B55180
RANGER
JOHN ROLAN

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~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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 The Algonquin Regiment C.A.S.F Regimental Number B55180

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

01 PTE

1. Surname RANGER
2. Christian Names John Roland
3. Present address 43 Duncan Ave., Kirkland Lake, Ontario., Canada.
4. Date of birth 19th October, 1920
5. Place of birth Canada (Country) Quebec (County or Province) Fort Coulong (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Labourer
8. Married, Widower or Single Single
9. Name of next of kin Mrs. Rose Ranger
10. Relationship Mother
11. Address of next of kin ~~43 Duncan Ave., Kirkland Lake, Ontario, Canada~~ see change
12. Do you belong to, or have you served in the Active Militia of Canada? No
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No (Yes or No) (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? No
(If Yes, specify Regimental No., Unit and Dates of Service)

WSG COMPLETED

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Roland Ranger 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.

Date 8th August, 1940 John R. Ranger.
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

John R. Ranger (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 KIRKLAND LAKE, ONT. this 8th day of August 19 40

Captain. {Signature of Magistrate, Justice or Attesting Officer.

The Algonquin Regiment {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

FINGERPRINTED

Record of Service of RANGER (Surname) John Roland (Christian Names) Regimental Number B55180

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Taylor

Technical: Nil

Languages: English and French only

Educational Qualifications

High School or Collegiate: 2 years (years completed)

Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

*(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
5405	—	Joined on appointment						
		Taken on strength	Pte.	8-8-40	Alg. R.	Kirkland Lake	12	9-8-40
—		Furlough 22/2/41 to 7/3/41	"	10	"	PORT ARTHUR	43	27-2-41
—		Neglecting obey Command; 48 hrs detention	"			"	96	20-5-41
—		Forfeits 2 days pay		19-5-41	"	"	96	20-5-41
/		Breaking out Barracks; 48 hrs. detention	"					
		Forfeits 2 days pay		19-5-41	"	"	96	20-5-41
		Struck off Strength - Deserter	Pte	11/9/41	THE ALGONQUIN REGIMENT A. F. SHILO CAMP, MAN.		A.O. 172	13-9-41
		Taken on Strength	"	31-10-41	"	"	" 212	4-11-41
		Forfeits 3 days pay {72 hours detention for malingering	"	23-6-41	"	"	" 113	25-6-41
		Aut - Forfeits 20 days pay; Pay						
		Stop $64.30 cost of return	"	14-11-41	"	"	" 219	14-11-41
		Discharged Botwood Mil Hosp	"	25-5-42	"	Botwood Mfld	DO 83	26-5-42

Statement of the Service of No. B55180 Rank Private Sheet No. 2

Name Ranger, John Roland

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

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Foli[illegible] 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

Statement of the Service of No. B55180 Rank Private Sheet No. 2

Name Ranger, John Roland

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio of 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
		Admitted Bohwood Mil Hosp	Pte	4-5-42	Wgh	Bohwood	DO 75	8-5-42
		Embarkation leave 12-9-42 to 22-9-42	"		"	"	" 125	10-9-42
		S.O.S. on proceeding Overseas.	"	10-9-42	"	"	" 125	10-9-42
		Effective for pay	"	22-9-42	"	"	" 125	10-9-42
		Embarked & SOS-Cdn. S. (C)		29-9-42	2 CDIRU	Hfx	DO-242	Oct 11-42
		TOS-Cdn. S. (O/S)	"	30-9-42	"	"	" "	" "
		Disembarked - U.K.	"	7-10-42	"	U.K.	" "	" "
		Reported for Duty.	"	8-10-42	"	"	" "	" "
SOS		SOS to RRC	Pte	19 Oct 42	2 CDIRU	UK	250	20 Oct 42
	TOS	TOS from 2 CDIRU	Pte	20 Oct 42	RRC	UK	43	23 Oct 42
		Leave to 12 Oct 42 (F4)	A/L/Cpl	5 Nov 42	RRC	UK	49	19 Nov 42
		Appt'd A/L/Cpl	A/L/Cpl	2 Nov 42	RRC	UK	44	10 Nov 42
CHANGE OF ADDRESS N.O.K.	MOTHER	MRS ROSE RANGER 176 GOVERNMENT RD. WEST, ~~CHAPUT-HUGHES ONT. CANADA~~			RRC	UK	86	31 Dec 42
		Revert to Pte at own request	Pte	17 Feb 43	RRC	UK	11	5 Mar 43
		Increase in Regtl rate of pay from $1.50 to $1.60 per diem	A/L/Cpl	1 Jan 43	RRC	UK	14	19 Mar 43
		N of Kin now Mrs. Rose Ranger (Mother) 760 ~~Government Rd. Kirkland Lake Ont Canada.~~ 28						31 May 43.
		Granted daily regtl rate of pay $1.50	Pte	18 Feb 43	RRC	UK	26	27 May 43
		Awd forft 3 days pay AA 15(1)	Pte	3 Aug 43	RRC	UK	42	28 May 43
(C.42)		Adm to 11 Cdn Fd amb.	Pte	19 Nov 43	R.R.C.	UK	56	2 Dec 43

Record of Service of RANGER (Surname) John Roland (Christian Names) Regimental Number B55180

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

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

Name.....

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

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
C.42		Disch'd from 11 Cdn Fd Amb.	Pte	30 Nov 43	R.R. of C.	U.K.	58	17 Dec 43
C.42		Awd. 14 days F.P. 1 Forf. 16 days pay under AA 15 (1)	Pte	19 Dec 43	R.R. of C.	U.K.	61	31 Dec 43
C.42		Diminished to 6 days F.P. 1 6 days Forf. of pay Dated Return	Pte	25 Dec 43	R.R. of C.	U.K.	61	31 Dec 43
C.42		Awd. 8 days F.P. 1 Forf. 8 days pay under AA 9 (2)	Pte	5 Jan 44	R.R. of C.	U.K.	2	14 Jan 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
CH3.		AA 15 (1) Awd. 24 days F.P. 1 Forf. 28 days pay	Pte	15 Feb 44	R.R. of C.	U.K.	10	10 Mar 44.
(C.26)		Estate pass to Mary Ann Marguerite Alice Olsen	Pte	10 Mar 44	RRC	UK	12	24 Mar 44
		Embarked at U.K. on.....	Pte		R.R. of C	21 A.G.P.	28	13 Jul 44
		Disembarked at France on.....						
		Wounded →	L/Cpl	12 Aug 44		AEF	B-480	
(Ltr)		To be L/Cpl	L/Cpl	5 Aug 44	RRC 13 Bde	21 A.G.P.	38	22 Aug 44
(C.22)		Reverts to Pte To Unit RR 7 Bde #150 D.A.	L/Cpl	12 Aug 44	RRC	21 A.G.P.	40	26 Aug 44
(C.22)		Admn. Pte Prewett		16 Aug 44	R.R. of C.	C.L.	B388	20 Sept 44

30

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... RANGER, John Roland ..... Date ..... 1st August, 1940 .....

