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M.F.M. 2 A.F.B. 271 200M-3-41 (9720) H.Q. 1772-39-1645

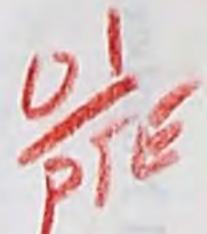
ORIGINAL DUPLICATE TRIBLICATE

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

Unit.NO..2 DISTRICT DEPOT QAF.)

Regimental Number B-16588

R.C.A. "B" WING



	ATTESTATION PAPER
1. Surname	HEMMING
2. Christian Names	Gilbert Kenneth
3. Present address	Gilbert Kenneth 261 Mc Archer Ake Townle, Ont Canada 927 St. Clair Ave. West Toronto Ont Canada
4. Date of birth	May 1,1920
	Canda Quebec, Montreal (County or Province) Quebec, (Town or Township)
6. Religion (state denomination)	(County or Province) (Town or Township) United Church
	Airplane worker
8. Married, Widower or Single	
9. Name of next of kin	Mrs, Kate Hemming C. F. C.L.
10. Relationship	Mrs, Kate Hemming & & Change Mrs, Kate Hemming & & Change My Sout 26/ Mc Roberts Ave., Tonorth, Out 26/ 927 St. Clair Averword Foronto Ont Canada
11. Address of next of kin	927 St. Clair Averwert Foronto Ont Canada
12. Do you belong to, or have you s	erved in a Reserve Formation or Unit of The Canadian Army?no
Force?(If Yes, Give Regin	(b) Any other Naval, Military, or Air nental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service) War 1914-1918?
	no If Yes, specify Regimental No., Unit and Dates of Service)
	ON TO BE MADE BY MAN ON ATTESTATION
above particulars are true, and I he Army so long as an emergency, i.e.,	do solemnly declare that the ereby engage to serve in any Active Formation or Unit of The Canadian war, invasion, riot or insurrection, real or apprehended, exists, and for the emergency ceases to exist, and in any event for a period of not less than ald so require my services.
I,Gilbert Kenneth HEM declare) that I will be faithful and h	O BE TAKEN BY MAN ON ATTESTATION MING
	RATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER
The above questions and answer	cautioned by me that if he made any false answers to any of the above bunished as provided by law. Is were then read to the recruit in my presence. In the stands each question, and that his answer to each question has been duly

entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Toronto Ontario	this 2	day of	Mo.v.	19.47.
Canada	El Lutho		Signature of Magistra	ate, Justice
		May	Office or Rank and	ficer. Unit
No.2 District Done	for Dro	••••••	or appointment.	SC

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

.. Regimental Number....B-16588. Record of Service of. EDUCATIONAL QUALIFICATIONS QUALIFICATIONS Graduation OM company Business or Professional. Matriculation (specify) Trade or Civil. Airplane w orker Languages... English *(Name of institution, courses or years completed, and degrees obtained to be shown) All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below. Record of Promotions, Reductions, Transfers, Casualties. Reports, etc., from date taken on Strength of Canadian Army. (Active) Report Unit Place Effective Date Rank Shown Part II D.O. No. Cas. List, etc. From whom received Dated Date oronto 3 Joined on appointment Ont. T.O.S. No.2 District Depot (AF) Gnr. c S.O.S On Att To #20 Basic Training Centre 27-6-41 D.0.151A 26-6-41 B.T.C. Brantford DO 124A P= 27.6.41. . 20 B. T.C. 27.6.41 T.C.S. C. & A. A. ART'Y TRAINING CENTRE

	T.C.S. C. & A.A. ART'Y TRAINING CENTE	SE II	28-8-41	C&AA ATC	HALIFAX	D.O. # 91	28-	8-41
	Granted Embarbation Leave from !							
	antil 22/11/41 Trans Warr. A64	121 Sur	15/n/41	A23 T.C.	Holifax			
	T.O.S 16 AR BG RCH					#-56	5-	12-41
*	14 days furlough			11	**	55	3-7	42

23-7-42

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

h. Place..... b. d. e. reported in the remarks Special remarks 6. and Instructions for the ÷. 2 Rupture Kidney Foot Heart disease... Rheumatism Age..... Bronchitis Varicose veins Stomach or bowel Tuberculosis Part 2.
Identification Nasal trouble..... Height Complexion Vision, The abnormalities (c Chest measurement Condition of mouth Brown bi trouble..... Glasses-G.C.Curi or bladderUrine when ca mark

Returned from furlough.

		3-7-42	24-7-42	
	25.7	5.5	D. 8. 61	
Marian	- Mill			
123 1.C.	" (ABD			
12/11/81	2 - 21 - 2	1-7-42	23-7-42	.M. 1 and 2 (a)
Jehn	2	Gnr		For additional entries use M.F.M. 1 and 2 (a)
121/20 Mare 12/11/41/21	TOS BERRY	14 days furlough	Returned from furlough	For addit

CERTIFICATE OF MEDICAL EXAMINATION

Name in	full Gilbert Kenneth	Hemning	Plac	ce	
Place	Toronto, Ont.	••••••••		e May 26th/41	
	Part 1. Information obtained f				
1. Age	21 2. Have you ever suff				
	atism NO		. Ear disease .	NO	
b. Tuberc	ulosis or pleurisyNO			NO	
	itis or asthmaNO			NO	
d. Heart	diseaseNO			ental diseaseNO	
	or bladder disease <u>NO</u>			NO	
	h or bowel trouble1	0		er worn glasses?	
g. Rupture	9	11/1/1			
h. Varicos	e veins	NO	received	or have you in the past disability pension or tion? If so, give	NO
i. Foot tr	ouble	NO	details		
j. Nasal t	rouble	No	9.	Hemman Signature of Ap	ng
	Part 2. Information obtained			Signature of Ap THE RECRUIT MUST BE	
1. Identif	ication marks or scars. (If operati	ve obtain histor	xamination.	INE REGROII WOST DE	SIMIFFED
•	Brown birth mark left				
9 Hoight	A 1	••••••••••••	٦.	44	
			Veight	pour	nds. .Good
4. Comple	exion : Fair Eyes Broy	vn 5. D	evelopment	Good	Fair
	HairBroy	ATT			
6. Chest i	neasurement—Girth on full expansion				
	Range of expansion				TATTOO
7. Vision,			8. Hearing, r	ightleft	W V 20
	Glasses— rightleft	······			
	ion of mouth and teethGood	······································			
	normalities (congenital and patholo	51 PF			
	Urine-Normal-Reflex	4-9			
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Part :	We, the examiners, find no evid	lence of the die	sassas mantions	ed in Onestion 2 Part	1 aveant as
reported in	the remarks. We have examined t	he Recruit in a	ccordance with	the pamphlet "Physica	al Standards
and Instru	ctions for the medical examination of	of recruits" and	he is found fit	for Category	
4	narks when category lower than A				
	G.C.Currie F.W	Hipwell		Noble Black J	M
		Z 0/	1		
9	President	The same	Me Ger CAPTAIN R.	CIMC	Member
	MAJOR REVACCINATIONS, INOCULATIONS,	BOARIE, RECLAS	SIFICATION OF M	IEDICAL CATEGORY	CAPTAIN R. C. A. M. C.
Date	Brief details and signature	Da	te	Brief details and signature	0
1/5/41	I. M. H. ND 6458 2	1	YOR	PULLFINAC	Mir Sacks
76.55	X-RAY OF CHEST NEGATIVE	1 / Ce	447 20		Pafet
	, Casell	Jan Pec			
16/6/4/	Ke-exam [1]	28.9.0	13 YEARLY T	PABT TOPPITOR	
19701	775	Me Say	155 Categ	confirmed	June 1072
FZ/	beginned & WI	18.18	44 yearly	TRIST & Legel	Womacusell 2
					
***************************************	•••••••••••••••••••••••••••••••			••••••	

Regtl. No. B-16588 Rank GNR Surname HEMMING Christian Name Gilbert Kenneth DATES OF Number of days in Hospital

Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Date of Arrival at the Station Signature of Medical Officer STATION Discharge from Hospital Admission DISEASE into Hospital Day | Month | Year Day | Month | Year For additional entries use M.F.M. 1 and 2 (b)

	REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.		Effective Date	Unit	Place	Authority		
	Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Ellective Date	Onit	Frace	Part II D.O. No. Cas. List, etc.	Dated	
	•••••••		Granted 50¢ per diem while on leave from 1-7-42 until 21-7-42	Gnr	.1.=.7.=42	to-th	Nf.Td.	DO#80	. 9-9-42	
			S.O.S. 16th A.A.(MG) Bty transferred to 1st Halifax Regt. R.C.A.	17	31-10-42		11	D.O. # 100	30-10-42	
			Granted permission by his C.O. to marry Miss Jean Marie Brant, of Toronto? Ontarion or after 1 February 1943 uthorized to draw Regimental pay at \$1.50 and to wear Trained Soldier's Badge. Having been granted permission to marry	0 !!	11-12-42	51st Bty	Halifax	R.D.Q. # 227 R.D.Q. # 22		
CHANGE OF N	OF NEX	T-OF-KIN	To:-	Gunner	6-2-43	51st Bty	Halifax	R.D.O. #26	19-2-43	
			Mrs Jean Marie Hemming(Wife) 60 Rockwell Avenue } Lee Charge Toronto, Ontario	Gunner	6-2-43	51st Bty	Halifax	R.D.O. #26	19-2-43	
			Proceeded on Command on Escort Duty to Toronto Ontario.		.23443.			R.DD#64	24-4-43	
			Returned from on Escort Duty	Gunner	4 May 43	51st Bty	Halifax	R.D.O. #76	6 May 43	
•••			Reanted EMbarkation leave. (6 Days)	2	4. Aug. 43			R.D.O.# 162	3Aug43	
CHANGE	OF AI	DRESS	Returned from on Embarkation leave. To: 54 Appleton Ave. Toronto ont.	11	10 Aug 4	3		R.D.O. #172	13 Aug 43	
			Granted 14 days Furlough. A273724 Tor.		4 Sep 43		111	R.D.O. #191	1 Sep 43	
•••	••••••		Returned from on Furlough.	11	17Sep43	11		R.D.0. #208	18Sap43.	
•••			Appointed to the Rank of A/Bdr.		19 Aug 43	19	19	R.D.O. #209	19 Sep 43	

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

Name...

