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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	PLEASE
1. (a) Print name in full. Shopport libriley George (b) Reg'l. No. 154966	LEAVE
2. (a) Arm of service	
3. (a) Date of birth any dependents? (b) Have you (c) Place of residence (c) Place of residence (c) Place of enlistment (c) Pl	
4. (a) Place of enlistment (b) Date of enlistment	
Section B—EDUCATION AND TRAINING	
5. (a) State age on (b) Were you attending school finally leaving school or college up to the time of enlistment?	
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.)	
university and standing or degree secured	
8. (a) Did you ever (b) If so, enter upon a trade to for what (c) Did you to finish it, how long apprenticeship? occupation? finish it? did you serve at it?	
9. (a) What languages (b) What languages	
do you speak fluently?	
Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT 10. (a) State whether you were	
10. (a) State whether you were WORKING or NOT WORK- (b) At time of en-	
ING at time of enlistment. (Enter here only "Work- trade union or	
ing" or "Not Working", as case may be; particu-	
lars are asked for below) were you a member?	And the second
Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
OF ENLISTMENT	
QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a) 11. Had you ever been employed fairly regularly since leaving school?	
12. (a) If answer to 11 be "Yes", (b) State how long you	
state exact trade or occupation had worked at this	
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 when you last worked fairly regularly before enlistment	
15. Give details of last employer, if any: Name Address Address	
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
17. (a) If your last employment was in a business of your own, state (b) Date of dis-	
nature and address of business	······································
Section E-PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
OF ENLISTMENT	DED: Y
QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	LILI
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	
19. Nature of employer's business (for instance, "farmer", or "building Towns 110 110 110 110 110 110 110 110 110 11	
contractor", or "boot factory" or "iron foundry" or "retail store", etc.)	
specific occupation	
definitely to give you refuse to promise refuse to promise you to return to your employment on discharge?	
employment on dischargeremployment on discharger	
IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGE OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23	NCY,
22. (a) State nature of business, (b) Where was or professional practice	
23. (a) Number of years engaged in this business return to the same or a similar business on discharge?	
Section F—PARTICULARS OF FARMING EXPERIENCE 24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what	
24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming? 25. (a) Were you (b) How many years' actual (c) In what provinces	
25. (a) Were you (b) How many years' actual (c) In what provinces born on a farm?	
Section G-MISCELLANEOUS	
26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
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.)	
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form	
m & 1/60.1	

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Arm or Corps

Infantry.

Arm or Corps

In.-Mech. Class III

Trade (if Tradesman or Trade Traince)

Personnel Selection Record

Work in Arm (if Non-Tradesman)

I. B-54966 L/Cpl. SHEPPARD, Manley George A 38 A

Regt. No. Rank Name (surname first) A or R Age Med. Cat.

English N.A. Debert, N.S. 13-Feb-43

Main Language Other Language(s) Place (Unit) Interviewed Date Interviewed

II. Revised Examination "M"

Debert, N.S. 13-Feb-43 Lt.R.W. UMphrey

Place Tested Date Tested By Whom
English

Total Group Subtests

1 2 3 4 5 6 7 8 Subtotals

Other Tests

III. Educational Background Completed Grade VIII in Northern Ontario, P.S. at age twelve years. Favorite subjects were spelling and reading. Left to go to work.

IV. Occupational Background

Five years -- Mining.
Five years -- Motorman.
Remainder of working time spent as mechanic.

V. Military Background

Enlisted 26-July-40; has had five crimes (A.W.L.)

entered on crime sheet, has been sentenced to seven and twenty-eight day sentences C.B.

VI. Other Personal History and Appraisal

Favorite sport is baseball. Reads Western stories.

Single; ######### parents deceased. Has one brother, aged forty-seven.

Health is good. Ht. XXXX 519" Wt. 175 lbs.

Has been Company driver-mechanic for twenty-eight months. Has never had a course.

This N.C.O. has kow learning ability, and his "M" score does not confirm the Grade Eight education he claims. Appears to be of average stability. Medium height, and better than medium weight.

VII. Recommendations

That this N.C.O. continue as a driver-mechanic in present coy.

(Signed) PW/Umphuy (R.W.Umphrey), Lieut. Army Examiner "Q" CARD COMPLETE

FURTHER INFORMATION AND FOLLOW-UP

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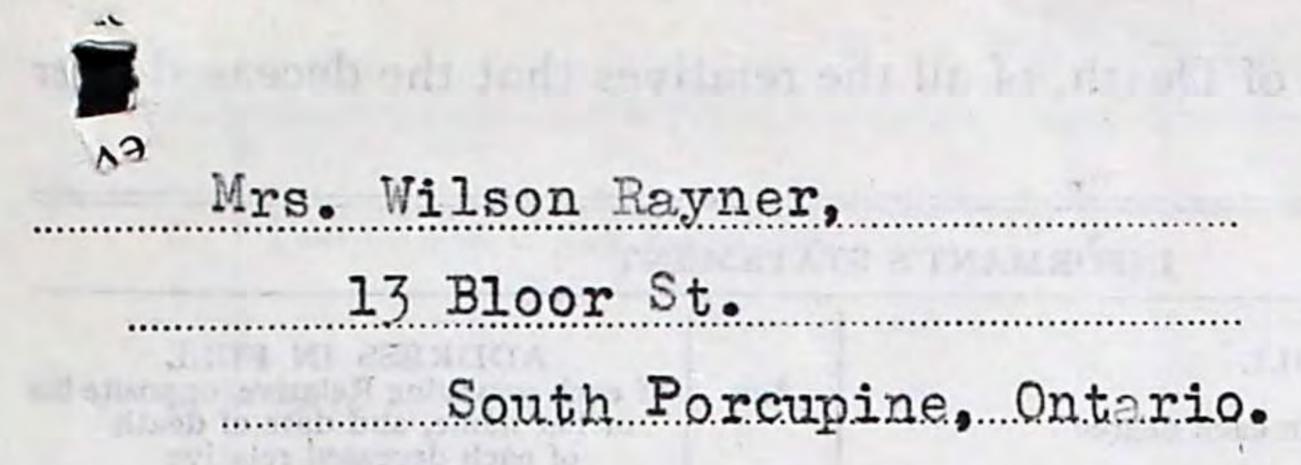
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Dr. Mech. 13 Aug 43- Ja Felsheiter

