D116638 MACFARLAN ANGUS Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

Mrs. Dorothy MacFarlane, 4630 Christophe Colomb St., Montreal, P. Q.

1970 been seed that we deliver the level of the december of the december of the december of

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:-

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

28 Sep

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

MACFARLANE

Sgmn.

SHOULD BE D.116638

STOPASMILL SENSTERNASTANIA

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 ONAL 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.

CS/BGS

SEL RESTRICTED FOR SELECTION OF SELECTION OF

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Levenson Copt for Director of Estates.

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M.F.W. 77 6-44 (4878) H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

)ografia			INFORMANT'S S'	FATEMI	ENT
egrees of Rela- tion- ship	required to be		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 De	ceased	DOROTHY IRENE MACFARLAN	30	4630 CHRISTOPHE COLOMB.ST. MONTREAL, WE.
2	Children of the I	Births	RONALD GORDON MACFARLAME APRIL, 24th 1943		4630 CHRISTOPHE COLOMB ST MONTREAL, QUE
			Wo. D. 11638 Canadian ray		DDANNINE TO 116
	Father of the Do			1.3	
4	Mother of the D	eceased	ANNIE MACFARLAME	56	BROOKLINE, QUE
5	Brothers of the Deceased	Full Blood Half Blood	MALCOLM GORDON MACFARLANE	24	BROOKLINE, QUE (OVERSEAS.)
6	Sisters of the Deceased		MARY DESOLLA. PATRICIA. LEOMARD ELIZABETH TOWNSE	31	691-6±6. Ove. VERDU 661 MELROSE AVE. VERDUN 661 MELROSE AVE VERDUN
		Half Blood			
7	Names of brothers of the full or the Deceased, who as death of each.	or sisters (whether e half blood) of the re dead, and date of	Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

an altel	PARTICULARS AS TO	O IDENTITY
8	Full names of the deceased.	ANGUS MACFARLANE
9	Date of his birth.	AUGUST 1st 1913
10	Place and date of his marriage	
11	Place and date of his parents' marriage.	MONTREAL, JULY 14th/42 MONTREAL, AUGUST 9 th - 1911
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	MONTREAL DUE.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a)
14	Nature of employment before enlistment.	5HIPPER
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.	YES (ARMY)
	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?	YES
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?	JOINT ACCOUNT DISTRICT MONTHER STI
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$80.00 -IN MY POSSESSION
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.	PRUDENTIAL INSURANCE COY. \$500.00 (WIFE) DOROTHY IRENE MACFARLAME
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTICU	JLARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NO
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	NO
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and be zone, and if a relative has already paid those expenses the Governauthorized in the Regulations. Any amount of such expenses in by the Government nor is it chargeable against the service estated	nment will reimburse such relative to the extent of the amount n excess of those authorized in the Regulations is not payable

(PLEASE TURN OVER)

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of relationship for example, I hereby declare that all the particula		200
WILLIAM I	eased ever had in the degrees specified; and that I a	nplete
"Father", etc. statement of all the relatives that the dec "Brother", etc. *		
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	1 Marfanlane Signation Information	f mant
Public or Commissioned Officer of any of His Majesty's Forces. 4630 Chr.	istophe bol. It MontreelAddre	ess
	CERTIFICATE	11 7
I hereby certify that to the best of m	y knowledge and belief. DOROTHY	
	is the*	
	was made by the Informant and signed in my pre	
	regarded bettom majornane and the period of time in oach.	
Dated at	14 Tay of OCTOBER 1	9.4.
Priest, Magistrate, Commissioner or Notary Public or Com-	Qualification Qualification	W.F.
missioned Officer of any of His Majesty's Forces.	T. JOSEPH RIVE	
	T. JOSEPH BLVD.E. MONTREAL PC	1
NOTE.—Before granting the above Certificate, care should be tal Relative stated by him or her to have died, and that the full nam proper place in the Statement opposite.	ken to see that the informant gives particulars concerning the death te and address and age of each surviving Relative specified is state	of any
	degrees shown on page 2, the names and addresse	s and
relationship of other relatives should be set	out below.)	
USE SPACE BELOW FOR ANY ADDITIO	ONAL REMARKS YOU MAY WISH TO MAKE	FI
	If married, and demiciled in the Province of Ducbeccor in a Stat	211
	in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a matricy contract dealing with morphity?	81
	in the U.S.A. of its a Country inder the laws of which there is community of property between spouses,—was there a matrick continue with morperty?	
	community of property between spanished where a murrical	
	in the U.S.A. of its at country under the laws of when there is community of property between spinises,—was there a mutring countries dealing with or perty? Did he have a Ban't. Post Office or other deposit cocounts. If a give name and address of bank, etc., and the ameant on equal 150 year wish it administrated with the pay accounts.	
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	community of property between spouses,—was there a merring contract dealing with property? Delto have a Bant, Post Office or other deposit council of sive name and ashires of bank, etc., and the amount on result of your wish it administered with the pay account? Amount of War Savings Certificates held by declared, indicate there located.	
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The same of the sa	in the U.S.A. or he at country harder rue has so a which ruche community of property between spauses,—was there a marriag conferent dealing with or prity? Did he have a Bant. Post Office or order deposit account. If so give name and address of bank, etc., and the ame and on the Country Do year wish it administrated with the pay accounts. Amount of War Savings Certificates held by decount. Indicate where located. Amount of Victory Loan Bonds held by decount. Indicate with their registrated or bearer and where tocated. If choses well had left insurance, have companies and amount are really made made points and the person named as be contained as the continuous made and a be contained as the senior and the page of page in the contained as the senior page in the senior.	

