D117549 STEPHENS GORDON Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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	PLEAV LEAV BLAN
1.	(a) Print name in full	
2.	(a) Arm of service	
4.	(a) Place of enlistment	
5.	Section B—EDUCATION AND TRAINING  (a) State age on  (b) Were you attending school	
6.	(a) State age on  (b) Were you attending school  finally leaving school	
	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	
	If you attended a university, give name of university and standing or degree secured.	
o.	(a) Did you ever (b) it so,	
1	enter upon a trade for what (c) Did you finish it, how long apprenticeship? occupation? finish it? did you serve at it?	
9.	(a) What languages do you speak fluently?	
	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were WORKING or NOT WORK-  (b) At time of en-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ING at time of enlistment.	Jan. 6 July C
	(Enter here only "Work- ing" or "Not Working",	diam's a
	as case may be; particu- lars are asked for below)	
-		
	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)	
	Had you ever been employed fairly regularly since leaving school?	
12.	(a) If answer to 11 be "Yes", state exact trade or occupation  (b) State how long you had worked at this	500
	at which you actually workedtrade or occupationtrade or occupation	2
	If answer to 11 be "No", state exact trade or occupation for which you feel qualified  If you had been employed after leaving school, state	
1	when you last worked fairly regularly before enlistment	
	Give details of last employer, if any: Name	
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 (b) Date of dis-	
-	nature and address of businesscontinuing it	
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT	
Q	UESTIONS 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	A.V.
	TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	3 - 600
18.	IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21  Name of employer	
19.	Nature of employer's business (for instance, "farmer", or "building	21 21
20.	(a) Your (b) Number of years' experience at	1 191
21.	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	1
	definitely to give you refuse to promise you to return to your employment on discharge? former employment?	
16		
	F 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	
23.	(a) Number of years  (b) Have you made, or will you make plans to engaged in this businessreturn to the same or a similar business on discharge?	
	Section F—PARTICULARS OF FARMING EXPERIENCE	
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming?	
25.	in farming after the war?	114
26	Section G—MISCELLANEOUS  Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
	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.)	
·· <u>···</u>		
D.	TE July 17th, 1941  194 SIGNATURE Gordon Stephens	
UF	SIGNATURE JULIAN LAND	

and because the wife and a principle, and like to other the second of the property

....Mr...George Stephens.

1882 Richardson St.,

Montreal, Que.

Any	further communication	ón	this	subject	shoul
News A	be addressed to:-		4		

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

and the following number quoted:-

H.Q. 405-S-20,588 F.D.498....

# DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

Feb. 24, 194 4

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

STEPHENS, Gordon, Pte.

BRANCH

MAR 2 1944

D 117549 C A

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

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

(P. S. Deis) Capt., for (L. M. Firth) Lt.-Col.

Administrator of Estates.

PSD/MK

M.F.W. 77 5M-1-44 (3371) 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:

			INFORMANT'S STATEMENT					
grees of ela- ion- hip	RELAT required to be		NAME IN FULL  of any Relative, if any, in each degree specified	* Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative			
1	Widow of the De							
2	Children of the I dates of their	Deceased and Births						
3	Father of the De	ceased	George Robert Stephens		1882 Richardon S			
4	Mother of the D	eceased	Deal	/				
5	Brothers of the Deceased		Alan Laslie Stephens Killian Mances Mingo John Stephens		716 Leple Outron			
6	Sisters of the Deceased	Full Blood	Mildred Stephens Pearl Cathern Stephens		1172 Sheemst 1172 Sheemst mmbrea			
		Half Blood	Minnis Reid		Verdun			
7	Names of brother of the full or the Deceased, who death of each.	s or sisters (whether ne half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children			

# ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

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8	Full names of the deceased.	Gordon Robert Stephen
9	Date of his birth.	100T 2 NS 1922
10	Place and date of his marriage.	hu
11	Place and date of his parents' marriage.	2 august 1921 St Elevers
	PARTICULARS OF	DOMICILE
12	Place where deceased was born.	motreal
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 cy, (b) Hochelings count- (c) Ponit-Si Charles (d) Deelie Province
14	Nature of employment before enlistment.	Soap Factory Richmontsh
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	muliane
	PARTICULARS OF	FESTATE
17	Did he leave a Will? If in your custody, please forward.	yes left to 5 sle mildred
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?	-~
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?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	/V 55 N
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
. 22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTI	CULARS
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.	
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.	
	(Note:—The Government pays funeral expenses within the and burial is made Overseas as well as where death occurs and be zone, and if a relative has already paid those expenses the Government authorized in the Regulations. Any amount of such expenses in the Government nor is it chargeable against the service estate of	nment will reimburse such relative to the extent of the amount excess of those authorized in the Regulations is not payable by

(PLEASE TURN OVER)

DECLARATION \*Insert degree I hereby declare that all the particulars shown on this form are correct, and a true and complete of relationship for example, statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Widow", "Father", "Brother", etc. of the deceased. Signature N.B.—To be signed in full in the Informant presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any Muse of His Majesty's Forces. CERTIFICATE I hereby certify that to the best of my knowlege and belief..... \{\langle \text{Name of } \rangle \text{informant}\rbrace \text{is the\*} \tag{of the Deceased} \*See above. above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct. Dated at montreal this Twenty Eight of Telomary 1944 Qualification Recht free Church Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any Address 553 Marquerita Bourgeois Bol. Montres of His Majesty's Forces.

