IRVEN
WILLIAM JOHN

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Unit R.H.I. C.A.S.F.

DUPLICATE

Regimental Number....

CANADIAN	ACTIVE SERVICE FORCE ATTESTATION PAPER	
1. Surname IRVEN		
2. Christian Names. WILLIA	M JOHN	
	k St Kitchener Ont	
	1915	
5. Place of birthCanadaQue		
6. Religion (state denomination)	(County or Province) (Town or Township)	
	n	
8. Married, Widower or Single		
	Tryen	
11. Address of next of kin. 18 York		• • • • • • • • • • • • • • • • • • • •
	litary or Air Force?	••••••
13. If previous war service, state arm,		
13. Il previous war service, state arm,	force and regimental particulars	
	TO GEO COASTO	A
14. Do you now belong to or have you	served in the Active Militia of Canada?Sea. Cadets.	
	(Give unit and date of attestation)	
DECLARATION	TO BE MADE BY MAN ON ATTESTATION Either at home or	abroad
i.e., war, invasion, riot or insurrection	ge to serve in the Canadian Active Service Force so long as a n, real or apprehended, exists, and for the period of demobing event for a period of not less than one year, provided	hat the above n emergency, lization after His Majesty
I, William John Irv declare) that I will be faithful and bea	1. 11.	(or solemnly e of Recruit)
CERTIFICATE OF MAGISTRAT	TE, JUSTICE OF THE PEACE OR ATTESTING OFFI	CER
The above questions and answers and lake taken care that he understa	utioned by me that if he made any false answers to any ished as provided by law. were then read to the recruit in my presence. ands each question, and that his answer to each question hout has made and signed the declaration and taken the oat	as been duly
atHamilton.Ontthis	5	120
	Signature of Magiston Attesting Office or Rank and	fficer.
··· Capt···· B.hi	or appointmen	t.

	Record of Service	e of	LLIACHTISTONA	hes)	•••••••••••••••••••••••••••••••••••••••	Reg	mental NumberB3.7.3	62
		QUALIFICATIONS	TATA TAKE A COURT		EDUCA	TIONAL QUAL	IFICATIONS	
Military	First or Professional	Aid Certificate and Signals	High Schor or Collegia	}	Nil (years completed)		Graduation Nil.	(epecify)
		Salesmen	*College.		N11		••••••••	
Technica		N11	Transport Community Commun	ity			•••••••••••••••••••••••••••••••••••••••	
***		English be taken on as Private soldiers, appointments and promotions	Total Par	to be shown as			oe shown)	
	Report	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received	Joined on appointment					Part II D.O. No. Cas. List, etc.	Dated
-3-40		T.O.S.	Pte	5-3-40	RHLII	Tamilton	No. 61	6-3-40
		······································					3	
-7-40	S	.O.S. CASF(Canada)on embarkation at					00196	12 Aug 40
	H	lifax, N.S.		23-7-40	BELL		AU .	
-40	T	.O.S. CASF(Overseas) on transfer on					D0196	aAugus
	S	otland on 2-8-40:	***	2 - (2 - A)	THE			
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		Xmas llave	1	20/23 Deetto			F3	2H Dec Ho
		Priv leave 40 40. 70 ays		20 mar 41	Q SCI.	Field	23 Page 2.	219non41
		Leane 7 days Prid. 2 w. w.	Pte:	26. Sept. 4	12.24.29	V.K.	62	30 Sept 4
		3 rd P/Leave WW.	Ple	12 Dec 41		UK	76	14Dec 41