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TRIPLICATE	



M.F.M. 2 A.F.B. 271 750M—5-42 (4398) H.Q. 1772-39-1645

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

R.C.C.S. CA.

D-116638

Unit....

Regimental Number.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

SGMM

1.	Surname	MacFarlane	
2.	Christian Names	Angus	
3.	Present address	Brookline, East Greenfield, Quebec, Cana	da
4.	Date of birth	1. August 1913	
5.	Place of birth(Country)	Canada Quebec Montreal (County or Province) (Town or Township)	
6.		Canada (Of What Country are You Now a Citizen)	
7.	Religion (state denomination)	United Church of Canada	
8.	Trade or Calling	Shipper	
9.	Married, Widower or Single	Married	
10.	Name of next of kin	Mrs. Dorothy MacFarlane (WILSON)	
11.	Relationship	Wife	
		4630 Christophe Colomb, Montreal, Quebec	, Canad
13.	Do you belong to, or have you s	served in a Reserve Formation or Unit of The Canadian Army?	Yes.
D	-435315 - 4th Div. R.	.C.C.S. (RF) from August 1940 to date.	
14.	Have you served in (a) an Activ	(If Yes, Give Unit and Dates of Service) e Formation or Unit of The Canadian Army?(Yes or No)	Non
••••	(If Yes, Give Re	(b) Any other Naval, Milit	tary, or Air
For	ce?	(Yes or No) (If Yes, specify Unit and Period of Service)	No
15.		War 1914-1918?	
			No
	(Ii	Yes, specify Regimental No., Unit and Dates of Service)	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		

ANGUS DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army 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.

XI Macque land (Signature of recruit)

ANGUS MACFARLANE BE TAKEN BY MAN ON ATTESTATION

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

Vitness.....(Name)

(Rank)

(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,

MONTREAL SOUTH 26TH

this France Control of the Con

Signature of Magistrate, Justice or Attesting Officer

Officer or Rank and Uni

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

NiO.

MacFARLANE		ANGUS				D-116638
Record of Service of (Surname)	(Christian Name				Regimental Number	
QUALIFICATIONS			Educa	ATIONAL QUAL	IFICATIONS	
Military	High Scho	}	(years completed)		Graduation or Matriculation (S	specify)
Trade or Civil	*College	7	The second secon	BLIC SCH	OL	
Technical ENGLISH	*Univer	sity2	YEARS TE	CH. SCHOO)L (NIGHT) MATHEM	ATICS
Languages		nstitution, courses or			be shown)	
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to	higher rank to	be shown as pr	rovided in the	space below.		
Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
28-10-42 DRO TOS NO 4 DISTRICT DEPOT CA.	SGM	26-10-42	4 DD	MTL STH	4 DD PT II-260	28-10-42
SOS on transfer to C.A.B.T.C. 41 Huntingdon Que	17	18-11-42	***		" " 278	18-11-42
TOSON CRANSFER FROM 4 DD	PTE	19.11.42	TC41 HT	INGDON,	TC 41 PT 11 - 232A	
12.42 Grant Stlays you lear leave bee 39. Jan 4 50 Roman	1	29. 42	e,		11 11 264	30.12.45
26-1-43 TC 41 S.O.S. to A-18 Barriefield	99	26-1-43	Calle William and the second	8.8	11 21A	26-1-43
T.O.S. CSTC., Kingston, Ont.	Sigmn.	27 Jan 43	R.C.S.	S.T.C.	S.T.C. No. 23	28 Jan 43
Auth. to draw \$1.40 per diem	Sgm.	26 Feb 43	R.C.S.	S.T.C.	S. T.C. NO. 81	6 Apr 43
Born at Montreal, Que., a son, Ronald Gordon MacFarlane	Sigmn.	24 Apr 43	R.C.S.	S.T.C.	S.T.C. No. 102	30 Apr 43
Authorized to draw \$1.50 per diem		26 Apr 43	R.C.S.	S.T.C.	S.T.C. No. 114	14' May 43
qualified as Operatory L&W. Group B, Grade II 25 Jun 43 and granted tr pay as such (25¢) on posting to Trained Soldier Coy. No. 1	sigm.	26 Jun 43	R.C.3.	S.T.C.	S.T.C. Ns. 152	28 Jun 43
Granted furlough to 12 Jul 43 with R.A.	Sgun	29 Jun 43	R.C.S.	S.T.C.	S.T.C. No. 156	2 Jul 43
S.O.S. A-7 CSTC, Barriefield, Ont, on posting 0/S					S.T.C. No. 2 01	

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



CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Guyer Page		
ufol		
Qast		
- Date		and signature
BOARDS, RECLASSIFIC	ATION OF MEDICAL CATEGO	ORY
L'ESPERAN	CE M.D. R. DUP	UIS M.D.
Member		Member
: 0,10,000	ward / Cup	wo mo
ne Recruit in accor	dance with the pamphle	et "Physical Standards
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		H.Mtl.
peviated s	20 /20 T	20/80 -1 25
ical) found on exa	mination are as follows:	
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20/80	- So or orbanion	
n. 35 inche	Range of expansion	on.2 inches.
5. De	velopmentuv.u.	Poor
		Good
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ical examination	. THE RECRUIT M	UST BE STRIPPED.
	Signature of Ap	plicant
	1 101	0
affered from any	iseases whatsoever even	nt as stated above
10	compensation? If so, give	re detailsno
n. Are	you now or have you in	the past
o. Syp	hilis	no
1. Eye	disease	110
	m. Fits n. Ner no o. Syp no p. Gon no q. Hav no r. Are no deft arm. ical examination ated in Part 1 eft arm. inches. 3. We no 5. Def wm no 35 inches 20/80 20/20 8. pt dequired if recruit is ical) found on examination art lungs not are lu	no m. Fits. no n. Nervous or mental disease. no o. Syphilis. no p. Gonorrhoea. no q. Have you ever worn glasses r. Are you now or have you in received disability per compensation? If so, give the received disab

