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Date ...

2 Previous Experience	in Armed Ford	es						47 Classificati	on: Military Specialties and Trades		CONFIDEN	VITIAL
ARM or CORPS Type						Special Training Received			Designation	Degree of Proficiency	Date	Authority
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Psychiatric			1				gression					
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Mrs. Elizabeth M. Moodie
WRIGHT, 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.O.

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH OTTAWA, ONT.

27. Jul. 194.5.

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

MOODIE WALLACE MERVIN

CFN

AUG 16

D-117244 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.

CWP/DW

Coutylus Cost.
Director of Estates.

M.F.W. 77 6M-4-45 (7053) 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			INFORMANT'S STAT	EMENT	
of Rela- tion- ship	RELA	ATIVES e accounted for	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 I	Deceased	Minni Bernice Newman	25	Lyne Gardens. Capel. Nr. Borking Surrey. England.
2	Children of the dates of their	Deceased and Births.	Robert Wallace, mo	nths 14	Same as above
3	Father of the D	eceased	Samuel Mood18- 1860-1926		Died. Jan. 18th
4	Mother of the l	Deceased	Elizabeth Dezraugh	65	wright 96. Quebec
5	Brothers of the Deceased	Full / Blood	Installe Strandhos. Claude C. 63.117. Reg. m. RCE John Baird - Mordie		Oversuas. C. OF Wright. Pb
		Half Blood			
6	Sisters of the Deceased	Full	Doris Louise. Rayne" Elizabeth Francis Ida.		
		Half Blood			
7	Names of brother of the full or to Deceased, who death of each.	s or sisters (whether the half blood) of the are dead and date of	Names and ages of their children (if any)		Address of their children
			Reta Frances Payne	2	vright Inc

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posite leath

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Hallace Merryn Inodie
9	Date of his birth.	June 25-Th 1917
10	Place and date of his marriage.	Rushar Surrey England
11	Place and date of his parents' marriage.	Ottawa, Oct and 1907
	PARTICULARS OF	DOMICILE
12	Place where deceased was born.	Wright Inches
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) i Duebec (b) Duright County- (d) all his life 23 years
14	Nature of employment before enlistment.	at home and with Sports Clubo.
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.	Some When in Canada
	PARTICULARS OF	ESTATE
17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	Jasnot know the most dy.
18		manied in England.
19	 (a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased. 	Canadian national Bank grace field- guebec. annivory 45-93. 31
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	9. at weight.
21	 (a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they? 	- Pelicano: 111:719
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	42.000. Elusteth modie (mikes)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	0 1
	OTHER PARTIC	
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.	kone that Sam aware of.

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc. *Insert degree of relationship for example, "Widow", statement of all the relatives that the deceased ever had in the degrees specified; and that I am the more of the deceased. **More of the deceased.** **Insert degree of relationship for example, "Brother", and a true and complete and the degrees specified; and that I am the more of the deceased. **More of the deceased.** **More 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. Signature of Local Model
CERTIFICATE
I hereby certify that to the best of my knowledge and belief
See above. \tag{Name of informant} is the \tag{Notice} of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.
Dated at I seefull this 11 day of alugust 1045
Signature of Chergyman, Priest, Magistrate Commissioner or Notary Public or Cart- Notary Public or Cart- Notary Public or Cart-
JUGE HIS Majesty's Porce Address Gracefield Lice
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
To the best of my knowledge Share ausurered open
question. Her it intends coming to anda with Their
Howing son as soon as accommodations and available
I thuik, he onay have had some Victory Bonds
as he said ai one lettes he had some money
Law pary but I cannot furnish any details
I his basiness dierieng the last from years. Elizabeth mordie

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BHARRING SIGNING

M.F.M. 2 A.F.B. 271 200M—10-40 (7370) H.Q. 1772-39-1645

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

Unit #4 Army Field Workshop, RCOC. (AF)

Regimental Number D-117244

CANADIAN ACTIVE SERVICE FORCE

	ATTESTATION PAPI	ER
1 Chromomo Michael		THE STATE
1. Surname		
2. Christian Names	• • • • • • • • • • • • • • • • • • • •	••••••••••••••••••••••••••••••
4. Date of birth		**************************************
5. Place of birth(Country)	(County or Province)	(Town or Township)
3. Religion (state denominati		rch of Canada
7. Trade or Calling	Farmer -Driver Tourist	Duide
8. Married, Widower or Singl	le	
9. Name of next of kin	tree Elizabeth Moodie	
O. Relationship	Mobbon	9
1. Address of next of kin	Elait Pala Consda	
2. Do you belong to, or have	you served in the Active Militia of	Canada? YES 30 days training
10th January to	Sth.February 1940 Farm	ham ZP.Q.
3. Have you served in (a) Th	(If Yes, Give Unit and Dates of Service Canadian Active Service Force?	vice) NO (Yes or No)
(If Yes, Give Re	egimental No. and Unit)	(b) Any other Naval, Military, or Ai
orce?	(Yes or No) (If Yes, specify Unit and Period of	Secretarian Company of the Company o
4. Did you serve during the C	Great War 1914-1918?	NO
	(If Yes, specify Regimental No., Unit and Da	ates of Service)
DECLAR	ATION TO BE MADE BY MAN	ON ATTESTATION
I,MOODIE, Wal:	lace Mervin by engage to serve in the Canadian A	Active Service Force so long as an emergency
id emergency ceases to exist ould so require my services.	and in any event for a period of n	ot less than one year, provided His Majesty
e., war, invasion, riot or insu- aid emergency ceases to exist, hould so require my services.	and in any event for a period of n	not less than one year, provided His Majesty
e., war, invasion, riot or insu- aid emergency ceases to exist, nould so require my services. Witness ate	H TO BE TAKEN BY MAN ON and bear true allegiance to His Majo	NATTESTATION do sincerely promise and swear (or solemnly esty.
e., war, invasion, riot or insulaid emergency ceases to exist hould so require my services. Witness Oate	H TO BE TAKEN BY MAN ON and bear true allegiance to His Major Wallace Mallace Mallace	(Signature of recruit) ATTESTATION do sincerely promise and swear (or solemnly esty.
certificate of many services. Witness ate	H TO BE TAKEN BY MAN ON and bear true allegiance to His Maje and bear true allegiance to His Maje allace March STRATE, JUSTICE OF THE was cautioned by me that if he may be punished as provided by law. Inswers were then read to the recruit understands each question, and that	(Signature of recruit) ATTESTATION In a continuous co
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from 17-8-41 to 30-8-41 #4 CDO W/3 Pt. II 2-9-41 #4 CDO W/8 17-8-41 1 ATO W/S Ord. #169 4th CODW/S Pt. II 9-8-41 5-9-41 S.O.S. on reposting to lst A.T.O.W/S 31-8-41 16-9-41 Ord. #191 1st ATOW/S Pt. II 6-9-41 1-9-41 T.O.S. on reposting from 4th C.D.O.W/S 16-9-41 Ord. #1 4th cbow/s. Pt. returned from " on command" to opec. Auto. course & cease to be attach to Dist. depot# 1 8-9-41 Ord.# 193 31-8-41 13-9-41 Windsor, Ont. Ord.#2 8-9-41 1st.ATOW/SPt.II 23-9-41 lat. ATOW/S Embarkation Leave 8-9-41 to 12-9-41 120 ATOWIS PHIL (anoda) on 6-10-41 23-10-41 (oveneas) on Transfer 10-10-41 7-10-41

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

CERTIFICATE OF MEDICAL EXAMINATION

Place	ull MOODIE.	*******************				
Pa	rt 1. Information	obtained from the	recruit.	Date	·· MARCH ·· I'71	th. I941
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	deformed feet		1	you now or ha	ty pension or	com-
	rouble		11.)	pensation? If s	o, give details	/ 5
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	. L. DELAHAYE	(GAPT)		XRAY	V DEN	
Par	t 2. Information	obtained by medica	ıl examinati	on. The recr	uit must be si	tripped.
		rs. (If operative obta				
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STATION	Date of Arrival at the Station	in	Admission to Hospit	DATI	-	Discharge m Hospi	e tal		DISE	ASE	Number of days in Hospital	whether a	rks on nat ny particu nercury ha	ure of the lar treatm s been give	disease ent was en. If a	; how in adopted	iduced; id. In vent, state	if mild nereal whethe	or sev	vere; if	f compleature of on duty	etely recording primary and wh	covered for disease ther a	from; , and Court	Signat Med Office
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Rank

Sheet No.

