D116795
WALKER
JOHN CHARL

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ORIGINAL
DUPLICATE
TRIPLICATE

OCCUPATIONAL HISTORY FORM COMPLETED

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.)

01 PTE

Unit R.C.C.S. - - - C.A. INF(R) Regimental Number D-116795

T.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

MAY 4 1943

ATTESTATION PAPER

FINGERPRINTED
PHOTOGRAPHED

1. Surname: WALKER
2. Christian Names: JOHN CHARLES CRERAR
3. Present address: 7566 De L'Epee Ave., Montreal, Quebec, Canada
4. Date of birth: 18, January 1912
5. Place of birth: Glasgow, Scotland. (Country) (County or Province) (Town or Township)
6. Citizenship: British (Of What Country are You Now a Citizen)
7. Religion (state denomination): Presbyterian.
8. Trade or Calling: Radio Mechanic.
9. Married, Widower or Single: ~~Single.~~ Married 43
10. Name of next of kin: Mr. Alexander Walker.
11. Relationship: Father.
12. Address of next of kin: 7566 De L'Epee Ave., Montreal, Que. See Below
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No.

(If Yes, Give Unit and Dates of Service)

14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No. (Yes or No)

(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No. (Yes or No) (If Yes, specify Unit and Period of Service)

15. Did you serve during the Great War 1914-1918? No.

(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Charles Crerar WALKER, 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 3 mai 43. J. Walker (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness (Name) (Rank) J. Walker (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

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

at MONTREAL SOUTH this 3e day of mai 19 43.

Signature of Magistrate, Justice or Attesting Officer.

Officer or Rank and Unit or appointment. Special Recruiting Officer

NO. 4-DISTRICT DEPOT A.F.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of WALKER (Surname) JOHN CHARLES CRERAR (Christian Names) Regimental Number D-116795

Qualifications

Military: NIL

Business or Professional: 5606 NIL

Trade or Civil: = RADIO MECHANIC.

Technical: ////// NON

Languages: ENGLISH

Educational Qualifications

High School or Collegiate (years completed): NON

Graduation or Matriculation (specify): NIL

*College: NON

*University: NON

7e EC PUBLIQUE

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

*Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment 3-5-43 DHQ TOS No. 4 DISTRICT DEPOT CA	SGMN	3-5-43	4 DD	MTL STH	4 DD PT II 105	3-5-43
SOS on trans to CABTC 48 St. Johns Que.	"	13-5-43	"	" "	" " 114	13-5-43
15-5-43 BTC48 & TOS on transfer from DD4	"	14-5-43	BTC48	St.Johns	BTC48 Pt.II Alll	15-5-43
9-6-43 " Was on 5-6-43 granted permission to marry Miss Kathleen Turton of 449 Third Ave.,Verdun	"	12-6-43	"	"	" A-132	9-6-43
25-6-43 " Having been granted permission to marry (vide Pt.II No.A-132,d/9 June 43) was married to Miss Kathleen Turton, in Livingstone Presbyterian Church, Montreal Que. on 12 June 43.	Sgmn		"	"	" " A-144	23-6-43
NIK " Next of kin is changed from Mr. Alexander Walker(father 7566 DeL'Epee Ave., Montreal, Que., to Mrs. Kathleen Walker(wife) 449-3rd Ave., Verdun, Que.	"		"	"	" " A-144	23-6-43
15-7-43 " Re-allocated to INF(R) and remustered a	Pte.	10-7-43	BTC48	St.Johns	BTC48 PtIIA-162	14-7-43
" SOS on transfer to CITC A-12, Farnham, Que.	"	16-7-43	"	"	" " A-164	16-7-43

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

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full WALKER JOHN CHARLES CRERAR Place Mtl. 13 April 1943.

Part 1. Information obtained from the recruit.

1. Age 31 2. Have you ever suffered from any of the following diseases?

a. Rheumatism no
b. Tuberculosis or pleurisy no
c. Bronchitis or asthma no
d. Heart disease no
e. Kidney or bladder disease no
f. Stomach or bowel trouble no
g. Rupture yes
h. Varicose veins no
i. Foot trouble no
j. Nasal trouble no
k. Ear disease yes
l. Eye disease yes
m. Fits no
n. Nervous or mental disease no
o. Syphilis yes
p. Gonorrhoea yes
q. Have you ever worn glasses? yes
r. Are you now or have you in the past received disability pension or compensation? If so, give details no

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

J. Walker
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1
V.D.S. under care V.D.G. under care

1. Identification marks or scars 1 vac. left arm.
2. Height 5 feet 8½ inches. 3. Weight 165 pounds.
4. Complexion Med. Eyes Blue Hair Brown
5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 39 inches. Range of expansion 2 inches.
7. Vision, right 20/40 left 20/40
   With Glasses— right left 8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth marked dental caries
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N.
12. The abnormalities (congenital and pathological) found on examination are as follows:—
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT NEGATIVE.
Heart and lungs normal. abdomen negative, J.C. CALHOUN, Major.
no hernia, spine & extremities normal. Reflexes active.
13. Chest X-Ray N No. 18269 Laboratory at which taken D.P. & N.H., Mtl.

Part 3. We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of Recruits" and he is found fit for Category A

Special remarks when category lower than A

J.E. Mathieu rank Major (President) F. Strain rank Capt. (Member) Arthur M Vineberg rank Capt. (Member)

J.E. MATHIEU MAJOR F. STRAIN CAPT. ARTHUR M. VINEBERG CAPT.