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.)

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USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

(2144, 330 But 24 21131)

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

Unit #19 Coy., CDC., CA. (A) (Attach.#3 TC., RCAF)

Regimental Number...

D/117549

# ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY ATTESTATION PAPER



為

1.	Surname	STEPHENS		
2.	Christian Names	Gordon		
3.	Present address	1882 Richardson St.	MontrealQueCanada	
4.	Date of birth	3 May 1922		
	Place of birth (Country)  Religion (state denomination)	(County or Province) Church of England	(Town or Township)	•••••
				•••••
			•••••••••••••••••••••••••••••••••••••••	•••••
	Relationship			•••••
11.	Address of next of kin	1882 Richardson St.	Montreal	
12.	Do you belong to, or have you s	erved in a Reserve Formation of	r Unit of The Canadian Army?	NO.
	······································	(If Yes, Give Unit and Dates of Servi	ce)	
13.	Have you served in (a) an Act	ve Formation or Unit of The C	anadian Army?(Yes or No)	No
	(If Veg Give Regive	ental No. and Unit)	(b) Any other Naval, Military, or	Air
For		(Yes or No) (If Yes, specify Unit and Period	of Clarentees)	0
14.	Did you serve during the Great		Carried Control of the Control of th	o
		If Yes, specify Regimental No., Unit and Date	s of Service)	
	DECLARATIO	ON TO BE MADE BY MAN	ON ATTESTATION	
Arn peri	I, GORDON STEPHENS ve particulars are true, and I have so long as an emergency, i.e., and of demobilization after said year, provided His Majesty shows	ereby engage to serve in any A war, invasion, riot or insurrect emergency ceases to exist, and ald so require my services.	do solemnly declare that active Formation or Unit of The Canadion, real or apprehended, exists, and for in any event for a period of not less to	lian
Dat	e July 16th, 1941	Hetelu Stat	(Signature of recruit)	
	OATH T	O BE TAKEN BY MAN ON	ATTESTATION to sincerely promise and swear (or solen	nnly
		gardon Se	Kers (Signature of Recr	uit)
	CERTIFICATE OF MAGIST	TRATE, JUSTICE OF THE	PEACE OR ATTESTING OFFICER	
	stions he would be liable to be The above questions and answe I have taken care that he under	punished as provided by law.  rs were then read to the recruit  rstands each question, and that	ade any false answers to any of the about in my presence.  This answer to each question has been of declaration and taken the oath before	duly
Bt	Montreal		July 19.	41
The second of the second	Description	L. Ade L. Captud Julia	Signature of Magistrate, Just or Attesting Officer Office or Rank and Unit or appointment.	tice

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

### QUALIFICATIONS

### EDUCATIONAL QUALIFICATIONS

Military	N.A.	High School)	NT A	Graduation )	NT A
	N.A.	or }	(years completed)	or } Matriculation	(specify)
Trade or Civil	Laborer	*College	N.A.	••••••	
Technical	N.A.		N.A.		
	English		r years completed, and degrees obta	ined 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.