REPORT Authority Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) Rank Shown Effective Date Place Part II D.O. No. Cas. List, etc. Dated Date From whom received Att to 53rd Bty for R.Q.D. & D. A/Bdr... 3. Jan. 44. 51st. Halifax. Granted 10 days Compassionate leave. Deleter PDO 34 Awarded Canadian Volunteer Service Medal 27 Nov 41 " R.DO.#17 0/37eb.44 Granted 10 days extention of Comp. Leave. R.D.O.#34 25 Jan 44 Granted 6 days Compassionate Leave. 3 Peb 44 Granted 4 days Special Leave. " 31 Jan 44 " R.D.O.#34 3 Feb 44 Returned from Special Leave. R.D.O.#37 3 Feb 44 R.Q.D. & D. .R.D.O.#37 7. Feb. 44 Ceases to be Att'd to 53rd Bty. for Awarded the Canadian Service Medal and having served 4. Feb. 44 outside of Canada from 3 Dec 41 to 31 Oct 42 is entitled to wear Maple Leaf on Ribbon. " 31 Oct 42 R.D.O. #66 . 6 Mar 44. Reverted to the Rank of Gnr. S.O.S. 1st Halifax Coast Regt. R.C.A. on transfer R.D.O. #113 22 Apr 44 GRANTED EMBARK, LEAVE AWL., FROM 2359 HRS 11,5,44 AWL //1844FORF . 16 DAYS PAY 6 days allow. F. R&1 149

NO. I INF TRNG

2.4 5.44 #1 TR

VINDSOR, N. S. 128 2.45.44

N° ma le 13/65 88

Grade La

Nom Wemming J. K.

M.F.M. 1 & 2 (a) Fr. 20M-5-42 (4723) H.Q. 1772-39-1646

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État des promotions, rétrogradations, mutations, maladies ou blessures, rapports, etc.	Grade indiqué	Prenant date le	Unité	Endroit	N° de l'O. du J	Autorité J. Daté le
TOSIINFTRGBN;		25 .5,44	1 BN	DEBERT	9 5	MAY 25 194
S.O.S. TO TRG BDE GP		17.6.54	INFB	N DEBERT	116	716144
TOS TRG BDE GP	18	6.44]	R BDE GP	DEBERT	187 2	110144
S.O.S. TRG BDE GP TO SER 294B	2	9.44	IR BDE G	P. DEBER.	1.3.3	25/6/44
	72 71	fun 114				
						1-1.1.11
TOS CDN ARMY (O/S) ON TRANSFER	26	rul 114	301RU			Jan 4
DISEMBARKED IN U.K.	V 19	sel 44				
TOS 3 CDN INF REINF UNIT						
5-95 S.05. 15 X4 lise (CIC) 9 95 Wlander	te	20 I menu	3 C/M	Mic	169	Lo Julyu
T-0-1. V T.os pan 44 lisi 11 Bn	fu,	36/ Jues In	(10. cot 9'C	21A81	32.	3192
Imbarked at. M.K. on 24 July 44	RIE	8 aug 49		are	7-48	0 //
C94 Disember 120 at France 25 Duly 44	No		X 1 5 1 A 2 5. H	210191	30	Zolugy
1505 W 9 0 € H. of C.	Pte	25 July 4	4 77 5 54	21998	31	27 aug 44
505 Killed in action KILLEDINACTION.	Pte	8 aug 44	QOCHOSE	21991	. 38	20 aug 44
		0.17444	177 EZ. Cigwo		-/-/->	S. 1. F.1.4- 3. O
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(a)	(b)	. (c)	(d)	(e)	(f)	(g)
Rep	ort		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	Place of	Date of	Army rank	Army Form or other
	France	Unit	Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance	Casualty	Casualty	as at (e)	authority for entry to be shown
Date	From whom received		with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I				
				+ORON+O			
24-5-41	0.6	B" WING	10.5.#2DD	ONT	27-5-41	GNR.	D.O. #127
26-4-41		The state of the s	3.0.5. ONATT. to #20 B.t.C		27-5-41		11.11 # 151 H.
27-6-41	0.6	B+C	T.O.S. 11. 11. 12.0 15	BRANT FOR	120-6-41	/.1	
25-8-41	0.6	//	S.O.S.ON TRANSFER to #23 t.C.	!1	39-8-41.	/2	1 t. 1.74. H.
20-6-41	0.6.	H23+C.	+O.S. CAMMAt.C	HALIJER K.	28-0-4		ac. 4. H 9.1.
		!1	YRANTED EMBARKALION LE, AV. C. F. ROM		15-11-86.	74	n. 11 #
			15-11-41-UNTIL 22-11-41: TRRNS. WAR				
			# 1964124.				
4-12-4		164ARG	1-05. 16A17185	11. 7 11	3-12-41	LZ	F 56
3-7-42		16.A.A.	Fur Lough Granted		-1-4-42	11	D.o.U 55 d./3-1-
24-7-42	!!		Returned from furlough		.23 - 7 - 47		" 61. d/24-7
9-9-42			Granted 50% per diem while on		1-7-42		#809-9
			Leave from 1-7-42 until 21-7-42				
30-10-42			S.O.D. 16th A.A. (MG)Bty transfer				
			red to 1st Hlfx. Coast Regt. RCA	11	31-1044	2. "	D.O. # 100
			Gen. Duty C. 1.C.			Ple.	
		51 Bly	\$ 1-50 per day	Halifass	1 gan 43		22 10 Februa.
			and cust & class	J	SI Oct 202	· · · · · · · · · · · · · · · · · · ·	66 6 mes did
		1 Transit	AAIS(1) Total forf of 16 days pay	Windsor n.	17 may Hou		122 18 may 114
		3.C1RU.	SOS CON ARMY (CANADA)	uh	2. J. Jun dide		
			TOS CRATA DAVINO CONTRA LA		10	1.D	
			CHIRANS	C	20 Jun 01 01	a	100 Julden.
			DISEMBARKED I.I. U.K.		3. gulde		
			FOS 3 CON INF REINF UNIT		Hel did	······	
		3	VIII		1	2	11000000
		260	Jos as Agree	UN X	Jan Olli	·····	2000
X.Y.	. 1400 M	1317	700 from 5 C/11		1. July		20 - 100 77
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		10 6	pagues so 19 ran		2 July 44		31 20049
		2000	50 saucoje		Esul 44		of aug 44
		Corc	TOO From X-4 Last A&S Highrs	r.jeld	26JUL44	P.te	32. d/. JUL. 44
		COTC	SUS - Killed in action	F.JeTq	oAug44	Pte	30 Aug 44

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SERVICE AND CASUALTY FORM

PART I (For all ranks)

Regimental Number...B=1.6588...

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

(17) Regiment or Corps Unit (Battn., etc) 1. Surname..... #2.D.D.(AF) 2. Christian Names......Gilbert, Kenneth 3. *Substantive Rank and Appointment...

*Acting Temporary or Local Rank... R.C.A. (B. WING) *To be entered in pencil to facilitate alteration. 4. Place of birth Montreal, Quebec, Canada 5. Date of birth as declared on attestation. May 1, 1920 6. Date of enlistment. May 27th/ 1941. 7. Place of enlistment......Toronto, Ont, Canada 8. Residence at time of enlistment... 927 St.Clair Ave., W, Toronto, Ont, Canada 11. Religion... United Church 12. If married, state date... N/A 13. Trade on enlistment. Airplane worker 14. Corps, trade and grade..... 16. (E) Miscellaneous entries.

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.