Date 13 April 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
MAY 4 '43	TAB. T ICC J. Stuart Capt		
MAY 4 '43	VACCINATION		
5-6-43	TAB T		
6-7-43	" " J		
30-7-43	Y.O.B. P U L H E M S. 12 1 1 1 1 1 1 1		
29/4/43	Recheck Cat. A [illegible] Capt		

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

Regtl. No. D-116795 Rank SGMN Surname WALKER Christian Name JOHN CHARLES CRERAR

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

N° ma[illegible]e D-116795 Grade Pte

Feuille N°

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

Nom WALKER, J.C.C.

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
T.O.S. on temp att on reposting from T.C. 48 St.Johns, Que	Pte	17-7-43	A-12	Farnham	A-166	17-7-43
Granted 14 days furloufg from 14-9-43 to 27-9-43 incl. with 50¢ per. diem. ration allowance. T.W. A-469334	"	14-9-43	"	"	A-216	14-9-43
Garanted dailyrates of pay pf $1.40	"	4-9-43	"	"	A-233	4-10-43
S.O.S. to Serial No. 3850	"	5-10-43	A-12	Farnham	A-234	5-10-43
ATT NO.1 TRANSIT CAMP		6. 10. '43	#1 TRANSIT	WINDSOR, N.S.	256	7 10 '43
SOS NO.1 TRANSIT CAMP		24 11 '43	#1 TRANSIT	WINDSOR, N.S.	299	25 11 '43
SOS Cdn Army(Can)on Embark	"	25Nov43	6CIRU	U.K.	262	Dec43
TOS " " (Overseas)	"	26Nov43	"	"	"	"
Disembark in U.K.	"	2 Dec43	"	"	"	"
Reported for duty at 6CIRU	"	2 Dec43	"	"	"	"
C80 SOS SOS to 5CIRU	Pte	8 Dec 43	6CIRU	UK	267	8 Dec 43
TOS TOS from 6CIRU	Pte	9 Dec 43	5CIRU	UK	239	10 Dec 43
(C62) Awd. 6 Months prof - pay $1.50	Pte	14 Nov 43	5CIRU	UK	34	15 Feb 44
SOS (C62) SOS to 4 CIRU	Pte	16 Mar 44	5CIRU	UK	58	17 Mar 44
C41 TOS. TOS from 5CIRU	Pte	17 Mar 44	4CIRU	UK	79A	19 Mar 44
m106 To be A/L/cpl	Pte	10 Jul 44	4 CIRU	UK	189	24 Jul 44
C86 amd DO 261-160 of 44 SOS SOS to ~~HQ 13CIB~~ 1Bn Rocky Mt R.	A/L/cpl	25 Aug 44	4 CIRU	UK	220	29 Aug 44
C86 amd DO 60-13 Sep 44 TOS TOS from 4CIRU	A/L/cpl ~~L/cpl~~	26 Aug 44	1 Bn R M Rangers	UK	49	30 Aug 44
C86 SOS TOS. SOS to X4 List CIC. Ret to write	Pte	28 Sep 44	R M Rangers	UK	72	27 Sep 44
C86 noted Cease apptmt of L/cpl on posting to X4 List CIC	A/L/cpl	28 Sep 44	R M Rang	UK	72	27 Sep 44
Embarked at UK on 28 Sep 44						
Disembarked at France on 29 Sep 44	Pte		X4 Inf Gen Anal 2 A[illegible]		39	12 Oct 44

N° matricule..... Grade.....

Feuille N°.....

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

Nom.....

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
SOS SOS X-4 list 13 Bu. to QOC of C.	Pte	9 Oct 44.	X list Inf Gwalt	21 a Gp.	52	27 Oct 44
TOS TOS from X4 L Inf Gen Mal	Rfn	10 Oct 44	QOR of C	21 AG	51	27 Oct 44
SOS SOS died of Wounds on adm to 2 CCS NEP. D 51 d/21 Nov 44	Rfn	14 Oct 44	QOR of C	21 AG	51	27 Oct 44
TOS Died of Wounds.	Rfm	17 Oct 44.	QOR of C	AEF	505	22 Oct 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-116795. Rank Rfmn. Surname Walker Christian Name John C.C.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
Q.O. Rfles.	2 C C S.	Dn	K						D.O.W. 17-10-44. Wnded 16-10-44.		A-505.
"			—			—			S.W. (H E) stomach.		B.327

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

A/L/C

Duplicated

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 INF(R)~~R.C.C.S.---C.A.~~ Regimental Number D-116795

1. Surname WALKER
2. Christian Names John, Charles, Crerar
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Glasgow, Scotland
5. Date of birth as declared on attestation 18-Jan-12
   (A)
6. Date of enlistment 3-May-43
7. Place of enlistment Montreal South, Que., Can.
8. Residence at time of enlistment 7566 De L'Epee Ave., Mtl., 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 PRsbyterian,
12. If married, state date 12-6-43
13. Trade on enlistment Radio Mechanic
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc.)

(18) Medical

Category	Date	Authority
"A"	13-4-43	MF.M. 2

(19) Next of kin (entries to be made in pencil) Wife
Mrs Kathleen Walker
449-3rd Ave
Verdun Que

