

D110264
JOB
FRANK

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Observations

ORIGINAL
DUPLICATE
TRIPLICATE

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

Cat: A. Serial 1134

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

Unit No. 2 Coy. Canadian Forestry Corps. Regimental Number D-110264 01

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

O.H.F. Completed

OK copy on tender 400

- Surname Job
- Christian Names Frank John
- Present address 6020 Esplanade Ave. Montreal, Que.
- Date of birth 13-10-1901
- Place of birth Canada Quebec Stonham
(Country) (County or Province) (Town or Village)
- Religion (state denomination) Church of England.
- Trade or Calling Chauffer
- Married, Widower or Single Married
- Name of next of kin Mrs. Florance Job.
- Relationship Wife.
- Address of next of kin 6020 Esplanade Ave. Montreal, Que.
- Do you belong to, or have you served in the Active Militia of Canada? No.
- Have you served in (a) The Canadian Active Service Force? No.
(If Yes, Give Unit and Dates of Service)
(b) Any other Naval, Military, or Air Force? No.
(If Yes, Give Regimental No. and Unit)
- Did you serve during the Great War 1914-1918? No.
(If Yes, specify Unit and Period of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Frank John Job 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 August 8th. 1940.

Frank Job
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Frank Job
(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.

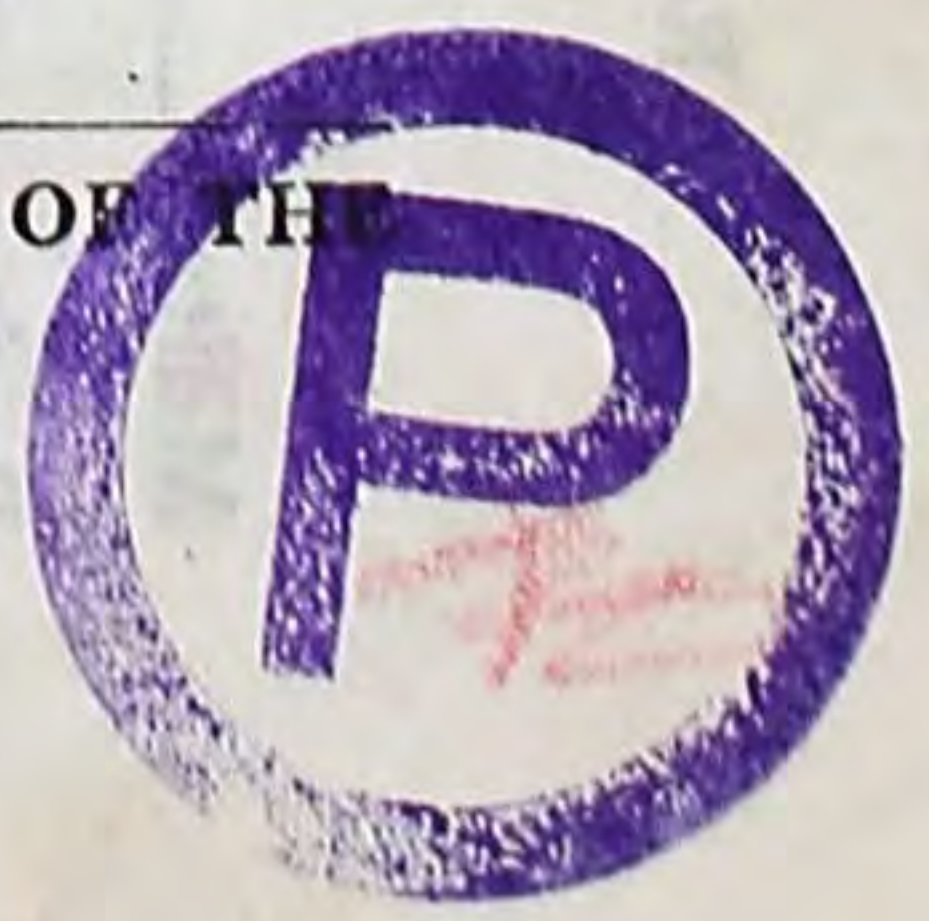
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Westmount, Que. this 8th. day of August 1940

J. H. DUNLOP Major C. F. C.
o/c No. 2 Coy. Canadian Forestry Corps
{ Signature of Magistrate, Justice or Attesting Officer.
{ 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

UNCERTAINTY



Record of Service of **JOB** (Surname) **FRANK JOHN** (Christian Names) Regimental Number **D-110264**

QUALIFICATIONS

Military..... Nil
 Business or Professional..... Nil
 Trade or Civil..... **Chauffer. (Lumberjack)**
 Technical..... Nil
 Languages..... **English and French.**

EDUCATIONAL QUALIFICATIONS

Finished Public School.
 High School } **Nil.** } Graduation }
 or } (years completed) } OR }
 Collegiate } Matriculation } (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		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
9502- 8/8/40		Joined on appointment T.O.S. No 2 Coy. Cqn Forestry Corps	Pte	8/8/40	C.F.C.	Westmount	D.O. Pt 2 No 9	8/8/40
- 10/9/40		<i>Classified as Driver Class 1</i>	Pte	11/9/40	C.F.C.	Valcartier	DO. Pt 2 No 22	10/9/40
-		<i>SOS CASF (CANADA) ON EMBARKATION AT Halifax ON 15 Feb. 41</i>			2 Coy			
-		<i>CASF (OVERSEAS) ON TRANSFER ON 16 Feb. 41 AND DISEMBARKED AT Sorel ON 1 Mar. 41</i>			C.F.C.	Bullapic	29	8-3-41
-		<i>By Command Blain Athol 0730-1800 hrs</i>	Pte	13 Apr 41	2 Coy	U.K.	42	18 Apr. 41
-		<i>Wanted handing leave to 13/5/41</i>	Pte	7th May 41	2 Coy	U.K.	46	8th May 41
		<i>Granted P/leave to 26/6/41 With warrant.</i>		17 June 41	2 Coy	U.K.	59	27 June 41
		<i>By command to Blain Athol 0745/2200 hrs</i>	Pte	23 July 41	2 Coy	U.K.	65	25 July 41
		<i>By command to Blain Athol to 25/9/41</i>	Pte	24 Sept 41	2 Coy	U.K.	80	26 Sept 41
		<i>By command to Abudon no day</i>	Pte	28 Nov 41	2 Coy C.F.C.	U.K.	95	5 Dec 41
		<i>P/leave (N.N.) to 5 Mar 42</i>	Pte	26 Feb 42	2 Coy C.F.C.	U.K.	9	27 Feb 42
		<i>P/leave to 6 July 42</i>	Pte	29 June 42	2 Coy C.F.C.	U.K.	31	3 July 42
		<i>On Cmd 2 Aug 42 - Off Cmd</i>	Pte	10 Aug 42	2 Coy C.F.C.	U.K.	37	7 Aug 42
							38	8 Aug 42

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

Name in full
 Part:
 1. Age.....
 a. Rheuma
 b. Tubercu
 c. Bronchiti
 d. Heart di
 e. Kidney
 f. Gastro-i
 g. Rupture
 h. Varicose
 i. Flat or c
 j. Nasal th
 Part:
 1. Identifi
 2. Height.
 3. Comple
 4. Comple
 5. Chest n
 6. Vision,
 7. Vision,
 8. Vision,
 9. Condi
 10. The abr
 Part 3
 reported in
 d Instruc
 Special rem
 Date
 9540
 19540
 21540
 2819/40
 2819/40

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....Job Frank..... Date.....Aug. 5/40.....

