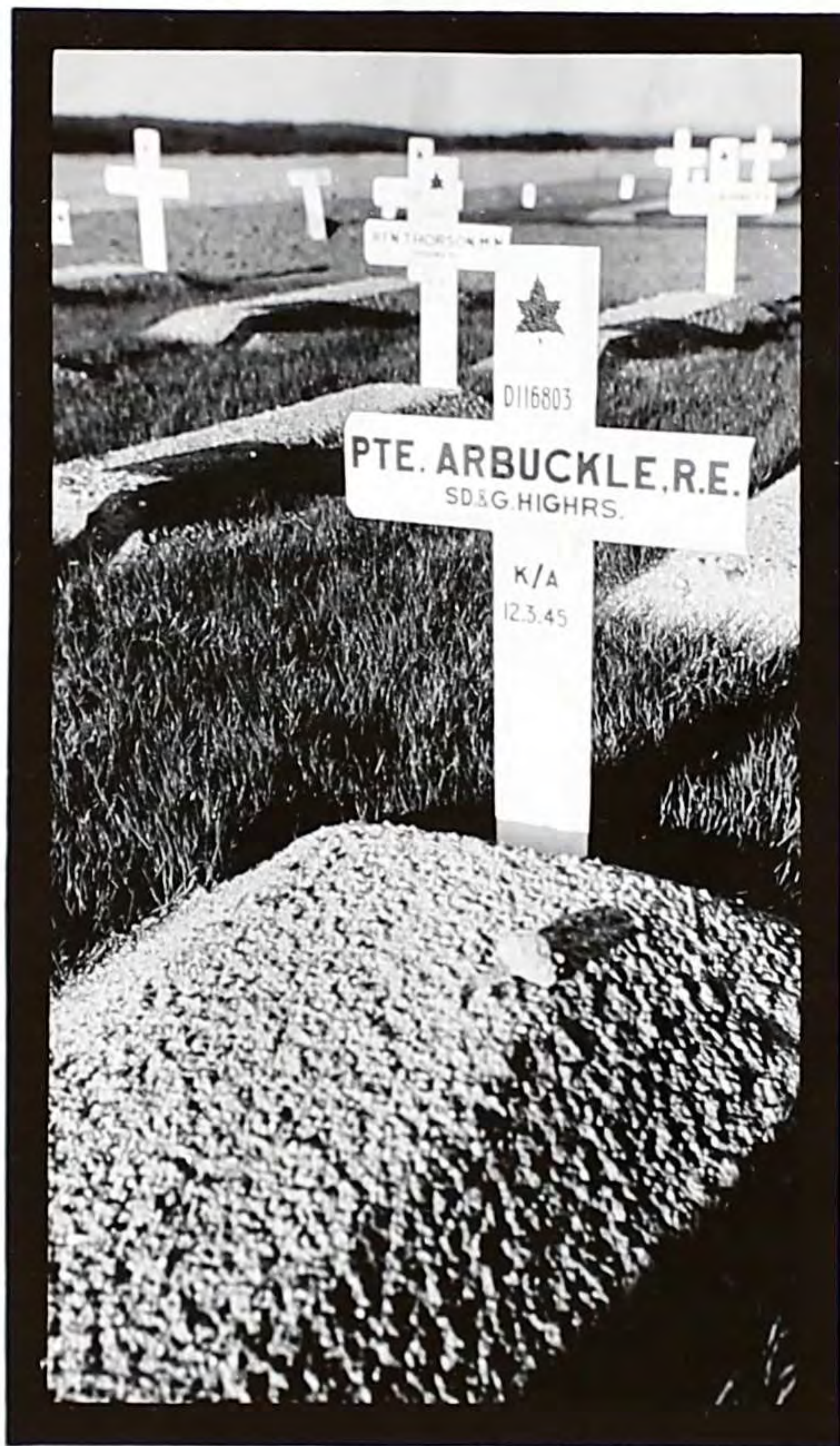


D116803
ARBUCKLE
ROBERT EUGEN

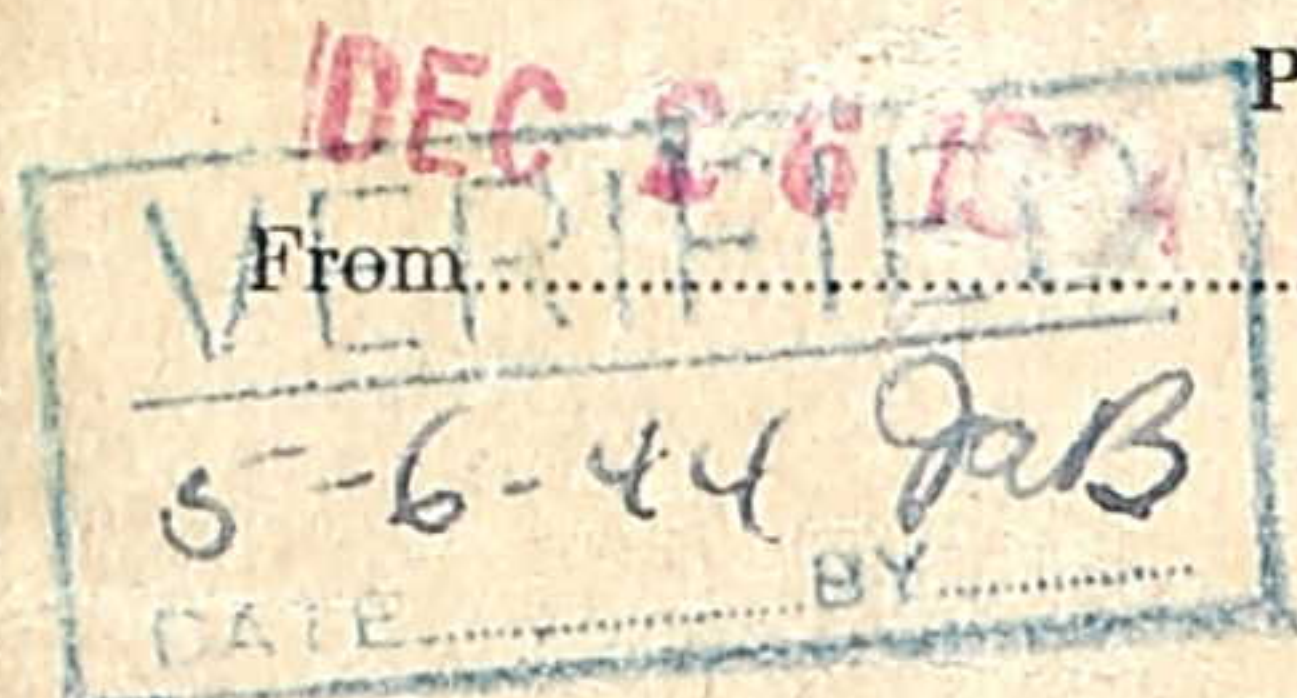
Do not remove documents from this
folder. Prepared for digitization
project. Ces documents seront
numérisés. Ne pas les déplacer.