MFM 510 40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE District....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

-	A CONTRACTOR OF THE PARTY OF TH	NAME OF TAXABLE PARTY.	China China I
-	: AM	THE REAL PROPERTY.	177
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- C - C - C - C - C - C - C - C - C - C	4 474 474		
The second second second	Control of the Public of	SHARING A MAIN.	Special Street, Co., or
CONTRACTOR	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner,		STREET, SQUARE, SQUARE

Rootl Mo Looks Deale and Man		Hem	ming G. K. Gnr.	•	TANTI
			8th Angenst		4
			8th August		
Reason	•••••••••••••••••••••••••••••••••••••••		Authority C.C.L. "A" 480 d/19th	August	44
The following is a statement of the account the inclusive date of transfer or discharge.		e-named	from lst August to 31st Augus	19	
				121: 14:	
Particulars	Amou	ınt	Particulars	Amou	ınt
Balance Dr from last account			Balance Cr from last account	28	46
			Regimental Pay 31 days @ \$1.50	46	50
Casual Payments		Contract.		ALL DO MINN	a same
Payments on Transfer or Discharge		-			
	23	00	Additional Pay (Give particulars)\$		
Assigned Pay	AL AL ARK	3 3 3	Allowances (Give particulars)days		15
Regimental Charges				••••••	
Public Stoppages (Give particulars):			Cash Effects SOCR 14714	2	13
•••••••••••••••••••••••••••••••••••••••			Cash Effects SOCR 45345	••••••	99
•••••••••••••••••••••••••••••••••••••••			Cash Effects SOCR 45345	12	29
•••••••••••••••••••••••••••••••••••••••					
	67	36		3315	
FreeFree				•••••	
(Deferred			By Balance Dr		
Total	90	36	Total	90	36
BALAN AND/OR CE	ICE GIVEN REDITS END	IS SU ORSEI	BJECT TO ANY CHARGES ON THE REVERSE HEREOF		
Remarks: Assigned Pay	\$23.00 (N) s	topped effect September 1944.		
•••••••••••••••••••••••••••••••	\$8.40 (6	th V	.L.) cancelled effect May 194	14.	
••••••••••••••••••••••••••••••••	\$8.40 (6	th V	.L.) cancelled effect May 194	14.	••••••
Assigned Pay				••••••	
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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) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank		
	(Surname first—Christian na Gilbert.	Kenneth.
(2) Regimental or Official Number and		Gnr.
(3) Unit.#2 D.D.\AF) R.C.A.	(B Wing)	
(4) Are you married?	NO	
(5) If married, state,		
(a) Full name of your wife	NA	
•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••
(b) Present postal address of wife	NA	
(6) If married, have you been regularly	supporting your wife? If	not—state reasons
(7) Are you a widower?	NO	
(8) Have you any children?		
Names and ages	A	•••••••••••••••••••••••••••••••••••••••
		•••••••••••••••••••••••••••••••••••••••
(9) If Dependents' Allowance is clair	ned in respect of childre	n—state whether you have been
regularly supporting them	NA	•••••••••••••••••••••••••••••••
•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••
Give particulars of Guardians to	whom Dependents' Allowa	nce should be paid—if authorized.
Name		•••••••••••••••••••••••••••••••••••••••
Postal Address	IVA	•••••••••••••••••••••••••••••••••••••••
		[SEE OTHER SIDE]

(10)	Have you a common-law wife—whom you have been regularly supporting and publicly repre-	
	senting as your wife for at least 2 years immediately prior to appointment or enlistment?	
	If so, state her full name and Postal Address	
YEX	***************************************	
	•••••••••••••••••••••••••••••••••••••••	
(11)	Is your father alive? Yes.	
1		
	If so, state name and address, occupation Reynold HEMMING (Machinist) 927 St.Clair Ave. W. Toronto Ont.	
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole	
	or partial support?	
4 4	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	
	Also state reason he has no other means of support if partially supported by your what is your	
	Also state reason he has no other means of support if partially supported by you, what is your	
	reason for not providing full support?	
(14)	Is your mother alive? Mrs. Kate Hemming	
	If so, state name and address	
	927 St. Clair Ave. W. Toronto. Ont.	-
(15)	If your mother is a widow, are you her sole or partial support?	
(16)	If sole or partial support of widowed mother—state what amount per month you have given her	
	prior to appointment or enlistment.	
	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?	
(17)	Are you contributing to the support of any dependents, other than those shown above?	8
	solely supported and maintained as bona fide members of your household before your appoint-	
in the	ment or enlistment. If so, state the following particulars:—	
	Relationship NA	
	Full Name NA	
4-1-1-4	Postal Address NA	
	Amount contributed monthly during the past six months	
	NA	
	Are you insured?	
0000	If so, in what Company? (Give number of policy) NA	-
******	Have you made arrangements for payment of your Insurance Premium?	
**	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.	
. 1291	I hereby certify that the information given by me on this form is correct in each and every	
*	norticular	
	Doto May 27th 1941. Signature of officer or man)	
	Date May 27th.1941.	
142.01	1 Sunt Cupl	7
	May 27th.1941. A Officer Commanding DISTRICT DEPOT C.A.S.	E
	Date	B.

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.

Hernning Gilbert Kenneth

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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

	Section A—GENERAL INFORMATION	PLEA
11.	(a) Print name in full. A service of the service of	BLAN
2.	(a) Arm of service(b) Unit(c) Rank(c) Rank	
3.	(a) Date of birth	31
	(a) Place of enlistment. (b) Date of enlistment.	· ·
	Section B—EDUCATION AND TRAINING	Ţ.
5.	(a) State age on (b) Were you attending school finally leaving schoolor college up to the time of enlistment?	
6.	State definitely highest standing reached at public, technical or high school	2 7
-	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	No.
7.	university and standing or degree secured.	1
8.	(a) Did you ever (b) If so, enter upon a trade for what (c) Did you finish it, how long apprenticeship? did you serve at it?	1.
	apprenticeship?did you serve at it?finish it?	The second
	(a) What languages do you speak fluently?	į.
	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	2-1
10.	(a) State whether you were WORKING or NOT WORK- (b) At time of en-	*
	ING at time of enlistment.	4
	(Enter here only "Work- ing" or "Not Working",	1917
	as case may be; particu- lars are asked for below)	7
-	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	*
11 100	OF ENLISTMENT	4
	QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (2)	1
11.	Had you ever been employed fairly regularly since leaving school?	
	(a) If answer to 11 be "Yes", state exact trade or occupation (b) State how long you had worked at this	100
	at which you actually worked trade or occupation 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	Á
15.	when you last worked fairly regularly before enlistment	No.
	employer, if any: Name	19 10
16.	Nature of employer's business (for instance, "farmer", or "building"	
	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) If your last employment was in a business of your own, state (b) Date of disnature and address of business continuing it. Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
17.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) If your last employment was in a business of your own, state (b) Date of disnature and address of business continuing it. Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT	
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17. Q	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) If your last employment was in a business of your own, state (b) Date of disnature and address of business continuing it. Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT JESTIONS 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	
17. Q	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) If your last employment was in a business of your own, state (b) Date of disnature and address of business. Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT JESTIONS 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 Name of employer. Address.	
17. Q	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) If your last employment was in a business of your own, state (b) Date of disnature and address of business. Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT JESTIONS 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 Name of employer. Address.	
17. Q 18. 19.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
17. Q 18. 19.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) If your last employment was in a business of your own, state (b) Date of disnature and address of business. Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT JESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21 Name of employer. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) Your (b) Number of years' experience at specific occupation. (c) Do you wish	
17. Q 18. 19.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) If your last employment was	
17. 18. 19. 20.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
17. 18. 19. 20.	Nature of employer's business (for instance, "farmer", or "building contractor", or "bout factory", or "iron foundry", or "retail store", etc.). (a) If your last employment was in a business of your own, state (b) Date of disnature and address of business (continuing it. Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT JESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN OUESTION 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 Name of employer. Address. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) Your (b) Number of years' experience at specific occupation. (a) Did your employer (c) Do you wish definitely to give you refuse to promise you to return to your employment on discharge? employment? F 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 PARTINER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23	
17. 18. 19. 20. 21.	Nature of employer's business (for instance, "farmer", or "building contractor", or "bout factory", or "fron foundry", or "retail store", etc.). (a) If your last employment was in a business of your own, state	
17. 18. 19. 20. 21.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
17. 18. 19. 20. 21.	Nature of employer's business (for instance, "farmer", or "building contractor", or "obot factory", or "iron foundry", or "retail store", etc.)	
17. 18. 19. 20. 21.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) If your last employment was in a business of your own, state (b) Date of disnature and address of business. Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT JESTIONS 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 Name of employer's business (for instance, "farmer", or "fouliding contractor", or "foot factory", or "fron foundry", or "retail store", etc.) (a) Your (b) Number of years' experience at specific occupation. (a) Did your employer promise (b) Did your employer (c) Do you wish definitely to give you refuse to promise you to return to your employment on discharge? F 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 PARTINER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23 (a) State nature of business, (b) Have you made, or will you make plans to engaged in this business. Section F—PARTICULARS OF FARMING EXPERIENCE	
17. 18. 19. 20. 21. 24.	Nature of employer's business (for instance, "farmer", or "building contractor", or "bout factory", or "from foundry", or "retail store", etc.)	
17. 18. 19. 20. 21. 24.	Nature of employer's business (for instance, "farmer", or "building contractor", or "obot factory", or "iron foundry", or "retail store", etc.)	
17. 18. 19. 20. 21. 24.	Nature of employer's business (for instance, "farmer", or "building contractor", or "bout factory", or "from foundry", or "retail store", etc.)	
17. 18. 19. 20. 21. 24. 25.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.). (a) If your last employment was in a business of your own, state (b) Date of disparting and address of business. Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT JESTIONS 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 Name of employer. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "fron foundry", or "retail store", etc.). (a) Your employer promise (b) Did your employer (c) Do you wish definitely to give you employment on discharge? F 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 (a) State nature of business, (b) Have you made, or will you make plans to engage (a) Number of years return to the same or a similar business on discharge? (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? (b) How many years actual (c) In what provinces did you have experience? Section G—MISCELLANEOUS	
17. 18. 19. 20. 21. 22. 23. 24. 26.	Nature of employer's business (for instance, "farmer", or "fulliding contractor") or "boot factory", or "iron foundry", or "retail store", etc.)	
17. 18. 19. 20. 21. 22. 23. 24. 26. 27.	Nature of employer's business (for instance, "farmer", or "fulliding contractor") or "iron foundry", or "retail store", etc.)	
17. 18. 19. 20. 21. 22. 23. 24. 26. 27.	Nature of employer's business (for instance, "farmer", or "fulliding contractor") or "boot factory", or "iron foundry", or "retail store", etc.)	