Part 1. Information obtained from the recruit.

1. Age.....39..... 2. Have you ever suffered from any of the following diseases?
- | | | | |
|-----------------------------------|------------|--|-----------|
| a. Rheumatism..... | <u>NO</u> | k. Ear disease..... | <u>NO</u> |
| b. Tuberculosis..... | <u>NO</u> | l. Eye disease..... | <u>NO</u> |
| c. Bronchitis or asthma..... | <u>NO</u> | m. Epilepsy..... | <u>NO</u> |
| d. Heart disease..... | <u>NO</u> | n. Nervous or mental disease..... | <u>NO</u> |
| e. Kidney or bladder disease..... | <u>NO</u> | o. Syphilis..... | <u>NO</u> |
| f. Gastro-intestinal..... | <u>NO</u> | p. Gonorrhoea..... | <u>NO</u> |
| g. Rupture..... | <u>NO</u> | q. Have you ever worn glasses?..... | <u>NO</u> |
| h. Varicose veins..... | <u>YES</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details..... | <u>NO</u> |
| i. Flat or deformed feet..... | <u>NO</u> | | |
| j. Nasal trouble..... | <u>NO</u> | | |

Job
Signature of Applicant

Ears & reflexes normal. Enlarged tonsils rt.
Color vision (Ishihara) C.N. A. Delahaye, Capt.

URINE N
EX'RAY ✓

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

1. Identification marks or scars. (If operative obtain history.)
1. Vacc. left arm. Moles rt. arm.
2. Height.....5 feet.....9 inches. 3. Weight.....140 pounds.
4. Complexion.....Med. Eyes.....Hazel 5. Development.....Good Good
Fair
Poor
- Hair.....Brown
6. Chest measurement—Girth on full expansion.....34 1/2 inches.
Range of expansion.....2 1/2 inches.
7. Vision, right.....20/20 left.....20/40 8. Hearing, right.....WV 20 left.....WV 20
9. Condition of mouth and teeth.....Pyorrhea.
10. The abnormalities (congenital and pathological) found on examination are as follows.....
Large varicocela left. Small ext. piles.

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.....(Varicocela)

J. H. H. Jr
President

B. Barclay
Member

Charles Henry
Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
9.8.40	T.A.B. 1/4cc		
19.8.40	" 1/2cc		
27.8.40	" 1cc		
9.8.40	A.T.T. 1cc		
28.9.40	A.T.T. 1cc		
9.8.40	Vaccination - w.w. mantui		

Regtl. No. D-110264 Rank Pte. Surname JOH Christian Name FRANK JOHN

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				

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

F.M. 13A
200M-5-42 (4724)
H.C. 1772-39-1662

CARD SEQUENCE No. _____

No. RANK NAME

CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
15	16-1-44	Awarded Can Vol Serv Medal with ribbon & clasp wef 8-1-42.	
21	22-1-44	SOS DD 4 to A-19 Camp Borden wef 22-1-44	
20	24.1.44	T.O.S. CASC. (TC) AF, CAMP BORDEN	23.1.44
78	31/3/44	Jury 3/4-16/4.	
82	5/4/44	Kahall 14 days.	
116	13-5-44	S. 2 w & RA (5 days) fr 10-5-44	
128A	27-5-44	SOS A-19 on trans. to #1 Transit Camp, Windsor, eff. 27-5-44	
133	30-5-44	Tos. no 1 Transit camp eff. 28-5-44	
137	3-6-44	S.S. Overseas Serial 1134 eff 2-6-44	
137	12 Jun 44	Tos 1 casern fr Canada wef 11 Jun 44	
139	14 Jun 44	awd 1939-43 Star	
139	14 Jun 44	Qual. as M/mach "c" wef 25 May 44	
158	6 July 44	Pld 1 Cas C Rn to X4 hst wef 6-7-44	
345	7-7-44	Tos X4 hst (13 Bn) wef 7 July 44	
CR1797		Tos 9 Bn from 13 Bn wef 18-7-44	

CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
CR 1		SOS 9CBA Bn to 2C 1D Ipsloy REASC wuf 24.7.44	
18	31-7-44	705 3 edn 2 of Div Ipsloy REASC wuf 25 Jul 44	
		SOS 3 edn Div Ipsloy REASC to X3 List REASC on adm to hospital wuf 8 Aug 44	

No.	Date	
229	4-11-43	<p>Att. J. A. of receipt pay to T.C. 47. Tall. Recd. M.E.C. 25-10-43 Recd. pay M.E.C. 2-11- 43 and granted disimbursement leave pay 28-10-43 to 10-11-43 paid. Granted to draw \$0.50 per diem.</p>
235	12-11-43	<p>Ceases to heart J. A. of T.C. 47 for H.D.D. M.E.C. 14-11-43 Recd. pay to C.E. 26 Coy. C.F.C. Sussex N. 13,</p>
2	16-11-43	<p>Tos. "C" Coy. 26th C.F.C. Wef. 15 Nov. 43</p>
27	21-12-43	<p>S.O.S. on transfer to H.D.D. w.e.f. 22-12-43</p>
307	22/12/43	<p>2nd day up. 23/12/43 Sp. from #26 Coy. Jan. Jan. Supp. Sussex, N. 13.</p>
304	22/12/43	<p>Granted leave of absence with pay @ 20¢ @ 20¢ day exp. from 24/12/43 to 28/12/43.</p>
311	21/12/43	<p>SOS on H.D.D. w.e.f. 31/12/43</p>

CONTINUATION CARD TO M.F.M. 14

Regimental No. *A-110264* Name *Capt. F. G.* *8-1-42*

Part 11 D.O.

PARTICULARS OF CASUALTY

No. Date

56 23.10.42 On Cmd to Bentley from 0900/19-10-42 to 2359/22-10-42

10 5.2.43 On Cmd to Gran. Stoury on Spwy from 0700/2.2.43 to 1700 3.2.43

20 27.3.43 Granted Req. rate of pay ^{1.50} eff. 1.1.43

28 4.5.43 7 Days P.L. + 48 hrs. wof. 24.4.43 to 2.5.43

54 19.8-43 Sld. 7 days P.L. + 48 hrs. wof. 7 to 15-8-43 (9 days B.A.)