Part 1. Information obtained from the recruit.

1. Age ..... 20 19 .....

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

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

John R. Ranger
Signature of Applicant

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

1. Identification marks or scars. (If operative obtain history.)
Scar right knee

2. Height 5 feet 10 inches. 3. Weight 142 pounds.

4. Complexion Dark Eyes Brown Hair Black. 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 37½ inches.
Range of expansion 3½ inches.

7. Vision, right 20/15 left 20/15 8. Hearing, right 10/10 left 10/10

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows
Ears - negative X-Ray negative
Reflexes - negtive
Urine - negative

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

R. Rowlands Lt Col RCAMC (President) C. Gordon Smith (Member) J. P. Kilroy M.D. (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature			Date	Brief details and signature
~~Xe 9-40~~	~~2 TAB~~ 1 2 +			MAY 2 - 1941	CATEGORY UNCHANGED Capt. R.C.A.M.C.
~~2e 9-40~~ ~~19-7-41~~	TAB			JAN 22 1942	CATEGORY UNCHANGED Capt. R.C.A.M.C.
~~2e 9-40~~ ~~19-6-41~~	~~2ex 2ox~~ 2	~~M.C.~~		SEP 6 1942	CATEGORY UNCHANGED Lt-Col.
14-6-41	vacc	M.R.	M.C.		
14-6-41	Tet - 1		M.C.		
19-7-41	TAB 7 2.		M.C.		
16-8-41	... 3		M.C.		

SEP 8 1942 T. A. B. T. ½c. C.

Regtl. No. B55180 Rank Pte. Surname Ranger Christian Name John Roland

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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
Retroad Helston	4/5/42	4	5	42	25	5	42	Pneumonia complicated by bilateral Orchitis	21	Recovery Good	

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

Regimental No. B.S.S. 180 Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (4398)

Name Ranger . John . R.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
£150.	To be 4 cpl, w. pay till 10 Nov 44.	4 cpl	12 Aug 44	4 L. 2 C I T R	U.K.	2	15 Jan 45
DOD TOS	TOS from Wm R Rofe + 3 lost 3 C I R U 4 3 4 I S T (D 0 2 6 7 0 2 2 7 Jan 44 (SUPPZ)	Pte	15 Sept 44	3 C I R U	U.K.	216	16 Sept 44
C4 C4	Trans 22 G e H	A/C		R R O f C	CC 13295		14 Sep 44
C4	Disch 22 G e H		8 Sept 44	R R O f C	CC	13295	20 Oct 44
(622) SOS	SOS x 3 2 5 4 3 2 3 2 C i R U M166 amend D.O. 66 d/27 Nov 44. TOS	A/C	15 Aug 44	4 2 R R C	21 A G P	56	8 Nov 44
(622) SOS	SOS for 2 C i T R	A/C	12 Nov 44	3 C i R U	U.K.	265	12 Nov 44
(622) SOS	TOS TOS from 3 C i R U	A/C	13 Nov 44	2 C i T R	U.K.	10	13 Nov 44
(622) SOS	SOS for x 4 Lit-C I C	A/C	30 Nov 44	3 C i T R	U.K.	25	30 Nov 44
	TOS Embarked at UK. on 1 Dec 44.						
	Disembarked at N.W. Europe on 2 Dec 44.			Royal R R O f C	21 C Sp.	71	11 Dec 44.
(622)	SOS SOS x + I for R R O f C	A/C	23 Dec 44	4 2 R R C	21 A G P	1	4 Jan 45
(622) £1.20	TOS TOS from x + 2 for R R O f C D.O. 21 d/18 Apr 45	A/C	24 Dec 44	R A F C	21 A G P	1	4 Jan 45
INEP DO12 £1.50	SOS x 43 list, C R D. 2069 608	Pte	9 Jan 45	4 L. 2 C I T R.	U.K.	2	15 Jan 45
25 Aug 45 £1.50	TOS, 43 lost from 43 list 2 C I T R. (one 2 d). 16 WS	Pte	9 Jan 45	4 Hut C R D.	U.K.	4	15 Jan 45
	To be L/cpl	L/cpl	9 Jan 45	R R O f C	21 A G P	5	26 Jan 45
Change of address N/K to V30470 SO MAGUERITE RANGER (WIFE) RCAF. H.Q. LONDON, ENG.				Royal R R O f C	21 A Gp	8	9 Feb 45
	Killed	A/Cpl	3 Mar 45	R R O f C	" " C L A "	55	16 Mar 45
	Killed SOS. Deceased. Killed	A/Cpl	3 Mar 45	R R O f C	21 A G.	19	21 Mar 45

Regimental No. B55180 Rank

Sheet No.

MFM 1 & 2a
40/P & S/119 (4398)

Name RANGER 9 R.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
						DO Number	Dated

2 CITR.

SOS
X4 list AFF
1 Dec 44
2 CITR DO 25.

X-4 List
Killed

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-55180

1. Surname Ranger
2. Christian Names John Roland
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Port Coulong, Que.
5. Date of birth as declared on attestation Oct. 19, 1920
   (A)
6. Date of enlistment 8-8-40
7. Place of enlistment Kirkland Lake, Ont.
8. Residence at time of enlistment Kirkland Lake, Ont.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date
13. Trade on enlistment Labourer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc)
THE ALGONQUIN REGIMENT C. A. S. F.	

(18) Medical

Category	Date	Authority
"A"	8/8/40	Attestation Board

(19) Next of kin (entries to be made in pencil) mother
Mrs. Rose Ranger
760 Government Road, West,
Chaput - Hughes,
Ontario, Canada.