Rep	ort	Record of Promotions, Reductions, Transfers, Casualties. Reports, etc., from date taken	Rank Shown	Effective Date	Unit	Place		Au	thority	
Date   Fre	om whom received	on Strength of Canadian Army. (Active)				1000	Part II I	O.O. No. Cas. List	t, etc.	Da
17-7-41	C.D.C. 39	Taken on strength of No. 39 Coy., C.D.C., C.A.(A) on attestation.	PTE	16-7-41	No. 39 C.D.C.	Montreal	Pt II	D.O. No.	71	17-7
17-7-41		(1 day) Authorized to draw subsistence allowance .85 diem	11	16-7-41	11	11	11	<b>11</b>	71	1.7:7
		Attached to No. 1 Wireless School RCAF Montreal, Que. for duty, disc., rations and quarters	11	17-7-41	11	11	11	11	71	1.7:-7
17-7-41		Ceases to be attached to No. 1 Wireless School RCAF., Montreal, Que. for all purposes	11	7-8-41	11	11	11	11	81	11-8
11-8-41		Attached to No. 12 Equipment Depot, RCAF Montreal East, Que. for duty, disc., rations and quarters	11	8-8-41	11	11	11	11	81	11-3
18-8-41		Ceases to be attached to No. 12 Equipment Depot Montreal-East, Que. for all purposes	11	18-8-41	11	11	11	11	84	18-8
18-8-41		Attached to RCAF Detachment McGill University, Montreal, Que., for pay, duty, disc., rat., & qu.	11	18-8-41	11	11	11	11	84	18-8
28-8-41		ty, Montreal, Que. for all purposes	11	28-8-41	11	11	11	11	88	28-8
28-8-41		Attached to No. 41 C.A.(B).T.C. Huntingdon, Que. while undergoing basic training (D.D. & R.Q.)	11	29-8-41	11		11	11	88	28-8
9-9-41		Punishment: - Awarded 5 days C.B. and forfeit 1 day pay for A.W.L. under F.R. & I. Art. 149.	11	8-9-41	B.T.C. 41	Huntingdon	BTC 4	1.Pt.II-	179	9-9-
5-9-41		Attached to C.A.(B).T.C. No. 41 for Quarters, rations & discipline.	11		B.T.C. 41		11		176	5-9-
29-10-41		S.O.S. of this centre on reposting to his Unit, Montreal, Que.	11	29-10-41	B.T.C. 41	11			211	29-1

. La

# CERTIFICATE OF MEDICAL EXAMINATION

Place	
Part 1. Information obtained	
1. Age 2. Have you ever a	uffered from any of the following diseases?
a. RheumatismNO	
b. Tuberculosis or pleurisy. NO	
c. Bronchitis or asthma	
d. Heart disease	
e. Kidney or bladder disease	o Symbilia
f. Stomach or bowel trouble	n Conoughosa
g. Rupture	q. mave you ever worn grasses
h. Varicose veins	1. Are you how of have you in the past
i. Foot trouble	compensation? If so, give MO
j. Nasal trouble	
	Signature of Applicant
	d by medical examination. THE RECRUIT MUST BE STRIPPED
1. Identification marks or scars. (If oper	
lve.co. under left arm. Mol	s.on.body.
	inches. 3. Weight 112 pounds.
4. Complexion FATR Eyes	
	P001
6. Chest measurement—Girth on full expan	THE TO ALL
	on inches. ARAY 85536 W
7. Vision, right 20/20 les With Glasses— right les 9. Condition of mouth and teeth Few Co	t 20/20 8. Hearing, right CV 20 left CV 20
	ological) found on examination are as follows.  No impulse felt on coughing No herria.
COLOR VISION ISHIHARA (CN EAR DRUMS & REFLEXES NORM H.MICHAUD M.D.	
EAR DRUMS & REFLEXES NORM	L
Part 3. We, the examiners, find no	vidence of the diseases mentioned in Question 2, Part 1, except a
Part 3. We, the examiners, find no exported in the remarks. We have examine	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard
Part 3. We, the examiners, find no examiner and Instructions for the medical examination	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard n of recruits" and he is found fit for Category
Part 3. We, the examiners, find no examiner and Instructions for the medical examination	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard
Part 3. We, the examiners, find no examiner and Instructions for the medical examination special remarks when category lower than the president pr	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard n of recruits" and he is found fit for Category. "A"  A Underweight, but will gain.  C. L. LEVEGUE M.E. E.S. HARDING M.D.  Member Member
Part 3. We, the examiners, find no examiner and Instructions for the medical examination special remarks when category lower than the president when the president with the president wi	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard of recruits" and he is found fit for Category
Part 3. We, the examiners, find no reported in the remarks. We have examined and Instructions for the medical examination Special remarks when category lower than examined by the state of the president of the p	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard of recruits" and he is found fit for Category.  A Underweight, but will gain.  P.LEVEUE M.E. E.S.HARDING M.D.  Member NS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY  Date  Brief details and signature
Part 3. We, the examiners, find no reported in the remarks. We have examined and Instructions for the medical examination Special remarks when category lower than examined by the state of the president pres	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard of recruits" and he is found fit for Category.  A Underweight, but will gain.  S.P.LEVECUE M.E. E.S.HARDING M.D.  Member Me
Part 3. We, the examiners, find no reported in the remarks. We have examined and Instructions for the medical examination Special remarks when category lower than examined by the state of the president pres	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard n of recruits" and he is found fit for Category.  A Underweight, but will gain.  Delegation of Management of
Part 3. We, the examiners, find no reported in the remarks. We have examined and Instructions for the medical examination Special remarks when category lower than examined by the state of the president pres	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard of recruits" and he is found fit for Category.  A Underweight, but will gain.  L.P. LEVEGIE M.E. E.S. HARDING M.D. Member  Member Member  Member Member  Date Brief dotails and signature  E.M. W.
Part 3. We, the examiners, find no ereported in the remarks. We have examine and Instructions for the medical examination Special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examination special remarks when category lower than examined and examined and examined and examin	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard of recruits" and he is found fit for Category
Part 3. We, the examiners, find no exported in the remarks. We have examine and Instructions for the medical examination Special remarks when category lower than examined by the state of the president of the president of the medical examination of the medical exam	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard of recruits" and he is found fit for Category
Part 3. We, the examiners, find no ereported in the remarks. We have examine and Instructions for the medical examination Special remarks when category lower than examination between the president vaccinations, inoculation bate Brief details and signature 8.9.41 Vacc for the first form of the president vaccinations, inoculation for the medical examination special remarks when category lower than examined to the president vaccinations, inoculation for the medical examination special remarks when category lower than examined to the president vaccination of the medical examination special remarks when category lower than examined to the president vaccination of the medical examination special remarks when category lower than examined to the president vaccination of the medical examination special remarks when category lower than examined to the president vaccination of the president vaccination vaccination vaccination vaccination vaccination vaccination vaccination vaccination vaccination v	vidence of the diseases mentioned in Question 2, Part 1, except a d the Recruit in accordance with the pamphlet "Physical Standard of recruits" and he is found fit for Category.  A Underweight, but will gain.  S.P.LEVEUE N.E. E.S.HARDING M.D.  Member NS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY  Date Brief details and signature

