D116737
TADGELL
OWEN

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E

OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2 Fr.
A.F.B. 271
100M—7-42 (5491)
H.Q. 1772-39-1645

Doit être rempli en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.

Unité ~~R.C.I.C.~~ INF. (R.) CA. N° matricule D-116737

FORMATIONS ET UNITÉS ACTIVES DE L'ARMÉE CANADIENNE

N.T.

FORMULE D'ENGAGEMENT

FINGERPRINTED
PHOTOGRAPHED

1. Nom TADGELL
2. Prénoms OWEN ROBERT
3. Adresse actuelle 6694 Monk Blvd., Montreal, Quebec, Canada.
4. Date de naissance 21 August 1914
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Citoyenneté Canada (De quel pays êtes-vous maintenant citoyen)
7. Religion (indiquez la confession) Church of England
8. Métier ou profession Printer
9. Marié, veuf ou célibataire Married
10. Nom du plus proche parent Mrs. Winifred Tadgell (Ault)
11. Degré de parenté Wife
12. Adresse du plus proche parent 6694 Monk Blvd., Montreal, Quebec, Canada.
13. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez-vous déjà servi? Non
(Si oui, spécifiez l'unité et les dates de service)
14. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? Non (Oui ou non)
(Si oui, spécifiez le numéro matricule et l'unité)
(b) Quelque autre armée de mer, de terre ou de l'air? Non (Oui ou non)
(Si oui, spécifiez l'unité et la durée du service)
15. Avez-vous servi pendant la Grande Guerre de 1914–1918? Non
(Si ou, spécifiez le numéro matricule, l'unité et les dates de service)

C.A.A.

DÉCLARATION FAITE PAR L'ENGAGÉ A SON ASSERMENTATION

Je, soussigné, Owen Robert TADGELL., déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans toute formation ou unité active de l'armée canadienne, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que ladite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 1 FEBRUARY 1943 O R. Tadgell
(Signature de la recrue)

SERMENT PRÊTÉ PAR L'ENGAGÉ A SON ASSERMENTATION

Je, soussigné, Owen Robert Tadgell, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Témoin (Nom) (Grade) O R. Tadgell
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait faussement à l'une quelconque des questions précédentes il s'exposerait aux rigueurs de la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté le serment devant moi,

à MONTREAL SOUTH ce 1st jour de FEBRUARY 19 43

NO. 4-DISTRICT DEPOT A.F.

(Signature du magistrat, du juge de paix ou de l'officier certificateur)

Lt. Ram.

(Titre ou grade et unité ou emploi) Special Recruiting Officer

N.B.—On désire signaler que quiconque répond faussement à l'une quelconque des questions précitées est passible d'un emprisonnement de six mois.

État de service de TADGELL (Nom) OWEN ROBERT (Prénoms) N° matricule D-116737

APTITUDES

Militaires NIL

Professionnelles ou commerciales NIL

Civiles ou de métier PRINTER

Techniques 2 2 YRS NIGHT COURSE (GEOMETRY) MTL TECH SCHOOL

Langues ENGLISH

DEGRÉ D'INSTRUCTION

École secondaire ou Académie NIL (années achevées) { Diplôme ou Immatriculation } NIL (Spécifier)

*Collège NIL 3 YRS COMM. COURSE SIR GEO. WILLIAM MONTREAL

*Université NIL - 7th GRADE PUB SCHOOL

(*Mentionnez le nom de l'institution, les années ou cours achevés et les diplômes obtenus)

Tous les engagés seront pris comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la prise à l'effectif d'une force constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
					N° de la décision, Partie II, Liste des morts et blessés, etc.	Daté le
Affecté lors de son enrôlement						
1-2-43 DRO TOS NO 4 DISTRICT DEPOT CA.	SGMN	1-2-43	4 DD	MTL STH 4 DD PT II 26		1-2-43
S.O.S. on trans. to C.A.(B)T.C. 42 HUNTINGDON	"	12 Feb 43	"	" " " " 36		12 Feb 43
TOS ON TRANSFER FROM 4 DD		PTE	13.2.43	TC 41 HTINGDON,		
17-3-43 TC 41 Admitted to Huntingdon Military Hospital	"	16-3-43	TC. 41	Huntigdn TC 41	" 64A	17-3-43
22-3-43 " Discharged from Huntingdon Mil. Hospital	"	19-3-43	"	" " "	" 68A	22-3-43
23-4-43 " Allocated to Infantry (R)Authority M.8-1-80 (A.PSR) dated 21 April 43.	"	23-4-43	"	" " "	" 96A	23-4-43
29-4-43 " S.O.S. on trans. to C.I.T.C. A-12, Farnham, Que.	"	29-4-43	"	" "	"101A	29-4-43
T.O.S. on strenght o n temp. att. from T.C. 41 Huntingdon Ont.	"	30-4-43	A-12	Farnham	A-99	30-4-43.

Pour les inscriptions supplémentaires, se servir de **M.F.M. 1 et 2 (a)** **(Fr.)**

CERTIFICAT DE VISITE MÉDICALE

Nom en entier TADGELL OWEN ROBERT Date de la visite 28 January 1943

Lieu Mtl.

PARTIE 1. Renseignements obtenus de la recrue.

1. Age 28 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme no
b. Tuberculose ou pleurésie no
c. Bronchite ou asthme no
d. Affection cardiaque no
e. Maladie du rein ou de la vessie no
f. Affection stomacale ou intestinale no
g. Hernie no
h. Varices no
i. Mal aux pieds no
j. Affection nasale no
k. Maladie des oreilles no
l. Maladie des yeux rt.
m. Convulsions no
n. Maladie nerveuse ou mentale no
o. Syphilis no
p. Gonorrhée no
q. Avez-vous déjà porté des lunettes? no
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails. no

Je déclare, par les présentes, que je n'ai souffert d'aucune maladie autre que celles qui sont susmentionnées.