70 2 Coy S.O.S. TO CANADA

Draft ex UK/ fo WEF 12 Oct 43

260 29-10-43 TOS DD4 from CA O/S for records purp wef 15-10-43 & fap exc pay wef 24-10-43 Posted to C Wing.

260 29-10-43 Att fap exc pay to #47 Valleyfield Que wef 24-10-43.

263 1-11-43 DO 260 STRENGTH INC amd to read for pay purp wef 1-11-43.

263 1-11-43 DO 260 ATT DESPATCH amd to read for pay purp wef 1-11-43.

M.F.M.—14A
40/P & S/67

2 3-1-44 TOS DD4 from CFC Fredericton NS Posted D Wing wef 1-1-44

NO. 2 COY. CANADIAN FORESTRY CORPS (C.A.S.F.) #5-

150

NAME JOB Frank John

REGIMENTAL NO. D-110264 RANK Pte

ENLISTED AT Westmount Que. PROMOTIONS, ETC. AND DATE

DATE 8th August 1940

IF SERVED PREVIOUSLY, STATE UNIT, ETC. No

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Florence JOB RELATIONSHIP Wife

ADDRESS OF 6020 Esplanade Ave. Montreal Que.

ASSIGNMENT OF PAY, \$ (25 00) Effective Sept. ✓

ADDRESS 6020 Esplanade Ave. Montreal Que.

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT Yes. \$ 59.00

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR Wife and 2 children

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.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
T.O.S.	9	8/8/40	Eff. 8/8/40
Classified Driver Class. I	22	10.9.40	" 1.9.40
On Command to BLAIR ATHOL	42	15.4.41.	from 0730 hrs to 1500 hrs 13-4-41.
Granted Landing leave	46	8-5-41.	from 1500 hrs 7-5-41. to 1200 hrs 13-5-41.
" Priv. Leave (T.M.)	59	27-6-41.	" 1200 hrs 17-6-41 to 1200 hrs 26-6-41.
On Command Blair Athol	66	25-7-41	
" " BLAIR, ATHOLL	80	26-9-41	EFF. 1330 hrs - 24-9-41 - 1500 - 25-9-41
" " HIBERDEEN -	95	5-12-41	" 0830 HRS - 1400 HRS - 28-12-41
On Comm. to Beaulieu	37	7-8-42	" 1200 / 2-8-42.
Ret from On Comm to Beaulieu	38	14-8-42	eff 2300 / 10-8-42
Auth to wear Skill at Arms Badge	44	9-9-42	eff
Awarded 2nd Lt. stripe	45	10-9-42.	
7 days P/money allow	52	9-10-42	9-14/10/42.

Name.....JOB, Frank John.....

Report Date	Record of Promotion, Reductions Transfers Casualties Etc.	Rank	Eff.Date	Unit	Place	D.O.No.	Date
	Att. f.a.p. except pay from DD 4w.e.f. 25-10-43 and f.a.p. incl. pay w.e.f. 2-11-43, and granted disembarkation leave w.e.f. 28-10-43 Pte.						
	Ceases to att. from #4 DD.f.a.p. on posting to #26 Sussex, N.B.	"	14-11-43	T.C.#47	Valleyfield	#229 #245	4-11-43 4-11-43
	S.O.S. to No. #26 Coy. C.F.C., Sussex, N.B. on ceasing to att'd f.a.p. to #47, Valleyfield	"	14-11-43	#4 DD	Mtl.Sth	#275	15-11-43
	T.O.S. #26 Coy., C.F.C.	"	15-11-43	C.F.C.	Sussex,	#2	16-11-43
	S.O.StoD.D. #7	"	22-12-43	"	"	#27	21-12-43
	T.O.S. #7 D.D. from #26 Coy, CFC, Sussex, N.B	2	23-12-43	#7 DD	F' ton, N.B	#304	22-12-43
	SOS on transfer to #4 D.D., Montreal, Que	"	31-12-43	"	"	#311	31-12-43
	TOS from C.F.C., CA Fredericton, N.B.	Pte.	1-1-44	#4 DD	Mtl.Sth	#2	3-1-44
	S.O.S. to RCASC TC A-19 Camp Borden, Ont.	"	22-1-44	"	"	#21	22-1-44
	TOS of A-19 C.A.S.C. T.C. (Rft)	"	23-1-44	CASCTC	C.Borden	#20	24-1-44
	Transport Warrant #A-669046 Furl.	"	1-4-44	"	"	#-108	4-5-44
	Granted special duty leave and ration allowances from 10-5-44 to 14-5-44	"	10-5-44	"	"	#116	13-5-44
	Qualified Driver (I/C) class III wheel)	"	22-3-44	"	"	#74	27-3-44
	XXXXXXXXXX to Serial 1134	"	27-3-44	"	"	XX 1120X XX 27-3-44	

Statement of the Service of No.....D-110264..... Rank...Pte.....

Sheet No. 2

Name.....JOB, Frank John.....

Report Date	Record of Promotion, Reductions Transfers Casualties Etc.	Rank	Eff.Date	Unit	Place	D.O.No.	Date
	Privilege Leave 9-10-42 to 16-10-42	Pte.	9-10-42	#2 COY C.F.C.	Ballogie	#52	9-10-42
	Awarded 1st Conduct Stripe	"	10-9-42	"	"	#45	10-9-42
	Proceeded on command to Huntly from 0900 hrs, 19-10-42 to 2359 hrs, 22-10-42	"	19-10-42	"	"	#56	23-10-42
	3 Days Leave with money allowance.	"	1-1-43	"	"	#2	6-1-43
	On Command to Granstown on Spay from 0700 hours, 2-2-43 to 1700 hrs, 3-2-43	"	2-2-43	"	"	#10	5-2-43
	Increase in Regt'l Rates of Pay to \$1.50	"	1-1-43	"	"	#20	27-3-43
	Privilege leave with 9 days money all'ce	"	24-4-43	"	"	#28	4-5-43
	Granted 9 days P.L. with money all'ce.	"	7-8-43	"	"	#54	10-8-43
	S.O.S. Can. Army (Overseas)	"	12-10-43	"	U.K.	#70	11-10-43
	T.O.S. Cdn. Army Canada	"	13-10-43	"		#1	19-10-43
	TOS from Cdn Army O/S for records purposes for all purposes except pay	"	13-10-43				
	Attached to C.A.(B)T.C.#47 Valleyfield, Que	"	24-10-43	#4 DD	Mtl.Sth	#260	29-10-43
	f.a.p. except pay	"	24-10-43	#4 DD	Mtl.Sth	#260	29-10-43
	Pt II #260, d/29-10-43 Strength Increase is amended to read for pay purposes	"	1-11-43	#4 DD	Mtl.Sth	#263	1-11-43
	Pt II #260, d/29-10-43 attachments Despatch is amended to read for pay purposes	"	1-11-43	#4 DD	Mtl.Sth	#263	1-11-43

Regimental No. 110264

Rank Private

Sheet No. 4

M.F.M. 1 & 2 (a)
300M-5-43 (154)
H.Q. 1772-39-1646

Name JOB, Frank John.

