newell, Maj. 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? .... no

Clarence Nairn
(Signature of Recruit)

B. B. Sparks .... R.C.A.M.C.
(Witnessed by)

27. Physique:
Good good Fair .... Poor ....
Chest:
Full expansion 38 Range of Expansion 3
Lungs: neg.

Heart: B.P. Systolic .... Diastolic ....
Soft mitral systolic when lying.
functional

Abdomen
neg.

Skin .... neg.
Glandular Systems .... neg.
Remarks and Diagnosis:

PULHEMS Grading P 1

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

28. Psychiatrist's Report **Remarks and Diagnosis:**
Nails bitten. Hands moist

Pulhems grading M 1 S 1

W. Straker, Capt. .... R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Profile to be assigned.

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

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

[signature] .... R.C.A.M.C.
(President of the Board)

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

Date	Use one line and write plainly.	
23 JUN 1944	S.P. Vacc. & T.A.B.T. 1cc (1)	[initials] Capt
28.7.44	T.A.B.T. (2)	GWS
25.8.44	T.A.B.T. (3)	
23 JUN 1944	TYPHUS Vacc. 1cc (1)	[initials] Capt
28.7.44	TYPHUS (2)	
25.8.44	TYPHUS (3)	GWS.
12.9.44	Schick: Neg	
	A.P.T. 1cc (1)	
	A.P.T. 1cc (2)	

7 Dec 44 Typhus (4) CKP.

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

Date	P	U	L	H	E	M	S	Signature of M.O.
29.8.44	1	1	1	1	1	1	1	G. Slocombe Capt
NOV 9 1944	1	1	1	1	1	1	1	[signature] Capt

NOTE: (a) Any corrections to entries must be initialled by the officers making them.
(b) (i) Profile in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in 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.

DATE TAKEN 20 JUN 1944 | DATE DEVELOPED 23 JUN 1944
KOLMER WASS
STANDARD KHAN

cl

CERTIFIED TRUE COPY

Emb

Regimental No. B-162460 Rank Pte. Sheet No. 2

M.F.M. 1 & 2 (a)
300M—12-43 (3301)
H.Q. 1772-39-1646

Name VAISE, C.R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Granted 3 days special leave from 17 Nov 44 to 19 Nov 44 and 14 days furlough from 20 Nov 44 to 3 Dec 44 and is to draw .50¢ per diem ration allowance Transport Warrant # 842625	Pte.	17 Nov 44	A10 CITC	C.Borden	275	17 Nov 44
SOS F.A.P. exc. pay to No.2 Transit Camp	"	9 Dec 44	"	"	295	11 Dec 44
SOS for pay purposes	"	31 Dec 44	"	"	295	11 Dec 44
TOS TRG BDE GP	"	10.12.44	BDE GP	DEBERT	368	12.12.44
S. O. S TRG. BDE. GP. TO SERIAL 2588	"	18.12.44	TG BD GP	DEBERT	376	18/12/44
EMBARKED IN CANADA		18 DEC 44				
TOS C.A. (O/S) ON TRANSFER		19 DEC 44				
DISEMBARKED U/K/		27 DEC 44				
REPORTED FOR DUTY		28 DEC 44	2 CITR	U/K	52	31 Dec 44
Granted RRfp. $1.40 pd	Pte	20 Octr	2 CITR	UK	22	26 Jan 45
To draw $1.50		20 Decr	2 CITR		28	2 Feb 45
SOS to X4 CL	"	15 Feb 45	2 CITR	"	40	16 Feb 45
Emplaned & Deplaned	—	17 Feb 45	X List Gen Lwl	21 A Gp	48	27 Feb 45
SOS SOS X4 List to A & S. H of C.	Pte.	28 Feb 45	XLA & S H of C	21 A Gp.	27	18 Mar 45
TOS TOS from X4 List A. & S. H of C	Pte	1 Mar 45	A & S H.	21 A G	15	16 Mar 45
Killed	Pte	7 Mar 45	A & S H.	Cas l. A	555	16 Mar 45
SOS Deceased (Killed in Action).	Pte.	7 Mar 45	A & S H.	21 A G	16	24 Mar 45

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. B162460 Rank pte Surname Vaise Christian Name Clarence R.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
Arg & Suth Hldrs	—								Killed 7-3-45		Q 555

Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

7-21

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.(RIFLES) R WING # 2Coy. Btfd. "Y" Regimental Number B-162460

1. Surname VAISE
2. Christian Names Clarence Richard
3. *Substantive Rank and Appointment PTE
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Montreal, Quebec, Canada.
5. Date of birth as declared on attestation August 5, 1925.
   (A)
6. Date of enlistment June 20, 1944.
7. Place of enlistment Toronto, Ontario, Canada.
8. Residence at time of enlistment R.R. # 3, Bolton, 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 Baptist
12. If married, state date
13. Trade on enlistment Farmer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

G.D.