O R. Tadgell
(Signature de la recrue)

PARTIE 2. Renseignements obtenus par l'examen médical. LA RECRUE DOIT ÊTRE DÉSHABILLÉE.

Remarques du médecin examinateur touchant les renseignements donnés à la partie 1.

1. Marques particulières ou cicatrices 1 vac. left arm
2. Taille 5 pieds 5½ pouces
3. Poids 150 livres
4. Teint Dark Yeux Brown Cheveux Dark
5. Développement Godd (Bon / Passable / Médiocre)
6. Tour de poitrine—Circonférence, pleine expansion 37 pouces. Degré d'expansion 3 pouces
7. Vue, droite 20/40 gauche 20/20 Avec lunettes, droite gauche
8. Ouïe, droite cv 20 gauche cv 20
9. État de la bouche et des dents good
10. Pression artérielle:—S D (Nécessaire si la recrue a plus de 35 ans, ou si elle est autrement indiquée)
11. Analyse d'urine N
12. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL
DR. JEAN LAPOINTE.
13. Radiographie de la poitrine N N° 169595 Prise au laboratoire de D.P. & N.H., Mtl.

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A

H. Aubry grade J. M. Rousselle Capt grade grade
H. AUBRY (Président) MAJOR J.M. ROUSSELLE (Membre) CAPT. R. BOUCHER (Membre) M.D.
Date 28 January 1943.

VACCINATIONS, INOCULATIONS, EXAMENS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
FEB 1 '43	TAB. T ICC	6-7-43	Recheck cat. A
FEB 1 '43	VACCINATION T.A.B.T. 1.		
FEB 25 '43	T.A.B.T. 2.		
MAR 19 '43	T.A.B.T. 3		

REMARQUE:—Toute correction d'inscription doit être paraphée par l'officier qui la fait. Cet officier indiquera son grade et son corps. Les corrections ne doivent pas être superposées à l'inscription originale.

N° matricule D-116737 Grade SGMN Nom TADGELL Prénoms OWEN ROBERT

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. S'il s'agit d'accident, spécifiez s'il s'est produit au service et si une cour d'enquête a été tenue. Détails et dates au sujet des dentiers et des appareils chirurgicaux fournis.	Signature du médecin
C.A.(B)T.C. #41	13.2.43	16	3	43	19	3	43	Tonsillitis	4	Huntingdon Mil. Hosp. Recovered. Condition on discharge, good. Duty. (W.D.Brace,)Capt.	D Tabe, Capt

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)

N° m[illegible]e D-116737 Grade Pte Feuille N° 1

M.F.M. 1 & 2 (a) Fr.
20M-5-42 (4723)
H.Q. 1772-39-1646

Nom TADGELL, O.R.

État des promotions, rétrogradations, mutations, maladies ou blessures, rapports, etc.	Grade indiqué	Prenant date le	Unité	Endroit	Autorité N° de l'O. du J.	Autorité Daté le
Spec leave from ~~XXXX~~ 30-6-43 to 4-7-43 aut. 50¢ P.D. W.T.A-471520	Pte	30-6-43	A-12	Farnham	A-152	1-7-43
Granted daily rates of pay of $1.40	"	1-6-43	"	"	A-145	23-6-43
S.O.S. on proceeding to Serial No 599 C.A. O.	Pte	19-7-43	A-12	Farnham	A-167	19-7-43.
5505 —						
S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 19 Jul 43						
T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 20 Jul 43						
AND DISEMBARKED ON 28 Jul 43						
T.O.S. — 5 C.I.R.U.	Pte	29 Jul 43	5 CIRU.	UK	129	30 Jul 43
Granted Reg rate of pay $1.50 per diem	Pte	29 Sept 43	5 CIRU	UK	185	6 Oct 43
Attended Pdr School 5/1W/Sen 3. & passed "Q 11"	Pte	4/30 Oct 43	5 CIRU	UK	215	10 Oct 43
(C13) SOS (C62) SOS to 2 CIRU	Pte	15 Mar 44	5 CIRU	UK	57	16 Mar 44
TOS TOS from 5 CIRU	Pte	16 Mar 44	2 CIRU	UK	65	17 Mar 44
X36 SOS SOS to X4 List 2 CBRG (HL1)	Pte	7 Apr 44	2 CIRU	UK	83	7 Apr 44
TOS						
TOS. TOS. from X 4 list H.L.1 of [illegible]	Pte	8 June 44.	N.N.S Hqhrs.	21 G. Gp.	29.	24 June 44
Embarked at UK on 1 June 44						
Disembarked at France on 6 June 44	Pte		X L. HL1.G	21 A Gp	24a	18 Jul 44
Killed	Pte	8 July 44		AEF	A-472	23 July 44
M106 SOS SOS Killed in action	Pte.	8 Jul 44	NNSH	21 A G	39	28 Jul 44

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D 116434 Rank Pte Surname Tadgell Christian Name Owen A.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
North Nova Scotia Highrs									Killed 8-7-44		a472

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit ~~R.C.O.C.~~ CA. Inf (R) Regimental Number D-116737

