

D10579
HUNGATE
FREDERICK

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Received 4/3/40 Checked mc Card Observations

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
F.B. 271
M-11-36 (9359)
Q. 1772-45-18

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

Unit 2nd Survey Regiment, R.C.A. Regimental Number 10579

ACTIVE SERVICE
CANADIAN FORCE
ATTESTATION PAPER

O.H.F. complete
05
BUR

- Surname HUNGATE
- Christian Names FREDERICK WILLIAM
- Present address 117 17th. Ave., Iachine. Que.
- Date of birth 12th. Sept. 1917
- Place of birth Canada Quebec Iachine.
(Country) (County or Province) (Town or Township)
- Religion (state denomination) Protestant Church of England
- Trade or Calling Club Steward
- Married, Widower or Single Single wanted
- Name of next of kin Mrs. Frances Hungate
- Relationship Mother *See change*
- Address of next of kin 117-17th. Ave. Iachine. Que. *SEE CHANGE*
- Have you served in any Naval, Military or Air Force? No.
- If previous war service, state arm, force and regimental particulars
None
- 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, Frederick Wm Hungate 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 Sept. 19th. 1939

Frederick Wm Hungate
(Signature of recruit)

WITNESS: [Signature]
R.C.A.

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Frederick Wm Hungate do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Frederick Wm Hungate (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 18 day of Sept 1939

[Signature] (Signature of Magistrate, Justice or Attesting Officer)
Capt 2nd Surrey Regt R.C.A. 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

M.F.M. 2
RECEIVED

FINGERPRINTED

Record of Service of **HUNGATE**
(Surname)

FREDERICK WILLIAM
(Christian Names)

Regimental Number **10579**

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military.....
 Business or Professional **Royal Montreal Golf Club**
Steward
 Trade or Civil.....
 Technical.....
 Languages **English**

High School }
 or } **2 Years**
 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		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
18 1.40	2205-	Joined on appointment T.O.S.	Gunman	18.9.39	1st Supply Coy	Montreal	Part II No. 27	18.9.39
-	-	Embarked on E 21 10th Can. Army Overseas	Gm	27.1.40	Supply Coy	Halifax	27	27.1.40
-	-	Disembarked from E 21	"	28 Jan 40 9.2.40	Supply Coy	Halifax	27	27 Jan 40
-	-	On leave to 0700 hrs 19-2-40	"	0700 hrs. 14.2.40	"	Gourock	40	9.2.40
	-	On command to Parkhill	"	0700 L. 1.3.40	"	St. Lucia	DD 45	14.2.40
-	-	off " "	"	1200 L. 31.3.40	"	Parkhill	61	1.3.40
-	-	On leave to 0600 hrs 20.5.40	"	0600 L. 13.5.40	"	St. Lucia	88	31.3.40
		Granted 2nd Privilege leave	"	1.7.40	1st Supply Coy	Field	D.O. 1	29 Nov 40
		admitted U.C.C.L.	"	2 Dec 40	"	"	D.O. 3	13 Dec 40
		Discharged from U.C.C.L.	"	20 Dec 40	"	"	D.O. 5	27 Dec 40
		appointed Lance Bombardier without pay	A/L Bdr	27 Dec 40	"	"	D.O. 2	10 Jan 41
		Adm. M.D.S. 84d Amlr	A/L Bar	8 May 41	1st Supply Coy	"	22	16 May 41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full HUNGATE, FREDERICK WILLIAM Date Sept 18, 1939.

Part 1. Information obtained from the recruit.

1. Age 22 2. Have you ever suffered from any of the following diseases?
- | | | | |
|-----------------------------------|-----------|-------------------------------------|-----------|
| a. Rheumatism..... | <u>No</u> | j. Nasal trouble..... | <u>No</u> |
| b. Tuberculosis..... | <u>No</u> | k. Ear disease..... | <u>No</u> |
| c. Bronchitis or asthma..... | <u>No</u> | l. Eye disease..... | <u>No</u> |
| d. Heart disease..... | <u>No</u> | m. Epilepsy..... | <u>No</u> |
| e. Kidney or bladder disease..... | <u>No</u> | n. Nervous or mental disease..... | <u>No</u> |
| f. Gastro-intestinal..... | <u>No</u> | o. Syphilis..... | <u>No</u> |
| g. Rupture..... | <u>No</u> | p. Gonorrhoea..... | <u>No</u> |
| h. Varicose veins..... | <u>No</u> | q. Have you ever worn glasses?..... | <u>No</u> |
| i. Flat or deformed feet..... | <u>No</u> | | |

Frederick Wm Hungate
(Signature of Recruit)

Examiner's remarks re above.....

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

1. Identification marks or scars. (If operative obtain history.)
Mole on right shoulder.
2. Height 5 feet 8-1/2 inches. 3. Weight 145 pounds.
4. Complexion Fair Eyes Hazel 5. Development Good Good
Fair
Poor
- Hair Fair
6. Chest measurement—Girth on full expansion 36-1/2 inches
Range of expansion 3-1/2 inches
7. Vision, right 20/20 left 20/20 8. Hearing, right 20 left 20
9. Condition of mouth and teeth Good
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 "A"

Special remarks when category lower than A.....

De Ross De Ross De Ross
President Member Member

VACCINATIONS, INNOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Are you receiving or have you in the past received, disability pension compensation? If so give details

Date	Brief details and signature	Date	Brief details and signature
<u>1-17-39</u>			
<u>8-11-39</u>	<u>TAB INNOCULATION</u>	<u>27/4/40</u>	<u>Tabt. V.C.C.</u>
<u>15-11-39</u>	<u>X-RAY CHEST</u>	<u>19 Oct 40</u>	<u>Re-vac</u>
<u>22/11/39</u>	<u>X-RAY CHEST NEGATIVE</u>		
<u>19-12-39</u>	<u>Vaccination</u>		
<u>19-12-39</u>	<u>Tetanus</u>		
<u>19-1-40</u>	<u>Dental Exam</u>		
<u>4-1-40</u>	<u>Re-examined normal urine, ears, reflex</u>		

of R. Head
major PLANE

Statement of the Service of No. D10579

Rank Gnr

Sheet No.