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
27-2-41	2043	Alg C.	Furlough 22-2-41 to 7-3-41	Port Arthur		Pte.	
			Neglecting obey command: 48 hrs. detention				
20-5-41	96	"	Forfeits 2 days pay	"	19-5-41	"	
			Breaking out barracks; 48 hrs detention				
20-5-41	96	"	Forfeits 2 days pay	"	19-5-41	"	
		2CDIRU	Embk'd & SOS CA(A)	Hlfx	29-9-42	✓	242 11-10-42
		✓	SOS CA(O)	✓	30-9-42	✓	✓ ✓
		✓	Disembk'd UK	UK	7-10-42	✓	✓ ✓
		✓	Rep'd for duty.	✓	8-10-42	✓	242 ✓
SOS		✓	R. Reg of C. (FLD U)	✓	19/10/42	✓	350 20/10/42
	O.C.	R. REGT. C.	T.O.S. FD. UNIT, 1 BN. ROYAL REGIMENT OF CANADA	Field	20 Oct 42	✓	73 OCT 42
	✓	✓	To be A/L/Cpl	✓	2 Nov 42	A/L/Cpl	77 NOV 42
	✓	✓	Leave	✓	5 Nov 42	✓	79 NOV 42
	✓	✓	Att. H.Q. 4 Cdn. Inf. Bde f.a.p.	✓	23/Nov/42	✓	81 1/DEC/42
			on C.I.B. Battle School Sec. 1				
	✓	✓	Ceases att 4 C.I.B. "	✓	4 Dec 42	✓	84 Dec 42
	✓	✓	Change of address Next of Kin	✓	31 Dec 42	✓	86 Dec 42
24 Feb	✓	✓	Reverts to Pte at own request	✓	17 Feb 43	Pte	11 MAR 43
	✓	✓	Increased rates of pay to $1.60	✓	1 Jan 43	✓	14 MAR 43
			P/Leave	✓	31 May 43	✓	25 May 43
			Daily rates of pay, $1.50	✓	18 Feb 43	✓	26 May 43
	✓	✓	Change of address	✓	1 May 43	✓	28 /43
Aug	✓	✓	Forf 2 days pay for AWL 17 hrs 30				
			min. Forf 1 day FRI 149(1)(a) Total				
			forf 3 days pay	✓	3 Aug 43	✓	42 AUG 43
Dec 43	✓	✓	14 days F.P. for AWL 1 day 15 min.				
			Total 16 days pay	✓	19 Dec 43	✓	61 /43
Dec 43	✓	✓	Above diminished to 6 days				
			F.P. & 6 days Forf.	✓	25 Dec 43	✓	61 /43
Jan 44	✓	✓	Forf 8 days pay (F.P.) for AA 9(2) & 8(2)	✓	5 Jan 44	✓	2 /44
Jan. 44	✓	✓	Awarded Canadian Volunteer Service Medal and Clasp	✓	15 Jan 44	✓	4 /44
Feb. 44	✓	✓	Forf 27 days pay (A.W.L. 24 hrs) Forf 27 days	✓	15 Feb 44	✓	10 /44
			pay FRI 149(2) Forf 1 day pay FRI 149(1)(a)	✓		✓	
			Total forf 28 days pay.	✓		✓	
March 44	✓	✓	Granted permission to marry Miss	✓	10 May 44	✓	12 /44
			Marguerite Alice Olsen				

Embarked U.K. 4 Jul 44 Disembarked France 6 Jul 44

28 JUL 44

SERVICE AND CASUALTY FORM

(PART II)

M.F.M. 4(a) (Part II)
(A.F.B. 103) (Part II)
500M—8-39 (1701)
H.Q. 1772-45-18

Regiment or Corps ..... Regimental Number B55180

Substantive Rank ..... Surname RANGER Christian Names John Roland

Acting Temporary or Local Rank .....
(To be entered in pencil to facilitate alteration)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
	OC	R Regt C	To be L cpl	France	5 Aug 44	L cpl	38 / 44
	✓	✓	Reverts to Pte on SOS	✓	12 Aug 44	Pte	40 / 44
	✓	✓	SOS to X3 List R Regt C	✓	12 Aug 44	Pte	40 / 44
Aug 44	X3	-	La X3 List	✓	13 Aug 44		31-44
Nov 44	X3	R.R. of C	SOS to Y3 2 CIRU	Fd	15 Aug 44	Pte	56/44
		Y3 2 CITR	TOS from Y3 3 CIRU	UK	16-8-44	"	Y2/Jan 45
			To be L/CPL for a period 12/8/44 to 10/11/44				Y2/JAN/45
		~~Y3 2 CITR~~	~~SOS to Y-3 1 CRD~~ Cancel Y-21 18-4-45	~~U.K.~~	~~8 Jan 45~~	~~Y2 Jan 45~~	
Cancelled Y60 d/16 Apr 45		~~Y3 1 CRD~~	~~TOS from Y-3 2 CITR~~	~~U.K.~~	~~9 Jan 45~~	~~Y4 Jan 45~~	
			Entries Missing from 3-CIRU.				
		2-CITR	TOS from 3-CIRU	U.K.	18-11-44	Pte	10 / 13-11-44
		✓	SOS to X4 List CIC (UKAG/18)	U.K.	30-11-44	Pte	25 / 30-11-44.

(a) Report		(b)	(c)	(d)	(e)		(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 1.	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
-		3 CIRU	TOS from R Regt C X3 List	UK	13 Sep 44	Rfn	216 16 Sep 44
		"	SOS to 2 CITR	"	12 Nov 44	"	265 12 Nov 44
		2 CITR	TOS from 3 CIRU				
		2 CITR	SOS to X-List CIC	U.K.	30 Nov 44		25 30 Nov 44
	XH (11 Bn)	R Regt C.	Embarked UK 1 Dec 44 Disembarked NW Europe 2 Dec 44 and TOS X4. R. Regt C. (11 Bn) wef 1 Dec 44			✓	71/44
X4	13 Bn	R Regt C.	Lt to R Regt C	✓	23 Dec 44	✓	1-45
	O.C.	R. REGT. C.	T.O.S. FD. UNIT, 1 BN. ROYAL REGIMENT OF CANADA	✓	24 Dec 44	-	1/45
	✓	✓	To be L/Cpl	✓	9 Jan 45	L/Cpl	5-45
	✓	✓	To be A/Cpl	✓	15 Jan 45	A/Cpl	5-45
	✓	✓	SOS deceased - Killed in action	✓	3 Mar 45	✓	18-45

Supplement..

SERVICE AND CASUALTY FORM

MFM 4 (Part I)
AFB 103 (Part I)
40/P&S/318 (4254)

PART I (For all ranks)

Unit: Cdn Inf Corps Regimental Number: B 55180.

		(17) Regiment or Corps	Unit (Battn, etc)
1.	Surname: Ranger.	C I C.	R R of C.
2.	Christian Names: J. R. John Roland		
3.	*Substantive Rank and Appointment: Pte		
	*Acting Temporary or Local Rank:		
	giving date: A/Cpl 15 Jan 45		
	*To be entered in pencil to facilitate alteration		
4.	Place of birth: Fort Coulonge P.Q.	(18) Medical	
5.	Date of birth as declared on attestation: 20-10-22		
	(A)	Category	Date	Authority
6.	Date of enlistment: 8-8-40		
7.	Place of enlistment: Kirkland Lake Ont.	A	28/11/44	
8.	Residence at time of enlistment		
9.	(B) Special conditions (if any) of enlistment or rate of pay		
10.	(C) Any subsequent variations of conditions of service		
11.	Religion: R.C.		
12.	If married, state date	(19) Next of kin (entries to be made in pencil): wife	
13.	Trade on enlistment: Cook General Labour		
14.	Corps, trade and grade	V. 30470	
15.	(D) Qualifications	S.O. Marguerite Ranger	
16.	(E) Miscellaneous entries	RCAF HQ London Eng.	
		(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.