		(17) Regiment or Corps	Unit (Battn., etc.)
1. Surname	TADGELL		
2. Christian Names	OWEN ROBERT		
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank			
giving date			
*To be entered in pencil to facilitate alteration.			
4. Place of birth	MONTREAL QUE CAN	(18) Medical	
5. Date of birth as declared on attestation (A)	21 aug 1914	Category	Date / Authority
6. Date of enlistment	1 fev 43	"A"	28-1-43 mfm2
7. Place of enlistment	MTL STH QUE CAN		
8. Residence at time of enlistment	6694 MONK BOUL MONTREAL QUE CAN		
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion	CHURCH OF ENGLAND		
12. If married, state date	Jan 1st 1942	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	PRINTER	Mrs. Winfred Tadgell (wife)	
14. Corps, trade and grade		6694 Monk Boul, Montreal, Que, Can.	
15. (D) Qualifications			
16. (E) Miscellaneous entries		(20) E	
		(21) E	
		(22) E	

NOTES—

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Incr rates $1.40		1 Jun 43	Pte	A145 23 Jun 43
			S.O.S. C.A.(A.F.) CANADA ON				
			EMBARKATION ON 14 Jul 43				
			T.O.S. C.A.(A.F.) OVERSEAS ON				
			TRANSFER ON 20 Jul 43				
			AND DISEMBARKED ON 28 Jul 43				
			T.O.S. — 5 C.I.R.U.	UK	30 Jul 43	Pte	125 30 Jul 43
			Incr. Rate of pay. 1.50	UK	29 Sep. 43	Pte	185 - 6 Oct. 43
		5CIRU	7 days PL with MA to 8 Nov 43	UK	1 Nov 43	Pte	208 2 Nov 43
		5CIRU	D/O 208 is Cancelled	UK		Pte	211 5 Nov 43.
		5CIRU	attended 6 Pdr. School 5/1W/Ser 3 from 4 Oct to 30 Oct 43 and Qualified as "Q11"	UK	30 Oct 43	Pte	215 10 Nov 43
		5CIRU	7 days PL with MA to 15 Nov 43	UK	8 Nov 43	Pte	217 12 Nov 43
		5CIRU	9 days PL with MA to 23 Feb 44	UK	14 Feb 44	Pte	34 15 Feb 44
	SOS	5 CIRU	to 2 CIRU	UK	15 Mar 44	Pte	57 16 Mar 44
	T.O.S.	2CIRU	T.O.S. from 5 CIRU	UK	16 Mar 44	Pte	65 17 Mar 44
			SOS to X4 list 2CBRC	"	7 4/44	"	83 7 Apr 44
8 Apr 44	2 Ech	X4 (HLI)	TOS from 2 CIRU	"	8 Apr 44	"	11 - 13 Apr 44
X4	HLI of C	10 Dn	SOS to 4 Nova Section R	"	7 Jun 44	"	22 - Jun 44
22 Jun 44	CO	nnSH	T.O.S. from X4 List (HLI of C)	"	8 Jun 44	"	29/44
	"	"	S.O.S. Killed in Action	"	8 Jul 44	"	39 - Jul 44

8-7-44

AWARDS—CANADIAN ARMY (ACTIVE) M (1692)

MJA

500M—1-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
TADGELL, Owen Robert	D.116737	Pte.	N.N.S. Highrs.

FILE NO. 405-T-10623

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star	6138 20-10-49
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

(1) MEDALS

PERSON ENTITLED TO Mrs. Winnifred M. Tadgell (Widow)

ADDRESS: 6694 Monk Blvd., Montreal, P. Q. 15-5-45

(1) MEMORIAL 3. R
DATE DESP.
REGN. NO 2789

(2) MEMORIAL CROSS

WIDOW Mrs. Winifred Tadgell, (ENGLISH)

(1692)
ADDRESS: 6694 Monk Blvd., MONTREAL, P.Q.

(2) DESP. NOV 2 1944
REGN No. 5217

(3) MEMORIAL CROSS

MOTHER Mrs. Margaret Tadgell, (MFM-5) (ENGLISH)

(1692)
ADDRESS: 6521 Hadley St., MONTREAL, P.Q.

(3) DESP. NOV 2 1944
REGN No. 0218

C

M.F.M. 5
250M—7-42 (5227)
H.Q. 1772-39-1651

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.

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(1) Name of Officer or Other Rank TADGELL,
(Surname first—Christian names in full—Block capitals)
Owen Robert,

(2) Regimental or Official Number and Rank D-116737 SGMN.

(3) Unit R.C.C.S. CA.

(4) Are you married? Yes.

(5) If married, state,

(*a*) Full name of your wife Mrs. Winifred TADGELL (Ault),

(*b*) Present postal address of wife 6694 Monk Blvd, Montreal, Que. Can.

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

(7) Are you a widower? nil.

(8) Have you any children? Yes. Number of boys 1 Girls nil.

Names and ages Robert TADGELL, 4½ months.

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

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

Name nil.

Postal Address nil.

[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 2 years immediately prior to appointment or enlistment? No.

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

(11) Is your father alive? Yes.

If so, state name and address, occupation Mr. Hubert TADGELL, Bank messenger, 6521 Hadley, St., Montreal, Que. Can.

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

(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? nil.

(14) Is your mother alive? Yes.

If so, state name and address Mrs. Margaret TADGELL, 6521 Hadley St., Montreal, Que. Can.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment nil.

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? nil.
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 nil.

Full Name nil.

Postal Address nil.

Amount contributed monthly during the past six months nil.

(18) Are you insured? Yes.

If so, in what Company? Sun Life Ins. 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.

O K Ladgell
(Signature of officer or man)

Date Feb. 1st 1943.

R O Gaudet Capt.
Officer Commanding

Date Feb. 1st 1943.

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. 4 DISTRICT DEPOT A.F.