Name Huncock F.

M.F.M. 1 & 2A
40/P & S/119

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
		Discharged from 8 Fd Amb	Gnr	19 May 41	1 Svy Regt	UK	24	30 Jun 42
		Leave 8 days 4 T.W. (18r Priv)	A/L/Bdr	3 11 June 41	1 Svy Regt	UK	26	13 June 41
S.O.S.		SOS on being posted to 5 Med. Regt.	A/L/Bdr	11 Oct 41	1 Svy Regt	UK	49	17 Oct 41
	T.O.S.	T.O.S. from 1 Svy Regt	Gnr	12 Oct 41	5 Med Regt	UK	5	24 Oct 41
		Reverts to Rank Gunner	Gnr	11 Oct 41	1 Svy Regt	UK	49	17 Oct 41
		Leave 10 4 T.W. (P.S.)	Gnr	15 Dec 41	5 Med Regt	UK	3	16 Jan 42
		App'd to HQ Cdn Corps RCA	Gnr	19 Jan 42	5 Med Regt HQ Cdn	UK	5	31 Jan 42
		App'd HAR except Rtd from 5 Med Regt RCA	Gnr	19 Jan 42	C.B.O.S.	UK	5	31 Jan 42
		Ceases to be app'd from 5 Med Regt RCA	Gnr	27 Jan 42	C.B.O.S.	UK	6	6 Feb 42
		App'd HAR from 5 Med Regt RCA	Gnr	28 Jan 42	C.B.O.S.	UK	7	13 Feb 42
		SOS to C.B.O. Staff Cdn Corps	Gnr	19 Jan 42	5 Med Regt	UK	11	6 Mar 42
	T.O.S.	T.O.S. from 5 th Med Regt	Gnr	20 Jan 42	C.B.O.S.	UK	12	20 Mar 42
		To be a/L/Bdr. without pay.	a/L/Bdr	15 Feb 42	C.B.O.S.	UK	11	13 Mar 42
		Priv leave F.T.W. 7 days	a/L/Bdr	16/23 Mar 42	C.B.O.S.	UK	13	27 Mar 42
		Priv leave to 30 June 42	L/Bdr	23 Apr 42	C.B.O.S.	UK	30	18 July 42
		Reverts to Gnr at own request	a/L/Bdr	1 Oct 42	C.B.O.S.	UK	42	6 Oct 42
		SOS to 5 Med Regt. RCA	Gnr	2 Oct 42	C.B.O.S.	UK	42	6 Oct 42
	T.O.S.	T.O.S. from CBO Staff RCA. 1 Cdn Corps	Gnr	2 Oct 42	5 Med Regt	UK	46	17 Oct 42
		Priv Leave to 5 Oct 42 (M.A.)	L/Bdr	28 Sep 42	C.B.O.S.	UK	43	13 Oct 42
		App'd A/Bdr	A/Bdr	2 Oct 42	5 Med Regt	UK	46	17 Oct 42

190 24
30/5/42

Cancelled
7th Oct 42

Cand. By 207 15-15 APR 43

Statement of the Service of No.....

Rank.....

Sheet No.....

M.F.M.1 & 2A
40/P & S/119

Name.....

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
		Paid leave (M.A)	Bdr	16 Jun 43	5 Med R	UK	5	28 Jun 43
		CMHQ case 800 Ser 18. ATT. FAP SCIRU to 20 Feb	Bdr	31 Jan 43	5 Med R	UK	7	11 Feb 43
		Do Confirmed Bdr.	Bdr	2 Jan 43	5 Med R	UK	10	3 Mar 43
Change of address		Mrs. Frances Hungate (Mother) 378 Elm Ave Westmount, P.Q.						10 Mar 43
		Placed to SCIRU (FAP) and kept in Gar. base	Bdr	20 Feb 43	5 Med R	UK	13	24 Mar 43
		Granted pay to Harry Miss Hilda Pauline Bee	Bdr	22 Nov 43	5 Med R	UK	45	6 Oct 43
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP								
(U22) changed N/TL Change of address		MRS. FRANCIS HUNGATE (MOTHER) 378 ELM AVE, WESTMOUNT, QUEBEC, CANADA			5 Med R		51	20 Dec 43
		S.O.S. CA (UK) on embarkation		25 Oct 43				
		T.O.S. CA (UK)		26 Oct 43				
		Disembarked		8 Nov 43				
M.S.		SOS to O.X. 8 list	Bdr	8 Nov 43	5 Med R	CMF	3	14 Jan 44
	TO S.		Bdr	17 Feb 44	5 Med R	CMF	10	23 Feb 44
		SOS. C.A. (M) on embarkation	Bdr	4 Mar 44				
		T.O.S.C.A. (UK)	Bdr	5 Mar 44				
M.S.		Disembarked	Bdr	16 Mar 44	2 CASR	UK	66	20 Mar 44
M.S.		Att. to 2. Can Army Gp RCH Sup	Bdr	22 Mar 44	2 CASR	UK	71	29 Mar 44
		TO S from 2 CASR CARU.	Bdr	21 Apr 44	2 CASR	UK	19 99.	20 May 44
(1106)		CTBA HQ 2 Can Army Gp RCA	Bdr	2 Apr 44	2 CASR	UK	98	10 May 44

Regimental No. D10579 Rank

Sheet No.

Name Hungate J W

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—

Rank Shown Effective Date Unit Place Authority
DO Number Dated

Embarked at... UK ... on... 5 July 44
Disembarked at... France ... on... 7 July 44 ^{at 30} 9 Jul 44 ^{at 29} Jul 44

Bdr HQ 2 AGP 3rd AF Gp 28 15 July 44

M 30
(ALSO NOTIFY) MRS. PAULINE HUNGATE (WIFE) 64 ILKESTON RD NOTTINGHAM. NOTTS. ENG.