Regtl. No. D/117549 Rank PRIVATE STEPHENS Christian Name... DATES OF 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 Number of days in Hospital Date of Arrival at Discharge from Hospital Admission into Hospital DISEASE STATION the Station Day | Month | Year Day | Month | Year ................ 

GORDON

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

## Name STEPHENS Gordon

F	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	· A	uthority	
Date	From whom received		· · · · · · · · · · · · · · · · · · ·	Directive Date	Ont	Frace	Part II D.O. No. Cas. Li	st, etc.	Dated
1-10-41		Ceases to be attached to No. 41 C.A.(B).T.C.  Huntingdon, Que. (Basic trained)  Posted to No. 13 Dental Clinic and detailed for	PTE	29-10-41	C.D.C. 39	Montreal	Pt II D.O. No	. 108	31-10-41
1-10-41	11	duty to No. 13 S.F.T.S. St. Hubert, Que.  Punishment: - Awarded 14 days C.B., 14 days Extra		30-10-41	11		11 11	1,08	31-10-41
5-11-41	11	drill, and forfeits 2 days pay for A.W.L. (2 day) Ceases to be posted to No. 13 Dental Clinic, No.		17-11-41		11	11 11	118	25-11-41
-12-41		13 S.F.T.S., On reporting to No. 3 T.C., HQ.	• • • • • • • • • • • • • • • • • • •	3-12-41	11	11	11 11	121	3-12-41
-12-41.		Authorized to draw subsistence allowance 1.00 day		4-12-41	11		11 11	122	5-12-41
9-12-41	11	Granted New Years Leave (5 days) from 31-12-41 to 5-1-42 Charged with while on Active Service: - Drunkness	11	31-12-41			11 11	130	29-12-41
4-1-42	tt	during duty Admonished.	11	22-1-42	11	11	11 11	8	24-1-42
9-1-42		Charged: - Admonished and automatically forfeits 2 days pay for A.W.L. (2 days)	11	24-1-42	11	11	11 11	10	29-1-42
4-2-42		Ceases to draw subsistence allowance	11	24-2-42		11	11 11	22.	24-2-42
4-2-42		Posted to No. 5 Dental Clinic, and detailed for duty Ex: Pay to No. 5 Manning Depot, Lachine Que.	11	.25-2-42	11	11	17 11	22	24-2-42
8-2-42	11	Absent.without.leave.from.0900.hrs25-2-42	***	25-2-42	11	11	11 11	24.	28-2-42
-3-42		Return from A.W. L. 0900 hrs 2-3-42	**************************************	2-3-42	13	11	11 3 011	25.	3-3-42
7-3-42	11	Charged with while on active servece: A.W.L. 5 days-forfeits 5 days pay and 7 days C.B.	1t	25-2-42	11 11	tî	11 11	31	17-3-42
4-3-42		Charged with whilst on Active Service: A.W.L. 3 days, 14 hours-forfeits 4 days pay and 7 daysCB	îî	12-3-42	îî -	îì	it it	33	24-3-42
6-3-42		Ceases to be posted to No. 5 Dental Clinic, No. 5 Manning Depot, Lachine, Que.	n	29-3-42	11.	î	ît ît	35	26-3-42
6-3-42	**	STRUCK OFF STRENGTH OF NO. 39 COY.; C.D.C., CA(A) ON POSTING TO NO. 3 DISTRICT DEPOT CA(A) Ottawa. O		29-3-42	ii ii	in the	# 15° 47	35	26-3-42
• • • • • • • • • • • • • • • • • • • •		7.0.5. DDm D- 23 m timple for	<b></b>						
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		and is satel to mice. Win	11	30-3-0	JAN NOS	Ostawa	04.7592.	-42	2-4-4