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

(18) Medical

Category	Date	Authority
1111111	16June44	M.F.M.2
1111111	29.8.44	
111111	9 Nov 44	" "

(19) Next of kin (entries to be made in pencil) Foster Mother
Mrs Mary Craven
1048 Windsor Avenue
Windsor Ontario

(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
		NOC ITC	Not qual as tradesman	C. Borden	Dec 9/44		
		2 CITR	EMBARKED IN CANADA	U/K	18 DEC 44		
			TOS C.A. (O/S) ON TRANSFER		19 DEC 44		
			DISEMBARKED U/K	U/K	27 DEC 44		DO 52 / 31 DEC 44
			REPORTED FOR DUTY		28 DEC 44		
		2 CITR	To receive 1.40 Per diem	U.K.	20-10-44	Pte	22/26 Jan 45
		"	To receive 1.50 per diem	U/K	20-12-44	"	28/2 Feb 45
		2 CITR	SOS to X-4 List (CIC)	UK	14-2-45		40/15-2-45
			EMPLANED UK 17 FEB 45				
			DEPLANED N W EUROPE 11 FEB 45				
			TOS X4 (11 B) Inf Rnf WEF 15 FEB 45 DO 48 FEB 45				
X4	1 Bn Inf Rnf		SOS to X4 (3 Bn) A & S H of C	"	21 Feb 45	Pte	58 45
X4	3 Bn A & S H of C		SOS from X4 (1 Bn) Inf Rnf	"	22 Feb 45	Pte	24 45
X4	3 Bn	"	SOS to A & S H of C	"	28 Feb 45	"	27/45
1 MAR 1945	CR	A. & S. HIGHRS.	SOS from X 4 List	"	1 MAR 1945	"	15 MAR 1945
16MAR45	HS	"	SOS deceased Killed in action	"	7 MAR45	"	16 MAR 1945

BURIAL REPORT TO N.K. AUG 12 1946

RETURN TO BUR. OF STAT. JUN 4 1945

ROYAL MESSAGE DESP'D. APR 11 1945

CAN. MESSAGE DESP'D. APR 11 1945

Temp B R sent to N K

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 16, row H, plot 4.

HI & CR Form Despd. FEB 3 1947

Photographs
Despatched
JAN 29 1948

10M-1-45 (M-4608)

NO B.162460 Rank Private Name VAISE, Clarence Richard

Unit A. & S.H. of C.(P.L.) Date of death 7th Mar., 1945.

Died at Germany

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-V-3846

N/K Mrs. Daisy Craven Relationship Foster-Mother

Address 1048 Windsor Ave., Windsor, Ont.

Remains buried in Germany Xanten sheet 4304 Town of Sonsbeck 061363 by church nr hosp. P.1 R.E Cemetery Gr. 3

CHK ✓

Grave location

OVER-

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO A1213

(1) MEDALS

PERSON ENTITLED TO Mrs. Daisy Craven Foster- Mother

ADDRESS: 1043 Windsor Ave., Windsor, Ont.

(1)

(2) MEMORIAL CROSS

WIDOW (SINGLE)

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Daisy CRAVEN, (FOSTER-MOTHER)

NIL

ADDRESS:

(3)

MJA

7-3-45

AWARDS—CANADIAN ARMY (ACTIVE)

M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-V-3846

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
VAISE, Clarence Richard	B.162460	Pte.	A.& S.H. of C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	4550 27/1/50
~~France & Germany Star~~	
War Medal 1939-45	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

V.1.5 7-21a

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: Vaise Clarence Richard (b) Reg'l. No.: B162460
2. (a) Arm of service: Army (b) Unit: 2DD CIC (c) Rank: Pte
3. (a) Date of birth: Aug 5/25 (b) Have you any dependents?: no (c) Place of residence at time of enlistment: Bolton Ont
4. (a) Place of enlistment: Toronto Ont (b) Date of enlistment: 20-6-44