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

CERTIFICATE OF MEDICAL EXAMINATION

1. Age	ave vou ever out	from	of 4h of 11	
a. Rheumatism	ave you ever suffered			
b. Tuberculosis	NO		asal trouble	
c. Bronchitis or asthma	NO		r disease	
d. Heart disease				NO
e. Kidney or bladder disease				MO
f. Gastro-intestinal				aseNO
g. Rupture				THO
h. Varicose veins				<u>NC</u>
i. Flat or deformed feet	NO	q. 11a	ave you ever worm gia	sses?
		1	***************************************	ren
Examiner's remarks re above			(Signa	ture of Recruit)
				•••••••••••••••••••••••••••••••••••••••
	***************************************	•••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Part 2 Information	La_! 1 1 1	• • • • • • • • • • • • • • • • • • • •		•••••••••••••••••••••••••••••••••••••••
Part 2. Information of			on. The recruit m	ust be stripped.
1. Identification marks or scars		n history.)		
L vaccination	Lert erm	••••••••••	•••••••••••••	
***************************************	۵	••••••••••	** ** ***	•••••••••••••
2. Height			ght	pounds.
4. Complexion Medium	Eyes. Blue	5. Dev	elopment alr	Good Fair
	HairMedi.um			Poor
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6 Chest measurement_Cirth	n full armanaian 17.6			
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Range 7. Vision, right20/20	of expansion3 eftRD/20	8. Н	earing, right	
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Christian Name.. DATES OF Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Signature of Medical Officer Discharge from Hospital Date of Arrival Admission days in Hospital into Hospital DISEASE STATION Station Day | Month | Year Day | Month | Year

Statement of the Service of No. B.37.362 Rank PT.E.

Name IRVEN W.9.

Sheet No.....

M.F.M.1 & 2A 40/P & S/119

	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Egg		Authority		
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
•••••••••••		4 Priv-leave to Jeb-23 = 42. FT.W	Ple	16 Feb 42	HRL9	UK.	12	20 Feb. 42.
••••••		7 days 1/Leave	ple	28 July 42	RHLO	UK	48	30 July 42
		Fortho 5 days pay AA 11 Firt 2-149-2		1aug 42	RHZI	U.K	50	12 aug 42
		Embarked UK For France Jul. Goer)	Pto	18 aug 42	PHUI	OK	54	3 Sep 42
••••••••		505 to V List Jul. Open missing	Pt	19 aug 42	RHZI	UK	53	31 Aug 42
		Tos from RHU.	The	20 ans 2	RHU			5. Out 4-
		S.O.S. Killed in action	Ree	19 aug /2	XXXX	UK	4	21 Dec 4/2
				0				
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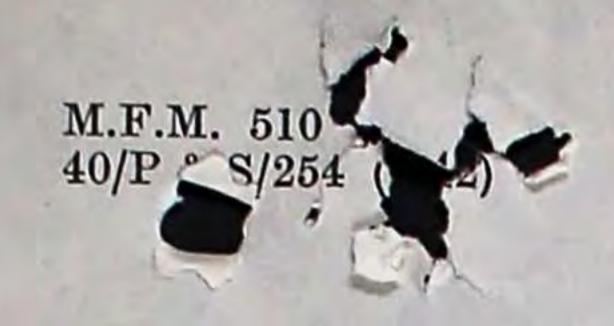
PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

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 IRVEN (Surname first—Christian names in full—Block capitals)
	William, John
(2)	Regimental or Official Number and Rank B-37362
(3)	Unit R.H.L.I., C.A.S.F.
(4)	Are you married? Yes
(5)	If married, state,
	(a) Full name of your wife. Carrie Irven
	(b) Present postal address of wife 18 York St., Kitchener, Ont.
(6)	If married, have you been regularly supporting your wife? If not—state reasons Yes
(7)	Are you a widower?
(8)	Have you any children? No Number of boys. Girls.
	Names and ages
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been
	regularly supporting them
	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
	Name
	Postal Address
	[SEE OTHER SIDE]

(10)	Have you a common-law wife—whom y	ou have been regularly supporting and publicly repre-
	senting as your wife for at least 2 years in	nmediately prior to appointment or enlistment?No
	If so, state her full name and Postal Add	dress
	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
(11)	Is your father alive?	Yes
istr.	If so, state name and address, occupatio	n Wm. Roderick Irven
	3472 Ma	arloweAve,N.D.G,Montreal.,Que.
(12)		y incapacitated from earning a living—are you his sole
it day	or partial support?	
(13)	If sole or partial support of father who is	s a widower, totally incapacitated from earning a livin
	-state what amount per month you have	ve given him prior to appointment or enlistment
		of support if partially supported by you, what is you
	reason for not providing full support?	····y·································
	Is your mother alive?	
	If so, state name and address	Mabel Irene Irven
	106	Columbia Ave., Westmount, Que.
(15)	If your mother is a widow, are you her	sole or partial support?No
(16)	If sole or partial support of widowed mo	ther—state what amount per month you have given he
	prior to appointment or enlistment	No means of support, if partially supported by you what
		pport?
(17)		y dependents, other than those shown above?
	This may include any brothers 16 years	of age or under, or any sisters 17 years of age or under a fide members of your household before your appoint
	Dalationahin	
		•••••••••••••••••••••••••••••••••••••••
	Postal Address	
	Amount contributed monthly during the	past six months
	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
18)	Are you insured?	Nes
	If so, in what Company?	(Give number of policy)
	Have you made arrangements for paym	ent of your Insurance Premium?
	If not, and it is a monthly premium,	you may assign the amount in addition to any other the total assignment is not in excess of the maximum
1. 9%		iven by me on this form is correct in each and every
	particular.	W.J. Irven
	Date March 5, 1940.	(Signature of officer or man)
	Date	
Sec.		?
		Officer Commonding
	Deta March 5, 1940	Officer Commanding



CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District	
Dispersal	

LAST PAY CERTIFICATE

(All Ranks) Regtl. No. B. 37362 Rank and Name... (Transfer Discharge) to 19 Aug 19 42. Reason Death Authority: C.C.L. "A" No.227 d/11.12.42. The following is a statement of the account of the above-named from 1 Aug to 31 Aug 19 42. the inclusive date of transfer or discharge. Dr. Cr. Particulars Particulars Amount Amount Balance Cr. from last account. Balance Dr. from last account..... Payments on Transfer or Discharge...... Additional Pay (Give particulars)..... Allowances (Give particulars).....days Regimental Charges..... Public Stoppages (Give particulars): AR.33 d/15.8.42. U.C.150 4 47 Forf. 5 days eff. 1 Aug 42 D.0.50 U.C.150 To Balance Cr. By Balance Dr. BALANCE GIVEN IS SUBJECT TO ANY CHARGES Remarks: Assigned Pay \$20.00 stopped eff. 1 Sep 42.

Compiled by M. Howarth.

Checked by M. Howarth.

DISTRIBUTION OF SERVICE ESTATES

Mayal - Military Air Force

Name

...

	Surname	Christian Names		
	ank	R.H.L.I.	19-8-112	
		Unit	Date c	f Death
Date			P. C. \$10.13 er Credits	
	28-5-43		al10.48	
SHARE	RELATIONSHIP	NAME AND	ADDRESS	AMOUNT
A11	Widow	Mrs. Carrie E 18 York Stree Kitchener, On (as next of kin	tario	10.48
		AUTHORITY F.E.No. DIV. EST.	VOTE PRI DA OR OBJ. 8.3/ 00 00 001	AMOUNT 10 48
				10 48 TOTIL
	Distrib	ution approved and	authorized	
AUDITED	FOR PAYMENT		(L.M. Firth) Lt. Administrator of Es	-Col., states.
for	Chief Treasury Of:	ficer		

Mrs. C	arrie Irr	zen,	
	18 York	Street	.9
	Ki	chener,	Ontario

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:-

H.Q. 405-J- 3146 FD 285

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

	January 14,	1943
For the purpose of record and in medals or memorials available for dis- late	the event of there being a tribution (according to law)	ny balance of pay, on account of the
IRVEN, Will:	iam John, Pte. B-37362	2
Roya	l Hamilton Light Infar	atry,

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

OMING IN NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVEND, THE POLICE ON THE NOW THE NOW THE NEW POLICE OF THE PROPERTY OF THE

THE PART OF THE PROPERTY OF THE PART OF TH

(R.G. Phelan) Lieut., for (L.M. Firth) Lt.-Col.,

Administrator of Estates.



M.F.W. 77 5M-9-41 (1669) 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 decrees ever had in each of the degrees specified below.

===	INFORMANT'S STATEMENT					
es of onshi	RELA	TIVES	INFORMANT'S ST.	ATEMEN	IT	
Degrees of Relationship		accounted for	of any Relative, if any, in each degree inquired for	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 De	eceased	le arrie Elizabeth	30	18 rjoch Street Sitchener Ont	
2	Children of the dates of their	Deceased and Births	Mone		The formation of the second of	
3	Father of the De	eceased			Died 1941	
4	Mother of the D	eceased	mrs. m. Irven	42	2056 City Counsellor St. Montreal, Luce	
5	Brothers of the Deceased	Full Blood	Leonard Droen	26	171 maple St. Quebec	
		Half Blood	none			
6	Sisters of the Deceased	Full Blood	none			
		Half Blood	none			
7	Names of brothers of the full or the had ceased, who are dead of each.	or sisters (whether alf blood) of the De-	Names and ages of their children (if any)		Address of their children	
			none.			