(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	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		A-12	Granted rates of Pay $1.40	Farnham	4-9-43	Pte	DO-233-4-10-43.
		6 CIRU	SOS Cdn Army (Can) on Embarked	U.K.	25Nov43	"	262-2Dec 43
			TOS " " (Overseas)	"	26Nov43	"	"
			Disembarked in U.K.	"	2 Dec43	"	"
			Reported for duty at 6 CIRU	"	2 Dec43	"	262-2Dec 43
		6CIRU	SOS to 5 CIRU (Auth 444/AT 76/1(SCA) d/5 Dec 43	U.K.	8Dec43	"	267-8 Dec 43
		5CIRU	TOS from 6 CIRU	UK	9 Dec 43	pte	239 10 Dec 43
		5CIRU	New rates of Pay 1.50	UK	14 Nov 43	Pte	34 15 Feb 44
	SOS	5CIRU	SOS to 4 CIRU	UK.	1[illegible] Mar 44	Pte	58 17 Mar 44
		4CIRU	TOS from 5 CIRU	"	16.3.44	"	79A 19.3.44
	CO	4CIRU	to be A/L/cpl	UK	10 Jul 44	A/L/cpl	189 — 24 Jul 44
			SOS to HQ 13CIB	UK	25 Aug 44	A/L/cpl	220-29 Aug 44
		RMRang	TOS R M Rang from 4 CIRU	✓	26 Aug 44	✓	49 - 30 Aug 44
		✓	1 days P.L. plus 2 days with RA	✓	12 Sep 44	✓	59 - 12 Sep 44
		RMRang	SOS to X4 list CIC	UK	28 Sep 44	A/L/cpl	72 27 Sep 44
		RMRang	Ceases appointment L/cpl on going on draft	UK	28 Sep 44	Pte	72 27 Sep 44
			Embarked 28 Sep 44 Disembarked	France	29 Sep 44	"	39 OCT 1944
			and TOS X4 CIC (10 Bn) wef	✓	29 Sep 44	"	52 OCT 1944
X4	CIC	13 Bn	SOS to QOR of C	✓	9 Oct 44	✓	
10 Oct 44	OC	QOR	TOS from X-4 Inf Gm Unall	"	10 Oct 44	Rfn	51 - Oct 44
21 Oct 44	"	"	SOS died of wounds on adm 2 Cd CCS	"	16 Oct 44	Rfn	51 - Oct 44

No D.116795 Rank Rifleman Name WALKER, John Crerar Charles

Unit Q.O.R. of C. Date of death 17th Oct., 1944.

Died at Belgium

Cause Died of wounds received in action.

Death occurred on strength of Forces.H.Q. 405-W-17,571

N/K Mrs. Kathleen Walker, Relationship Wife

Address 449 3rd Avenue, Verdun. Quebec.

Remains buried in Plot 18, row 14 gra 1. L'Ouest. Cemetery
Cimitiere, Ghent.

CHK

Grave location

OVER-

REBURIAL

Adegem Canadian Military Cemetery,
Adegem, Belgium.

Grave 3, row E, plot 10

HI & CR Form Despd. FEB 3 1947

Photographs

Despatched NOV 7 1947

Temp BR sent to N.K. & Ma.

DEC 14 1944

NOV 22 1944

OCT 1 1945

JAN 2 1946

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

5M-10-44 (M-4414)

17-10-44

AWARDS—CANADIAN ARMY (ACTIVE) 1841 M FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-W-17571

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
WALKER, John Charles Crerar	D.116795	Rfmn.	Q's.O.Rifles of Can.

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star 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

MEMORIAL BAR

DATE DESP

(1)

REGN. NO 1941

(1) MEDALS

PERSON ENTITLED TO Mrs. Kathleen Walker - Widow

ADDRESS: 449-3rd Ave.,
VERDUN,
Que.

(2) MEMORIAL CROSS

WIDOW Mrs. Kathleen Walker (ENGLISH)

1841

ADDRESS: 449 - 3rd Ave., Verdun, Que.,

(2) DESP. FEB 23 1945
REGN. NO 14585

(3) MEMORIAL CROSS

MOTHER Mrs. Marion Walker (ENGLISH)

1841

ADDRESS: 7566 de l'Epee Ave., Montreal, Que., (MFM5.)

(3) DESP. FEB 23 1945
REGN. NO 14586

6921. 24/10/44.

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

23 A DS - H.E. S.W. Abdomen
C. Craig Capt.

4978

OCT 16 1944 No. 2 C.C.S. R.C.A.M.C.

To Resuscitation Jowells May

A.C.C. 9,000 units

Time 1935

Urine - Clear. NA

Penetrating S.W./HE rt up Quad.

Abdomen tense - Shock + +

Given 2 bottles plasma & after

1/2 bottle Blood B.P. 165/110.

Ready for O.K.

atropine gr 1/100 Morphia gr 1/4

1 ACD

2 cdn CCS 2030 hrs Oct 16.44

5 hr. after my ing. Pen. wd of the R.L.Q. Pt general condition Satisfactory - urine neg. abdomen opened through the Pen wound - R Rectus incision Large hole found in Caecum Pe. fever Catheter pursed stringed in Caecum after exteriorization Sulpha in abdomen (NO Pen Pd available - Drain in pelvis wound closed layers

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Army Form W3118.
R.A.F. Form 3118.

FIELD MEDICAL CARD

No. D116795 Rank RFN
Name WALKER J.C.
Unit QOR of C

Battle Casualty. ~~Accidentally Wounded. "Sick."~~
(Strike out description which does not apply)

Diagnosis of Unit M.O.— Shell wound (H.E.) Stomach

Date seen by him— 16/10/44. R.D. Oatway Capt.

No. of Field Ambulance— 22nd CCP
Date of admission— 16 Oct 44
Field Ambulance diagnosis— S.W. (H.E) abdomen
J. McCABE Capt

C.C.S. or M.C.S. diagnosis (if altered from above)—
As above JRC

General or other Hospital diagnosis (alterations or additions)—

Additional Notes by Unit M.O. and Field Ambulance

Morphia—	A.T. Serum—
Dose. Time and date given— ½ gr. 1535 hrs. 16/10/44	Dose and date given— T-1cc 16-10-44
Date of Wound or onset of illness }	Religion— Presb. 32. M.

NOTES

one wd ant. abd. ~~Stomach~~ wall.