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Moodie. w. M

0117244

	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
		T.O.S. C.A. (078)	PLe.		1 at brais	UK.	- /.	10 Oct 41.
Cope			gh.	31 Jug 44 4 aug 44		3 31 Pg	10	17ang 44
	505	Sos. Died accidentally somer fech	efn.	17 Lune 43	10 ATps-WK	1/5. 21e.g	Las 1 6.1945	
		→						
	***************************************							***************************************

Name Model

w.M.

1)117244

W.F.W. 1 & 2 (a) 700 M-8-39 (1697) H.Q. 1772-45-18

	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)					Part II D.O. No. Cas. List, etc.	Dated
		T. I. Dr. 1/C. 2 pal	Re	24au 74	3 6000	0)0	210	25 aug
		T.T DHech 6 qual	Me	30Sef43	CORU	UIC	244	1 Oaly3
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	201	TOS from i cope Dimedil	Pte	80c143	1AWASW/	SUK	37	15 Oct 4
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLAS	P					
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		DA Herric" while cavering of						
		Kadeseneau Tae DAMCCh AFIC"	Ple	6 MAR44	FCA W/C	uK	14	31 MAR
		Ceases to Cova Dur Mech AFY'C's continues						
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Ø.		Haust hun RCOC & RCEME.	Chu	13- heary	1a YIstu	St. K.	20.	26 May 4
10		at to 40 PPS. 4/5 POEME	Coln	5/9 Juny4	10 A Has my	5 OK.	2	2 Jan 44
	Birth	Son Born. Robert Wallace. at Dorking Surrey En	y cfa.	1 June 44.	FCA. Tos	s. 2 a. 9p.	9	25 Tune,
/		Qual as Fitter MVE.	efn.	14 Jun 44	1 E.A. T.W	6.21 F.9	4	30 Pen 44
		Cett to 1 Color Gen The WKop RCEME	Clin	4 Tulu	1 Columbia	21.A.C.D	5	1. Vite ev
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he Service of No. Rank

Name Moodie Wallace Mervin

700 M - 8-39 (1697) H.Q. 1772-45-18

REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.,	Rank Shown	Effective Date	Unit	Place	Authority	
Date From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)					Part II D.O. No. Cas. List, etc.	Dated
8000	Ldg leave to 7 Nov41 - with warr	Pto	3 hov41	123 owy	uk	20=5	7 nov 4/
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	Compl. Conros & 2 Qualified "Possed."	2/4/401.	194mc 42	19700	4K	19)	30 Vm 142
	Esass appt- a/4/60/.	19/8	19 Vm, 42	1970W	4K	J	
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			170ps 43				2722243
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	Dis from 17 Des	Pte	2 July 43	CORU	UK	1.6.4	3. Seely 43
	married with permission 6 Miss Bernice				ENGLAND	209	24 aug 43.
Change address N	MRS Bernice MOODIE (WIFE) LYNE GARDENS	PAREL Sus	SEX. Engl	and-	U 14	209	24 aug 43
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AWARDS—CANADIAN ARMY (ACTIVE)

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CB.

500M-1-44 (3467) H. 1772-41-8

FILE NO. 405-M-49,113

MOODIE Wallace Mervin

D-117244

Cfn.

R.C.E.M.E.

SURNAME (IN BLOCK LETTERS)

17-6-45

CHRISTIAN NAMES

REG. No.

RANK ON . DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star	
Defence Medal War Medal 1939-45 C.V.S.M. & Clasp	
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND ME	MORIALS-DECEASED PERSONNEL		MEGIE	TRATION NO PATE OF TEPATER
(1) MEDALS PERSON ENTITLED TO	Mrs. Minnie B. Mood	ie,	DATI (1)	E DESP
ADDRESS:	c/o Mrs. Elizabeth : WRIGHT, Que.	Moodie,	REG	N. NO. 272
(2) MEMORIAL CROSS				DESP. JUL 25 1945
widow Mrs.	Bernice Moodie,	(ENGLISH)	(2)	REGN No. 20833
1974				
ADDRESS: Lyne	Gardens Capel, Sussex,	England.		
(3) MEMORIAL CROSS				
MOTHER Mrs.	Elizabeth M. Moodie,	(ENGLISH)	(2)	
1974			(3)	DESP. JUL 25 1945
ADDRESS: WRIGH	T, Que.			REGN No. 20834
8742	-16-11-49			

....

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1)	Name of Officer of Other Rank. MOODIE, Wallace Mervin (Surname first—Christian names in full—Block capitals)
(2)	Regimental or Air Force Number and Rank. * D=117244
	Unit #4 Army Field Workshop, R.C.O.C. (AF)
(4)	Are you married? No
(5)	If married, state, N/A ,
	(a) Full name of your wife
. 0	N/Δ
	(b) Present postal address of wife
(6)	If married, have you been regularly supporting your wife? If not—state reasons
(7)	Are you a widower?
(8)	Have you any children? N/A Number of boys N/A Girls N/A
	Names and ages
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regu-
	larly supporting them
	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
* * (
	Postal Address
	Sark Other Side

(10)	Have you a common-law wife—whom you have been regularly supporting and publicly repre-
	senting as your wife for at least 2 years immediately prior to appointment or enlistment?No
	If so, state her full name and Postal Address
(11)	Is your father alive?
	If so, state name and address, occupation
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support? N/A
(13)	If sole or partial support of father who is a widower, totally incapacitated from earning a living
	—state what amount per month you have given him prior to appointment or enlistment
	Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N/A
(14)	Is your mother alive? Yes
(14)	
	If so, state name and address - Mrs. Elizabeth Moodie Wright, P.Q. Canada,
	•••••••••••••••••••••••••••••••••••••••
(15)	If your mother is a widow, are you her sole or partial support? Partial
(16)	If sole or partial support of widowed mother—state what amount per month you have given her
	prior to appointment or enlistment. \$35,00 \$30.00 to \$35.00
	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? Supported by a brother also.
(17)	Are you contributing to the support of any dependents, other than those shown above? No. This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:—
	Relationship
	Full Name. N/A
	Postal Address N/A
	Amount contributed monthly during the past six months
(18)	Are you insured?Yes
	If so, in what Company? Northern Insurance Co, (Give number of policy)
	Have you made arrangements for payment of your Insurance Premium?
	I hereby certify that the information given by me on this form is correct in each and every particular.
	Date 18th. March 1941. (Signature of officer or man)
	Date
	Ahylwillian 16eft
	Officer Confidenting Field Workshop, R.C.O.C., A.
	Date 18th. March 1941.