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

,		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)		Age	
	Aunts by marriage)			

FULL PARTICULARS AS TO IDENTITY

_	7.0	
10	What is the full name of the deceased?	Stillian Od Dan
11	Give the month and year of his birth.	Dec). 24. 1915
12	Where and when were his parents married?	Probably montreal, Que.
13	If deceased was married, state place and date of marriage. Was there a marriage contract?	Elmira, Ant. Dec. 5, 193 yes K2105 License no. yes, but have no copy. I
14	Did he leave a Will? If so, a copy should be attached hereto.	yes, but have no copy. I
15	Did he leave a bank account? If so, give full particulars.	no.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	
17	State your own postal address in full.	18 York St. Bitchener, Ant. Con.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Montreal, Quebec.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	
20	What was the nature of his employment?	magazine Salennan
21	Did he own the premises in which he lived? If so, where?	no
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no.

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
24	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 an and burial is made Overseas as well as where death occurs and bur those expenses the Government will reimburse such relative to the eamount of such expenses in excess of those authorized in the Regulating against the service estate of the deceased.)	rial is made in Canada, and if a relative has already paid extent of the amount authorized in the Regulations. Any

DECLARATION

of relationship for example, "Widow," of all the residue of all the re	declare that the foregoing particulars are correct, and a true and complete statement latives that the deceased ever had in the degrees inquired for; and that I am the
* 2/	idow of the deceased.
N.B. To be signed in full in the presence of a Clergyman, Priest, Loca Magistrate, Commissioner or Notary Public.	(Sigmotune
	CERTIFICATE
I hereby	certify that, to the best of my knowledge and belief
*See above	uen {Name of Informant} is the * willow of the Deceased
above describ	ed, and I believe the above Declaration and the Statement of Relatives made by the
	d signed in my presence to be complete and correct.
	hered this 16th day of January 1943
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public	omer Berne & Qualification Latheran Clergyman
	Address 183, Ditchence , Ontario
NOTE.—Before granting the Relative stated by him or her t	above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any bave died, and that the full name and address and age of each surviving Relative enquired after is stated in

Entered disease pages and party of the amount of the amount of the second of the secon

bing whenth and avitales as a made of the burner of the burner is the burner of the burners of t

Nucl. amointinged all the branch relative of the transmission of the distribution of the findings of the findi

to the Regulations is the Regulations in the Regulation in the Regulation

THE PARTY OF THE P

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

18 I Where was decement born?

Is not be own the premises in which he lived? If so, where?

The decided with the main willer to the bone and hill I to

(a) His own conserts beard and balance on service.

bedanthe od bloome triot detal goes not brance tradmeti at.

