B46374
LEARMONTH
JOHN LAIRD

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M.D. 2 NOM. ROLL June 1943

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

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

Unit: ARGYLL & SUTHERLAND HIGHLANDERS OF CANADA PL CASF Regimental Number: B46374

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

WILL At NDHQ

1. Surname: LEARMONTH
2. Christian Names: John Laird
3. Present address: 149 Barons Ave., Hamilton, Ontario, Can.
4. Date of birth: 8 July 1921
5. Place of birth: Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination): United
7. Trade or Calling: Fresh water sailor
8. Married, Widower or Single: Single
9. Name of next of kin: Walter Learmonth SEE CHANGE
10. Relationship: ~~Father~~ MOTHER
11. Address of next of kin: ~~149 Barons Ave.~~, Hamilton, Ontario
12. Do you belong to, or have you served in the Active Militia of Canada? (If Yes, Give Unit and Dates of Service): No
13. Have you served in (a) The Canadian Active Service Force? (Yes or No): No (b) Any other Naval, Military, or Air Force? (If Yes, Give Regimental No. and Unit): No
14. Did you serve during the Great War 1914-1918? (Yes or No) (If Yes, specify Unit and Period of Service): No (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Laird Learmonth at home or abroad do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

J. L.

Witness: M. J. Walsh

Date: Sept 20, 1940 Jack Learmonth (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, John Laird Learmonth do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Jack Learmonth (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Camp Niagara this 21 day of Sept 19 40

J. A. Farmer Capt. & Adj. — Signature of Magistrate, Justice or Attesting Officer.

THE A. & S. H. OF C. (P.L.) — Office or Rank and Unit or appointment.

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

P

Record of Service of Learmonth, John Laird (Surname) (Christian Names) Regimental Number B46374

Qualifications

Military: None

Business or Professional:

Trade or Civil: Great Lakes sailor

Technical:

Languages: English

Educational Qualifications

High School or Collegiate: No (years completed)

Graduation or Matriculation: None (specify)

*College:

*University:

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

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

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
5407—		Joined on appointment Taken on strength	Pte	21/9/40	A&SH	Niagara	Part II 69	24/9/40
		Furlough -- 7/4/41 to 21/4/41.	"	7/4/41.	"	Chippawa	" #82	7/4/41.
		Appointed Lance Corporal with pay.	L/Cpl.	26.1.42	"	Jamaica	" #25	31.1.42.
		Change of Address of Next-of-kin: New Address: 124 Cameron Avenue, Hamilton, Ontario, Canada.	"	20.6.42	"	"	" #145	20.6.42.
		Hospital Stoppage of Pay.	"	9.8.42	"	"	" #190	12.8.42.
		Hospital Stoppages of Pay Ceasing Amount -$1200	"	24.8.42	"	Jamaica	" #206	31.8.42
		Reverts to permanent grade of Private at his own request.	"	16.9.42	"	Jamaica.	" #222	18.9.42
		Rebate of Hosp. Stoppages - Amt.$12.00	"	16.11.42	"	Jamaica.	" #272	16.11.42
N/K MOTHER		Amend. No. 78 to F.R. & I. New Next of Kin - Jane Learmonth, 1406 Barton Street, E.? Hamilton, Ont.	"	21Jan43	"	"	#17	21 Jan 43
		New Address of N. of K.- 1406 Barton St., East, Hamilton, Ontario.	"	21Jan43	"	"	Verified 4 #17	28 Jan 44 21 Jan 43
		New Regt'l rate of pay $1.50 per diem	"	1 Jan 43	"	"	20	25 Jan 43
		S.O.S. (A.H.Q.) F.O.S. C.A.C.O. Amb. H.K. 28 July 43		23 Jul 43 24 Jul 43				

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full John Laird Lenmouth Date Sept 20/40

Part 1. Information obtained from the recruit.