NIJMEGEN CANADI AN CEMETERY, GROESBEEK

PLOT 20 ROW F GRAVE 4

DEC 26 1943



PERIOD

FEB 29 1944

19..... To..... 19.....

MILITIA BOOK M. 1

PART II

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

5 Cdn. Inf. Rgt. Unit

CANADIAN ARMY

Soldier's Pay Book

(For use on Active Service)

Reg. No..... D 116803

Surname (Capitals)..... ARBUCKLE

Christian Names in full..... ROBERT

EUGENE

PARTICULARS OF SOLDIER

Regimental Number..... *D 116803*Name in full (surname first)..... *Arbuckle**Robert Eugene*Date of Attestation..... *10-5-43*State whether married, widower or single..... *single*

If married after enlistment, state date of marriage:.....

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the Soldier (see page 1, para. 6):.....

Mother
Katherine Arbuckle
6950 Upper Lachine Rd.
3109 St. Antoine St.
Mtl. Que. Can.

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:

Effective date:

(a) \$ *73.00* *Aug 43*(b) \$ *8.40 (V.L.B.)* *Nov. April 44*

(c) \$

(d) \$

Name, address and relationship of assignee:

(a) *Mrs. Catherine Arbuckle (Mother)*
6950 Upper Lachine Rd.
3109 St. Antoine St. Montreal.(b) *Hon. Receiver Gen. 5th V.B.*
Ottawa. Ont.

(c)

(d)

Dependents allowance, payable to: (state relationship)

Mother

[illegible][illegible]

Soldier's Signature.....

P. M. Luckh

Book opens on.....*26-12-43* Balance ~~Dr.~~ or Dr. \$*11.66*

Date	Particulars	Credits	Cash Payments and Other Charges		As-signed Pay
			Local Cur-rency	Canad'n Cur-rency	
<i>L.P.C.</i>	Bals. Br't Forward	<i>11 66</i>		<i>11 66</i>	
	<i>Bal Dec. pay</i>	<i>9 -</i>			
	<i>Jan. pay.</i>	<i>46 50</i>			<i>31 40</i>
<i>13 Jan.</i>	<i>AR 92.</i>		<i>1-0-0</i>	<i>4 47</i>	
<i>28 Jan.</i>	<i>AR. 96</i>		<i>1-10-0</i>	<i>6 71</i>	
<i>8 Feb.</i>	<i>513-186</i>			<i>1 27</i>	
	<i>Feb Pay.</i>	<i>43 50</i>			<i>31 40</i>
<i>14 Feb</i>	<i>AR. 106</i>		<i>1-10-6</i>	<i>6 82</i>	
	Totals	<i>99 00</i>		<i>30 93 62 80</i>	

Balances only will be carried forward.

Paymaster's Signature:.....

E. J. Boyle Capt

Deferred Pay and/or Restricted Pay

BALANCE

Debit

Credit

Signature of Paymaster or Officer Making Award

	<i>11 66</i>		<i>Ed Baume Capt</i>
	<i>2 66</i>		<i>Ed Baume</i>
		<i>12 44</i>	<i>Ed Baume</i>
		<i>7 97</i>	<i>Ed Baume</i>
		<i>1 26</i>	<i>Ed Baume</i>
	<i>- 01</i>	<i>- -</i>	<i>Ed Baume</i>
		<i>12 09</i>	<i>Ed Baume Capt</i>
		<i>5 27</i>	<i>Ed Baume Capt</i>

[illegible]

Signature of Paymaster
or Officer Making
Award

If you do not wish to draw all pay due, place the amount desired opposite date of pay day.

FEB. 15. <i>all B'ing</i>	AUG. 15.....
FEB. 28. <i>all B'ing</i>	AUG. 31.....
MAR. 15.....	SEP. 15.....
MAR. 31.....	SEP. 30.....
APR. 15.....	OCT. 15.....
APR. 30.....	OCT. 31.....
MAY 15.....	NOV. 15.....
MAY 31.....	NOV. 30.....
JUNE 15.....	DEC. 15.....
JUNE 30.....	DEC. 31.....
JULY 15.....	JAN. 15. <i>L. P. M. Luch.</i>
JULY 31.....	JAN. 31. <i>21/10s/0.</i>

H.Q. 405-A-10845
R. 4 (B)

Ottawa,

25th November, 1947.

Mrs. Catherine Arbuckle,
3109 St. Antoine St.,
Montreal 30, Que.

Dear Mrs. Arbuckle:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D116803, Private Robert Eugene Arbuckle, the location of which is grave 4, row F, plot 20, Nijmegen Canadian Military Cemetery, 4 miles South-East of Nijmegen, Holland.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

Encl.

JJ
MP

for *ASR.*
A/Director,
War Service Records.

12-2-45

AWARDS—CANADIAN ARMY (ACTIVE)

1887

M

C.B.

500M—1-44 (3467)
H.Q. 1772-45-8

ARBUCKLE Robert Eugene

D-116803

Pte.

FILE NO. 405-A-10,845

S.D.& G.Highrs.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. NO.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

1939-45 Star
France-Germany Star
Defence Medal
War Medal
CVSM & Clasp

REGISTRATION NUMBER AND DATE DESPATCHED

1484

7-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS
PERSON

ENTITLED TO

Mrs. Catherine ARBUCKLE (MOTHER)

~~6450 Upper LA CHINE Rd.~~ ^{N.D.G.} ~~3109 St. Antoine St.,~~
~~MONTREAL, P.Q.~~ ADDRESS: MONTREAL 30, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Catherine Arbuckle, (ENGLISH)

1887

ADDRESS: 3109 St. Antoine St., MONTREAL 30, Que.

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO

2127

(2)

(3)

DESP. MAR 16 1945

REGN No. / 6475

ORIGINAL

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA
UNIT "B" CORPS SIGNALS R.C.C.S.(R)C.A. REGTL. No. 432,809

1. Surname? (Block letters) ARBUCKLE
2. Christian names? Eugene ROBERT
3. Present address? 6950 Upper Lachine Rd.
Phone No. De0088.
4. Date of Birth? Dec. 26. 1925 5. British subject? Yes
6. Occupation? Stockkeeper. 7. Religion? Protestant.
8. Next of Kin Mother. 9. Relationship? Cathrine Arbuckle.
Address 6950 Upper Lachine Rd.
10. Previous Naval, Military or Air Force Service none.
(Give particulars, qualifications, etc.)