The to standard by the fundable of the fundable of any

" (Liversepole and the mouther contract and dentisting

22 Itid he ever sints verbally, or in writing, where he intended to make his permanent home?

FORM 6

1. PLACE			ELD (FRANCE)	IFICATE OF REGISTE	RATION OF D	EATH		
OF	If in City, Town	or Village	Street	t(If death occurred in a hospital or	•••••••••••••••••••••••••••••••••••••••	House No.		
2. LENG	TH OF STAY (in year) City, Town or Town	ears, months and days) ship where death occurr	Name) ed	(If death occurred in a hospital or(b) In Province	institution, give the name	e instead of street and num	ber)	
3. PRINT	FULL NAME OF	DECEASED	(Family name)		(Given name or names in us			
RESI	DENCE No. 10	Street York		n, Village or Township	ener	Province Ontario		
4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)		AUGUST	19th	10 42	
			Married	THE DATE OF DEATH	(Month)	(Day)	(Year)	
8. BIRTH	PLACE	(Province or Cou	ntry)	25. I HEREBY CERTIFY that	I attended deceased from	a:		
9. DATE	OF BIRTH.)ecember	24th 1915		19to		19	
	Years	(Month) Days	(Day) (Year) If less than one day old	and last saw h	alive on		19	
10. AGE i	26	7 26	hrs. ormin.		CAUSE OF DEAT	n action		PHYSICIAN
8 11. T	ade, profession or kind	l of work as	1011	Give disease, injury or complica- tion which caused death, not the	(a)			Underline
7				failure, asphyxia, asthenia, etc.	due to			the cause
	ind of industry or busi mill, lumbering, bank,	etc		Morbid conditions, if any, giving rise to immediate cause (stated in order	(b)due to			to which death
8 13. D	ate deceased last works		Total years spent in this occupation	proceeding backwards from im- mediate cause).	(c)			should be
15. If married give name of wife TRVEN, CATTIC			Other morbid conditions (if important)	(charged	
				contributing to death but not causally related to immediate cause.			s	statisticall
16. N	AME IRVIER !	Villiam Roder	1 cic	26. If a communicable disease (a) D	ate of appearance	27/1	19	
17 P	RTHPLACE			is mentioned on this cer- tificate, give $(b) D$	uration of disease.		days	
- 1 - La D	RIHPLACE	(Province or Co	ountry)	27. If a woman, was the death	sociated with pregnancy	7?		
18. M	AIDEN NAME			28. Was there a surgical operation	160			
TOT	DOWN A COM			State findings				
		(Province or Cou	intry)	29. If death was due to external c	auses (violence) fill in a	so the following:—		
zu. Person	giving information	410.10000	MC TO Charles	Accident, suicide or homicide?			19	
Addres	sDept	or Director of Nations	il Derence.	Manner of injury				
	7			Nature of injury		ustained)		
21. Place	of Burial, Cremation or	Removal						
Date	f burial or removal			Signed by			M.D.	
22. Burial Permit was issued by				Date		40		
Addre				30. Division Registrar's Record	No			
23. UNDER	TAKER	(Name and add	lress)	31. Filed	19	(Division Registra		

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"

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

JMBER B. 37362 SERVICE UNIT ROYS! Hemil-RANK Private ton Light Infantry NAME INVEN William John DATE OF BIRTH 24th December YEAR 1915 MONTH MARITAL STATUS Married NEXT OF KIN AS SHOWN ON wife Carrie Irven NAME M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS 18 York Street, Kitchener, Untario. ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED PARENTS NAME **ADDRESS** IF SOLDIER MARRIED OVERSEAS Canrecords 2237 H. Q. 405-J-3146 AUTHORITY CAS. SIG. NO. CASUALTY DETAILS

Previously reported missing in action now reported killed in action.

DATE 19-8-42

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

DATE 16-12-42

OFFICER I/C RECORDS

MEDALS AND MEMORIALS-DECEASED PERSONNEL

(1) MEDALS

PERSON

ENTITLED TO

Mrs. C.E. Irven, (WIDOW)

18 York St., 50 John St. E.

Kitchener, Ont WATERLOO, Ont.

ADDRESS:

(2) MEMORIAL CROSS

widowMrs. Carrie Irven,

ADDRESS: 18 York St., Kitchener, Ont.

(3) MEMORIAL CROSS

MOTHER Mrs. Mabel Irene Irven,

2056 City Councellor, Montreal, P.Q. 20-4-43

RESISTRATION NO. PATE OF DESPATCH

DATE DESP.

(1)

5-4-49

REGN. NO.

4980

DESP. APR 5 1943

REGN NO. 1:5:17

DESP. APR 5 1943 REGN No. 1

DESP. APR 21 1943 REGN No. M 643

15-	12	-4	2	
(0.	C.	L.	-2	19)

AWARDS-CANADIAN ARMI (ACTIVE)

1445 M

100M-10-41 (2195) H.Q. 1772-45-8

FILE NO.

405-J-3146

IRVEN, William John

B.37362

Pte.

Central Ont. Regt.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. NO.

RANK ON DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Defence Medal War Medal C.V.S.M. & Clasp	8616
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No B.37362 Rank Pri	vate Name IRVEN	, William John
Unit R.H.L.I.	Date of deat!	h 19th Aug., 1942.
Died at France		
Cause Killed in a	ction.	
Death occurred on stre	igth of Forces.HQ 40	5-J-3146 a
N/K Mrs. Carrie Irv		Relationchip Widow
50 John St. E Address 18-Yerk-Str	et, Kitchener, Ont.	ario.
Remains buried in	Des Vertus	Cemetery
	Hautot-Sur-Mer, Fr	ance.
Grave location	Grave 168	
		OVER

9 (4

DEATH CERT. TO N.K.