RDO

160ct44
22nd CCP
Wound ant abdominal wall.
No faecal odour or discharge. Only moderately rigid. Complaining
1 belching. Pulse 98
1023rd ADS. J. McCABE Capt

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full WARK John Charles Crorar (b) Reg'l. No. D-11703
2. (a) Arm of service Army (b) Unit R.C.A.S. CA (c) Rank Sgt
3. (a) Date of birth 1919 Jan 10 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Quebec.
4. (a) Place of enlistment Montreal South, Quebec. (b) Date of enlistment May 3rd 1943.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 yrs old (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 7 yrs public school
7. If you attended a university, give name of university and standing or degree secured no
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Radio Mechanic (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 1 yr.
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer R.A.F. Ferry Command Address Dorval, Quebec.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Ferry Command
20. (a) Your specific occupation Radio Mechanic (b) Number of years' experience at this occupation with any employer 1 yr.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Nil

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? Nil
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? Nil (c) In what provinces did you have experience? Nil

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) To better myself as a radio mechanic.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Nil

DATE May 3rd 1943. SIGNATURE J. Walker

P-49

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE R.C.C.S. Inf. (R)
Arm or Corps

(Army) ELECTRICAL GROUP TRADE TRAINEE
Trade (if Tradesman or Trade Trainee)

Personnel Selection Record

Rifleman
Work in Arm (if Non-Tradesman)

I. J/16795 Pte W A L K E R John, Charles C. A 31 A
Regt. No. Rank Name (surname first) A or R Age Med. Cat.

English — Montreal South, Que. 27-4-43.
Main Language / Other Language(s) Place (Unit) Interviewed Date Interviewed

II. Revised Examination "M"

D.D.4. 19-4-43 F.T.Brown, Maj.
Place Tested Date Tested By Whom

145 Total III Group Subtests 14 (1) 16 (2) 7 (3) 25 (4) 31 (5) 11 (6) 22 (7) 19 (8) Subtotals 37 (1–3) 56 (4–5) 52 (6–8) English
English or French

Other Tests

III. Educational Background

Completed Grade VII - age 5 to 13. Educated in Montreal. Left school to work.

IV. Occupational Background

2 years - Office boy, Willis Faber Ins. Co.
5 years - Odd jobs - labourer.
2 years - No work during depression.
1 year - Usher in a theatre.
6 years - Wireman - Dominion Electric Co. Burglar and fire alarm installations only.)
1 year - Radio mechanic R.A.F.F. Command, Montreal. (Radio installations on aircraft only.)

V. Military Background

Reported for Active Service at D.D.4. on 13-4-43.

T.O.S. 3/3/43 D.D.4.

VI. Other Personal History and Appraisal

This man was born in Glasgow, Scotland. Came to Canada when 2 years of age. Was educated in Montreal. Appears to have high average intelligence. Has a pleasant personality. Is neat and tidy in appearance. Single. Lives with his parents. Has a brother serving with the Royal Canadian Navy. Normal home atmosphere. Says he has a steady girl friend. Has many friends. Smokes moderately. Does not drink. Appears alert and energetic, and is anxious to develop himself within the army. Says his general health is good. Was given medical category "A". Weight 165 lbs, height 5'8½". His experience, keen interest and good "M" score appear sufficient to out balance his school record. It is felt that he can become a radio electrician or repair man.

VII. Recommendations

R.C.C.S. ELECTRICAL GROUP TRADE TRAINEE.

(Signed) J.L. Poirier Lieut.
Army Examiner

(J.L. Poirier) Lieut.

M.F.M. 196
200M—1-43 (7957)
H.Q. 1772-39-1916

J.P.

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

D-116795 - Pte. WALKER, J.C.C.-first interviewed at D.D. 4 on 27 Apr 43:
"M" Test:-37/56/52 - 145.

Has done only fairly well at Basic Training. Appears to have developed poor attitude. Claims he does not like the discipline.
Learning ability is such that he should pass Basic Training easily and absorb Trade Training with R.C.C.S.

R.C.C.S.(E) - Electrical Group, Trade Trainee.

C.A.(B).T.C. 48,
St. Johns, Que. 30 June 43 (W.A. Wilkinson) Capt. A.E.

D-116795 - Pte. WALKER, J.C.C.-first interviewed at D.D. 4 on 27 Apr 43:

Re-allocated to INF.R. as per H.Q.M.D. 4 letter M.S.-2-48-55 (A/MOV) dated 2 July 43.

INF.(R) - Rifleman, Non Tradesman.

C.A.(B).T.C. 48
St. Johns, Que. 5 July 43 (W.A. Wilkinson) Capt. A.E.

INFORMATION:

This man has completed his Infantry advanced training at A-12 Farnham and has qualified.

(M. LeBel) Capt.,
Army Examiner,
CITC A-12

4 Oct 43
Farnham P.Q.

Suitable for overseas service.

7 Oct 43 A.C. Shadgett.
No. 1 Transit Camp. Army Examiner
Windsor, N. S.

13 CIB: Remustered to CIC Aug44. Completed conversion Tng with R M Rang.
SOS to X-4 list 28 Sep 44.

(W G Meneilley) Major
SPO 13 CIB

Walker, John Charles
Loreran

APPLICATION FOR PERMISSION TO MARRY

(One copy only to be completed)

NOTE: Study the notes on page 2 before completing this application.

Date 2 June 1943

1. I, D-116795 (Number) Pte. (Rank) WALKER (Surname) J.B. (Initials)
R.C.C.S. (Unit) hereby apply for permission to marry KATHLEEN TURTON (Proposed wife's name in full) of 449 Third Ave., Verdun, Que. (Proposed wife's address in full)

2. I certify that the following particulars concerning myself and my proposed wife are true:—

(*a*) PARTICULARS OF SOLDIER:

(i) Date of birth 18 January 1912.

(ii) Date of enlistment 3 May 43.

