C50032
COX
LOUIS PARSO

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

NO C.50032 Rank Bombardier Name COX, Louis Parsons

Unit R.C.A. Date of death 7th Mar., 1945.

Died at Germany

Cause Died of wounds received in action.

Death occurred on strength of Forces H.Q. 405-C-25785

N/K Mrs. Muriel I. Cox Relationship Wife

Address 269 Burnham St., Peterborough, Ont.

Remains buried in Germany Bedburg Cdn Temp Cem E934525 Cemetery
Grave 16

CHK

Grave location

OVER

BURIAL REPORT TO N.K. JUL 5 1946

RETURN TO BUR. OF STAT. MAY 28 1945

ROYAL MESSAGE DESP'D. APR 17 1945

CAN. MESSAGE DESP'D. APR 17 1945

Temp B R sent to N K

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 9, row F, plot 7.

KHI & CR Form Despd. OCT 26 1946

Photographs
Despatched
DEC 1 - 1947

10M-1-45 (M-4608)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP (1) .....

REGN. NO 1202.

(1) MEDALS

PERSON ENTITLED TO Mrs. Muriel I. COX (WIDOW)

ADDRESS: 269 Burnham St., PETERBOROUGH, Ont.

(2) MEMORIAL CROSS

WIDOW Mrs. Muriel I. Cox, (ENGLISH)

1921

ADDRESS: 269 Burnham St., PETERBOROUGH, Ont.

DESP. MAY 1 1945

(2) REGN No. 18234

(3) MEMORIAL CROSS

MOTHER Mrs. Bessie B. Cox, (MFM5) (ENGLISH)

1921

ADDRESS: 227 Princess St., PETERBOROUGH, Ont.

(3) DESP. MAY 1 1945

REGN No. 18235

C.B.

7-3-45

AWARDS—CANADIAN ARMY (ACTIVE) M 1921

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-C-25,785

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
COX	Louis Parsons	C-50032	Bdr.	3rd. Anti Tank Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star	
Defence Medal War Medal C.V.S.M. & Clasp	579 29-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Received NOV 3 1941 Checked E Card ✓ Observations

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

WSG COMPLETED

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

Unit 4th Anti-Tank Battery, R.C.A., C.A.S.F. Regimental Number C 50,032

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

DH

1. Surname COX
2. Christian Names Louis Parsons
3. Present address 535 Downie Street, Peterborough, Ontario
4. Date of birth 23rd February 1915
5. Place of birth CANADA (Country) QUEBEC (County or Province) SWEETSBURG (Town or Township)
6. Religion (state denomination) Salvation Army
7. Trade or Calling Truck Driver
8. Married, Widower or Single Married
9. Name of next of kin Muriel Isabel Cox
10. Relationship Wife
11. Address of next of kin 269 Burnham Street ~~535 Downie Street~~, Peterborough, Ontario

D.O. Pt II #61
20th Sept., 1940.

12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars None
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Louis Parsons Cox 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 15th June, 1940 Louis P. Cox (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Louis Parsons Cox do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Louis P. Cox (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 Peterborough this 15th day of June 1940

John G. [illegible] Major (Signature of Magistrate, Justice or Attesting Officer.)

Acting O. C. 4th Anti-Tank Battery R.C.A., C.A.S.F. (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 C O X (Surname) Louis Parsons (Christian Names) Regimental Number C 50,032

QUALIFICATIONS	
Military	----
Business or Professional	----
Trade or Civil	Truck Driver
Technical	----
Languages	English

EDUCATIONAL QUALIFICATIONS	
High School or Collegiate	---- (years completed)
Graduation or Matriculation	---- (specify)
*College	----
*University	----

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

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

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
2303 —		Joined on appointment Taken on Strength	Gunner	14 Jun/40	4 Anti Tank Bty RCA CASF	Peterboro'	Pt II DO#4	14 June/40
—		Granted combined Furlough & Christmas leave - 20 days.	"	11 Dec/40	"	Lindsay	Pt II DO#89	11 Dec/40
—		Granted Easter Leave 10th to 15th April 41	"	10-4-41	"	Debert	D.O. 59	10-4-41
046		Trade tested class III Driver	"	15-4-41	"	"	D.O. 66	15-4-41
1		OCC.HIST.FM.COMPLTD	"	JUN 5 1941	"	"		
—		Embarkation Leave	"	4-7-41	"	"	123	4-7-41
	7 days A.W.L.	Forfeits 10 days pay (7 days C.B.)	"	11-9-41	"	"	166	12-9-41
		S.O.S. C.A.(CANADA). Embarked. OCT 18 1941	"	5 Oct. 41.	"	Halifax.	Pt.II # 3.	22-10-41.
		T.O.S. C.A.(OVERSEAS). Disembarked.	"	6 Oct. 41.	"	Liverpool.	Pt.II # 3.	22-10-41.
		Landing Leave	Gnr	24/28 Oct 41	3 A/TK	UK	4	2 Nov 41
		Qual Driver I/C English Standard	Gnr	2 Nov 41	3 A/TK	UK	5	30 Nov 41
		Trades Pay 'C' as Driver Mech	Gnr	25 Oct 41	3 A/TK	UK	2	9 Nov 41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full COX, Louis Parsons Date 15th June, 1940

Part 1. Information obtained from the recruit.

1. Age 25   2. Have you ever suffered from any of the following diseases?

a. Rheumatism NO
b. Tuberculosis NO
c. Bronchitis or asthma NO
d. Heart disease NO
e. Kidney or bladder disease NO
f. Gastro-intestinal NO
g. Rupture NO
h. Varicose veins NO
i. Flat or deformed feet NO

j. Nasal trouble NO
k. Ear disease NO
l. Eye disease NO
m. Epilepsy NO
n. Nervous or mental disease NO
o. Syphilis NO
p. Gonorrhoea NO
q. Have you ever worn glasses? NO

Louis P. Cox
(Signature of Recruit)

Examiner's remarks re above Has never received Government Pension or Workman's Compensation.

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

1. Identification marks or scars. (If operative obtain history.)
Small Scar right thigh 2 inches below Ant. Superior Spine.
One Vacc. Mark on Left Arm.

2. Height 5 feet 7 inches.   3. Weight 130 pounds.

4. Complexion Medium Eyes Pale Blue   5. Development Good (Good / Fair / Poor)
Hair Dark Brown

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 4 inches.