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

Rank Shown	Effective Date	Unit	Place	Authority	
				D.O. Number	Dated
Pte	27-5-44	CASC TC	C. Borden	128A	27-5-44
	2.8.5.44	#1 TRANSIT	WINDSOR, N.S.	133	3.0.5.44
	2.6.44	#1 TRANSIT	WINDSOR, N.S.	137	3.0.44
Pte	11 June 44	CASC TC	U.K.	137	12 June 44
Pte	6 July 44	1 CASC R.U.	U.K.	158	6 July 44
Pte	25 Jul 44	3 C.I.D. Tps Coy	21 A. Coy.	19	31 Jul 44
Pte		XL R.C.A.S.C.	21 A. Coy.	29	5 Aug 44
Pte	24 Jul 44	XL R.C.A.S.C.	21 A. Coy.	39	5 Aug 44
Pte	8 Aug 44	31 D. Tps Coy.	A.I.F.	A478	13 Aug 44
Pte	8 Aug 44	3 C.I.D. Tps Coy.	21 A. Coy.	21	8 Aug 44

S.O.S A-19 C.A.S.C.T.C. to No.1 Transit Camp, Windsor, N.S. for subsequent despatch to Serial 1134

TOS NO 1 TRANSIT CAMP

SOS NO.1 TRANS. CAMP

TC SER. 1134

~~SOS CASP (CANADA) ON EMBARKATION AT ... ON ...~~

SOS CASP (CANADA) ON EMBARKATION AT ... ON 3 June 44

(SOS CASP OVERSEAS) ON TRANSFER ON 3 June 44 AND DISEMBARKED AT ... ON 11 June 44

T.O.S. 1 CDN. A.S.C. REIN. UNIT FROM ... Canada.

(C53) SOS 506 X4 List (13 Bn) R.C.A.S.C.

TOS T.O.S. from X4 List R.C.A.S.C.

Embarked at ... U.K. ... ON ... 17 Jul 44

Disembarked at ... FRANCE ... ON ... 18 Jul 44

m 106 SOS SOS 3 Cdn Inf Div Tps Coy R.C.A.S.C.

Died of wounds

c 86 SOS SOS Deceased. Died of wounds on adm to 3 c.c.c.s

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Florence Job (Widow)

ADDRESS: 6020 Esplanade Ave., Montreal, P.Q.

(2) MEMORIAL CROSS

WIDOW Mrs. Florence JOB, (ENGLISH)

1709
ADDRESS: 6020 Esplanade Ave., MONTREAL, P.Q.

(3) MEMORIAL CROSS

MOTHER Deceased. (MFM--5)

ADDRESS:

MEMORIAL BAR

DATE DESP

REGN. NO.

DESP. DEC 4 1944

(2) REGN No. 8655

(3)

8-8-44

AWARDS—CANADIAN ARMY (ACTIVE)

M

1709

MJA

500M—1-44 (3467)
H.Q. 1772-45-8

				FILE NO. 405-J-4583
JOB, Frank John		D.110264	Pte.	3rd.Div.Troops Coy.
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	
France & Germany Star	5/11/49
Defence Medal	1218
War Medal	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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 individuals new unit.

-
- (1) Name of Officer of Other Rank..... **JOB, FRANK JOHN**
(Surname first—Christian names in full—Block capitals)
-
- (2) Regimental or Air Force Number and Rank..... **D-110264 Private.**
- (3) Unit..... **No. 2 Coy. C.F.C.**
- (4) Are you married?..... **Yes.**
- (5) If married, state,
- (a) Full name of your wife..... **Mrs. Florance Job.**
-
- (b) Present postal address of wife..... **6020 Esplanade 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?..... **Yes.**
- If so, give number of boys and girls..... **2 boys 2 girls.**
- Also their names and ages..... **Caroline Beryl (16) Francis John (15)**
Garfield John (12) Josephine Agnes (8)
- (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..... **Mrs. Florance Job.**

Postal Address..... **6020 Esplanade 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.....
N.A.

(11) Is your father alive?..... **No.**

If so, state name and address, occupation.....
N.A.

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

(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)..... **N.A.**

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

(14) Is your mother alive?..... **No.**

If so, state name and address..... **N. A.**

(15) If your mother is a widow, are you her sole or partial support?..... **N.A.**

(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)..... **N.A.**

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

(17) Are you contributing to the support of any dependents, other than those shown above?..... **No.**
If so, state the following particulars:—

Relationship.....

Full Name..... **N.A.**

Postal Address.....

Amount contributed monthly during the past six months..... **N.A.**

(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?..... **No.**

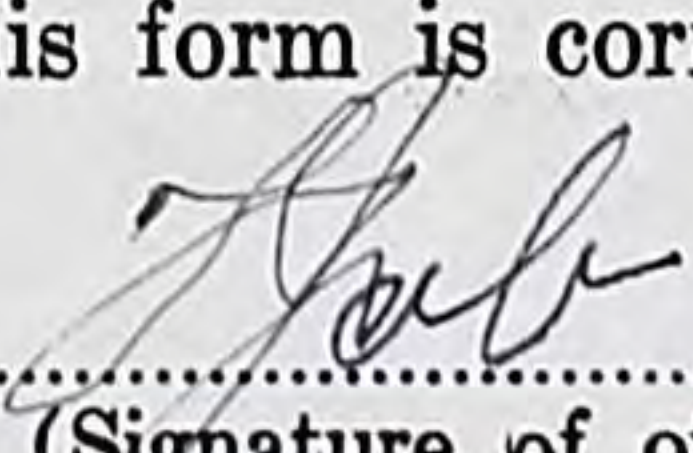
(19) Are you insured?..... **No.**

If so, in what Company?..... **N.A.**
(Give number of policy)

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

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

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


(Signature of officer or man)

Date **August 8th. 1940.**


Officer Commanding (J. H. DUNLOP) Major C. E. C.

o/c No. 2 Coy. Canadian Forestry Corps

Date **Aug 8TH 1940**

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.

No D.110264 Rank Private Name JOB, Frank John

Unit _____ Date of death 8th August, 1944.

Died at France.

Cause Died of wounds received in action.

Death occurred on strength of Forces. HQ 405-J-4583 d _____

N/K Mrs. Florence Job, Relationship Widow

Address 6020 Esplanada^e Avenue, Montreal, Quebec.

Remains buried in MR 998692 7 F/1 Cemetery

St. Germaine La Blanche Herbe, France.

Grave location _____

CHK ✓

OVER-

BURIAL REPORT TO N.K. **JAN 29 1946**

RETURN TO BUR. OF STAT. **MAY 16 1945**

ROYAL MESSAGE DESP'D. **SEP 8 1944**

CAN. MESSAGE DESP'D. **SEP 9 1944**

REBURIAL

Beny-sur-Mer Canadian Military Cemetery,
Beny-sur-Mer, France.