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

DEPARTMENT OF NATIONAL DEFENCE

(Army)

Arm or Corps

Trade (if Tradesman or Trade Trainee)

Personnel Selection Record

Work in Arm (if Non-Tradesman)

English or French

Gilbert GNR. Med. Cat. Name (surname first) A or R 51st Coast Bty. R.C.A. English. Main Language Other Language(s) Place (Unit) Interviewed Date Interviewed

II. Revised Examination "M"

51st.C. Bty.R.C.A. 27-JULY-43.
Place Tested Date Tested LT. M. Mack. By Whom English. 17 16 14 27 25 11 14 30 52

Subtotals

154 III Subtests Other Tests

20

III. Educational Background

Was in Grade IX (Vancouver, B.C.) when he left school at age 15 yrs. Left school because of his father's illness and consequent need to help support the home. 3 months' machinist course (Toronto) under the Dominion Provincial Youth Training School.

IV. Occupational Background

2 years - with brother repairing furnaces and sawdust burners.

2 years - Clerk in a butcher shop in Vancouver.

2 summers - able seaman on C. N. Steamships, Vancouver.

6 months, Machine operator with National Electric Co., Toronto.

6 months - assemblyman with National Steel Car Co., Toronto.

V. Military Background Enlisted 27-MAY-41 at #2 D.D. Toronto, Basic Training at #20 C.A.(B)T.C., Brantford, Ont. and three months advanced training at A-23 T.C., Fort Connaught, Halifax. Posted to 16th A.A. Searchlight Bty., St. John's, Nfld. 3-12-41. Transferredto 51st Bty., 1st Halifax Coast Reg't. R.C.A. 3-10-42. Authorized to wear trained soldier

VI. Other Personal History and Appraisal

Born 1-MAY-20 in Montreal. Height 5 ft. 6 in. Weight 162 lbs. Married, wife is living in Toronto. Parents are living in Toronto. Father is a machinist with the Massey - Harris Co.

One Brother (Chief Petty Officer in R.C.N.V.R.) and one sister. Man of well above average learning ability and fairly good education. Does a considerable amount of reading, followed model aeroplane building as a hobby, and was quite active in sports. Has a pleasant, agreeable personality and appears to be alert, conscientious and interested in his work. Has been employed in the plotting room and would like to go overseas. Impresses as being N.C.O. material.

VII. Recommendations

(1) R.C.A. (51st COAST BTY.) SUITABLE FOR PRESENT DUTIES AND OVERSEAS SERVICE.

SHOULD BE WATCHED FOR PROMOTION.

Mac Kenzie,) Lt Army Examiner

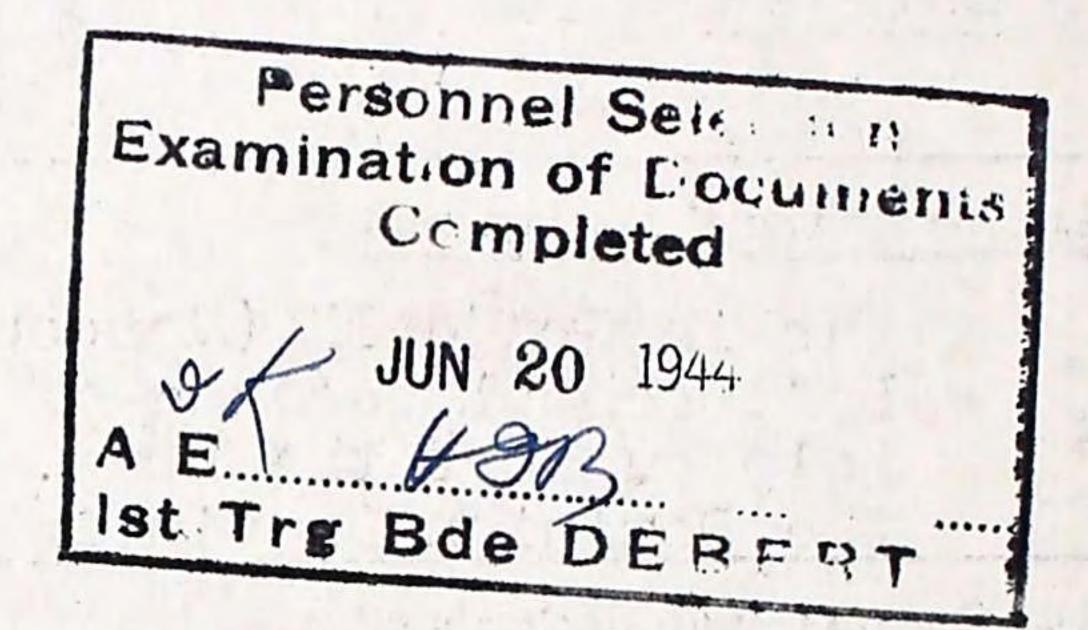
FURTHER INFORMATION AND FOLLOW-UP

Re-interviewed at No. 1 Transit Camp, Windsor, N.S. 26 April 44.

Basic training completed, 19414/

Re-allocated to C.I.C. under authority H.Q.S. 2066-22 F.D. 183 (Org. AeAl) Ottawa, 19 April 44.

G.K. Eoll, Lt. Army Examiner.



4 Jul 44 TOS - 3 CIRU from Canada.

Good appearance and appears stable dependable type. Should become NCOC material after Fd trg. Suitable

the second of th

as Inf. Gen Duty rft.

as Inf. Gen Duty rft. 20 Jul 44 SOS to X-4 List (CIC) (A&SH)

(E A Wood) SPO (2) 3 CIRU

APPLICATION FOR PERMISSION TO MARRY

(One copy only to be completed)

Note: Study the notes on page 2 before comple	eting this application.
Straffgrative Rannings ()	Date 1 De Cember 1942.
1. I, B16588 GNR. HEM (Number) (Rank) (Surname) 1ST (HALIFAX) COAST REGT., IT	MING $G.K$. (Initials)
(IIDIT)	
narry (Proposed wife's narry	ARIC BRANT. of
60 Rock Well Avenue (Proposed wife's nate of the composed wife's add of th	TORONTO, ONTARIO dress in full)
2. I certify that the following particulars are true:—	
(a) Particulars of Soldier: (i) Date of birth	1Ay 1920
	MAY 1941
(iii) In receipt of tradesmen's rates, Class	s
(iv) Marital Status (Strike out words inap	
Bachelor. S.A. W. Widower.	
Name of deceased wife	N.A.
Date of death of deceased w	rife/V-/7
Divorced.	all the all and also and the same and
(See para. (5) of Routine Of number (vi).)	order and note on page 2 of this application,
number (vi).) Name of former wife	N.H.
Date of divorce decree	N.H.
Place where divorce granted.	/V /7:
(v) Particulars of dependents in receipt of I	Dependents' Allowance, if any:
Relationship of dependents	N·H·
Amount of Dependents' Allowar	nco NA.
Amount of assigned pay \$15.	20 VOLUNTARY SAVINGS ASSIGN.
How, and by whom, dependents w	will be supported after marriage.
(b) Particulars of Proposed Wife: (i) Date and place of birth	
(i) Date and place of birth	TO, ONTARIO - 22/VOV. 19a
(ii) How long you have known her	3 VEARS. ITISH SUBJECT-CANADIAN CITIZ
(iii) Present nationality	ITISH SUDJECT-CANADIAN LITI
(iv) Name and address of nearest relative	e H-C. BRANT - 933 BAYS
	· · · · · · · · · · · · · · · · · · ·

M.F.M. 228 15M-8-42 (5588) H.Q. 1772-39-1950 3. I solemnly state that I am

(Bachelor, Widower, or Divorced Person)

as set out in para. 2 (a) of this application, and that I am legally free to marry

(Name of proposed wife)

(Signature of applicant)

Notes: (i) A certificate of the proposed wife's good character, signed by a responsible citizen, such as a clergyman, public official, school teacher or employer, must be attached to the application.

- (ii) If the proposed wife is under the age of 18 years, the written consent of her parent or guardian must be attached to the application.
- (iii) If the applicant is under the age of 19 years, the written consent of his parent or guardian must be attached to the application.