1. Age 19 2. Have you ever suffered from any of the following diseases?

a. Rheumatism — No
b. Tuberculosis — No
c. Bronchitis or asthma — No
d. Heart disease — No
e. Kidney or bladder disease — No
f. Gastro-intestinal — No
g. Rupture — No
h. Varicose veins — No
i. Flat or deformed feet — No
j. Nasal trouble — No
k. Ear disease — No
l. Eye disease — No
m. Epilepsy — No
n. Nervous or mental disease — No
o. Syphilis — No
p. Gonorrhoea — No
q. Have you ever worn glasses? — Yes
r. Are you now or have you in the past received disability pension or compensation? If so, give details — No

J. L. Lenmouth
Signature of Applicant

Prescription glasses — Closework for 1 year

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.) Scar on Right Index finger

2. Height 5 feet 8 inches. 3. Weight 142 pounds.

4. Complexion Fair Eyes Hazel Hair Fair 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 3 inches.

7. Vision, right 20/30 left 20/30 8. Hearing, right WV 20' left WV 20'

9. Condition of mouth and teeth Satisfactory

10. The abnormalities (congenital and pathological) found on examination are as follows
Heart
Lungs } Normal
Reflexes

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A

Special remarks when category lower than A

O. P. Kappele Lt. Col. — President
J. F. Hamilton Maj. — Member
D. Mackenzie Capt. — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
Sept 20/40	Urine N. Sam	OCT 16 1941	TABT. Vaccine. ½ c. c.
	V. Roy Hy Sam	16. 1. 41.	S tan. Kahn. ---Neg.
27-8-40	1st. Tab. 0-25 cc. Tab.	19.11.42	Stan. Kahn- Negative.
5-9-40	2nd. Tab. 0-5 cc. Tab.	JAN 1 1943	TABT. Vaccine. ½ c. c.
11-9-40	3rd. Tab. 1 cc. Tab.	MAY 30 1943	Re-examined Category A
27-8-40	1st. Tetanus Toxoid 1 cc.		Urine Sam.
13-9-40	2nd. Tetanus Toxoid 1 cc.		
16-10-40	Vaccination.		
APR 23 1941	Re-examined Category A		
AUG 11 1941	Re-examined Category A		

Regtl. No. B46374 Rank Pte. Surname Learmonth Christian Name John Laird

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Camp Hospital		5	12	40	7	12	40	Influenza	6	Discharged to unit.	S. Adrian Joffe
Niagara Camp.		4	1	41	13	1	41	Influenza	7	Discharged to unit.	[illegible]
Nanaimo Camp.		3	7	41	10	7	41	Gastric Neurosis	8	Discharged to unit.	[illegible]
Kingston, Jamaica.		28	10	41	1	11	41	Dengue	5	Discharged to unit.	[illegible]
Kingston, Jamaica.		6	7	42	11	7	42	Cellulitis of left foot.	6	Discharged to unit.	[illegible]
Kingston, Jamaica.		9	8	42	24	8	42	Primary Syphilis	16	Discharged to weekly O$\frac{3}{4}$P. treatment. Duty.	[illegible]

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

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

✓ Section A—GENERAL INFORMATION

1. (a) Print name in full: Learmonth, John Laird (b) Reg'l. No. B46374
2. (a) Arm of service: Army (b) Unit: A.&S.H. OF C (PL) AF (c) Rank: Private
3. (a) Date of birth: July, 8 1921 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Hamilton, Ont.
4. (a) Place of enlistment: Niagara on the Lake Ont. (b) Date of enlistment: Sept. 21, 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 13 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): Public School Entrance
7. If you attended a university, give name of university and standing or degree secured: NA
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer: Can. Steamship Lines Address: Montreal, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Shipping
20. (a) Your specific occupation: Sailor (b) Number of years' experience at this occupation with any employer: 2 years
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? No
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? NA

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.): None
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Wireless telegraphy

DATE: March 28 194 1 SIGNATURE: J. L. Learmonth

"Q" CARD COMPLETE

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

A. & S.H. of C. (Inf.R.)
Arm or Corps

Trade (if Tradesman or Trade Trainee)

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

I. B-46374 (Regt. No.) Pte. (Rank) LEARMOUTH, J. L. (Name (surname first)) A (A or R) 21 (Age) A (Med. Cat.)

English (Main Language) Nil (Other Language(s)) Camp Niagara (Place (Unit) Interviewed) 31-5-43. (Date Interviewed)

II. Revised Examination "M"

Camp Niagara (Place Tested) 29-5-43 (Date Tested) Sgt. S.L.Toll (By Whom)

154 (Total) III (Group) Subtests 18 (1) 15 (2) 13 (3) 20 (4) 26 (5) 12 (6) 22 (7) 28 (8) Subtotals 46 (1-3) 46 (4-5) 62 (6-8) English (English or French)

Other Tests

III. Educational Background

Grade VIII--Quebec--urban-6-13 yrs. Could not afford to go to high school.

IV. Occupational Background

5 years--sailor with C. S. L. and Patterson Steamship Lines.
Great Lakes and Coast.