2-6-43. BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. 22-4-43

ROYAL MESSAGE DESP'D. FEB 5 1943

18-12-42. CAN. MESSAGE DESP'D.

Grave 65, row E.

Hautot-sur-Mer, Gdn, Will Hautot-sur-Mer, France.

Redesignated

& CR Form Despd. MOV 221945

PHOTOS DESPID.

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.
- (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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

(1)	Name of Officer or Soldier.
(1)	(Surname first—Christian names in full—Block capitals)
	WILLIAM JOHN
(2)	Regimental Number B-37362
(3)	Unit R.H.L.I., C.A.S.F.
	Are you married?
	If married, state, (a) Full name of your wife. Carrie Irven
	(a) Full name of your wife
	(b) Present postal address of wife
(6)	If married, have you been regularly supporting your wife? If not—state reasons
(7)	Are you a widower?
(8)	Have you any children? No No Nil
	Also their names and ages Nil
(9)	If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them
	Give particulars of Guardian to whom Separation Allowance should be paid—if authorized— Name
	Postal Address Nil
	(SEE OTHER SIDE).

(10)	Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?
	If so, state her full name and Postal Address. Nil
	•••••••••••••••••••••••••••••••••••••••
(11)	Is your father alive?Yes
	If so, state name and address. WM. Roderick Irven
	3472 Marlowe Ave., N.D.G. Montreal. Que.
	If your father is a widower and is totally incapacitated from earning a living—are you his sole support? Nil
	If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F.
	Also state reason he has no other means of support.
	•••••••••••••••••••••••••••••••••••••••
(14)	Is your mother alive?
	If so, state name and address. Mabel Irene Irven
	106 Columbia Ave. Westmount, Que.
(15)	If your mother is a widow, are you her sole support?
(16)	If sole support of widowed mother—state what amount per month you have given her prior to joining
#100 miles	C.F.F. No
	Also state reason why she has no other means of support
	• 13 (
(17)	Are you insured? No
	If so, in what Company? Nil
	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.
	I hereby certify that the information given by me on this form is correct in each and every particular.
	1. / Jen
	(Signature of officer or man)
Date	March 5, 1940.
Date	
	thousand the
	Officer Commanding O. C. Royal Hamilton Liabt Infants
	Officer Commanding
Date	March 5, 1940

Sheet No.....

Name. IRVEN, W.J.

R	EPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)					Authority	
te	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
		Priv. leave w.w. 7 days	Pte.	20 27 Mar. 41	RHLI	Field	23 Page 2.	21 Mar.
		Leave 7 days Priv. 2 w.w.	Pte	26 Sep.41	RHLI	U.K.	62	30 Sep.
		3rd P/Leave w.w.	Pte.	10/17 Dec	.41 RHLI	U.K.	76	17 Dec.
		4 Priv. leave to Feb. 23, 42 F.T.W.	Pte.	16 Feb. 42	. RHLI	U.K.	12	20 Feb.
		7 days P/Leave	Pte.	21/28 Jul	.42 RHLI	U.K.	48	30 Jul.
		Forfts 5 days pay A.A.ll FR&I 149 - 2	Pte.	1 Aug. 42.	RHLI	U.K.	50	12 Aug.
		Embarked U.K. for France (Jub.Oper)	Pte.	18 Aug. 42	RHLI	U.K.	54	3 Sep.
•••••••		S.O.S. TO X list (Jub.Oper.) Missing	Pte.	19 Aug. 42			53	31 Aug.
		T.O.S. from RHLI	Pte.	20 Aug. 42		U.K.	1	5 Oct.
		S.O.S. Killed in Action.	Pte.	19 Aug. 42	X List		4	21 Dec.
						·		
************	•				***************************************			