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

NO D. 117244 Rank Craftsman Name MOODIE, Wallace Mervin
Unit R. C. E. M. E. Date of death 17th June, 1945.
Died at Holland Died accidentally, result of injuries received when Cause jeep ran over mine on side of road.
Death occurred on strength of Forces H.Q. 405-M-49113 N/K Mrs. Bernice Moodie, Relashionship Widow Wright Ouebec
Wright, Quebec. Address Hyne-Gardens-Capel, Sussex. ENGIAND.
Remains buried in Algemeene Begraafplaats Cemetery, Cemetery Grave 11. Velp near Arnhem MR E/800795
Grave location OVER

AUG 1 RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D. JUL 6 1945

CAN. MESSAGE DESP'D. WWW 3 0 1945

8 - 1948

espatched

REBURIAL

Nijmegen Canadian Military Cen 4 miles S.E. of Nijmegen, Holl

Grave 16, row C, plot 15.

otographs Despon JAN 3 194

10M-1-45 (M-4608)

ARMI

GL

Name	MOODIE		Wallace M.	No I	0.117224
	Surname	Christian Name			
	CFN		C.A. 0/S	1	7-6-45
Rank		Unit		Dat	e of Death
			AMOUNT		
				L.P.C\$	390.29
		Date9-9-46		Other Credits	602.99
				Total	993.28

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs Minnie B. Moodie c/o Mrs Elizabeth Moodee Wright, Que.	993.28
		(sole beneficiary under will)	
		NRH348	
		PA. TO TREAS. 19-10-46 (01)	

AUTHORITY H.Q. F.E. No. H.Q. SUB. VOTE PRI OBJ. AMOUNT 9999 731 00 001 993.28 00 CLASSIEHED IN EXAMINED BY For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

50M-5-46 (9153) H.Q 1772-45-27

For Chief Treasury Officer

CANADIAN ARMY (ACTIVÉ), OVERSEAS FINANCIAL RECEIPT

RECEIPT No. 19 45
RECEIVED FROM A/CAPT D.W. CAMPBELL
THE SUM OF SIXTY TWO DUTCH GUILDERS
THE SUM OF
being
CASH EFFECTS FOUND AMONG PERSONAL
EFFECTS OF D-11/244 CFN MODDIE, W.M.
FIRST CON ARMY TROOPS WORKSHOP R.C.E.ME DECEASED IN THE FIELD, 17 JUN 45
DECEASED IN THE FIELD, 17 JUN 45

Command Paymaster or Field Cashier

Place

M.F.M. 503 520 books of 100—9-41 (1775) H.Q. 1772-39-1877

CANADIAN ARMY OVERSEAS

No

2731

#249 FINANCIAL RECEIPT
RECEIVED from O. i./c. E.F.F. Sec. Cdn Sec 2 Ech Ha 21 A. G.P.
the sum of Ten Belg FRS
One Pound . Eight shillings, Six Pence being
BelG FR-10
51.8.6
cashin effects:
D.117244 CFn. moodie, W.m.
JUL 3-1945 KD Birbs Gapt
PAYMASTER
CDN. SEC. 2nd ECHELON HQ
21 ARMY GP.
(Receiving Officer) (Rank)
(Appointment)

(Unit)

ESTATES BRANCH INVENTORY

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

AND F.51900 Fto. Hoe H.T. Black Leather Wallets (1 Writing Case) Souvenir Coins SHADE Mambership Cards Drivers Lermit Mai. Reg. Card rermination to Marry Gold Ring Souvenir Pracelet ren Enife ISSUED Pens (1 Eclipse)1 no "ame) Fountain 13 AUG 1945 Mirror & Case CA JAMES OF Leather Purse Diarys Photo Postcards Letters Letter (Unposted) Effects shipped by Registered Post Tobacco Fouch 13 Aug 45 Auht EST 11 (a) Pr. Wooden Shoes Serial 282 Cap Badge

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

QUADRUPLICATE—with effects.

W. Jahanson 1715 for OC 1 Cdn KSD



TELVER

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER	D117344 RANK Craftaman MODDIE, Walluce Mervin	SERVICE UNIT
DATE OF BIRTH		DATE OF ENLISTMENT
MARITAL STATUS	Lorried	RELIGION Onited Church of Grade.
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS	NAME ADDRESS D.A.B.	S CONTRACTOR OF THE PROPERTY OF THE PARTY OF
ADDITIONAL PERSON TO BE NOTIFIED		ADDRESS
PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS	Mrs. Elizabeth M. Moodis.	(Mother)
THORITY CAS. SIG. NO. CASUALTY DETAILS	9748A H.C. 400-41	DATE
	Died socidentally, result of received when jeep ran ever of road.	
	Ordinary Casualty AEF	
	Wostern Luropean Theatre of	
AST WILL ATTACHED TO OTIFICATION TO A. OF E.T. RM NO. CAS. 6 4-4-44 (4184) Q. 1772-39-1989-1990	YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.7 YES	OR DATE DIRECTOR OF RECOR

COPY FOR DOCUMENT FILE

[OVER]

	(1)	I, MOODIE, Wallace Mervin (Name in Full) , of the Village (City, Town, Village, Township)
Address in civil life.		of Wright , in the County of Gatineau,
		Province of Quebec Farmer & Driver (Civil Occupation)
		Regimental No. D=117244 , Un#4 AFW/S, RCOC. (AF), 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. Elizabeth Moodie residing at, Wright, P.Q. Canda, all my real and personal property and personal belongings.
w. 7	2	\mathcal{M}
	/ / •	
names and address of	(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
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
names and address of residuary beneficiaries.	'n	I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto
names and address of residuary beneficiaries.	η.	I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto I appoint
names and address of residuary beneficiaries.	n. (4)	I appoint
names and address of residuary beneficiaries.	n. (4)	of whatsoever kind and wheresoever situate unto I appoint
names and address of	n. (4)	I appoint
names and address of residuary beneficiaries.	Sign to the hear of the hear o	I appoint (Name) (Address) (Civil Occupation) , to be the Executor of this my Last Will. IN WITNESS WHEREOF I have hereunto set my hand this 18 day of March
names and address of residuary beneficiaries.	Sign to the hear of the hear o	I appoint
First witness	(4) Sign to the	I appoint
First witness	(4) Sign to the	I appoint
names and address of residuary beneficiaries. The sign has been sign here.	(4) Sign to the	I appoint (Name) (Address) I appoint (Name) (Address) (Civil Occupation) , to be the Executor of this my Last Will. IN WITNESS WHEREOF I have hereunto set my hand this 18 day of March 19. 41 med and acknowledged by the Tesator, in the presence of us present at he same time who in his presence, at his request, and in the presence of ach other have hereunto/subscribed our names as witnesses. Signature (Signature of soldier) Civil Occupation black Signature Civil Address / W March Ma
names and address of residuary beneficiaries. The sign has been sign here.	(4) Sign to the	I appoint (Name) (Address) I appoint (Name) (Address) (Civil Occupation) , to be the Executor of this my Last Will. IN WITNESS WHEREOF I have hereunto set my hand this 18 day of March 19.41 med and acknowledged by the Tesator, in the presence of us present at he same time who in his presence, at his request, and in the presence of ach other have hereunto/ subscribed our names as witnesses. Signature (Signature of soldier) Signature (Signature of soldier) Signature (Signature of soldier)