CARDS PUNGHED

B-54966 Regt'l. Number	SHEPPARD Last Name		Manley First Name	Ge	eorge	Names		Algonquin Regt (Fd)
38. Columbia	By Birth By N	aturalization	Country of Birth	50 "M" Test	Score	K sm		1 Corps Algonquin Regt INF
3 / Racial Szish - 2	2 Langua Other	age spoken in home:	French English	1	11		S. Tot.	25 Second Most Important Occupation: Description: Estimate of skill
5 Age 39 6 Height. 3 12004	5/2 8 2 7 Weight	170	8 Silhouette 1 2 3 4	2	9		SM	Employer's Name and Address Dividele Duy. Employer's Name and Address Dividele Duy.
	10 Acuity 2 3	10 Glasses	11 Colour 1 2 3 4	3	2	22	S. Tot.	26 Third Most Important Occupation:
12 Hearing: Acuity 2 3	13 Speech Defects			5	17		SM SM	Duration (from—to) 1925-30 Weekly 30 00 Wage 30
14 Handedness	L A 15	Med. Category	41	6	25	42	S. Tot.	Employer's Name and Address Dong Mage
CauseAttitude to own health	an al.	To Medical attention		7	20		SM	Trade Union or Professional Society.
Health History High	lelood pres			8		34		
16 Education Level: Illiterate Conduct during school life	E_O_C(<u></u>	(Grade completed)	Tot.	98		Grade E	J4 11010piano
17 University or		Years		9 F1	rom M	M 196	3	35 Accident Prone 2
18 Professional	Course Taken	Completed	Degree	51	OTHER 1	ENTAL		Farming Experience: Wide Limited
				Test				District Type
19 Post Graduate	Course	From—To	Degree	Score	L.	Grade		Job promised after discharge few Cat driver y whom? Name key of fisable, Address Jimms, Out.
				Date		7 •		
				52	MECHA	NICAL		Other provision for post-discharge occupation Type of work desired Guto me e kanne
Specialized Training:			(Course	Test Score	Gr	ade		Occupational history: Ambitious Accidental Erratic
20 1	From—To		Completed	Date				
21 2	From—To		(Course)	52	CLERICA	L APT.		36 Material Status: M. S. W. D. Sep. (Remarks)
22 3	From—To		(Course	Test				Age of wifeWife's attitude to ServiceHealth
A U				Score	Gr	ade		No. of Children No. Brothers No. Sisters
Other trades papers, Diplomas	3			Date				Position in family
Certificates or Qualifications				53	TRADE	TEST		Status of home in childhood 2000 Religion
23 Languages: Spoken fluentl Written well	English.			- 1 Scor	reG.	Date)	79 Hobbies: Photography MSRadioEngines
02 Written well				2 Scor	reG.	Date)	9. Mechanics Other Reading
24 Main occupation: Descript	Truck Are	ues - L	imate I mate	3 Scor	1	Date))	40 Sports: (1) (2) (3) Team Games and Position (1) Baseball
1			SEIII	54	отн	ER		(2)(3)
18 Duration (from—to)	1930-1999	Wa	eekly 255	Test			-	41 Ability to Entertain: Music: String Brass Woodwind Percussion Piano Vocal
+ 6 14 Employer's Name and Addres	Varies Dort	Lera Q	ntario.	Score	G	ade		TheatricalOther
				Date				



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-S-26.539 FD 464

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

October 13 104 4

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

SHEPPARD, Manley George, Cpl. B. 54966

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.

/NM

SULTHONE HORDE

Director of Estates.

Decome.

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

Engaire rebonds.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

egrees		A HOLDER MANAGEMENT	INFORMANT'S ST	[ATEM]	ENT	
egrees of Rela- tion- ship		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					
	Children of the Deceased and dates of their Births					
2						
3	Father of the Deceased		William Sheppard		Oct. 3,1920	
4	Mother of the I	Deceased	Mary Jane Sheppard		Mar.7,1927	
		Full Blood	Rupert Joseph Sheppard	47	13 Bloor Ave. South Porcupine,	
5	Brothers of the Deceased		Robert John Sheppard		April 18,1925	
		Half Blood				
			Verna Elizabeth Rayner	44	13 Bloor Ave. South Porcupine	
		Full Blood				
6	Sisters of the Deceased					
		Half Blood				
7	of the full or the Deceased, who death of each.	s or sisters (whether he half blood) of the tre dead, and date of	Names and ages of their children (if any)		Address of their children	
	Robert a	J.Sheppard, 1925	Single			

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

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e. pine.

8	Full names of the deceased.	Manley George Sheppard
9	Date of his birth.	July 30,1904
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Otter Lake, Que. July 15,1896
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Creemorne, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Creemorne Que - 4 years (b) Balance of time before enlis (c) South Porcupine, Ontario (d) County of Cochrane.
14	Nature of employment before enlistment.	Taxi Driver
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.	
	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?	
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?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Not known.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$50.00 Registered Bond IN My Possession (over
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None to my knowledge
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None
•	OTHER PARTICU	LARS
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.	Not to my knowledge
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

(PLEASE TURN OVER)

*Insert degree	Di	ECLARATION		
	re that all the particulars	shown on this form are cor	rect, and a true and comp	ole
"Widow", "Father", statement of all the	e relatives that the decea	shown on this form are consed ever had in the degrees	s specified; and that I am	the
"Brother", etc.	a ten	of the deceased.	Later with add to see on Brits	
"		tile deceased.		
			(C:	13-2
N.B.—To be signed in full in the	Verna.	o. Kayner.	Signatus of	re
N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary			Informa	ant
Public or Commissioned Officer of any of His Majesty's Forces.	South DA	apine Out	130x / Address	(1)
	Journa II		7	
			narran and days of his paran	
	C	ERTIFICATE		
I horoby certi	fy that to the best of my	knowledge and belief	. Wilson Kayn	er
·See above. , South Pour	Jame of sinformant is	the* sister	of the Dece	ased
above described	The above Declaration v	was made by the Informar	t and signed in my prese	ence.
		HEREN AND AND THE PROPERTY OF THE PARTY OF T	THE REAL PROPERTY AND PROPERTY AND ADDRESS OF THE PARTY O	
ho -of	Poor bono	26-th day of	haranher 10	44
Dated at. Stouth	this	day of	1	7.7
Signature of Clergyman, Priest, Magistrate,	1 in ord	Qualification.	DE Clour	mas
Commissioner or	emmence a.	Quanneation.	- and - Comment	
of His Majesty's Forces.	0/1/2	1. 0. 1.	- ,	
Add	ress Soula l'acc	skine Ontal	40	
NOTE.—Before granting the above Relative stated by him or her to ha	e Certificate, care should be take	n to see that the informant gives p	particulars concerning the death of	or any

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.)

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

According to letters which I have received from the Deceased, Cpl. Manley Sheppard, he had purchased other bonds on which I presume he was making payments. These bonds are no doubt in your possession.

From a letter dated May 27th Cpl. Sheppard says " You should have three \$50.00 bonds by now and I am paying on the fourth".

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DUPLICATE

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

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

Unit ALGONQUIN REGIMENT (C.A.S.F.)

Regimental Number....354966.....

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER	LIC!
1. Surname SHEPPARD	
2. Christian Names MANLEY GEORGE	
3. Present address	
4. Date of birth 30th July 1904	aalla Daw
5. Place of birth Canada (Country) (Country or Province) (Town or Township)	Jert T. S Day
6. Religion (state denomination) EXXXXXXX Church of England	
7. Trade or Calling Truck Driver	
8. Married, Widower or Single Single Mrs. Wilson Rayner	•••••••••••••••••••••••••••••••••••••••
9. Name of next of kin	went
10. Relationship	
11. Address of next of kin 13 Bloor Street, South Porcupine, Ontario	CANADA
12. Do you belong to, or have you served in the Active Militia of Canada?YesAlgonqui.	n Regt.
(If Yes, Give Unit and Dates of Service) 13. Have you served in (a) The Canadian Active Service Force? No.	
(b) Any other Naval M	ilitary, or Air
(1f Yes, Give Regimental No. and Unit) Force? (Yes or No) (If Yes, specify Unit and Period of Service)	
14. Did you serve during the Great War 1914-1918?	
(If Yes, specify Regimental No., Unit and Dates of Service)	
DECLARATION TO BE MADE BY MAN ON ATTESTATION	
I, Manley George Sheppard do solemnly declare	that the above
particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demoksaid emergency ceases to exist, and in any event for a period of not less than one year, provided should so require my services.	omzation after
Aug. 1st. 1940 Mr. shippaid	
Date Aug. 1st. 1940 (Signature of recruit)	
OATH TO BE TAKEN BY MAN ON ATTESTATION I, Manley George Sheppard do sincerely promise and sweat declare) that I will be faithful and bear true allegiance to His Majesty (Signature) (Signature)	r (or solemnly tre of Recruit)
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OF	FICER
The Recruit above-named was cautioned by me that if he made any false answers to any 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 entered as replied to, and the said recruit has made and signed the declaration and taken the or	has been duly ath before me,
at Timodas, Ont., this 1st day of August	194.0
af J. Stirling Capt. Signature of Mag	istrate, Justice
Algonquin Regiment Office or Rank and or appointment	d Unit