V. Military Background

None prior to enlistment with A. & S.H. of C. Sept. 21, 1940.

VI. Other Personal History and Appraisal

An eager alert man of good build, (5' 8"; 142 lbs) and much better than average intelligence, this man has lost much of his original enthusiasm for the Army. Claiming he joined to go overseas, he is fed up with guard duty in Jamaica but enjoyed the limited training he had there. He likes the Regiment and wants to stay with it provided he is given full military training, and wants to get overseas as soon aspossible.

His stability and habits appear average and his conduct sheet is free from crime. He was appointed L/Cpl. Jan. 26, 1942, but reverted to Private at his own request Sept., 1942.

A-1 category, this man seems in every way suitable for overseas service in Infantry (R).

VII. Recommendations

Suitable for Inf. (R.)--Non-Tradesman.

Sgt. S. L. Toll

(Signed) E. G. Macdonald
Captain
Army Examiner

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

See reverse side for further information and follow-up

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S F 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 individuals new unit.

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(1) Name of Officer of Other Rank Learmonth, John Laird
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank B46374 Pte.

(3) Unit A&SH of C(PL)

(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 NA

(7) Are you a widower? No

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

Names and ages

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

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

Name NA

Postal Address

Na

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

If so, state her full name and Postal Address NA

(11) Is your father alive? Yes

If so, state name and address, occupation Walter Learmonth, c-o Mrs. Jane Learmonth, 149 Barons avenue, Hamilton, Ont.

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment NA

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Jane Learmonth, 149 Barons avenue, Hamilton, Ont.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship NA

Full Name

Postal Address NA

Amount contributed monthly during the past six months

NA

(18) Are you insured? Yes

If so, in what Company? Metropolitan Life
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Pte John Lorne Learmonth
(Signature of officer or man)

Date 12-11-40

M. Sherrington
Officer Commanding

Date 12-11-40

A. & S. H. OF C. (P. L.)

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.

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 21-9-40 Place Enlisted Camp Reigna, Ont

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
21.9.40-10.9.41	CAN	INF	A&S. H of CAN	Pte	Rifleman	
10.9.41-25.5.43	CANADA	"	"	L/Cpl	" 2nd Lieutenant (Recruited June Sep. 42)	
25.5.43-24.7.43	CAN	"	"	"		
24.7.43	U.K	"	"	"	Plat. Wireless Operator	

A

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions..... Major Offences..... Minor Offences Nil

Civil Convictions..... Fines..... Hospitalization 3/19 Dengue fever

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246(2609)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority
Infantryman	d2 Rifle, 2 MG, 75 MC.	1943	M.B.M.I.

55 Type of Service Desired (1) Inf. as at present (2)

Remarks re Outstanding or Limiting Factors

Deportment	Sat.
Disposition	Reserved.
Appearance (grooming)	Sat.
Physical appearance	Average.
Map Reading	
Military Knowledge	
Mechanical Knowledge	

Steady serious man with better than average learning ability who is at present learning to be a spare Dispatch Rider. Looks like a dependable, willing worker who has adjusted passively to army.

Reason for Joining Cdn. Army Duty - unable dentist in Navy because of eyesight.

Attitude to Interview: Antagonistic..... Overanxious..... Co-operative..... Indifferent.....

Tests Indicated: 51..... 52a..... 52b..... 53..... Other.....

48 Suggested Possibilities (1) Inf. - Wireless Oper as at present.

for employment (2)

Interviewed by J.A. Filobic Lieut. Date 18 Jan 1944

Reviewed by..... Date.....

Soldiers Qualification Card

CONFIDENTIAL

B-46374 — Regimental Number

LEARMOUTH. — Last Name (Block letters)

John — First Name

Laird — Middle Names

Unit: A & S. Highrs of Canada

1 Corps: Infantry — 502

2 Nationality: 08 CDN | By Birth: ✓ | By Naturalization: | Country of Birth: Canada.

3 Father Racial Origin: Scottish / Mother: "

4 Language spoken in home: French: / English: ✓ / Other:

5 Age: 22 (8-1-21) 6 Height: 5 ft. 8 in. 7 Weight: 142 8 Silhouette: 1 2 3 4

Eyes: / 9 Colour of: Blue 10 Acuity: 1 2 3 (5) 10 Glasses: YES 11 Colour Vision: 1 2 3 4

12 Hearing: Acuity: 1 2 3 13 Speech Defects: Nil

14 Handedness: R L A 15 Med. Category: "A"

Cause:

Attitude to own health: Good To Medical attention: Good

Health History:

16 Education Level: Illiterate: El. 8 (13) Sec. ( ) Grade completed)

Conduct during school life:

17 University or 18 Professional Institution	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training

1. (Course): Radio Principles - Cdn Legion Corr.