NOTE: Any corrections to entries made must be initialled by the Officer making them. rank and corps. Corrections are not to be written over the original entry. Such Officer will indicate his

	D-116638 Regtl. No		SGMN Rank				Surn	ame	MacFARI	ANE	ANGUS Christian Name		
					-	ES OF				Number of	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from;	ignature c	
	STATION	Date of Arrival at the Station	ir	Admissio ito Hospi	n tal		Discharg om Hospi		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.	Medical Officer	
			Day	Month	Year	Day	Month	Year					
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SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—3-42 (3885)
H.Q. 1772-39-1649

Part I (For all ranks)

Unit RCCS CA

Regimental Number D-116638

	AL - THAT ARTH	(17) Regiment or Corp	s	Unit (Battn., etc)
	Surname MacFARLANE			A
	Christian NamesAngus	K. Degs	4	l'UN Sign
3.	*Substantive Rank and Appointment			
	*Acting Temporary or Local Rank			
	giving date			3
	*To be entered in pencil to facilitate alteration.			
4.	Place of birth Montreal Que Canada	(18) Medical		•••••••••••••••••
	Date of birth as declared on attestation. 1 Aug 1913	(20) 2.2002	•••••	•••••••••••••••
-	(A)	Category	Date	Authoritza
6.	Date of enlistment. 26-10-42	A Category	23-10-42	MEMINI
7.	Place of enlistmentMtl Sth Que Canada			
8.	Residence at time of enlistment Brookline East Greenfiel	Ld Que Can.		
	(B) Special conditions (if any) of enlistment or rate of pay			
٠.	(D) opecial conditions (if any) of emistinent of face of pay			••••••••••••••••
10.	(C) Any subsequent variations of conditions of service			······································
11	Dolinion II/C Canada			••••••••••••
10	If married, state date 14 July 1942			• • • • • • • • • • • • • • • • • • • •
		(19) Next of kin (entries	es to be mad	le in pencil)
	Trade on enlistment.	mas les The	Marka	
	Corps, trade and grade	350/12 por 100000	1 de la	mene (wasm) voy
15.	(-)	172143 / 60 -	6.00), 5.1
16.	(E) Miscellaneous entries	76 Du Constoper	comme	our our grana
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•	•••••••••••••••••••••••••••••••••••••••	D. 0,	1 0/8	Jon 144,

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)	(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. Canada on Embarkation		27000993		
•••••			T.O.S. Canadian Army Overseas		2 fangy 3		
			Disembarked in United Kingdom		Sept y 3		
		برد. مرد د د د د د د د	Cyna Sigs. Rein. Unit.	ux.	2 Sargy 3	Segm	221 4 Lapy
		B. C.S.	futh to drawn 1.50	5.7.	26/1/1243	·····(114-14/May
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Name Mac Flarlane a.

RI	EPORT	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	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)					Part II D.O. No. Cas. List, etc.	Dated
		s.v.s., Canada on embarkali	on ·	27 augy3.				
		T.O.S. Canadian Army Overse	as	2 fangy 3				
		Disembarked in United Kingdo	n	Sept y 3.				
		Reputation 1 Can Sigs, Rein, Un	Lign	2 Supry 3.	10sRu	ut.	22/	y Sept y ?
505		505 to WCADSip Ohir'e	Sijn	30 Sep 45	SAU	u K	244	10 es 4-
	105	Tos from Au op. 2"	Jane	10ct 43	HCAB Sig	up	43	goet 4
		alle to Led RCA 4 Cound Div for	Somme	20cT43	4CCAB5ig	o un	44	160cT4
1433		Yout to HQ REALEAD Jak	Same	1220ec43	4 CA DSY	UR	52	23-20ee4
M33		att pape to 15 calu 4d Regt. RCA	Same	12 Dec 43	4 CADSup	uk	5-4	25-Dec4
M24		C/attal to 15 cd Fd lat RCAFAP	fgmn	22 Dec 43	HCADLES	UK.	3	22/2-2
1124		attel to H & RCA 4CAD FAR	Samo	23 Dec 43	4 CARly	TIK.	3	22 Jany
C12			Squ.	24 Februs	Hansi	ux	10	Mary
		Claud Lo Ha RCA H ama Deu.	Sqn	23416.40	H.CADSe	gs uk	10	11 mar49
	(62)	Beens to laut & LT-AA Roge RCA Park	Sgun	2apl 44	44AUSY	b. UH.	15	15 Aple
		att to 5 can A/TH Rest fap.	Symn	3 Quy 44	4 eADSigs	UK	15	15 Ap444
		C'att 16 5 ATK R	Sigma	25 aprily	4 CAD Sigs	UK.	19	13 may 44
		atid 158 LAA.	Sign	4 May 44	4CAD Sugs	N.K.	19	13 may 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	Som	1 may 44	4 CADSy	i uh	23	10 June 4
		Ceases att li 8 LAA Rel .	San.	1 delle	4 CANLO	21000	38	22 and

4	-C +1- C-	 No		Ponle		
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	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	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)					Part II D.O. No. Cas. List, etc.	Dated
CCA		Embarked at VC		2/20944				
		Disembarked as francel on	6	23 9 200	4eABS	· 21 49	74	5 ann 4
			Jan	~/~	7 / /			<i>y</i> .
		Killed	Denn	1 aug 44		1712 (-	A478	13 aug 44
505		SOS Deceased Kelled. Open C	Schu.	7 ag44	4cassy.	2128	38.	- 22 Q
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(1699)