CERTIFICATE OF MEDICAL EXAMINATION

Rheumatism	red from any of the following diseases?
	k. Ear disease
Tuberculosis	
Bronchitis or asthma	m. Epilepsy
Heart disease	n. Nervous or mental diseaseNo
Kidney or bladder disease	_ o. Syphilis
Gastro-intestinal	p. Gonorrhoea
Rupture	q. Have you ever worn glasses?
Varicose veins	r. Are you now or have you in the past received disability pension or com-
Flat or deformed feet	received disability pension or compensation? If so, give details
Nasal trouble	- M. Shoppard.
Pleurisy No	Signature of Applicant
	cal examination. The recruit must be stripped.
dentification marks or scars. (If operative ob	otain history.)
leight	Good
omplexion fair Eyes blue	5. Development Good
Hair. Light h	brown
Chest measurement—Girth on full expansion	39.5 inches.
Range of expansion	
ision, right 20/20 left 20/20	8. Hearing, right 20 left. 20
condition of mouth and teeth	······································
) found on examination are as follows
ar Normal) found on examination are as follows
) found on examination are as follows
Normal) found on examination are as follows. X-Ray Negative
Irine Negative Lepes Megative art 3. We, the examiners find no evidence	X-Ray Negative of the diseases mentioned in Question 2, Part 1, except as
Irine Negative Lepes Negative art 3. We, the examiners find no evidence ed in the remarks. We have examined the Research control of the remarks.	of the diseases mentioned in Question 2, Part 1, except as tecruit in accordance with the pamphlet "Physical standards
Normal Negative Lepes Negative Lepes Series art 3. We, the examiners find no evidence and in the remarks. We have examined the Restructions for the medical examination of reconstructions for the medical examination of reconstructions.	of the diseases mentioned in Question 2, Part 1, except as tecruit in accordance with the pamphlet "Physical standards cruits" and he is found fit for Category.
Normal Jrine Negative Lepes Negative art 3. We, the examiners find no evidence ed in the remarks. We have examined the Restructions for the medical examination of reconstructions.	of the diseases mentioned in Question 2, Part 1, except as tecruit in accordance with the pamphlet "Physical standards cruits" and he is found fit for Category.
Negative Lepes Negative art 3. We, the examiners find no evidence ed in the remarks. We have examined the Renstructions for the medical examination of reconstructions for the medical examination of reconstructions.	of the diseases mentioned in Question 2, Part 1, except as tecruit in accordance with the pamphlet "Physical standards cruits" and he is found fit for Category.
Urine Negative Lepes negative art 3. We, the examiners find no evidence ted in the remarks. We have examined the Restructions for the medical examination of reconstructions for the medical examination of reconstructions.	of the diseases mentioned in Question 2, Part 1, except as tecruit in accordance with the pamphlet "Physical standards cruits" and he is found fit for Category.
Urine Negative Lepes reg Part 3. We, the examiners find no evidence ted in the remarks. We have examined the Renstructions for the medical examination of recal remarks when category lower than A.	of the diseases mentioned in Question 2, Part 1, except as tecruit in accordance with the pamphlet "Physical standards eruits" and he is found fit for Category.
Negative Lepes Megative Lepe	of the diseases mentioned in Question 2, Part 1, except as tecruit in accordance with the pamphlet "Physical standards cruits" and he is found fit for Category.
Urine Negative Lepes Regative Part 3. We, the examiners find no evidence ted in the remarks. We have examined the Restructions for the medical examination of recal remarks when category lower than A	of the diseases mentioned in Question 2, Part 1, except as tecruit in accordance with the pamphlet "Physical standards truits" and he is found fit for Category.
Negative Lepes Regative Lepe	of the diseases mentioned in Question 2, Part 1, except as decruit in accordance with the pamphlet "Physical standards cruits" and he is found fit for Category. Member 2 ARDS, RECLASSIFICATION OF MEDICAL CATEGORY A Member Port
Negative Lepes Negative Lepes Negative Part 3. We, the examiners find no evidence ted in the remarks. We have examined the Resolutions for the medical examination of recolutions al remarks when category lower than A. President R. Harrison Cinations, Inoculations, Box	of the diseases mentioned in Question 2, Part 1, except as decruit in accordance with the pamphlet "Physical standards cruits" and he is found fit for Category. Member 2 ARDS, RECLASSIFICATION OF MEDICAL CATEGORY A Member Port
Urine Negative Lepes Meaniners find no evidence ted in the remarks. We have examined the Resolutions for the medical examination of recal remarks when category lower than A. President R. Harrison Cinations, Inoculations, Box	of the diseases mentioned in Question 2, Part 1, except as decruit in accordance with the pamphlet "Physical standards cruits" and he is found fit for Category. Member 2 ARDS, RECLASSIFICATION OF MEDICAL CATEGORY A Member Port
Negative Negative Lepes Meaniners find no evidence ted in the remarks. We have examined the Resolutions for the medical examination of recal remarks when category lower than A. President R. Harrison Cinations, Inoculations, Box	Mamber Por Date Date Date Brief details and signature MAY 2 - 1941 CATEGORY UNCHANGED ARDS, RECLASSIFICATION OF MEDICAL CATEGORY LAN. 2.2. 1942 CATEGORY UNCHANGED
Normal Urine Negative Lepes reg Part 3. We, the examiners find no evidence ted in the remarks. We have examined the Resolutions for the medical examination of recal remarks when category lower than A. President R. Harrison CINATIONS, INOCULATIONS, HORALD RESOLUTIONS, HORALD RESOLU	ARDS, RECLASSIFICATION OF MEDICAL CATEGORY Date Brief details and signature MAY 2 - 1941 CATEGORY UNCHANGED R.C.A.M.C. JAN. 2.2. 1942 CATEGORY UNCHANGED
Normal Urine Negative Lepes Negative Lepes Negative Part 3. We, the examiners find no evidence ted in the remarks. We have examined the Remstructions for the medical examination of recal remarks when category lower than A. President R. Harrison Cinations, Inoculations, For the Brief details and signature HO TO STORE DE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	Mamber Portage Brief details and signature MAY 2 - 1941 CATEGORY UNCHANGED AND ARCS ARC AMC LAN 2.2 1942 CATEGORY UNCHANGED R.C.A.M.C. Capt R.C.A.M.C.
Normal Jrine Negative Lepes	Mamber Portage Brief details and signature MAY 2 - 1941 CATEGORY UNCHANGED R. C. A. M. C. A. Rec. A. M. C. R. C. A. M. C. R. C. A. M. C.