HOSPITALIZATION [redacted]LY

SERVICE AND CASUALTY [redacted]M

(PART II)

M.F.M. 4(a) (Part II)
40/P & S/412

Regiment or Corps RR of C Regimental Number B55180

Substantive Rank Surname RANGER Christian Names JR

Acting Temporary or Local Rank
(To be entered in pencil to facilitate alteration)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
20 Aug 44	3014 (88)	RR of C	Wounded (Confirmed Date)	Fd.	12 Aug 44 ~~DNK~~	Pte	3014
20 Aug 44	" (88)	"	Adm 12 CLFA	"	12 Aug 44	"	77/22 Aug 44
22 Aug 44	3014 (90)	X3-RR of C	Adm 10 Can FDS	"	12 Aug 44	"	79-24 Aug 44
11 Sep 44	" 109	"	Evac UK (CEP)	"	13 Aug 44	"	97-14 Sep 44

To be made out in duplicate.

M.F.M. 5
88M—11-36 (9359)
H.Q. 1772-45-18

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier RANGER JOHN ROLAND
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number B 55180

(3) Unit The Algonquin Regiment C.A.S.F.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N. A.

(*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? No

(8) Have you any children? N. A.

If so, give number of boys and girls N. A.

Also their names and ages

(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them N. A.

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name N. A.

Postal Address N. A.

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No

If so, state her full name and Postal Address N. A.

(11) Is your father alive? Yes

If so, state name and address RANGER JOHN WILLIAM

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support? No

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. $25.00 per month Father totally disabled

Also state reason he has no other means of support N### Totally disabled

(14) Is your mother alive? Yes

If so, state name and address RANGER MRS. ROSE

(15) If your mother is a widow, are you her sole support? Yes No

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. The $25.00 as stated above was given to ### the home

Also state reason why she has no other means of support Father disabled

(17) Are you insured? No

If so, in what Company? N. A.

Have you made arrangements for payment of your Insurance Premium? N. A.

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.

John R. Ranger

(Signature of officer or man)

Date August 10th, 1940

Jno. B. Stewart Lt Col.

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

Date AUG 15 1940

C

RECOMMENDATION OF COMMANDING OFFICER

Recommend that this be granted.

Date 8 March 44 Signature [signature] Lt Col (Rank)

Commanding 1 R.C. Regt C.

D

DECISION OF HIGHER AUTHORITY

(This will be signed by a Brigadier or other officer as laid down in Overseas RO 3744)

Permission is granted for B55180 Pte RANGER J.R. to marry Miss MA OLSEN on any date on or after 10 May 1944.

Date 10 Mar 1944 Signature Sherwood Lett (Brigadier) (Sherwood LETT) (Rank)

Commanding 4 CDN INF BDE

(If permission is granted, designate date, not less than two calendar months hence, after which marriage may take place.)

After permission to marry has been published CMHQ 1000:110a form, less the certificate below will be forwarded through the usual channels to OIC Records, CMHQ.

Tear off here

Name of deceased wife or husband NA (Full christian names)

Date and place of death of deceased wife or husband NA

~~Divorced~~

Maiden name of divorced wife (or name of divorced husband) NA (Full christian names to be included)

Date of final divorce decree NA

Place and Court where divorce granted NA.

(vi) Educational standing Jr. Matric (Highest standing secured at school)

(vii) Training (State qualifications for profession, business, trade, etc)

1½ Years Experience as Cook

(viii) Employment at time of enlistment Cook.

(ix) Average weekly earnings at enlistment 15.00 + Room + Board.

(x) If unemployed on enlistment give particulars of prior employment and earnings

NA

(xi) If history does not disclose probable ability to maintain family after discharge from Army state how it is proposed to do this (not applicable to CWAC)

NA.

RECEIVED 5 APR 1944 CENTRAL REGISTRY

Form CMHQ 1000:110a
40/P & S/1237 (3871)

APPLICATION FOR PERMISSION TO MARRY

(one copy only to be completed)

A

18 Jan 1944
(Date)

1. I, B55180 Pte Ranger, John Roland
(Number) (Rank) (Name) (Full christian names)

1st Bn Royal Regt at Canada hereby apply for permission to
(Unit)

marry ~~(Pte)~~ (Section Officer) Marguerite Alice Olsen of
(Proposed wife's or husband's name: full christian names)

69 Chester Terrace Mews, London NW1.
(Proposed wife or husband's address in full)

2. (a) PARTICULARS OF SOLDIER OR VOLUNTEER

(i) Date of birth 19 Oct. 1922 (ii) Religious denomination R.C

(iii) Date of enlistment 8 Aug 1940.

(iv) Domicile (place of permanent residence) immediately prior to enlistment
760 Government Rd. W. Kirkland Lake, Ont.

(v) Marital status—(Strike out words inapplicable)

Bachelor ~~or spinster~~ (having never been previously married)

~~Widower or widow~~

Name of deceased wife or husband NA
(Full christian names)

Date and place of death of deceased wife or husband NA

~~Divorced~~

Maiden name of divorced wife (or name of divorced husband) NA
(Full christian names to be included)

Date of final divorce decree NA

Place and Court where divorce granted NA.

(vi) Educational standing Jr. Matric
(Highest standing secured at school)

(vii) Training
(State qualifications for profession, business, trade, etc)
½ years Experience as Cook

(viii) Employment at time of enlistment Cook.

(ix) Average weekly earnings at enlistment 15.00 + Room + Board.

(x) If unemployed on enlistment give particulars of prior employment and earnings
NA

(xi) If history does not disclose probable ability to maintain family after discharge from Army state how it is proposed to do this (not applicable to CWAC)
NA.

APR 6 1944
-5 APR 1944
CENTRAL REGISTRY

(xii) Particulars of dependents in receipt of dependents allowance, if any:

(1) Name or names of dependents ..Mrs J.W Ranger..
760 Government Rd W. Kirkland Lake Ont.

(2) Relationship of dependents ..Mother..

(3) Amount of dependents allowance $35.00

(4) Amount of assigned pay $20.00

(5) How and by whom will dependents be supported after marriage .....

(b) PARTICULARS OF PROPOSED WIFE OR HUSBAND:

(i) Date and place of birth ...Winnipeg Man. 25 May 1915

(ii) Religious denomination ..C of E

(iii) Name and address of nearest relative ..Mrs M.A.
855 Furby St. Winnipeg Man.

(iv) How long have you known her or him?..15 months.

3. I agree to an allocation of $200.00 from my Deferred Pay for the purpose of establishing a home for myself and my family after discharge. In the event that my Deferred Pay account does not amount to the sum of $200.00 I agree to the allocation of my Deferred Pay, if any, and to the retention of the sum of $10.00 per month from my pay (free balance) until the sum of $200.00 shall have been accumulated.