(iii) In receipt of tradesmen's rates, Class N/A

(iv) Marital Status (Strike out words inapplicable)—Soldier to initial:

Bachelor.
~~Widower~~. J.C.W.
Name of deceased wife N.A.
Date of death of deceased wife N.A.
~~Divorced~~. J.C.W.
(*See* para. (5) of Routine Order and note on page 2 of this application, number (vi).)
Name of former wife N.A.
Date of divorce decree N.A.
Place where divorce granted N.A.

(v) Particulars of dependents in receipt of Dependents' Allowance, if any:
Name (or names) of dependents N.A.
Relationship of dependents N.A.
Amount of Dependents' Allowance N.A.
Amount of assigned pay $20.00
How, and by whom, dependents will be supported after marriage Father

(*b*) PARTICULARS OF PROPOSED WIFE:

(i) Date and place of birth 10 March 1914.
(ii) How long you have known her 6 Years
(iii) Present nationality Canadian
(iv) Name and address of nearest relative John Turton (Uncle)
317 Manning Ave., Verdun, Que.

M.F.M. 228
25M—9-42 (6110)
H.Q. 1772-39-1950

3. I solemnly state that I am Bachelor
(Bachelor, Widower, or Divorced Person)

as set out in para. 2 (*a*) of this application, and that I am legally free to marry

KATHLEEN TURTON (on or about 12 June 43.)
(Name of proposed wife)

J. C. Walker
(Signature of applicant)

NOTES: (i) A certificate of the proposed wife's good character, signed by a responsible citizen, such as a clergyman, public official, school teacher or employer, must be attached to the application.

(ii) If the proposed wife is under the age of 18 years, the written consent of her parent or guardian must be attached to the application.

(iii) If the applicant is under the age of 19 years, the written consent of his parent or guardian must be attached to the application.

---

4. DECISION OF COMMANDING OFFICER

PERMISSION GRANTED

(See note at para. (vii) below)

Date 5 JUN 43 Signature

(W. H. WATSON) LIEUT.-COL.,
Commanding No. 48 C. A. (B.) T. C.

NOTES FOR ATTENTION OF COMMANDING OFFICERS

5. (i) After permission to marry has been published, this form will be forwarded, through the usual channels, to the Officer i/c Records, National Defence Headquarters, Ottawa, Ontario.

(ii) Attention is drawn to the Routine Order covering the subject of "Permission to Marry", viz: No. 2242.

(iii) The requirements of this form are for military purposes only. The parties to the proposed marriage (particularly when either one or both of them are under the age of 21 years) should consult a local solicitor, or other competent authority, upon the requirements necessary to conform to the civil laws of the country or province where the marriage takes place.

(iv) Where permission to marry is granted, such permission will not apply to a marriage to any person other than the woman whose name is given in para. 1 of this application.

(v) In the case of personnel declaring they have been divorced, the Commanding Officer will require them to produce the original divorce judgment, or a certified court copy thereof, before permission to marry may be granted.

(vi) The Part II Order showing that permission has been granted will include the name of the proposed wife.

(vii) In case of refusal for permission to marry, reasons will be stated by the Commanding Officer, in his own handwriting, in para. 4 above.

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.

---

(1) Name of Officer or Other Rank WALKER
(Surname first—Christian names in full—Block capitals)
John Charles Crerar

(2) Regimental or Official Number and Rank D-116795 Sgmn

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

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife nil

(*b*) Present postal address of wife nil

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

(7) Are you a widower? no

(8) Have you any children? no Number of boys Girls

Names and ages nil

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

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

Name nil

Postal Address

[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. Alexander WALKER - Carpenter
7566 de l'Epee Ave., Montreal, Quebec, Canada.

(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. Marion WALKER (Swanson)
7566 de l'Epee Ave., Montreal, Quebec, Canada.

(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? 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 nil

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? Yes

If so, in what Company? Sun Life Ass. 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 May 3rd 1943. J. Walker
(Signature of officer or man)

Officer Commanding for NO. 4 DISTRICT DEPOT A.F.

Date May 3rd 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.)

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

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, John Charles Crerar WALKER (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, Radio Mechanic (Civil Occupation)

Regimental No D-116795, 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 MOTHER" Mrs. Marion WALKER (Swanson)

Residing at: 7566 de l'Epee Ave., Montreal, Quebec, Canada.

All my estate both real and personal.

J. W.

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

J. W.

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 3rd day of May 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.

× J. Walker (Signature of soldier)

First witness sign here.

(5) Signature Roland Gerard

Civil Address 261 ch. Leoges Ste Rivière

Civil Occupation Office Clerk

Second witness sign here.

Signature Victor Lucas

Civil Address 7108 Lonpourmanville Montreal

Civil Occupation Clerk.

(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. D116795 Rank and Name WALKER. J.C.C. Pte.

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

~~(Transfer~~ or Discharge)..... to ..... on 17th.October. 19 44.

Reason Death Authority : C.C.L."A" 505 d/22nd Oct.44.

The following is a statement of the account of the above-named from 1st October. to 31st October 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	2	60
First Monthly Payment				Regimental Pay 31 days at $ 1.50	46	50
Casual Payments				Tradesmen's Pay .....days at ..... $		
Payments on Transfer or Discharge				Additional Pay (Give particulars) ..... days at ..... $		
Assigned Pay $23.00 & $1.00	24	00		Allowances (Give particulars) ..... days at ..... $		
Regimental Charges						
Public Stoppages (Give particulars) :						
To Balance Cr Free	25	10		By Balance Dr		
To Balance Cr Deferred						
Total	49	10		Total	49	10

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

Remarks:

Assnd Pay $23.00 (W) Stopped eff November.1944.