		C			es of				Number 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 Cour of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature
STATION	Date of Arrival at the Station	in	Admission to Hospi	ital	fro	Discharge m Hospi	tal	DISEASE	days in Hospital	whether mercury has been given. If an accident, state whether it occurred on duty and whether a Cour of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature Medical Officer
CALT			Month	Year				1	7	Improved	313
RT ARTHUR, ONT.	20/1/41	20	~	41	26	~	4/	Fonsilitis			
			1			St. In.	30 3				1.0
					14-	E 5			- 30		
		12.50			7 50	3 8					
						3					
					1	2 8		8-1.1	9		
		18	A series								F 6
			- 1	1 1		74 E		BEEFF	19		
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						E B					
									4		

Statement of the Service of No. 54966
Name Sheppure Mauly Orge

REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc (Continuation of Folio 2 M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Dete	Unit	Place	Authority	
Date From whom received	(Continuation of Folio 2 M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date THE ALGO	MICHINIA	C.A. (A.)	Part II D.O. No. Cas. List, etc.	Dated
	estrute Lauce Fortos	4900	12-9-4	700	wood, So	led 2017	169/2
.T.M. A.191225	Luclough, 7-1-43 to 20-1-43 une	L					
T.W. most	Lation allowance					" 2)	6-1-13
	Lecial Leave 12-3-43 to 19-3:43 mid				Debert	8 7 40	19-3-43
	Having qualified in accordance with with C. A. R. O. 2757 & 277 and F. R. & I. Art. 144 (amended) is granted daily rate regimental pay of \$ /.60 . D.O. 4 d/27-43	2 of					
	regimental pay of \$ /.60 . D.O. 4 d/12-1-43	° ~1	1-1-43	4			
	T.O.S., C.A., Newfoundland 7-2-42			•••••••••••			
	S.O.S., C.A., Newfoundland &-2-43						
	S.C.C.A., Canada 18 -4 -43 (2093d)	2-6-43		."			
	Disc rked U.K. 19-6-43 2094, d-21-6-43						
	T.O.S. On arrival from Canada						
	Offse for Deur Red Wheeled & -cerce attack	7/2/060	39 aly 43	alo: P	UK	5	5 July 23.
	Sontunes L/CBC & lu L/CPC	# Cool	5 July 43	alg R	1 P		20 get 43 -
	Appointed a/6/2l	HICPL.	11 Lep 43	ale R	UK	6	22/Sep 4?
	Luce Dur 1/4 (W) (M/6)	Cpl	18 Sept 2	alge	VK	22	11 May 4

Statement of the Service of No. B.54.9.66	Statement	of	the	Service	of	No.	B5	4	966	
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Rank....

Sheet No....

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

Name SHEPPARD MANLEY GEORGE

	REFORT	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	
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
• • • • • • • • • • • • • • • • • • • •								
		······································						
						Little Little		
•••••								
••••••						• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •					The state of the s			

Sheet No.....

Statement of the Service of No. B-54966. Rank

Name. Sheppard M.S.

Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Pank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	
***************************************		Bease att. to Algonquins att. to 4 Edn. Am	2. Spl.	27 June 43	algon. Regt.	UK	3	28 June 4
C103)		Proc: on Chalerproofing Vehicles Corse att 1 CERU fap	A/CPL.	12 Dec 43	algR	UCK	18	15-Deck
(000)		learfumed me rank of lope.	lepe.	11 Dec H3	aegk	0.6	20	29 Dec 1
(500)		att to I lean Spec. Druing School fas	lope.	30 Dec 43.	algr	UK	1	6 Jan 4
<u>C</u> 103		Leaves att to I lock Spec Driving School faps AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	-lope.	29 Jan 44	aeg R	UK	6	3 Feb 44
***************************************		Qual WUR. 1/c	Gpl.	15-14144	aly R.	UH.	25	1 JUNES
***************************************		Reclass Dur much to Dur much no	epl	8 Jun 44	alg R.	2/2 7	37	27 Jalu4
**************		Embarked at FRance 22 July 44	- CPL		alg R.	2/4 40.	34	3/2mly44
(6 22/	Sos	a, Sw Heck HV'C,		18 ay 44	alg 1	2109	H-/	Holepe-4)
mng		Killed	Ipl	18 Sugue	alg R	17EF	A-455	2Sept-44

***************************************			•••••••••••••••••••••••••••••••••••••••					
***************************************	***************************************							

Sheet	No
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POSTINGS FROM O/S CASUALTY LISTS

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

77		Арм	ITTED	Dis	CHARGED					
Unit	HOSPT.	Day M	Io. Year	Day	Mo. Year	Hospt. Days	Dis	SEASE OF INJURY	REMARKS	Cas. List No
gongun Regt:							Killed	18-8-44		983
•••••••••••••••••••••••••••••••••••••••								•		
•••••••••••••••••••••••••••••••••••••••										

Records B3-49 H.Q. 1772-45-8 100M-5-43 (9999)

	a)	(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
14-11-46	90 89	alg R	all b. farleit 3 doct ray	Pollret.	4-11-40	D/	
24-2-41	" 41	,,	admitted Ook arthew Rullary Ho	0 11	20-2-41	"	
3-3-41	" 46	"	Diecharged "	"	26-2-41	"	
		/	Furlough 9-5-41 to 22-5-41	//			20.90
w. T. W.	A.191223		Turlandyh 7-1-43 \$ 20-1-43	Bolewood	Jufel.		4 2 6.1.4
Led. T.: W	.ma. 84.		unh. Ration allemance				
			S.O.S., C.A., Canada / O. Jane 44.3)			
			TOR CA OVERSERS MAL	. Le g.	3 9/4	2 June	
			1.0.5, 0.11. O VOI SCUIS	,		<i>/</i>	
			Disembarked U.K. 19-6-43, ~ D.94-1-1-1	72			
			I.O.S. On arrival from Canada		J		156 27, 6.4
			Jugal Hit me have Cliff	Shelo	Man	File	
		Play	ing and ic 1:	uagara sell	? :		
		and a	F. Guanned in accordance with with C. A. R. O. 2	757 8 2772			
		regi	mental pay of \$	aily rate of	1 1-112	2/200	
19-4V	10122	al a R	That elcho	12 14 3.	17 2 1	Dico:	
-6-43	2	"	attil P. P. Land Bank Boul P. M.	gea.	12-9-42		
			R. E. a. & P. Lor Wheelend D. manua Porend	W R	24-6-113		DO 3 d/28-6-
4-43	. 5	u	Out Pourse		2-4-43	••	
7			Cohfirmed L/Ryl.	u		• ••	35015-4-43
Rug 43	20.13	ala R	Granted P.L. with Morkey alle in lieu	A	1		10/2000122
		2	Rations from 27 July 43 to 5 Aug 43.	26. K		L/Col	
1 Rep 43	6K	algh	Rations from 27 July 43 to 5 Aug 43.	uk	11Dep43	Worl	6,22 Rep 43
Dec 43	en		confirmed Chl	tield	11. Dec 43	Che	20 29 Dec 43
Dec 43	CKI	11	att to Can shell Druen School In		In Doc 413	/	1-600
Janest.	CR.		Awarded Canadian Volunteer Service Medal and Clasp Ceases att Can Spee Dura School		15 Jan 44	//	7-5 741
Jaw. H.H.			Clased att Cdw Spee Dury School.		29 Jan 44		6-371644
9. Apr. 44.		!/	9491 Rm 1/C W M/C		18. Sept. 4.3		22-11. May 4.4.
11.14.4.4.	C.K	н	qual Dur 10 T		15.MAY.44		25,1. JUN/HH
			seclassified as Dur Mech (M.V)		JUN HH		33/44
			Emp W.K. 20 JUL		· · · · · · · · · · · · · · · · · · ·	······································	7
			Disemb France 36 TTT AA		00 34-	SI JI	1 7
	• • • • • • • • • • • • • • • • • • • •	AT 0 D	COC TAILUE 20 JUL 44				
	• • • • • • • • • • • • • • • • • • • •	'thing. 'L'	.D.V.Ddeceased.Killed.in.Action				
			Dvr mech mv "C"	Trietd	LOAUG44	Cn1	47/01

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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....THE ALGONQUIN REGIMENT C. A. S. F.