4. I certify that the foregoing particulars concerning myself and my proposed wife (or husband) are true; I solemnly state that I am ..a Bachelor..
(Bachelor, Widower, Spinster, Widow or Divorced Person)
as set out in Para 2(a)(v) above, and that I have read and agree to the provisions of Para 3 hereof and I am legally free to marry

.....
(Name of proposed wife or husband)
..John W. Ranger..
(Signature of Applicant)

(NOTE) (i) A certificate that the applicant and the proposed wife or husband are free from all venereal diseases and that the Wassermann test is negative, signed by the unit Medical Officer in the case of a soldier or volunteer and by a duly qualified physician in the case where the proposed wife or husband is not a member of the Canadian Armed Forces, must be attached to the application.
(ii) A certificate of the proposed wife's or husband's good character, signed by a responsible citizen, such as a CO, clergyman, public official, or employer, must be attached to the application.
(iii) If the proposed wife, or husband, is under the age of 21 years the written consent of her, or his, parent or guardian must be secured. The parent or guardian must read the application before signing Section "B".
(iv) If the applicant is under the age of 21 years the written consent of her, or his, parent or guardian must be endorsed on or attached to the application.
(v) The CO will suggest that the soldier or volunteer confer with the chaplain of his or her denomination.
(vi) In the case of applicants who are volunteers the provisions of Para 3 above apply only where the intended husband is not a member of the Canadian Armed Forces.

The foregoing requirements are for military purposes only. The parties to the proposed marriage, particularly when either one or both of them are under the age of 21 years, should consult a local solicitor or other competent authority upon the requirements to conform to the laws of the country where the marriage takes place.

B

STATEMENT (WHEN PROPOSED WIFE OR HUSBAND IS UNDER 21 YEARS OF AGE) TO BE SIGNED BY PARENT OR GUARDIAN

..... 194.....

I, ... (Name in Full) the ..... (Mother, Father or Guardian) of ..... (Name of Proposed Wife or Husband) declare that I have read over the above application of .....
(Number, Rank, Name and Initials of Applicant)
that I am aware of and fully understand the statements therein made and I consent to the proposed marriage.

.....
(Signature)

.....
(Address)

HEADQUARTERS

R. C. A. F. MEDICAL SERVICES

20 LINCOLN'S INN FIELDS

LONDON, W.C.2

Date 7.2.44

℞ V 30450

510 OLSEN M. A.

This is to certify that the above named officer was given a Kahn Test 27.1.44 which result was negative.

1ST BN. THE ROYAL REGIMENT OF CANADA, C.A.
ORDERLY ROOM

Signature .....

Rank .....

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 Ranger John Roland (b) Reg'l. No. R-55180
2. (a) Arm of service Infantry (b) Unit Algonquin Regiment (c) Rank Pte
3. (a) Date of birth Oct 19th 1922 (b) Have you any dependents? 5 (c) Place of residence at time of enlistment Kirkland Lake Ont
4. (a) Place of enlistment Kirkland Lake, Ontario. (b) Date of enlistment August 19th 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school Sixteen (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.) Three years High School
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Tailor & Carpenter (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 1½ - 2 yrs.
9. (a) What languages do you speak fluently? French & English (b) What languages do you read well? French & 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? NO

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

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

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

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

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

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

18. Name of employer Mr. Pellequin Address Kirkland Lake Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Carpenter Work
20. (a) Your specific occupation Carpenter Work (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? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed Farming
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 2 (c) In what provinces did you have experience? Quebec

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 Radio Technician

DATE May 14th. 1941 194 SIGNATURE John P. Ranger

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 8/8/40 Place Enlisted Kirkland Ont.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
8/8/40 20/9/40	Canada	Alg R.	A1TC-A10	Pte	Training	
20/9/40 = 10/4/41	"	"	Port Arthur	"	Do	
10/4/41 = 4/9/41	"	"	Shiloh -	"	Do (a) (AWL 4 months)	
4/9/41 10/2/42	"	"	D D 2	"	Guard duty	
10/2/42 22/9/42	Nfld	"	New Foundland	"	Do (A 1/28 days)	
22/9/42 30/9/42	Canada	"	D D 6	"	awaiting draft.	
30/9/42 -	GB	RRC	2-CDIRU	"		

A

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions — Hospitalization 1/28 Days

Number Civil Convictions — Minor Offender — Occasional Offender

4 Chronic Major Offender 4/20 days det. Chronic Minor Offender 1/7 months pay. 1/5/35 C.B. Occasional Offender

49 Psychiatric ☐ ☐ ☐ ☐ ☐

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

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1) Infantry 123 (2) Paratroops or Airborne 370

Remarks re Outstanding or Limiting Factors—

APP Neat MIL Def
DEP ~~Correct~~ PHY Normal MAP Def
DIS Cheerful MEC Def

Good, highly intelligent man who could do quite well if properly handled — Qualified 1st Class on Rifle & Bren L.M.G. and "Q" on Reg't Battle Drill school. - Likes soldiering. Rather too frank & outspoken but shows initiative and common sense. — AWL because of father's death..... There is plenty good in this man if it can be brought out. — Is quick tempered.

Attitude to Interview: Antagonistic Overanxious Co-operative ✓ Indifferent

Reason for Joining Cdn. Army (if ascertainable) Sense of duty.

48 Suggested Possibilities for Employment (1) Infantry. (2)

Tests Indicated: 2nd Mental Mech. Apt. Clerical Apt.

Other Apt. Pers. Trade Test as

Interviewed by R. Robillard Capt. Date 15-10-42

Reviewed by Date

B-55180 | RANGER | JOHN | ROLLAND

Regt'l. Number | Last Name | First Name | Middle Names

CARDS PUNCHED

CONFIDENTIAL

Soldiers Qualification Card

Unit 2 CDN. DIV. INF. REIN. UNIT. NA 16

1 Corps RRC 567.

2 Nationality 08 Canadian | By Birth ✓ | By Naturalization | Country of Birth Canada

3 2 Racial Origin French Canadian | 4 5 Language spoken in home: French ✓ Other English ✓

5 Age 21 11/12 | 6 Height 6' | 7 Weight 175 | 8 Silhouette 1 2 3 4

Eyes: 9' Colour of Blue | 10' Acuity 1 ✓ 2 3 | 10 Glasses | 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 ✓ 2 3 | 13 Speech Defects

14 Handedness R ✓ L A | 15' Med. Category A

Cause

Attitude to own health | To Medical attention

Health History

16 Education Level: Illiterate E S 9th (16) (Grade completed)

Conduct during school life

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. (Course) At From—To Completed