Assnd Pay $1.00 (WSC) Stopped eff November.1944.

Compiled by E.G.Ripley.

Checked by B.M. Wadsworth

Date 12th May.1945. 19.....

Certified correct .....
for Chief Treasury Officer, Overseas

MW

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-116795 Rfn Walker J.C.C. (Deceased)

RECEIVED FROM 2nd Echelon 21 Army Group

CHECKED BY C-5267 Tpr Carr J.A.
C-5591 Pte Patterson L.K. DATE 23 Jan 45

1	Money Belt	
2	False Teeth	
2	Red "I" Disc	
1	Wrist Watch & Strap (Vedette)	
1	Pen (Watermans)	
1	Note Book	
1	Nail File	
1	Cig Lighter	
1	Wallet	
5	Coins Souvenir	
5	Buttons	
1	5th V/L Receipt To O I/C Estates	
	Photos	
1	Photograph In Folder	

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

S K Pattison Pte

for OC 1 Cdn KSD

Form No. 1

Register No. [redacted]

Nominal Roll No. .....

H.Q. File No. 405-W-17521

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-116795	Rfn	WALKER,	JOHN, CHARLES, CREERAR

Reason for Termination of Service:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 3 May 43	T.O.S.	T.O.S.
S.O.S. 17 Oct 44 MD OS	S.O.S. MD	S.O.S. MD
Total Days 534	Total Days	Total Days

534 DAYS

TOTAL SERVICE

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	207	—	207
OVERSEAS SERVICE	327	—	327
Totals	534	—	534
Add Non-qualifying Service			—
TOTAL SERVICE			534

EMBARKATION DETAILS:
tos o/s 26 Nov 43

1. Date S.O.S. Overseas 17 Oct 44

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

REMARKS:

DIED WHILST IN SERVICE
17 OCT 44

Computer's Signature J. F. O'Leary

Checker's Signature [illegible]

Date Computed 11 April 45

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

(C.L. Laurin) Colonel,
Director of Records.

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOHN CHARLES CRERAR WALKER (Christian Names) (Surname) — Register No D-44444

PAYEE'S NAME MRS KATHLEEN WALKER (Christian Names) (Surname) — File No 405-W-17571

ADDRESS 449 THIRD AVE. VERDUN — P.Q. — Date 16-7-45

Service No D-116795

Final Rank R/fmn

DATE OF TERMINATION OF OVERSEAS SERVICE 17-10-44 — Date of Discharge 17/10/44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 534 / 30 = 17 (24) Periods @ $7.50	127	50
B. QUALIFYING OVERSEAS SERVICE No. of days 327 less 24 Ineligible days, equal 303 Days @ 25c per day	75	75
C. SUPPLEMENT FOR OVERSEAS SERVICE	203	25
Daily Rate of Pay $ 1.50		
Subsistence Allowance $ 1.25 ✓		
Additional Pay $ —		
Dependents' Allowance 1/30 $ 37.20 $ 1.24		
TOTAL $ 3.99 × 7 = $ 27.93		
No. of Days 327 / 183 × $ 27.93	49	91
D. WAR SERVICE GRATUITY	253	16
Computed By Gates ✓		
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $		
Entered By ✓		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 253.16 each)	253	16

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

CASUALTIES ONLY
For purposes of W.S.G.
Casualties include death
subsequent to discharge

Register No. D4444

File No. H.Q.405-W-17571

WAR SERVICE GRANTS ACT 1944

OTTAWA January 22nd 1945

TO: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D1167 95

Name J.C.C. WALKER
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K.W.Rice

(K.W. Rice) Lieutenant,
for (A. E. Mortimore) Brigadier,
Paymaster-General.

	Name	Amount
Names of persons in receipt of D.A. and amount of monthly award	Mrs Kathleen Walker wife	$ 37.20
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.		
Names of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

JAN 29 1945 194

C.L.C. Clune.

For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A. & A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $

194

for C.T.O.

405-W-17571
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.116795, Rifleman John Charles Crerar WALKER, of the Queen's Own Rifles of Canada, Canadian Army, died on the 17th of October, 1944, of wounds received in action.

(C. L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
Novmeber 28th, 1944.

15

MBR

FIELD SERVICE

Army Form B. 2090A.

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: QOR of C — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-116795 — Rank: Rfn

Surname: Walker — Christian Names: J.C.C.

Died — Date: 17 Oct 44 — Place: Belgium

Cause of Death*: D of W

Nature and Date of Report: A.F.W. 3014/145 23 Oct 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

* 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: Plot 18, Row 14 Grave 1, L'Ouest Cimetiere, Ghent — Date: 17 Oct 44

By whom reported: E.A. Curry 2 Cdn CCS

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: Belgium 24 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric Robertson Capt

for Officer i/c

Cdn Sec GHQ 2 Ech 21 A Gp

31

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (BELGIUM) | 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: WALKER

Given names: John Charles Crerar (Block letters)

Do not write in this space

4. RESIDENCE

Street: De L'Epee Ave. No. 7566

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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): Glasgow

11. DATE OF BIRTH: Jan. (Month) 18th, (Day) 1912 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	31			....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Radio Mechanic

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	WALKER, Alexander	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Belgium

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: Oct. (Month) 17th, (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) Died of wounds rec'd 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.... Date....19....
(State which)

Manner of injury....
(How sustained)

Nature of injury....

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

OVERSEAS CASUALTY CANADIAN ARMY

OCT 19 1944

Signed.... M.D.

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

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

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 Natl. Defence

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs Kathleen Walker,
449-3rd. Ave.,
Verdun, Que.

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-W-17, 571 FD 67

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

2 January, 1945

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

WALKER John Charles Crerar Rflmn.