DECISION OF COMMANDING OFFICER

Permission granted to marry Mins leas Morie

Brant of 60 Tockwell are Thombs D. J. on a After

(See note at para. (vii) below)

Date 12 Use 1942 Signature

Commanding

NOTES FOR ATTENTION OF COMMANDING OFFICERS

- 5. (i) After permission to marry has been published, this form will be forwarded, through the usual channels, to the Officer i/c Records, National Defence Headquarters, Ottawa, Ontario.
 - (ii) Attention is drawn to the Routine Order covering the subject of "Permission to Marry", viz: No. 2242.
- (iii) The requirements of this form are for military purposes only. The parties to the proposed marriage (particularly when either one or both of them are under the age of 21 years) should consult a local solicitor, or other competent authority, upon the requirements necessary to conform to the civil laws of the country or province where the marriage takes place.
- (iv) Where permission to marry is granted, such permission will not apply to a marriage to any person other than the woman whose name is given in para. 1 of this application.
- (v) In the case of personnel declaring they have been divorced, the Commanding Officer will require them to produce the original divorce judgment, or a certified court copy thereof, before permission to marry may be granted.
- (vi) The Part II Order showing that permission has been granted will include the name of the proposed wife.
- (vii) In case of refusal for permission to marry, reasons will be stated by the Commanding Officer, in his own handwriting, in para. 4 above.

No B.16588 Name HEMMING, Gilbert Kenneth Unit A. & S. H. OF Date of death 8th August, 1944. France. Died at Killed in Action. Cause 405-H-18765 strength of Mrs. Jean M. Hemming Relationship Widow N/K 54 Appleton Avenue, Toronto 10, Ontario. Address Remains buried in Cemetery MR 037593 Between Ifs and Fentenay de Marmin. France. Grave Location

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. JAN 311945

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. 30-8-44

> & CR Form Despot Nov 4 spatched P 2 1947 tographs

REBURIAL

Bretteville-sur-Laize Cdn.Military Bretteville-sur-Laize, France.

e 12, row G, plot 5.

1946

4	H.Q. 1772-89-1050
	(1) I, Gilbert Kenneth HEMMING , of the City (City, Town, Village, Township)
Address in civil life.	of Toronto, in the County of York
	Province of Ontario Aircraft Worker
	Regimental No B-16588 Regimental No B-16588 Unit Unit Civil Occupation) CIC Civil Occupation) CIC Ado hereby revoke all former Wills by me made and declare this to be my LAST WILL.
Relationship,	(2) I Give, Devise and Bequeath unto MY WIFE, Mrs Jean Marie HEMMING,
address of beneficiaries, and what each is to	of 54 Appleton Avenue, Toronto, Ontario, Canada, ALL
receive.	OF MY ESTATE
Relationship,	(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
address of residuary beneficiaries.	Of Whatsoever kind and wheresoever stodate direct
	(4) I appointMrs Jean Marie HEMMING, 54 Appleton Ave., Toronto, (Name) (Address) Ontario, Canada,
	"Housewife", to be the Executrix of this my Last Will.
	IN WITNESS WHEREOF I have hereunto set my hand this5day ofJune
	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. 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. 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.
First witness	(5) Signature
sign here.	Civil Address 151 Leslie Street, Toronto, Ontario, Canada,
1/2	Civil Occupation Salesman
Second witness	Signature // /
sign here.	Civil Occupation Signature Civil Occupation Signature Rad, Windsor, Ontario, Canada Mechanic
	(Witnesses are not to be beneficiaries.)

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 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.

WILL RECEIVED IN DOCUMENT SECTION

JUN 6 1944

All the second of the second o

RECORD OFFICE NAT. DEF. H. Q.

Receipt is Acknowledged

JUN 7 1944

(C. L. LAURIN) Colonel
Director of Records,
for Adjutant-General.

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

Photo & Leathe			
Red "I" Disc.	L. T.O.T. Gel.		

for OC 1 Cdn KSD

original inventory, if any.

DUPLICATE

TRIPLICATE

QUADRUPLICATE—with effects.

SAMATICA SAMES - 190.5 HOUSE - 190.5

(TR. 2) (SED 1 190 - 1)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

N	o., RANK and NAMEB. 16588 Pte. H	lemming G. K. (Dec'd)
R	ECEIVED FROM	A. Qp
C	HECKED BY B. 131628 Sgt. Smith.	E. L. DATE 23 Feb 45
	AND D.86094 Pte. Morris.	H. A.
1	Writing Case (leather, zipper) Writing Pad & Envelopes Snapshots	
	No inventory rec'd with effects.	

ORIGINAL DUPLICATE

To Officer i/c Estates with original inventory, if any.

TRIPLICATE

for OC 1 Cdn KSD

QUADRUPLICATE—with effects.

. 70 . . .

1

The second secon



VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B-	165 18	Name Lemm			Femille.
Rank on	Discharge	Ato.	Date o	f Discharg	e saug. ff
Authorit	ty for Dis	charge or Retire	ment De	ceased	
Served					Non-qualifying service
Canada	a from	12 mey 41	to g	Dec.41	
	from	1200 1/2	to 2	June4	
United		26 Junest 4	to 24	July L.	
Italy	from		to		
North	west rope from	25 July 4	to Si	Tues of	
271.	LL from	25 July 4 Billed 18 Dec 41	to <u>j</u>	act.42	
	from		to		
Eligi 	ble for av		-//		
	Italy Sta	r			
	France-Ge	ermany Star			
	Defence I	sedal <u>UE</u>			
	War Meda.				
	Canadian	Volunteer Service wi	ce Medal		
NO	RiBBON	DESPATCH		Verified by Date	19 Georgetto Patrice
				Carded	19 1946

22nd March, 1946.

Mrs. Jean M. Hemming, 54 Appleton Avenue, Toronto 10, Ontario.

Dear Madam:

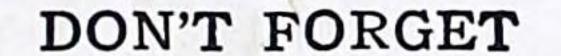
Information has just been received from overseas that the remains of your husband, B16588 Private Gilbert Kenneth Hemming, have been carefully exhumed from the original place of interment and reverently reburied in grave 12, row G, plot 5, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

/EFH



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.

500 PADS OF 100-5-43 (21) H. Q. 1772-39-1672-K. P. 80493

Deceased. A4SH

MILITIA BOOK M. 1 PART I

250M—10-42 (5040-2 & 5232) H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. 28/658	
Surname (Capitals) HEMMING	
Christian Names in full Gilbert Kennett	4

A THE TRACE OF STREET STREET

- 1995) III III

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And the state of t

And the property of the proper

make the second of the second

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION
Regtl. No. B16588
Surname (in capitals). HEIMMMG
Christian Names (in full) G126PRT KeNNETH
Date of Birth 1 MAY 1920
Place of Birth MONTREAL, QUEBEC, CAN. Citizenship. CANADIAN (BR. SUBJECT) Trade on Enlistment. MACHINIST
Citizenship CANADIAN (BR. SUBTECT)
Trade on Enlistment //ACHINIST
FIRCRAFT WORKER.
Nationality of Father at Birth ENGUSH
Nationality of Mother at Birth ENGA 15
Religion UNITED CHURCH
Enlisted at TORONTO, OIVTARIO, CANADA Date 27 MAY 1941
Date 27/11/Ay 1941
Particulars of former Service (if any) i.e.
Regtl. No., Corps or
Regiment and per-
iod.
Signature of Soldier. H. Hemming
Signature of Officer mala and, Got
Place HALIFAX, 11.5 Date 20 MAY 1943

Near	est degree of lationship	Names	Date
μK.	Wife	JEAN MARIE HEMMING	6-2-5
lst	Children		
	Father	ReyNOLD Hemmins	15 apr 4
2nd	Mother	KATE HEMMING.	15 am 4
		Desmond D. Hemming	- A
3rd	*Brothers and Sisters	MARION HEIMMING- you	15 apr 4
	Other Relations		
4th	(stating relationship)		

*State whether brothers are older or younger.

NOW LIVING .
such change and reported by O.C. Unit to the Officer i/c Records.
effect as a WILL (see pages 20 to 23)

Latest known Address in full

Signature of Officer	Frankling Control	6	(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:—* Society Coast attiller.
Authority of Part II Orders	20.127 20.127 20.23.92 20.33.93 20.33 20.33 20.33 20.33 20.33 20.33 20.33 20.33 20.33 20.33 20.33 20.3		Bu. Debert NS 31/34/ AVIILLES CLS
Substantive, Tem- porary, Acting or Local (with or without pay)	det wifery		Qualified in addition as under:—
Rank and Appoint- ment	GUNNER.		Date 30 Jul 43 MALamb, Capt.
Date	27-5-41 19 Phy 43		*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
Fire Control Course		
1 attentie Comma	Dec 43	mSf and Go
(Buttery Platting Loom)		
completed 7 days Basie		000
Refresher 3 c/RU	17-7-44	Hickardson It.