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

				FILE NO. 405-M-37710
MACFARLANE, Angus		D.116638	Sgmn.	R.C.C.S.
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	6769 24-10-49
Defence Medal War Medal, 1939-45 CVSM & Clasp	
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL	REGISTRATION NO. DATE OF DESPATCH
Mrs. Dorothy MacFarlane Widow 4630 Christophe ColombSt. Montreal, P.Q.	DATE DESP
ADDRESS:	REGN. NO. 4726
widow Mrs. Dorothy Macfarlane, (ENGLISH)	DESP. NOV 14 1944 REGN. No. 2037
ADDRESS: 4630 Christophe Colomb St., MONTREAL, P.	2.
MOTHER Mrs. Annie Macfarlane, (MFM-5) (ENGLISH	DESP. NOV 14 1944 REGN No. 7038
ADDRESS: Brookline East, GREENFIELD, P.Q.	

.

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

Instructions.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

	(Surname first—Christian names in full—Block capitals) ANGUS	
(2)	Regimental or Official Number and Rank D-116638 SGMN	
(3)	Unit R.C.C.S.CA	
(4)	Are you married? Yes	
(5)	If married, state,	
	(a) Full name of your wife Mrs. Dorothy MacFARLANE nee WILSON,	
	(b) Present postal address of wife 4630 Christophe Colomb St., Montreal Que.	Ca
(6)	If married, have you been regularly supporting your wife? If not—state reasons	
	уеs	
(7)	Are you a widower?	
(8)	Have you any children? No Number of boys nil Girls nil	
	Names and ages nil	
	If Dependents' Allowance is claimed in respect of children—state whether you have been nil regularly supporting them	
	Give particulars of Guardians to whom Dependents' 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 repre-
	senting as your wife for at least 2 years immediately prior to appointment or enlistment?no
	If so, state her full name and Postal Address
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
(11)	Is your father alive?
	If so, state name and address, occupation Mr. Angus MacFARLANE Sr. Brookline, East Greenfield Que. Can. Guard
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support?
(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 appointment or enlistment
	nil
	Also state reason he has no other means of support if partially supported by you, what is your
	reason for not providing full support?
(14)	Is your mother alive? Yes
	If so, state name and address. Mrs. Annie MacFARLANE
	Brookline East Greenfield Que. Can.
(15)	If your mother is a widow, are you her sole or partial support?
	If sole or partial support of widowed mother—state what amount per month you have given her
	prior to appointment or enlistment
	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?nil
(17)	Are you contributing to the support of any dependents, other than those shown above? no This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:—
	Relationship
	Full Name
	Postal Address
	Amount contributed monthly during the past six months
(18)	Are you insured? Yes
, ,	If so, in what Company? Prudential Life As. Co. (Give number of policy)
	Have you made arrangements for payment of your Insurance Premium? yes If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.
	I hereby certify that the information given by me on this form is correct in each and every particular.
	Date October 28th 1942 (Signature of officer or man)
	R.O. Frothe Lett
	October 28th 1942 Officer Commanding
N.B.	(If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

No D.116638Rank Signalman Name MacFARLANE, Angus Unit R.C.C.S. Date of death 7th August, 1944. Died at France. Cause Killed in action. Death occurred on strength of Forces.H.Q. 405-M-37710 Mrs. Dorothy MacFarlane, Relationship Widow N/K Address 4630 Christophe Colomb Street, Montreal, Quebec. Remains buried in Cemetery MONDEVILLE FRANCE. Mocation

REBURIAL

CAN. MESSAGE DESP RETURN TO BUR. ROYAL MESSAGE REPORT

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

Grave 8, row H, plot 15.

HI & CR Form Despd. DEC 6-1946

Photographs
Despatched
SEP 1 2 1947

1	
	(1) I, Rugues Macfarlanc , of the Bity (City, Town, Village, Township)
Address in	of Montreal in the County of Hockelaga
civil life.	Province of Quebec Shepper
	(Civil Occupation)
	Regimental No. D116638, Unit. R.C. 516NALS, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.
Relationship,	(2) I GIVE, DEVISE AND BEQUEATH unto my wife
address of beneficiaries, and what	11/15 Dorother Grene Macfarlant
each is to receive.	11/13. Dorothy Svene Macfarlant 4630 Christoph Colomb St.
	Montreel Due.
	My intire estate.
*	
	AND
Relationship,	(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,
names and address of residuary	of whatsoever kind and wheresoever situate unto
beneficiaries.	
	And the second of the second o
	(4) I appoint Mrs. Dorothy S. Macfarlane 4630 Christoph Gertriel 2016
	Housewife, to be the Executor of this my Last Will.
	IN WITNESS WHEREOF I have hereunto set my hand this 2.6day of func
	19.4.3
	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. Signature of soldier)
First witness	
sign here.	(5) Signature Fr. S. Wright
sign nere.	(5) Signature Fr. S. Mright Civil Address 215 Blackthorn ave, Toronto, Ant
	Civil Address 215 Blackthorn ave, Toronto, Ont Civil Occupation Display advertising (Foronto Star)
Second witness sign here.	Signature C. A. Hayres.
Second witness	



CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

	F-5224I Gnr Drake R E. ECKED BY B-81759 Sgt Graves J G.	
I 4 I 3 I I I I I I I I I I I I I I I I	Bracelet (Locket), Films (one in Camera). Kolack (NO % O Kodon). Billfolds. Lanyard. Red Identity Disc. Wrist Watch (Birks Enel). Lighter (Ronson). Fountain Pen (Waterman). Mech Pencil. Ring. Pocket Knife. Pr Spectacles Civilian CVS Ribbons & Clasps. Keys on Ring. Money Belt. New Testament. Diary. Writing Case with Snaps,& Letters. Cap Badge. Misc Bedges. Address Book. 1943 Diary. Birth Certificate. Souvenier Coins.	