Regimental Number B 54966 (17) Regiment or Corps Unit (Battn., etc) 1. Surname....Sheppard. ... THE ALGONOUIN REGIMENT ... C. *To be entered in pencil to facilitate alteration. 4. Place of birth......Campbells...Bay., ..Que...... (18) Medical..... 5. Date of birth as declared on attestation...30.-7.-04. 9. (B) Special conditions (if any) of enlistment or rate of pay..... 10. (C) Any subsequent variations of conditions of service..... 14. Corps, trade and grade of Mech (MV)

15. (D) Qualifications or Nucle (MV)

13. Blood Shreet 16. (E) Miscellaneous entries.

- (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.
- 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. 6 Tradesmen's \ Rates of Pay G.C. Badges No. B54966Name Sheppard, M.G. Sqn., Battery, or Company Corps Algonquin Regt. Date of enlistment 1-8-40 (A.F.B. 122) 500M-11-41 (2498) 17t sheet destroyed 12-2-41 Signature O.C.)
Company, etc. No. and date of last drunk Period not reckoning towards freedom from extra fine H.Q. 1772-39-1652 Sheet No. Z 2nd sheet destroyed 1-8-42 Date of award or of order dispens-ing with trial Cases of drunken-Date of offence By whom awarded Punishment awarded Rank Remarks Names of Witnesses OFFENCE Place ness 28 days C B.13 Forf. 3 days p P.Arthur numentary 7 days C B Shilo 10 days Forf Niagara 5 days Forfl6 Jun 42 1 days Forf Botwood McKenzie Botwood. AASEC 40 COND. POF GO. 4MD-IN BED AT 0645 HAS SIT WOOD, S. SEVERE REPRIMAND

M.F.M. 14A 200M-1-42 (2934) H.Q. 1772-39-1662

CARD SEQUENCE No. 4

NoB-54966

RANK L/Cpl.

NAME Sheppard, Manley George

NOD-74900	HANK TIN COT . NAME DI	debbard, mantel deorge
	CASUALTIES, ET	TC.
PART II D. O. No. ATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
5 5-7-43	Cpnfirmed in rank of L/	Cpl. Eff. 5 July 43.
13 53-43	Granted 9 days P.L. wi 27 July 43 to 5 Aug. 4	th money allce. from
6 22-9-43	App. A/Cpl. w.e.f. 11 S	Sept. 43.
18 15-12-43	Proc. on Waterproofing	GOUNSE OF ACT TO 166 KU
	tap W.E.F. 12 Des to 152	Sounse at to 166RU
20 29-12-4	3 Confirmed in the rank	of Cpl. w.e.f.ll-12-43.
9 6-1-44	Att to 1 Cdn. Spec. Dr 44 9 days PL - 31 Jan 9	iv School w.e.f. 30-12-43. Feb 44
7 5-2-4	4 Awarded C.V.S.M. and c	lasp w.e.f. 15 Jan 44.
CR 19-8-4	4 alg R) Killegin action	ON ON 18-aug. 44

No B. 54966 Rank Corporal SHEPPARD, Manley George Name Date of death 18th Aug., 1944. Unit Algonquin Regt. France. Died at Killed in action. Cause Death occurred on strength of Forces. H.Q. 405-S-26539 Mrs. Wilson Rayner Relationship Sister Address 13 Bloor Street, South Porcupine, Ontario. Cemetery Remains buried in MR 2030/3975 Civilian Cem. outside Damblainville, France. Grave location

BURIAL REPORT TO N.K.APR 1 1 1946 RETURN TO BUR. OF STATLE B 6 - 1945 ROYAL MESSAGE DESP'D. OCT 181944 CAN. MESSAGE DESP'D. SEP 13 1944

Grave 1, Row B Plot 20.
HI & CR Form Despor JAN 241947
Photographs
Despatche.

	I D. O.	
NO.	DATE	
122	13-7-41	AWL-and close arrest Eff-2-7-41to5-7-41 close arrest to Effective 11-7-41 Forfeits 10 days Pay. Placed under stoppages of pay for civil and military expenditures for return.
704	75 7 17	
124	15-7-41	
156	23-8-41	Trade Qualification
		Driver Mechanic "C"
167	5-9-47	AWL-Forfeits 3 daysPay Eff-31-8-41to2-9-41
777	75017	DO 300: 101 J day Stay E11-31-0-41 to2-9-41
1/2	エンーター4丁	DO 122 is amended to read
1	5-1-42	Forfeits 4 days Pay. Classified as "Driver Mechanic" group "C" eff-1-12-41. Auth. M.D.10 D.0. No. 754 dated
4	8-1-42	21-8-41. Granted tradesmens rates group "C" effective 1-12-41. Forfeits 2 daysPay(FRI 149)AWL-053OHrs11-12-41 to063OHrs12-12-41. Award 13-12-41.

M. F. M. 14 480M-10-10 (7443-4) H. Q. 1772-39-1662 No. B54966

SHEPPARD Manley RANK Pte. NAME George

*MARRIED PLACE OF ENLISTMENT

*SINGLE Timmins, Ont.

RATE OF PAY IF LIABLE DAILY P. F. OR REMARKS D. O. No. GROUP DATE RANK PEN. DED. A.S. RATE ASSIGNMENTS DEPENDENTS' ALLOWANCES EFFECTIVE DATE APPLICATION AMOUNT EFFECTIVE AMOUNT TOTAL RELATIONSHIP ASSIGNEE FORWARDED AWARDED DATE

OUTFIT ALLOWANCE S PAID ON *DELETE WORDS .WHICH ARE INAPPLICABLE

'IN RECEIPT OF PENSION UNDER PENSION ACT' OR MILITIA PENSION ACT. (1910) \$ P. A.

CASU.	ALTI	ES.	ETC.
		-	

	CASUALTIES, ETC
PART II D. O.	
NO. DATE	
	2 Awarded forfeiture 5 days P.&A. Sec.46-2(D) A.A. & forfeits 1 days pay 149FRI. for AWL from 0630 hrs. 15-6-42 to 2230 hrs. 15-6-42 A.A. Sec15 Total For. 6 days P.&A. Date of award 16-6-42 Appointed Lance/Corporal effective 12-9-42.
2 6-1-4	Crested Established Corporat effective 12-9-42.
2 6-1-4	Granted Furlough from 7-1-43to20-1-43 to draw subs.allce.50¢ per diem in lieu of Rations. Issued T.W.No.Al91225 & Nfld. T.W.No. 84. Returned from Furlough effective 30-Jan-43. Emb. Leave 12-Mar-43to19-Mar-43 R.A. 50¢ p.d. T. W. No. A-344198
3 28-6-	43 Ceases to be Att. to Algo Rget. for duty ration & quarters & Att. to "C"Pl.4 Cdn. ARmd. Bde.Coy
5 5-7-4	RCASC for above purposes Eff.27-6043 While attending Driving Course (Wheeled) Returned from Driving Course & Att. Alg. Regt. for all purposes Eff. 3 July 43.