M 140
SOS Killed in Action
Handled with perm. to Miss Hilda Pauline Bee at Nottingham
Mrs. Sylvia Pauline Hungate "Wife"
c/o 9, Mount View Rd London N. 4.

14 Aug 44 AEF A 451 24 Aug 44
14 Aug 44 HQ 2A Gp RCAF 21 AF Gp 36
28 July 44 HQ 2 AGP 21 AF Gp 42 21 Sept 44
40 2 AGP N. G. I. 42 28 Sept 44
Supp.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
40/P & S/318

Unit 2nd Survey Regt R.C.A.

Regimental Number D 10579

<p>1. Surname..... <u>HUNGATE</u></p> <p>2. Christian Names..... <u>Frederick William</u></p> <p>3. *Substantive Rank and Appointment..... <u>R.P.R.</u></p> <p style="padding-left: 20px;">*Acting Temporary or Local Rank..... giving date.....</p> <p style="font-size: small;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth..... <u>Lachine, P.Q., Canada.</u></p> <p>5. Date of birth as declared on attestation..... <u>12 Sep 17</u></p> <p>(A).....</p> <p>6. Date of enlistment..... <u>18 Sep 39</u></p> <p>7. Place of enlistment..... <u>Montreal, P.Q., Canada.</u></p> <p>8. Residence at time of enlistment..... <u>Lachine, P.Q., Canada.</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion..... <u>C. of E.</u></p> <p>12. If married, state date.....</p> <p>13. Trade on enlistment..... <u>Club Steward</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps.....</p> <p><u>R.C.A.</u></p> <p><u>R.C.A.</u></p>	<p>Unit (Battn., etc).....</p> <p><u>5 Med Regt</u></p> <p><u>HQ 2 Cdn Army Group</u></p>
(18) Medical.....		
	Category	Date
	<u>A</u>	<u>18 Sep 39</u>
		Authority
		<u>MED BOARD</u>
(19) Next of kin (entries to be made in pencil).....		
<u>Mother</u>		
<u>Frances Hungate</u>		
<u>37 1/2 Elm Ave</u>		
<u>Westmont P.Q.</u>		
<u>Canada</u>		
<u>0051/43</u>		
<p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>		

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.

ON HIS MAJESTY'S SERVICE
 FASTEN Envelope by gumming Label across Flap.
 OPEN cutting Label inside Flap Envelope.

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
1 Mar 43	CO	5 Med	Confirmed Bdr.	Fld.	2 Jan 43	Bdr.	10 - 3 Mar 43.
			SOS UK ON EMBARKATION ON 25 Oct 43 POS 21 ON 26 Oct 43 AND DISEMBARKED ON 8 Nov 43				No 3/Jan 44
18 Jan 44	CR	5 Med	Awarded CVS Medal & 8 bars SOS to X-8	Fld.	10 Jan 44	Bdr	No 5/Jan 44
			X-8ish TOS from 5 Med Regt	"	17-2-44	Bdr	No 10/Jan 44
			" SOS X-8 Post CACNE/Adress & OK	"	18-2-44	Bdr	5-44
7 Mar 44			TOS from 2nd Army (M)	"	7 Mar 44	"	X8/44
29 Mar 44			ATT to 2nd Army Group R.C.A. 7 of	"	16 Mar 44	Bdr	6.6
10 May 44			Cause to be att'd to HQ 2 Cdn Army Gp. Jap.	"	27 Mar 44	Bdr	71
11 May 44			SOS to HQ 2 Cdn Army Gp. R.C.A.	"	27 Apr 44	Bdr	98
5 May 44	EA7/3856	2 CAG	TOS from 2 CARU	Field	22 Apr 44	Bdr	19 d/20 May 44.
		"	Embarked UK	"	5-7-44	"	28-15--7-44
		"	Disembarked FRANCE	"	9-7-44	"	30-29--7-44
15-8-44	CR	"	SOS deceased (killed in action)	"	14-8-44	"	36 - 1-9-44

CMHQ 40:1
 40/P & S/52 (4024)

14-8-44

AWARDS—CANADIAN ARMY (ACTIVE) **M** 1740

C.B.
500M-1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-H-17,941

HUNGATE Frederick William

D-10579

Bdr.

R.C.A.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. NO.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Italy Star

France & Germany Star

Defence Medal

War Medal

C.V.S.M. & Clasp

1156

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

Rollings (Re-married)
ENTITLED TO Mrs. Pauline H. ~~Hungate~~ (Widow)

MEMORIAL BAR

(1) DATE DESP.....

ADDRESS: 64 Ilkeston Rd., Nottingham, Notts, Eng.

REGN. NO. 696

(2) MEMORIAL CROSS

WIDOW Mrs. Hilda P. Hungate, (ENGLISH)

1740 64 Ilkeston Road, Nottingham,

ADDRESS: Notts, England.

DESP. DEC 8 1944
(2) REGN. No. 9520

(3) MEMORIAL CROSS

MOTHER Mrs. Frances Hungate, (ENGLISH)

1740

ADDRESS: 378 Elm Ave., Westmount, Que.

DESP. DEC 8 1944
(3) REGN. No. 9521

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF
THE CANADIAN [REDACTED] FORCE
ACTIVE SERVICE

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [REDACTED] C.A.S.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 HUNGATE FREDERICK William
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number 010.579

(3) Unit 2nd Survey Regt RCA

(4) Are you married? No.

(5) If married, state,
(a) Full name of your wife /

(b) Present postal address of wife /

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

(7) Are you a widower? /

(8) Have you any children? /

If so, give number of boys and girls /

Also their names and ages /

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

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

Name /

Postal Address /

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?.....

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

(11) Is your father alive? Yes.....

If so, state name and address William George Hungate.....

117 17th Ave Lachine, Que......

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

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

Also state reason he has no other means of support.....

(14) Is your mother alive? Yes.....

If so, state name and address 117 17th Ave Lachine Que......