11. DOM. BRIDGE CO. LTD.
LACHINE, P.Q.

CERTIFICATE OF MEDICAL EXAMINATION

Height 6ft 1/4 Weight 179 Chest max 39 1/2 min. 37
Descriptive marks my scar right side of neck
I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit for duty Category 1
Date 5/5/42 Signature J. J. MacLusky

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Eugene A. Robert Arbuckle do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

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

B. J. Christie A/Sgt. Signature of Witness Robert E. Arbuckle Signature of Man
Dated this fifth day of May 1942 at Montreal

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

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

M.F.B. 235d

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

YCCS

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from..... May 7, 1942.			<i>[Signature]</i> Officer Commanding Unit "B" CORPS SIGS
T.O.S. and posted to No. 3A Section, No.1 Coy.	7-5-42	R.O.Pt. II No. 20/42	<i>[Signature]</i> Capt.
Posted to No.1 Section, No.1 Company.	22-6-42	R.O.Pt. II No. 27/42	<i>[Signature]</i> Capt.
Posted to No.5 Section, No.2 Company.	4-8-42	R.O.Pt. II No. 33/42.	<i>[Signature]</i> Capt.
Change of Employment.		R.O.Pt. II No. 43/42.	<i>[Signature]</i> Capt.
Posted to No. 2 Coy. No. 6 Sec.	2-4-43	R.O.P T.11 No. 14/43.	<i>[Signature]</i> Capt.
S.O.S. on enlistment in R.C.C.S.	10-5-43	R.O.PT.11 No. 23/43.	<i>[Signature]</i> Capt.
Medals and Decorations			
ATTENDED FARNHAM CAMP			
JULY 12 TO 25 1942			

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

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

Received *Cat A* Checked *E* Card *✓* Observations

ORIGINAL
DUPLICATE
TRIPLICATE
WSG
COMPLETED

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.)

Unit ~~XXXXXX~~ (CA) Inf. Regimental Number D-116803

T.T. ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

MAY 1 1 1943
FINGERPRINTED
PHOTOGRAPHED

- Surname ARBUCKLE
- Christian Names ROBERT EUGENE
- Present address 3109, St. Antoine Street, West, Montreal, Quebec, Canada
- Date of birth 26, December 1924
- Place of birth Canada Quebec Montreal
(Country) (County or Province) (Town or Township)
- Citizenship Canada
(Of What Country are You Now a Citizen)
- Religion (state denomination) United Church of Canada
- Trade or Calling stockkeeper
- Married, Widower or Single Single
- Name of next of kin Mrs. Katherine ARBUCKLE
- Relationship Mother
- Address of next of kin ~~3109, St. Antoine Street, West, Montreal, Quebec, Canada~~
- Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? YES,
D-432809, RGCS (RF) from March 1942 to Date
(If Yes, Give Unit and Dates of Service)
- Have you served in (a) an Active Formation or Unit of The Canadian Army? NO
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force? NO
(If Yes, specify Unit and Period of Service)
- 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, Robert Eugene ARBUCKLE, 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 10-May-43

(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness

(Name)

(Rank)

(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at MONTREAL SOUTH QUE. this 10th day of MAY 19 43

NO. 4-DISTRICT DEPOT A.F.

(Signature of Magistrate, Justice or Attesting Officer.)

(Officer or Rank and Unit or appointment.)

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

Record of Service of

ARBUCKLE

(Surname)

ROBERT EUGENE

(Christian Names)

Regimental Number

D-116803

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military

NIL

High School

1 Yr.

Graduation

NIL

Business or Professional

NIL

or
Collegiate

(years completed)

or
Matriculation

(specify)

Trade or Civil

STOCK KEEPER

*College

Technical

NIL

*University

NIL

Languages

ENGLISH & FRENCH

7 Yrs. Public School

*(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.	Dated
Joined on appointment 10-5-43 PRO TOS NO 4 DISTRICT DEPOT CA	SGMN.	10-5-43	4DD	MTL STH	4DD PTII 111	10-5-43
S.O.S. on transf. to C.A.(B)T.C. 41 Huntingdon, Que.	"	28 May 43	"	"	" 127	28 May 43
T.O.S. ON TRANSFER FROM 4DD	PTE	29 MAY 43	TC 41	HUNTINGDON,	PT II - 127 A	29 MAY 43
30-6-43 TC 41 Appointed to the rank of Lance Corporal 4%	L/CPL	16-6-43	"	"	TC 41 " 154A	30-6-43
23-7-43 TC 41 Re-allocated to Infantry from R.C.C. (Auth.) M? S. 2-48-55 (A/MOV) dated 19 July 43)	"	21-7-43	"	"	" " 174A	23-7-43
Reverts to the rank of Pte.	"	11 Aug 43	"	"	" " 190-A	11 Aug 43
S.O.S. to A-12 Farnham, Que.,	Pte.	11 Aug 43	"	"	" " " "	" " "
T.O.S. ON TEMP ATT FROM C.A.(B).T.C. NO. 41 HUNTINGDON QUE. "	"	12-8-43	A-12	Farnham	A-188	12-8-43
S.O.S. on return to C.A.B .T.C., No. 41 Huntingdon, Que. XXXXXX	Pte.	29-10-43	A-12	Farnham	A-256	30-10-43
2-11-43 TC41 T.O.S. from A-12 Farnham Que.	"	30-10-43	TC41	Huntingdon	TC41 261A	2-11-43

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

NOTE: 2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

Name
P
1. A
a. R
b. T
c. B
d. H
e. K
f. St
g. R
h. V
i. F
j. N
P
Medic
1. Id
2. H
4. C
6. C
7. V
W
9. C
10. B
11. U
12. T
13. C
P
report
and In
Specia
M.F.M.
Date

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full ARBUCKLE, ROBERT EUGENE Place MONTREAL 3 May 1943.

Part 1. Information obtained from the recruit.