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) TADGELL Owen Robert, (b) N° matricule D-135757
2. (a) Arme Army (b) Unité R.C.C.S. CA. (c) Rang SGMN.
3. (a) Date de naissance Aug.21.1914 (b) Avez-vous des personnes à votre charge? Yes. (c) Domicile au moment de l'enrôlement Montreal, Que.Can.
4. (a) Lieu d'enrôlement Montreal South, Que.Can. (b) Date d'enrôlement 1-2-43

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 14 yrs. (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No.
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 7 yrs pub. school. 3 yrs high school.
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu No.
8. (a) Êtes-vous déjà entré en apprentissage? Yes. (b) Si oui, dans quel métier? Printer. (c) Avez-vous complété votre apprentissage? Yes. (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? No.
9. (a) Quelles langues parlez-vous couramment? English. (b) Quelles langues lisez-vous facilement? English.

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) "Employed". (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? Montreal Typogra - fical Union.No.176

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Montreal Daily Star. Adresse Montreal, Que.Can.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Newspaper.
20. (a) Genre précis de votre occupation Printer. (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 5 yrs.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Yes. (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? No. (c) Désirez-vous retourner à votre ancien emploi? Yes.

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? No. (b) Vous croyez-vous apte à exploiter une ferme? No. (c) Si oui, dans quel genre de culture? Nil.
25. (a) Êtes-vous né sur une ferme? No. (b) Nombre d'années d'expérience effective dans la culture? None. (c) Dans quelles provinces avez-vous acquis votre expérience? Nil.

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? No.
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) Nil.
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule Draftsman.

DATE Feb. 1st 1943. 194 SIGNATURE C R Tadgell

No D.116737 Rank Private Name TADGELL, Owen Robert

Unit North N.S. Highrs. Date of death 8th July, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-T-10623

N/K Mrs. Winifred Tadgell Relationship Widow

Address 6694 Monk Blvd., Montreal, P.Q.

Remains buried in Beny-sur- Mer 987813 Cemetery

MR 987813 Beny-Sur-Mer, France.

CHK

Grave location

OVER

REBURIAL

Beny-sur-Mer Canadian Mil. Cem.
Beny-sur-Mer, France.

Grave 16, row A, plot 14.

HI & CR Form Despd. JAN 28 1947

Photographs
Despatched
JUL 31 1947

BURIAL REPORT TO N.K. FEB 9 1946

RETURN TO BUR. OF STAT. FEB 28 1945

ROYAL MESSAGE DESP'D. AUG 14 1944

CAN. MESSAGE DESP'D. 30-8-44

Temp BR sent to NK & MC
Temp BR sent to NK & MC

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Winifred Tadgell,
6694 Monk Blvd.,
Montreal,
Quebec

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

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

and the following number quoted:—

H.Q. 405-T-10,623 FD-224

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 26, 1944

ESTATES BRANCH OCT 16 1944 H.Q. OTTAWA. NATIONAL DEFENCE

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

TADGELL Owen Robert Pte.

D.116737 C.A.

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.

CS/HS

for Director of Estates.

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:

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		Winifred Marion Tadgell.	27	6694 Monk Blvd., Montreal, P.Q.
2	Children of the Deceased and dates of their Births		Robert Hubert Tadgell.	2	6694 Monk Blvd. Montreal, P.Q.
3	Father of the Deceased		Hubert John Tadgell	55	6521 Hadley St. Montreal, P.Q.
4	Mother of the Deceased		Margaret Jane Tadgell (nee Lloyd)	58	Date of death March 3/44 6521 Hadley St. Montreal, P.Q.
5	Brothers of the Deceased	Full Blood	Hubert John Tadgell	31	6708 Monk Blvd. Montreal, P.Q.
			Frederick Lloyd Tadgell	29	6137 Hamilton St. Montreal, P.Q.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Ellen Elizabeth Mary Rice	30	6696 Monk Blvd. Montreal, P.Q.
			Margaret Annette Tadgell.	18	6521 Hadley St. Montreal P.Q.
		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
	Brother ←	William Hazelock Tadgell. 24 yrs. old. Killed in Action in Normandy June 29/44.	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Owen Robert Ladgett.
9	Date of his birth.	Aug 21st 1914.
10	Place and date of his marriage.	At Dorval. Que.. Jan'y 1st 1942.
11	Place and date of his parents' marriage.	Montreal. P.Q.. March 28. 1910.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal. P.Q..
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) Montreal. P.Q.. (d)
14	Nature of employment before enlistment.	Compositor
15	State whether he owned the premises in which he lived, and, if so, where situated.	No. he did not.
16	Name place where deceased stated he intended to make his permanent home.	Montreal. P.Q..

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No. he didn't leave a Will
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?	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?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$175.00 Treated at 6694 Notre Dame Blvd. Montreal, P.Q.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amounts payable under each policy and the person named as beneficiary therein.	Sun Life Assurance Co. Canada $1,000.00 - Beneficiary. Winifred Marion Ladgett-Wife.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	I have in my possession a cheque from the Dept of National Revenue. Income Tax Division, made out to Owen Robert Ladgett. for the Amount of $11.21.

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....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.

.....Mrs. Winifred Marion Tadgell..... Signature of Informant

.....6694 Monk Blvd. Montreal (20) P.Q..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief ...Mrs Winifred Marion Tadgell... {Name of informant} is the* ...wife... of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Cote St. Paul, Montreal, this 13th day of October, 1944.

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

.....R.C.Tait..... Qualification ...CLERGYMAN...

Address 5435 ANGERS St, COTE St PAUL, MONTREAL 29, PQ.

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

Another life insurance policy was taken out by my husbands father. the name of the Company I do not know. the amount was for $250.00 the beneficiary was the father.