D116795 C.A. O/S

ESTATES BRANCH
JAN 12 1945
H.Q.
OTTAWA.
DEPARTMENT OF NATIONAL DEFENCE

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.

C Stevenson Capt
for
Director of Estates.

CSS/IDS

M.F.W. 77
16M-10-44 (5854)
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.....		KATHLEEN WALKER ("NEE TURTON")	30	449 THIRD AVE. VERDUN P.Q.
2	Children of the Deceased and dates of their Births.....		NONE		
3	Father of the Deceased.....		ALEXANDER WALKER	65	7566 de L'EPEE AVE. MONTREAL P.Q.
4	Mother of the Deceased.....		MARION CLARKE SWANSON WALKER	66	7566 de L'EPEE AVE MONTREAL P.Q.
5	Brothers of the Deceased	Full Blood	LEWIS LAWRENCE REFORD WALKER	22	H.M.C.S. AMHERST % FLEET MAIL OFFICE HALIFAX N.S.
		Half Blood	NONE		
6	Sisters of the Deceased	Full Blood	NONE		
		Half Blood	NONE		

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
	NONE.	NONE	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	JOHN CHARLES CRERAR WALKER
9	Date of his birth.	JANUARY 18TH 1912
10	Place and date of his marriage.	MONTREAL P.Q. JUNE 12TH 1942
11	Place and date of his parents' marriage.	GLASGOW SCOTLAND APRIL 14TH 1911

PARTICULARS OF DOMICILE

12	Place where deceased was born.	GLASGOW SCOTLAND
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) GLASGOW SCOTLAND 2 yrs. (b) MONTREAL P.Q. 30 yrs. (c) (d)
14	Nature of employment before enlistment.	ELECTRICIAN
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 P.Q.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NO
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	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.	~~WINE~~ $45.00 # 7566 de L'Epee Ave Montreal
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50.00 Registered. MONTREAL
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	SUN LIFE INSURANCE CO. $1,000.00
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NIL.

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. Kathleen Luston Walker ..... Signature of Informant

449 Third Ave., Verdun P.Q. ..... Address

CERTIFICATE

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

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

Dated at Montreal this 9th day of January 19 45

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

Address .....

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

EEB

405-W-17,571

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME WALKER, John Charles Crerar

RANK Rfn.

UNIT Queens Own Rifles

PLACE & DATE OF BIRTH SCOTLAND 18 Jan 1912

REGTIMENTAL NO. D-116795

NEXT OF KIN & ADDRESS Wife.
Mrs. Kathleen WALKER
449 Third Ave., Verdun, Que.

PARTICULARS OF HOSPITALISATION.

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH.

DATE OF DEATH 17 Oct 44.

HRS

PLACE OF DEATH BELGIUM

CAUSE OF DEATH DIED OF WOUNDS

PARTICULARS OF BURIAL.

DATE OF BURIAL 17 Oct 44

PLOT NO 18 ROW 14 GRAVE 1

CEMETERY L'Ouest Cimitiere Ghent
SH 22-32 17558245

DEATH CERT.NO

RELIGION Pres.

DATE 20 Oct 45

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

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

File No. 405-W-12571

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

P.A.

No. D 116 795 Name Walker, John Charles Gerar

Rank on Discharge Rfn. Date of Discharge 7-10-44

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 3-5-43	to 25-11-43	
	from	to	
United Kingdom	from 26-11-43	to 28-9-44	
	from	to	
Italy	from	to	
Northwest Europe	from 29-9-44	to 7-10-44 (died of wounds)	
---------	from	to	
---------	from	to	

Eligible for award of:

1939 - 45 Star OK /

---------- ----------

~~Italy Star~~ ----------

France-Germany Star OK /

Defence Medal OK /

1939-45 War Medal OK /

Canadian Volunteer Service Medal OK /

with clasp OK

M

Verified by Annette Routhier

Date 18-9-46.

Carded SEP 19 1946

HA 165

NO RIBBON DESPATCH

9th November, 1944.

Mrs. Kathleen Walker,
449 - 3rd Avenue,
Verdun, Quebec.

Dear Mrs. Walker:

It was with deep regret that I learned of the death of your husband, D116795 Rifleman John Charles Crerar Walker, who gave his life in the Service of his Country in the Western European Theatre of War on the 17th day of October, 1944.

From official information we have received, your husband died as the result of wounds received in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

NOV 4 1944

(A.E. Walford),
Major-General,
Adjutant-General.

mem. X. Wife
mem. X. Mother
5.12.44

405-W-17,571 D.R. 2(D)

2nd January, 1946.

Mrs. Kathleen Walker,
449 3rd Avenue,
Verdun, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D116795 Rifleman John Charles Crerar Walker, have been carefully exhumed from the original place of interment and reverently reburied in grave 3, row E, plot 10, of Adegem Canadian Military Cemetery, Adegem, Belgium. 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.

/EFH

File No 405-W-17,571

R E B U R I A L

NO D116795

RANK RFN

NAME WALKER, J.C.C.

NAME OF CEMETERY ADEGEM CDN MILITARY CEMETERY

LOCATION OF CEMETERY ADEGEM, Belgium.

GRAVE LOCATION Plot 10, Row E, Grave 3.

AUTHORITY 54-27-88-2 Vol. 18

Reburial list.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-116795 RANK Rifleman SERVICE UNIT Queen's Own Rifles of Canada (CA)

NAME WALKER, John Charles Crerar

DATE OF BIRTH DAY 18th MONTH January YEAR 1912 Date enlisted: 3-5-43

MARITAL STATUS Married Religion: Presbyterian

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

ADDRESS 449-3rd Ave., Verdun, Que.