	DOMINIATOR DOM		01100	Wr	rite in
1. PLACE	Muni- cipal The Column Transfer of The Column	Official name civil municipa	li-	applies to this municipality or this territory City Town Village Parish Township	is space
OF DEATH	county IN THE FIELD (HOLI		пр	Hospital or Institution	
2. LENGTH		No. No. Years	Months	Days Years Months Days Years Months Days	
OF STAY	or institu- tion de	eath occurred		(c) In Province (if immigrant)	
3. NAME	Surname MOODIE,		Do not		
OF DECEASED	Given names. Wallace Mervi		write in this space	ce 22. Date of death June 17th,	
H				(Month) (Day) (Year) 23. I HEREBY CERTIFY that I attended deceased from	
Street Official na	wright,	No			
4. Civil mun ty or tow	icipali-				
Municipal county		ovince Quebec.		and last saw h	
	NATIONALITY 7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced			
	(Citizenship)	(Write the word)		Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, due to	
M.		Married.		mode of dying, such as heart failure, due to asphyxia, asthenia, etc.	
9. If married g name of wife or h band of deceased	nus-			Morbid conditions, if any, giving (b)	
Dana or deceased				order proceeding backwards from due to immediate cause).	
10. BIRTHPLA (Province or Cou	CE Quebec.			II (c)	
11. DATE OF BIRTH	June 25th.	1917.		Other morbid conditions (if important) contributing to death but not causally related to immediate	
12. AGE OF	(Month) (Day) Years Months Days If	less than one day old		causally related to immediate cause.	
DECEASED				If a communicable disease is (a) Date of appearance	
		hrs. ormin.		give (b) Duration of disease days	
kind of	work, as spinner, Farmer - Driver, office clerk, etc.	rer -			
	ind of industry or Tourist Gui	de.		25. If a woman, was there a puerperal condition?	
() lumber	, as cotton-mill,			26. Was there a surgical operation? Date of 19	
0	at this occupation 16. Total spent in occupation	n this		State findings	
- worked	17. NAME	18. BIRTHPLACE (Province or		27. If death was due to external causes (violence) fill in also the following:—	
		Country)		Accident, suicide or homicide. Accident. Date. Date. When jestete which over mine on side of	
FATHER		Deceased.		When jester which over mine on side of	
MOTHER				Manner of injury	
(Maiden Name)				Nature of injury	
19. Place of but mation or	rial, cre- removal Holland.			Specify whether injury occurred in industry, in home, or in public place	
20. Date of bur	iel .	19		Signed M.D.	2
	Name of parish				5
Z T	or church		80.0	Address Date 19 19	hand.
OF TIO URI	Civil muni- cipality of		(cu	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.	
	Municipal county		(2:	9
PL TH TH		10	This sim	ignature authorizes the collector to accept	4
(d)	Date(Month) (Day	(Year)	This sig	ignature authorizes the collector to accept this form as authentice COLOS, Dept. Weir l'autre côte pour le français)	0

405-M-49113

OVERSEAS CDN RECORDS OFFICE.

GRAVES REGISTRATION FORM

Name MOODIE, Wallace Mervin Date of Birth Wright, Quebec 25 June 1917
Rank Cfn Regtl No. D117244
Unit First Cdn Army Tps Wksp Next of Kin Mrs Bernice Moodie (Wife)
Address Lyne Gardens, Capel, Sussex
England
PARTICULARS OF HOSPITALISATION
Name and Location Oate of Admission
Diagnosis
PARTICULARS OF DEATH
Date of Death 17 June 45 Place of Death Holland
$\mathbf{Hrs}\;$
Cause of Death Died Accidentally when 5 CWT ran over a mine on
side of road.
PARTICULARS OF BURIAL
Date of Burial 19 Jun 45 Cemetery Algemeene Begraafplaats Cem. Velp near Arnhem MR. E/800795
Death Cert No Location of Cemetery
Date of Regn of Death Cert
Religion United Church
25- North
Date25 Nov 45
Block 1
M. Bluteau (Capt)
For Colonel, OIC Records, CANADIAN MILITARY HEADQUARTERS.
Extracted from Burial Records,

OVERSEAS CDN RECORDS OFFICE, ACTON, LONDON, W.3.

DEPARTMENT OF NATIONAL DEFENCE







WAR SERVICE GRATUITY STATEMENT OF

DECEASED MEMBER'S Wallace Mervin REGISTER NO. NAME (SURNAME) (CHRISTIAN NAMES) FILE NO. DATE Lyne Gardens, SERVICE NO. ADDRESS Cfn. Nor. Dorking, Surrey, Eng. FINAL RANK OR RATING 17-6-45 DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE 331.75 No. of Days LESS SEE PAR. 2 OVERLEAF FOR EXPLANATION DAYS @ 25c. PER DAY 714.25 C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$51.12 \times 7 = \$ TOTAL NO. OF DAYS 1348 956.60 D. WAR SERVICE GRATUITY PAY AND ALLOWANCES \$ E. DEDUCTIONS OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE

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.

CHECKED BY PREPARED BY

TREASURY DATE CHECKED BY

SERVICE REPRESENTATIVE

= \$

956.60

D 117244 Sqn, Battery, MFM 6 Date of 18 Mar 4 GC Name MOODIE, W.M. Service or Corps RCEME (AFB 122) 40/P&S/136 (3438) or Company enlistment) Proficiency Pay Date of last entry in No and date Period not reckoning towards Signature OC Company Conduct Sheet N.A. N.A. freedom from extra fine Sheet No 1 of last drunk Company, etc Cases of drunken-Date of Date of award or of order dispen-sing with trial Rank Place offence OFFENCE Names of Witnesses Punishment awarded By whom awarded Remarks OF TWO YEARS CONTINUOUS SERVICE 18 Mar 43 OLD SHEET DESTROYED Certified no entries 21-8-43 Pte AA Sec 15(1) WOAS AWL from 1400 Documentary Admonished Field 23 Aug 4B S.E.LewisForf 2 days hrs 21 Aug 43 until 1850 hrs 22 Pay FR&I 149 Major Aug 43 (TA 1 dy 4 hrs 50 mins) (1)(a) GOOD CONDUCT BADGE WEF 18 Mar 43 EO 10 d/17 Mar 44. ******************************* *************************** ***************************** ***************************** ******************

APPLICATION FOR PERMISSION TO MARRY

(one copy only to be completed)

	(Deta) 1943.
1 1 1-11	7244 PAF. MOODIE, W.M.
(Nun	her) (Rank) (Initials)
CANA	A19N TANK TROOPS WORKSHOP, R.C.O.C. hereby apply for permission to
marry	1'SS, BERNICK, Newman of (Proposed wife's name in full)
	(Proposed wife's name in full)
	GARDENS, CAPEL, SURREY. (Proposed wife's address in full)
	hat the following particulars concerning myself and my proposed wife are true:
	ICULARS OF SOLDIER
(i)	Date of birth 25 June F, 1917.
(ii)	Date of enlistment 18 MARCH, 1941.
(iii)	Domicile (place of permanent residence) immediately prior to enlistment
	WRIGHT, P.A., CANALA.
(iv)	Marital status—(Strike out words inapplicable)
В	achelor
7	Vidower .
	Name of deceased wife
	Date of death of deceased wife
E	ivorced
	Name of former wife $\mathcal{D}A$.
	Date of divorce decree
	Place where divorce granted 01A
(v)	Educational standing GRADE UII (Highest standing secured at school)
	Training FARMING - CATERING TO THE LOURIST TRAILE. (State qualifications for profession, business, trade, etc.)
	(State qualifications for profession, business, trade, etc.)
,	Employment at time of enlistment FARMING.
(vii)	Average weekly earnings at enlistment
(VIII)	
(ix)	If unemployed on enlistment give particulars of prior employment and earnings
	•••••••••••••••••••••••••••••••••••••••
(x)	If history does not disclose probable ability to maintain family after discharge from Army
	state how it is proposed to do this
	By FARMING.
	,