THE ALGONOUIN REGIMENT " A. F.

Sheppard, Manley George REGIMENTAL NO. B-54966 REGIMENTAL NO. B-54966 RANK Private	5195
TIMMINS, ULLU. PROMOTIONS	
DATE DATE ETC. AND DATE TO THE STATE OF THE	
IF SERVED PREVIOUSLY, STATE UNIT. ETC. Algonquin Regt., - 5 Ye	ars
MARRIED. WIDOWER, OR SINGLE Single Mrs. Wilson Rayner RELATIONSHIP Sister	
13 Bloor Street, South Porcupine, Or	ıt.
ASSIGNMENT OF PAY. 58.40 CNABSIE MAY OCT/43 /NCL FORTH VICTORY LOND BOND.	
ADDRESS	•••••••••••••••••••••••••••••••••••••••
DEPENDENT'S ALLOWANCE, ENTITLED OR NOT	
DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER	M. F. M. 14 100M-6-40 (5616)
IN WHOSE FAVOUR	H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE		T 11, D. O.	REMARKS		
E. G. ABSENCE, PROMOTION, ETC.	No.	DATE"	IF IN HOSPITAL, NOTE NAME		
Taken on strength	9	6-8-40	Effective 1-8-40		
To draw subs. allce.	9	6-8-40	Effective 1-8-40		
orfeits 2 days Pay&All.	37	9-9-40			
Amend. to 37,3 days	39	11-9-40			
. Ceases to draw subs.	38A	10-9-40	Effective 7-9-40		
A.W.O.L.	51		Effective 23-9-40		
A.W.O.L. 8 days	57		Effective 23-9-40		
D.O. 51 is cancelled	62	9-10-40			
AWL-Forfeits 3 daysPay	89	14-11-40	Eff-4-11-40to6-11-40 &		
			Eff-7-11-40to8-11-40 -		
Ad. P.A. Military Hosp.	41	24-2-41	Effective 20-2-41		
Discharged From Hosp.	46	3-3-41	Effective 26-2-41		
Granted Furlough	90		Eff. 9-5-41 to 22-5-41		
A. W. L.	118	5-7-41	Effective 2-7-41		
1st Drunk-admonished					

MEDALS AND MEMORIALS—DECEASED PERSONNEL	REGISTRATION NO. DATE OF DESPATCH
(1) MEDALS PERSON	MEMORIAL B. K
ENTITLED TO Mr. Rupert J. Sheppard (Brother	DATE DESP
SOUTH PROCUPINE, Ont.	REGN NO 6658
(2) MEMORIAL CROSS	
widow Single	(2)
ADDRESS:	
(3) MEMORIAL CROSS	
Deceased (M.F.M.5.)	(3)
ADDRESS:	

.

M

AWARDS—CANADIAN ARMY (ACTIVE)

C.B. 500M—1-44 (3467) H.Q. 1772-45-8

				FILE NO. 405-S-26,539
SHEPPARD	Manley George	B-54966	Cpl.	Alg.Regt.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

18-8-44

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED					
1939-45 Star France & Germany Star Defence Medal	272	3	14-11	-47	. /	
War Medal C.V.S.M. & Clasp						

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION B.54966 SERVICE UNIT Corposal RANK NUMBER Regiment (CA). NAME SEEPPARD, Manley George DATE OF BIRTH Enliated: 1-8-40 1904 YEAR MONTH July DAY MARITAL STATUS Religion: Church of Englad single NEXT OF KIN AS SHOWN ON NAME Sister M.F.M. 1. 2 & 5 RELATIONSHIP ADDRESS Ers. Willeon Rayner 13 Bloom St., **ADDRESS** ADDITIONAL PERSON ADDRESS TO BE NOTIFIED PARENTS NAME ADDRESS (MARRIED OVERSEAS) 9876 AUTHORITY CAS. SIG. NO. Ha. 405-8-26, 539 DATE CASUALTY DETAILS Killed in action 18-8-44 PRANCE M.F.M.5. ATTACHED TO LAST WILL ATTACHED TO YES/NO DATE NOTIFICATION TO A. OF E.? YES/NO NOTIFICATION TO A. OF E.7

OFFICER I/C RECORDS

DEPARTMENT OF NATIONAL DEFENCE

NAVY ===== ARMY ===== AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME

ADDRESS

Manley George (CHRISTIAN NAMES)

Director of Estates

SHEPPARD (SURNAME)

D-16537 REGISTER NO. FILE NO. 405-S-26539

DATE 21-12-45

18-8-44

ARMY

SERVICE NO. B-54966

FINAL RANK OR RATING 18-8-44 DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE 360.00 COMPLETE PERIODS AT \$7.50

B. QUALIFYING OVERSEAS SERVICE No. of Days 435 LESS 24 INELIGIBLE DAYS, EQUAL TO 411 102.75 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

\$ 1.70 PAY SUBSISTENCE OR LODGING \$1.25 AND PROVISION ALLOWANCE \$.25 ADDITIONAL PAY

DEPENDENTS' ALLOWANCE 1/30 OF \$ \$ 3.20 x7 = \$22.40TOTAL ×\$ 22.40 NO. OF DAYS 435

53.25

516.00

JAN 19 1946

D. WAR SERVICE GRATUITY

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS

516.00

G. YOUR PORTION OF GRATUITY IS-

F. TOTAL AMOUNT PAYABLE

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 KRM

TREASURY CHECKED BY DATE SERVICE REPRESENTATIVE

FIELD SERVICE

9/3 | B Army Form B. 2090A. (5504)

REDRT 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 Alg Regt' OR CORPS	Squadron, Troop	ny }			
OR CORPS	Battery or Compan	ny S			
Officer's Personal No. (if known) } B-5 Soldier's Army No.	4966	Pte			
Soldier's Army No.					
Surname Sheppard	hristian Names	M			
Date 18 Aug 44	Place France				
Died { Cause of Death*	77/1				
Cause of Death					
Nature and Date of Report	A.F.W. 3014/96 d. 28	3. Aug. 44.			
By whom made	.SecGHQ2.Ech21AGp				
* Specially state if killed in action, or died from fatigue, privation or exposure whi	le on military duty, or from injury	while on military duty.			
Place Civilian Cem.outside	Damblainville. Da	te			
Burial 2030/3975 By whom reported					
By whom reported	G.F. Q.O.R.	of C.			
State whether he leaves (a) in Army Book	54				
a Will or not 1 (b) as a separate d	ocument	eived.			
((0) as a separate d	ocument				
All private documents and effects received fr	om the front or hospital, as well as	A. B. 64, should be examined, and if any			
will is found it should be at once forwarded to the War Office. Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate					
should be forwarded to the War Office at once, su formation.	pported by a certified statement of	the person who actually received the in-			
In the case of a soldier a duplicate of this rep A. B. 64 (after withdrawal of any will from the latt	ort is to be sent to the Paymaster er), for transmission to the Paymast	at the Base, together with the deceased's er who compiles the soldier's account.			
		11/1			
Station and France Signatu	re of Officer in charge of Section	on Macun hen			
Date J 15 Sep 44 Adjut	ant-General's Office at the Bas	for Officer i/c			
	Cdn Sec CHO	2 Feb 27 A C-			