Grave 7, row E, plot 7.

HI & CR Form Despd. NOV 20 1946

Photographs

Despatched

JUL 15 1947

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

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

No., RANK and NAME **D-110264 Pte. Job F. J. (Deceased)**.....

RECEIVED FROM **Cdn. Sec. GHQ. 2nd Echelon 21. Army. Group**.....

B-5591 Pte. Patterson L.K.

CHECKED BY **B-126252 Cpl. Sislofsky A.**..... DATE **11. Nov. 44**.....

1	Red Identification Disc	
----------	--------------------------------	--

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

Philippe Gal
.....
for OC 1 Cdn KSD

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

Mrs. Florence Job,
6020 Esplanade Avenue,
Montreal, Quebec.

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

and the following number quoted:—

H.Q. 405-J-4583 FD 247

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

October 16 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

JOB, Frank John, Pte. D.110264

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.



/JL

J. H. Ford
Director of Estates

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.....	Florence Job	41	6020 Esplanade Ave Montreal, Que.
2	Children of the Deceased and dates of their Births.....	Caroline Beryl June 9/24 Francis William June 29/25 Garfield John Dec. 6/28 Josephine Agnes Jan. 2/32 Malcolm Douglas (died Sept. 17/1938. (born June 14/1938.	20 19 15 12	Vancouver, B.C. 6020 Esplanade Ave. Montreal Que 6020 Esplanade Ave Montreal Que 6020 Esplanade Ave Montreal Que.
3	Father of the Deceased.....	John Samuel Sidney	died age 70	May 7th. 1934
4	Mother of the Deceased.....	Emma	died age 49	June 23rd 1923
5	Brothers of the Deceased	Full Blood	Claude 33 George 41 Lloyd 28 Alfred (Sgt) 37	7542 De Gaspe St Montreal Que. 5350 Bois Franc Rd. 6103 Esplanade Ave Montreal Que Overseas on Active Service.
		Half Blood	✓	
6	Sisters of the Deceased	Full Blood	Evelyn (Mrs. M.H. Drury) 50 Olive (Mrs. J.C. Ross) 48 Ruby (Mrs. W. Herbert) 46 Lillian (Mrs. Y. Bonet) 40 Elsie (Mrs. C. Howe) 38	Notre dame de Sacre Coeur Post Office. 3614 Durocher St. Montreal Que. 643 Greenshield Terrace, Montreal Que. 7174 Chambord St " " 7045 Bloomfield Ave. " "
		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	
	Mary Jane Hazel. May	died in infancy died in infancy.		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Frank John Job.
9	Date of his birth.	October 13 th 1901.
10	Place and date of his marriage.	Montreal Que Dec. 14 th 1922
11	Place and date of his parents' marriage.	St Luke's Church Montreal Que June 28/1893.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Stoneham, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Montreal Que. (c) (lifetime) (d)
14	Nature of employment before enlistment.	Milk Salesman.
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, Que.

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.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

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.	✓

(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.)

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c Rd.
le Ave Montreal Que.
Active Service.
Coop
office
Montreal Que.
Terrace, Montreal Que.
St " "
ld Ave. " "

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

* widow 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.

Florence Job {Signature of Informant
6020 Esplanade Ave Montreal Que Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief (Mrs) Florence

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

Dated at Montreal this 16th day of November 19 44

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

Arthur P. Calman Qualification Clergyman

Address Church of The Ascension
5434 Park Ave. Montreal - 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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D-110264** RANK **Private**

SERVICE UNIT **3rd Division
Troops Company (C.A.)**

NAME **JOB, Frank John**

DATE OF BIRTH
DAY **15th** MONTH **October** YEAR **1901** Date Enlisted: **8-8-40**

MARITAL STATUS **Married** Religion: **Church of England**

NEXT OF KIN AS SHOWN ON
M.F.M. 1, 2 & 5 RELATIONSHIP

ADDRESS

**Wife
6020 Esplanade Avenue,
Montreal, Quebec.**

NAME
ADDRESS
D.A.B.

Mrs. Florence Job,

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.
CASUALTY DETAILS

**Canrecords 9138
Died of wounds**

H.Q. 405-J-4583

DATE **8-8-44**



LAST WILL ATTACHED TO
NOTIFICATION TO A. OF E.?

FRANCE

YES/NO

M.F.M.5. ATTACHED TO
NOTIFICATION TO A. OF E.?

YES/NO

DATE **1-9-44**

MM

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

420
Unit ~~No. 2 Coy. Canadian Forestry Corps.~~ Regimental Number **D-110264**.....

<p>1. Surname..... JOB</p> <p>2. Christian Names..... Frank John</p> <p>3. *Substantive Rank and Appointment..... P.T.E.</p> <p style="margin-left: 20px;">*Acting Temporary or Local Rank.....</p> <p style="margin-left: 40px;">giving date..... 8 Aug 40</p> <p style="font-size: small;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth..... Stoneham, Que.</p> <p>5. Date of birth as declared on attestation..... 13-10-01</p> <p style="margin-left: 20px;">(A).....</p> <p>6. Date of enlistment..... 8-Aug-40</p> <p>7. Place of enlistment..... Westmount, Que.</p> <p>8. Residence at time of enlistment..... Montreal, Que.</p> <p style="margin-left: 20px;">6020 Esplanade Ave.</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..... C. of E.</p> <p>12. If married, state date..... Dec. 14th. 1922.</p> <p>13. Trade on enlistment..... Chauffer</p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications..... Driver I DOPT 2 No 22</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps R.C.A.S.C</p> <p>Unit (Battn., etc)</p> <p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 30%;">Date</th> <th style="width: 40%;">Authority</th> </tr> </thead> <tbody> <tr> <td>"A"</td> <td>5-8-40</td> <td>M.F.M. 2.</td> </tr> <tr> <td>3R-1-1-1-1-1</td> <td>13-12-43</td> <td>"</td> </tr> <tr> <td>7-1-44</td> <td>YOB PULHEMS</td> <td>"</td> </tr> <tr> <td>Pulhems confirmed 9 May 44</td> <td>9 May 44</td> <td>M.F.M. 478</td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil)..... (wife)</p> <p style="margin-left: 20px;">Mrs Florence Job</p> <p style="margin-left: 40px;">6020 Esplanade Ave</p> <p style="margin-left: 40px;">Montreal, Quebec</p> <p style="margin-left: 40px;">Canada</p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	"A"	5-8-40	M.F.M. 2.	3R-1-1-1-1-1	13-12-43	"	7-1-44	YOB PULHEMS	"	Pulhems confirmed 9 May 44	9 May 44	M.F.M. 478
Category	Date	Authority														
"A"	5-8-40	M.F.M. 2.														
3R-1-1-1-1-1	13-12-43	"														
7-1-44	YOB PULHEMS	"														
Pulhems confirmed 9 May 44	9 May 44	M.F.M. 478														