ORIGINAL To Officer i/c Estates with DUPLICATE Joriginal inventory, if any.

TRIPLICATE — with effects.

for OC 1 Cdn KSD

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NAME	D.116638 RANK Signelmen MAC.FARLANE, Angus	Division Signals R.C.C.S. (C.A.).
DATE OF BIRTH	1-8-13	DATE OF ENLISTMENT
MARITAL STATUS	Morried	RELIGION United Church
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS		NAME Mrs. Dorothy MacFerlane, DAB.
ADDITIONAL PERSON TO BE NOTIFIED		ADDRESS
PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS		
AUTHORITY CAS. SIG. NO.	Caprecords 9049	H. 405-M-37,710
CASUALTY DETAILS	Killed in action	DATE 7-8-44

FRANCE.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.7

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.7

YES/NO

DATE 24-8-44

FORM NO. CAS. 6 25M-4-44 (4184) H.Q. 1772-39-1989-1990

BTC

DIRECTOR OF RECORDS

CANADIAN MILITARY HEADQUARTERS

No. 9909

RECORDS OFFICE

CASUALTY REPORT

ME (in full) MAC FARLANE, Angus	
D-116638 RANK SGMN UNIT 4 C	DN.ARMD.DIV.SIGS
SPITAL (U.K. only) In which death took	place, if applicable
.U. (U.K. only) to which posted on admiss	ion to Hospital
ASUALTY KILLED DATE 7 AUG 44	LIST # A 478 PLACE AEF
f P.O.W. or INTERNED, NUMBER & Address	
PREVIOUSLY REPORTED 6 DATE	- Mangeling.
	(L.S. APPLEFORD) Major Officer i/c R.5 Wing CAS.SECT.
NEXT OF K	
1. CANADA or U.S.A YES/NO (If NO, COM	PLETE NO. 2)
2 NAME, (In Full)	
RELATIONSHIP ADDRESS	
3. ANY RELATIVES IN U.K. from M.F.M.5 of children born overseas. If NONE so	r any other source, including state
Date of Marriage, if known	
WILL, EFFEC	TS, ETC.
L. NO WILL HERE (or) WILL HEREWITH DATED	(Relationship)
(Name) (A.ddress) 2. BANK ACCOUNT - NAME OF BANK, etc	EXECUTOR
ADDRESS	A/c No
3. KIT PRIVATELY STORED - NAME of Custo	7 f 0 m
Address	ulan
Particulars of DEBTS, Remarks, etc	
Date SEP 21 1944	Hilly Con
ORIGINAL - With WILL, if any to O. i/c ESTATES, C.M.H.Q.	(B.E. WILLAN) Capt. Officer i/c R.3 Wing Non-Effectives for Officer i/c Records
DIIDITCATE TO ESTA	CANADIAN MILITARY HEADQUARTERS

		Place an X over the word which
1. PLACE Municipal County IN THE FIELD (FRANCE) Civil municipal County IN THE FIELD (FRANCE) Civil municipal County IN THE FIELD (FRANCE)	oali-	applies to this municipality or this territory City Town Village Parish Township
DEATH Street No.		Hospital or Institution
2. LENGTH (a) In hospital Years Months Days (b) In municipality where death occurred	Months	Days Years Months Days (d) In Canada Years Months Days (if immigrant) Years Months Days
3. NAME MACHARIANE	Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH
OF Surname	write in this space	22. Date of death August 7th, 1944. (Month) (Day) (Year)
E C		23. I HEREBY CERTIFY that I attended deceased from
Street		
ty or township		and last saw h
Municipal Greenfield, Province Quebec.		24. CAUSE OF DEATH
5. SEX 6. NATIONALITY (Citizenship) 7. RACIAL ORIGIN 8. Single, Married, Widowed or Divorced (Write the word)		Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, due to
9. If married give		asphyxia, asthenia, etc.
name of wife or hus- band of deceased		Morbid conditions, if any, giving (b)rise to immediate cause (stated in
		order proceeding backwards from due to immediate cause).
10. BIRTHPLACE Quebec (Province or Country) Quebec		II (c)
11. DATE OF August 1913.		Other morbid conditions (if important) contributing to death but not
(Month) (Day) (Year)		causally related to immediate cause.
12. AGE OF Years Months Days If less than one day old DECEASED		
31hrs. ormin.		If a communicable disease is (a) Date of appearance
2 13. Trade, profession or kind of work, as spinner, Shipper		give (b) Duration of diseasedays
kind of work, as spinner, Shipper teamster, office clerk, etc.		25. If a woman, was there a puerperal condition?
14. Kind of industry or		23. If a wollian, was there a puerperar condition
business, as cotton-mill, lumbering, bank, etc		26. Was there a surgical operation?
15. Date deceased last spent in this occupation occupation		State findings
18. BIRTHPLACE		27. If death was due to external causes (violence) fill in also the following:—
17. NAME (Province or Country)		
FATHER TO THE DE A STATE ASSESSED TO STATE OF THE STATE O		Accident, suicide or homicide
MacFARLARE, Angus Sr.		Manner of injury(How sustained)
MOTHER (Maiden Name)		Nature of injury
19. Place of burial, cremation or removal		Specify whether injury occurred in industry, in home, or in public place
20. Date of burial		Signed M.D.
(a) Name of parish or church		Address Date 19
(b) Civil muni-	28. Sig	
cipality of	(cu	gnature of person who fills in the form rate, coroner, hospital authority, etc.) 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.
OFF (c) Municipal county		City and and ()
HIGH HIGH		60.
(d) Date	+	nature authorizes the collector to accept this form as authentic. (Voir l'autre côté pour le français)
	Dire	ector of Records, Dept. of National Defence.