1. Age 18 2. Have you ever suffered from any of the following diseases?
- | | |
|--|---|
| a. Rheumatism <u>no</u> | k. Ear disease <u>no</u> |
| b. Tuberculosis or pleurisy <u>no</u> | l. Eye disease <u>no</u> |
| c. Bronchitis or asthma <u>no</u> | m. Fits <u>no</u> |
| d. Heart disease <u>no</u> | n. Nervous or mental disease <u>no</u> |
| e. Kidney or bladder disease <u>no</u> | o. Syphilis <u>no</u> |
| f. Stomach or bowel trouble <u>no</u> | p. Gonorrhoea <u>no</u> |
| g. Rupture <u>no</u> | q. Have you ever worn glasses? <u>no</u> |
| h. Varicose veins <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details <u>no</u> |
| i. Foot trouble <u>no</u> | |
| j. Nasal trouble <u>no</u> | |

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

R. Arbuckle

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

1. Identification marks or scars 1 vac. left arm.
2. Height 6 feet 2 inches. 3. Weight 181½ pounds. Good
4. Complexion med Eyes hazel 5. Development good Fair
- Hair brown Poor
6. Chest measurement—Girth on full expansion 39 inches. Range of expansion 2 inches.
7. Vision, right 20-20 left 20-20
- With Glasses—right left 8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth good - bridge upper.
10. Blood Pressure:—S. N D. N (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) EAR NOSE THROAT NEG. J.C. CALHOUN MAJOR.
NO spinal deformity; extremities & joints neg. no hernia. Heart & lungs neg. reflexes active. No psychiatric disability. T.E.D.
13. Chest X-Ray N No 183-783 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

M. Aronovitch rank CAPT. *A. Cooperberg* rank LIEUT. *G. Walsh* rank LIEUT.

Date 3 May 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
<u>11-11-43</u>	<u>TAB. T 100</u> <u>VACCINATION</u> <u>T.A.B.T. 1.</u> <u>T.A.B.T. 2.</u> <u>T.A.B.T. 3.</u> <u>CATEGORY CONFIRMED 11 NOV 1943</u>	<u>21 JUL '43</u>	<u>CATEGORY CONFIRMED JUL 21 1943</u> <u>Y.O.B. P U L H E M S</u> <u>24 1 1 1 1 1 1</u>
<u>23-12-43</u>	<u>Y.O.B. P U L H E M S</u> <u>24 1 1 1 1 1 1</u>	<u>8 DEC '43</u>	<u>CATEGORY CONFIRMED 10 AUG 1943</u> <u>Y.O.B. P U L H E M S</u> <u>24 1 1 1 1 1 1</u>

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-116803**

Rank.....SGMN.

Surname

A RBUCKLE

Christian Name

ROBERT EUGENE

STATION

Date of
Arrival at
the Station

DATE OF

Admission into Hospital

Discharge from Hospital

Day

Month

Year

Day

Mo

ch	Y
----	---

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

Regimental No. D-116803

Rank L/CPL

Sheet No. 1

M.F.M. 1 & 2 (a)
250M-5-42 (4722)
H.Q. 1772-39-1646

Name ARBUCKLE R.E.

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

	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
4-11-43 TC41 Appoint. L/Corporal	L/CPL	1-11-43	TC41	Huntingdon	263A	4-11-43
9-11-43 " Grant. 14 days furl. & \$.50 per day	"	9-11-43	"	"	267A	9-11-43
13-11-43 " REVERTS TO RANK OF "PRIVATE" & entitle. to draw \$1.50 pr. day	Dy. PTE	13-11-43	"	"	271A	13-11-43
13-11-43 " S.O.S. TO A-12 FARNHAM	"	13-11-43	"	"	271A	13-11-43
12-11-43 " RECALLED FROM FURLOUGH	"	12-11-43	"	"	272A	15-11-43
T.O.S. on reposting from T.C. 41 Huntingdon, Que	"	14-11-43	A-12	Farnham	A-271	17-11-43
MAXX Address of next of kin is changed from: Mrs Catherine Arbuckle (mother) 3109 St Antoine St, w. Montreal TO: Mrs Catherine Arbuckle (mother) 6950 Upper Lachine Road, Montreal, Que.	"		"	"	A-293	13-12-43
Special furlough from 10-12-43 to 14-12-43 Incl. W.T. No. A-472738	"V	10-12-43	"	"	A-295	15-12-43
Above Transportation Warrant is cancelled.	"		"	"	298	18-12-43
SOS ON PROCEEDING TO SERIAL NO. 599	"	25-12-43	"	"	304	27-12-43
S.O.S. CANADA ON EMBARKATION ON 26 Dec. 43						
T.O.S. CANADA ON TRANSFER ON 17 Dec. 43						
AND DISCHARGED ON 3 Jan. 44						
T.O.S. - 5 CIRU						
AA See 24(4). Awarded for 5 days pay. Stoppage of pay 20-4-0	Pte.	4 Jan. 44	5 CIRU	U.K.	5	6 Jan. 44
Provided on C.M.H.Q. and mobile service 16 Dec 43	Pte.	26 Feb 44	5 CIRU	U.K.	48	14 MAR 44
SOS 10 4 CIRU remains on CMHQ per 62/50 67	Pte.	13 Mar 44	5 CIRU	U.K.	56	15 Mar 44
T.O.S. from 5 CIRU whilst on course 62/50 67	Pte.	16 MAR 44	5 CIRU	U.K.	59	18 MAR 44
SOS 10 X 212 12 PM C.O.A.G. (50.500)	Pte.	17 "	5 CIRU	U.K.	83	23 "
T.O.S. from 30 X 212 12 PM C.O.A.G. (50.500)	Pte.	22 Apr 44	4 CIRU	U.K.	106	22 Apr 44
T.O.S. from 30 X 212 12 PM C.O.A.G. (50.500)	Pte.	2 May 44	4 CIRU	U.K.	124	1 May 44

Regimental No.

Rank

Sheet No.

M.F.M. 1 & 2 (a)
250M-5-42 (4722)
H.Q. 1772-39-1646

Name

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—									
C44 277 SOS	C86 SOS	C86 SOS	C86 SOS	C86 SOS	C86 SOS	C86 SOS	C86 SOS	C86 SOS	C86 SOS
688 CMHQ Gmmdr. 62. 7 e 100 to 3 e 100 SOS to SRu.	TOS from 4 e 100 adm 1 Spic Hosp. Dnch. 1 Spic Hosp. adm 11 Can Gen Hosp adm 11/6-5-1100.	TOS TOS from Y32 1SRU on dyed 11 Gen Hosp 2nd T/Hay 2nd Snp 2nd Snp "C" 2nd Snp "C"	TOS TOS from Y32 1SRU on dyed 11 Gen Hosp 2nd T/Hay 2nd Snp 2nd Snp "C" 2nd Snp "C"	SOS to X4 CIC Sny Sny C.	Embarked at VIC on 16 Oct 44 Disembarked at NW European 17 Oct 44	SOS X4 CIC (Bn) to SDA 9. 4th Gen TOS from X4 2nd Snp 9. 4th	SOS X4 CIC (Bn) to SDA 9. 4th Gen TOS from X4 2nd Snp 9. 4th	SOS X4 CIC (Bn) to SDA 9. 4th Gen TOS from X4 2nd Snp 9. 4th	SOS X4 CIC (Bn) to SDA 9. 4th Gen TOS from X4 2nd Snp 9. 4th

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"

Regimental Number **D-116803**

1. Surname **ARBUCKLE**
2. Christian Names **ROBERT EUGENE**
3. *Substantive Rank and Appointment.....
*Acting Temporary or Local Rank *Pte* giving date *11-8-43*
*To be entered in pencil to facilitate alteration.
4. Place of birth **MONTREAL, Que**
5. Date of birth as declared on attestation **December 26, 1924**
(A).....
6. Date of enlistment **10-5-43**
7. Place of enlistment **Montreal South, Que**
8. Residence at time of enlistment **3109 St. Antoine St, West., Montreal, Que.**
9. (B) Special conditions (if any) of enlistment or rate of pay.....
10. (C) Any subsequent variations of conditions of service..... **8 DEC 43**
11. Religion **UNITED CHURCH OF CANADA**
12. If married, state date **SINGLE**
13. Trade on enlistment **STOCKKEEPER**
14. Corps, trade and grade.....
15. (D) Qualifications.....
16. (E) Miscellaneous entries *Inf "C"*

(17) Regiment or Corps

Unit (Battn., etc.)