I have in my possession a receipt Certifying that D-116737 Pte. Owen Robert Tadgell had subscribed to the Sixth Victory Loan. by monthly assignments of pay $5.40. Date 15-Dec 44.

ROYAL CANADIAN LEGION
MONTREAL
QUE.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D116737 RANK Private SERVICE UNIT North Nova Scotia Highlanders(CA

NAME TADGELL, Owen Robert

DATE OF BIRTH 21st August 1914- DATE OF ENLISTMENT 1-2-43

MARITAL STATUS Married RELIGION Church of En

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Winifred Tadgell,

ADDRESS 6694 Monk Blvd, Montreal, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 8124 H.Q. 405-T-10,623

CASUALTY DETAILS Killed in action DATE 8-7-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 18-8-44

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

LF

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

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: TADGELL (Block letters)

Given names: Owen Robert

Do not write in this space

4. RESIDENCE

Street: Monk Blvd., No. 6694

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: August (Month) 21st, (Day) 1914. (Year)

12. AGE OF DECEASED: Years 29 | 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.: Printer

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	TADGELL, Hubert	
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)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 8th, (Day) 1944. (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) Killed in action.

due to

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

(b)

due to

(c)

II

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

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.... (State which) Date....19....

Manner of injury.... (How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

OVERSEAS CASUALTY CANADIAN ARMY

Signed....M.D.

Address....Date....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

[signature] C.S.

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.

FEB 28 1945

MILITIA BOOK M.1

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

DECEASED

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

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

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

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

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

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

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

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D. 116737

Surname (in capitals) TADGELL

Christian Names (in full) OWEN ROBERT

Date of Birth 21 AUG. 1914

Place of Birth MONTREAL, QUE, CANADA

Citizenship CANADIAN

Trade on Enlistment PRINTER

Nationality of Father at Birth ENGLISH

Nationality of Mother at Birth IRISH

Religion CHURCH OF ENGLAND

Enlisted at MONTREAL SOUTH, QUE, CANADA

Date 1.2.43

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

Signature of Soldier O.R. Tadgell

Signature of Officer [illegible] Capt

Place MONTREAL SOUTH QUE., CANADA Date 1.2.43

(IV) NEXT OF KIN

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

Nearest degree of relationship		Names	Date
	Wife	MRS. WINIFRED TADGELL	1.2.43
1st	Children	Robt. Hubert. Tadgell	14/9/42
	Father	MR. HUBERT TADGELL	1.2.43
2nd	Mother		
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

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

Latest known Address in full

6694 MONK [redacted] BLVD., MONTREAL - QUE - CAN

6521 HADLEY ST. MONTREAL, QUE. CANADA

(V) **RANK and APPOINTMENT**

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
1.2.43	SGMN		HDD-26	Lieut. Gun Coy

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry).	Date	Signature of Officer
6 Pl A/Tk Course 5 C.I.R.U. D.O. # 215	8-11-43	Bdr Ricks, A/t.

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	II	RIFLE		
"	II	L MG		
"	II	TSMG		
"	Q	PISTOL		
"	Q	2" M		
10 Sep 43	Q	Sten.	1 - 2	
Sep. 1943	II	RIFLE	1 - 5	
29 Sept 43	1ST (82)	L MG	1-3	
14 Sept 43		Grenade	1943	
Completed Advanced Training 5.C.I.R.U. 2 Lt				

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
2 Years High	Montreal Que	1933	R Pritchard Lieut

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
17/3/44	24/3/44	Gen duties	

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
28.1.43	"A"	MFM2		
6-7-43	"A"	Redreck & Lansham		

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
24:FEB:44	✓		M.F.	

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
1		

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. 3 1 cc	1.2.43	S. Uber Capt
1 cc	26.2.43	S. Uber Capt
3 1 cc	19.3.43	S. Uber Capt
TABT ½ cc	FEB 3 1944	[illegible]
Typhus 1 cc	FEB 3 1944	[illegible]
Typhus 1 cc	9 Feb 44	W H Rose
" 1 cc	24 Feb 44	W H Rose
Typhus Booster	22 May 44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
1.2.43	S. Uber Capt
22 May 44 + [illegible]	T. Ophiuf Capt

(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
X-RAY #169595	28.1.43	S. Uber Capt
"M" TEST (REV.) COMP "Q" CARD COMPLETE	30.7.43	T. L. Hoskin Capt
D. M. EXP.	4-8-43	R. Richards
CAP. RESP. CHK.	4-8-43	R. Richards [illegible]
FINGER PRINTED	CANADA	F. A. Carpenter Lt
P.L. with Warrant +	1700-8-Nov 43	
Ration Card (1)	1700-15 Nov 43	J H McNamara Lt
P.L. w. Free Warrant	14 Feb 44	J. Hawkins Lt
9 days	23 " "	

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should alway carefully inserted in the Form on pages 4 and 5 of Book, but the Soldier must understand that the ent made there have no legal effect in respect to the disposi of his estate in the event of his death and therefore not relieve him from the necessity of making a V Unless a Soldier duly makes a Will, his estate is d with in the same manner as that of any other pe who dies without leaving a Will, and not only may relative or person desired or intended to be benef receive little or no share of the estate but the distribu thereof is delayed until such of the next-of-kin as may legally entitled can be located. Therefore, though estate may consist of no assets other than the amoun pay and allowances at credit and the belongings he on his person or in camp, it is urgent that he make a which, when completed, is left with his Comman Officer for transmission to the Record Office for custody and in the event of his death is forwarded firs to the Estates Branch, Department of National Defe Ottawa, for administration and distribution of Service estate, and secondly, if other assets (inclu real estate) make it necessary, to the Executor name the Will.