7. Vision, right 20/15 left 20/15   8. Hearing, right 6/6 left 6/6

9. Condition of mouth and teeth All O.K.

10. The abnormalities (congenital and pathological) found on examination are as follows

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

[signature] President [signature] Member [signature] Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
15th June, 1940	Urine, Ears and Knee Jerk O.K.	18-5-41	Re-examined
17-6-40	X-ray chest neg. McGowan	27/12/41	TABT
T.A.B. 3	22-7-40, 29-7-40, 6-8-40 McGowan, Maj		
18-7-40	Vacc successful McGowan		
23-7-40	Tet. Toxoid McGowan Maj.		
30-9-40	Tet. Toxoid McGowan, Maj.		

Statement of the Service of No. C50032. Rank.................. Sheet No.........

Name Cox. L. P.

M.F.M. 1 & 2 (a)
700 M—S-39 (637)
H.Q. 1772-45-18

REPORT 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)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Dated
		On Command to Driver Mech Course. 11 Tech Train Centre	Gnr.	7 Jan 42	3A/TK Rgt.	UK	5.	19 Jan 42.
		Priv Leave No Warrant.	Gnr	11/18 Feb 42	3A/TK Rgt.	UK	12.	21 Feb 42
		To be A/L/Bdr.	A/L/Bdr.	1 March 42	3A/TK Rgt.	UK	35.	27 May 42.
		To be L/Bdr	L/Bdr	1 June 42	3A/TK Rgt.	UK	39	18 June 42.
		Priv Leave P.3 to 18th Aug 42	L/Bdr.	10 Aug 42	3A/TK Rgt.	UK	52	20 Aug 42
		Priv Leave with ma to 3 Dec 42	L/Bdr	24 Nov 42	3 A/TK	UK	73	3 Dec 42
		Priv Leave ma	L/Bdr	14 23 Dec 42	3 A/TK	UK	77	31 Dec 42
		~~Tradesman pay increased to 8-1-85 fr d. (Dr Mech C)~~	L/Bdr	1 Jan 43	3 A/TK	UK	4	25 Jan 43.
		Priv Leave ma	L/Bdr	17 24 Mar 43	3 A/TK	UK	16	8 Apr 43.
		Ceases trades pay Gp "C" Dr Mech	L/Bdr.	15 Apl 43	3 A/TK	UK	18	24 Apl 43
		To be A/BdR	A/BdR.	19 Ap 43	3A/TK	UK	21.	13 May 43
		Confirmed in Rank of Bdr	Bdr	19 July 43	3A/TK	UK	34.	6 Aug 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Embarked at UK. on 2 June 44	G.L.P.	—	3. A/TK. B.	21 A/G.	31.	14 July 44.
		Disembarked at FRANCE on 8 June 44						
Jm 164		Wounded	Bdr.	12 Sep 44 ~~13 Sep 44~~		AEF	~~A491~~ 19498	
CN.		Adm 10 Gen H		17 Sep 44.			B 304.	16 Oct 44
		Trans to 21 C. Gen H.		2 Oct 44.			B. 311.	1 Nov 44
CS7		Disch from 21 Gen Hosp.		3 Oct 44			B. 358.	28 Dec 44.

Statement of the Service of No. C50032 Rank .... Sheet No. ....

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

Name COX L. P.

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 Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
C57		Adm. PA 15(1) and Hospital for 1 days pay	Bdr.	20 Nov 44	X 4 st. RCA D	21 A/s	1	4 Jan 45
CY	SOS	SOS. X-4 list to 3 A/Tk Regt	Bdr.	12 Feb 45	X list RCA (D)	21 A Gp.	30	22 Feb 45
C57	1.OS	1.OS. from X4 list. RCA. (D)	Bdr.	13 Feb 45	3 A/Tk R.	21 A/s	14	20 Feb 45
Do 24 d/18 Mar 45	SOS	~~SOS to X 3 list RCA "D"~~	~~Bdr~~	~~7 Mar 45~~	~~3 A/Tk R~~	~~21 A Gp~~	~~22~~	~~12 Mar 45~~
m-198		DIED OF WOUNDS - 7 MAR 45						
		✓ Died of Wounds.	Bdr	7 Mar 45	3 A/T. Rgt.		C.L.A 553.	11 Mar 45.
		SOS Died of Wounds.	Bdr.	7 Mar 45	3 A Tk Rgt	21 A G	24	18 Mar 45

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER C.50032 RANK Bombardier SERVICE UNIT 3rd Anti Tank Regiment (C.A.). (

NAME COX, Louis Parsons

DATE OF BIRTH
DAY 23rd MONTH February YEAR 1915 Enlisted: 5-6-40

MARITAL STATUS Married RELIGION--Salvation Army

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Muriel I. Cox,
ADDRESS 269 Burnham St., Peterborough, Ontario. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME
ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 6970A H.Q.405-C-25,785

CASUALTY DETAILS DATE

Died of wounds 7-3-45

WESTERN EUROPEAN THEATRE OF WAR.

O/S with 3rd Anti Tk. Regt.
S/L 856 RCA

BTC

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 29-3-45

[signature] Lieut
OFFICER I/C RECORDS

6 COPY FOR DOCUMENT FILE

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 4th Anti-Tank Battery R.C.A. C.A.S.F. Regimental Number C50032

1. Surname COX
2. Christian Names LOUIS PARSONS
3. *Substantive Rank and Appointment Bdr
   *Acting Temporary or Local Rank
   giving date 1 Sep 43
   *To be entered in pencil to facilitate alteration.
4. Place of birth Swetsburg, Quebec, Canada
5. Date of birth as declared on attestation 23 Feb. 1915
   (A)
6. Date of enlistment 15th June 1940
7. Place of enlistment Peterborough, Ontario
8. Residence at time of enlistment 535 Downie St Peterborough
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Salvation Army
12. If married, state date 5/6/37
13. Trade on enlistment Truck Driver
14. Corps, trade and grade
15. (D) Qualifications Driver Mech Dsp C MD 6 DD 1635 d/12 Sep 41
16. (E) Miscellaneous entries

(17) Regiment or Corps: 3rd Anti-Tank Regt (a) RCA AF

Unit (Battn., etc): 4th Anti-Tank Battery R.C.A. C.A.S.F.