(15) If your mother is a widow, are you her sole support? Partial Support......

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. \$30.00.....

Also state reason why she has no other means of support Father out of work.....

(17) Are you insured? No.....

If so, in what Company?.....

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

If not, and it is a monthly premium, you may assign the amount in addition to any other 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.

W. Hungate
(Signature of officer or man)

Date 18-9-39.....

Green, Cairns
Officer Commanding.....

Date 20-9-39.....

No D.10579 Rank Bombardier Name HUNGATE, Frederick William

Unit R.C.A. Date of death 14th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-H-17941

N/K Mrs. Hilda F. Hungate,
Mrs./Frances/Hungate, Relationship Widow
Mother

64 Likeston Road, Nottingham, Notts, England.
Address 378 Elm Avenue, Westmount, P.Q.

Remains buried in _____ Cemetery

MR 087675 Mondeville, France

Grave location _____

CHK ✓

OVER ✓

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. FEB 26 1945

ROYAL MESSAGE DESP'D.

SEP 21 1944

CAN. MESSAGE DESP'D.

5-9-44.

Photographs
Dispatched

AUG 30 1947

HI & CR Form Despd. NOV 9 1946

REBURIAL

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

Grave 6, row F, plot 10

Mrs. Frances Hungate,

378 Elm Avenue,

Westmount, Quebec.

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-H-17,941 FD 244

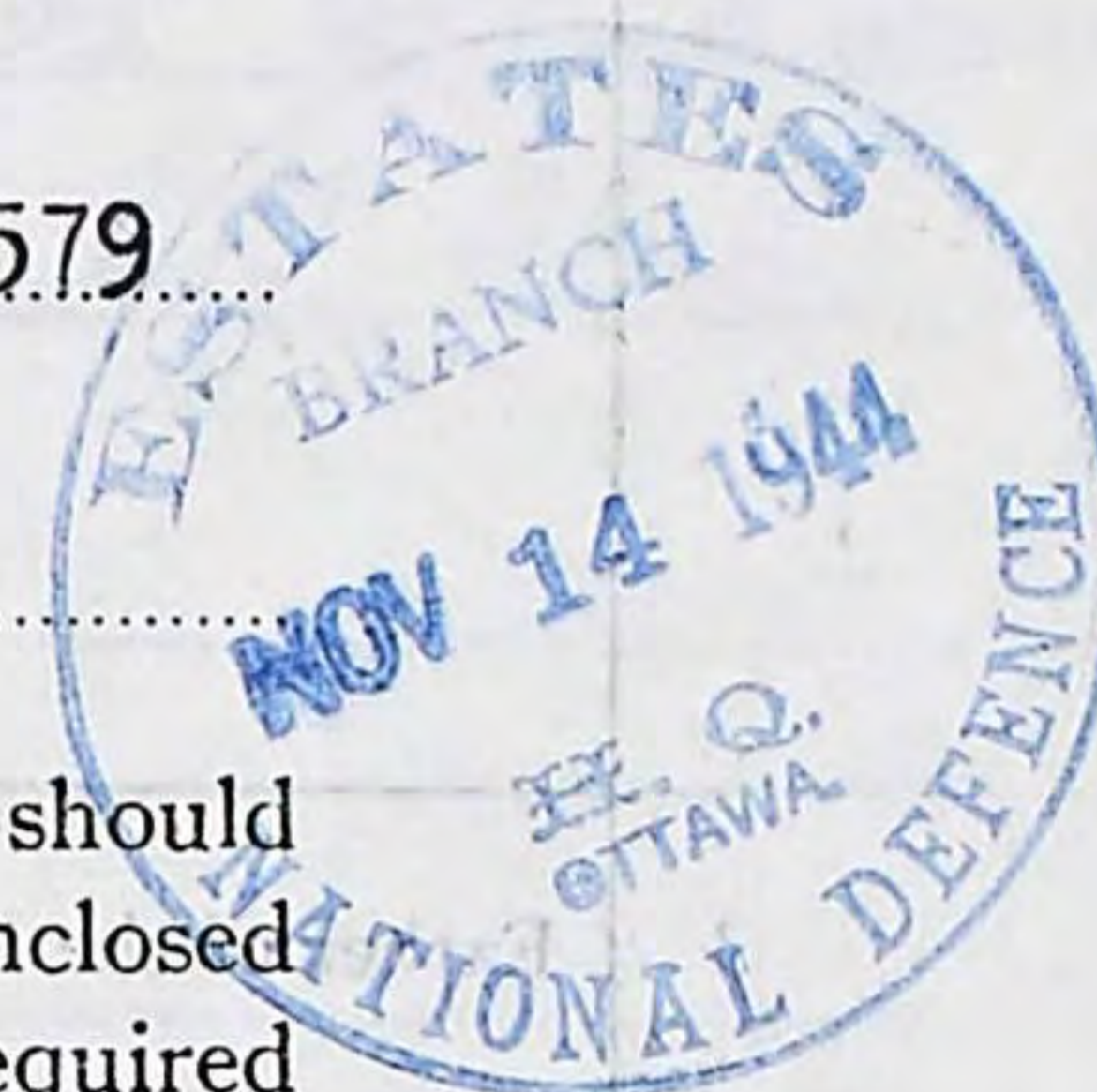
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

November 8 1944

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

HUNGATE, Frederick William Bdr. No. D-10579

Canadian Army



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

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

Director of Estates.

/HO

write to S.C.