2. The Soldier's Will should **preferably** be made on the Will Form,—M.F.M. 10 (English) or M.F.M. (French)—provided for that purpose and on which also printed a number of helpful instructions. Th forms are obtained through the Commanding Off of each Unit. A separate sheet of paper **may** be u but in such case the general form of the Will as show the Form M.F.M. 10 or 10a should be carefully follov The Soldier will date the Will and at the bottom o sign his name in the presence of two witnesses wh the same time in the presence of each other and of Soldier will also sign their respective names. If Soldier cannot write, he will make his mark in the p

Date Certificate or Will extracted 5/7/43 To whom sent N.R.H.Q. Ban

Signature of Officer [signature] Unit or Dept. Records.

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

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.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

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.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

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. D-116737

Surname (Capitals) TADGELL

Christian Names in full Owen Robert

20 Berkely Sq
9 Bus[illegible] Capt. Legate

D 132692
Ernie Ritch

D 132 471
Epstein, S.
SDag.
S. Coy
Increase - 29/9/43

Boots 94

No.
H. [redacted] 405 T-10623

6694 Monk Blvd.,
Montreal, P.Q.,
Aug 19/44.

(Records)

N.A.G. BRANCH
OTTAWA, CANADA

19/8/44

Dear Sir:-

AUG 22 15 41

Sometime in June I wrote
saying that from July 1st until
Aug 5th I would be at Les Des
Allages. Que., on a holiday.
While there I received two
Cables that informed me of the death
of my husband Pte. Owen Robert
Sadgrove D-116732.
I-day I enclose in the
Montreal Gazette is [illegible] casualty list
that my address was given as Les
Des Allages, Que..
As I have missed many
numbers lately, knowing the death
of my husband I wish to inform
you that I am now at 6694
Monk Blvd, and have been since
Aug 5th which is my correct address.
If any mail has been sent to
Les Des Allages. that is an error as I
was only there on a holiday and you
please be kind enough to deliver any
news. to the above address.

Yours Truly
Winifred Sadgrove

MAIN F.E.
CHARGED TO C
SINCE 19-7-41
L. P. PASSED
AUG 22 1944
TO C
C.A.S.F. REGISTRY

Director of Records
A. G. E. Branch.
AUG 21 1944
Nat. Defence H.Q.
Ottawa

ESTATES BRANCH SEP 6 1944 H.Q. OTTAWA. NATIONAL DEFENCE

6694 Mark Blvd.
Montreal 20, P.Q.
Sept. 3/44

Dear Sir:-

Being the wife of Pte. Owen Robert Tadgell his next-of-kin. I would appreciate any much information regarding the following items.

Have in my personal War Saving Certificate made out in my husbands name What steps should I take to have them turned over to me? My husband Pte. Owen Robert Tadgell being killed in action on July 8/44

Also have a receipt which my husband sent to me before he was killed saying that a Bond would be sent to me shortly in Oct. Will I receive that money?

All my husbands personal belongings which will be sent home I would like very much to keep.

Yours sincerely,
Winifred Tadgell.

D 116737
TADGELL, OR

NO. H.S. 405-T-10623 (Revised)

Quote No: H.Q. 405-T-10, 623 F.D 22[4]

6694 Monk Blvd.
Montreal 20, Que.
April 22/46

APR 24 1946
H.Q.
OTTAWA
NATIONAL DEFENCE

Dear Sir:-

Last February I sent in all particulars to you and you were kind enough to have them sent on to me as the beneficiary named in my husbands Will.

Since then I received this cheque for one payment of Income Tax. Would you be kind enough to make it payable to me.

Yours Sincerely.

R.V. 1933
7/5/46

Mrs. W. Sargeel.

Cheque 21-5-46
Note.

6694 Monk Blvd.,
Montreal 20. Que.

Nov. 17/49.

Dear Sir:—

Would it be possible to forward me what I mean by crosses in memory of my husband who died in the service of his country?

One was sent to me. but I am sorry to say it was lost, or taken off of my coat. I tried to locate it but no one was kind enough to return it. being of value only to me. I had it made into a beautiful brooch. D116737 Pte. O. R. Ladouceur was the name of my husband.

Replacement of Memorial Cross $1.88

Yours Sincerely.
O. Ladouceur

CONTINUATION CARD M.F.M. 14

Regimental No. D. 116737 Name Tadgell O. G.

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
215	10-11-43	Qual. Q 11 on 6 pdr School wef 30 Oct. 43.
217	12-11-43	7 days P.L. + R.A. from 8 to 15 Nov 43 (7 dys)
34	15/1/44	Gr. P.L + SMA. 14-23 Feb 44
57	18.3.44	SOS to 2 C.I.R.U wef 15-3-44
65	17-3-44	TOS 2 C.I.R.U from 5 C.I.R.U wef 16-3-44.
83	7-4-44	SOS 2 C.I.R.U & X4 list 2 C.B.R.B wef 7-4-44
11	13.4.44	TOS #9 B.N-2 C.B.R.C from 2 C.I.R.U wef 8.4.44
		SOS 9 Bn 2 C.B.R.B to #9 Bn 2 C.B.R.C wef 19.5.44
C R	22-May 44	TOS X4 LIST (H.L.I) from 9 Bn wef 20-5-44
C.R.	7-6-44	SOS. " " (10 C.B.R.B.N) TO N.N.S.H. wef 7-6-44.
		TOS from 49 Bty 10 C.B.R.B wef 8 June 44.
C.R	11-7-44.	SOS-Killed in action. wef 8 July 44.