At: Active Service From—To: In Progress Completed ?

21 2. (Course):

At: From—To: Completed ?

22 3. (Course):

At: From—To: Completed ?

Other trades papers, Diplomas Certificates or Qualifications:

23 Languages: Spoken fluently: ENGLISH

02 Written well: "

24 Main occupation: Description: Sailor (Great Lakes) (Able + Ordinary seaman) Estimate of skill:

7834 Duration (from—to): 1936 - 1940 Weekly Wage: $25.00

Employer's Name and Address: Canada Steamship Lines Montreal, Quebec

50 "M" Test Score R S.M. | Test 9 Score

Test	Score	S.M.	
1	18		Sub-total 46
2	15		S.M.
3	13		
4	20		Sub-total 46
5	26		S.M.
6	12		Sub-total 62
7	22		S.M.
8	28		
Tot.	154		Grade C

Canada

English: French:

51 OTHER MENTAL

Test:

Score: Grade:

Date:

52a MECHANICAL APT.

Test:

Score: Grade:

Date:

52b CLERICAL APT.

Test:

Score: Grade:

Date:

53 TRADE TESTS

Trade and Grading	Date

54 OTHER

Test:

Score: Grade:

Date:

25 Second Most Important Occupation: Description: Estimate of skill:

Duration (from—to): Weekly Wage:

Employer's Name and Address:

26 Third Most Important Occupation Estimate of skill:

Duration (from—to): Weekly Wage:

Employer's Name and Address:

Trade Union or Professional Society:

Vehicles: 27 Heavy Truck: 28 Light Truck: 29 Auto: Nil 30 Motorcycle:

31 Farm Tractor: 32 Tracked Vehicle: 33 Power Launch: 34 Aeroplane:

35 Accident Prone: Teamster:

Farming Experience: Wide: Limited: None: ✓

District: Type:

Job promised after discharge ? No By whom? Name:

Job: Address:

Other provision for post-discharge occupation:

Type of work desired: Radio Operator

Occupational history: Ambitious: Stable: ✓ Accidental: Erratic:

36 Marital Status: M: S: ✓ W: D: Sep:

2 Marital Problems:

Wife's or Husband' Age: Attitude to Service: Health:

37 No. of Children: 38 No. of Dependents: 0

Relationship of Dependents:

No. of Brothers: 1 No. of Sisters: 2 Position in family: 4

Status of home in childhood:

Religious Denomination: - A.C.P.C.

39 Hobbies: Photography: M: S: Radio: Engines:

Mechanics: Other:

40 P Sports: (1) Swimming (2) Skating (3) Boxing

43 W Team Games and Position (1) Softball

12 (2) Basketball (3) Rugby

41 Ability to Entertain: Music: String: Brass:

Woodwind: Percussion: Piano: Vocal:

Theatrical: Other:

Statement of the Service of No. B46374 Rank ..... Sheet No. .....

Name Learmouth

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

REPORT Date	REPORT From whom received	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	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Debark fur + sub all 1-6-43/10-6-43	Pte	1-6-43	A+S.H.	Niagara	Part II 124	1-6-43
		Granted bal. of disemb. furl&Sub allow @ 50¢p.d. from 2359/27 jun to2359/1 JUly 43	"	27 Jun 43	"	"	147	27 Jun 43
		S.O.S. C.A(C)	"	23 Jul 43	"	U.K.	" 181	6 Aug 43
		T.O.S. C.A(O) disemb. U.K. 28 Jul. 43	"	"	"	"	" 181	
C.14		Awd 1 Good Conduct Badge	Cpl	21 Sept 42	A I & H	UK	16	17 Dec 43
C.89		Forf 1 Good Conduct Badge (awd for 18 days) 4 Jan 44	Pte	4 Jan 44	A & SH	U.K	2	14 Jan 44
C.42		Awd Total Forf of 23 days pay under AA 15 (1)	Pte	4 Jan 44	A & SH.	U.K.	2	14 Jan 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Embarked at ..... on 19 Sep 44. Disembarked France on 21 Sep 44.	Pte		A & SH.	21 A.G.P.	35	9 Aug 44
		Killed	Pte	9 Aug 44		A.E.F.	A-479	19 Aug 44