•••••••		

······································		

***************************************	The product state of	

VIII) SMALL ARMS RANGE COURSES

Signature of Officer .	~	9	the state of the s	7		I Baux B	というないに					
If Table not completed, state parts												
Type of Weapon	PIFK 0.	1. 10. Bren	C.ME.Lewis	0	P.TK. RIFLE	9						
Classification	B	4	9	B	F)	Qualified	EXPERT					
Year	1641	1861	1561	1841	1601	1944	トトーター					

(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 9			2001	
HICH SCHOOL	ONTARIO	1936	Lamb, Capt	
	••••••			
•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••			
			6	
•••••••••••••••••••••••••••••••••••••••				

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
					•
				-	
		3-			

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	То		O.C. Coy., etc.
Nov. 41	Novaz	Jan No. & A.A. 51L	201
X0142	2 km 44	Battery Plattery Koon	Win 100 (14)
			Z
	1		***************************************
			•
		*	*
	To include	(1) Regimental, (2) as Skilled Tradesme e.g., Signaller or M. Gunner.	n, (3) as Specialist,

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination Signature of Medical Officer
27-5-41	AI	MFM 2. Re-exam MFM2	
12-8-41 1AUG43	YOB P		POSACKS CAPT
21-4-44	cuteg-	unfruid	They for

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re- quired	Complet-ed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Office
-3-42			18 X	
-9-42 1-NOV 43			14 x	10-1-1
	~		N/L.	28 / Hellefore
JAN444 -4-44			3-F	21 110
			3-F	A south the
1	1			
and the second second		1/1/		the Assessment

	14		14			
Date of Exam.:	Date of Issue:			Date of Exam.:	Date of Issue:	
Ophth., Centre:	Frame No. (or measurements):			Ophth., Centre:	Frame No. (or measurements):	
Vision with Glasses			Vision	Glasses		
Axis Standard Notation			Axis	Standard		
CXL				CYL		
HdS			М.О.	SPH		
Vision without Glasses			Signature of M.O. Vision	Without		
	1 22	H	Sig		1 24	1 4

Signature of M.O.

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
Typhan 1 1cc o	7/2/44	g Theat Capt
(XVI) PROTECTIV	E INOCULA	TIONS
Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 2	28-6-4	1 Lower and the
TABT Harly	19-7-4	48 Calutar
Diff The (18)	18-4-	-43)1- coop p
(XVII) VA	CCINATION	4 MMV.
Date Vaccinated	Signat	are of Medical Officer
29-5-4/ (5/P) 4-7-44 Dace	MUN	Ment Cons

(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

Date	Signature of Officer
5-11/5/44	Aliesth
1/1/44	Sast SPO
14.4.44	1 Lengt.
5 . 7 . 44	IN HAM
6 3 44	Jan Hingly H;
7-7-44	Je Courie St
	5-11/5/44 8-6-44 14.4.44 5.7.44 5.7.44 4.7.1.44 4.7.44

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

Date

Signature of Officer. Rank or Appointment.

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

The Officer receiving such Will shall complete the

following certificate:-

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

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.

GEORGE BULL, (Signature)

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.

> GEORGE BULL, (Signature)

Private No. 30000, Date 5th August, 1936. Cameron Highlanders.

Rank or Appointment.

OVERSEAS—Militia Book M. 1 Part III 40/P & S/1894 (2570) CANADA —M.F.C. 800 750M 11-43 (2570) H.Q. 1772-39-1643

K.P. 93282

CANADIAN ARMY CLOTHING AND EQUIPMENT STATEMENT

7.0

ARTICLE	QUANTITY												
Anklets, web, prs		1		1		1.							
Blouses, Battle-dress	4	2	#	e.		1					•		
Bonnet, tam-o'shanter													
Boots, ankle, prs	2)	7	1	2	2							
Boots, rubber, high, prs													
Boots, leather, high, prs													
Bonnet, drab, Irish	1			1].							
Cap, mechanic						Water.							
Cap, tank battalion].							
Drawers, Cellular (cotton) short, prs.	-	L	1	V .;	2	7.							
Drawers, Woollen, prs	2		A	le i									
Gloves, knitted, drab, prs	.!		11,	1									
Greatcoat, drab	1		1		1	_	_	_	-				
Initials of Soldier	28	L	10	40			_		-		_		
Initials of QM or Rep	1	1	1		H	6.				1			

ARTICLE	QUANTITY
Jacket sweater, or jersey pullover	V. /
Overalls, combination	. .
Overalls, blouses, denim	
Overalls, trousers, denim	
Shirts, Angola, drab or flannel khaki	2.2
Shoes, canvas, prs	. /
Socks, prs	A. 4
Trousers, battle-dress, prs	2.1.
Vests, woollen	2
Badges, cap	1
Badges, arm, drab, crowns	
Badges, arm, drab, crown in wreath.	
Badges, arm, Tank Bn	
Badges, shoulder, "CANADA", prs.	3 2
Initials of Soldier	588
Initials of QM or Rep	8 Hb

.

ARTICLE		QUANTITY -										
Badges, arm, drab, Royal Arms Badges, arm, drab, Royal Arms in Wreath												
Bags, kit, universal	儿								•		 	
Braces	1.1					-			•			
Brass, cleaning	10					-						
Brush, button, brass Brush, clothes	160											
Brush, clothes	116											
Brush, hair	./.									.		
Brush, shaving	.1.											
Brush, shoe, blacking	1					1						
Brush, shoe, polishing	<i>J</i>									-		
Brush, tooth	1.											
						1						
Chevrons	1	_	_	_		-	_			-		_
Initials of Soldier	200	_		e ,	_	-				-		-
Initials of QM or Rep	1				1							-

ARTICLE	QUANTITY
Combs, hair	
Discs, identity, sets, with cord	
Dressing, field	
Fork, NS Table	
Holdall	
Housewife, complete	
Knife, clasp	
Knife, table	
Lanyard, knife	
Razor, safety, with blade	
Patches, distinguishing, prs	
Shorts, gymnasium	1
Spoons, NS dessert	
Vest, cotton, gym	1110
Initials of Soldier	SX
Initials of QM or Rep	B8

ARTICLE	QUANTITY											
Towels, hand	£ 2											
Unit or Corps titles, prs												
Attachments, brace												
Bag, ration	.4											
Belts, waist	. 4											
Bottles, water Braces, WE (Right)	. 4											
Braces, WE (Right)	. 1											
(Left)												
Carriers, cartridge												
Carriers, waterbottle												
Cases, binoculars												
Cases, pistol												
Covers, breech, rifle	41											
Initials of Soldier	200											
Initials of QM or Rep	2/8											

ARTICLE	QUANTITY
Cover, mess tin	
Frogs, web, bayonet	
Haversack	
Helmet, steel	1.1.
Net camouflage helmet	
Packs	
Pockets Compass	
Pouches, amm, pistol	
Pouches, basic	22
Pouches, utility { Front Rear	
Slings, rifle, web	
Straps, shoulder, { left haversack { right	1. 2
Straps, web, supporting	22
Tins, mess, TP	11
Initials of Soldier	80
Initials of QM or Rep	8

ARTICLE		QUANTITY .									
Veil, face, camouflage		.].	.1								
Yoke		- Contraction						37.			
•••••••			.								
• • • • • • • • • • • • • • • • • • • •		Maria.	.!							• .	
Capes, A/G		1.	./								
Respirators, A/G, complete with haversack		1	1								
Outfits, A/D		7.	1						. ,		
Ointment, A/G		2	7								
Eyeshields, A/G, pk of 6		1	1								
Detectors, Individual prs		2.	1								
Wallet, A/G		M.	. 1.								
Blanket			1								
Mug, drinking		100	.!								
Sheet, ground			1	-							
Initials of Soldier		/	-								
Initials of QM or Rep		8	8			i i					

ARTICLE			QUANTITY									
Rifle No	(()		1					1.				
Bayonet Now/scabbard			1.									
Bottles, oil			1.									
Pullthroughs, single	6		1									
Rods, cleaning, pistol (Regt'd No.)												
Carbine, Mach. ()				1								
Magazines, Carbine Pistol Revolver (Regt'd No.) No()	1 1											
Ctges, SA, revolver .380 in												
Ctges, SA, .303 in Mk VII		5	0									
• • • • • • • • • • • • • • • • • • • •								_		-	-	-
Initials of Soldier		*	A					_		,		1
Initials of QM or Rep		1	5	. 5		'n,		13.				· Si

ARTICLE	QUANTITY							
Belts, waist, leather, brown or web 1½"	Y							
Boots ankle, felt, prs								
Boots, insoles, prs								
Boots, lumberman's rubber prs								
Buttons, G.S., large								
Buttons, G.S., small								
Cap, winter, melton cloth								
Coat waterproof								
Helmet, sun								
Jackets, Khaki drill								
Jackets, serge, drab, O.C								
Initials of Soldier								
Initials of QM or Rep	PA							

ARTICLE	QUANTITY
Mitts, pullover, leather, prs	
Muffler, khaki	
Muffler, khaki	
Pin, collar, safety	
Puttees, prs	
Rubbers, prs	
Shirts, khaki, cotton	
Shirts, undercotton	
Shoes, leather, black, prs	
Socks, black, prs	
Trousers, khaki drill, prs	
Trousers, khaki drill, short, prs	
Trousers, serge, drab, N.P. prs	
Initials of Soldier	8*
Initials of QM or Rep	.4

ARTICLE	QUANTITY
Badges, shoulder, Canada, drill, prs	
Blacking, tins	6./19
Boot dressing, tins	
Bootlaces, prs	
Ductochon	
Protectors, ear	
Lanyard, pistol	
Initials of Soldier	
Initials of QM or Rep	

CERTIFICATE TO BE SIGNED BY INSPECTION OFFICER AT EACH KIT INSPECTION

Certified that the record detailed in this statement has been checked with the articles in possession of the soldier and found correct.

SIGNATURE	DATE	SIGNATURE	DATE
gwylley D.	4/1/44		
Mableats Capt	18/1/44		
			- 114
			· · · · · · · · · · · · · · · · · · ·
			- 10 to 10°
- Character .	-		ALUE TO THE REAL PROPERTY.