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16. (b) Were you attending school or college up to the time of enlistment?: no.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 1 yr High S.
7. If you attended a university, give name of university and standing or degree secured: None
8. (a) Did you ever enter upon a trade apprenticeship?: No (b) If so, for what occupation?: — (c) Did you finish it?: — (d) If you did not finish it, how long did you serve at it?: —
9. (a) What languages do you speak fluently?: English (b) What languages do you read well?: English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Working
(b) At time of enlistment of what trade union or professional society were you a member?: ✓

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: C. Wakely Address: Bolton Ont
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): farmer
20. (a) Your specific occupation: farmer (b) Number of years' experience at this occupation with any employer: 2
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?: na (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: na (b) Where was it located?: na
23. (a) Number of years engaged in this business: (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?: no (b) Do you feel competent to operate a farm?: yes (c) If so, in what kind of farming?: mixed
25. (a) Were you born on a farm?: no (b) How many years' actual farming experience have you had?: 2 (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.): na
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: radio service shop

DATE: June 21 194 4 SIGNATURE: Clarence Vaise

16 41

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

C.I.C. Rifle
Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I. B162460 (Regt. No.) ; (Rank) ; VAISE Clarence R. (Name (surname first)) ; A (A or R) ; 18 (Age) ; (Med. Cat.)

Eng. (Main Language) ; (Other Language(s)) ; #2 D.D. Intern'l Bldg. Toronto (Place (Unit) Interviewed) ; 20 June 44 (Date Interviewed)

II. Revised Examination "M"

#2 D.D. Intern'l Bldg. (Place Tested) 17 June 44 (Date Tested) W.G. Smith Sgt. (By Whom)

132 (Total) III (Group) Subtests 12 (1) 15 (2) 7 (3) 22 (4) 21 (5) 8 (6) 18 (7) 29 (8) Subtotals 34 (1–3) 43 (4–5) 55 (6–8) Eng. (English or French)

Other Tests X-183241 PULHEMS
25-1111111

III. Educational Background

Grade 9 completed in Windsor, Ont. at age of 17. Did not care for school.

IV. Occupational Background

2 yrs.--farm labor near Bolton, Ont.---employed by one farmer during period.

V. Military Background

No previous military training. Enlisted C.A.(A) 20 June 44.

VI. Other Personal History and Appraisal Height 5'11" Weight 161 lbs.

Will be 19 on 5 Aug. 44.

Vaise is a tall, well developed Negro of a good physique and very neatly dressed. He was raised in the city of Windsor by foster parents who gave him a good home. He had one step-sister only.

He is active in sport of all kind but excells in tennis. Has been a member of boys organizations and appears to have made good social adjustment despite some natural shyness. Reads extensively.

Vaise appears to be quiet, determined chap of good character and background. He has an excellent vocabulary, is courteous and has average learning ability. He is very well read and well informed on matters of general interest. Because of his shyness and reserve he may find difficulty in adjusting to army life but has possiblities of making a good dependable soldier.

VII. Recommendations

C.I.C. RIFLE.
Suitable for normal training.

(Signed) R. Meadows
Army Examiner

R. Meadows, Lieut. for N.M. Seccombe, Major.

See reverse side for further information and follow-up

M F.M. 196
200M—1-43 (7957)
H.Q. 1772-39-1916

GLT

FURTHER INFORMATION AND FOLLOW-UP

1 Sept 44

Single, lives with step-sister in Windsor, Ontario. Health has been good, and he has plenty of stamina. Played a good deal of tennis and baseball. Boxed quite a bit. Progress in training has been fine and he appears to be a fine soldier prospect. He volunteered for paratroops and seems well motivated. He is quite interested in Army training and is quite popular. He is quiet and seems to know his own mind. Basic is completed. He is accepted by Army Examiner and R.M.O. as a volunteer for Paratroop Training. Basic completed.

Brantford, Ontario. J Ralph Knox, Lieut. (J.R.Knox)Lt. A.E. No. 20 C.I.(B)T.C.

1 Sept 44

However, within one day of completing Basic, orders from District Headquqrters were given that all potential paratroopers finishing Basic 1 Sept 44 were to proceed to Advanced Infantry Training.

Brantford, Ontario. J Ralph Knox, Lieut (J.R.Knox)Lt., A.E. No. 20 C.I.(B)T.C.

9 Nov 44.

Enlisted 20 Jun 1944.
Completed Basic Training at No. 20, B.T.C., Brantford.
Completed Corps Training Infantry at A-10, C.I.T.C.
M.F.M. 6 clear.
A tall, sturdy soldier, intelligent and responsive. He states he enjoys good health and feels he is physically fit after his training. Good attitude to service and he appears well adjusted. Although somewhat slow, he has completed all his training successfully and appears ready for overseas draft.