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		1st/A+SH	S.O.S. C.A(P)	U.K	23 Jul 43	Pte	Pt II #81 6 Aug 43
		"	T.O.S. C.A.(P) disembk. U.K. 28 Jul 43	"	24 Jul 43	"	" "
		"	Increase of Pay 1st P.d.	Jamaica	1 Jan 43	"	20-25 Jan 43
7 Dec 43	CR	"	Awarded one Good Conduct Badge	Jd.	21 Sep 42	"	16-17 Dec 43
5 JAN 44	CR	"	Awarded a forf. of 18 days pay for an AA under AA 15(1) AWL from 2215 hrs 29 Dec 43 to 1330 hrs 3 JAN 44. Total forf. 23 days pay.	"	4 JAN 44	"	2-14 JAN 44
		"	Forf. one Good Conduct Badge (awarded a forf. of 18 days pay 4 Jan 44)	"	4 JAN 44	"	2-14 JAN 44
		"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 JAN 44	"	6-4 Feb 44
		"	Embarked U.K. 19 Jul. Disembarked France 7 Jul 44			"	35-9 AUG 1944
	A. & S.	HIGHRS.	SOS deceased Killed in action	Jd	9 Aug 44	Pte	39-Sep 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit: A+S H OF C. PL CASF Regimental Number: B46374

1. Surname: LEARMONTH
2. Christian Names: John Laird
3. *Substantive Rank and Appointment: Pte.
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Montreal Que.
5. Date of birth as declared on attestation: 8 July 1921
   (A)
6. Date of enlistment: Sept 21 1940
7. Place of enlistment: Niagara Camp
8. Residence at time of enlistment: 449 Barons Ave. Hamilton
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion: United
12. If married, state date: N/A
13. Trade on enlistment: Fresh Water Sailor
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps | Unit (Battn., etc)

A. & S. H. OF C. (P. L.)

(18) Medical

Category	Date	Authority
A	21/9/40	MFM2
A.	23/4/41	MFM2
A.	11/8/41	MFM2
A.	30/5/43	MFM2

(19) Next of kin (entries to be made in pencil)

Mrs Jane Learmonth (Mother)
1406 Barton Street, E.,
Hamilton, Ontario.

(20) E.
(21) E.
(22) E.

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

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

CANADIAN PACIFIC TELEGRAPHS

AL

DAY LETTER ☐

NIGHT LETTER ☒

CASUALTY (REPORT DELIVERY)

OTTAWA 17 AUGUST 1944

TO:- MRS JAME LEARMONTH
1406 BARTON ST E
HAMILTON ONT

9380 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT B46374 PRIVATE JOHN LAIRD LEARMONTH HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION NINTH AUGUST 1944 STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

SCS tl

PREPAID

17

DIRECTOR OF RECORDS

8th September, 1944.

Mrs. Jane Learmonth,
1406 Barton Street, East,
Hamilton, Ontario.

Dear Mrs. Learmonth:

It was with deep regret that I learned of the death of your son, B46374 Private John Laird Learmonth, who gave his life in the Service of his Country in France on the 9th day of August, 1944.

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

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

We pay tribute to the sacrifice he so bravely made. /6

Yours sincerely,

H. Major - General
Adjutant - General

AUG 30 1944

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

fsw.

/EMA

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

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, John Laird Learmonth, of the city
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Hamilton, in the County ~~District~~ of Wentworth,

Province of Ontario, Sailor
(Civil Occupation)

Regimental No. B 46 374, Unit A. & S. H. of C. (P.L.), do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother, Jane Laird Learmonth, 1406 Barton Street East, Hamilton, Ontario, Canada, all my estate.

Relationship, names and address of residuary beneficiaries.

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto—~~

(4) I appoint Pte. Walter Learmonth, King Street, Hamilton Ont.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 14 day of July 19 43

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.

J. L. Learmonth
(Signature of soldier)

First witness sign here.

(5) Signature R. Rathbone Lieut.

Civil Address 301 Roxborough Ave Hamilton

Civil Occupation Machinist.

Second witness sign here.

Signature G. Blake Lieut.

Civil Address 201 James St. South, Hamilton

Civil Occupation Teacher.

(Witnesses are not to be beneficiaries.)