NAME ADDRESS D.A.B. Mrs. Kathleen Walker

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 2604A H.Q.405-W-17571

CASUALTY DETAILS Died of wounds DATE 17-10-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MCL YES/NO

M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? O/S 3385 O/S #6 C.I.R.U. YES/NO

DATE 3-11-44

OFFICER I/C RECORDS

Capt. 6 mail

COPY FOR DOCUMENT FILE

MILITIA BOOK M. 1

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-116795

Surname (in capitals) WALKER

Christian Names (in full) JOHN CHARLES BRERAR

Date of Birth Jan. 18, 1912.

Place of Birth Glasgow, Scotland

Citizenship (Canadian).

Trade on Enlistment Radio-Mechanic.

Nationality of Father at Birth Scottish

Nationality of Mother at Birth "

Religion Presbyterian

Enlisted at Montreal South, Que, Canada

Date 3/5/43.

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

Signature of Soldier J. C. Walker

Signature of Officer [illegible] Lieut.

Place Mtl. South Que. Canada. Date 4/5/43.

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife	Mrs Kathleen Walker	
	Children		
2nd	Father	Mr. Alexander Walker.	3/5/43.
	Mother	Marion Walker	3/5/43
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full

449 - 3rd Ave
Verdun, Que

7566 De L'Epee Ave,
Montreal, Que, Canada.

same as above

(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
3/5/43	Sigmne		H.D.D. 106	[illegible]
10-7-43	[illegible]		TC48 162	[illegible]
10-9-44	[illegible]	[illegible]	D.O.-189	[illegible]

(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:~~—*

Completed Basic Training in accordance with Standard Syllabus.
13 July 43.
G.W. Johnson Capt

Completed B.O.E.T. 5 C.I.R.U. 17 Dec. 43.
B.A. Shapiro, Lt

6 wks Basic Trg completed #5 C.I.R.U.
[illegible]

Qualified in addition as under:—

Completed Advance Training in accordance with Standard Syllabus.
A-12-C.I.T.C.

Inf. (R)

Date SEP 4 1943

Commanding R.G. Cormier Capt.

*If no further training required, strike out words in italics and initial

Completed Advanced Training 5.C.I.R.U. 26 Feb 1944 [illegible] Lt

(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
3" Mortar Course Pass — Q1	27/4/44	
N.V. TEST FAIR		

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	II	L.M.G.		Blackburton Lt.
1943	II	Rifle		R.T.O.
14 Jan 44	II	Rifle	1—5.	[illegible]
28 Jan 44	II	L.M.G.	1—3	[illegible]
12 Jan 44		2IN. MOTAR H.E. & SMOKE.		[illegible]
14 Jan 44		STEN MACHINE CARBINE.		Walsh Lt.
1 Jan 44		Grenades		[illegible]
26.9.44	BREN	FIRING COMPLETED		C.M. Lilico Capt.
26.9.44	STEN	"		[illegible]
8.9.44	Final Central Pass	"		[illegible]

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
7th Grade Public	Montreal	1925	B D Thompson

10

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

11

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

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
13/4/43.	A.	M.F.M.2.		J. Kirby Capt

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.: 25-5-43
R	20/80	-0.50	+1.00	120	20/120	Frame No. (or measurements):	Date of Issue:
L	20/30	-0.50	+1.00	60	20/120		

Signature of M.O. T J Wm Gaggl

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.: 25-5-43
R	20/60	-2.00	+2.00	75	20/30	Frame No. (or measurements):	Date of Issue:
L	20/60	-1.25	+1.25	105	20/20		

Signature of M.O. [illegible]

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification: Use authorized Abbreviations and Symbols	Signature of Dental Officer
4 May 43	✓		8X - 2F - P.U.D - PLD Pr	R S Edmonson Lt
6 May 43		✓	8X	J W Tobin Capt
~~27 Sept 43~~		✓	~~2F PUD PLD Proff~~	Marvyn A. Rogers Capt
3 Dec 43	✓		1F, 4X, CDU PDL	[illegible]
8 DEC 43	✓		13X, 2F; CDU PDL PRIN	Geo. E. [illegible] Capt
2 May	–		CDU CDL	[illegible]
25 July 44		✓	CUD Pro CLD ACRYLIC INSERTED	[illegible] Capt

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
T.A.B.T 1/2 cc typhus	24-8-44	J. F. McM.

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 1 cc	MAY 4 '43	J. Kelly
1 cc	5-6-43	J. 1
3 1 cc	6-7-43	Gordon Capt
Typhus 1 cc	FEB 2 1944	[illegible]
Typhus 1 cc	8 Feb 44	C Gale Capt
" 1 cc	15 Feb 44	W H Ross

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
MAY 4 1943	J K

(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. 182669.	13/4/43	J K.
"M" TEST (REV.) COMP. "Q" CARD COMPLETE	9 Dec '43	[illegible]
FINGERPRINTED—CAIB		
C.A.P. Taken	4/1/44	[illegible] St.
Exp D M	6/1/44	[illegible]
M.B.M. 1 Pt-3	10 Mar 44	[illegible]
MFM-182 ISSUED	13-12-43	[illegible]
RIFLE ZEROED	22-9-44	[illegible]
7 DAYS P.L. - F.T.W.	11-9-44	[illegible]

(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 per 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 Command 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 (includ 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 follow The Soldier will date the Will and at the bottom o sign his name in the presence of two witnesses who 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 pl

Date Certificate or Will extracted ... To whom sent ... Unit or Dept. ...

Signature of Officer ... Unit or Dept. ...

Date Will extracted ... To whom sent ... Unit or Dept. ...

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.

(XIX) SOLDIERS' WILLS

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

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

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-116795

Surname (Capitals) WALKER.

Christian Names in full JOHN CHARLES. BRERAR

. H. M. S.

Walker J
2 Ra
by Capt Folkins
6/maj/43