(18) Medical

Category	Date	Authority
"A"	15/6/40	G.R.Scott-Major Pres. Med. Board

(19) Next of kin (entries to be made in pencil) (wife)
Mrs Isabel Cox
269 Burnham Street
Peterborough, Ontario

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

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

(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
		3 A.Tk. Regt.	S.O.S. C.A. Canada (Embarked)		5/10/41	Gnr.	Pt. II #3-22/10/41
			T.O.S. C.A. Overseas (Disembarked)		6/10/41	"	Pt. II #3-22/10/41
2 Nov 41	OC	"	Granted L.L.	Field	24-28 Oct 41	"	Pt II #4 2 Nov 41
28 Nov 41	"	"	Qualified driver I.C. England stds	"	2 Nov 41	"	D O 5 d/28 Nov 41
9 Jan 42	"	"	having been trade tested and employed as a Driver Mech is authorized to draw tradesmen's rates of pay Group C (M.D.6 District Order No 1635 dated 12 Sept 41		25 Oct 41	"	D O 2 d/9 Jan 42
19 Jan 42	"	"	On Command driver Mech Course No 11 Technical Training Centre R.A.O.C.	U.K.	7 Jan 42	"	D O 5 d/19 Jan 42
21 Feb 42	"	"	Granted P.L. & F.T.W. (7 days)	U.K.	11-18 Feb 42	"	D.O 12 d/21 Feb 42
14 May 42	"	"	to be A/L/Bdr	U.K.	1 May 42	A/L/Bdr	Pt II order 35 d/27 May 42
11 Jun 42	CR	"	to be L/Bdr	U.K.	1 May 42	L/Bdr	39 d/18 Jun 42
17 Aug 42	"	"	P.L. 7 days	U.K.	10 Aug 42	"	52 d/ Aug 42
23 Nov 42	"	"	9 days P.L.	U.K.	24 Nov 42	"	73 d/ Dec 42
			9 days P.L. with Rat all	U.K.	14 Dec 42	"	77 d/ Dec 42
22 Jan 43	"	"	Granted Daily Rates of Pay of $1.85 per diem	U.K.	1 Jan 43	"	4 d/ Jan 43
			7 days P.L. to 29 Mar 43	U.K.	17 Mar 43	"	16 d/ Apr 43
			Ceases to draw trades pay Driver Mech Grp C	U.K.	15 Apr 43	"	18 d/2 Apr 43
			to be A/Bdr	U.K.	19 Apr 43	A/Bdr	21 d/15 May 43
			9 days P.L. to 11 June 43	U.K.	2 June 43	"	27 18 June 43
23 Jul 43	"	"	Conf Bdr	U.K.	19 Jul 43	Bdr	34 d/6 Aug 43
			Awarded Canadian Volunteer Service Medal and Clasp		15 JAN 44		D.O.5
			Embarked U.K. 2 Jul 44 Disembarked France 3 Jul 44				37 d/14 Jul 44
		3 A.T.K.	S.O.S. to X 3 Sept R.C.A. (D)	Fd	12 Sep 44	"	46 d/ Sep 44
26 Sep 44	X3	RCA(D)	T.O.S. from 3 Cdn A.Tk R.	"	13 Sep 44	"	41/44
	✓	←	Posted to X4 12 Bn	←	26 Oct 44	✓	95/44
	X4 RCA	(D) 12 Bn	Reprimanded for an off. under A.A. 15(1) A.W.L. from 23.00 hrs 20 Nov 44 to 10.00 hrs 21 Nov 44 (Absent 11 hrs) Forf. 1 days pay ZR 9 I 149(1)(a)	Fd.	20 Nov 44	✓	1/ Jan 45
	X4 RCA	(D) 13 Bn	S.O.S. to 3 Cdn A/Tk Regt	✓	1 Feb 45	✓	30 Feb 45
		3 A.T.K	T.O.S. from X4 Reinf R.C.A. (D)		13 Feb 45	✓	14/ Feb 45
		~~3 ATK~~	~~SOS to X 3 List RCA(D)~~	~~"~~	~~7MAR45~~	~~"~~	~~22/MAR 45~~ Cxld 0024/Mar 45

HOSPITALIZATION ONLY

SERVICE AND CASUALTY FORM

(PART II)

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

Regiment or Corps: 3 A/TK R Regimental Number: C 50032

Substantive Rank: Surname: COX Christian Names: L P

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
18 Sep 44	3014/116		Adm 5 CFDS	FD	13 Sep 44	BDR	102/20 Sep 44
18 Sep 44	. (116) (123)		WOUNDED	.	12 Sep 44	-	UNIT.
18 Sep 44	. (116		Adm 3 CCCS	-	13 Sep 44	.	102/20 Sep 44
26 Sep 44	. (124	X3-RCA(D)	Adm 8 Adm Gen	.	15 Sep 44	.	109/28 Sep 44
22 Sep 44	. (125	X3 -	Adm 10 Adm Gen	.	17 Sep 44	-	111/6 Oct 44
5 Oct 44	. (129	X3 -	Adm 14 RFA	.	12 Sep 44	.	112/7 Oct 44
6 Oct 44	. (130	X3	Adm 7 Adm Gen	.	Oct 44	.	113/8 Oct 44
9 Oct 44	. (132	X3 .	Adm 21 Adm Gen	.	2 Oct 44	.	116/11 Oct 44.
6 Nov 44	. (157	X3 .	Resick 21 Adm Gen	.	26 Oct 44	.	140/8 Nov 44

SERVICE AND CASUALTY FORM

(PART II)

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

Regiment or Corps ..... Regimental Number C 50032

Substantive Rank ..... Surname Cox ..... Christian Names Louis Parsons

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
~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~Fd~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~
		3 ATK	SOS Died of Wounds	Fd	7 Mar 45	Bdr	24/Mar 45

Cancelled ~~[illegible]~~ 45/45

To be made out in duplicate.

DISTRICT PAYMASTER
RECEIVED
JUN 21 1940
M. D. 3 Kingston, Ont.

M.F.M. 5
100M—9-39 (1870)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN ACTIVE SERVICE 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 C.O.X, LOUIS PARSONS
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number C.50,032

(3) Unit 4th ANTI-TANK BATTERY, R.C.A., C.A.S.F.

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife MURIEL ISOBEL COX

(*b*) Present postal address of wife 535 Downie Street, Peterborough, Ontario

(6) If married, have you been regularly supporting your wife? If not—state reasons Yes

(7) Are you a widower? No

(8) Have you any children? One

If so, give number of boys and girls 1 boy

Also their names and ages NEIL LOUIS COX, 8 months old

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

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

Name MURIEL ISOBEL COX

Postal Address 535 Downie Street, Peterborough, Ontario

(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

(11) Is your father alive? Yes

If so, state name and address FRANK HENRY COX

227 PRINCESS STREET, PETERBOROUGH, ONTARIO

(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.