Examination of the foregoing and interview indicate suitability for overseas service in Infantry (others) operational.

Personnel Selection
Examination of Documents
Completed
DEC 12 1944
6K
A. E. Roy
1st Trg Bde DEBERT

H V Kneale Lt.
(H.V. Kneale)
A-10, C.I.T.C.

Pulhems: 25/1111111 9 Nov 44.
Interviewed on arrival O/S. "Well developed, good attitude and appears adjusted. Friendly manner and good prospect for further training. Would like sniper's course but says that he is only second class shot and is weak in map reading."

Rec: Rfn. potential sniper.

2 CITR 28 Dec 44. R.T.Payton Capt. (R.T.Payton) Capt.
SPO I

T.O. Reports: Nil

7-21 AF

M.F.M. 5
300M—1-43 (7930)
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 the 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 VAISE Clarence Richard
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank B-162460 Pte.

(3) Unit #2 DD(AF) C.I.C. (Rifles) #2 Coy R WING Brantford "Y"

(4) Are you married? NO (5) If married, state,

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

(*b*) Present postal address of wife BEING 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 APPLICABLE

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

Name

Postal Address

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

If so, state her full name and postal address NA

RECORDS M. D. 2

[SEE OTHER SIDE]

(11) Is your father alive? Deceased If so state name and address, occupation Na

(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

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~~ Foster-Mother alive? ~~Deceased~~ If so, state name and address Mrs. Daisy CRAVEN 1048 Windwor Avenue, Windsor, Ontario, 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

(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? No
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.

Date 20 June 1944 x Clarence Naish
(Signature of officer or man)

Date 20 June 1944 For [signature] F/Lt
Officer Commanding #2 DD(AF)

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
150M—10-43 (2314)
H.Q. 1772-39-1656

(1) I, Clarence Richard VAISE (Name in Full), of the Township (City, Town, Village, Township)

Address in civil life.

of Albion, in the County ~~District~~ of Peel

Province of Ontario, Farmer (Civil Occupation)

Regimental No. B.162460, Unit #2 D.D. (AF) C.INF.C.(RIFLES)#2Coy., 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 FOSTER-MOTHER, Daisy CRAVEN of 1048 Windsor Avenue, Windsor, Ontario, 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. Daisy CRAVEN, 1048 Windsor Avenue, Windsor, Ont. Canada, (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 21 day of June 1944.

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.

Clarence R Vaise (Signature of soldier)

First witness sign here.

(5) Signature

Civil Address 1870 Bloor St. West, Toronto, Ont. Canada,

Civil Occupation Clerk.

Second witness sign here.

Signature Wm D. Sutherland.

Civil Address 34 Glebeholme Blvd., Toronto, Ont. Canada,

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

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.

D. R. 10

JAN 16 1946

JUN 27 1944

DOCUMENTS RECEIVED IN DISCHARGE SECT.
JUN 28 1944
DIRECTORATE OF RECORDS, N.D.H.Q.

3/45A MFM 510
40/P&S/254 (8550)

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

District .....

Dispersal Area .....

Regtl No. B162460 Rank and Name VAISE C.R. Pte.

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

(~~Transfer~~ or Discharge) ~~to~~ on 7th March.45. 19

Reason Death Authority : C.C.L."A" 555 d/16th Mar.45.

The following is a statement of the account of the above-named from 1st Mar: to 31st Mar: 19 45. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	94	98
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay					
Regimental Charges			Allowances (give particulars) ..... days at ..... $		
Public Stoppages (give particulars) :					
			D.P. Int:		30
To Balance Cr — Free	81	78			
To Balance Cr — Deferred	60	00	By Balance Dr		
Total	141	78	Total	141	78

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

Remarks

A.P. $16.80 (7th V.L.) Cancelled off Nov.44.

The above statement has been compiled entirely from Treasury Records no paybooks being available.

Compiled by A. Bell.

Checked by L. M. Crayston

Date 19 Sep.45. 19

Certified correct E. Adamson
for Chief Treasury Officer, Overseas

MW

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME .....B-162460 Pte Vaise C. V. R. ..... Dec'd

RECEIVED FROM .....Cdn 2nd Ech 21 Army Group

CHECKED BY .....B-81759 Sgt Graves J.G ..... DATE .....25 Apr 45

AND .....B-6410 Pte Shaw R.V.

