D105613
BOWYER
GEORGE WILLIA

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

MEMORANDUM FOR **P. 64**

Mrs. Odessa Bowyer,

6225 Denormanville Ave.,

Montreal, P.Q.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO

and the following number quoted:—

H.Q. 405-B-2336 F.D.118

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 29, 19~~3~~40

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

BOWYER, George William, Pte.

No. D.105613, 2nd Div'l H.Q. Petrol Coy., R.C.A.S.C.

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

(L.M. Firth) Major,
Administrator of Estates.
~~Officer in charge of Records,~~
~~For Adjutant-General.~~

ESTATES BRANCH
AUG 3 1940
~~H.~~ Q
OTTAWA.
NATIONAL DEFENCE

M.F.W. 77
2,000—9-34
H.Q. 1772-39-972

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

Degrees of Relationship	RELATIVES required to be accounted for		APPLICANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Soldier		Dame Odessa Graham	31	6221 De Mumaville St
2	Children of the Soldier and dates of their Births		Joan Carol Bowyer June 8th, 1930	10	— do —
			Graham George Bowyer March 12, 1932	8	— do —
3	Father of the Soldier		William Thomas Bowyer		Died in 1923 (?)
4	Mother of the Soldier		Sarah Ann Turner		Died April 16/1935
5	Brothers of the Soldier	Full Blood	Sgt. Edward Bowyer	37	Gosport Hants, England
		Half Blood			
6	Sisters of the Soldier	Full Blood	Doris Bowyer	33	married in England
			Elsie Bowyer	31	married in England
		Half Blood			
	Names of brothers or sisters (whether of the full or the half blood) of the soldier, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
7	—		—		—

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

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased soldier?	George William Bowyer
11	Give the month and year of his birth.	Oct. 9th 1904
12	Where and when were his parents married?	Welshire, England, about 1900.
13	Was he ever married? If so, state exact place and date of marriage.	yes. Montreal, St James United Church, April 15th, 1929.
14	Did he leave a (later) Will? If so, it should be forwarded.	no.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	no.

PARTICULARS OF DOMICILE

16	Where was deceased born?	London England
17	In what province, country or state did he reside, and in which last?	In England and then Montreal, (Quebec, Canada)
18	How long in each?	In London for about 24 yrs. In Montreal for about 12 yrs
19	What was the nature of his employment?	painting contractor
20	Did he occupy his own house or homestead? If so, where?	no
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no
22	State your postal address in full.	6221 De Normanville, Montreal

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	no.
24	Are there any outstanding claims against the estate, if so, furnish full name and address of the Creditor or Creditors.	yes. International Paint Co Empire Wall Paper, B Montreal. And others. No detailed statement

N.B.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money loaned, goods purchased, etc., the undernoted information to be embodied in all claims submitted.

1. Name and address of Creditor.
2. Detailed statement of claim with date or dates incurred.
3. A certificate that the account is just and reasonable, that no payments have been made thereon and that the creditor holds no security therefor.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the late soldier ever had in the degrees inquired for; and that I am the

*widow of the deceased.

N.B. To be signed in full in the presence of a Minister or Magistrate.

Odessa Graham Bowyer — Signature of Applicant

CERTIFICATE

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

*See above Odessa Graham Bowyer {Name of Applicant} is the *widow of the Soldier above described, and I believe the above Declaration and the Statement of Relatives made by the Applicant and signed in my presence to be complete and correct.

Dated at Montreal this 1st day of August 1940

Signature of Minister or Magistrate } Jean B. Hood N.P. Qualification Notary Public

Address 610 St James W. Montreal

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

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

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

Unit 2nd. Divisional Headquarters Section R.C.A.S.C. Regimental Number D 105613

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname: Bowyer
2. Christian Names: George William
3. Present address: 6225 Denormanville Ave. Montreal. Quebec
4. Date of birth: October 9th. 1904
5. Place of birth: England (Country) London (County or Province) London (Town or Township)
6. Religion (state denomination): Church of England
7. Trade or Calling: Painter
8. Married, Widower or Single: Married
9. Name of next of kin: ~~Mrs Odessa~~ Mrs Odessa Bowyer (nee Graham)
10. Relationship: Wife
11. Address of next of kin: 6225 Denormanville Avenue Montreal Quebec
12. Have you served in any Naval, Military or Air Force? Yes
13. If previous war service, state arm, force and regimental particulars: No
14. Do you now belong to or have you served in the Active Militia of Canada? No

2nd. Btn. Gren. Guards (Imperial Regt.) Aug. 1920 to Nov. 1924.
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, George William Bowyer 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 April 13th. 1940 G. W. Bowyer (Signature of recruit)

J. H. Walton

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, George William Bowyer do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

G. W. Bowyer (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 Montreal this 13th day of April 19 40

R J Dufresne Major, O.C. (Signature of Magistrate, Justice or Attesting Officer.)