FORM 6

	PRO	WINCE OF O	NTARIO_CERT	IFICATE OF REGISTRATION OF DEATH	
1. PLACE OF	County or Distric	t of	Ctroot	Township of	
(a) In	City, Town or Town	ship where death occu	SHEPPARD	(If death occurred in a hospital or institution, give the name instead of street and number) (b) In Province(c) In Canada (if immigrant)	
RESID	ENCE No	Street	(Family name)City, Tow	n, Village or Township	
4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced Single word)	MEDICAL CERTIFICATE OF DEATH 24. DATE OF DEATH August 18th, 1944 (Month) (Day) (Year	
8. BIRTHE	PLACE	Quebec (Province or C	Province	25. I HEREBY CERTIFY that I attended deceased from:	
9. DATE	F BIRTH	July (Month)	30th, 1904. (Day) (Year)	and last saw h	
10. AGE in		Months Days	If less than one day oldhrs. ormin.	Killed in action.	PHYSICIAN
12. Kir	de, profession or kind plnner, teamster, office and of industry or busin mill, lumbering, bank, te deceased last worke at this occupation	etc	La Total years spent in this occupation	Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from im-	Underline the cause to which death
15. If marri	ed give name of wife sband of deceased			Other morbid conditions (if important)	should be charged statistically
16. NA 17. Bn		(Province or	Country	26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance	
18. MA	IDEN NAME			27. If a woman, was the death associated with pregnancy?	The state of the s
9 19. BIE	THPLACE	(Province or C	Country)	State findings	1
Address	***************************************		Records,	29. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide?	
		Franc		Nature of injury	
Date of	burial or removal				
22. Burial	Permit was issued by				
23. UNDERT	AKER	(Name and	address)	30. Division Registrar's Record No	

BATTLE CASUALTY CASUALTY SECTION EXTRACT FORM

Mes	sage Received from 21/CAS/3968
This Space	
is for	
RED X Tim	e Message Received
See Below Dat	e Message Received27. AUG. 44
Regimental No. Rank	Name Full Christian Names
B54966 CPL	SHEPPARD MANLEY GEORGE
UnitALGONQUINREGT	SERIAL
	CASUALTY PARTICULARS
KILLED 18	AUG 44
	66 A 220
	A 485
Hospital Admitted To	
	Date
Hospital Transferred To	
Hospital Discharged From	
IMPORTANT—Always Give Full	Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING
Next of KinMR.5	WILSON RAYNER. Relationship. SISTER.
	13 BLOOR. 57
NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X	SOUTH PORCKPINE ON
in UPPER LEFT HAND	Home Town SOUTH PORCUPINE ONT
SQUARE	Cable No 9.8.76
IMPORTANT	
	Inland Tel. No
CFA 48 40/P & S/1568 (6218)	Verification Clerks Signature

RECORDS OFFICE OVERSEAS.

MILITARY HEADQUARTERS.

GRAVES REG	ISTRATION DARD.
NAME SHEPPARD, Manley George.	PLACE & DATE OF BIRTH 30 Jul 1904
RANK Cpl.	REGTL NO. B-54966
UNIT Algonquin Regt.	NEXT OF KIN & ADDRESS SISTER.
	Mrs. Wilson RAYNER,
	13 Bloor St., South Porcupine, Ont.
PARTICUL	ARS OF HOSI ITALISATION
DATE OF ADMISSION DIAGNOSIS	NAME & LOCATION OF HOSPITAL
DIAGNODID	
PARTICU	LARS OF DEATH.
DATE OF DEATH 18 Aug. 44.	PLACE OF DEATH
HRS_	
CAUSE OF DEATH KILLED.	
PARTICU	LARS OF BURIAL
DATE OF BURIAL 18 Aug 44	Civilian Cemetery outside CEMETERY Damblainville 2030/3975
PLOT NO ROW GRAVE	
DEATH CERT.NO	
DATE OF REGN OF DEATH CERT.	
RELIGION Church of England.	
	DATE 15 Oct 45

(M.Bluteau)Capt. For COLONEL,

O i/c Records, CANADIAN MILITARY HEADQUARTERS

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

		FORM NO	1	2	174 1
Register No	D-165			1 No. 2	-417
					5-26539
To: P.M.G.		CANADIAN ARM			
		Computation o			
		WAR SERVICE	GRANT		
Regt. No.	Rank when S.O.S.	Surname		Christian	Name in Full
B 54966.	CPL/	SHEPPARL	2.	MANLES	GEORGE.
REASON FOR T	ERMINATION OF SE	RVICE:			
1st Enlistm		illed in activ	n	CARO	
2nd Enlistr				CARO	
3rd Enlistn	nent			CARO	(
		Total Servi	ice		
/1st	ENLISTMENT /	2ND ENLIS	TMENT	3RD	ENLISTMENT
V, s					
T.O.S. / C	240	T.O.S		T.O.S	
S.O.S. / 8 . 74	14 4 MD 0/2	S.O.S	MD	S.O.S	MD
Total Days	1.4./.y.v	Total Days		Total Days	
Total Service					1479. DAXS
			Total Serv	Less vice Non-quality Service	fying Net Service
Western I-	lemisphere		104	4 / 15	1029.
Overseas S			433	- I mi	435
	otals		1470	2/	1464
	1.1 NT				13-
A	dd Non-qualitying	Service			
T	otal Service				1479/
EMBARKATION	DETAILS: 05 0/5	11 gane 2 3 V			
1. Date S.C	O.S. Overseas. 18	aug 44 2	2. Date S.O.S.	Overseas	
REMARKS:					
Computer's Checker's S Date Comp		Mee Sg/-		18 aug	
		Se	rvice Grants A	ct, 1944, has be	nefits under the War

500M--11-44 (6012) H.Q. 1772-45-8

C. L. LAURIN, Colonel,

DIRECTOR OF RECORDS.

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	То	Effective Date	Days	Total
awx.			4 Nov 40		3/
a WL			16 June 22		
	•••••••••••••••••••••••••••••••••••••••				
•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••				
					······
				Total	15
Overseas: T.O.S S.O.S			S	T.O.S	
			2d		
				Total	

ARMY

HO

Name SHEPPAI	2D	Manley G.			P.54966
Surn	ame Christi	an Names			
Col	C.A.O/S			18-8-44	1
Rank				Da	te of Death
		A	MOUNT		
				L.P.C\$	360.55
	Date4-12-45	j		Other Credits	
				Total	360.55

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Brother	Rupert J. Sheppard.	\$180.27
		15 Belloor Ave., SOUTH PORCUPINE,	
		Ont.	
1/2	Sister	Mrs. Verna E. Rayner, (as above)	180.28
		(as next of kin entitled)	
		P4. TO TREAS. 7-1-46 000	

AUTHOI	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	731	00	00	001	\$360.55
CLASSIFIE	BY	1	EXAM	INED BY	

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

40M-8-45 (7876) H.Q.1772-45-27 2.12-213

For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

ARMY

NameSHEPPARD Surname	Christian Names		No	B.54966	
Rank	C. A. 0/5 Unit	•••••••••••••••••••••••••••••••••••••••	Da	te of Death	
		AMOUNT	L.P.C. \$	516.00 360.55	
	Date2346		Other Credits		
			Total	876.55	
			Prev.dist. This dist.	360,55 516.00	

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1	Brother	Rupert J. Sheppard, 13 Bloor Ave., South Porcupine, Ont.	258.00
1	Sister	Mrs. Verna E. Rayner, (as above)	258.0
		(As next of kin entitled)	
		PAL TO TREAS.	
		MAR 1 9 1946	WSG