21 2. (Course) At From—To Completed

22 3. (Course) At From—To Completed

Other trades papers, Diplomas Certificates or Qualifications

23 02 11 Languages: Spoken fluently French English Written well French English

24 Main occupation: Description Cook

Estimate of skill

7354 Duration (from—to) 1936-1938 | Weekly Wage $22.00

Employer's Name and Address Wait Bar Restaurant Kirkland Lake ont

50 "M"

Test	Score	SM	S
1	17		S. Tot.
2	17		SM
3	17		51
4	24		S. Tot. 53
5	29		SM
6	10		S. Tot. 64
7	24		SM
8	30		
Tot.	168	SM	Grade B
9			

51 OTHER MENTAL

Test

Score L. Grade

Date

52 MECHANICAL

Test

Score Grade

Date

52 CLERICAL APT.

Test

Score Grade

Date

53 TRADE TEST

1 Score G. Date

2 Score G. Date

3 Score G. Date

4 Score G. 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 D 29' Auto D 30 Motorcycle —

31 Farm Tractor — 32' Tracked Vehicle D 33 Power Launch — 34 Aeroplane —

35 Accident Prone

Farming Experience: Wide Limited

District Type

Job promised after discharge By whom? Name

Address

Other provision for post-discharge occupation None

Type of work desired

Occupational history: Ambitious ✓ Accidental

Stable Erratic

36 Material Status: M S ✓ W D Sep.

2 Marital Problems (Remarks)

Age of wife Wife's attitude to Service Wife's Health

37 No. of Children No. Brothers 2 No. Sisters 6

Position in family 5th 38 No. Dependents + 0

Relationship of Dependents mother (partial)

Status of home in childhood

39 Hobbies: Photography M S Radio Engines

Mechanics Other

40 Sports: (1) Skating (2) Ski (3) Boxing & fishing

W N B 3 Team Games and Position (1) Hockey L.W.

(2) Baseball 2nd B (3)

41 Ability to Entertain: Music: String Brass

Woodwind Percussion Piano Vocal

Theatrical Other

Mrs. Rose Ranger,
760 Government Road W.,
Kirkland Lake, Ont.

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

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

and the following number quoted:—

H.Q. 405-R-3715 FD 475

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

April 18 1945

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

RANGER, John Roland, Cpl.

B55180 C.A.S/S

ESTATES BRANCH MAY 17 1945 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.

Col.

Director of Estates.

CSS/JL

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Margaret # Hobson	29	U30470 S/O M.A. Ranger R.C.A.F. Overseas.
2	Children of the Deceased and dates of their Births		nil		
3	Father of the Deceased		deceased		
4	Mother of the Deceased		Rose Ranger	51	20A Government Rd W. Kirkland Lake, Ont
5	Brothers of the Deceased	Full Blood	Joseph Ranger	31	Military service Overseas.
			Hector Ranger	19	"
		Half Blood	nil		
6	Sisters of the Deceased	Full Blood	Violet Bell	28	Hamilton, Ont
			Antoinette Baxter	27	4 Langford Gardens, Bangalore State South India
			Rita Ranger	25	"Le Foyer" Rouyn, P.Q.
			Dorothy Ranger	17	20A Government Rd W. Kirkland Lake, Ont
			Marie Therese Ranger	14	" " "
			Madeleine Ranger	11	" " "
		Half Blood	nil		
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
			nil		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Jean Roland Ranger
9	Date of his birth.	Oct 19th 1923
10	Place and date of his marriage.	London, England. May 15th 1944
11	Place and date of his parents' marriage.	Fort Coulonge, P.Q. Aug 21st 1912

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Fort Coulonge, P.Q.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario, Temiskaming 14 yrs. (b) Ontario, Sudbury 3 yrs. (c) (d)
14	Nature of employment before enlistment.	Cook
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.	Kirkland Lake, Ont.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Have not seen any.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no marriage contract
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?	none in Canada
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	"La Sauvegarde" $1,000 Rose Ranger, mother.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	nil.

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.	not that I know of.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	none.

(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.

Rose Ranger — {Signature of Informant}

20A Government Rd W. Kirkland Lake. Ont. — Address

CERTIFICATE

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

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

Dated at Kirkland Lake. Ont this 14th day of May 1945

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

Albert Lorentsen Qualification Commissioner for Oaths.

Address Roberge Bldg., Kirkland Lake. 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

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME B-55180 A/Cpl Ranger J.R. (DECEASED)

RECEIVED FROM 2nd Echelon 21 Army Group

CHECKED BY C-5591 Pte Patterson L.K. DATE 3 April 45

AND B-6210 Rfmn Shaw R.V.

	Letters
	Snapshots
1	Pocket Book
1	Billfold
1	Red "I" Disc
2	Hand-ks
2	R.C. Emblems
5	Souvenir Coins
1	Pk Souvenir Photos Cards
1	Cdn Legion Membership Card

CANADIAN R.A.S.C. STORAGE DEPOT
ISSUED
19 JUN 1945
CASUALTIES SECTION

Effects Shipped by Reg Post
19 Jun 45
Authority EST 11(a) Serial 243

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

QUADRUPLICATE—with effects.

L. K. Patterson P/S.

for OC 1 Cdn KSD

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ....B-55180.....A/Cpl.....Ranger.....J.R.....(Deceased).....

RECEIVED FROM .....2nd Echelon 21 Army Group.....

CHECKED BY C-5591 Pte Patterson L.K. ..... DATE .....6 April 45.....

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

1	Wrist Watch Rake	

1 CANADIAN KIT STORAGE DEPOT
ISSUED
19 JUN 1945
CASUALTIES
SECTION
No. 1

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

QUADRUPLICATE—with effects.

L K Patterson Pte
.....
for OC 1 Cdn KSD

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME B-55180 A/Cpl Ranger J.R. (Dec'd)

RECEIVED FROM H.Q. CKSD

CHECKED BY L-17349 Cpl Bailey N.S. DATE 23 Apr 45

AND H-195540 Pte MacKinnon A.E.

1	Marrage licence	
	Snaps	
1	Ration bag	
1	NFM 88	
2	Pr. Ladys silk hose	
1	Wallet	
1	Tin souvenir coins	
	No inventory rec(d with effects	

No. 1 CANADIAN KIT STORAGE DEPOT
ISSUED
19 JUN 1945
CASUALTIES SECTION

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

QUADRUPLICATE—with effects.

for OC 1 Cdn KSD

REGT'L NO B.55180. NAME RANGER. J.R.

CASUALTIES	RANK	WEF	UNIT	D.O.& YR
Awd. C in C. Certificate for Gallantry.	A/Cpl.		R R of C.	23. 45.