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.....	Pauline Hengate nee Bee.	22.	64 Ilkerton Rd Nottingham Eng.	
2	Children of the Deceased and dates of their Births.....	none.			
3	Father of the Deceased.....	William J. Hengate	59.	378 Elm Ave. Westmount.	
4	Mother of the Deceased.....	Frances E. Hengate	52.	378 Elm Ave Westmount.	
5	Brothers of the Deceased	Full Blood	D. 23272. Henry F. Hengate R. 94381. John E. Hengate. Robert J. Hengate Stewart W. Hengate	30. 25 15. 12.	Vulcanizer Camp Que. 168 M.U. R.A.F. M.E.F. 378 Elm Ave Westmount. 378 Elm Ave Westmount.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Gladys E. Norman. Maud Hengate Lillian R. Hengate	28. 23. 20.	378 Elm Ave. 378 Elm Ave 378 Elm Ave Westmount.
		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.	Frederick William Hungate.
9	Date of his birth.	Sept. 12. 1917.
10	Place and date of his marriage.	Nottingham March 16 - 44 England.
11	Place and date of his parents' marriage.	Montreal, April 24 - 1913.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Lachine 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) Quebec (b) Quebec, (c) " (d) " From Birth to Enlistment.
14	Nature of employment before enlistment.	Steward, at Golf Club.
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.	montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	The only one I know of he made on enlistment
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.	140 face value, 378 Elm Ave.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	50 dollars, registered 378 Elm.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	2 policies ap. 300 dollars. Metropolitan Life. Legal Heirs & representatives.
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.	/
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.	/

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

(PLEASE TURN OVER)

DECLARATION

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

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

* mother of the deceased.

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

Frances E. Hengate

{ Signature of Informant

378 Elm Ave Westmount

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Frances E.

*See above.

Hengate

{ Name of informant }

is the* mother

of the Deceased

above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Westmount, Que., this 12th day of November, 19 44.

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

Edmund B. Lindsay

Qualification

Anglican Priest

Address

Avide of the Advent, Westmount, Que.

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

The war savings' certificates which are mentioned (no 20) were purchased by myself before his marriage, & were paid for from my assigned pay cheques.

Frances E. Hengate

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

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

No., RANK and NAME D-10579 Bdr. Hungate F.W. Dec'd

RECEIVED FROM G.H.Q. Cdn. Section 2nd. Ech. 21 Army Grp.

M-16018 Pte. Murdoch. W.I.

CHECKED BY B-73775 Pte. Todd F.A. DATE Dec. 7-44

- | | |
|---|------------------------------|
| 1 | Leather Wallet |
| 1 | Wrist Watch "Active Service" |
| 1 | Gold Signet Ring |
| | Snapshots |
| | Letters |
| 1 | Lanyard |
| 2 | Red Identity Discs. |
| 1 | Green Identity Disc |
| 2 | Rolls Film |
| 1 | Swimming Suit |
| 1 | Leather Belt |

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

F.A. Todd Pte.

for OC 1 Cdn KSD

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

WILL

M.F.M. 10
40/P & S/423 (2639)

(1) I, Frederick William HUNGATE, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life. of Westmount, in the County of Montreal Area
District of

Province of QUEBEC, Club Steward
(Civil Occupation)

UK

Regimental No. D 10579, Unit HQ 2 Cdn A.G.R.A., 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, Pauline Hilda Hungate, of 64 Ilkeston Road, Nottingham Notts, England, all my estate.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Mr. Sydney, M. Hyslop, 9 Mount View Road
(Name) (Address) Crouch Hill, London, N. 4

Public Investigator, to be the Executor of this my Last Will.
(Civil Occupation) ~~Executor~~

IN WITNESS WHEREOF I have hereunto set my hand this 22nd day of June 1944

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.

Frederick William Hungate
(Signature of soldier)

First witness sign here.

(5) Signature *R. Corning*
Civil Address 221 Herbert St, Waterloo, Ont. Canada.
Civil Occupation Furniture craftsman

Second witness sign here.

Signature *A. Wilson*
Civil Address 632 Wellington St. W. Toronto, Ont. CANADA
Civil Occupation Printer

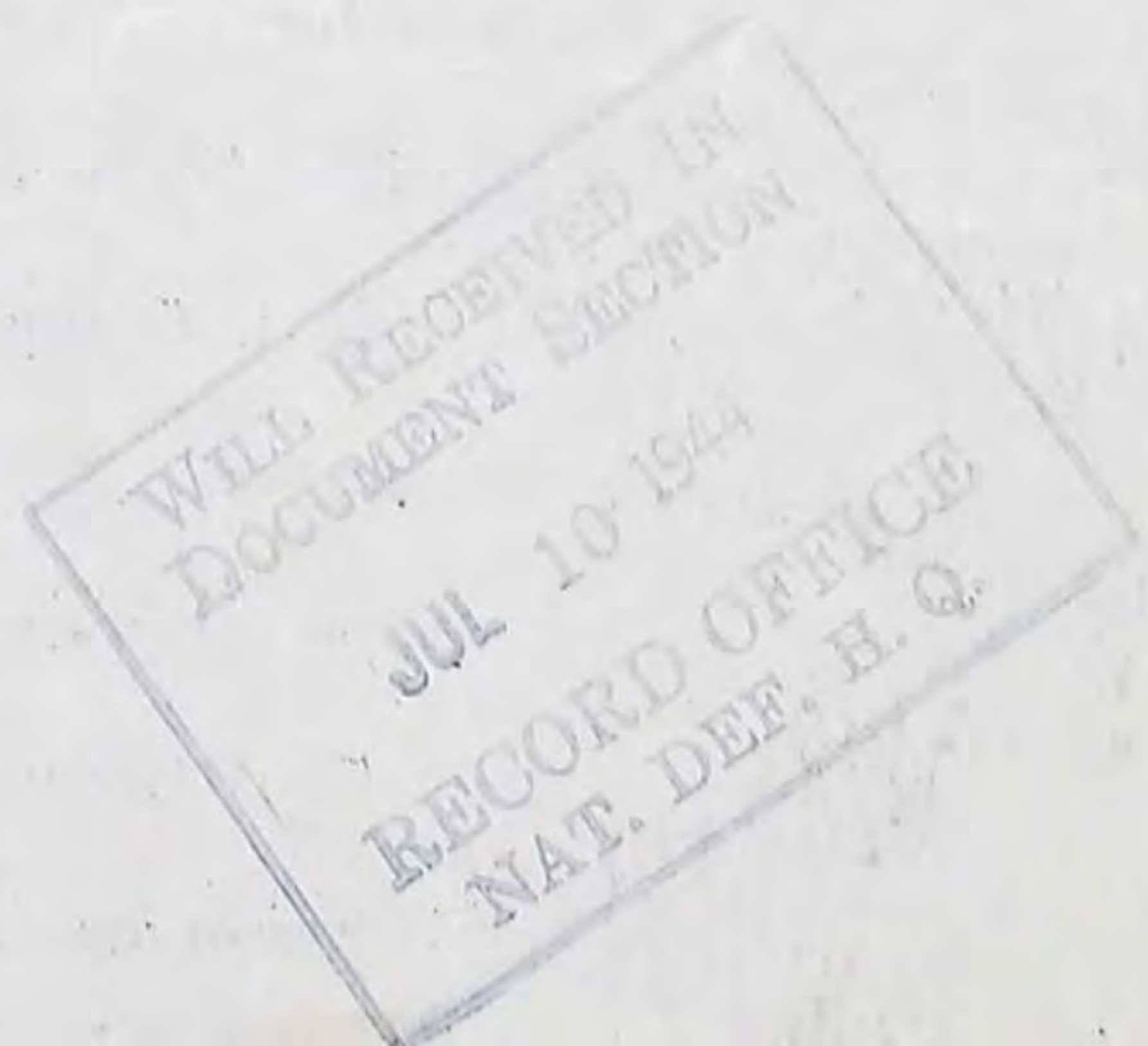
(Witnesses are not to be beneficiaries.)