[OVER]

F[illegible] COMPLETION AND RETURN BY

Form P. 64

Mrs. Jane Learmonth,
1406 Barton St. East,
Hamilton, 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:—

H.Q. 405-L-8052 FD 349

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

October 5 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

Learmonth, John Laird, Pte. NO. B.46374

Canadian Army

ESTATES BRANCH OCT 17 1944 H. Q. OTTAWA NATIONAL DEFENCE

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

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

for Director of Estates.

HO

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Walter Learmonth		died Nov 26th 1940
4	Mother of the Deceased.....		Jane Learmonth		
5	Brothers of the Deceased	Full Blood	Pte Walter Learmonth		223 York St Hamilton
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs W Gallagher Mrs W. Penny		1358 Forfar St Montreal 1406 Barton St E Hamilton
		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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Laird Learmonth
9	Date of his birth.	July 8th 1921
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Bannockburn Scotland July 26 1907

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) 14 yrs in Province of Quebec (b) 5 " in Hamilton Ontario (c) (d)
14	Nature of employment before enlistment.	Sailor on the great Lakes
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.	Hamilton

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	~~not that I am entitled.~~ ~~I do not know of any since~~
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Not when he enlisted I do not know of any since
20	Amount of War Savings Certificates held by deceased. Indicate where located.	I do not know of any
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	I do not know of any
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	one Policy in the Metropolitan $179.61. Jane Learmonth
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the *Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Jane Learmonth — Signature of Informant

1406 Barton St E. Hamilton — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief mrs Jane Learmonth {Name of informant} is the* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Hamilton this 16th day of October 19[illegible]

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

W. Patterson — Qualification Coroner

Address City Hall Hamilton Ont

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOHN LAIRD LEARMONTH (Christian Names) (Surname) — Register No. D 3786

PAYEE'S NAME MRS JANE LEARMONTH (Christian Names) (Surname) — File No. 405-L-8052

Date 15-3-45

ADDRESS 1406 - BARTON ST. E HAMILTON, ONT. — Service No. B46374

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 9-8-44 — Date of Discharge 9-8-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 1396 / 30 = 46 Periods @ $7.50 (16)	345	00
B. QUALIFYING OVERSEAS SERVICE No. of days 360 less 16 Ineligible days, equal 344 Days @ 25c per day	86	00
	431	00
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ Dependents' Allowance 1/30 $ 25.00 $ .83 TOTAL $ 3.58 × 7 = $ 25.06 No. of Days 360 / 183 × $ 25.06 28	49	30
	480	30
D. WAR SERVICE GRATUITY Computed By Monty 1		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By WRB 1		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 480.30 each)	480	30

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

$..... × 30 = $.....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

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

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

District.....

Dispersal Area.....

Regtl No. B.46374. Rank and Name Learmonth, J.L. Pte.

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

~~(Transfer or~~ Discharge)..... to..... on 9th August, 19 44.

Reason Death. Authority: C.C.L. "A"479. d/19th August, 44.

The following is a statement of the account of the above-named from 1st August, to 31st August, 19 44. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	6	39
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at ..... $		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars) ..... days at ..... $		
Public Stoppages (Give particulars):					
To Balance Cr — Free	29	89			
To Balance Cr — Deferred			By Balance Dr		
Total	52	89	Total	52	89

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

Remarks:

Assigned Pay $23.00 (M) Stopped off. September, 44.

PAY ACCOUNTS BRANCH
MAR 7 1945
H. Q.
OTTAWA.
NATIONAL DEFENCE

Compiled by B. McKercher.

Checked by Cooper

Date 15th February, 1945.

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

AR.

DISTRIBUTION OF SERVICE ESTATES

GC

Estates Form "P. 4"

ARMY

Name: LEARMONTH (Surname) John L. (Christian Names) No.: B.46374

Pte. (Rank) C.A. O/S (Unit) 9-8-44 (Date of Death)

AMOUNT

L.P.C. $ 29.89

Date: 1-5-45

Other Credits

Total 29.89

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	mother	Mrs. Jane Learmonth, 1406 Barton St. E., Hamilton, Ont. (sole beneficiary under will)	$29.89
		P4. TO TREAS. 4/6/45. TO BE FORWARDED BY REG. MAIL DIRECT.	

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$29.89

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

File No. 405-L-8052.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B-46374. Name LEARMONTH. John Laird

Rank on Discharge Pte. Date of Discharge 9-8-44.