2nd. Divl. Petrol Company R.C.A.S.C. Canadian Active Service Force (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

Record of Service of ~~Geo~~ Bowyer (Surname) George William (Christian Names) Regimental Number D-105613

QUALIFICATIONS

Military: 2nd Class Shoemaker (Imperial)

Business or Professional: nil

Trade or Civil: Painter Contractor

Technical: nil

Languages: English French

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 2 (years completed)

Graduation or Matriculation: grad. Grammar (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
13.4.40	D.O. 95	Joined on appointment T.O.S. 2nd Div. Hdqtrs R.C.A.S.C.	Pte	13.4.40	2nd Div Hq RCASC	Montreal	D.O. 95	13.4.40
12.5.40	" 117	Admitted to R.V. Hosp	"	10.5.40	"	"	" 117	12.5.40
22.5.40	" 126	Discharged from " " "	"	20.5.40	"	"	" 126	22.5.40
22.5.40	" 126	Trans to Dist Depot	"	22.5.40	"	"	" 126	22.5.40
25 May 40		T.O.S NO. 4 DISTRICT DEPOT, C.A.S.F.	Pte.	25 May 40	4DD	Mtl.	4DD Pt II D.O. 134	25 May 40
8 July 40	4DD	Diet at R.V. Hosp. 1900 hrs	"	8 July 40	"	"	" " 172	8 July 40

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

Are you receiving or have you

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....Bowyer George William..... Date...10-4-40.....

Part 1. Information obtained from the recruit.

1. Age.....35.....

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

G. W. Bowyer
(Signature of Recruit)

Examiner's remarks re above.....Ears normal.
Color vision(ishihara)(CN)A.Delahaye,Capt.

URINE
X RAY

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

1. Identification marks or scars. (If operative obtain history.)
Tattoes both fore-arms.7 vaccs.left arm.

2. Height....5.....feet....4¼.....inches.

3. Weight..118.....pounds.

4. Complexion....Dark.....Eyes....brown.....
Hair....D.brown....

5. Development.....Fair.....Good / Fair / Poor

6. Chest measurement—Girth on full expansion....34.....inches.
Range of expansion.....2⅛.....inches.

7. Vision, right....20-25.....left.20-25.....

8. Hearing, right.WV 20.....left.WV 20.....

9. Condition of mouth and teeth.....few teeth missing-mastication fair.

10. The abnormalities (congenital and pathological) found on examination are as follows.....
slight left varicocele-systolic at left apex after exercise.

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.....

J. F. Warren Lt Col — President
Delahaye Capt — Member
Lucien Ostrin Capt — Member

in the past received, disability pension or compensation. If so give details. . . . . no. . . . . .

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
16.4.40 23.4.40 3-5-40	T A B 3 G S Mayo		
16.4.40	TET ICC TOX ICC G S Mayo		
24.4.40	Vac G S Mayo		

Regtl. No..... Rank..... Surname..... Christian Name.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
30M—3-40 (4318)
H.Q. 1772-39-1677

DEAD

CANADIAN ACTIVE SERVICE FORCE

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. D 105613 | Rank Private

Surname BOWYER

Christian name George William

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps No. 4 District Depot.

Date of discharge July 8, 1940.

Place of discharge Montreal, P.Q. Mil. Dist. No. 4

1. DESCRIPTION AT DATE OF DISCHARGE

Age 35 years months

Height 5 feet 4¼ inches

Complexion Dark

Eyes Brown

Hair Dark Brown

Trade Painter

Descriptive marks

Tattoos both fore-arms.
Seven vaccinations left arm.

Intended place of residence (To be given as fully as practicable; *i.e.*, mailing address) ..... Street and Number ..... P.O., City or Town, etc.

Province

2. The above-named man is discharged in consequence of "DECEASED".

Authority for discharge

N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

3. Conduct while in the service has been, according to the records, etc.

N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (*Vide* 384, K.R. Can.)

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place)..... .....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....*(Signature of Soldier)*

(Date).....*(Signature of Witness)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—C.A.S.F.) April 13, 1940.

(Date of discharge—C.A.S.F.) July 8, 1940.