	ceipt of dependents allowance, if any:	1
(1) Name or names of depende	ents NowE	
(2) Relationship of dependents	$s = \mathcal{N} H$	Dat
(3) Amount of dependents all	lowance 10 L	
(4) Amount of assigned pay	*20°°	
	pendents be supported after marriage	£
	NA	
(b) Particulars of Proposed Wife		
	EL, SURREY, 21 MAY, 1920	
(ii) Name and address of poprest re	lative MR IHOMAS Dewman (FATHER)	Dat
	NS, CAPEL, SURREY.	
	II Maria	X
(iii) How long have you known her	BACHELOR	
3. I solemnly state that I am	(Bachelor, Widower or Divorced Person)	Y
as set out in Para. 2(a) (iv) above, and that I an	n legally free to marry	
miss, De	n legally free to marry RNICE. Wewman ame of proposed wife)	
hundred dollars (\$200.00) has been accumulated to Canada for my wife (and child or children).	l, such sum to be expended under my direction to provide passage	
to contract for the factor of the contract of	WM. Modte,	
	(Signature of applicant)	
	wife's good character, signed by a responsible citizen, such as a acher or employer must be attached to the application.	
	the age of 21 years the written consent of her parent or guardian	
(iii) If the applicant is under the a	ge of 19 years the written consent of his parent or guardian must	
be attached to the application. (iv) This application must be read,	and the following statement signed, by the parent or guardian of	
the proposed wife, when she is under	r the age of 21 years.	
when either one or both of them are under the a	urposes only. The parties to the proposed marriage, particularly age of 21 years, should consult a local solicitor or other competent	
authority upon the requirements to conform to	the laws of the country where the marriage takes place.	
STATEMENT TO BE SIG	NED BY PARENT OR GUARDIAN OF	
PR	OPOSED WIFE	
	194	
I,	or Guardian) (Name of Proposed Wife)	
	(Number, Rank, Name and Initials of Applicant)	
and that I am aware of and fully understand	the statements therein made.	
	(Signature)	
	(Address)	

.....

Date

•••••

.....

Date

Y

Date 6 april	<i>4.3</i>	Signature	Hellan	Maja
		Commanding	1 Cdn Il Ips	W/SI R
	DECISION O	F HIGH AUTH	IORITY	
	dut	ies of a Brigadier)	o. many	
Date 120	12 Am 4 7 43	Signature	J. J. J. Samuel	
		Commanding	r month bance after which	
care prace.,				The second secon

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MODRIE	W.M.	PE.	July 4 194.6.
Name	Initials	Rank	
Z - 1/224 Regimental No.	4 4 A.F.W.	Unit	z.o.c t
'REPORT-			
57. No.	ental enhactor	Rupal n.	Toy.
CANADIAN DEN M.F.M. 51 — 50M-2-4	TAL CORPS 0 (4117) — H.Q. 1772-39	# 4 Co	ental Officer

REPORT ON WOUNDS OR OTHER INJURIES, EXCEPT ON WOUNDS RECEIVED IN ACTION

- (Refer to Overseas RO 2022)

PART I Estalas	
No. D-117244 Rank Cfn Name Moodie, W.M.	
Unit First Cdn Army Tps Wksp RCEME was reported on the 17. Jun. 45	
suffering from Multiple Suns mijusies	
The disability is of a	
all probability will interfe	
efficiency as a soldier.	
He	duty at the time
of the accident. (If the soldier makes no claim that he was on duty at the time the certificate below (Part II) should be a	signed by him.)
STATION Treld	
DATE Medical Officer in ch	arge.
PART II CERTIFICATE TO BE SIGNED BY SOLDIER	
I,	y declare that the
injury sustained by me on the	
while I was in the performance of military duty.	
	Soldier's Signature
STATION	Signature
D.—	of Medical Officer
DATE	
PART III STATEMENT OF COMMANDING OFFICER:	
(a) Was the individual in the performance of military duty?Yes	
(b) Nature of duty ?Passenger.in.acar.on.an.authorized.trip	
(c) Was it incurred in a game or other form of physical recreation organized with the approval	of
unit commander ?N.A	
(d) If it was incurred on leave, was such leave with or without pay ?No	
(e) Was anyone to blame?No	
Whom ?	
(f) Did the injury occur on military premises and if so what part of such premises?No	
(g) Court of Inquiry (See Overseas RO 2022, paragraph 9).	
(i) Has one been held? When?YesOn.the18th.Jun.45	•••••••
(ii) Will one be held? When?	
(h) Disciplinary action taken (if any required) or other remarks In my opinion the improper conduct or culpable negligence on the part of I	ere was no -117244 Cfn
Moodie, W.M.	ector Cyt
MOOULE, W.M. (A.O. Dry	sdale)Major
Date	
3/63 MFB 371 40/P & S/683 (6199) O.C. FIRST CDN. ARMY TPS V.KSP. R.C.E.M.E.	Part IV Overleaf
O.C. FIRST CON. ARMY TES VKSP. R.C.E.M.E.	

content bonderoridus des ser a AUG 1945 constants

RECEIPT OF DOCUMENTS

C.M.H.Q. - RECORDS.

The most diddisonal ten Most in the

grate (atabated a.1).

Transcon and the state of the state of

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

上一生	1210 REGIMENTAL No. C-425646
Mi	itia Unit taken On Strength Reg't de Hull
1.	Surname (Block Letters) MOODIE M3 CO
2.	Christian Names (In Full) Wallace Mervin
	Present Address Whitehis Pode Ren -
	Place of Birth WRIGHT, P.Q. Date of Birth 25 Jun 17
	Religion United Church 6. Occupation Labourer
7.	Next-of-Kin MOODIE, Mrs. Elizabeth. (NAME AND ADDRESS)
	Wright, P.Q.
8.	Physical Description: Height 5'10" Weight 137
	Color of Eyes Brown Color of Hair Dark
9.	Preference, if any, for Naval, Military or Air Force Service, (Give particulars, qualifications, etc.)
	R.C.A.F. (1/1-1/248)
	70000
	Studying Engine (Deisel)
	Studying Engine (Deisel) Dated this 10 day of Jan 1941
W	Dated this 10 day of Jan 1941
<u>w</u>	Dated this 10 day of Jan 1941
10	Dated this 10 day of Jan 1941 Training Centre No. 40 allace Many Moodil (SIGNATURE OF MAN) (SIGNATURE AND RANK OF OFFICER EFFECTING
(w)	Dated this 10 day of Jan 1941 Training Centre No. 40 County of Many (SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT) TRAINING CERTIFICATE Ca tegory "A"
w.	Dated this 10 day of Jan 1941 Training Centre No. 40 allace Manual Moodel (SIGNATURE OF MAN) (SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT) (SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)
W.	Dated this 10 day of Jan 1941 Training Centre No. 40 County of Many (SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT) TRAINING CERTIFICATE Ca tegory "A"
W. A. C.	Dated this 10 day of Jan 1941 Training Centre No. 40 County of Many (SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT) TRAINING CERTIFICATE Ca tegory "A"

- (a) Education: 1 year High School & correspondence Dieselmotors
- (b) Trade experience: No.
- (c) Unterest in learning trade: Motor mechanic.
- (d) General intelligence & manual dexterity: Good
- (e) Arm of service recommended: Tradein centre training plan
- (f) Remarks: Good man hard worker.