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		(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
	S.O.S.	C.F.C.	S.O.S. C.A.B.F. (Canada) embarked	Halifax	15-2-41	Pte	D.O. 29d/8-3-41
	T.O.S.	C.F.C.	T.O.S. C.A.B.F. (Overseas) disembarked	Gourock	1-3-41	Pte	D.O. 29d/8-3-41
		C.F.C.	On command Blaw Athol 0730 to 1800 hrs 13/4/41	Ballogie	13-4-41	✓	D.O. 42d/13-4-41
		C.F.C.	Landings leave 1500 hrs 7-5-41 to 1200 hrs 13-5-41	"	7-5-41	✓	S.O. 46d/8-5-41
		C.F.C.	Privilege leave 1200 hrs 17-6-41 to 1200 hrs 26-6-41 T.W.	"	17-6-41	✓	D.O. 59/27-6-41
			On Command 0745 - 2200 hrs. B. Athol	"	22-7-41	✓	D.O. 66-257-41
		C.F.C.	On command to Aberdeen 0830 hrs to 1400 hrs 28-12-41	Ballogie	28-12-41	Pte	D.O. 95-5-12-41
			Privilege leave 26-2-42 to 5-3-42 Freisuar (P.L.3)	✓	26-2-42	✓	D.O. 91/27-2-42
			Privilege leave 7 days No. F.T.W.	✓	29-6-42	✓	D.O. 31/3-7-42
			Pro. on cmd to Beauty @ 1700 hrs 28-4-42	✓	28-4-42	✓	D.O. 57/7-8-42
			Ret. from on cmd to Beauty @ 2300 - 10-8-42	✓	10-8-42	✓	D.O. 38/14-8-42
			Auth. to wear "Sold at Arms" Badge	✓	9-9-42	✓	D.O. 44/9-9-42
			Privilege leave 9-10-42 to 16-10-42	✓	9-10-42	✓	D.O. 52/9-10-42
			Awarded 1 st Conduct Stripe	✓	10-9-42	✓	D.O. 45/10-9-42
			Pro. on cmd to Hully at 0900 hrs 19-10-42 to 2359 hrs 22-10-42	✓	19-10-42	✓	D.O. 56/23-10-42
			3 Days leave with money allowance	✓	1-1-43	✓	D.O. 42d/6-1-43
			On Cmd to Sea steam on day from 0700 hrs 2-2-43 to 1700 hrs 3-2-43	✓	2-2-43	✓	S.O. 10d/5-2-43
			Increase in Regt. Pay to \$1.50	✓	1 Jan 43	✓	D.O. 20d/27 Mar 43
			Privilege leave with 9 days money allow	✓	24-4-43	✓	D.O. 28d/4-5-43
			Home 7 days with money allow to 15-8-43	✓	7-8-43	✓	D.O. 54d/18-8-43
			S.O.S. Coy Army of Reserve	UK	12-10-43	Pte	D.O. 11 Oct 43
			S.O.S. Cdn. Army Canada		13-10-43		" 1 19-10-43
			S.O.S. C.A.B.F. (CANADA) ON EMBARKATION AT		ON	2 Jun 44	
			S.O.S. C.A.B.F. (CANADA) ON TRANSFER ON		3 Jun 44	AND DISSEMBARKED AT	11 Jun 44
			T.O.S., 1. CDN. A.S.C. REIN. UNIT FROM				
			Canada				
S.O.S.	44	Capt. R. H. Brown	S.O.S. to X-4 List 13 on	UK	11 Jun 44	Pte	137-12 Jun 44
			TOP from 1st Sec Coy		6 Jul 44		158-6 Jul 44
			Disembarked from		7 Jul 44		22-12 50144
			S.O.S. to 3rd Coy 2nd Sec Coy		18 Jul 44		37-5 Aug 44
					24 Jul 44		39-5 Aug 44

HOSPITALIZATION ONLY

SERVICE AND CASUALTY FORM

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

(PART II)

clerk etc

Regiment or Corps 3 DIV TPS COY Regimental Number D110264

Substantive Rank _____ Surname JOB Christian Names F-J

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

(a) Report		(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
Date	From whom received						
16 Aug 44	30/14/85		WOUNDED	FD	DNK	PTE	
16 Aug 44	-/85		DIED OF WOUNDS	-	8 Aug 44	-	75/20 Aug 44
16 Aug 44	-/85		Adm. 3 C.C.C.S	-	8 Aug 44	-	75/20 Aug 44
16 Aug 44	-/85		Adm. 18 C.F.A.	-	8 Aug 44	-	75/20 Aug 44

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..... **JOB, Frank John.** (b) Reg'l. No. **D-110264**
 2. (a) Arm of service..... **Army** (b) Unit..... **Cdn. Forestry Corps.** (c) Rank..... **Pte**
 3. (a) Date of birth..... **13 Oct/01** (b) Have you any dependents?..... **yes** (c) Place of residence at time of enlistment..... **Montreal Quebec**
 4. (a) Place of enlistment..... **Westmount, Quebec** (b) Date of enlistment..... **8 Aug 1940**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... **12 years** (b) Were you attending school or college up to the time of enlistment?..... **no**
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)..... **7th grade**
 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?..... **No** (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?..... **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..... **B. Cousin, Ltd.** Address..... **Montreal Quebec**
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... **Dairy business**
 20. (a) Your specific occupation..... **Salesman** (b) Number of years' experience at this occupation with any employer..... **4 years**
 21. (a) Did your employer promise definitely to give you employment on discharge?..... **no** (b) Did your employer refuse to promise you employment on discharge?..... **no** (c) Do you wish to return to your former employment?..... **no**

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... **no** (b) Do you feel competent to operate a farm?..... (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?..... (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..... **Auto mechanic**

DATE..... **12 Feb** 194..... **3**

SIGNATURE..... *Blair E. Kelly*

for Officer i/c Records. *C.M.H.*

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

WILL

M.F.M. 10
75M-5-40 (5241)
H.Q. 1772-39-1656.