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	A34	00	00	001	\$516.00
CLASSIFIEI) BY		EXAM	INED BY	

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M./FIRTH) Colonel Director of Estates

AUDITED FOR PAYMENT

File No405-8-26539



VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. 23-	54966 Name 12	REDON	d manie	ay Lev.
Rank on Di	scharge Meli.	_ Date	of Discharge	18-8-44.
Authority	for Discharge or Retire	ment		eceased
Served in:			N	n-qualifying service
Canada	from 1-8-40.	_to _6	-2-42	
	2776m- 7-2-42		-2-43-	
United	from 2-2-43.	to	20-7-44	With the property of the second secon
	from	to		
Italy	from	to		
Northwes	trom 21-7-44.	to	8-8-44	<u>K/a.</u>
	- from	to		
	- from	to		
Eligible	for award of:			
1.9	39 - 45 Star			
It	aly Star			
Fr	ance-Germany Star	3/L		
De	fence Medal	ok_		
Wa	r Medal	8k		
Ca	nadian Volunteer Service	e Medal		
100	wit	hclasp		
	MIBBON.		Verified by Date	17-8-46
	0,000		Carded	AUG 19 1946
TTA 765	1404			1/1/

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

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

Distr	ct

Dispersal Area....

LAST PAY CERTIFICATE

		(<i>E</i>	111 t	(anks)		
Regtl No.54	966 Rank and Name	SHEPPA	RD.	M.G. CPL.		••••••
				on 18th August		
				Authority: C.C.L."A"485 d/2nd Se		
The following		ount of the abov		from 1st August to 31st Augus	t 19 4	
			Dr I		Cr	
Particulars		Amou	nt	Particulars	Amount	
Balance Dr from	n last account			Balance Cr from last account	294	85
			THE RESERVE OF THE PARTY OF THE	Regimental Pay 31 days @s 1.70	52	70
	s			37 25/		75
	ansfer or Discharge			Additional Pay (Give particulars)		
Assigned Pay				days at\$		
Regimental Char	rges			Allowances (Give particulars)days		
Public Stoppage	s (Give particulars):			Def: Pay Interest	5	25
					••••••••	
		45	56			
To Balance Cr	{ Free	315	99		••••••	
	(Deferred	OTO	- 00	By Balance Dr		
	Total	360	55	Total	360	5
Remarks: Assigned	AND/OR	CREDITS END	ORSED	BJECT TO ANY CHARGES ON THE REVERSE HEREOF celled eff: May/44.		
				balance brought forward at	the la	h.
August. 1	944.					•••••
The showe				from Treasury Records, the	otost	
IIIe above	s ca coment nas	Deen Comp.	rrea	Trom Treasury necords, bile	atest	
	ot being availa					
***************************************	***************************************		•••••			

***************************************	***************************************	•••••••				•••••
	F. Trenouth					
Compiled by	F. Trenouth.	••••••				
Checked by	6. V. Collins			Certified correct	RAAR	W.

DS.

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.

(1)	Name of Officer of Other Rank SHEPPARD MANLEY GEORGE
	(Surname first—Christian names in full—Block capitals)
(2)	Regimental or Air Force Number and Rank Bb. B 54966 Pte.
(3)	Unit Algonquin Regiment, C.A.S.F.
(4)	Are you married? No
(5)	If married, state,
	(a) Full name of your wife
	(b) Present postal address of wife N.A.
(6)	If married, have you been regularly supporting your wife? If not—state reasons N.A.
(7)	Are you a widower?
(8)	Have you any children? No Number of boys N.A. Girls N.A.
	Names and ages
	•••••••••••••••••••••••••••••••••••••••
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regu-
	larly supporting them N.A.
	Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.
	Name
	Postal Address
	[SEE OTHER SIDE]
	S. C.

	If so, state her full name and Postal Address
	•••••
1).	Is your father alive?
	If so, state name and address, occupation N.A.
	If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?
	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 you, what is you reason for not providing full support?
14)	Is your mother alive?
	If so, state name and address N.A.
	ΝT - Δ -
	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 he prior to appointment or enlistment
	prior to appointment or enlistment
	Also state reason why she has no other means of support, if partially supported by you what
17)	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? N.A. Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment.
17)	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? Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:—
17)	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? N.A. Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:— Relationship
17)	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? Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars: Relationship N.A. N.A.
17)	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? Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars: Relationship N.A. Postal Address N.A.
17)	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? Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars: Relationship N.A. Postal Address N.A.
	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? Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:— Relationship N.A. Postal Address Amount contributed monthly during the past six months N.A.
	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? Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appoint ment or enlistment. If so, state the following particulars:— Relationship Full Name Postal Address Amount contributed monthly during the past six months N.A. Are you insured? No No Are you insured?
	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? Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:— Relationship Full Name N.A. Postal Address Amount contributed monthly during the past six months N.A. Are you insured?
	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? Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:— Relationship Full Name Postal Address Amount contributed monthly during the past six months N.A. Are you insured? N.A. (Give number of policy) 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
	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? N.A. Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars: Relationship Full Name N.A. No.A. Amount contributed monthly during the past six months N.A. Give number of policy) 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 othe 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 everything the policy of the particular in addition of the particular in each and everything the past is not in excess of the maximum monthly amount which may be assigned.
	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? N.A. Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:— Relationship N.A. Postal Address N.A. Amount contributed monthly during the past six months N.A. (Give number of policy) 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 othe 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.
	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? N.A. Are you contributing to the support of any 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 solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars: Relationship Full Name N.A. No. Amount contributed monthly during the past six months N.A. Give number of policy N.A. If so, in what Company? (Give number of policy) M.A. If not, and it is a monthly premium, you may assign the amount in addition to any othe 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 everythered.

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.

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



CANADIAN NATIONAL TELEGRAPHS

DAY LETTER

NIGHT LETTER

HQ. 405-S-26-539

CASUALTY (REPORT DELIVERY)

OTTAWA 28 AUGUST 1944

TO:- MRS WILSON RAYNER

13 BLOOR ST

SOUTH PORCUPINE ONT

YOU THAT B54966 CORPORAL MANLEY GEORGE SHEPPARD

HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION EIGHTEENTH AUGUST

1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE
FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

15th September, 1944.

Mrs. Wilson Rayner, 13 Bloor Street, South Porcupine, Ontario.

Dear Mrs. Rayner:

It was with deep regret that I learned of the death of your brother, B54966 Corporal Manley George Sheppard, who gave his life in the Service of his Country in the Western European Theatre of War on the 18th day of August, 1944.

From official information we have received, your brother 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.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

M. F. G. LETSON

Major - General

Adjutant - General

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

My Man

File No 405-5-265-39

REBURIAL

NO 1354966	
RANK CPL	
NAME SHEPPARD	M.G.
NAME OF CEMETERY Bretter	ville-sur-Laize Canadian Military Cemetery
LOCATION OF CEMETERY	Bretteville-sur-Laize, France.
GRAVE LOCATION	Grave / Row B Plot 20
AUTHORITY	54-27-88-2 Vol. 20
	Reburial list.

H. Q. 405-S-26539. D. R. 2 (c).

April 10th, 1946.

Mrs. Wilson Rayner,
13 Bloor Street,
South Procupine, Ontario.

Dear Mrs. Rayner:

Information has just been received from overseas that the remains of your brother, B.54966, Corporal Manley George Sheppard, have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row B, plot 20, 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,

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

A.