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

PREPARED BY CHECKED BY CHECKED

CHECKED BY DATE

SERVICE REPRESENTATIVE

CASUALTIES ONLY	Register No. C.D.376
For purpose of W.S.G. Casualties include death subsequent to discharge.	File No. 405.J.3146
WAR SERVICE G	RANTS ACT 1944
	Ottawa 7th Nov.
To: Chief Treasury Officer, Dependents' Allowance and Assigned B.37362	
Service No. W.J. Irven.	
Name /	
Christian Name Surname	
Flease supply the following information named at the time of his discharge or duplicate along with the file to the	death and return this form in
	(K. W. RICE) Captain, r(A.R. Mortimore)Brigadier, Paymaster-General. Name Amount
Names, address and relationship Muso of persons in receipt of D.A. and amount of monthly award.	Carrie Irven \$ \$3500
If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under w.b.G. Act. 1944, and amount of monthly assignment.	
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.	
	——————————————————————————————————————
Amount of overpayment of dependents' allowance and/or assigned pay deducta from the War Service Gratuity and name of person to whom paid.	ble
14-11 194 5	For Chief Treasury Officer, D.A. & A.P. Branch
C.T.O., D.A.&.A.P.	
Overpayments of D.A. and/or A.P. recov	vered from W.S.G. \$
194	

for C.T.O.

COMPUTATI					
MEMBER'S NAME	um Tann	ZRYEN	Register No)-180	22
	(Christian Names) (Su	rname)	File No. 40:	5-3-	3140
PAYEE'S NAME / S		rname)	Date 27	11-4	15
ADDRESS	ORK ST.		Service No.	3736	2
	KITCHENER	ONT.	Final Rank	71	
DATE OF TERMINATION OF	OVERSEAS SERVICE.	198-42	Date of Dischar	ge/9-8-1	1/2
	13			AMOU \$	NT c
A. TOTAL QUALIFYING SERVINO. of day 9 3 30		riods @ \$7.50		211	50
B. QUALIFYING OVERSEAS SE	RVICE				
No. of days	less	igible days,			
equal	2	per day		189	25
C. SUPPLEMENT FOR OVERSE	AS SERVICE			200	15
Daily Rate of Pay	\$			7/	1
Subsistence Allowance	\$ 1-00				
Additional Pay	\$				
Dependents' Allowance 1/30 \$	\$ 1-1-1				
TOTAL	\$.3.47 × 7	= \$ 24.34			
No. of Days_	183 × \$	24.54		aà	91
D. WAR SERVICE GRATŲĮTY				1/2/	1
Computed By Mortel				449	00
	verpayment of (1) Pay & Allowance	\$			
	(2) D.A. & A.P.	\$	•••••		A STATE OF THE PARTY OF
M	Other Deductions	\$		E TOWN THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	
Entered By					
F. AMOUNT PAYABLE (This amount is payable in		each)		499	56
G. Monthly instalment not to exceed \$	daily rate of Pay & Allow				

Register	C.	D.376
- Constant		······································

.........

Nominal Roll No. D 456

H.Q. File No. 405-J-3/46

To: P.M.G.

CANADIAN ARMY (ACTIVE) Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname IRVEN		Christian Name in Full WILLIAM JOHN			
37362	PIE.						
REASON FOR To a straight of the straight of th		VICE: LEDINA	CTION		CARO	(
3rd Enlistr	nent		• • • • • • • • • • • • • • • • • • • •	٠	CARO	(
		Total Service					
	ENLISTMENT	2ND ENLIST			3RD ENLISTMENT		
T.O.S. J.	WH.H.40 W.H.2MD 898	S.O.S. Total Days	MD	To	O.S	MD	
Total Service					8	98 DAYS	
			Total Se	rvice	Less Non-qualifying Service	Net Service	
Western F	lemisphere		/	41		14	
Overseas Service			70	57	5	75	
Totals			89	18	5	89	
A	dd Non-qualifying S	ervice		•••••		5	
Total Service						8 98	
REMARKS:	O.S. Overseas	7 AUG, 42 2	Date S.O.S	. Over	seas		
	Signature	AVA-40 CERTIN		Act, 1	nent to benefits 044, has been est n.		
500M—11-44 (6012 H.Q. 1772-45-8	ASONED TOOLS.	S. S. S.	& L. I	AUR	IN, Colonel, LECTOR	OF RECORDS.	

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
••••••					
•••••••••••••••••••••••••••••••••••••••					
•••••••••••••••••••••••••••••••••••••••					
				Total	w
A	245	111.40			
	10011	0 1/1/	5	T.O.S	••••••
S.O.S	5/J	4:4 S.O.S	S	S.O.S	
avd			1 ang. 42	5	5-
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		Charle produc	WHINA (WELLAR)		
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