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. B-55180 Rank S/Cpl. Surname Ranger Christian Name John R

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
R.R. of C.									Wounded 12-8-44 SW(HE) rt. head.		A-480
"	Pk. Prewett	16	8	44					Shrap. wnd. rt. side head.		B-288
"	22 Cdn. Gen.				8	9	44	23	S W. HE Shrapnel Wnd. Rt forehead.		B295
"	22 Cdn. Gen.	18	8	44					HE. wnd. rt. side of head.	Tfr. Pk. Prewett	B-285
"	—								Killed 3-3-45	Sec. Cas	A-5-5-5-

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

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given—	A.T. Serum— 1cc Dose and date given— 12 Aug 44
Date of Wound or onset of illness } 12 Aug 44 21	Religion— RC 30/12
Sulphathiazole 2.5 gr	

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

17.8.44 OPN: F.B. removed thro' counter incision, from region of R. temporo-mandibular joint.

* Strike out where inapplicable.

Age 21 R.C.

Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

No. B-555180 Rank L/Cpl.
Name RANGER. J.R.
Unit R.R.C.

Battle Casualty. ~~Accidentally Wounded.~~ ~~"Sick."~~
(Strike out description which does not apply).

Diagnosis of Unit M.O.— S.W.(HE) E.A. right side of head
Date seen by him— 12 Aug. 44
No. of Field Ambulance— 12 Fld. Amb. R.A.
Date of admission— 12 Aug.
Field Ambulance diagnosis— as above.

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Wt 18254/229 1000m 7/40 F.W.W. & Co. 51-7385

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

Dd [illegible] 12/8/44
1835

[illegible] General Hospital, R.A.M.C.

Mr Howard Capt

Wounded 12.8.44 at 2000 hrs.

PEM S.W. (H.E) N. forehead just above lateral border of eyebrow.

CEP
14/8/44

G. S. Satis. [illegible]
[illegible]

L.S.T. 164 15/8/44.

Mr. Headache

Aspirin. tabs II (gr X)

[illegible]

Change dressing &

inspect

16/8/44 Pak Prevott

Wound R forehead

? F.B. lat. [illegible] to wound

CNS. NAD

Rx Cinnamon gr 1/3 at 1.45 pm
Scopolamine gr 1/150 [illegible]
given 1.45 p.m. E.P.M.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Hosp. A & D No. 6216 AEF 4/5B CFA 3 (Revised) 40/P & S/1438 (4954) In lieu of AFI 1220 (Not to be used for British Wounded.) M-10

HOSPITAL OR SICK LIST RECORD

B-55180 Ranger J. R.
Regtl No. Surname Christian Names

Rank L/Cpl Unit R.R.D.C. Age 21

Hospital 22 C.G.H.

DATES OF:—

Admission 18-8-44. from 4 CCS H Discharge to Duty 8/9/44 Unit #3 C.I.R.U.
Transfer ..... from ..... " for Conv ..... to .....
Transfer ..... to .....
No. of days under treatment 4 Death .....
Theatre of Operations A.E.F. (W.E.)

Category		P	U	L	H	E	M	S
Medical	on admission	A						
	on discharge							

CLINICAL NOTES:

Disease or Injury S.W.(H.E.)E.A. Shrapnel wound right forehead. Code No. 4015
(final diagnosis) ..... " "
..... " "

Operation, nature and date .....

Anaesthetic .....

MEDICALS

MEDICAL NOTES:

12-Aug '44 - S.W. (E.A.) Shrapnel entered just above right eyebrow and tracked towards temporo mandibular joint.
17-Aug-44 - Shrapnel removed at Basingstoke thro incision near temporomandibular joint.
20 Aug '44 - Wounds clean and healed. Small hematoma where shrapnel taken out. No nerve or arterial damage. Some tenderness right temporo-mandibular joint - account this only opens mouth ½".
21 Aug '44 Evacuate to Convalescent hospital.

[PTO]

PRECIS OF CASE HISTORY & RECOMMENDATIONS

12 Aug. '44 S.W. (H.E) Shrapnel tracked from above right eyebrow to temporo-mandibular joint (right).

17 Aug. '44 Shrapnel removed at Basingstoke

21 Aug '44 Sutures still in - wound healed. Condition good, Evacuate to Convalescent hospital

24/Aug/44 – Difficulty in opening jaw. can open ½ ins – Refer to dentist for opinion 7/9/44 – bruise temporal muscle.

2/9/44 – Jaw seems improved – much less swelling & tenderness over bruised temporal muscle. Still can't open jaws much further. Q & Continue physiotherapy

7/9/44 Discharge to Dk. after S.P.C.

Signature of MO i/c Case C.A. Beaurlegt

Date 21 Aug. '44

Hospital A & D No. .....

MO

2/36A AMD 2—1
In lieu of AF W 3017
40/P & S/2 (6178)

A.E.F.

HOSPITAL DISCHARGE NOTIFICATION M 10

To: Officer Commanding (R.R. of C.) #3 C.I.R.U. (Unit)

It is notified for your information that the undermentioned was discharged from 22 C.G.H.

BRAMSHOTT Hospital, RCAMC, admitted on 18 Aug. 44 194.....

Disch/~~Trans~~ to #3 C.I.R.U. on 8 Sep. 44 194.....

He shall attend the first Unit Sick Parade after reporting to his Unit. This document must be passed to the Medical Officer of the Unit immediately.

Name Ranger J.R. No. B.55180 Rank L/C.

Diagnosis SW(HE/EA) Shrapnel (code) MO i/c Case (C.T. Benoit) Capt.

wound right forehead. 4015 (code)

..... (code)

Precis Case History:

12 Aug. 44 - SW(HE) Shrapnel tracked from above right eyebrow to temporo - mandibular joint)right)
17 Aug. 44 - Shrapnel removed at Basingstoke.
21 Aug. 44 - Sutures still in - wound healed. Condition good, Evacuate to Convalescent hospital.
24 Aug. 44 - Difficulty in opening jaw. Can open 1½ ". Refer to dentist for opinion. Bruise temporal muscle.
2 Sep. 44 - Jaw seems improved - much less swelling and tenderness over bruised temporal muscle. Still can't open jaws much further. Continue physiotherapy.

Recommendation:

Discharge to R.U. after S.P.L.

C

W JR

(A.J. Mc Dougal) Major & Registrar.
For Officer Commanding

LEJ

.....

Sgt Ranger.

3 C.I.R.U.

not here
at Roll
call.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B-55180 RANK Corporal SERVICE UNIT The Royal Regiment of Canada (C.A.)

NAME RANGER, John Roland

DATE OF BIRTH DAY 19th MONTH October YEAR 1920 Date Enlisted: 8-8-40

MARITAL STATUS Married Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON A.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME V30470 Section Officer Marguerite RANGER,

ADDRESS R.C.A.F. Headquarters, London, England. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME Mrs. Rose Ranger, (Mother)

ADDRESS (IF SOLDIER MARRIED OVERSEAS) 760 Government Road W., Kirkland Lake, Ont.