DIA PTAIN

NO. 4 O CANADIAN MILITIA TRAINING CENTRE

Jan O/C C. Company.

3/45A MFM 510 CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

Dispersal Area....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D117244 Rank and Name		MO	DIE W.M. PTE.		
T. Company of the com			on		
(Transfer or Discharge)	t•		on 17. Jun. 45.	19	
Reason	De	ath	Authority: CCL. "C" 1945 d/20	th Ju	1.45,
The following is a statement of the account of the the inclusive date of transfer or discharge.		ned from	1st Jun to 30th Jun. 45. 19	Cr	
Particulars	Am	ount	Particulars	Amo	unt
Balance Dr from last account			Balance Cr from last account	324	34
First Monthly Payment AR77/13.6.45.			Regimental Pay 30 days at 1.50	45	00
Casual Payments			30	7	50
Payments on Transfer or Discharge			Additional Pay (Give Particulars)		
Assigned Pay		00	days at\$		
Regimental Charges			Allowances (give particulars)days at\$		
Public Stoppages (give particulars):					
			D.P. Irt:	7	00
			C.Eff SOCR 10928	25	98
			" " 13812		24
			" " 13812	6	57
To Balance Cr { Free	177	14			
Deferred	210	00	By Balance Dr		
Total	416	43	Total	416	43
			BJECT TO ANY CHARGES D ON THE REVERSE HEREOF		
Remarks A. P. \$23.00 (W) Stoppe	d eff	July	.45.		
				••••••	•••••••
					••••••
•••••••					
					/
Compiled byM. Durham			1 2/	/	
Checked by A. Brance			Certified correct		
Date3rdNov.45			Tot Office Treasury Officer, Oversee		

Dear Sir,

Regarding the name of the cemetery where my husband is buried. I would like to draw your attention to the fact that the name which has been inserted in the space provided on the enclosed form, does not correspoid with the name which was given me in a letter which I received from the Officer Commanding my husband's unit at the time of his death.

So I am forwarding a copy of the paragraph from the original letter for your reference, as I feel there may be some mistake.

Yours truly, (sgd) Mrs. W.M. Moodie, Wright, Quebec, Canada.

Your husband was buried beside his three comrades Sgt. Barton Cfn Coleman, J. and Cfn Rheaume, F. in ALGEMEENE BELGRAAFPLAATS (Cemetery), VELP, near ARNHEM, HOLLAND, on the 19 June 1945. Honourary Capt. F.G. Stewart conducted the ceremony and a large group of his comrades attended the service-----

Sgd. (A.O. Drysdale) Major Officer Commanding First Cdn A Tps Wksp, RCEME.



A.24104

GWH/KJE



IMMIGRATION BRANCH

DIRECTOR OF IMMIGRATION

OTTAWA. Oct. 1st, 1945

Commissioner, London, England

Your File: 19-6-6142

I refer to your letter of August 31st regarding Mrs. Minnie Bernice Moodie and child, presently at Lyne Gardens, Capel, nr Dorking, Sy., England, dependents of D.117244 Pte Wallace Mervyn Moodie.

We have ascertained that the mother-in-law, Mrs. S. Moodie of Wright, Que. is quite willing and in a position to receive her daughter-in-law and grandchild into her home.

Please note that I have been advised by Army Records here that Pte Wallace Mervyn Moodie died on June 17th, 1945, as the result of an accident.

3

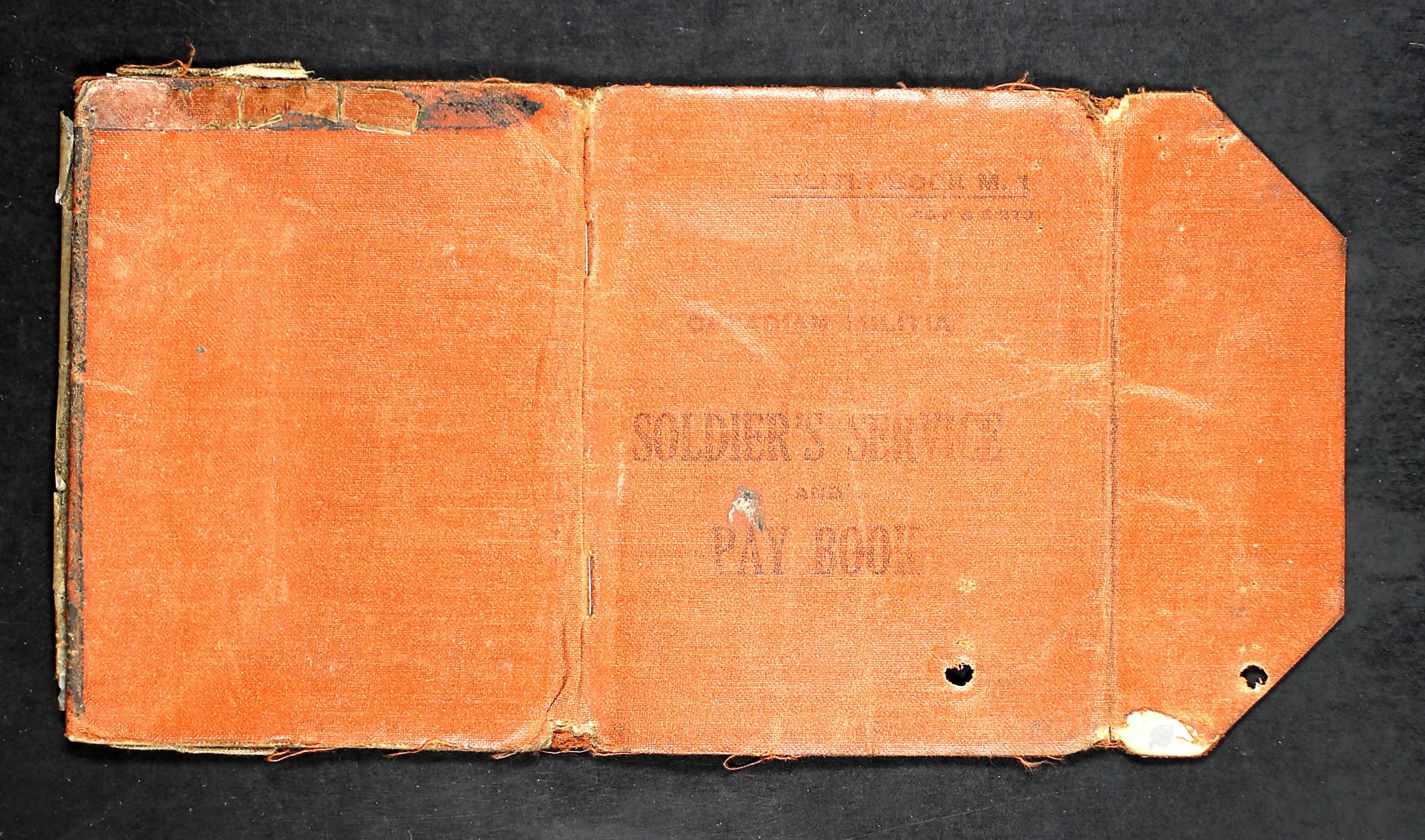
Director

Disordie &. M. M. B-17.244-C. A. Mright Quelice June 22. /46 Dept. Dation al Defence. BRANCH Army Estato Branch. JUN 26 1948 Colonel J. M. Futh. Duesting Estation. Replying trymw letter of the 19 distant when De ai bu. my daughter-us-law- mis munic B. Grandie way avvir en Canada. at present; Theren she is very way ahout awaitery his chancer to pail. Shall ufom you anne debley when Trecent any definite news. yours buly Elizabet model Modee. W.M.