D. D., M. D. # 3 ON TRANSFER 10

. Intermediate (Overseas)

6-4-42

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7-4-42

Statement of the Service of No. D114549 Rank Recommendation of the Service of No. D14549 Rank Recommendation of the Service of Recommendation of the Service of Recommendation of Recommendation of the Service

Sheet No.....

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

R	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.	D 1 - C1	Econtina Data	TT-:4	Dlass	Authority	
Date	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
	SI	S. C. A. Cenertia Summana de la constante						
		0 6 M Museum 9-4-42						
		D. S., C. A. Oversees						
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				percent	1015 locus		······	
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		Genefrance to Hogy Coc.		.I. S. Jul. God	9 MI	496.	125	- Colone
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		Clases alla to 1 GREC.		10 Julya	5 Dentas	Box all		
	16013	Awd 14 days detention & forto DE days pay (AASecred AASecq	Pla	16 Feb 43	15 C Race Dent 6	i.k.	9	29 Feb 43
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	Market Control	attal FAP Jescept duties to 1 CSRU	Me: -	2 mar43	15.3.D. Coy	UK.		9 mar 43
	· Company	entil 6 month Prof serveny of 1.50 P. D.	P9	10	15B. D. P.	91.2	146	2 3 200.4
••••••		inna.6. monus. U. roy survivey of 1:5.0.0	V	1 Jan. 1. 17 3.	7			1
	E COLUMN	C/attal Lo 1.c. S. R. 21	12	6. July 43.	15B. D. Con	21.97,	29	7.4. Ly. 4.3
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Sheet No.

- Date	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
5509		awl 14 days CB-2 days Pay	Pte	16 June 43	S.R.U.	uk	15.4	19 June
500		S.O. S. Pend. Trus Lo 5 CIR. U.	26	6 July 43		2/2	29.	7 July 4
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	(da) Tos	TOS from MPER X4Lit.	Pu	22 Der 43	MPER	CME	2	Ponlu
		5.0.5. C.A. (U.R.) on embarkation 27 oct 13	Plo		XLIST HPER	MA	33A	1610016
		Disembarked						
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••••••		and con vol sero medale class.						

M. F. M. 14 480M-10-40 (7443-4) H. Q. 1772-39-1662

No.D-117549

Montreal; P. Q. PLACE OF ENLISTMENT

\*MARRIED

\*WIDOWER AND DATE

16-7-41 \*SINGLE

RANK Pto. NAMESTEPHENS, G.R.

### RATE OF PAY

D. O. No.	DATE	RANK	GROUP	P.F. OR A.S.	DAILY	IF LIABLE PEN. DED.	REM	ARKS	5	
						-				
									-	
	_								*,	
		ASSIGN	MENTS			DEPE	NDENTS' ALL	AWO_	NCE	ES
AS	SSIGNEE	father	EFFECTIVE	AMOUNT	TOTAL	DATE APPLICATIO	RELATIONSHIP	AMOU		EFFECTIVE
George S	stephe	hs	1-8-41	20.00	20.00		350	2	TIME!	4.
11 /11 -/ 14	/ 7 1 /	L B	Cane	elled	31/7/42					
1882 Rec	break 1	PQ.	No of the second	h #						
		1				10				
			*							
								-		
*										

PAID ON OUTFIT ALLOWANCE S \*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT. (1910) S P. A.

### CASUALTIES, ETC.

PART	II D. O.	
No.	DATE	
92	7-4-42	SOS eff. 29-3-42 and posted to No. 3 District Depot TOS DDMD3 on tfr., eff. 30-3-42  S.O.S. D.D., M.D. No. 3 on tfr. to Coalax Base Ofs.  205. Can any Can 8-4-42 fos. #1egral 20. 1900 fos can land 0/5. 9-4-42 fos. #1egral 20. 4-42 sos. #1egral 20. 4-42 fos. #1egra
94	2-6-40	SOS.WICHRO. W DIN O/S ISONE CDC. 100
73	3JUNUY	TOS INT OS BASE COC my 3JUNY
19	DUNY	Cease & Le att 4LT. AA REGT RCA wy. 3JUNY 2/1/42.
7:	10 SULHE	ceases ath 4 Laa. Ragh, RGA. well 3 July 2.  So Son posting to 16 can. Base Dental Gay waf. 5 July 2.  TAS 17 CON BUSINESS ON WHILE ATT WAR BUSINESS.
	1 0000 7 2	TO THE THE TO THE TELL OF THE
1	17.101.12	T.O.S. 15 C.B D.C. We. +. 4.7.42, and Temp. oft. +. a.p. except. Regt! duties to 10. E.R.U. u.e.f. 47.42
1	17.7.62	T.O.S. 15 C.B D.C. we.t. 4.7.42, and Temp. att. for f.a.p. w.ef. 11.7. 42 to No.4 Cay, C) Cease att. 18.6.R.U. w.e.f. 10.7. 42 and Temp. att. for f.a.p. w.e.f. 11.7. 42 to No.4 Cay, C) C
jh.		