FEB 27 1945

405-M-37710

RECORDS OFFICE OVERSEAS. CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME MACFARLANE, Angus	MONTREAL, Quebec PLACE & DATE OF BIRTH 1 Aug 1913
RANK Sigmn	REGIMENTAL NO D-116638
UNIT 4 Armd Div Sigs RCCS	NEXT OF KIN & ADDRESS Wife: Dorothy
	MACFARLANE, 4630 Christopher Colomb,
	MONTREAL, Quebec.
PARTICULARS	OF HOSPITALISATION
DATE OF ADMISSION	NAME & LOCATION OF
DIAGNOSIS	HOSPITAL
PARTICULARS	OF DEATH
DATE OF DEATH 7 Aug 44	PLACE OF DEATH FRANCE
HRS	
CAUSE OF DEATH KILLED	
PARTICULARS	OF BURIAL
PARTICULARS DATE OF BURIAL 7 Aug 44	CEMETERY Cdn. Mil. Temp. Cem. Mondeville
77 12700 11	
DATE OF BURIAL 7 Aug 44	CEMETERY Cdn.Mil.Temp.Cem.Mondeville
DATE OF BURIAL 7 Aug 44 PLOT NO 1 ROW B GRAVE 6	CEMETERY Cdn.Mil.Temp.Cem.Mondeville 7F/1 088670
DATE OF BURIAL 7 Aug 44 PLOT NO 1 ROW B GRAVE 6 DEATH CERTIFICATE NO.	CEMETERY Cdn. Mil. Temp. Cem. Mondeville

For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

PROVINCE OF QUEBEC -- PROVINCIAL HEALTH SERVICE

STATISTICAL RETURN OF BIRTH

3. Sex of child 4. Single, twin, 5. Was the child 6. Are the parents 7. Date of Birth triplet or other born alive? married? Male Single Yes Yes April 24th 1943	
PATHER	
8. Full name MacFarlane, Angus 9. Residence Military Service 10. Nationality Canadian 11. Racial origin Scottish 12. Age at last birthday 29 yrs. 13. Birthplace Quebec (province) 14. Occupation: Armed Forces (a) Trade or profession D116638 (b) Business in which employed R.C.C.S. 20. Birthplace Quebec (province) 21. Children Of This Mother (including the property of the property	resent h)

CERTIFIED TO BE A TRUE COPY

Soul Plucy Lucis for (F.J. Conway), Captain, Officer i/c Records, CSTC, 30 Apr 43.

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232) H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No.	
Surname (Capitals)	
Christian Names in full	

(1) SULDIER'S NAME AND DESCRIPTION ON ATTESTATION
Regtl No. 2116638
Surname (in capitals) MAC. FARIANE.
Christian Names (in full) PNGUS
Date of Birth 1 chus 1913. Place of Birth Montreal Quebec Coneda.
Place of Birth Montreal Luebec Conada
Citizenship Canadian.
Trade on Enlistment Shype.
Nationality of Father at Birth Scotch.
Nationality of Mother at Birth Scotch
Religion United Church Conoda
Enlisted at Montreal South Luebec and
Date 26 Oct: 42
Particulars of former D435315. 4. Dis PCCS
Regtl. No., Corps or PF Aug 1940 to date
Regiment and period.
Signature of Soldier Macy and
Signature of Officer What auline Call
Place Myslen Date / July3
1 Ont

* Helder Total Hel

the second of th

the first that the same of the

Any change becoming known is to be duly noted with date of NOTE.—No entry in these pages has any legal

	Near	rest degree of elationship	Names	Date
		Wife	Mrs Dorotly Mackarlone	4264
	1st	Father	Angus Mac Farlane	
	-	Pather Father	mu annie Mac Farlane	
	2nd	hildren	Konald Sordon	24/184
1	3rd	*Brothers and Sisters		
	4th	Other Relations (stating relationship)		

NOW LIVING such change and reported by O.C. Unit to the Officer i/c Records. effect as a WILL (see pages 20 to 23)

Latest known Address in full 4630 CHRISTOPHE GOLOMB.

^{*}State whether brothers are older or younger.

Date	Rank and Appoint- ment	Substantive, Tem- porary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
Gat 49	Sgm.	. 0	4 DD 260.	Work auch
1 gar 4	^	Lynn	1/20 102 43.	3

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas
TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) except that he requires further training in:—*
Bosic Completed 19 fon 43. # 41 (B) TC in amordance
with the standard syllabure
Mauline Caff

Qualified in addition as under:— Completed advance Trug asar Operator MAX. in accordance with the standard syllabus.
with the standard syllabus.
Date
Commanding
*If no further training required, strike out words in italics and initial

(VII) PARTICULARS OF TRAININ

Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)

Signature

Courses and Schools.
Specialist Qualifications.