C/R
H & P.E. Regt.

16th

(18) Medical

Category
A

Date
3-5-43

Authority
MM2

Y	O	B	P	U	L	H	E	M	S
2	4	1	1	1	1	1	1	1	1

M. Green H.

(19) Next of kin (entries to be made in pencil)

(Mother)
Mrs Catherine Arbuckle
6950 Upper Lachine Road,
Montreal, 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		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
			<i>Non Tradesman.</i>				
			<i>Daily Rates of 1.50.</i>			<i>Pte.</i>	
			<i>S.O.S. C.A.(A.F.) CANADA ON</i>				
			<i>EMBARKATION ON 26 Dec 43</i>				
			<i>T.O.S. C.A.(A.F.) OVERSEAS ON</i>				
			<i>TRANSFER ON 27 Dec 43</i>				
			<i>AND DISEMBARKED ON 3 Jan 44</i>				
			<i>T.O.S. - 5 CIRU</i>				
		5 CIRU	<i>40/5 dep pay AA sec 24(4) Stop 40</i>	UK	4 Jan 44	Pte	5-6 Jan 44.
		5 CIRU	<i>Proceeded on leave M.H.G. ser. M.O. 62 Ser</i>	UK	26 Feb 44	Pte	48 4 Mar 44
		5 CIRU	<i>67 (Command P.T.) 9 is att fap 63 CIRU</i>	UK	13 Mar 44	Pte	56 15 Mar 44
	SOS	5 CIRU	<i>To 4 CIRU and remains on leave</i>	UK	16 Mar 44	PTE	59 18 Mar 44
		4 CIRU	<i>T.O.S. from 5 CIRU. while on above leave</i>	"	17/3/44	"	83 23/3/44
			<i>Qualified "BY" on CM.H.G. Ser. 62 Ser</i>				
			<i>67 (Command P.T.) from 15 Mar 44 to</i>	UK	4 Apr 44	Pte	99-14 Apr 44
			<i>4 Apr 44</i>				
		4 CIRU	<i>Returned from leave 62 Ser 67 and</i>				
		4 CIRU	<i>CTBA fap to 3 CIRU</i>	UK	7 Apr 44	Pte	105-21 Apr 44
		4 CIRU	<i>S.O.S. to X list 12 Bn. C.B.R.G.</i>	UK	22 Apr 44	Pte	106A - 22 Apr 44
9 Bn	X4 list	SP.R. 8	<i>T.O.S. from 4 CIRU</i>	"	23 Apr 44	"	15 - 4 May 44
			<i>Posted to X3 list on adm Spec Hosp</i>	"	28 Apr 44	"	15 - 4 May 44
23 Jan 44	X3		<i>S.O.S. X3 (S.D. & G.H.) to 4 CIRU</i>		8 May 44		22-22 June 44
			<i>on leave from Hosp</i>				
	XOS	4 CIRU	<i>From S.D. & G.H. 3 list on leave from Hosp</i>		9 May 44	Pte	124 11 May 44
	SOS		<i>to 1 CSRU</i>	UK	21 May 44		135-22 May 44
		1 CSRU	<i>T.O.S. from 4 B.I. RU</i>	UK	22 May 44	Pte	1.23 - 24 May 44
			<i>Awarded 6 RSM 6 class</i>	UK	2 Aug 44	Pte	190 - 10 Aug 44
			<i>S.O.S. to 4.3 list in 11 Gen Hosp</i>	UK	24 Aug 44	Pte	204 - 26 Aug 44
		43	<i>T.O.S. from 1 CSRU in 11 Gen Hosp</i>	UK	25 Aug 44	Pte	439 - 1 Sep 44
			<i>S.O.S. to 1 CSRU on discharge from 11 Gen Hosp</i>	UK	1 Sep 44	"	Y-40 - 8 Sep 44
		1 CSRU	<i>T.O.S. from 4-3 list</i>	UK	2 Sep 44	"	211 - 7 Sep 44
			<i>Qual as Inf Reg "C"</i>	UK	6 Oct 44	Pte	241-9 Oct 44
			<i>Granted Higher Inf Reg "C"</i>	UK	6 Oct 44	Pte	243-10 Oct 44
		1 CSRU	<i>S.O.S. to X4 list 816 of Inf Reg "C"</i>	UK	15 Oct 44	Pte	249-16 Oct 44

Place of { *Appointment
*Enlistment **Mont real South, Que** Date of { *Appointment
*Enlistment **10-5-43**

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
					1.30			<u>NEXT OF KIN:-</u> Mother Mrs. Catherine Aufuehls 6950 Upper Lachine Rd. Montreal wef. 13-11-43 Inf Sig.
					1.60			
		L/Cpl.			1.60	1-11-43		
271A	13-11-43	Pte			1.50	XXXXXXX		
242	10 NOV	PE	C		1.75	6 Oct 44		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Mrs Catherine ARBUCKLE 6950 Upper Landing Rd. Montreal.	1.7.43	20.00
Mrs Catherine ARBUCKLE 6950 Upper Landing Rd Montreal, (Mother)	1.8.43	23.00
5th VLB	1-11-43	8.40
Total		

DEPENDENTS' ALLCES.

No.
Deps.....

[illegible]

*Outfit } Allce. \$. Paid on.
 *Clothing }
 Rehabilitation Grant \$. Paid on.
 *Delete words which are inapplicable.