1	Red "I" Disc.		
3	Souvenier Notes.		
1	Crucifix.		

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

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
30 APR 1945
BRANCH
QUARTERS

FORM No. 1

Register No. CD 4756 Nominal Roll No. D755

H.Q. File No. 905-V-3846

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
B-162460	PTE.	VAISE	CLARENCE RICHARD

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. 20 June 44.	T.O.S.	T.O.S.
S.O.S. 7 Mar 45 MD O/S.	S.O.S. MD	S.O.S. MD
Total Days 261	Total Days	Total Days

Total Service 261 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	182	14	168
Overseas Service	79	Nil.	79
Totals	261	14	247
Add Non-qualifying Service			14
Total Service			261

EMBARKATION DETAILS: TOS-O/S 19 Dec 44.

1. Date S.O.S. Overseas 7 Mar 45. 2. Date S.O.S. Overseas —

REMARKS:

Computer's Signature C W Mee Sgt

Checker's Signature [illegible]

Date Computed 23 July 45.

KILLED IN ACTION 7 Mar 45.

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

for C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
Det			25 Sept 44		14
				Total	14

Overseas: T.O.S. 19 Dec 44 T.O.S. T.O.S.

S.O.S. 7 Mar 45 S.O.S. S.O.S.

				Total	

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME CLARENCE RICHARD VAISE (Christian Names) (Surname)

Register No. D-225-88

PAYEE'S NAME ESTATES (Christian Names) (Surname)

File No. 405-V-3846

Date 22-5-46

ADDRESS

Service No. B-162460

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 7-3-45

Date of Discharge 7-3-45

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 247 / 30 = 8 Periods @ $7.50	60	00
B. QUALIFYING OVERSEAS SERVICE No. of days 79 less 7 Ineligible days, equal 72 Days @ 25c. per day	18	00
	78	00
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 150 Subsistence Allowance $ 125 Additional Pay $ — Dependents' Allowance 1/30 $ — $ — TOTAL $ 275 × 7 = $ 1925 No. of Days 79 / 183 × $ 1925	8	31
D. WAR SERVICE GRATUITY Computed By BCL	86	31
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By VJ		
F. AMOUNT PAYABLE (This amount is payable in .... monthly instalments of $ .... each)	86	31

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ .... × 30 = $ ....

REMARKS

140M—2-46 (8758)
H.Q. 1064-81-3

405-V-3846
D. R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. B.162460, Private Clarence Richard VAISE, of the Argyll and Sutherland Highlanders of Canada (Princess Louise's), Canadian Army, was killed in action on the 7th of March, 1945.

(C. L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
April 6th, 1945.

12

405-V-3846

A555

FIELD SERVICE

In lieu of Army Form B. 2090A

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol I.

MBR

REGIMENT OR CORPS: A.&.S.H. OF C. Squadron, Troop Battery or Company

Officer's Personal No (if known) B 162460 Rank Pte

Soldier's Army No

Surname VAISE Christian Names C.R.

Died: Date 7 Mar 45 Place Germany

Cause of Death[x] Killed

Nature and Date of Report 3011c/ 939 10 Mar 45

By whom made A.&.S.H. OF C.

[x] Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Burial: Place Germany Xanten sheet 4304 Town of Sonsbeck 061363 by church near hospital Plot 1 Row E Grave 3 Date 12 Mar 45

By whom reported C.A. Mac Lean H/Capt

State whether he leaves a Will or not: (a) in Army Book 64 No

(b) as a separate document Not Received

All private documents and effects received from the front or hospital, as well as A.B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office,

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A.B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

17

Station and Date: Belgium 29 Mar 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric G Roberts Capt for Officer i/c

Cdn Sec 2nd Ech H.Q. 21 A Gp.

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

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of IN THE FIELD (GERMANY) Township of .....
If in City, Town or Village ..... (Name) Street ..... House No. .....
(If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED VAIR (Family name) Clarence Richard (Given name or names in usual order)

RESIDENCE No. ..... Street ..... City, Town, Village or Township R.R. #3 Bolton Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH August (Month) 5 (Day) 1925 (Year)

10. AGE in

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

OCCUPATION

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

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. .....

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

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

15. If married give name of wife or husband of deceased .....

FATHER

16. NAME Deceased

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

MOTHER

18. MAIDEN NAME .....

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

20. Person giving information sign here [signature]
Address Director of Records, L.S.
Relationship to deceased Dept. of National Defence.