M.F.M.—14A
40/P&S/67(3129)

No. D-116737 RANK ~~SGMN~~ PTE. NAME TADGELL Owen Robert T.S. *Married *Widower *Single XXX

Place of {*Appointment *Enlistment} Montreal South Que. Date of {*Appointment *Enlistment} 1-2-43

RATE OF PAY NR587

D.O. No.	Date	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
					1.30			
145	23-6-43				1.40			1-6-43
185		pte.			1.50	29.9.43		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Mrs. Winifred Tadgell 6694 Monk Blvd. Montreal Que.	1-11-43.	23.00
6th V.W.B. May/Oct 44		8 40
Total.....		

DEPENDENTS' ALLCES. No. Deps. 2

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
2-2-43	Wife	37 60	
		12 00	

*Outfit *Clothing } Allce. $.....Paid on.....

Rehabilitation Grant $.....Paid on.....

*Delete words which are inapplicable.

sd

M. F. M. 14
200M—5-42 (4676)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $.....P.A.

Occupational Form Completed.....Yes

CASUALTIES, ETC.

Part II. D.O. No.	Part II. D.O. Date	Nature and particulars	If in Hospital note name
26	1-2-43	TOS DD4 and posted to "E" Wing w.e.f. 1-2-43	
36	12-2-43	SOSon trans to #41 Huntingdon.Que.w.e.f. 12-2-43	
37A	13 .2.43	TOS T C 41 wef 13.2.43	
64A	17.3.43	Adm to Hunt Mily Hosp 16.3.43	
68A	22.3.43	Disch from Hunt Mily Hosp 19.3.43	
		P. & A. LE . AGREES APR 9 1943	
101A	29.4.43	SOS on trans to Inf (R) A-12 Farnham wef 29.4.43	
99	30-4-43	TOS A-12 Farnham wef 30-4-43	
145	23-6-43	Granted rates of pay of $1.40 wef 1-6-43	
152	1-7-43	Granted special leave from 30-6-43 to 4-7-43 inc warrant and r.a. of $0.50 per d.	
167	19-7-43	SOS A-12 on proceeding overssas on serial 599 wef 19-7-43	
129	30.7.43.	TOS CAO wef. 20 July 43 TOS #5 C/RO wef 29 July 43.	
185	6.10.43.	Inc Rate. 150 wef. 29 Sept 43.	
~~208~~	~~2.11.43~~	~~7 days P.L. & PA. 1-8. Nov. 43.~~ Cancelled No 217	

File No. 405-T-10623

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-116737 Name Dadgell Owen Robert.

Rank on Discharge Pte Date of Discharge 8-7-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 1-2-43	to	19-7-43	
	from	to		
United Kingdom	from 20-7-43	to	1-6-44	
	from	to		
Italy	from	to		
Northwest Europe	from 2-6-44	to	8-7-44	R/a
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star oh

~~Italy~~ Star

France-Germany Star oh

Defence Medal oh

War Medal oh

Canadian Volunteer Service Medal

with clasp

M

Verified by D Fosler

Date 9-9-46

Carded SEP 10 1946

HA 165

NO RIBBON DESPATCH

SIXTH VICTORY LOAN BONDS

Certified that D116737 (Regimental No.) PTE (Rank) TADGELL (Name) OWEN ROBERT

has subscribed for $50.00 SIXTH VICTORY LOAN BONDS

(a) By outright purchase in respect of which Cheque/Draft/Crossed Warrant/Money Order, for $..... has been received.

(b) By monthly assignments of pay $8.40

Bonds to be delivered to: MRS. WINIFRED TADGELL 669 H MONK BLVD., MONTREAL, P.Q.

Date: 15 APR 44

NOTE: This stub to be torn off and handed to subscriber.

WRS

L.C. Minhold Capt
(Unit Representative)

29th August, 1944.

Mrs. Winifred Tadgell,
6694 Monk Blvd.,
Montreal, Quebec.

Dear Mrs. Tadgell:

It was with deep regret that I learned of the death of your husband, D116737 Private Owen Robert Tadgell, who gave his life in the Service of his Country in France on the 8th day of July, 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.

Yours sincerely,

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

AUG 25 1944

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

/MMA

15

405-T-10623

FIELD SERVICE MBR

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS } Nth N.S.Highrs. Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } D-116737 Rank Pte

Surname Tadgell Christian Names O.R.

Died { Date 8 Jul 44 Place France

Cause of Death* K/A

Nature and Date of Report A.F.W.3014/62 d.21 Jul 44

By whom made Cdn Sec GHQ 2 Ech 21 A Gp

P.A.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Beny-Sur-Mer 987813 Date 9 Jul 44

By whom reported C.F.C.C.S

State whether he leaves a Will or not { (a) in Army Book 64 No

(b) as a separate document Not Received.

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date } France 15 Sep 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } W. Ramm Lieut for Officer i/c Cdn Sec GHQ 2 Ech 21 A Gp

40

H.Q. 405-T-10,623 D.R. 2(C)

9th February, 1946.

Mrs. Winifred Tadgell,
6694 Monk Blvd.,
Montreal, P.Q.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D116737 Private Owen Robert Tadgell, have been carefully exhumed from the original place of interment and reverently reburied in grave 16, row A, plot 14, 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.

K.J.D.

Yours faithfully,

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

/EFH

405-T-10623

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME TADGELL, Owen Robert. PLACE & DATE OF BIRTH Quebec. CANADA. 21 Aug. 1914

RANK Pte. REGIMENTAL NO D-116737

UNIT North Nova Scotia Highlrs. NEXT OF KIN & ADDRESS WIFE.

Mrs Winifred TADGELL,

6694 Monk Blvd. Montreal QUE. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 8 Jul 44. PLACE OF DEATH FRANCE

HRS

CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL 9 Jul 44. CEMETERY Beny-sur-Mer. MR. 987813.