Also state reason he has no other means of support

(14) Is your mother alive? Yes

If so, state name and address BESSIE BRINSON COX

227 PRINCESS STREET, PETERBOROUGH, ONTARIO

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F.

Also state reason why she has no other means of support

(17) Are you insured? Yes

If so, in what Company? LONDON LIFE ASSURANCE COMPANY

Have you made arrangements for payment of your Insurance Premium? Yes

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Louis P. Cox
(Signature of officer or man)

Date 15th June, 1940

John G. Hastings Major
a/ Officer Commanding
4th Anti-Tank Battery R.C.A. C.A.S.F.

Date 20 June 1940

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 Cox, Louis Parson (b) Reg'l. No. C50032
2. (a) Arm of service Army (b) Unit 4th Anti Tank 1st Regt (c) Rank Gnr
3. (a) Date of birth 23/12/20 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Peterborough Ont
4. (a) Place of enlistment Peterborough Ont. (b) Date of enlistment 12/June/41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 Yrs. (b) Were you attending 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.) 8 Yrs Public 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? Metal Finishing (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working. (b) At time of enlistment of what trade union or professional society were you a member? None.

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 Quaker Oats Co. Address Peterborough Ont
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Cereal Makers.
20. (a) Your specific occupation Shipper (b) Number of years' experience at this occupation with any employer 2 Yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? Yes.

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

22. (a) State nature of business, or professional practice — (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? No (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience? —

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.) —
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Mechanic

DATE 5th June 1941 SIGNATURE L. P. Cox

Sheet No. ....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. G50032 Rank Bdr Surname Cox Christian Name Louis P.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
R.C.A. 3 Anti-T. Regt.	—								wounded ~~13~~-9-44 12-9-44 Date conf.		A-497. A-491
"	—								S.W. lt. big toe.		B-297.
"	10 Cdn. Gen.	17	9	44					None given		B-304.
	7 B.G.H.				3	10	44	16	G.S.W. great toe lt fott		B359
"	21 " "	2	10	44					shown before	Tr. fr 10 C Gen	B-311
"									Died of wounds 7-3-45. Wounded 7-3-45.	Second Cas	A 553.
									S.W.(H.E.) rt groin, serverance rt femoral artery	Cause of death	B.429

Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

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

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, LOUIS PARSONS COX (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Peterborough, in the County ~~District~~ of Peterborough,

Province of Ontario, Truck driver (Civil Occupation)

Regimental No. C50,032, Unit 4th Anti-Tank Battery RCA CASF, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my wife, MURIEL ISABEL COX, of 269 Burnham Street, Peterborough, Ontario, all my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

R.P.C. D.M.G.

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

(4) I appoint the said MURIEL ISABEL COX (Name) 269 Burnham Street, Peterborough, Ontario. (Address)

Housewife (Civil Occupaton), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 9th day of December 1940.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Louis P. Cox (Signature of soldier)

First witness sign here.

(5) Signature Alan Sears

Civil Address 202 Westmount Ave., Toronto, Ontario.

Civil Occupation Clerk

Second witness sign here.

Signature David M. Penn

Civil Address 144a Sorauren Ave., Toronto, Ontario.

Civil Occupation Stenographer.

(Witnesses are not to be beneficiaries.)

[OVER]

UF

NAME COX LOUIS PARSONS

REGIMENTAL NO. C 50032 RANK

ENLISTED AT PROMOTIONS, ETC AND DATE

DATE 15-6-40

TEMP.

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Muriel Isabel Cox RELATIONSHIP Wife

ADDRESS OF 269 Burnham St., Peterborough Ont.

ASSIGNMENT OF PAY, $ 25.00 eff 1-2-43

ADDRESS Wife as above

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR Wife as above

3/20 MFM 14 40/P & S/67 (4473)

CASUALTIES, ETC.

NATURE E.G. Absence, Promotions, Etc	PART II, DO No.	 Date	REMARKS If in Hospital, Note Name, Etc
T.O.S 3 A/TK from X 4 List	14	20.2.45	wef 13-2-45
SOS 3 A/TK to X3 list wef			7 Mar 45 (C.R. 41
~~TOS X3 from 3 6th [illegible] KAR 41~~		~~Mar 45~~	~~wef 8 Mar 45~~ Cancelled PO 45/45

C 50032

BDR COX L

Att 12 Bn fr X.3 disc 21 C G H wef 26 Oct 44
on 20-11-44 awarded total forf. of 1 days Pay
SOS 12 Bn to 9 Bn wef 22-1-45.
S.08 To 3 A/TK. Regt. R.C.A. 13/2/45
T.O.S. from X4 list wef. 13.2.45 Pt. II 14-20-2-45
S.O.S. to X3 list R.C.A. (B) wef. 7. Mar. 45) Pt. II # 22-12.3.45
Died of Wounds 7-Mar/45 on adm. to 11 Coln. FD. AMB.
Pt II # 24 — 18 Mar. 1945

F-15240 GNR. MACINNIS C. J.

T.O.S from 110 Br. Gen. Hosp. wef. 23 Aug. 44
SOS to 2 Cdn. Hvy. a/a Regt., wef 23 Aug 44

Bdr 4. ~~1.25~~ ~~1.50~~ 1.60

4th. ANTI-TANK BATTERY, R.C.A., C.A.S.F.

NAME COX, LOUIS PARSONS

REGIMENTAL NO. C. 50,032 RANK ~~Gunner~~ ~~A/4/BDR. 1-3-42~~

ENLISTED AT Peterborough PROMOTIONS, ETC. AND DATE A/Bdr 19.4.43 D.O. 21/43

DATE 15th June, 1940 Conf Bdr 19.7.43 D.O. 34

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN COX, Muriel I. RELATIONSHIP Wife

ADDRESS OF ~~535 Downie Street,~~ 269 BURNHAM STREET, Peterborough, Ontario D.O.61- 20/9/40.