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not com- pleted, state parts fired	Signature of Officer
943	0/2229	Refle	1-4	1.11
' ' '	Q	LMG.	1-2	11000
1.	A	Bren.	1-2	Wayan
١,	C .	Fistal		10M
				,

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
7 years Public	montreal	1928	7 1100/1 /
2 years hight			4 Worthere ayy
School		1930	
			10
			-

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Office
gerato Myz	B	IL	7 23gm 43	25 Jun 43	Marila
regator MAL.	13	IL	Granted (259	26 Jeny	4 Capy
CPS WYL.			75 standard		/
		•••••			
•••••		••••••			
			The state of the s		

(XI) EMPLOYMENT WHILST SERVING

Peri	od	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	То		O.C. Coy., etc.
7 Jan 43	6464	3 Gas Weapon elc.	19 Hairling Ca
Feb 43	26 hun4	Inna Operator Lth	/)
18/43	1/19/43	Special Dutes	2. J. M. Cadam
19/43		RU.	
		Operates 11 42.	18 Henduson
***************************************		***************************************	*
***************************************			***************************************

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Exam- ination	Signature of Medical Officer
3.13-42	H	MFM2.	1	Muhumsh
0 00 77	H	Confirmed.	7/1	Paux
Jon H.	<i>F.</i> I	Cargoomes.	J	
	·			
				the state of the s
,				

(XIV) PARTICULARS OF DENTAL TREATMENT

	Date	Re- quired	Com- plet- ed	/ Wy moore	Signature of Dental Officer
1.1.	44		1	30	I Kollin

** *					
1000					

			14			
Date of Exam.:	Date of Issue:			Date of Exam	Date of Issue:	
Ophth., Centre:	Frame No. (or measurements):			Ophth., Centre:	Frame No. (or measurements):	
Vision with Glasses			S. Salar	Vision with Glasses		
Standard Notation		145	B. E.	Axis Standard Notation		
CYL		25	0	CXL		
SPH	50	25	J.O.	SPH		.,
Vision without Glasses			Signature of M.O	Vision without Glasses		
	24	T	Sig		i m	

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
	******	***

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date Signature of Medical Officer
/	28 Oct 42),//
x001 2	27 Nov: 49 > Naulums/29
3	8 gan '43 1
Typhus /ee	24-4-44 (14)Rate)
Typhus icc	14-1-44
//2 ee.	21-1-44. 41
w /ce.	28-1-44. [11019"
TABT. 2 CC. (XVII) VAC	CCINATION TO L. Walker
Date Vaccinated	Signature of Medical Officer-

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
A de la constitución de la const	23 Oct 42	N. D.
Accessed pay 1.40	26 Feb. 43	CAT Ceuline
Gas chamber C.A.P.	1-9-45	WB Hall Lt.
Execusted in Con	9-9-43 5-Lax3	BA Smit Gt
M'TEST (TEV.) COMPLET	Hit -	Joseph Lann
"Q"CARD COMPLETE	1	J. J. Husler
TOETs comple	9.11.43	It Spenderson LT.
Edgys / Fig. Leave.	7-3-44	To allel Rom
Extitled to I R. Serv. There manded cusm & Que	16.10.43	A. alel
amonded cusm & Elas	p1-5-44	7 to Well pre

FINGERPRIN	TED-	-CAIB

A soldier who has made a Will is recommended to

ipform his Commanding Officer where such Will has

been deposited and the Commanding Officer shall upon

receipt of such information forthwith complete the

following certificate and despatch the same to the

states that he has executed a Will and that the same

Signature of Officer.

Rank or Appointment.

NoD / 16638 Rank 19my Name 7

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.

The following is a specimen of a Will leaving all to

one person:

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

GEORGE BULL, (Signature)

Private No. 30000, Cameron Highlanders. Date 5th August, 1936.

The following is a specimen of a Will leaving legacies

to more than one person:—

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

GEORGE BULL, (Signature)

Private No. 30000, Cameron Highlanders. Date 5th August, 1936.

Date

Officer i/c Records.

has been deposited with

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate.

Certificate

M.F.M. received and forwarded to the Officer i/c Records at

Signature of Officer.

Rank or Appointment.

ATTESTATION 4th DIVISIONAL SIGNALS R.C.C.S. MACFARLANE 1. Surname? (Block letters) bol St. Vordun Co. CHAHBLY 2. Christian names? 3. Present address? zn Phone No. 5. British subject? 4. Date of Birth?*....1 6. Occupatioghipper Long To. Religion? Protestant (United) 8. Next of Kin... Angus MacFarlane 9. Relationship?..... Father WIFE Address 3749 Ethol St. Vordun P.OFFICE. EAST. GREENFIELD. 10. Previous Naval, Military or Air Force Service. (Give particulars, qualifications, etc.) Descriptive marks.... I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him..... Signature.... TO BE MADE ON ATTES that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer. OATH TO BE TAKEN .do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty Signature of Witness CERTIFICATE OF 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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken

the oath.

Signature of Magistrate, Justice of Peace, or Attesting Officer.

M.F.B. 235d

*To be shown day, month, year—Example:—25-8-39.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from	1-8-40	K.O.HART II #33 12-8-40	Officer Commandida Unit # DIV. SIGNAL
Camp Treleir Foreham 25 Aug to 7 Se? 40 Attended Farnham Camp		AUG 2 9 1940	c.f. C.G.E.Feick Lt. C.G.E.Feick (apt
13 to 26 Jul 1941 ATTENDED FARNHAM CAM			
JUNEA28 TO JUL 11219 S.O.S on enlistmenting R.C.C.S. (AF)		R.O. PTI No41 2-11-42	Feick Capt. 1. J. hully major
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

Statement of Services M.F.B. 235d				
Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries	
Accepted for Service with effect from			Officer Commanding	
			Unit	

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

FM 510 /P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District.....