21. Place of Burial, Cremation or Removal Germany
Date of burial or removal .....

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

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

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH March (Month) 7 (Day) 1945 (Year)

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

CAUSE OF DEATH

		PHYSICIAN
I. Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Killed in action	Underline the cause to which death should be charged statistically
	due to	
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)	
	due to	
	(c)	
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	.....	
	.....	

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

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

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

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? ..... (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 ..... **M.D.**
Address ..... **Date** ..... **19**.....

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

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

OVERSEAS CASUALTY CANADIAN ARMY

JUN 4 1945

0/19-4-0

FOR COMPLETION AND RETURN BY

1

Form P. 64

Mrs. Daisy Craven
1048 Windsor Ave.,
Windsor, Ont.

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-V-3846 FD 26

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

April 18 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

VAISE Clarence Richard, Pte.

B-162460 C.A.

ESTATES BRANCH
MAY 2 194
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.

EDM/BJH

Director of Estates.

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		Not Married		
2	Children of the Deceased and dates of their Births		No children		
3	Father of the Deceased		Not Known		
4	Mother of the Deceased		Not Known		
5	Brothers of the Deceased	Full Blood	N.B., This boy was placed in my care from the Children's Home here in Windsor, and I was his Foster Mother —		
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	none		
			none		
		Half Blood	none		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any) none		Address of their children none

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Clarence Richard Vaise
9	Date of his birth.	April 8th 1925
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	I do not know.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Windsor
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario - (b) (c) Until he enlisted (d)
14	Nature of employment before enlistment.	Farm-Hand-
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.	Here with me. 1048-Windsor Ave.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	none
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?	If so - Not known to me.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$100.00 Purchased Oct 23rd At Camp Borden Ont. 1944
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 as far as I know

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 that I know of
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

*Foster-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.

Daisy Craven — Signature of Informant

1048-Windsor Ave. Windsor Ont. — Address

CERTIFICATE

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

See above. Daisy Craven {Name of informant} is the Foster Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Windsor Ont. this 30th day of April 1945

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

Rev. F. O. Stewart. Qualification Clergyman.

Address 351-McDougall St. Windsor 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

Mrs Daisy Craven,
Foster-Mother

1048-Windsor Ave.,
Windsor Ontario

UNIT COMMITTEE OF ADJUSTMENT REPORT

APPROVED AND FORWARDED
Standing Committee of Adjust.
Cdn. Sec. 2nd Ech. HQ. 21 A Gp.
MAR 29 1945

INSTRUCTIONS

1. To be completed in triplicate of which one copy will be retained by the unit.
2. Parts marked * which are not applicable will be ruled out and initialled.
3. All blanks marked † will be filled in with "NIL" where appropriate.
4. In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
5. In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the C.O., the exigencies of the Service make it desirable to do so.
6. Unit Committee of Adjustment may pay, in the case of deceased personnel,
   (a) preferential charges owing within the unit and the unit area, and
   (b) ordinary debts similarly owing ONLY if after making provision for *all* preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
7. The following will be forwarded in the manner shown,
   In U.K.—to Officer i/c Estates, C.M.H.Q.
   Ex U.K.—to Officer i/c Cdn Sec., G.H.Q., 2nd Echelon.
   (a) Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM I, Pts. I and II—by post, rail or road.
   (b) Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
   (c) Cheques, drafts, money orders, personal papers and documents, effects of sentimental value *and* an inventory of *all* personal effects forwarded—by registered post.

REPORT

No. B162460 Rank Pte. Name in full Vaise, C. R.

*Deceased, *Missing, *Prisoner of War, *Interned. Date of Casualty 7 Mar 45

Unit A. & S. H. of C. (PL)

Medical installation in which death took place (if applicable) N/A

Reinforcement Unit to which posted at time of death (if applicable) N/A

Name of Officer furnishing report Capt. C. T. Bissell, Adjt.
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

1.* Separate inventories are attached, as applicable, showing:—

(a)* Articles privately owned, suitable for service requirements, turned into Q.M. Stores—Exhibit "A1".

(b)*Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2".

(c)*Articles additionally sold under C.Os. authority showing the purchaser of, and the price paid for each article, and the written authority of C.O. for such sale,—Exhibit "A3".

(d)*Bulky articles disposed of under authority of Officer i/c Estates C.M.H.Q., showing the disposition and, if sold, the purchaser of, and the price paid for each article,—Exhibit "A4".

(e)*Personal Effects, forwarded to (*Officer i/c Estates), (*Officer i/c 2nd Echelon),—Exhibit "A5".