ASSIGNMENT OF PAY, $ ~~23.00 JULY 1/40~~ 25.00. 1-2-43

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT 47

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR Muriel Isobel Cox, Wife

M. F. M. 14
50M—3-40 (4478)
H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	PART 11, D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
T.O.S.	4	14/6/40	
Furlough & Xmas. Lv. 11-30 Dec. 40	89	11-12-40	
Ret'd. Furlough 30-12-40	92	31-12-40.	
AWL. Forf. 10. Days Pay.	166	12-9-41	
S.O.S. C.A.CAN. 5-10-41 } T.O.S. C.A. O'SEAS. 6-10-41 }	3.	22-10-41	
Trades Pay. D.M."C" 25-10-41	2	9-1-42	(C.R.28-12-41)
on. course R.A.O.C. 7-1-42	5	19-1-42	(C.R.11-1-42)
Prom. A/L/BDR. 1-3-42. (C.R.52)	35	27-5-42	
PRIV. LEAVE 24-11. To. 3-12-42	73.	3-12-42.	9 DAYS' R.A.
" " 17-24 MAR /43	16	9-4-43	7 " R.A
Pay inc. to $1.85 Arr. mech. Grp.(C)	4	25-1-43	1-1-43
Cease to Draw T.P. wef 15 Apr.	18	24.4.43	
Prom. A/Bdr 19.4.43			
Priv. Leave 2-11 Jun/43	21	13.5.43	
Conf Bdr wef 19.7.43	27	18-6-43	9 Days R.A.
Priv Leave 3-12 Sept /43	34	6-8-43	
Priv Leave 16-25 Nov 43	41	24-9.43	9 Days RA.
" " 12-21 Jan 44	49	1-12.43	9 DAYS RA.
AWARDED C.V.S. MEDAL & CLASP W.E.F. 15.1.44	4	28-F-44	9 days R.A.
EMB. U.K. 2-6.44 - DISEMB.	5	29.1.44	
FRANCE 6.6.44	31	14.7.44	
S.O.S 3A/TK TO X3 List wef 12-9.44 CR.46		16-9-44	

FORM NO. 1

Register No..... Nominal Roll No.....

To: P.M.G. H.Q. File No.....

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
C50,032	Bdr	Cox	Louis Parsons

REASON FOR TERMINATION OF SERVICE:

1st Enlistment.....Died Of Wounds.....CARO.....( )

2nd Enlistment.....CARO.....( )

3rd Enlistment.....CARO.....( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 14 June 40	T.O.S.	T.O.S.
S.O.S. 7 Mar 45 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1728	Total Days	Total Days

Total Service 1728 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	479	12	467
Overseas Service	1249	1	1248
Totals	1728	13	
Add Non-qualifying Service			13
Total Service			1728

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 7 Mar 45 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature.....

Checker's Signature.....

Date Computed 9 July 45

DIED WHILST IN SERVICE 7 Mar 45

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL			11 Oct 41	2	
Hosp			"	10	12
				Total	12

Overseas: T.O.S. 6 Oct 41 T.O.S. T.O.S.

S.O.S. 7 Mar 45 S.O.S. S.O.S.

AWL			20 Nov 44		1
				Total	1

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 ...C-50032.....Bdr.....COX.....L.P.....(DECEASED).....

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

CHECKED BY ....C-5591 Pte Patterson L.K...... DATE .....7 April 45.....

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

1	Religious Token		
1	Red "I" Disc		
1	Leather Wallet		
1	GVSM & Clasp		
1	Souvenir Bank Note		
	Pers Letters		
1	Note Book		
1	Pr Unit Titles		
1	Snapshot Holder & Snaps		
1	Leather Cig Case		
1	Silver Ring W/Crest		
1	New Testament		
1	Diary		
1	Billfold		
1	Soldiers Hand Book		
1	Cig Lighter		
1	Chain		
1	Leather Wallet		
1	Photo In Folder		
1	Photo Album		
	Snapshots		
1	Canvas Writing Kit		
	Letters		
1	Pen No Name		

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

QUADRUPLICATE—with effects.

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

CANADIAN MILITARY
ESTATES
11 APR 1945
BRANCH
HEADQUARTERS

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 C-50032 Bdr OOX L.F. (DECEASED)

RECEIVED FROM 2nd echelon 21 Army Group

CHECKED BY C-5591 Pte Patterson L.K. DATE 30 March 45

AND C-11742 Spr Larocque R.G.

1	Piece Drapery		
1	Flashlight		
1	Razor Blade Holder		
1	Small Purse		
1	Book		
1	Small Boat		
1	Small Carved Animal		

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

QUADRUPLICATE—with effects.

L K Patterson Pte
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
2- APR 1945
BRANCH
HEADQUARTERS

529/Cox, L P/1 (DJA - Rev)
529/Review /1
Cdn Sec 1 Ech, HQ 21 Army Gp
18 Mar 45

3

REVIEW SHEET

Proceedings
Rec: 27 Jan 45
Rev: 2 Feb 45
Fwd: 18 Mar 45

FGCM (20/38)
E-50032 Bdr Louis Parson COX
3 Cdn A/Tk Regt, RCA
12 Bn, 2 CBRG

1 The accused was tried by FGCM on 20 Jan 45 on a charge under Army Act Sec 18(2) with an alternative under Sec 40 of negligently handling his Sten gun. He pleaded not guilty and was found not guilty of the charge and the alternative.

2 Att to the proceedings is a statement which purports to be signed by Sgt Holme, G S, SIS, and which is alleged to be a statement made by Pte Bullen, J. Even if the person who signed this statement were produced as a witness, the statement is not one which would be admissible in evidence and should not have been before the court.

3 Although the evidence of Major J P Middleboro, RCAMC, was not prejudicial to the accused, there is no record that R P 76 was complied with in calling him as a witness at the trial when he was not called at the summary.

4 Passed.

WHWaugh

(W H Waugh) Major
DJA (Rev)
Cdn Sec 1 Ech
HQ 21 Army Gp

DISTRIBUTION
Proceedings
DJAG Cdn Sec 1 Ech, HQ 21 Army Gp
DJA Cdn Sec 1 Ech, HQ 21 Army Gp
Conv Offr: Major-Gen E L M Burns, GOIC Cdn Sec 1 Ech HQ 21 Army Gp

Commanding Officer 12 Bn 2 CBRG

8/55B CFA 339 40/P & S/3040 (7255)

No. "#"# 23836

CANADIAN MILITARY HEADQUARTERS

RECORDS OFFICE

CASUALTY REPORT

Name (in full) COX Louis Parsons

No. C-50032 Rank BDR Unit 3 A/TK REGT RCA.

Hospital (UK only) in which death took place, if applicable

RU (UK only) to which posted on admission to hospital

Casualty DIED OF WDS Date 7 MAR 45 List No. "A" 553 Place AEF

If PW or Interned; Number and Address

Previously reported WOUNDED Date

OIC R 5 Wing (Cas Sec)

NEXT OF KIN

1. Canada or U.S.A.—Yes/~~No~~ (if No, complete No. 2)

2. Name (in full)

   Relationship Address

3. Any relatives in UK from MFM 5, or any other source, including children born overseas. If none so state.

   Date of marriage, if known

WILL, EFFECTS, ETC

1. No will here (or) ~~will herewith dated~~ Beneficiary (Relationship)

   (Name) (Address) Executor

2. Bank account—name of bank, etc A/c No.

   Address

3. Kit privately stored—name of custodian

4. Particulars of debts, remarks, etc

Date MAR 19 1945

ORIGINAL — With will, if any to OIC Estates, CMHQ.