M. F. M. 14
200M-10-42 (6723)
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.		Nature and particulars	If in Hospital note name
No.	Date		
112	11-5-43	TOS DD4 & Posted to B Wing wef 10-5-43	
127	28-5-43	SOS on trans.to #41 Huntingdon, wef 28-5-43	
127A	29.5.43	TOSTC 41 H ntingdon, on trans from DD 4 wef 29.5.43.	
154A	30.6.43	Appointed to the rank of Lance Corporal wef 28.6.43.	
190A	11.8.43	SOSTC 41 on tfr to A-12 Farnham, Que. wef 11.8.43.	
188	12-8-43	TOS A-12 Farnham wef 12 Aug 1943	
256	30-10-43	SOS A-12, Farnham, Que on reposting To T.C. No. 41 Huntingdon, Que. wef 29-10-43	
260A	1-11-43	TOS TC 41 on tfr. from A-12 Farnham wef 30-10-43.	
263A	4-11-43	Appt L/Cpl. wef 1-11-43.	
267A	9-11-43	Furl. and R/A from 9-11-43 to 22-11-43.	
272A	13-11-43	SOS TC 41 on reposting to A-12 Farnham wef 13-11-43. Revts. to rank of Pte. on being SOS TC 41 wef 13-11-43. Recalled from furl. wef 12-11-43	
271A	13-11-43	Ent'd to rates of Pay of \$1.50 wef. 13-11-43.	
271	14-11-43	TOS A-12 Farnham, Que. wef 14 Nov 43	

P. & A. LED. AGREES DEC 9 - 1943

M.F.M. 14A
200M-5-42 (4724)
H.Q. 1772-39-1662

CARD SEQUENCE No. _____

No. D-116803 RANK Pte

NAME ARBUCKLE Robert Eugene

CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
124	11.5.44	T.O.S. 4 C.I.R.U. W.E.F. 9.5.44 from 1st Div 1st Div	
135	23.5.44	S.O.S. 4 C.I.R.U. W.E.F. 22.5.44 to 1st Div	
123	24.5.44	TOS 1CSAU from 4CIRU wef 23 May 44	
39	25 Aug 44	TOS 1/3 in 11CBH wef 25 Aug 44	
204	26.8.44	SOS to 1/3ICSRU (11CBH) 24.8.44	
210	4.9.44	TOS from 1/3ICSRU wef 2 Sep 44 (disch from 11CBH)	
40	8.9.44	SOS 1/3 to 1CSRU 1 Sept 44 - 11CBH	
233	24.9.44	gd camp Pk + RA 24 Sep to 8 Oct 44	
241	9 Oct 44	Qual. Inf. Sig. 'C' 6 Oct 44	
242	10 Oct 44	T.P. 'C' Inf. Sig. 6 Oct 44	
246	14.10.44	SOS 1CSRU to 1/3ICSRU (CIC) 14 Oct 44 (Inf. Sig. 'C')	
CH	25.10.44	TOS (X4 List 10 CBR Bn) form 4.10.44 wef 16.10.44	
		SOS (X4 List 10 CBR Bn) to 16 Oct 44 wef 27.10.44	
		SOS 13 CBR Bn to 5D86H wef 29 Oct 44	

CASUALTIES. ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
295	15-12-43	Granted special furlough from 10 Dec 43 to 14 Dec 43 inclusive and warrant.	Cancelled D.O. 298.
304	27-12-43	SSOS A-12 Farnham, Que. we to serial No. 599	
5	6-1-44	Emb. 26 Dec 43. Disemb 3 Jan 44	wef 25-Dec-43
		TOS CRO 27 Dec 43. TOS 4 CIRU 4 Jan 44.	
48	4.3.44	On 26.2.44 awarded a forf. of 5 days pay under FRI	
		149(2) for W O A S A A. sec. 24(4) wilfully causing damage	
		to his arms. placed under stoppage of pay in the amount	
		of £ 0-4-0 for cost of repairs to rifle.	
59	18.3.44	Sold to 4 CIRU + remains on case wef 16.3.44	
83	23.3.44	T.O.B. 4 CIRU WEF 17.3.44 for 55 S. Major on 10/12/43-67	
99	14.4.44	attend court case 62-67 Q. trial "Bry"	
106	22.4.44	T.O.B. 4 CIRU W.E.F. 21.4.44 to 12 Rn CBRG/100 Rly/2940	
CR.	22-4-44	TOS 4 list SD & Y (10 CBR An) wef 23-4-44	
CR.	28-4-44	S.O.S. K-4 list 57 SPG 6.11 (10 CBR An) TO X-3 list 5.12 G. HIGHS.	
		wef 28-4-44 ON. ADM TO 15 SPEC. HOSP.	
23	22 June 44	SSOS to list. wef 8 May 44	

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full ARBuckle Robert Eugene (b) Reg'l. No. D-116803
2. (a) Arm of service Army (b) Unit R.C.C.B. (QK) (c) Rank Sgt.
3. (a) Date of birth 26 Dec. 1924 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal South Que. Can. (b) Date of enlistment 10-5-43

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 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. Pub. School
1 yrs High School
7. If you attended a university, give name of university and standing or degree secured NIL
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Machinist (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 5 months
9. (a) What languages do you speak fluently? English & French (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 Donahon Bridge Co. Ltd. Address Montreal Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) war plant
20. (a) Your specific occupation Stockkeeper & Expeditor (b) Number of years' experience at this occupation with any employer 4 yrs.
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? Yes

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.) NIL
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Have a business of his own

10th May 1943

DATE 194

SIGNATURE

R. Arbuckle

A545

405-A-10845

FIELD SERVICE

In lieu of Army Form B. 2090A

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

MBR
REGIMENT S.D. & G. Highrs Squadron, Troop _____
OR CORPS _____ Battery or Company _____
Officer's Personal No (if known) D116803 Rank _____ Pte _____
Soldier's Army No _____

Surname ARBUCKLE Christian Names R. E.

Date 12 Feb 45 Place Germany
Died Cause of Death ^x Killed

Nature and Date of Report 3011A/25 12 Feb 45

By whom made S.D. & G. Highrs

^x Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Place Germany Waldscholosschen Yd of Restaurant 870572 Date 5 Mar 45
Burial sheet Pl 1/100 000 Nijmegen - Cleve rd via Dousbrugen grave 4
By whom reported Capt J Bursford

(a) in Army Book 64 _____ No. _____

State whether he leaves
a Will or not

(b) as a separate document Not Rec'd

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 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 Belgium Signature of Officer Eric R. Bursford
Date 6 Apr 45 in charge of Section _____
Adjutant-General's _____ for Officer i/c
Office at the Base Cdn Sec 2nd Ech HQ 21 A Gp

19th May, 1945.

Mrs. Catherine Arbuckle,
3109 St. Antoine Street,
Montreal 30, Quebec.

Dear Madam:

Information has now been received from the overseas military authorities that your son, D116803 Private Robert Eugene Arbuckle, was buried with religious rites in a temporary grave located at a point approximately four miles North-East of Cleve, Germany.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

J. B. Radine

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

BH /EMA

12

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D-116803** RANK **Private**
(D-432809)
 NAME **ARBUCKLE, Robert Eugene**

SERVICE UNIT **The Stormont**
Dundas & Glengarry
Highlanders (C.A.)