Dispersal Area....

LAST PAY CERTIFICATE

(All Ranks)

Regtl ND11.6638.Rank and Name		MacE	arlane. A. Sgmn.		
of (Unit)			onon		
MINISTEX To Discharge)	to		on 7th Aug.	19	44
Reason			Authority: C.C.L. "A" 478 d/13t	h. Aug	.44
The following is a statement of the account the inclusive date of transfer or discharge.	nt of the above	1 ,	from lst. Aug. to 31st. Aug	*	44.
Particulars	Amoun	nt	Particulars	Amou	ınt
Balance Dr from last account			Balance Cr from last account	62	5.9
First Monthly Payment			Regimental Pay. 31 days @ s. 1.50	46	50
Casual Payments			Tradesmen's Pay31days at\$\$\$2.5.	7	7.5
Payments on Transfer or Discharge			Additional Pay (Give particulars)		
Assigned Pay	and the second s	part of the second second			
Regimental Charges			Timo wances (are particulars)aays		
Public Stoppages (Give particulars):					-
			Cash effects S.O.C.R.15878	X 11	1.8
			Cash effedts S.O.C.R.16031		48
			Def. Pay Interest.		16
(Free	93	66			
To Balance Cr Deferred	12	00	By Balance Dr		
	105	66	•••••••••••••••••••••••••••••••••••••••		
Total	128	66	Total	128	66.
TATAR	NCE GIVEN	IS SI	RIECT TO ANY CHARGES		
			ON THE REVERSE HEREOF		
Remarks:					
1 Agand Par of \$27	3 00 (W)	aton:	ped eff. Sept.44.		
2. Assnd. Pay of \$8.	40 (6th	V.L.) cancelled eff. May 44; The		
amount re-credite	d is inc	lude	d in Bal. B/F at 1st. Aug. 44	1.	
annount of total	, ya	#.W. W. Y.		7.7	
			ATTA-SO	TO SOL	
•••••••••••••••••••••••••••••••••••••••			BRANC	EH GOV	
			27	1940	1
***************************************			AGE. C	2. 29/	
			WAY Y X	W. B.E.B.	
•••••••••••••••••••••••••••••••••••••••				***************************************	
					
Compiled by L.G.Waldron.					
Checked by Mall			Certified correct		
Date 9th February 19.	45.		for Chief Treasury Officer, Over	rseas	

P.H.

Total.....

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name:	MacFARLANE	Angus		No.:	D116638
2 (CC111 C	Surname	Christian Names			
	sgn.	C.A. 0/8			7-8-44
Rank		Unit		Date	of Death
			AMOUNT		
				L. P. C\$	105.66
	Date:	19-4-45		Other Credits	
				Total	105.66

	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Dorothy I. MacFarlane, 4630 Christophe Colomb St., MONTREAL, Que., (Sole beneficiary under will)	105.66
		P4. TO TREAS, TO BE FORWARDED BY REG. MAIL DIRECT.	

AUTHORITY H.Q. SUB. H.Q. F.E. No. OBJ. AMOUNT VOTE PRI \$105.66 731 00 00 9999 EXAMINED BY CLASSIFIED BY Original Signed by For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

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

DEPARTMENT OF NATIONAL DEFENCE NAVY ====== ARMY ======= AIR FORCE



STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S D-1809 REGISTER NO. NAME (CHRISTIAN NAMES) (SURNAME) 405-M-37710 FILE NO. 15-3-45 DATE D-116638 -4630 Christophe Colomb St., SERVICE NO. Montreal, P.Q. Sgm. FINAL RANK OR RATING 7-8-44 DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE 81.50 No. of Days 348 LESS 22 INELIGIBLE DAYS, EQUAL TO 326 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION 239,00 C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE MAR 20 1945 DEPENDENTS' ALLOWANCE 1/30 OF \$ 51.12 $x_7 = 32.90 WAR SERVICE TOTAL GRATUITY DIVISION, NO. OF DAYS 348 62.56 D. WAR SERVICE GRATUITY 301.56 E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE 301.56 G. YOUR PORTION OF GRATUITY IS-100%

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

23.3.41

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

SERVICE REPRESENTATIVE

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER

NIGHT LETTER

MR

CASUALTY (REPORT DELIVERY)

OTTAWA 11 AUGUST 1944

TO:- MRS DOROTHY MACFARLANE
4630 CHRISTOPHE COLOMB ST
MONTREAL P Q

5991 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D116638 SIGNALMAN ANGUS MACFARLANE HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION SEVENTH AUGUST 1944 STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID

M.F.M. 268 50M-11-42 (7150) H.Q. 1772-39-1990 OFFICER I/C RECORDS

Sth September, 1944. Mrs. Dorothy MacFarlane, 4630 Christophe Colomb Street. Montreal, Quebec. Dear Mrs. MacFarlane: It was with deep regret that I learned of the death of your husband, D116638 Signalman Angus MacFarlane, who gave his life in the Service of his Country in France on the 7th day of August, 1944. From official information we have received, your husband was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay. The Minister of National Defence and the members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement. We pay tribute to the sacrifice he so bravely made. Tours Fallagerely, Adjutant - General AUG 3 1 1944 (H.F.G. Letson), Major-General, Adjutant-General.

5th April, 1946.

Mrs. Dorothy MacFarlane, 4630 Christophe Colomb Street, Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D116638 Signalman Angus MacFarlane, have been carefully exhumed from the original place of interment and reverently reburied in grave 8, row H, plot 15, of Bretteville-sur-laize, Laize Canadian Military Cemetery, Bretteville-sur-Laize, 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,

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

/ETH