DUPLICATE — To file.

OIC R 3 Wing (Non-effective Pers)
for OIC Records,
CANADIAN MILITARY HEADQUARTERS

D.V.A. 405-C-25785
R. 4 (B)

Ottawa,

1st December, 1947.

Mrs. Bessie Cox,
281 Prince Street,
Peterborough, Ontario.

Dear Mrs. Cox:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, C50032, Bombardier Louis Parsons Cox, the location of which is grave 9, row F, plot 7, Nijmegen Canadian Military Cemetery, 4 miles South-East of Nijmegen, Holland.

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

Yours faithfully,

MR.

for A/Director,
War Service Records.

Encl.
/BOC

File No 405-C-25785

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. C-50032 Name Cox, Louis Parsons.

Rank on Discharge Bdr Date of Discharge 7-3-45

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 14-6-40	to 5-10-41		
	from	to		
United Kingdom	from 6-10-41	to 2-6-44		
	from	to		
Italy	from	to		
Northwest Europe	from 3-6-44	to 7-3-45		
---	from	to		
---	from	to		

Eligible for award of:

1939 - 45 Star ✓

~~Italy Star~~

France-Germany Star ✓

Defence Medal ✓

War Medal ✓

Canadian Volunteer Service Medal ✓

with clasp

M

NO RIBBON DESPATCH

Verified by D Foster

Date 24-7-46.

Carded JUL 26 1946

HA 165

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HG

Name COX (Surname) Louis P. (Christian Names) No. C.50032

Bdr. (Rank) C.A.O/S (Unit) 7-3-45 (Date of Death)

AMOUNT

L.P.C. $ 18.64

Date 9-11-45

Other Credits xx

Total 18.64

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Muriel L Cox, 269 Burnham St., PETERBOROUGH, Ont. (Sole beneficiary under will)	$18.64

P4. TO TREAS. 16-11-45, qm.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$18.64

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

Mrs. Muriel I. Cox,
269 Burnham St.
Peterborough, 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-C-25,785 FD 227

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

April 16, 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

COX, Louis Parsons, Bdr.

C.50032 C. A.

ESTATES BRANCH
APR 23 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.

CWP/NM

for C.W. Pybus Capt.
Director of Estates.

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		Muriel. J. Coy.	27	269 Burnham St.
2	Children of the Deceased and dates of their Births		Neil Louis Coy O.A. 31./39.	5	269 Burnham St.
3	Father of the Deceased		Frank Coy		281 Prince St.
4	Mother of the Deceased		Bessie Coy		281 Prince St.
5	Brothers of the Deceased	Full Blood	Brinson Roy Jack Frank		281 Prince St. M. M. R. C. Navy. R. C. Navy.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Jean Phyllis Ethel Elsie May.		R.C.A.F. Aux. Overseas Toronto Peterboro Toronto Peterboro
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Louis Parsons Coy
9	Date of his birth.	Feb. 23. 1915.
10	Place and date of his marriage.	Peterboro. Ont. June 5. 1937.
11	Place and date of his parents' marriage.	Sweetsburg Quebec. June 6.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Sweetsburg Quebec.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Province of Ontario since a child.
14	Nature of employment before enlistment.	Labourer
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.	Peterboro

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?	No.
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.	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.	London Life. Co. $1,000 Mrs. Muriel J. Coy
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....wife.....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.

.....Muriel I. Cox..... {Signature of Informant

.....269 Burnham St.....Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....Muriel I. Cox

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

Dated at.....Peterborough.....this.....21st.....day of.....April.....1945

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

.....James Semple..... Qualification.....Clergyman.

Address.....Peterborough, Ont. (541 Water St)

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

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

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

405-C-25785

EEB

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME COX, Louis Parsons.

PLACE & DATE OF BIRTH Swetsburg, Que. 23 Feb 1915

RANK Bdr.

REGTL NO. C-50032

UNIT 3 A/Tk. Regt. RCA. AEF.

NEXT OF KIN & ADDRESS Wife.

Mrs Muriel Isabel COX
269 Burnham St.
~~Peterborough, Ontario, Canada.~~

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 7 Mar 45.

PLACE OF DEATH GERMANY

HRS

CAUSE OF DEATH WOUNDED & DIED OF WOUNDS.

PARTICULARS OF BURIAL.

DATE OF BURIAL 9 MAR 45

CEMETERY BEDBURG CDN. TEMP. CEM.E934525 CALCAR SH 4203

PLOT NO

ROW NO 19

GRAVE NO 16

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION Salvation Army.

DATE 3 AUG 45

A R Dillon Lieut
(L.S.Appleford) Major
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS,

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

BATTLE CASUALTY

CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from 21/CAS/7472

Time Message Received

Date Message Received 10 MAR 45

Theatre AEF

Regimental No.	Rank	Name		Full Christian Names
C.50032	BDR	COX	LOUIS	PARSONS

Unit 3 A TK REGT RCA

SERIAL 708

CASUALTY PARTICULARS

WOUNDED AND DIED OF WOUNDS 7 MAR 45 (SECOND CAS)

"A" 553

Hospital Admitted To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Discharged From ..... Date .....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin MURIEL, ISABEL COX Relationship WIFE

269 BURNHAM ST

PETERBOROUGH

ONT

Home Town SAME

Cable No. 6970A

Inland Tel. No.

NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

Verification Clerks Signature

4/20A CFA 48 40/P & S/1568 (6847)

Deceased

CASUALTY WING EXTRACT

"A" "B"429 "C" "PW"

DATE 21 MAR 45

NAME COX LOUIS PARSONS

AUTH AFW 3118

RANK BDR

REGT.NO. C50032

THEATRE AEF

UNIT 3 A/TK REGT

HOSPITAL PARTICULARS

ADMITTED _____ DATE _____

TRANSFERRED _____ DATE _____

DISCHARGED _____ DATE _____

DIAGNOSIS SW (HE) RT GROIN SEVERENCE RT FORWARD ARTERY

(PREV REPORTED WOUNDED AND DIED OF WOUNDS 7 MAR 45 A.553)

FOR THE DAILY UNIT & CONSOLIDATED LIST ____ ADMISSION _____

FOR THE DAILY LIST ONLY _____ DISCHARGE _____

CASUALTY CARD MADE(Yes or No) YES PROGRESS REPORT _____

CLERK'S INITIALS OR NUMBER 31 DEATH _____

CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS DANGEROUSLY ILL SERIOUSLY ILL

NEXT-OF-KIN PARTICULARS

RELATIONSHIP _____

NAME & ADDRESS _____ HOME TOWN _____

SERIAL NO. _____

CABLE TO OTTAWA NO. 7359A INLAND TELEGRAM NO. _____

...-...- v V v...-...-

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4 ARMY

DECEASED MEMBER'S NAME: Louis Parsons (CHRISTIAN NAMES) COX (SURNAME)

REGISTER NO. D-10221
FILE NO. 405-C-25785
DATE 25-6-45
SERVICE NO. C-50032
FINAL RANK OR RATING Bdr.
DATE OF DISCHARGE 7-3-45

PAYEE ADDRESS: Mrs. Muriel I. COX, 269 Burnham Street, Peterborough, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 7-3-45

A. TOTAL QUALIFYING SERVICE — 1710 — NO. OF DAYS 1737 / 30 EQUAL TO 57 COMPLETE PERIODS AT $7.50 — $ 427.50

B. QUALIFYING OVERSEAS SERVICE — No. of Days 1249 LESS 27 INELIGIBLE DAYS, EQUAL TO 1222 DAYS @ 25c. PER DAY — 305.50
SEE PAR. 2 OVERLEAF FOR EXPLANATION

733.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE
PAY $ 1.70
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25
ADDITIONAL PAY $
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12 $ 1.70
TOTAL $ 4.65 X7 = $ 32.55
NO. OF DAYS 1249 / 183 X $ 32.55 — 222.16

RECEIVED
JUN 29 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

D. WAR SERVICE GRATUITY — 955.16

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

F. TOTAL AMOUNT PAYABLE — 955.16

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ OF $ = $
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
KIH	

TREASURY

CHECKED BY	DATE
H Rawley	21-7-45

Kuskie — SERVICE REPRESENTATIVE
TLS

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME LOUIS PARSONS COX (Christian Names) (Surname) — Register No. D-10221

PAYEE'S NAME MRS. MURIEL I. COX (Christian Names) (Surname) — File No. 405-C-25785

Date 22-6-45

ADDRESS 269 BURNHAM STREET — Service No. C-50032

PETERBOROUGH — ONT. — Final Rank Bdr.

DATE OF TERMINATION OF OVERSEAS SERVICE 7-3-45 — Date of Discharge 7-3-45

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days $\frac{1737}{30}$ = 57 (27) Periods @ $7.50	427	50
B. QUALIFYING OVERSEAS SERVICE No. of days 1249 less 27 Ineligible days, equal 1222 Days @ 25c per day	305	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.70 Subsistence Allowance $ 1.25 Additional Pay $ ✓ Dependents' Allowance 1/30 $ 51.12 $ 1.70 TOTAL $ 4.65 × 7 = $ 32.55 No. of Days $\frac{1249}{183}$ × $ 32.55	222	16
D. WAR SERVICE GRATUITY Computed By Gates	955	16
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By JBC.		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 955 16 each)	955	16

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

$..... × 30 = $.....

REMARKS

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

CASUALTIES ONLY
For purposes of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D.10221

File No.

WAR SERVICE GRANTS ACT 1944

Ottawa April 18 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. C.50032

Name L.P. Cox,
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K.W. Rice
(K.W. Rice) Lieutenant,
for(A.R. Mortimore) Brigadier,
Paymaster-General

	Name	Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.	Mrs. Muriel J. Cox	$ 51.12
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment		
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	nil	
Interim allow. (art 113).		

10. 5. 1945

S Lees
For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/ or A.P. recovered from W.S.G. $

194

for C.T.O.

D 10221

269 Burnham Street,
Peterborough, Ontario,
April 4th., 1945

RECEIVED
APR 6 1945
OFFICE OF THE PAYMASTER GENERAL

The Paymaster-General,
Department of National Defence,
Ottawa, Ontario.

Dear Sir;

My husband, C-50032 Bdr. Cox, L.P., enlisted 28 June 40 and went overseas on 19 Oct 41. On 7 Mar 45 he died from wounds received in action on the same day.

We were married on 15 June 37, and I have been in receipt of Dependents' Allowance and his Assigned Pay. My son is now over five years of age.

It would be greatly appreciated if you would send my late Husband's War Service Gratuity to me, at the above address.

Sincerely yours,

(Mrs. Muriel I. Cox)

Mrs. Muriel I. Cox

RECEIVED
APR 6 1945
PAYMASTER GENERAL
W.S.G. Branch

Every item of information should be carefully supplied. (See reverse side for instructions)

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

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of IN THE FIELD (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 COX (Family name) Louis Parsons (Given name or names in usual order)

RESIDENCE No. 535 Street Downie City, Town, Village or Township Peterborough 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 February (Month) 23rd (Day) 1915 (Year)

10. AGE in

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

OCCUPATION

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

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 COX Frank Henry

17. BIRTHPLACE (Province or Country)

MOTHER

18. MAIDEN NAME

19. BIRTHPLACE (Province or Country)

20. Person giving information sign here

Address Director of Records, L.S. Dept. of National Defence

Relationship to deceased

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) 7th (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

I. **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Died of wounds received in action

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
(b) .....
due to
(c) .....

II. **Other morbid conditions** (if important) contributing to death but **not causally related to immediate cause.**

PHYSICIAN: Underline the cause to which death should be charged statistically

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

MAY 28 1945

30

H.Q. 405-C-25,785 D.R. 2(D)

24th May, 1945

Mrs. Muriel I. Cox,
269 Burnham St.,
Peterborough, Ontario

Dear Madam:

Information has now been received from the overseas military authorities that your husband, C50032 Bombardier Louis Parsons Cox, was buried with religious rites in a temporary grave located at Bedburg, Germany.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

J. B. Radine

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

/JLH

29

405-C-25785
A553

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.

MBR
REGIMENT OR CORPS: 3 Cdn A/Tk Regt — Squadron, Troop Battery or Company:

Officer's Personal No (if known): C 50032 — Rank: Bdr
Soldier's Army No:

Surname: COX — Christian Names: L.P.