(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.
- (2) If only one beneficiary for all your estate, complete as example: "my wife, Mary Jones, of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If more than one beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00."
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.



RECORDS OFFICE

CASUALTY REPORT

NAME (in full) HUNGATE, Frederick WilliamNO. D-10579 RANK _____ BDR _____ UNIT _____ H.Q. 2 ARMY GP

HOSPITAL (U.K. only) In which death took place, if applicable _____

R.U. (U.K. only) to which posted on admission to Hospital _____

CASUALTY KILLED DATE 14 AUG 44 LIST # A 481 PLACE AEF

If P.O.W. or INTERNERED, NUMBER & ADDRESS _____

PREVIOUSLY REPORTED _____ DATE _____

M. Appleford
(M. S. APPLEFORD) Major
Officer i/c R. 5 Wing CAS. SECT.

NEXT OF KIN

1. CANADA or U.S.A. - ~~YES~~ NO (If NO, Complete # 2)2. NAME, (In full) Mrs. Pauline Hilda HUNGATERELATIONSHIP WIFE ADDRESS 64 Ilkeston RoadNottingham, Notts. England.

3. ANY RELATIVES IN U.K. from M.F.M. 5. or any other source, including children born overseas. If NONE so state _____

Date of Marriage, if known _____

Dup. will to O i/c Estates WILL, EFFECTS, ETC.1. ~~NO WILL HERE~~ (or) WILL HEREWITH DATED 22-6-44 BENEFICIARY WIFE
Mrs. Pauline Hilda HUNGATE (Relationship)
64 Ilkeston Road, Nottingham, Notts. EnglandMr. Sydney M. HYSLOP
9 Mount View Road.
Crouch Hill, London. N. 4.
A/c. No. _____

2. BANK ACCOUNT - NAME OF BANK, etc. _____

ADDRESS _____

3. KIT PRIVATELY STORED - NAME OF CUSTODIAN _____

4. Particulars of DEBTS, Remarks, etc. _____

Date OCT 4 - 1944ORIGINAL - With WILL, if any to
O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

B. E. Willan
(B. E. WILLAN) Capt.
Officer i/c R. 3 Wing Non-Effectives
for Officer i/c Records
CANADIAN MILITARY HEADQUARTERS.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER	D10879	RANK	Bombardier	SERVICE UNIT	H.Q. 2nd Army Group RCA (CA)
NAME	HUNGATE, Frederick William				
DATE OF BIRTH	DAY	MONTH	YEAR	Religion	
	12th	September	1917	Church of England	
MARITAL STATUS	Married			Date of Enlistment	
				18-9-39	
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP	Wife,			NAME	Mrs. Hilda P. Hungate,
ADDRESS	64 Aikeston Road, Nottingham, Notts, Eng.			ADDRESS D.A.B.	
ADDITIONAL PERSON TO BE NOTIFIED					ADDRESS
PARENTS NAME	Mrs. Frances Hungate,				
ADDRESS (IF SOLDIER MARRIED OVERSEAS)	378 Elm Ave., Westmount, Que.				
AUTHORITY CAS. SIG. NO.	9484	H.Q. 405-H-17,941			
CASUALTY DETAILS	Killed in Action			DATE	14-8-44
	FRANCE				

AMENDED AS TO NEXT OF KIN

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? **NAS** YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE **8-10-44**

S/L 84
O/S with 1st Survey Regt RCA (

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

12

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

Section A—GENERAL INFORMATION

1. (a) Print name in full..... **HUNGATE, Frederick William**..... (b) Reg'l. No. **D 10579**
2. (a) Arm of service..... **Army**..... (b) Unit..... **5 Medium Regt.**..... (c) Rank..... **Bdr.**
3. (a) Date of birth..... **12 Sep 1917**..... (b) Have you any dependents?..... (c) Place of residence at time of enlistment..... **Lachine, Que.**
4. (a) Place of enlistment..... **Lachine, P.Q.**..... (b) Date of enlistment..... **8 Sep 1939**

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... (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.).....
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?..... (b) If so, for what occupation?..... (c) Did you finish it?..... (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?.....

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)..... (b) At time of enlistment of what trade union or professional society were you a member?.....

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..... Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

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?..... (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (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?.....
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.....