Authority for Discharge or Retirement Deceased

Served in:				Non-qualifying service
Canada	from 21-9-40	to	27-6-43.	
	from	to		
United Kingdom	from 28-6-43	to	19-7-44.	
	from	to		
Italy	from	to		
Northwest Europe	from 21-7-44	to	9-8-44 K/A.	
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star ok

~~Italy Star~~

France-Germany Star ok

Defence Medal ok.

War Medal 1939-45 ok

Canadian Volunteer Service Medal ok

with clasp ok.

Verified by N. Imriard

Date 30-9-46

Carded OCT 1 1946

HA 165

NO RIBBON DESPATCH

M.F.M. 14A
200M-1[illegible]2 (2934)
H.Q. 772-39-1662

CARD SEQUENCE No. 2

No. B46374 RANK Pte. NAME LEARMONTH: John Laird.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
124	1-6-43	Furl. 1100 hrs. 1-6-43 to 2359 hrs. 10-6-43.	
124	1-6-43.	Allow in lieu of rations 50 per diem.	
147	24-6 -43.	Furl&R/A 2359 hrs. 27-6-43 to 2359 hrs. 1-7-43 at 50¢	
3	6-8-43.	S.O.S. C.A.(CAN.) 23 Jul. 43. T.O.S. C.A.(O) 24 Jul. 43.	
3	12-9-43	P.L. 7 DAYS. 3-9-43 - 9-9-43 RA	
~~B139 Jan 44~~		On 1 Jan 44 awarded 18 days forf	
2	1-1-44	for an offence under Dis. Act	
		2215/29 Dec 43 to 1330/3 Jan 44	
		Total Forf of Pay 23 days Pay.	
CR. 98/	11-8-44	S.O.S/(deceased.) Killed in action 9-8-44	

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	NO.	DATE	
T. O. S. A. & S. H. DE P. (D. T.)	69	24-9-40	Eff. 21-9-40
Hospital adm. 7-1-41	6	8-1-41	Camp Hospital.
dis 14-1-41	12	15-1-41	
Sick. 7-4-41	87	7-4-41	
Rec. from sick. 21-4-41	100	28-4-41	
Adm. to B.M. Hosp. 28.10	244	31.10.41	
Hosp. Discharge 1.11.41	247	4.11.41	
Appointed L/Cpl. (WP)	25	31/1/42	Eff. 26/1/42
Hosp. Adm. B.M.H.	161	9-7-42	Eff. 6-7-42
Hosp. Dis. B.M.H.	165	14-7-42	Eff. 11-7-42 6 days.
Adm. to BM Hosp. 9-8-42	189	11-8-42	Kingston Jamaica BWI.
Subj. to Hosp. Stop.	190	12-8-42	eff. 9-8-42.
Hosp. Discharge 24-8-42	202	26-8-42	Total period 16 days.
Ceases Hosp. Stoppage	206	31-8-42	eff. 24-8-42 $12.00
Reverts to Pte. 16-9-42	222	18-9-42	At his own request.
Rebate-Hosp. Stopp.	272	16-11-42	9-8-42 to 24-8-42 $12.00

$1.50-(1-1-43)

C

NAME LEARMONTH JOHN LAIRD

REGIMENTAL No. B46374 RANK ~~PTE~~ Bte. 16-9-42.

ENLISTED AT NIAGARA-ON-LAKE PROMOTIONS, ETC. AND DATE ~~L/Cpl. eff. 26/1/42.~~

DATE SEPT 21 1940

IF SERVED PREVIOUSLY, STATE UNIT, ETC. NONE

MARRIED, WIDOWER OR SINGLE S

NEXT OF KIN Jane ~~WALTER LEARMONTH~~ RELATIONSHIP ~~FATHER~~ Mother.

ADDRESS OF ~~124 Cameron Ave.~~ 149 BARONS AVE HAMILTON ONT Canada.

ASSIGNMENT OF PAY, $ ~~20.00~~ Nov 1, 1940 - NR35 23.00 Eff. 1-2-43 ~~124 Cameron Ave.~~ 149 BARONS AVE

MFM 19

ADDRESS MRS. JANE LEARMONTH HAMILTON Ont., Canada.

1406 Barton St. East.

DEPENDENT'S ALLOWANCE: ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 10-10-40. $15.00

IN WHOSE FAVOUR

M. F. M. 14

CFA 18[illegible]
40/P &[illegible]2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME B-46374 Pte Learmonth J L ✓ Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Group

CHECKED BY A-117006 Gnr Schwartz M
B-81759 Sgt Graves J G DATE 22 Dec 44

1	Glengarry.
1	Cap Badge ASK of C.
1	Identity Bracelet.
1	Photograph Album.
1	Writing Case.
1	Medallion.
1	Ring w/Diamonds.
1	Automatic Pencil.
1	Red Identity Disc.
2	Identity Cards.
2	2½ stamps (Used).