2. *No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6".

B. WILL

(a)*Original Will or testamentary document was forwarded on (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1".

(b)*No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

(a)*Was turned in to Q.M. Stores.

(b)*There were no deficiencies.

(c)*There were deficiencies amounting to £ and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit "C1".

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a)

Name and Address of Creditor	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† Nil			

*Itemised accounts are attached as Exhibit "D1", those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2".

E. ORDINARY DEBTS

(a)

Name & Address of Creditor	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† Nil			

*Itemised accounts are attached as Exhibit "E1", those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2".

F. CREDITS

(a) *Public Claims owing to the Casualty.*

Nature of Claim	*Amount*
† Nil	

(i)*Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1".

(ii)*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A.1. (a) above) attached as Exhibit "F2".

(b) *Private Claims Owing to the Casualty.*

Name & Address of Debtor	*Particulars of Claim*	*Amount*	*Paid or Unpaid*
† Nil			

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3".

G. CASH RECEIVED AND PAID

		Paid	*Received*
Cr.	Cash found on person or in effects		†
	Cash realized from sale of effects as per para. A.		†
	Cash collected re private claims as per para. F.		† Nil
Dr.	Paid re preferential charges as per para. D.	†	
	Paid re ordinary debts as per para. E.	†	
	Paid (*balance) to unit Paymaster	† Nil	
		†	†

H. SERVICE AND PAY BOOK

~~Officers' Record of Service Book~~ (*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (*forwarded with this report)

(*~~not forwarded by reason that~~ .....Pt. II not recovered.....

.....
~~Signature of Committee or President.~~ Capt.

20 Mar 45
Date

.....A. & S. H. of C. (PL).....
Unit

File No 405-V-3846

D.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B162460 Name VAISE CLARENCE RICHARD

Rank on Discharge Rfn Date of Discharge 7-3-45

Deceased

Authority for Discharge or Retirement

Served in:

			Non-qualifying service
Canada	from 20-6-44	to 18-12-44	
	from	to	
United Kingdom	from 19-12-44	to 17-2-45	
	from	to	
Italy	from	to	
Northwest Europe	from 18-2-45	to 7-3-45	KIA.
----------	from	to	
----------	from	to	

Eligible for award of:

1939 - 45 Star OK

Italy Star

France-Germany Star OK

Defence Medal NE

1939-45 War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

M

WA

Verified by [signature]

Date 16-9-46

Carded SEP 17 1946

NO RIBBON DESPATCH

IIA 165

3rd April, 1945.

Mrs. Daisy Craven,
1048 Windsor Avenue,
Windsor, Ontario.

Dear Mrs. Craven:

It was with deep regret that I learned of the death of B162460 Private Clarence Richard Vaise, who gave his life in the Service of his Country in the Western European Theatre of War on the 7th day of March, 1945.

From official information we have received, Private Vaise 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

APR 3 1945

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

/EMA

Mem x Fil,
10-4-45
10 Ha(?)

H.Q. 405-V-3846
D.R. 2 (C)

12th August, 1946.

Mrs. Daisy Craven,
1048 Windsor Avenue,
Windsor, Ontario.

Dear Malam:

Information has just been received from overseas that the remains of your foster son, B162460, Private Clarence Richard Vaise, have been carefully exhumed from the original place of interment and reverently reburied in grave 16, row H, plot 4, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. 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,

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

FBR/BOC

File No 405-V-3846

REBURIAL

NO B162460

RANK Pte

NAME Vaise, C.R.

NAME OF CEMETERY Nijmegen Canadian Military Cemetery,

LOCATION OF CEMETERY 4 miles S.E. of Nijmegen, Holland.

GRAVE LOCATION Grave 16 Row H Plot 4

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B-162460 RANK Private SERVICE UNIT The Argyll & Sutherland Highlanders of Canada (Princess Louise's)(C

NAME VAISE, Clarence Richard

DATE OF BIRTH
DAY 5th MONTH August YEAR 1925 Date Enlisted: 20-6-44

MARITAL STATUS Single Religion: Baptist

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Foster-Mother NAME Mrs. Daisy Craven,

ADDRESS 1048 Windsor Avenue, Windsor, Ontario. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 7118A H.Q.405-V-3846

CASUALTY DETAILS Previously reported missing in action now officially reported killed in action DATE 7-3-45

WESTERN EUROPEAN THEATRE OF WAR

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NM YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 25-3-45

O/S with Inf S/L4518

Mabelle Lamb
OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

MILITIA BOOK M. 1

PART I

200M—10-43 (2343-6)
H.Q. 1772-39-1672
K.P. 92172-5

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

DON'T FORGET Report immediately to your Commanding Officer any changes in name, address or relationship of your Next-of-kin. This is essential in the interests of yourself and your next-of-kin.