(1) I, **Frank John Job.** of the **City**
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

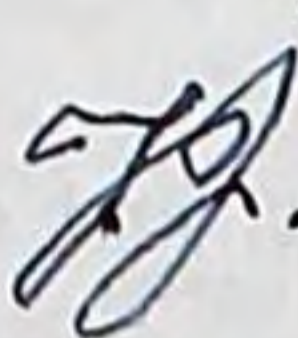
of **Montreal**, in the County ~~XXXX~~ of **Hochelaga**,

Province of **Quebec**, **Chauffeur**
(Civil Occupation)

Regimental No. **D. 110264**, Unit **No. 4 Coy. C.F.C.**, 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 Mrs. Florance Job, 6020
Esplanade Ave. Montreal, Que. all my estate both real
and personal.**



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



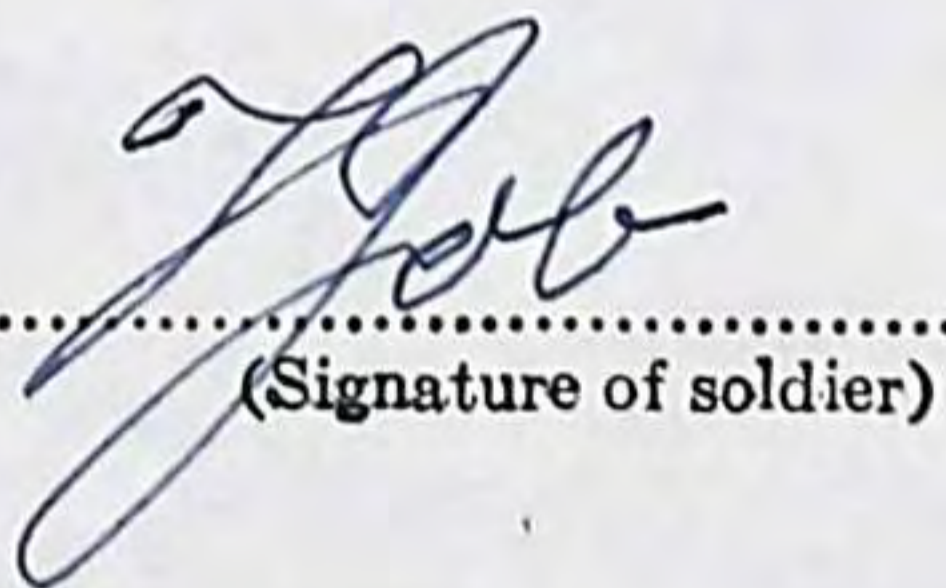
(4) I appoint **Mrs. Florance Job, 6020 Esplanade Ave. Montreal, Que.**
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this.....day of.....

19.....

Signed and acknowledged by the Tes-
tator, 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.


(Signature of soldier)

First witness
sign here.

(5) Signature

Civil Address

Civil Occupation

Second witness
sign here.

Signature

Civil Address

Civil Occupation

(Witnesses are not to be beneficiaries.)

[OVER]

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 City Town Village Parish Township												
	Street	No.		Hospital or Institution												
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
	3. NAME OF DECEASED															
Surname..... JOE, (Block letters)																
Given names..... Frank John,																
4. RESIDENCE	Street..... Esplanade Avenue, No. 6020															
	Official name of civil municipality or township..... Montreal,															
	Municipal county..... Province Quebec.															
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) Quebec.																
11. DATE OF BIRTH October 13th 1901. (Month) (Day) (Year)																
12. AGE OF DECEASED 42 Years Months Days If less than one day old hrs. or min.																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Chauffeur.															
	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 France.																
20. Date of burial..... 19.....																
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church.....															
	(b) Civil municipality of.....															
	(c) Municipal county.....															
	(d) Date..... 19..... (Month) (Day) (Year)															
22. Date of death..... August 8th 1944. (Month) (Day) (Year)																
23. I HEREBY CERTIFY that I attended deceased from 19..... to..... 19..... and last saw h..... alive on..... 19.....																
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. (a) Died of wounds received in action.																
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) (c)																
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause. (a) (b) (c)																
III If a communicable disease is mentioned on this certificate, give (a) Date of appearance..... 19..... (b) Duration of disease..... days																
25. If a woman, was there a puerperal condition?.....																
26. Was there a surgical operation?..... Date of..... 19..... State findings..... Was there an autopsy?.....																
27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide..... Date..... 19..... (State which) 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..... 19.....																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) <i>Guillaume L.S.</i> This signature authorizes the collector to accept this form as authentic.																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. (Voir l'autre côté pour le français)																

Director of Records, Dept. of National Defence.

MAY 16 1945

405-8-4583

RECORDS OFFICE OVERSEAS.
CANADIAN MILITARY HEADQUARTERS.
GRAVES REGISTRATION CARD.

NAME JOB, Frank John PLACE & DATE OF BIRTH Quebec. CANADA.
13 Oct. 1901
RANK Pte. REGIMENTAL NO D-110264
UNIT 3 Div. Tps. Coy. NEXT OF KIN & ADDRESS WIFE.
Mrs. Florence JOB.
6020 Esplanade Ave., Montreal, Quebec.

PARTICULARS OF HOSPITALISATION


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

PARTICULARS OF DEATH

DATE OF DEATH 8 Aug. 44. PLACE OF DEATH _____
HRS _____
CAUSE OF DEATH DIED OF WOUNDS.

PARTICULARS OF BURIAL

DATE OF BURIAL 8 Aug 44 CEMETERY La Blanche-Herbe
7F/1 998692
PLOT NO 2 ROW 4 GRAVE 7
DEATH CERTIFICATE NO. _____
RELIGION Church of England.
DATE 1 Oct 45


(M. Bluteau) Capt.
For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

✓
PERIOD
From 1st August 43 To 19.....

VERIFIED
DATE 6/10/43 BY R

MILITIA BOOK M. 1
PART II
40/P & S/279 (3092)

CANADIAN ARMY
Soldier's Pay Book

(For use on Active Service)

PTE
Regt'l Number..... D 110264
Surname (Capitals)..... JOB
Christian Names in full..... FRANK.
JOHN.

PARTICULARS OF SOLDIER

Regimental Number D 110264

Name in full (Surname first) JOHN FRANK

Date of Attestation 8-8-40

State whether married, widower or single married

If married after enlistment, state date of marriage

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address

of next-of-kin, stating relationship to the soldier (see page 1—para. 6).

Mrs Florence Job (wife)
6020 Esplanade Ave. Montreal.

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:

Effective date: Sept 1 1940

(a) \$ 25.00

(b) \$

(c) \$

(d) \$

Name, address and relationship of assignee:
(a) Mrs Florence Job (wife)
6020 Esplanade Ave. Montreal.