PLOT NO ROW GRAVE 5

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.

File No 405-T-10623

R E B U R I A L

NO D116737

RANK PTE

NAME TADGELL, O.R.

NAME OF CEMETERY Beny-sur-Mer Canadian Military Cemetery

LOCATION OF CEMETERY Beny-sur-Mer, France.

GRAVE LOCATION Plot 14, Row A, Grave 16.

AUTHORITY 54-27-88-2 Vol.19
Reburial list.

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Owen, Robert TADGELL (Name in Full), of the city (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Jacques Cartier,

Province of Quebec, Can., Printer. (Civil Occupation)

Regimental No. D-116737, Unit R.C.C.S. CA., 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. Winifred TADGELL (Ault), residing at 6694 Monk Blvd, Montreal, Quebec, Canada,

O.R.L.

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

O.R.L.

(4) I appoint ..... (Name) (Address)

....., to be the Executor / Executrix of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 1st day of Feb.
19 43.

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.

O.R. Tadgell
(Signature of soldier)

First witness sign here.

(5) Signature Antonio Faieni
Civil Address Carillon, Que
Civil Occupation Office Clerk

Second witness sign here.

Signature Charles Stallen Cpl
Civil Address 521 King Macdonaldville P.Q.
Civil Occupation printer

(Witnesses are not to be beneficiaries.)

[OVER]

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. D.116737. Rank and Name Tadgell O.R. Sgmn.

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

(Transfer or Discharge).....to.....on 8th July 19 44.

Reason Death. Authority : C.C.L. "A" 472 d/23rd. July 44.

The following is a statement of the account of the above-named from 1st. July to 31st. July 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	40	24
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay.....days at.....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars)..... .....days at.....$		
Assigned Pay	25	00			
Regimental Charges			Allowances (Give particulars).....days at.....$		
Public Stoppages (Give particulars) :					
To Balance Cr { Free	63	74			
To Balance Cr { Deferred			By Balance Dr		
Total	86	74	Total	86	74

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

Remarks :

Asscnd. Pay of $25.00(W) stopped eff Aug.44.

Asscnd. Pay of $8.40 (6th V.I.)cancelled eff. May.44.

Amount re-credited is included in Bal. B/F at 1st. July 44.

Compiled by P. Cooper.

Checked by E.V. Collins

Date 19th January 19 45.

Certified correct A. Lapsuck
for Chief Treasury Officer, Overseas

P.H.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Owen Robert (CHRISTIAN NAMES) TADGELL (SURNAME)

REGISTER NO. D-457
FILE NO. 405-T-10623
DATE 26-4-45

PAYEE Mrs. Winifred TADGELL,
ADDRESS 6694 Monck Blvd.,
Montreal - P.Q.

SERVICE NO. D-116737
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 8-7-44

DATE OF TERMINATION OF OVERSEAS SERVICE 8-7-44

	$	¢
A. TOTAL QUALIFYING SERVICE 510 NO. OF DAYS 524/30 EQUAL TO 17 COMPLETE PERIODS AT $7.50	127.50	
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 355 LESS 14 INELIGIBLE DAYS, EQUAL TO 341 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	85.25	
	212.75	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY $ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
ADDITIONAL PAY $ .50		
$		
$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12 $ 1.70		
TOTAL $ 4.95 X7 = $34.65		
NO. OF DAYS 355/183 X $34.65	67.22	
D. WAR SERVICE GRATUITY	279.97	
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	279.97	

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $. = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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
[illegible]	

TREASURY	
CHECKED BY	DATE
W Caldwell	2.5.45

Service Representative

38

Form No. 1

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

H.Q. File No. 405-T-10,623

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D-116737	PTE	TADGELL	OWEN ROBERT

Reason for Termination of Service:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 17FEB43	T.O.S.	T.O.S.
S.O.S. 8JUL44 MD O/S	S.O.S. 4 MD	S.O.S. MD
Total Days 524	Total Days	Total Days

TOTAL SERVICE 524 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	169	NIL	169
OVERSEAS SERVICE	355	NIL	355
Totals	524	NIL	524
Add Non-qualifying Service			NIL
TOTAL SERVICE			524

EMBARKATION DETAILS:

1. Date S.O.S. ~~overseas~~ 8JUL44 4

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

REMARKS:

KILLED IN ACTION
8 JUL 44

Computer's Signature R Kennedy

Checker's Signature R Kennedy

Date Computed 5 APR 45

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

W/Cdr (C.L. Laurin) Colonel,
Director of Records.

4

355

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: TADGELL, Owen R. No.: D.116737
Surname Christian Names

Pte. C.A. O/S 8-7-44
Rank Unit Date of Death

AMOUNT

Date: 10-4-45

L.P.C. $ 63.74
Other Credits 156.78
Total 220.52

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Winifred M. Tadgell, 6694 Monk Blvd., MONTREAL, Que., (Sole beneficiary under will)	R $220.52

J. M. C. W.

P4. TO TREAS. 21/5/45 OW
TO BE FORWARDED BY REG. MAIL DIRECT.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$220.52

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-116737 Pte. Tadgell C. R. (Deceased)

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Group
M-16610 Pte. Funnell L.T.F.

CHECKED BY B-126252 Cpl. Sislofsky A. DATE 5 Sept 44

	Snapshots		
1	Prayer Card		
1	Calendar		
1	Business Card		
1	Receipt 6th Victory Loan $50.00 to Officer i/c Estates		
1	Tartan		
1	Identification Bracelet		
1	Pen and Pencil Set "Watermans"		

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

TRIPLICATE — with effects.

A Sislofsky Cpl
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS
ESTATES BRANCH
7 SEP 1944