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

TRIPLICATE — with effects.

for OC 1 Cdn KSD

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER B.46374 RANK Private

SERVICE UNIT The Argyle and Sutherland Highlanders of Canada (C.A.).

NAME LEARMONTH, John Laird

DATE OF BIRTH 8-7-21

DATE OF ENLISTMENT 21-9-40

MARITAL STATUS Single

RELIGION United Church

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

NAME ADDRESS D.A.B. Mrs. Jane Learmonth,

ADDRESS 1406 Barton St., E., Hamilton, Ontario.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 9319 H.Q. 405-L-8052

CASUALTY DETAILS Killed in action

DATE 9-8-44

FRANCE.

RWB

15

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 24-8-44

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

BTC

DIRECTOR OF RECORDS

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

No B.46374 Rank Private Name LEARMONTH, John Laird

Unit A. & S. H. of C.(PL) Date of death 9th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-L-8052

N/K Mrs. Jane Learmonth, Relationship Mother

Address 1406 Barton Street E., Hamilton, Ontario.

Remains buried in Cemetery

MR.083539 by side of Main rd corner of cross roads. France

CHK

Grave location

OVER-

BURIAL REPORT TO N.K. APR 3 1946

RETURN TO BUR. OF STAT. JAN 31 1945

ROYAL MESSAGE DESP'D. SEP 21 1944

CAN. MESSAGE DESP'D. 5-9-44.

REBURIAL

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

Grave 10, row H, plot 9

H.I & CR Form Despd. NOV 30 1946

Photographs
Despatched
SEP 6 1947

(1700) M C.B.

500M—1-44 (3467)
H.Q. 1772-45-8

9-8-44

AWARDS—CANADIAN ARMY (ACTIVE)

FILE NO. 405-L-8052

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
LEARMONTH	John Laird	B-46374	Pte.	A.S.H.of Can.

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France & Germany Star	2951 14/11/49
Defence Medal	
War Medal 1939-45	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1) REGN. NO 8245

(1) MEDALS

PERSON ENTITLED TO Mrs. Jane Learmonth (Mother)

ADDRESS: ~~1506~~ 1406 Barton St., E., Hamilton, Ont.

(2) MEMORIAL CROSS

WIDOW Single

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Jane Learmonth, (ENGLISH)

(1700)

(3) DESP. NOV 20 1944 REGN No. 8079

ADDRESS: 1406 Barton St. E. Hamilton, Ont.

Every item of information should be carefully supplied.

(See reverse side for instructions)

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of IN THE FIELD (FRANCE) Township of

If in City, Town or Village (Name) Street (If death occurred in a hospital or institution, give the name instead of street and number) House No.

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

3. PRINT FULL NAME OF DECEASED LEARMONTH (Family name) John Laird (Given name or names in usual order)

RESIDENCE No. 149 Street Baron City, Town, Village or Township Hamilton Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH July (Month) 8 (Day) 1921 (Year)

10. AGE in

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

OCCUPATION

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

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

13. Date deceased last worked at this occupation

14. Total years spent in this occupation

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

FATHER

16. NAME LEARMONTH Walter

17. BIRTHPLACE (Province or Country)

MOTHER

18. MAIDEN NAME

19. BIRTHPLACE (Province or Country)

20. Person giving information sign here Maurice C.S.

Address Director of Records,

Relationship to deceased Dept. of National Defence

21. Place of Burial, Cremation or Removal France

Date of burial or removal

22. Burial Permit was issued by

Address

23. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August (Month) 9 (Day) 19 44 (Year)

25. I HEREBY CERTIFY that I attended deceased from:

19 to 19

and last saw h. alive on 19

CAUSE OF DEATH

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

OVERSEAS CASUALTY
CANADIAN ARMY

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

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

28. Was there a surgical operation? Date of operation 19

State findings Was there an autopsy?

29. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide? (State which) Date of injury 19

Manner of injury (How sustained)

Nature of injury

Specify whether injury occurred in **industry,** in **home,** or in **public place**

Signed by **M.D.**

Address **Date** 19

30. Division Registrar's Record No.

31. Filed 19 (Division Registrar)

JAN 31 1945