REBURIAL

NO B/65	88	
RANK Pte		
NAME HEMMINI	5 - Simon Silver	
NAME OF CENETERY Bretter	ville-sur-Laize Canadian Military	Cemetery
LOCATION OF CERETERY	Bretteville-sur-Laize, France.	
GRAVE LOCATION	Grave /2 Row F Plot 5	
AUTHORITY	54-27-88-2 Vol. 20	
	Reburial list	

Mrs. Jean M. Hemming,
54 Appleton Avenue,
TORONTO, 10, Ontario.

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:-

HO 405-H-18,765 FD 92

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

3 November, 1944.

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

HEMMING, Gilbert Kenneth. Pte.

B-16588 - Canadian Army

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

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

GHF/JB

resubstition which the substition

Director of Estates.

THE RESERVE TO STREET STREET

the course of the same dead of the course

are to de state

and to there is about sale we that outs be

Brothers

M.F.W. 77 6-44 (4878) H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees			INFORMANT'S ST	ATEM	ENT
of Rela- tion- ship	RELAT	rives accounted for	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		JEAN MARIE HEMMING	22	54 APPLETON AVE TORONTO
2	Children of the dates of their	Deceased and Births	INFANT HEMMINE BORN JANUARY14/4		DIED JANUARY 14/A
	A STATE OF THE PARTY OF THE PAR		REYNOLD HEMMING		JOB WRICHT AVE. WESTON, ONTARIO.
. 4	Mother of the I	Deceased	DAISY KATE HEMMIN'C	49	206 HRICHT AVE WESTON, ONTARI
			DESMOND DOUGLAS HEMMING. V57477	28	R.C.N.V.R.
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	MARION THELMA HEMMING	18	206 WRIGHT AVE WESTON. ONTARIO
		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

8	Full names of the deceased.
9	Date of his birth.
10	Place and date of his marriage.
11	Place and date of his parents' marr
12	Place where deceased was born.
13	State, in order, the Province, State resided before enlistment and the p
14	Nature of employment before enlis
15	State whether he owned the premi
16	Name place where deceased state permanent home.
17	Did he leave a Will? If in your c
18	If married, and domiciled in the Print in the U.S.A. or in a Country und community of property between spectontract dealing with property?
1.0	Did he have a Bank, Post Office or give name and address of bank, etc. Do you wish it administered with
20	Amount of War Savings Certificat where located.
21	Amount of Victory Loan Bonds whether registered or bearer and v
22	If deceased had life insurance, no payable under each policy and the therein.
23	Describe other assets, if any, and space on page 4 if necessary.
24	Did the deceased after enlistment (a) His own separate board (b) Service clothing and equip An itemized account for each so hereto, and if same is correct "approved" and sign same. particulars.
25	Have you or any other relative part thereof? If so, attach amount paid, and by whom.
	(Note:—The government parand burial is made Overseas as we zone, and if a relative has already authorized in the Regulations. by the Government not is it characteristics.

IONS

elatives that the deceased ever

aı	ives that the deceased ever
MI	ENT
	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
7	54 APPLETON AVE TORONTO
	DIED JANUARY 14/4
_	306 WRICHT AVE.
9	JOB WRICHT AVE. WESTON, ONTARIO JOB WRICHT AVE WESTON, ONTARIO
	R.C.N.V.R.
7	206 WRIGHT AVE WESTON. ONTARIO

Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

	PARTICULARS AS TO	
8	Full names of the deceased.	GILBERT KENNETH HEMMING
9	Date of his birth.	MAY 15T. 1920.
10	Place and date of his marriage.	TORONTO. CANADA. FEBRUARY 6, 1943.
11	Place and date of his parents' marriage.	FOLKSTONE. ENCLAND JUNE 17. 1915
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	MONTREAL, QUEBEC.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) MONTREAL, QUE. 3YRS. (b) HALIFAX N.S. 5YRS. (c) TORONTO, ONT. 3YRS. (d) YANCOUVER B.C. 8YRS. TORONTO ONT. 2YRS.
14	Nature of employment before enlistment.	AEROPLANE EMPLOYMENT.
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.	TORONTO.
	PARTICULARS OF	FESTATE
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?	
10	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?	MO.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	2-15:00 CERTIFICATES NEDD BY WIFE:
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	TORGATO MUTUAL LIFE INS. C. PIZI. II
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTICU	JLARS
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 attacked hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Gover authorized in the Regulations. Any amount of such expenses by the Government not is it chargeable against the service estates.	nment will reimburse such relative to the extent of the amount in excess of those authorized in the Regulations is not payable

Insert degree		D	ECLARATION		
of relationship or example, 'Widow', 'Father'', 'Brother'', etc.	I hereby declare to statement of all the re-	hat all the particular latives that the dece		e correct, and a true and complete grees specified; and that I am t	te he
			of the deceased.		
N.B.—To be	signed in full in the	400	10000	Signature	*

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

Signature Informant

THE ATTENDED TO STREET AND STREET

companies of money, hereway applies a,- was there a traff age

19 I Ist he haven Bonk, Post Office or other deposit a want If so,

in I Amount of War Savings Corresponds by decreased. Larticate

Amount of Victory Land Bonds held by decembed, indicate

Informs but astronger or whom, more comparing that because it I so

the said of the best of the policy and the policy of the best of the

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whether required or sense and where localed.

The same of the sa

The Service of or many and service of a

-monine pane, and by within-

give names and address of bank, etc., and the amount on deposit.

te maquing riving milant for mon

space on page it agentary.

Les Ingol south

			TIFICATE	1	- 11
I	hereby certify that	to the best of my kno	wledge and belief	Jean Man	1 Hemmera
*See above.		The same of the sa	* Wedos		1/
above	described. The a	bove Declaration was	made by the Infor	mant and signed	in my presence.
Dated at	poroule	this /	day of	Novemb	7 19 4
Signature of Clergyma Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of a	J.W.	Rails	Qualification	Com Ho	sh_
of His Majesty's Force	Address	621	t alban	St	

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

OTHER PARTICULARS

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M.F.M. 267 50M-4-44 (4185) H.Q. 1772-39-1989

AC -

CANADIAN NATIONAL TELEGRAPHS

DAY	LETTER	
NIGHT	LETTER	A

CASUALTY (REPORT DELIVERY)

OTTAWA

TO:-

18 AUGUST 1944

MRS JEAN M HEMMING 54 APPLETON A VE TORONTO 10 ONT

9202 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT B16588 PRIVATE CILBERT KENNETH HEMMING HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION EIGHTH AUGUST 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED



PREPAID

DIRECTOR OF RECORDS

405--18765 OVERSEAS. OFFICE

. CANADIAN MILITARY HEADQUARTERS .

GRAVES REGISTRATION CARD. PLACE & DATE OF BIRTH MONTREAL, P.Q. NAME HEMMING, Gilbert Kenneth REGIMENTAL NO. B-16588 RANK Pte. UNIT Argyll & Sutherland Highrs. NEXT OF KIN & ADDRESS Wife: Mrs. Jean Marie HEMMING, 54 Appleton Ave., TORONTO, Ontario PARTICULARS OF HOSPITALISATION NAME & LOCATION OF DATE OF ADMISSION_ HOSPITAL DIAGNOSIS PARTICULARS OF DEATH. FRANCE PLACE OF DEATH DATE OF DEATH 8 Aug 44 HRS CAUSE OF DEATH KILLED PARTICULARS OF BURIAL Between Ifs and Fontenay 10 Aug 44. CEMETERY DATE OF BURIAL de-Marmin. MR. 037593 GRAVE PLOT NO ROW_ DEATH CERT.NO_ RELIGION United Church 1 Oct 45. DATE

extracted from Eurial Records, RECORDS OFFICE OVERSEAS, ACTON, LONDON W.3.

0 i/c Records, CANADIAN MILITARY HEADQUARTERS.

Director of Estates

Regimental No.	B.16588	Rank	Private	
	HEMMING;		Gilbert Kenne	th
	Surname	CI	hristian Names	
Unit	The Argyle and	Sutherland I	lighlanders of	Canada (C.A.)
Date of Death.	8-8-44	Place of Deat	Overseas	(France)
Next-of-kin	Mrs. Jean M. Her	mming,	elationship	Wife
Address	54 Appleton Ave	., Toronto	10, Ontario.	
mrs. Ka	te Henning.			10thu
	Lair ave. Mest			
M.F.M. 5	Copy herewith			
Will	Wills d/27-5-41	and d/5-6-	44, herewith	BRANCH
Date	14-9-44			SEP 28 1914
HMG/ MBR.			A Town	TONAL OF
		The state of the s	(C.L. Laurin) Col Director of Reco for Adjutant-Ger	ords,