Mught Lucke Apt Jalimal Dylinee Sept 2 id.
Ex 1 t Estatos Branch Cettawa, Canada Dear Seis. au pleased to anform you hat. Mus. Minne B. Mordie and little Son have arrived safely in Canada. and an staying with me, at least for The present. Succeedy yours Elizabert Dorrdie Re- Wallace M. Mordei 8-117.244

Mught - 2mehre Sept. 20. /46 Dept. 1 Stational Definer. Estatos Branch Re- Mordie Dallace. M. Cofun Cettawa-Canada m- D.117. 244 Colonel. L. M. Futh Ducing Estatio. Saw pleased to again onform yout the safe Dear Sir.aviral of mis Drimme Bernice Arordie At my home on Sept. 2nd: a few days Later Sout a letter to your Dept as you had previously asked me & ds St. and and rather ; at a loso to herebustaned why your were not aware of herebust and ; as the letter was not returned to me. Eligabeth Anordes ; mus Samuel model. mus Samuel mordie

H.Q. 405-M-49113 FD.73 ESTATES BRANCH September 26, 1946. Mrs. Samuel Moodie, Wright Post Office, P.Q. MOODIE, Wallace M., Cfmn. (Deceased) No. D.117224, C.A. Dear Mrs. Moodie: We received information that your daughter-in-law was expecting to leave her home in Surrey, England, to go to your home. Will you please advise by return whether she, Mrs. Minnie Bernice Moody, has yet arrived. Yours faithfully, (L.M. Firth) Colonel, Director of Estates. LMF/BW



(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re- quired	Com- plet- ed	Use authorized Abbrevi- ations and Symbols	Signature of Dental Officer
AN-44			4F. PROPH	EcBurbar

the state of the second second

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION
Regtl. No. / // 244
Surname (in capitals)
Christian Names (in full). NALLACE MERVIN
Date of Birth
Place of Birth WRIGHT PQ. CANADA
Trade on Enlistment. DRIVER
Nationality of Father at birth.
Nationality of Mother at birth. Religion. U. C.
Enlisted at WESTMOUNT QUEBEC.
Date
Particulars of former service (if any) i.e. Regtl. No., Corps and period.
Signature of Soldier LUM. Modlie.
Signature of Officer. Done Sense
Place - 1.54.D. Date - 5 - 7-043

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

Near	est degree of lationship	Names	Date	
	Wife	MRS. MINNIE BERNICE		
18t -	Children	Robert Wallace Moodie	Junda	
2nd		Father		
	Mother	Mrs. Elizabeth Illo	18-3-H	
8rd	*Brothers and Sisters			
4th	Other Relations (stating) relationship)			

State whether brothers are older or younger.

a transfer of the sand the sand of the sand

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a Will (see pages 20 to 23)

Latest known Address in full LYNE GARDENS -CAPEL SURREY ENGLAND

At Mode W. # Dunger

(III) RANK and APPOINTMENT

Date	Rank and Appoint- ment	Substantive, Tem- porary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
18-3-41	A/h/Cpl	Without Pay	# 45	2000 fen
15-5-44	7-7E	VV P	F0#20d/26-5-4	4. Gest Mar Les

Qualified in addition as under:—

The no further training required, initial.

out

words

(IV) Certificate Applicable to all Arms, to be completed an signed by the C.O. Bn., etc., before a Soldier proceeds

Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) except that he requires further training in.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Rochrew Course at	1 H2	J. P. War
Recovery Course at		Jon AX
PASSED T'S OFT	7/8/1/3	W. Lisel Lo
BIFLE LIMIG BRENADE GAS ALT. VIT		
DRIVER 1/c & GUALIFIED	00-210	Communa &
By STTB as Dr Mech 2	d/1-10-43	Dennie D.
Prissed GrPe"		

The Contract of the fact

(VI) SMALL ARMS RANGE COURSES

Year	Classification	ompleted, state parts fired	Signature of Officer
7/4/43	steller	I.I. III Rille	2 x
8-43 1	Hrew 1-36	2-69 De 190	() Stricted
8-43 1	at 20 1 d	RifLE A.BC.	6 Perell
8-43	2 43	Sten III	JO.P
-8-43 P	SSS SCORE SO S2	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	20 A A ST
			••••••
		······································	

STORY ARTHURAN ----

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc. Place Date Signature of Officer

The Traffic Lat. May the Cast. 1932 When I want to the Company of the Comp

(VIII) TRADE RECORD (For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer	i,
Ja. Meek.	"C"		DO 246	10-142	male	
2 mech mv	C		50 #8 d/28-7-44	8-6-44	DMar Yen	1
				•••••••••••••••••••••••••••••••••••••••		11
• • • • • • • • • • • • • • • • • • • •						

(IX) EMPLOYMENT WHILST SERVING Remarks and Signature of O.C. Coy., etc. Period Nature of Employment To From Dr mech 1-10-43 To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner. MEDICAL CLASSIFICATION Medical Examiner of Recruits, or other Medical Authority Category or Grade Date Signature of Medi-cal Officer

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
LABT Lee	4-9-41	Jel Viget
1.1 /2 CC	24-9-42	The Asia
1. Tyshus Ty EE	25.1.44	1 A & Caga
3. Typhus 100	1-2-yy/	Carried Carlo
Typhus recell 1 cc	24-5-44	July.
	a)-11-44	Col Prymon
Typhos rec	17-5-45	Mun.
(XV) VAC	CINATION	
Date Vaccinated	Signature	of Medical Officer
4-9-4/	200	7. LE.
29-3-44 TR	TW	4
		••••••

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL |

	page has any re	gar enect as a William
Particulars	Date	Signature of Officer
Nanding Leave	HI) N K MY
Ono-W.	3	
IST PRIV. L. W.	26-2-42	CAA
TOWN CARD COMPLETE	899-42	F. P.
"MI" TECT (REV YOUND	13 1/9	Hannay Capt
III F-F-19-Y		
FINGERPRI	NITEN	AID

3 Priv. Leave (FW)	12 ang 43	Mondon Leux.
awarded CVSMYC WEF 15-1-4	/20-11-43	& B. STELOUR LT.
Frenty 9 any P.4 10-2-44 to	19-2-44	A Tuendelse
on 18 mar 44 l	stilled To	3 PS elw
01/30 may 44	wn.J.	1 19
award One Good Conduct Badg.	E0#10	DMINE THE
mf 18-3-43	d/17-3-44	
gdays P. b to UK my p gre	the state of the s	Composable to
on 18 Mar 45 entitled to		The state of the state of the
Service chever a/191	-	
		1

states that he has executed a Will and that the same has been deposited with

> Signature of Officer. Rank or Appointment.

Date

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

The Officer receiving such Will shall complete the following certificate-

Certificate

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

14/3/44

Signature of Officer. Rank or Appointment. 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 the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature)

GEORGE BULL, Private No. 30000,

Date 5th August, 1936.