DATE OF BIRTH DAY **26th** MONTH **December** YEAR **1924** Date Enlisted: **10-5-43**

MARITAL STATUS **Single** Religion: **United Church**

NEXT OF KIN AS SHOWN ON
 M.F.M. 1, 2 & 5 RELATIONSHIP **Mother**
 ADDRESS **3109 St. Antoine Street,**
Montreal 30, Quebec.

NAME **Mrs. Catherine Arbuckle,**
 ADDRESS
 D.A.B.

ADDITIONAL PERSON
 TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
 (IF SOLDIER
 MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **Canrecords - 6358A**
 CASUALTY DETAILS **Killed in action**

H.Q.405-A-10,845
 DATE **12-2-45**

WESTERN EUROPEAN THEATRE OF WAR

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

MM YES/NO

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

YES/NO

O/S with Inf

S/L 3529

DATE **1-3-45**

W. H. Colborne

OFFICER I/C RECORDS

Gen. **6**

COPY FOR DOCUMENT FILE

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county		IN THE FIELD (GERMANY)		Official name of civil municipality or township		Hospital or Institution		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township									
2. LENGTH OF STAY		(a) In hospital or institution		Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days	
3. NAME OF DECEASED		Surname		ARBUCKLE		(Block letters)		Given names		Robert Eugene		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH					
4. RESIDENCE		Street		St. Antoine Street W.,		No.		3109		Official name of civil municipality or township		Montreal,		Municipal county		Quebec.		Province	
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)																
M			Single																
9. If married give name of wife or husband of deceased																			
10. BIRTHPLACE (Province or Country) Quebec																			
11. DATE OF BIRTH December 26th, 1924.																			
12. AGE OF DECEASED 20 Years Months Days If less than one day old																			
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Stockkeeper																			
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 Deceased																			
MOTHER (Maiden Name)																			
19. Place of burial, cremation or removal Germany																			
20. Date of burial																			
21. PLACE OF REGISTRATION OF THIS BURIAL																			
(a) Name of parish or church																			
(b) Civil municipality of																			
(c) Municipal county																			
(d) Date																			
22. Date of death February 12th, 1945.																			
23. I HEREBY CERTIFY that I attended deceased from																			
and last saw h. alive on																			
24. CAUSE OF DEATH																			
I Immediate cause Killed in action.																			
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.																			
Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).																			
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.																			
III If a communicable disease is mentioned on this certificate, give (a) Date of appearance 19 (b) Duration of disease days																			
25. If a woman, was there a puerperal condition?																			
26. Was there a surgical operation? Date of 19																			
State findings Was there an autopsy?																			
27. If death was due to external causes (violence) fill in also the following:—																			
Accident, suicide or homicide Date 19 (State which)																			
Manner of injury (How sustained)																			
Nature of injury																			
Specify whether injury occurred in industry, in home, or in public place																			
Signed M.D.																			
Address Date 19																			
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)																			
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																			
This signature authorizes the collector to accept this form as authentic.																			
(Voir l'autre côté pour le français)																			

Director of Records, Dept. of National Defence.

MAY 22 1945

Mrs. Catherine Arbuckle

3109 St. Antoine Street,

Montreal 30, 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-A-10,845 F.D. 400

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

14 Feb/45.

194.....

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

ARBUCKLE, Robert, Eugene

Private.

D116803

Canadian Army



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

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

*CA 116803 ?
Lindes pay.*
Director of Estates.

WRH/TJM

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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....			
4	Mother of the Deceased.....	<i>Catherine Arbuckle</i>		<i>3109 St Antoine St Montreal 30</i>
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		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	
	<i>Sister Florence 15 Oct 1934</i>	<i>No</i>	<i>No</i>	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert Eugene Arbuckle
9	Date of his birth.	26 Dec 1924
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born.	222 St Antoine St Montreal P Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal (b) / (c) / (d) /
14	Nature of employment before enlistment.	Stock Keeper
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No Account
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

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

(PLEASE TURN OVER)

DECLARATION

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

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

* mother of the deceased.

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

Mrs. Catherine Chubb

{ Signature of Informant

3109 St. Antoine

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Robert Eugene Chubb

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

Dated at Westmount Que this 26 day of March 19 45

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

Donald Morrison

Qualification

Clergyman

Address

25 Columbia Ave. Westmount

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

Subject:- Trades pay.

I In one of my Son's letters he told me he qualified for trades pay and said he had assigned it over to me and I should receive \$8.00 a month more. Will you kindly look into this please

II Subject:- Bond.

My Son told me he had purchased a bond in the Sixth Victory bond drive. I have not yet received it.

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

Address in
civil life.

(1) I, Robert Eugene ARBUCKLE, of the City
(Name in Full) (City, Town, Village, Township)

of Montreal, in the County of Jacques Cartier
District of

Province of Quebec, Stockkeeper
(Civil Occupation)

Regimental No. D-116803, 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. Catherine Arbuckle (McWhirter)

Residing at: 3109 St. Antoine street West, Montreal, Quebec
Canada

All my estate both real and personal.

Relationship,
names and
address of
residuary
beneficiaries.

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

(4) I appoint _____
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 10th day of May
19..... 43

Signed and acknowledged by the Tes-
tator, in the presence of us present at
the same time who in his presence, at
his request, and in the presence of
each other have hereunto subscribed
our names as witnesses.

R. Arbuckle
(Signature of soldier)

First witness
sign here.

(5) Signature

Civil Address

Civil Occupation

Second witness
sign here.

Signature

Civil Address

Civil Occupation

(Witnesses are not to be beneficiaries.)

[OVER]

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..... **ARBUCKLE**
(Surname first—Christian names in full—Block capitals)
Robert Eugene
- (2) Regimental or Official Number and Rank..... **D-116803 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?..... **no**

If so, state name and address, occupation..... **nil**

(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. Catherine ARBUCKLE (McWhirter)**

3109 St. Antoine St.W., Montreal, Que. Can.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment..... **\$125.00**

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?..... **no**

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

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

10-5-43

Date.....

+ *R. Roback*
(Signature of officer or man)

Date..... **10-5-43**

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.)

Officer Commanding

NO. 4 DISTRICT DEPOT AF

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

4
ARMY

DECEASED
MEMBER'S
NAME

Robert Eugene
(CHRISTIAN NAMES)

ARBUCKLE
(SURNAME)

REGISTER NO.

D-8712

FILE NO.

405-A-10845

DATE

20-6-45

SERVICE NO.

D-116803

FINAL RANK OR RATING

Pte.