FORM 6

PROVINCE OF ONTARIO—CER 1. PLACE (County or District of IN THE FIELD (FRANCE)	TIFICATE OF REGISTRATION OF DEATH	
OF OF OCCUPATION OF DISTRICT OF THE OCCUPATION OCCUPATION OF THE OCCUPATION OCCUPATIO	reetHouse No	
2. LENGTH OF STAY (in years, months and days) (a) In City, Town or Township where death occurred	(If death occurred in a hospital or institution, give the name instead of street and number(c) In Canada (if immigrant)(c) In Canada (if immigrant)	
(Family name)	(Given name or names in usual order)	
RESIDENCE No. 927 Street St. Clair Ave City, T (Residence means usual place of abode	own, Village or Township Toronto Province Ontario Province Ontario Province Ontario	·····
4. Sex 5. Nationality (Citizenship) 6. Racial Origin 7. Single, Married Widowed or Divorce	ed	
Marrie the word)	24. DATE OF DEATH AUGUST Oth. (Month) (Day)	(Year)
8. BIRTHPLACE Quebec Province (Province or Country)	25. I HEREBY CERTIFY that I attended deceased from:	
9. DATE OF BIRTH May 1st, 1920	19to	19
Years Months Days If less than one day of	1d	
10. AGE in 24 hrs. or	in. Killed in action.	PHYSICIAN
2 11. Trade, profession or kind of work as Aeroplane Worker spinner, teamster, office clerk, etc. Aeroplane Worker	Give disease, injury or complication which caused death, not the	Underline
	mode of dying, such as heart failure, asphyxia, asthenia, etc. due to	the cause
12. Kind of industry or business, as cotton- mill, lumbering, bank, etc	Morbid conditions, if any, giving rise to (b)	to which
13. Date deceased last worked this occupation.	proceeding backwards from im-	death should be
15. If married give name of wife	Other morbid conditions (if important)	charged
or husband of deceased	contributing to death but not causally related to immediate cause.	statistically
16. NAME HEMMING, Reynold	26. If a communicable disease (a) Date of appearance.	19
47 T	tificate, give (b) Duration of disease.	days
Province or Country)	27. If a woman, was the death associated with pregnancy?	
18. MAIDEN NAME.	28. Was there a surgical operation?	
	State findings	-
≥ 19. Birthplace	29. If death was due to external causes (violence) fill in also the following:—	
20. Person giving information Sign here.	Accident, suicide or homicide?	19.
20. Person giving information Sign here. Director of Records, Address.	(State which)	human
Relationship to deceased Dept. of National Defence	(How sustained)	200
21. Place of Burial, Cremation or Removal. France	Nature of injury	€_
Date of burial or removal		
22. Burial Permit was issued by	Jigiteu Dy	
Address		
23. Undertakes	31. Filed(Division Registrar)	••••••

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"

405-14-1876.5-

FIELD SERVICE

9/3 | B Army Form B. 2090A.

MBR (5504)

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.

REGIMENT Camerons of C Squadron, Troop
OR CORPS Squadron, Troop Battery or Company
Officer's Personal No. (if known) B-16588 Rank
Soldier's Army No.
Surname
Date 8 Aug 44 Place rance
Died { Cause of Death* K/A
Nature and Date of Report
By whom made
* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.
Place Between If's and Fentenay de Marmin 037593 10 Aug 44
Burial By whom reported C.G. Camerons of C. No
State whether he leaves $\int (a)$ in Army Book 64
a Will or not (b) as a separate document
All private documents and effects received from the front or hospital, as well as A B. 64, should be examined, and if any
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.
A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster at the Base, together with the deceased's account.
Station and Date Signature of Officer in charge of Section Adjutant-General's Office at the Base for Officer i/c
Cdn Sec GHQ 2 Ech 21 A Gp

Register No	•••••••••••••••••••••••••••••••••••••••			No			
To: P.M.G.		H.Q. File No. 405- H- 18765					
		CANADIAN ARMY					
		Computation of					
		WAR SERVICE C	RANT				
Regt. No.	Rank when S.O.S.	Surname		Christian Nam	e in Full		
B-16588	PTE	HEMMING		GILBERT. KENNETH			
REASON FOR T	ERMINATION OF SER	VICE: VILLED IN ACTIO					
2nd Enlistin		\. I.G. K. F. Q	······································	CARO	(
3rd Enlistr			• • • • • • • • • • • • • • • • • • • •	CARO			
JIG Philisti	AICIIC	Total Service	•••••••••••••••••••••••••••••••••••••••				
		/ BOLGH SCIVIC					
1st	ENLISTMENT	2ND ENLIST	MENT	3RD ENLIS	STMENT		
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s.o.s. 8 A.V.	6 44 MD 0/-	5. s.o.s	MD	S.O.S	dm.		
Total Days	1170	Total Days		Total Days	•••••••		
Total Service					1/70 DAYS		
			Total Serv	Less ice Non-qualifying Service	Net Service		
Western F	lemisphere		1/26	16-	1110		
Overseas S			44		44		
			1170	,,	1154		
T	otals	•••••••••••••••••••••••••••••••••••••••		/.6			
A	dd Non-qualifying S	ervice			-/6		
T	otal Service				1170		
EMBARKATION :	DETAILS: O.S. Overseas	AUE 44 L1 2.	Date S.O.S. C)verseas	1		
REMARKS:							
			4	The state of the s			
Computer's	1200	Jane 19		SA	06 44		
Date Com	outed 2.1. Jun	ills /					
		Serv	ice Grants Ac	tlement to benefits t, 1944, has been es erein.	stablished, based		
			C. L. LA	URIN, Colonel,	/ .		
500M—11-44 (601 H.Q. 1772-45-8	2)		/		of Records.		

Details of Non-Qualifying Service

Western Hemisphere-

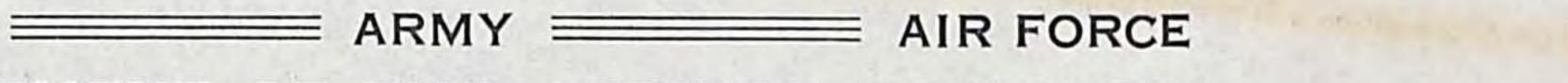
Forfeits for	From	То	Effective Date	Days	Total
AW4	11 MAY 4H	17 MAY 44		6	
AWD			18 MAY 44	10	16
		•	A.		
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				HE TWO THE WAR THE	16
				Total	
Overseas: T.O.S	26 JUN	44 T.O.	S	T.O.S	
S.O.S	8 AVG	44 S.O.	S	S.O.S	
				•••••	

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

DEPARTMENT OF NATIONAL DEFENCE

ARMY

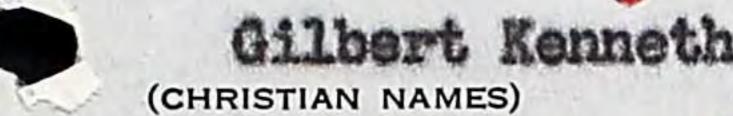
WAR SERVICE





DECEASED MEMBER'S NAME





(SURNAME)

REGISTER NO. FILE NO.

DATE

ADDRESS

SERVICE NO .. FINAL RANK OR RATING

DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE

GRATUITY

B. QUALIFYING OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS LESS

INELIGIBLE DAYS, EQUAL TO SEE PAR. 2 OVERLEAF FOR EXPLANATION

DAYS @ 25c. PER DAY

C. SUPPLEMENT FOR OVERSEAS SERVICE

RECEIVE

DAILY RATES AT DISCHARGE

SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE

JUL 10 1945

ADDITIONAL PAY

WAR SERVICE GRATUITY THE HOLD BY, ALLOWANCE 1/30 OF \$ 37, 20 ARMY TREASURY

\$ 3.99 ×7 = \$ 27.93 TOTAL NO. OF DAYS

\$ 1.50

6.72

D. WAR SERVICE GRATUITY

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS

299.22

F. TOTAL AMOUNT PAYABLE

G. YOUR PORTION OF GRATUITY IS-

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_ __OF \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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.

CHECKED BY PREPARED BY

TREASURY DATE

SERVICE REPRESENTATIVE

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATIO

NUMBER	B.16588 Private	and Sutherland High Landers of		
NAME	HEMMING, Gilbert Lenneth	Canada (Car) (O.		
DATE OF BIRTH		DATE OF ENLISTMENT		
MARITAL STATUS	lst May, 1920 Married	RELIGION 27-5-41 United Church		
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS	Wife 54 Appleton Ave.,	NAME ADDRESS Mrs. Joan M. Henning.		
ADDITIONAL PERSON TO BE NOTIFIED	Toronto, 10, Ontario.	ADDRESS		
PARENTS NAME				
ADDRESS (IF SOLDIER (MARRIED OVERSEAS)				
AUTHORITY CAS. SIG. NO. CASUALTY DETAILS	Canrecords 9383 Killed in action	H.Q.405-H-18,765 BATE 8-8-44		
FRANCE				
LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.	YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.7	YES/NO DATE 22-8-44		
25M-4-44 (4184) H.Q. 1772-39-1989-1990		DIRECTOR OF RECORDS		
	COPY FO	OR C. R. FILE		
DIST		B-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.		

2nd September, 1944.

Mrs. Jean M. Hemming, 54 Appleton Avenue, Toronto, 10, Ontario.

Dear Mrs. Hemming:

It was with deep regret that I learned of the death of your husband, Bl6588 Private Gilbert Kenneth Hemming, who gave his life in the Service of his Country in France on the 8th day of August, 1944.

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

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

he so bravely made.

Yours sincerely,
Major - General

AUG 25 1944

Adjutant - General

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

/ MA

John .

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. B. 16588, Private Gilbert Kenneth HEMMING, of the Argyle and Sutherland Highlanders of Canada (Princess Louise), Canadian Army, was killed in action on the 8th of August, 1944.

(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. September 28th, 1944.

moh.