Died — Date: 7 Mar 45 — Place: Germany

Cause of Death[x]: D of Wounds

Nature and Date of Report: TPM 11 FA 7 Mar 45

By whom made: 11 Field Ambulance

[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 Cdn Temp Cem E934525 R"19" Garve 16 — Date: 9 Mar 45

By whom reported: H/Capt S McRichie

State whether he leaves a Will or not
(a) in Army Book 64: No.
(b) as a separate document: Not Rec'd

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, 22 Mar 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric Roberts, Capt. for Officer i/c

Cdn Sec 2nd Ech HQ 21 A Gp.

28

3rd April, 1945.

Mrs. Muriel I. Cox,
269 Burnham Street,
Peterborough, Ontario.

Dear Mrs. Cox:

It was with deep regret that I learned of the death of your husband, C50032 Bombardier Louis Parsons Cox, who gave his life in the Service of his Country in the Western European Theatre of War on the 7th day of March, 1945.

From official information we have received, your husband died as the result of wounds received 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.

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

APR 3 1945

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

Mem x - wife - mother
9-4-45

20

VIK

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER C.50032 RANK Bombardier SERVICE UNIT 3rd Anti Tank Regiment (C.A.). (

NAME COX, Louis Parsons

RCA

DATE OF BIRTH
DAY 23rd MONTH February YEAR 1915 Enlisted: 5-6-40

MARITAL STATUS Married RELIGION--Salvation Army

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME ADDRESS D.A.B. Mrs. Muriel I. Cox,

ADDRESS 269 Burnham St., Peterborough, Ontario.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 6970A H.Q.405-C-25,785

CASUALTY DETAILS DATE

Died of wounds 7-3-45

WESTERN EUROPEAN THEATRE OF WAR.

O/S with 3rd Anti Tk. Regt.
S/L 856 RCA

19

BTC

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 29-3-45

M. McCollie Lieut

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

HQ. 405-C-25,785
D.R. 2 B

24 March, 1945

Mrs. Muriel I. Cox,
269 Burnham St.,
Peterborough, Ontario.

Dear Mrs. Cox:

Further to this Headquarters' telegram of the 12th March, 1945 informing you of the regretted death of your husband, C.50032 Bombardier Louis Parsons Cox, in keeping with the policy of the Canadian Army of informing the next-of-kin of all details of battle casualties, the following paragraph informs you of the wounds sustained by Bombardier Cox.

According to information obtained by this Headquarters from Canadian Army Medical Authorities, your late husband died as a result of a shell fragment wound to the right groin and forward artery.

Please accept my sincere and heartfelt sympathy for the irreparable loss you have suffered.

Yours sincerely,

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

ND/MDN

17

[illegible] M. 1

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

50032.
/Bde COXL

LONDON : THE
Leysian Chambers, 112-114 City Ro

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book on discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

50032.
/Bdr COX L.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
12 Feb 44	✓		1F PR	H H Gray Capt
8 Mar 44	✓		2F	H H Gray Capt

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. C 50 032

Surname (in capitals) COX

Christian Names (in full) LOUIS PARSONS

Date of Birth 23 Feb 1915

Place of Birth Swetsburg, Quebec

Trade on Enlistment Truck Driver

Nationality of Father at birth

Nationality of Mother at birth

Religion Salvation Army

Enlisted at Peterborough, Ont

Date 15 June 40

Particulars of former service (if any) i.e. Regtl. No., Corps and period.

Signature of Soldier L. P. Cox

Signature of Officer G. D. Woody (Lieut)

Place In the Field Date 17 Mar 43

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife	Muriel I. Cox	25/11/40	269 Burnham St, Peterborough Ont
	Children	Neil Louis Cox	25/11/40	" " " "
2nd	Father	Frank H. Cox	25/11/40	227 Princess St, Peterborough Ont.
	Mother	Bessie B. Cox	25/11/40	" " " "
3rd	*Brothers and Sisters			
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a Will (see pages 20 to 23)

…0032.
/Bdr COX…

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
14/6/40	Gunner		DO#4 14/6/40	G.D. Wood Lieut
1/3/42	A/L/Bdr	With Pay	27.5.42 DO35	G.D. Wood Lieut
1/6/42	L/Bdr	" "	18.6.42 DO39	
19-4-43	Bdr.	Acting	"21/43	C.D. [illegible] Capt
19-7-43	Bdr.	Sub	DO#34	[illegible] Capt

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:*—*

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....

Qualified in addition as under :—

....

....

....

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Date ....

* If no further training required, strike out words in italics and initial.

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/Bde COXL.1

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Driver i/c Class III	5.11.41	G D Wood Lt.

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1940	SAT Rifle B Table 1 PT6 Open Range Classification Practices 1-4 Failure	Copied	G D Wood Lieut
1940	LMG Course A Table 2 Pt 3 Open Range Classification Practices 1-7 Second Class	Copy	G D Wood Lieut
1943	SAT RIFLE 1st CLASS		R. Coppinger

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer
Dr. Mech	'C'		Trade Tested	25 Oct. 41	G D Wood Lt.

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184 Cox

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
15.6.40	'A'	Medical Board	G D Wood Lt
18.2.41		Re Examined	

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1/Bde COX...

Typhus 1 c.c. 31-1-45
T.A.B.T. ½ cc 31-1-45 J. Strudell Capt.

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB	22/7/40	G.D. Wood Lieut
3	29/7/40	
	6/8/40	
T.E.T. Texoid	23/7/40	
1st year TABT ½ cc	27/12/41	
TABT ½ cc Annual	12/12/42	
TABT ½ cc.	19-11-43	JMM.
Typhus 1 cc.c.	11-1-44	Amm
" ½ cc.	17-1-44	Amm
" 1 c.c.	24-1-44	Amm.
" 1 cc.	10-5-44	Gloraf Mean

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
18 July 40	G.D. Wood Lieut
31 Jan. 44	Amm.

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
Landing Leave	24/10/41	G.D. Wood Lt
to	28/10/41	
M Test (Rev) Complete		
Q Card Complete	8.3.42	G.D. Wood Lt
Priv. Leave	17-3-43	D. J. Shawcroft
P. L. F.T.W.	2-6-43	G. D. Jewell Capt
P. L. F.T.W.	3-12-9-43	B. Fuller Lieut
P. L. F.T.W.	15-11-43	J. Booth, Lt.
to	22-11-43	
P. L. F.T.W.	12-1-44	Robert Cameron

FINGERPRINTED—C.A.I.D.

Solely for use on Active Service. This Will page must **NOT** be used until you have been placed under orders for Active Service.

WILL

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature...

Rank, Regt'l Number...

Date..