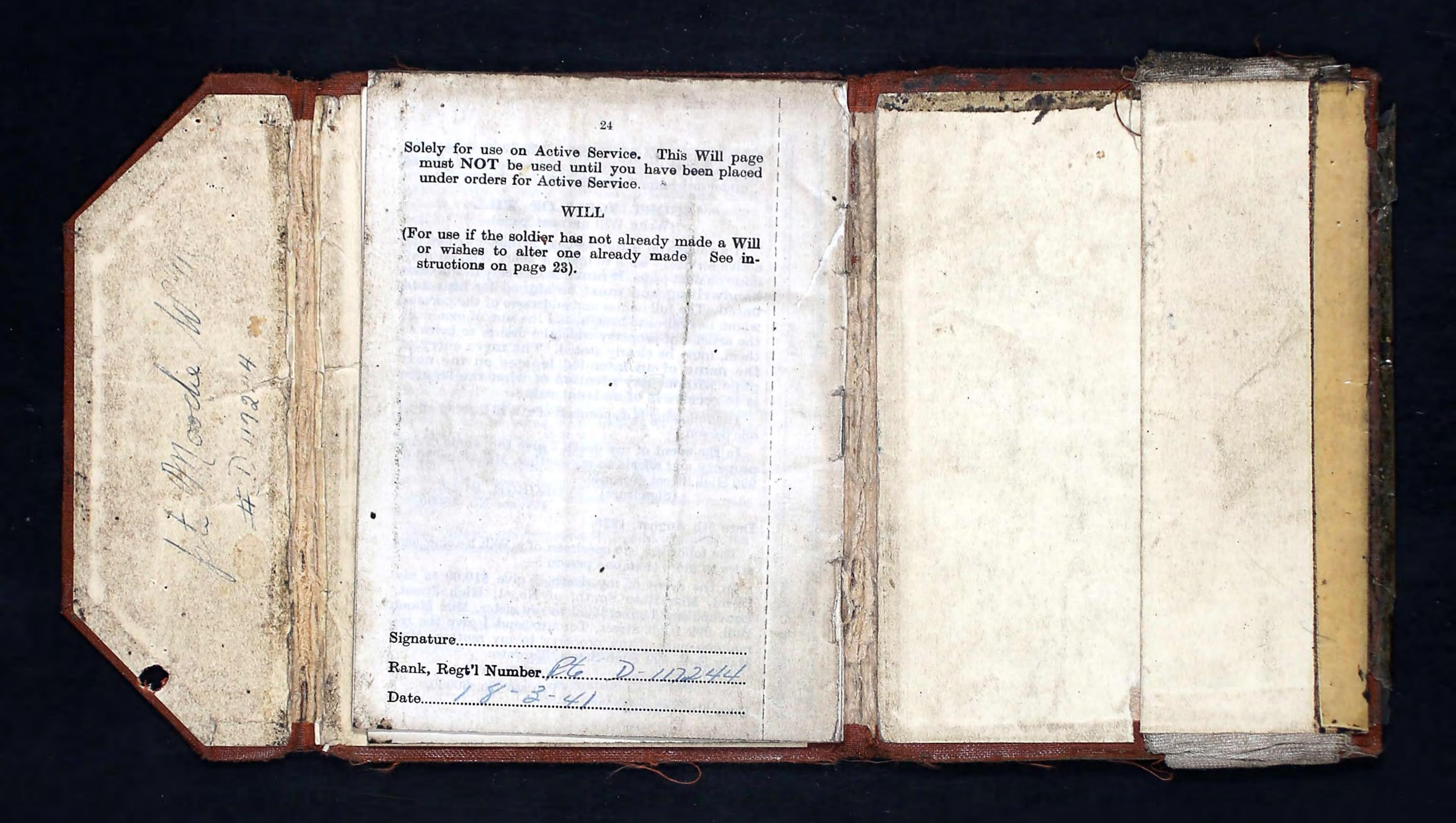
The following is a specimen of a Will leaving legacies to more than one person :-

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

GEORGE BULL, (Signature) Private No. 30000,

Date 5th August, 1936.

custody. Records at CMHQ



VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No.	D 117244Name	mo	odie 2	Mallace	merine
Rank on Di	scharge	m_I	ate of Disc.	harge	17-6-45.
Authority	for Discharge or Retire	men t		Deceased	
Served in:				Non-qualif; servic	
Canada	from 18-3-4/		6-10-41.		
	from	_to		•	
United Kingdom	from 7-11-41	_to	31-7-4	14.	
	from	_to			
Italy	from	_to			
Northwes	st from /-8-44	to	17-6-4	6-(diea	(acc.)
	from	to			
	from	to			
Eligibl	e for award of:				
1	1939 - 45 Star				
1	Italy Star				
I	ranco-Germany Star	4			
I	Defence Medal	1			
V	Var Medal 1939-45.	OK			767
	Canadian Volunteer Servi	ce Medal_	1		911
	wi	th clasp			
			Verified by	a. Ro	theer
			Date	15-11	-46
			Carded	OCT 15 14	6

sgs

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 possible delay after receipt of notification of Death. Se Table II, Appendix III, Field Service Regulations, Vol I.

	First Cdn Army Tps	1773				
REGIMEN	Management of the Control of the Con	Squadron, Troop	6			
or C	ORPS	Battery or Company	Beneral 1			
	's Personal No (if known)	D117244 Rank	Cfn			
Surname	MOODIE	Christian Names W.M.				
	Date 17 Jun 45	Place Holland				
Died	Cause of Death Acc Died					
	Nature and Date of Report	TPM 19 Jun 45				
	By whom made	FCA Tps Wksp				
2	Σ					
	Specially state if killed in action, or died from wounds received					
	in action, or from exposure while on military duty, or from					
	injury hile on ilitary dut	fplaats Cemetery				
	Place Velp, near Arnhe		19 Jun 45			
Burial	Grave 111	Da be				
1	By whom reported F.G.	Stewart, HQ RCEME FCA	Tps			
A CONTRACTOR OF THE PARTY OF TH		/ - \ D	270			
	State whether he leaves	(a) in Army Book 64	NO			
	a Will or not					
There is not a second		(B) as a separate docum	nent NOT REC'D			

All private decuments and offects 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 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 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 Germany Date 2 Jul 45.

Signature of Officer in charge of Section Sec 2 Ech HQ 21 A Gp

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M.F.M. 267 50M-9-44 (5634) H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

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FILE H.Q. 405-M-49,113

CASUALTY (REPORT DELIVERY)

OTTAWA 20 JUNE 1945

TO:- MRS ELIZABETH M MOODIE
WRIGHT P Q

REGRET DEEPLY D117244 CRAFTSMAN WALLACE MERVIN MOODIE
HAS BEEN OFFICIALLY REPORTED TO HAVE DIED SEVENTEENTH JUNE 1945
AS RESULT OF INJURIES RECEIVED WHEN THE RAN OVER MINE ON SIDE
OF ROAD STOP YOU SHOULD RECEIVE FURTHER DETAILS BY MAIL DIRECT
FROM THE UNIT IN THE FIELD

PREPAID

DIRECTOR OF RECORDS

25th June, 1945.

Mrs. Elizabeth M. Moodie, Wright, Quebec.

Dear Mrs. Moodie:

It was with deep regret that I learned of the death of your son, Dil7244 Craftsman Wallace Mervin Moodie, who died while in the Service of his Country in the Western European Theatre of War on the 17th day of June, 1945.

additional information received will be communicated to you without delay.

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

Yours sincerely,

. mem x - wife - moether 28-6-43

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

/XAX