Par	rt 11 D.O.	PARTICULARS OF CAS	UALTY
No.	Date		
/	17.7.42	att. no 1 e E RU	4-7-42
/	17.7.42	Ceases att. ICERU	10-7-42
		att. no 4000	11.7.42
2	28 Sep 42	Geases tempy Attid to No.4 Coy Co	6 w.c.t. 26 Sep +2
5.	30-1-43.	y don, eB. AA 40.	wef. 19-1-43.
9.	19-2-43.	28 Days Detention. 28 Days. Forfe	etimo of Pay. 16-2-43.
12	9.3.43	at fago empt right cheties to 1050	und 2.3.43
14	23-3-43	Granted Daily Regtl. Rate of Pa	4\$1.50 wf 1-1-43
28	24-6-43	On 16-6-43, Lawarded 14 days CF	8 forfs 2 days
		Pay FRY S. 149(1) a A A Sec 15	
29	29 uly 43	CFBA 6 no ICS RU mef. 6 guly 4	
29	V	el o & (pending transfer) "15 CBDC to 205	A A
112	8-7243.	Too from . c.O.C. puding kansfer.	Leic. Wy 3- 2-45.
202	26-10-43	5.05 h Hat Day wel 26.10-	+3-
32A	16-11-43	TOS/Bu 10820 9-11-	43
* * * *		505 a 402 " m/17.12.43	
	* **		

# CONTINUATION CARD TO M.F.M. 14

	Regimental No.D	1.117.5.4.9NameSTEPHENS, G.						
Pa	rt 11 D.O.	PARTICULARS OF CASUALTY						
No.	Date	TANTICOLARS OF CASUALTY						
38	13.7.42	TEMP. ATT. FROM 15 CON. B. D. C. 11.7.42.						
0	17.7.42	TOS 15 CBDC from 17 CBDC 4.7.42						
14	23-3-43	Granted Daily Ray H. Rate of Pay #1.50 well 1-1-43.						
M.F.M. 14A 40/P & S/67								

Part I	I D.O.	PARTICULARS OF CASUALTY
No.	Date	
		T.O.S. NKRE (40) wef 22 Dec 48.
***************************************		S.O.S. " " 30.1.44(Killed en action)
	*	

[SEE OTHER SIDE]

# 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) 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 individual's new unit.

(1)	Name of Officer or Other Rank
(2)	Regimental or Official Number and Rank 1/117549 Private
(3)	Unit#19 Coy., CDC., CA. (A) (Attach. #3 TC., RCAP)
(4)	Are you married?
(5)	If married, state,
7.2	(a) Full name of your wife
	(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? M.A. Number of boys M.A. Girls M.A. Names and ages
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been
	regularly supporting them
	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
	Name
	Postal Address N.A.
	***************************************

(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?
	If so, state her full name and Postal Address
	***************************************
	•••••••••••••••••••••••••••••••••••••
(11)	Is your father alive?Yes
	If so, state name and address, occupation
	Montreal - Nightwatchman
(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?
(14)	Is your mother alive?
	If so, state name and address
(15)	If your mother is a widow, are you her sole or partial support?
(16)	If sole or partial support of widowed mother—state what amount per month you have given her
	prior to appointment or enlistment.
	Also state reason why she has no other means of support, if partially supported by you what
	is your reason for not providing full support?
(17)	Are you contributing to the support of any dependents, other than those shown above?N.A  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
141	Postal Address
	Amount contributed monthly during the past six months
	•••••••••••••••••••••••••••••••••••••••
(18)	Are you insured?
	If so, in what Company? (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.  Handon Stefhens (Signature of officer or man)
	Date July 17th, 1941 (Signature of officer or man)
	-CISCOLLA MAJOR
	Date July 17th, 1941 Officer Commanding #19 Coy. CDC. CA. (A)

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.