AUTHORITY CAS. SIG. NO. Canrecords - 7119A H.Q.405-R-3715

CASUALTY DETAILS Killed in action DATE 3-3-45

WESTERN EUROPEAN THEATRE OF WAR

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 25-3-45

O/S with 2nd Div IRU
S/Ll954

M Bloom Lieut
OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

A555

FIELD SERVICE — In lieu of Army Form B. 2090A

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

REGIMENT OR CORPS R.R.OF C. — Squadron, Troop Battery or Company

Officer's Personal No (if known) H B 55180 — Rank A/Cpl
Soldier's Army No

Surname RANGER — Christian Names J.R.

Died: Date ± 3 Mar 45 — Place Germany

Cause of Death[x] Killed

Nature and Date of Report 3011c/ 116 5 Mar 45

By whom made R.R. OF C.

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

Burial: Place Germany Bedburg Cleve 932527 Grave 9. — Date 4 Mar 45

By whom reported H.F. Appleyard H/Capt.

State whether he leaves a Will or not

(a) in Army Book 64 — No

(b) as a separate document — Not Received.

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

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

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

Station and Date: Belgium, 27 Mar 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric H. Robertson Capt.

for Officer i/c
Cdn Sec 2nd Ech H.Q. 21 A Gp.

29

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

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

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

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

RESIDENCE No. 43 Street Dunoon City, Town, Village or Township Kirkland Lake 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			Married

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH October (Month) 19 (Day) 1920 (Year)

10. AGE in	Years	Months	Days	If less than one day old
	24			hrs. or min.

OCCUPATION

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

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 RANGER John V

17. BIRTHPLACE (Province or Country)

MOTHER

18. MAIDEN NAME

19. BIRTHPLACE (Province or Country)

20. Person giving information sign here

Address Director of Records, N.D.S.

Relationship to deceased Dept. of National Defence.

21. Place of Burial, Cremation or Removal Germany

Date of burial or removal

22. Burial Permit was issued by

Address

23. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH March (Month) 3 (Day) 19 45 (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
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b)	
	due to (c)	
II. **Other morbid conditions** (if important) contributing to death but **not causally related to immediate cause.**		

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

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

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

State findings Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

Signed by **M.D.**

Address **Date** 19

30. Division Registrar's Record No.

31. Filed 19 (Division Registrar)

OVERSEAS CASUALTY CANADIAN ARMY

JUN 6 1945

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

R 3

3rd April, 1945.

Mrs. Rose Ranger,
760 Government Road West,
Kirkland Lake, Ontario.

Dear Mrs. Ranger:

It was with deep regret that I learned of the death of your son, B55180 Corporal John Roland Ranger, who gave his life in the Service of his Country in the Western European Theatre of War on the 3rd day of March, 1945.

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.

mem x Wife, Mother
9-4-45

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

APR 3 1945

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

/MEA

18

QG 405-R-3715 DR 2(d)

le 29 mai 1945.

Madame,

Des renseignements maintenant reçus des autorités militaires d'outre-mer, indiquent que votre fils, le caporal John Roland RANGER, matricule B-55180, a reçu une sépulture ecclésiastique et a été inhumé dans une tombe temporaire située à Bedburg en Allemagne.

La tombe a due être marquée temporairement d'une croix de bois pour fins d'identification et, en temps opportun, les restes seront soigneusement exhumés et transportés dans un cimetière militaire reconnu, lorsque la concentration des sépultures aura lieu dans cet endroit. Lorsqu'aura lieu cette translation des restes, nous vous ferons connaître le nouvel endroit d'inhumation, mais pour des raisons évidentes, il est probable que nous recevrons ce renseignement que dans un an environ.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,

pr J.B. Ladine
(C.L. Laurin) colonel,
directeur des archives.

Mme Rose Ranger,
20, Government Road West,
Kirkland Lake, Ont.

/MA

31

Q.G. 405-R-3715 (D.R.2 (c)).

le 1er août 1946.

Madame,

Pour faire de nouveau suite à notre lettre du 28 mai 1945, des renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre fils, le caporal John Roland RANGER, matricule B-55180, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 15, rang C, lot 6, du cimetière militaire canadien de Nijmegen, à quatre milles au sud-est de Nijmegen, en Hollande. (Carte marquée ci-jointe). Ce cimetière est un lieu de sépulture reconnu et l'entretien en sera perpétuel. La tombe a dû être marquée temporairement d'une croix qui sera remplacée, en temps opportun, par une pierre tombale permanente portant une inscription appropriée.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,

(C.L. Laurin) colonel,
directeur des archives.

Mme Rose Ranger,
20 ouest, Government Road,
Kirkland Lake, Ontario.

/RL

D.V.A. 405-R-3715
R. 4 (B).

Ottawa,

20th January, 1948.

Mrs. Marguerite Ranger,
855 Furby Street,
Winnipeg, Manitoba.

Dear Mrs. Ranger:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late husband, B55180 Corporal John Roland Ranger, the location of which is grave 15, row C, plot 8, Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

A/Director,
War Service Records.

Encl.

NO B.55180 Rank Corporal Name RANGER, John Roland

Unit Royal Regt. of Can. Date of death 3rd Mar., 1945.

Died at Germany

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-R-3715

N/K ~~V.30470 Section Officer~~ Relationship Wife

Address Mrs. Marguerite Ranger
~~R.C.A.F. Headquarters, London, England.~~
855 Furby St., Winnipeg, Manitoba.

Remains buried in Germany Bedburg Cle ve 932527 Gr.9 Cemetery

Grave location

C.W.K.

OVER

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. JUN 6 1945

ROYAL MESSAGE DESP'D. APR 11 1945

CAN. MESSAGE DESP'D. APR 11 1945

Temp B R sent to N K

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.
Grave 15, row C, plot 8.

HI & CR Form Despd. JAN 24 1947

Photographs
Despatched
JAN 20 1948

10M-1-45 (M-4608)

3-3-45

AWARDS—CANADIAN ARMY (ACTIVE) 1920

M

E.G.
500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-R-3715

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
RANGER, John Roland	B-55180	Cpl.	Royal R. of C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star Defence Medad War Medal CVSM & Clasp	1808 22. 10. 49.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR
8-1-52
DATE DESP. 4801
REGN. NO. ~~CANCELLED~~ CANCELLED

(1) MEDALS
PERSON
ENTITLED TO Mrs. Marguerite Ranger Widow

ADDRESS: 855 Furby St., Winnipeg, Man.

(2) MEMORIAL CROSS

WIDOW V-30470 Section Officer Marguerite (ENGLISH) RANGER,

1920

ADDRESS: R.C.A.F. Headquarters, LONDON, England.

(2) DESP. MAY 1 1945
REGN No. 18171

(3) MEMORIAL CROSS

MOTHER Mrs. Rose RANGER, (ENGLISH)

1920

ADDRESS: 760 Government Road W.,KIRKLAND LAKE, Ont.

(3) DESP. MAY 1 1945
REGN No. 18172