Reg. No. B162460

Surname (Capitals) VAISE

Christian Names in full Clarence Richard

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. B162460

Surname (in capitals) VAISE

Christian Names (in full) Clarence Richard

Date of Birth 5 Aug 25

Place of Birth Montreal Que.

Citizenship Canada

Trade on Enlistment Farmer

Nationality of Father at Birth Canada

Nationality of Mother at Birth Canada

Religion Baptist

Enlisted at Toronto Ont.

Date 20 June 41

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

Signature of Soldier Clarence Vaise

Signature of Officer D.C. Jones Lieut.

Place Toronto Ont. Date 21 June 41

(IV) NEXT OF KIN NOW LIVING

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	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Deceased		
	Foster Mother N. of K	Mrs Daisy Craven	20 June 44	1048 Windsor Ave Windsor Ont
3rd	*Brothers and Sisters	Miss Cecile Craven	20 June 44	1048 Windsor Ave Windsor Ont
4th	Other Relations (stating relationship)	Mrs C. Wakely	20 June 44	R R # 3 Belton Ont

*State whether brothers are older or younger.

(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
19 June 44	Pte	NO. 2 DISTRICT DEPOT (CA)	D.O. 16	[illegible] Lieut.

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

Completed Part I .... Trg. ....

PART 1 INF. TRNG. COMPLETED AUG 31 1944 [illegible]

completed 3 weeks Refresher 2 C.I.T.R.

Date Jan 30/45 Signed R. [illegible] Lt.

TC or Unit ....

Completed Part II [illegible] Trg. 8 weeks

A-16 C.I.T.C. - Camp Borden Ont.

Date 11 Nov 44 Signed [illegible] Lt.

TC or Unit ....

Civil qualifications of military value Farmer -

Boxing is main sport - Builds

Model planes for hobbie

Date .... Signed J. R. Knox [illegible]

Army Examiner

Per [illegible]

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Driver (type and class) etc. Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1944	2	Rifle		McLarrine 2/Lieut.
1944	2	L.M.G.		
1944	2	Sten		
1945		P.I.A.T.	1 bomb.	R. Auld Lt.
1945		T.M.C. M3.	10 Rds. each.	
1945		Sten.	30 Rds.	
15/1/45		Rifle Zeroed.		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade IX	Bowmanville Ont.	20 June 44	C. C. Cowan Lieut.

10

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	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		

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
NOV 9 1944	Y.O.B. 25, P 1, U 1, L 1, H 1, E 1, M 1, S 1			J M Edmison Lt

(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
30 AUG-44	✓		PR.	[illegible]
5 Sept 44	✓			[illegible]
15 NOV 44		✓		J. Gourlay Capt
8 Dec 44		✓		[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
Wass Neg	23.6.44	[illegible] Capt
Typhus bath ✓	13/2/45	S.A.S.

(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. 1cc (1)	23.6.44	[illegible] Capt
T.A.B.T. (2)	28.7.44	G.W.S.
T.A.B.T. (3)	25.8.44	
TYPHUS Vacc. 1cc (1)	23.6.44	[illegible] Capt
TYPHUS (2)	28.7.44	G.W.S.
TYPHUS (3)	25.8.44	
Schick Neg	17.7.44	
A.P.T. 1cc (1)		
A.P.T. 1cc (2)		

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
TSV 4 7 Dec 44	[illegible] 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
Xray B32330 Neg.	20 June 44	[illegible] Capt
Night Vision: Cl "B"	24-6-44	J.H. Knight Lieut
C.A.P.	25-7-44	[illegible]
BLOOD DONATION	10-8-44	[illegible]
Blister	10 Oct 44	[illegible] Capt
CHM		
Emb Leave		[illegible]
Furlough	20 Nov 44 3 Dec 44	[illegible]
MBM Pt III	5 Feb 45	[illegible] Pt
Disembarked N.W.E.	14 Feb 45	

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 H.Q. M.D. 2
Signature of Officer.
Rank or Appointment.

D. C. [signature] Lieut

Signature of Officer..................

Date Certificate or Will extracted..................

To whom sent..................

Unit or Dept..................

Unit or Dept..................

To whom sent..................

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.