(Total Service—C.A.S.F.).....years.....days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place)..... *(Signature)*.....

(Date)..... *Commanding*.....

No D.105613 Rank Private Name BOWYER, George W.

Unit R.C.A.S.C. Date of Death 8th July, 1940.

Died at Royal Victoria Hospital, Montreal, P.Q.

Cause Peritonitis; perforated duodenal ulcer.

Death occurred on strength of CASF. HQ 405-B-2336 d 19-7-40.

N/K Mrs. Odessa Bowyer Relationship Widow

Address 6225 Denormanville Ave., Montreal, P.Q.

Remains buried in Lakeview Cemetery

Pointe Claire, P.Q.

Grave Location Grave 7, Section G, Row 2.

CHK

Ledger Sheet Received

CONTRACTOR'S ROLL FOR THIS SOLDIER

GRAVE DESPATCHED AUG 14 1942

5M-1-46 (8548)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: George William (CHRISTIAN NAMES) BOWYER (SURNAME)

REGISTER NO. D-23198
FILE NO. 405-B-2336
DATE 13-6-46
SERVICE NO. D-105613
FINAL RANK OR RATING Pte
DATE OF DISCHARGE 8-7-40

PAYEE: Mrs. Odessa BOWYER,
ADDRESS: 24 Wilfred Ave.,
L'Abord a Plouffe, Que.

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 87/30 EQUAL TO 2 COMPLETE PERIODS AT $7.50 — $ 15.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY

15.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY $
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $
ADDITIONAL PAY $
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ _____ $ _____
TOTAL $ X7 = $
NO. OF DAYS _____/183 X$

D. WAR SERVICE GRATUITY 15.00

E. DEDUCTIONS

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

F. TOTAL AMOUNT PAYABLE 15.00

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
GJC	[illegible]

TREASURY	
CHECKED BY	DATE
V Bermingham	15/6/46

G J Fontaine Capt
SERVICE REPRESENTATIVE

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

Certified Copies of Convictions by Civil Power.

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

Form of Will (M.F.M. 10 or 10A).

Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).

Attestation (Duplicate and Triplicate M.F.M. 2).

Particulars of Family (M.F.M. 5).

Proceedings on Discharge.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

.....

Officer Commanding

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

(Date).....

.....
(Signature of Soldier)

To be made out in duplicate

M.F.M. 5
90M—3-40 (4225-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

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(1) Name of Officer or Other Rank BOWYER, GEORGE WILLIAM
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D.105613

(3) Unit 2nd Divl. Hdqtrs.

(4) Are you married? Married

(5) If married, state,

(*a*) Full name of your wife Odessa Bowyer

(*b*) Present postal address of wife 6225 Denormanville Ave., Montreal, Que.

(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? 2- 1 Boy- 1 Girl

If so, give number of boys and girls June 10 - Graham 8

Also their names and ages

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

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

Name Odessa Bowyer

Postal Address 6225 Denormanville Ave., Montreal, Que.

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 12 months immediately prior to enlistment? No

If so, state her full name and Postal Address No

(11) Is your father alive? No

If so, state name and address, occupation No

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) No

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

(14) Is your mother alive? No

If so, state name and address No

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) No

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

(17) Are you contributing to the support of any dependents, other than those shown above?
If so, state the following particulars:—

Relationship

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment?

(19) Are you insured? Yes

If so, in what Company? Prudential Life and London Life
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.
I hereby certify that the information given by me on this form is correct in each and every particular.

(sgd) G. W. Bowyer
(Signature of officer or man)

Date April 13/40

R. J. Dufresne, Major, O.C.

Date April 13/40 Officer Commanding 2nd Divl. Petrol Coy.RCASC
Canadian Active Service Force.

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

The Administrator of Estates

Regimental No. D. 105613 Rank Private

BOWYER GEORGE WILLIAM
Surname Christian Names

Unit 2nd Div'l HeadquartersP Petrol Coy., R.C.A.S.C.

Date of Death July 8, 1940. Place of Death Montreal, Que.

Next-of-kin Mrs. Odessa Bowyer Relationship Wife
as shown in M.F.M. 2

Address 6225 Denormanville Ave.,

Montreal, Quebec.

M.F.M. 5 Copy herewith

Will No record of M.F.M. 10(Will) in Record Office to date.

Date July 24, 1940.

ESTATES BRANCH JUL 29 NAT. DEFENCE

(W.E.L. Coleman)
Major,
Officer i/c Records,
for Adjutant-General.