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

### WILL

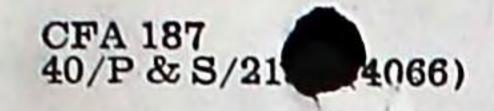
(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

In the event of my death I give the whole of my property and effects to my sister, Miss Middled Stephens, 1122 Shearer St. Mon treat

Signature Garden Stellans
Rank, Regt'l Number Pt. D-117549
Date Suly 12/7/43

DATE 2-5-4-2

INITIALS



### CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH INVENTORY

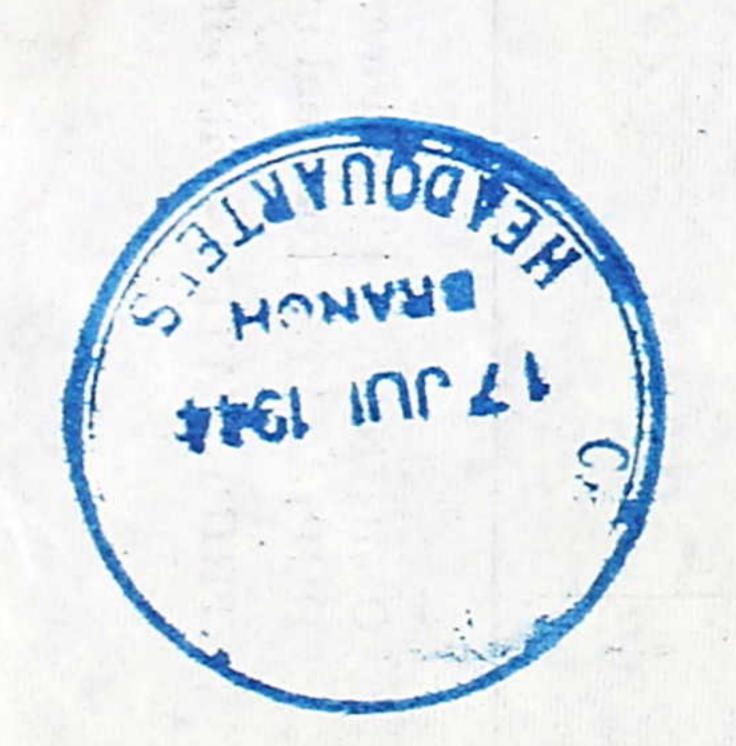
of personal effects received by Casualty Section, No. 1 CKSD

	B-126252 Pto. Sis L-17349	lofsky A.		
Picture Födder Canadian Legion Italian Coin Sundry Papers Canada Patch Div Flashes	Card			

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

TRIPLICATE — with effects.

12 S. Brilley Con KSD



25M-12-44 (6215) H.Q. 1064-11-3

### DEPARTMENT OF NATIONAL DEFENCE

AIR FORCE ARMY







(CHRISTIAN NAMES)

Director of Estates.

(SURNAME)

REGISTER NO. FILE NO. DATE

5-7-45

**ADDRESS** 

30-1-44

Pte .... FINAL RANK OR RATING DATE OF DISCHARGE

SERVICE NO.

A. TOTAL QUALIFYING SERVICE

154.25

B. QUALIFYING OVERSEAS SERVICE

INELIGIBLE DAYS, EQUAL TO SEE PAR. 2 OVERLEAF FOR EXPLANATION

DAYS @ 25c. PER DAY

371.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DATE OF TERMINATION OF OVERSEAS SERVICE

DAILY RATES AT DISCHARGE SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY GRATUPEPENDENTS, ALLOWANCE 1/30 OF \$

×7 = \$ 19.25 TOTAL NO. OF DAYS 646

\$ 1.50

67.95

D. WAR SERVICE GRATUITY

E. DEDUCTIONS

OVERPAYMENT OF

OTHER DEDUCTIONS

PAY AND ALLOWANCES DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

439.70

G. YOUR PORTION OF GRATUITY IS-

F. TOTAL AMOUNT PAYABLE

OF \$ DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$\_

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

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME OF SON STEPHENS, Register No. D-10245

(Christian Names) (Surname) File No.405-5-20588 PAYEE'S NAME DIRECTOR OF ESTATES (Christian Names) Service No. D - 1/7549 Final Rank DATE OF TERMINATION OF OVERSEAS SERVICE. 30 - 1 - 44 Date of Discharge. 30-1-44 **AMOUNT** A. TOTAL QUALIFYING SERVICE ....Periods @ \$7.50 No. of day B. QUALIFYING OVERSEAS SERVICE No. of days. . . Days @ 25c per day C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay Subsistence Allowance Additional Pay Dependents' Allowance 1/30 \$..... No. of Days. D. WAR SERVICE GRATUITY Computed By E. DEDUCTIONS Overpayment of (1) Pay & Allowance (2) D.A. & A.P. Other Deductions Entered By F. AMOUNT PAYABLE (This amount is payable in . . . . . monthly instalments of \$., G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C)  $\$.... \times 30 = \$.....$ REMARKS

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

Dyl. N. 10243

405-5-20,588.