DATE OF DISCHARGE

12-2-45

PAYEE **Mrs. Catherine ARBUCKLE,**
ADDRESS **3109 St. Antoine St.,**
Montreal (30) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

12-2-45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **645** EQUAL TO **21** COMPLETE PERIODS AT \$7.50
30

\$ **157.50**

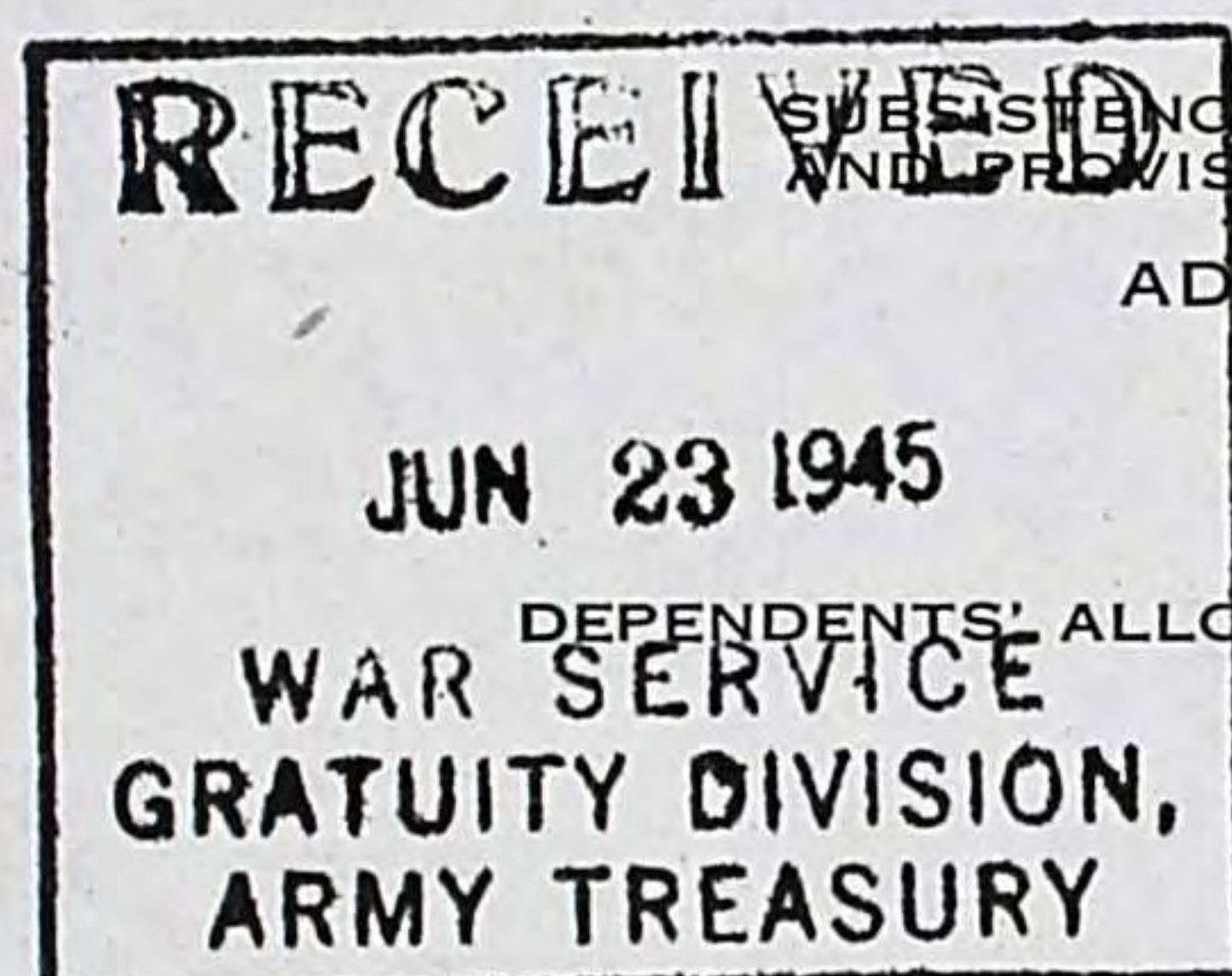
B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **414** LESS **15** INELIGIBLE DAYS, EQUAL TO **399** DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

99.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE



PAY \$ **1.50**
SUBSISTENCE OR LODGING \$ **1.25**
AND PROVISION ALLOWANCE \$ **.25**
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ **25.00** \$ **.83**

TOTAL \$ **3.83** X7 = \$ **26.81**
NO. OF DAYS **414** X \$ **26.81**
183

257.25

60.65

D. WAR SERVICE GRATUITY

317.90

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

317.90

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY	CHECKED BY	DATE
				5/7/45

K. K. Lt
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

HQ

Name ARBUCKLE Robert E. No. D.116803
Surname Christian Names

Pte. C.A.O/S 12-2-45
Rank Unit Date of Death

AMOUNT

L.P.C. \$ 39.29

Date 27-9-45

Other Credits

Total 39.29

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Catherine Arbuckle, 3109 St. Antoine St., MONTREAL, 30, Que. (Sole beneficiary under will)	\$39.29

P4. TO TREAS. 3-11-45, R.M.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$39.29
CLASSIFIED BY			EXAMINED BY		
D			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE

District.....

Dispersal
Area.....

(All Ranks)

Regtl No **D 116803** Rank and Name..... **ARBUCKLE. R.E. Pte.**

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

(Transfer or Discharge)..... on **12th. Feb:**..... 19 **45.**

Reason..... **Death** Authority :..... **C.C.L. "A" 545 d/23rd Feb. 45.**

The following is a statement of the account of the above-named from **1st Feb:**..... to **28 Feb:**..... 19 **45.**
the inclusive date of transfer or discharge.

Dr

Cr

Particulars	Amount	Particulars	Amount
Balance Dr from last account.....		Balance Cr from last account.....	13 10
First Monthly Payment.....		Regimental Pay 28 days at \$ 1.50	42 00
Casual Payments.....		Tradesmen's Pay 28 days at \$ 25¢	7 00
Payments on Transfer or Discharge.....		Additional Pay (Give Particulars).....	
Assigned Pay.....	23 00 days at..... \$.....	
Regimental Charges.....		Allowances (give particulars)..... days	
Public Stoppages (give particulars):		at..... \$.....	
		Def. Pay Interest	05
To Balance Cr { Free.....	31 15		
{ Deferred.....	8 00	By Balance Dr	
Total.....	62 15	Total.....	62 15

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

Remarks

Assnd Pay \$23.00 (M) Stopped eff March. 1945.

**The above statement has been compiled from Treasury Records,
the latest paybook not being available.**

Compiled by..... **F. Trenouth,**

Checked by..... *W. B. Macdonald*

Date, **18th. August. 1945.** 19.....

MW

Certified correct..... *O. Howby*

for Chief Treasury Officer Overseas