DATE..... **5 Jul 1943**..... SIGNATURE..... **for Officer i/c Records.**

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory	
	Street	No.	Hospital or Institution		City Town Village Parish Township
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred
				Years	Months
3. NAME OF DECEASED	Surname	Given names		Do not write in this space	
	RESIDENCE		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH		22. Date of death
4. RESIDENCE	Street	No.		23. I HEREBY CERTIFY that I attended deceased from	
	Official name of civil municipality or township	Province		and last saw h.....alive on.....	
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)		
M			Married		
9. If married give name of wife or husband of deceased					
10. BIRTHPLACE (Province or Country)					
11. DATE OF BIRTH					
12. AGE OF DECEASED					
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.					
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.					
15. Date deceased last worked at this occupation					
16. Total years spent in this occupation					
17. NAME			18. BIRTHPLACE (Province or Country)		
FATHER			MOTHER (Maiden Name)		
19. Place of burial, cremation or removal			20. Date of burial		
21. PLACE OF REGISTRATION OF THIS BURIAL					
22. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)					
23. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.					
24. 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.					
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).					
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.					
III If a communicable disease is mentioned on this certificate, give					
25. If a woman, was there a puerperal condition?					
26. Was there a surgical operation? Date of.....					
27. If death was due to external causes (violence) fill in also the following:—					
Accident, suicide or homicide.....Date.....					
Manner of injury.....(How sustained)					
Nature of injury.....					
Specify whether injury occurred in industry, in home, or in public place.....					
Signed.....M.D.					
Address.....Date.....					
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)					
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.					
This signature authorizes the collector to accept this form as authentic.					
(Voir l'autre côté pour le français)					

Director of Records, Dept. of National Defence.

FEB 26 1945

405-H-17941

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD. Lachine Quebec

NAME HUNGATE Frederick William PLACE & DATE OF BIRTH 21 Sep 1917
 RANK Bdr REGIMENTAL NO. K10579
 UNIT HQ 2 ARMY GP NEXT OF KIN & ADDRESS MOTHER
Mrs. Frances Hungate,
378 Elm Avenue,
Westmount Quebec

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION _____ NAME & LOCATION OF HOSPITAL _____
 DIAGNOSIS _____

PARTICULARS OF DEATH.

DATE OF DEATH 14 Aug 44 PLACE OF DEATH France.
 HRS _____
 CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 14 Aug 44 CEMETERY Mondeville 087675 088670 7E/2
 PLOT NO 3 ROW D GRAVE 5
 DEATH CERT.NO _____
 RELIGION PROTESTANT. CHURCH OF ENGLAND ?
 DATE 15 Oct 45

M. Bluteau

(M. BLUTEAU) Capt.
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

HG

Name: **HUNGATE** Surname **Frederick W.** Christian Names No.: **D.10579**

Bdr. Rank **C.A.O/S** Unit **14-8-44** Date of Death

AMOUNT

Date: **24-8-45**

L.P.C.....\$ **221.60**
 Other Credits..... **171.69**
 Total..... **393.29**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
Part	Mother	Mrs. Frances H. Hungate, 378 Elm Ave., WESTMOUNT, Que. (Per direction from widow)	\$58.63 R
Bal.	Widow	Mrs. Pauline H. Hungate, 64 Ilkeston Rd., NOTTINGHAM NOTIS, England. (Sole beneficiary under will)	334.66 R

P4. TO TREAS. **3-10-45, 9M**

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$393.29
CLASSIFIED BY			EXAMINED BY		
<i>[Signature]</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D. 10579 Rank and Name Hungate F. W. Bdr.

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

(Transfer or Discharge)..... to..... on 14th August 1944

Reason Death Authority: C.C.I. "A" 481 d/24th Aug. 44.

The following is a statement of the account of the above-named from 1st August to 31st August 1944 the inclusive date of transfer or discharge.

Particulars		Amount		Particulars		Amount	
Balance Dr from last account.....				Balance Cr from last account.....		185	31
First Monthly Payment.....				Regimental Pay 31 days @ \$ 1.70		52	70
Casual Payments.....				Tradesmen's Pay..... days at \$.....			
Payments on Transfer or Discharge.....				Additional Pay (Give Particulars).....			
Assigned Pay.....		23	00 days at \$.....			
Regimental Charges.....				Allowances (give particulars)..... days			
Public Stoppages (give particulars):				at..... \$.....			
.....				Cash Effects SOCR 43595		3	58
.....				Deferred Pay Interest		3	01
.....						
To Balance Cr { Free.....		49	60	By Balance Dr			
{ Deferred.....		172	00			
Total.....		244	60	Total.....		244	60

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

Remarks

Assigned Pay \$23.00 (W) stopped effect September 1944.



Compiled by F. Trenouth.

Checked by *[Signature]*

Date 25th April 1945.

Certified correct *[Signature]*
for Chief Treasury Officer, Overseas

SIS.

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED
MEMBER'S
NAME

Frederick William HUNGATE
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO.

D-7266

FILE NO.

405-H-17941

DATE

21-6-45

PAYEE

Mrs. Hilda P. HUNGATE,

ADDRESS

64 Ilkeston Rd.,
Nottingham Notts, Eng.

SERVICE NO.

D-10579

FINAL RANK OR RATING

Bdr.