H.Q. 405-B-2336 F.D.118

ESTATES BRANCH

July 29, 1940.

Mrs. Odessa Bowyer,
6225 Denormanville Ave.,
Montreal, P.Q.

BOWYER, George W., Pte. (Deceased)
No. D.105613, 2nd Div'l. H.Q. Petrol Coy., R.C.A.S.C.

Dear Mrs. Bowyer:

The regretted death of your husband, above named, has been reported to this Branch which is responsible for the administration and distribution of his service estate.

In order that Headquarters records concerning him may be complete, and so that proper distribution may be enabled to be made of his estate, including any balance of pay outstanding, it is necessary to ask you to complete and return to this Branch the enclosed Form P.64. Kindly oblige, therefore, as soon as possible.

When all documents and reports concerning the service estate are received here (a reasonable time must be allowed for this purpose) a further communication will be sent you.

Yours faithfully,

(L.M. Firth) Major,
Administrator of Estates.

LMF/BW
Encl.

P.S. May it be drawn to your attention that one of the deceased's documents signed by him on attestation show life insurance in Prudential Life Assurance Co. and London Life Insurance Co.

M. F. D. 930 A
250M—12-39 (3458-9)
H.Q. 1772-39-1548

CANADIAN ACTIVE SERVICE FORCE

LAST PAY CERTIFICATE

Regtl. No. D-105613 Rank and Name Pte. Bowyer. G.W.

of ..... Company, etc., No.4 DISTRICT DEPOT CASF. Regiment, etc., on .....

(Transfer or Discharge) Deceased to ..... on July 8th. 19 40

Reason for discharge Deceased Authority: DO-172-2

ON TRANSFER OF OFFICER

Outfit allowance of $ ..... has been paid by the District Treasury Officer, Military District No. .....

REMARKS:

State (1) Date of appointment or enlistment 13th. April 1940

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes

(3) Has assignment of pay been made? Yes If so, amount $20.00 effective date May 1940

The following is a statement of the account of the above named from 1st. July to 31st. July 1940, the inclusive date of transfer or discharge.

Dr. Particulars	Amount	Cr. Particulars	Amount
Balance Dr. from last account		Balance Cr. from last account	10.00
First Monthly Payment		Regimental Pay 31 days at $1.30	40.30
Casual Payments		Technical Pay ..... days at $	
Payment on Transfer or Discharge		Additional Pay (Give particulars) ..... days at $	
*Assigned Pay	20.00	Allowances (Give particulars) ..... days at $	
Regimental Charges			
Public Stoppages (Give particulars):			
To Balance Cr. (To be paid by new unit)	30.30	By Balance Dr. (To be deducted by new unit)	
Total	50.30	Total	50.30

I certify that the above is a true and correct statement of the account of the above named on transfer or discharge.

MONTREAL. QUE.
(Place)

17th. July 1940
(Date)

W. Dean O'Connor MAJOR
Paymaster

(W. DEAN O'CONNOR) Major
PAYMASTER
#4 DISTRICT DEPOT C.A.S.F.

*Assigned Pay to be charged in paylist of the individual's outgoing unit on transfer.

M. F. D. 930 A
250M—12-39 (3458-9)
H.Q. 1772-39-1548

CANADIAN ACTIVE SERVICE FORCE

LAST PAY CERTIFICATE

Regtl. No. D-105613 Rank and Name Pte. Bowyer. G.W.

of ..... Company, etc., No.4 DISTRICT DEPOT CASF. Regiment, etc., on .....

(Transfer or Discharge) Deceased to ..... on July 8th. 1940

Reason for discharge Deceased Authority: DO-172-2

ON TRANSFER OF OFFICER

Outfit allowance of $ ..... has been paid by the District Treasury Officer, Military District No. .....

REMARKS:

State (1) Date of appointment or enlistment 13th. April 1940

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes

(3) Has assignment of pay been made? Yes If so, amount $20.00 effective date May 1940

The following is a statement of the account of the above named from 1st. July to 31st. July 1940, the inclusive date of transfer or discharge.

DR. Particulars	Amount	CR. Particulars	Amount
Balance Dr. from last account		Balance Cr. from last account	10.00
First Monthly Payment		Regimental Pay 31 days at $1.30	40.30
Casual Payments		Technical Pay ..... days at $	
Payment on Transfer or Discharge		Additional Pay (Give particulars) ..... days at $	
*Assigned Pay	20.00	Allowances (Give particulars) ..... days at $	
Regimental Charges			
Public Stoppages (Give particulars):			
To Balance Cr. (To be paid by new unit)	30.30	By Balance Dr. (To be deducted by new unit)	
Total	50.30	Total	50.30

I certify that the above is a true and correct statement of the account of the above named on transfer or discharge.