(b)

(c)

(d)

Dependents allowance, payable to: (state relationship)
Mrs Florence Job (wife)

Soldier's Signature

Job

Book opens on

July 43

Balance Cr. or Dr. \$ *as below*

Date	Particulars	Credits	Cash Payments and Other Charges		As-signed Pay
			Local Cur-rency	Canad'n Cur-rency	
<i>1-8 43</i>	<i>Bals. Br't. Forward</i>	<i>27 58</i>			
<i>Aug 2</i>	<i>AR 32</i>	<i>46 50</i>			<i>25 -</i>
<i>5-8</i>	<i>AR 33</i>		<i>9 -</i>	<i>40 23</i>	<i>✓</i>
<i>16-8</i>	<i>AR 36</i>		<i>10-06</i>	<i>11</i>	<i>✓</i>
<i>30-8</i>	<i>AR 40</i>		<i>2 -</i>	<i>8 94</i>	<i>✓</i>
	<i>Ratcliff</i>	<i>6 03</i>			
	<i>2054/43</i>				
	<i>Left Ci.</i>	<i>45 00</i>			<i>25 00</i>
<i>15/9</i>	<i>AR 44</i>		<i>3/0/6</i>	<i>13 52</i>	
	<i>Left Ci.</i>	<i>46 50</i>			<i>25 00</i>
	<i>6 Oct. Vuk Sof</i>		<i>2/0/0</i>	<i>8 94</i>	
Totals		<i>171 61</i>		<i>62 80</i>	<i>75 -</i>

Balances only will be carried forward

Paymaster's Signature

May Henry

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		<i>27 58</i>	<i>May Henry</i>
		<i>49 08</i>	<i>May Henry</i>
		<i>88 5</i>	<i>May Henry</i>
		<i>8 74</i>	<i>May Henry</i>
	<i>20</i>		<i>May Henry</i>
		<i>5 83</i>	<i>May Henry</i>
		<i>25 83</i>	<i>May Henry</i>
		<i>12 31</i>	<i>May Henry</i>
		<i>33 81</i>	<i>Thompson</i>
		<i>24 87</i>	<i>J. Cole</i>

CERTIFIED BALANCE AGREES WITH TREASURY RECORDS

ME 9 OCT 1943

SHARPLEY FOR C.T.O.

If you do not wish to draw all pay due,
PLACE THE AMOUNT DESIRED
opposite date of pay day.

Feb. 15.....

Feb. 28.....

Mar. 15.....

Mar. 31.....

Apr. 15.....

Apr. 30.....

May 15.....

May 31.....

Jun. 15.....

Jun. 30.....

Jul. 15.....

Jul. 31.....

Aug. 15..... *all leave*

Aug. 31..... *£ 2.0.0.*

Sep. 15..... *£ 3.0.0.*

Sep. 30..... *nil.*

Oct. 15.....

Oct. 31.....

Nov. 15.....

Nov. 30.....

Dec. 15.....

Dec. 31.....

Jan. 15.....

Jan. 31.....



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

4
ARMY

DECEASED MEMBER'S NAME **Frank John** (CHRISTIAN NAMES) JOB **JOB** (SURNAME) REGISTER NO. **D-4802**
PAYEE **Mrs. Florence JOB,** FILE NO. **405-J-4583**
ADDRESS **6020 Esplanade Ave.,** DATE **24-4-45**
Montreal, P.Q. SERVICE NO. **D-110264**
FINAL RANK OR RATING **Tpr.**
DATE OF TERMINATION OF OVERSEAS SERVICE **8-8-44** DATE OF DISCHARGE **8-8-44**

A. TOTAL QUALIFYING SERVICE
NO. OF DAYS **1440** EQUAL TO **48** COMPLETE PERIODS AT \$7.50 \$ **360.00**
B. QUALIFYING OVERSEAS SERVICE
NO. OF DAYS **1036** LESS **22** INELIGIBLE DAYS, EQUAL TO **1014** DAYS @ 25c. PER DAY \$ **253.50**
SEE PAR. 2 OVERLEAF FOR EXPLANATION

C. SUPPLEMENT FOR OVERSEAS SERVICE
DAILY RATES AT DISCHARGE
PAY \$ **1.50**
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ **1.25**
ADDITIONAL PAY \$
DEPENDENTS' ALLOWANCE 1/30 OF \$ **63.12** \$ **2.10**
TOTAL \$ **4.85** X7 = \$ **33.95**
NO. OF DAYS **1036** X\$ **33.95** \$ **192.20**
183

RECEIVED
MAY 2 1945
WAR SERVICE GRATUITY DIVISION,
ARMY TREASURY

D. WAR SERVICE GRATUITY \$ **805.70**
E. DEDUCTIONS
OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$
F. TOTAL AMOUNT PAYABLE \$ **805.70**

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 **P.J. Gravel** DATE **3.5.45**
SERVICE REPRESENTATIVE

AT

42

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....
Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.110264 Rank and Name JOB. F. J. PTE.

of (Unit)..... on

~~Transfer or~~ Discharge)..... 8 on 8th Aug: 19 44

Reason..... Death Authority :..... C.C.L. "A" 478 d/13th Aug/44.

The following is a statement of the account of the above-named from 1st Aug: to 31st Aug: 19 44
the inclusive date of transfer or discharge.

Dr		Cr	
Particulars	Amount	Particulars	Amount
Balance Dr from last account		Balance Cr from last account	9 18
First Monthly Payment.....		Regimental Pay <u>31 days @ \$ 1.50</u>	46 50
Casual Payments.....		Technical Pay..... days at \$	
Payments on Transfer or Discharge.....		Additional Pay (Give particulars).....	
Assigned Pay.....	25 00 days at \$	
Regimental Charges.....		Allowances (Give particulars)..... days	
Public Stoppages (Give particulars):		at \$	
.....		
.....		
.....		
To Balance Cr { Free.....	30 68	By Balance Dr	
{ Deferred.....		
Total.....	55 68	Total.....	55 68

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

Remarks :

- 1.) Assigned Pay of \$25.00 (W) stopped off: Sep/44.
- 2.) The above statement has been compiled entirely from Treasury Records, the latest paybook not being available.



Compiled by..... L. G. Waldron.

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

Checked by..... [Signature]

Date..... 10th February 1945
DS

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

DEH

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER

NIGHT LETTER

CASUALTY (REPORT DELIVERY)

OTTAWA

14 AUGUST 1944

TO:- MRS FLORENCE JOB
6020 ESPLANADE AVENUE
MONTREAL QUE

6892 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU
THAT D110264 PRIVATE FRANK JOHN JOB HAS BEEN OFFICIALLY REPORTED
WOUNDED IN ACTION ON A DATE NOT YET AVAILABLE AND DIED OF WOUNDS
EIGHTH AUGUST 1944 STOP WHEN FURTHER INFORMATION BECOMES
AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

23

PREPAID

DIRECTOR OF RECORDS

8th September, 1944.

Mrs. Florence Job,
6020 Esplanade Avenue,
Montreal, Quebec.

Dear Mrs. Job:

It was with deep regret that I learned of the death of your husband, D110264 Private Frank John Job, who gave his life in the Service of his Country in France on the 8th day of August, 1944.

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,

H.F.G. LETSON
Major - General
Adjutant - General

SEP 5 - 1944

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

GR/IAP
B&D

27

H.Q. 405-J-5483
(D.R. 2(C))

29th January, 1946.

Mrs. Florence Job,
6020 Esplanade Avenue,
Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D110264 Private Frank John Job, have been carefully exhumed from the original place of interment and reverently reburied in grave 7, row E, plot 7, of Beny-sur-Mer, Canadian Military Cemetery, Beny-sur-Mer, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

K.f.D.
/EMA

49