DATE OF TERMINATION OF OVERSEAS SERVICE

14-8-44

DATE OF DISCHARGE

14-8-44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1793 EQUAL TO 59 COMPLETE PERIODS AT \$7.50

\$ 442.50

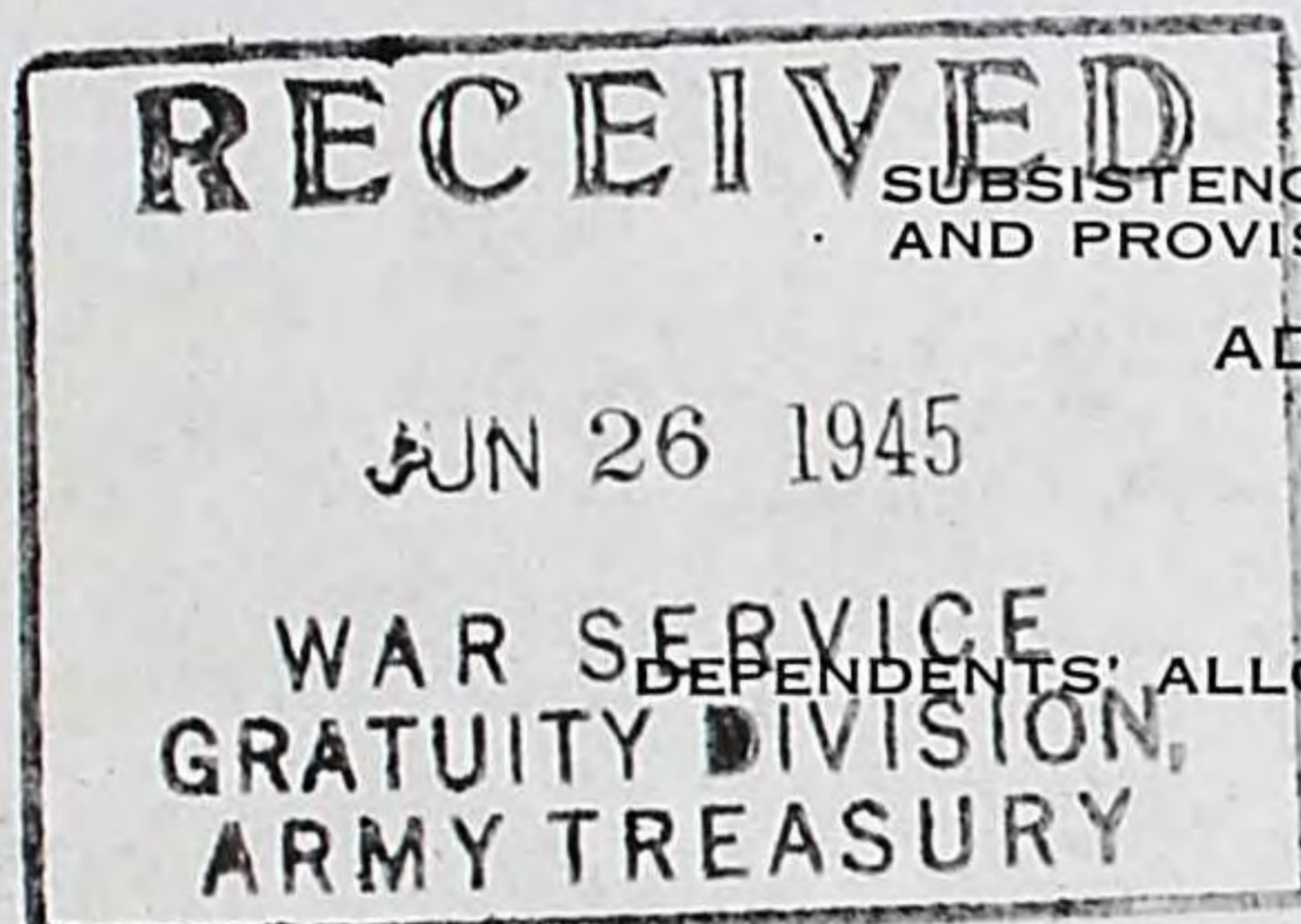
B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1661 LESS 23 INELIGIBLE DAYS, EQUAL TO 1638 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

409.50

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 \$ 37.20 \$ 1.24

TOTAL \$ 4.19 X7 = \$ 29.33

NO. OF DAYS 1661 X \$ 29.33

183

852.00

266.21

D. WAR SERVICE GRATUITY

1118.21

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

1118.21

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

TREASURY

CHECKED BY

DATE

P. J. Gravel

27.6.45

[Signature]
SERVICE REPRESENTATIVE

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

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER

NIGHT LETTER

CASUALTY (REPORT DELIVERY)

OTTAWA

TO:-

22 AUGUST 1944

MRS FRANCES HUNGATE
378 ELM AVE
WESTMOUNT P Q

8566 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM
YOU THAT D10579 BOMBARDIER FREDERICK WILLIAM HUNGATE HAS BEEN
OFFICIALLY REPORTED KILLED IN ACTION FOURTEENTH AUGUST 1944
STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE
FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

3

H.Q. 405-H-17941
D.R. 2 (C)

17th May, 1946.

Mrs. Frances Hungate,
378 Elm Avenue,
Westmount, Quebec,

D.10579, Bombardier Frederick W. HUNGATE

Dear Mrs. Hungate:

In reply to your communication of May 4th concerning the burial place of your late son, the marginally named, I am to advise that the remains of Bombardier Hungate have now been carefully exhumed from the original place of interment and reverently reburied in grave 6, row F, plot 10, of Bretteville-sur-Laize, Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map as enclosed. This is a recognized military burial ground which will receive care and maintenance in perpetuity and the grave has been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed.

Yours faithfully,

J. B. Rodine

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

Encl.

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH

Bdv.

re. D-10579. ~~Ms.~~ HUNGATE. Frederick William (dec'd).

1. What is the date of your marriage to the deceased?

..... 28 March 44.

2. What is the date of your birth?

..... 16 January 1922.

3. Have you in your possession or do you know of any Will made by the deceased? If so forward a copy or give full particulars.

..... No.
.....
.....

4. Is any application being made to the Courts for the administration of the deceased's estate or do you know of any civilian assets such as real estate, stocks, bonds etc., which would make such an application necessary? If so give full particulars.

..... Victory Loan Bonds.
.....
.....

5. Did the deceased have a bank or G.P.O. account? If so give the name and address of the bank or Post Office and account number.

..... No.
.....
.....

6. Have you any of the deceased's personal effects or do you know of any privately stored in the United Kingdom? If so give full particulars.

..... Few articles.
.....
.....

Signed *Hilda P. Hungate*

Address *64, Ilkeston Road*

..... *Nottingham*

Date *28/8/44*