MONTREAL. QUE.
(Place)

17th. July 1940
(Date)

W. Dean O'Connor MAJOR
Paymaster

(W. DEAN O'CONNOR) Major
PAYMASTER
#4 DISTRICT DEPOT C.A.S.F.

*Assigned Pay to be charged in paylist of the individual's outgoing unit on transfer.

NO 4cDISTRICT DEPOT CASF.
PLACE VIGER BARRACKS,MONTREAL.

17 Jul 40

RE D-105613 BOWYER G.W. DECEASED.

Herewith list of Public clothing in the hands of Capt D.K.Black,Adjutant NO 4 District Depot CASF,Place Viger Barracks,Montreal;-

BOOTS,ANKLE	Prs	2
GREATCOAT Drab		1
MUG		1
BLANKETS		3
PALLAISSE		1
BRACES Prs.		1
ANKLETS Web Prs		1
Knife,table		1
Fork		1
Spoon		1
House Wives		1
Brushes,Button		1
Polish shoe		1
Brasses,Button		1
Plate		1
Sweater,Jacket.		1
Brushes Tooth		1
Shaving		1
Boot Blacking		1
" Polishing		1
Cloth		1
Socks.Pr		1
Holdall		1
DRAWERS,woolen Prs		2
Towels,hand		1
SHIRTS Flannel Khaki		1
BAGS Kitn		1
RAZOR		I
COMB.Hair.		1

Stores

FOR INSTRUCTIONS SEE OTHER SIDE

FORM OF WILL

M.F.M. 10
30M—1-40 (3574)
H.Q. 1772-39-1656

(1) I, George William Bowyer (Name in Full), of the City of Montreal, in the County ~~District~~ of Jacques Cartier, Province of Quebec, Painter (Civil Occupation), Regimental No. D 105613, Unit 2nd Div Hdqrs Sec., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Names and address of beneficiaries

(2) I GIVE, DEVISE AND BEQUEATH unto

Names and address of residuary beneficiaries

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

(4) I NOMINATE, CONSTITUTE AND APPOINT ..... (Name)

..... (Address), to be the Executor/Executrix of this my LAST WILL.

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.

IN WITNESS WHEREOF I have hereunto set my hand this ..... day of ....., A.D. 19.....

First witness sign here (5) .....
(Address)
(Witnesses are not to be beneficiaries)

Second witness sign here. .....
(Address)

.....
(Signature of Soldier)

(OVER)

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) (Example) I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment, do hereby etc.

(2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Jones, all my estate for her own use absolutely", in which event, strike out clause (3). If more than one beneficiary, set out what each is to have, such as

"my wife, Mary Jones $.....00, and my household goods and effects",
"my brother, Thomas Jones, $.....00",
"my sister, Margaret Jones, $.....00",
"my friend, John Smith, $.....00",

and any personal gift, if desired.

(3) If balance of estate is to one person, name that person such as "my wife, Mary Jones, for her own use absolutely", or "unto my mother and father, equally", or as desired.

(4) Fill in name of Executor or Executrix, "John Doe, 24 Smith Street, Blankville, Ontario", or, if Executrix "Jane Doe", and address. A beneficiary or legatee under the Will may be appointed Executor or Executrix.
It is not necessary to appoint Executor or Executrix if your estate consists *only* of pay, allowances, kit and personal belongings.

(5) Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full address. Be sure to have soldier date the Will and sign his regular signature.

(6) Do not appoint a soldier as your Executor.

FORM No. 1

Regis[illegible] No. CD-16241 Nominal Roll No. 0582

H.Q. File No. 405-B-2336

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-105613	Pte	BOWYER	GEORGE WILLIAM

REASON FOR TERMINATION OF SERVICE:

1st Enlistment Deceased CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 13 April 40	T.O.S.	T.O.S.
S.O.S. 8 July 40 MD 4	S.O.S. MD	S.O.S. MD
Total Days 87	Total Days	Total Days

Total Service 87 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	87	nil	87
Overseas Service			
Totals	87		87
Add Non-qualifying Service			
Total Service			87

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 2. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE 8 July 40

Computer's Signature B. Edmunson

Checker's Signature [illegible]

Date Computed 8 Feb 46

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

D. L. Laurin

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