1258 Labelle Street,
Montreal, P. Q.
Nov. 26th, 1945

The Secretary,

Department of National Defence (Army),
Ottawa, Ont.

Attention Paymaster General

Dear Sir:

My son, D-117549, Pte. Gordon Richard Stephens, C. I. C., was killed on Active Service in Italy on January 30th, 1944. Before his death, my son made out a Will naming my youngest daughter, Miss Mildred Stephens, c/o Mrs. George Mingo, 716 De L'Epie, Montreal, as sole beneficiary. As my daughter is a minor, I named another married daughter, Mrs. Anthony Bernier, 1122 Shearer Street, as trustee about a year ago. However, I now suspect that Mrs. Bernier has been appropriating my son's gratuity money for her own use. In view of the above I now wish to cancel Mrs. Bernier's trusteeship and substitute my own name. Please forward all future cheques to the above address so that I may be able to deposit them for my youngest daughter's future use.

Now, with reference to gratuities which I have not as yet received on my son's behalf, please consider this letter as a request for same, also please make cheques payable to myself, Mr. George Stephens.

Sincerely yours,

exo, only my

RECEIVED

NUL 28 1945

PAYMASTER

GENERAL

W.S.G. Branch

George Stephens

HQ 405-S-20,588 FD 498 ESTATES BRANCH 15 Dec 45. Mr. George Stephens. 1258 Labelle St., MONTREAL, P.Q. STEPHENS, Gordon, Pte. (Deceased) No.D.117549 C.A. Dear Mr. Stephens:-Your letter of the 26th November, addressed to the Secretary, Department of National Defence (Army), has been handed to this Branch for reply. As your daughter Mildred is apparently living and being supported by her sister Mrs. Bernier, it is thought here and apparently this was concurred by you, that Mrs. Bernier would be the proper person to act as guardian of her sister. We have now distributed the sum of \$600.00 to Mrs. Bernier, out of a total estate blonging to your son, of \$699.91. This leaves the sum of \$99.91 for further distribution, which cannot be made to Mrs. Bernier until some time in the spring of 1946. We trust that until this distribution is made, you will be able to arrange matters with Mrs. Bernier and at that time, either you or Mrs. Bernier will instruct us as to whom the cheque will be payable to. Yours faithfully. CSS/WMC DIRECTOR OF ESTATES.

## FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT Battery or Company  Squadron, Troop, Battery or Company	
Officer's Personal No. (if known) Soldier's Army No.  D 117549  Rank  Pte	
Surname STEPHENS Christian Names G.	
Died Jan 44 Place ITALY	
Died {Cause of Death* KILLED IN ACTION	
Nature and Date of Report AFW 3010A d/l Feb 44.	••••••
By whom made Hast & PE Regt,.	<b></b>
* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.	
Place	
Burial By whom reported	
State whether he leaves \( \)(a) in Army Book 64. Not known paybook not received.	
a Will or not $(b)$ as a separate document. No	
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 four should be at once forwarded to the War Office.  Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.  In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.	rded
Station and Date Signature of Officer in charge of Section Hauf Leuf Adjutant-General's Office at the Base (H.J. McDOUGA LL) Ca	ptair
Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239  Canadian Section G.H.Q. 2nd Echelo.	

DOMINION BUREAU OF STAT	131103			AIASCIA			
PLACE Muni- cipal Official name civil municip	pali-			-	pplies to this n	over the word ununicipality or	this territory
OF county IN THE FIELD (ITALY) ty or towns  DEATH Street	ship	Hospital or			ity   Town   V	illage   Parish	Townshi
ENGTH (a) In hospital   Years   Months   Days   (b) In municipality where tion	Months	Days (c) In Province	Years   Months		l) In Canada immigrant)	Years   Mon	iths   Days
NAME Surpame STEPHENS	Do not	CONFIDEN	TIAL MEDI				I
OF CEASED Given names.  Gordon  (Block letters)	write in this space	22. Date of death	Janu (Month	ary	30th (Day)		1944
Street Richardson St., No. 188	2	23. I HEREBY CERTII		-			(Year)
civil municipali- ty or township.			••••••	19 to.			19
Municipal county Province Quebec .		and last saw h	alive o	n			19
SEX   6. NATIONALITY   7. RACIAL ORIGIN   8. Single, Married,			24. CAU	JSE OF DI	EATH		
(Citizenship)  Widowed or Divorced (Write the word)  Single		Give disease, injury tion which caused dea	or complica-		led in	action	1.
f married give of wife or hus-		mode of dying, such as asphyxia, asthenia, etc.		due to			
of deceased		Morbid conditions, if	any, giving use (stated in	(b)			•••••
BIRTHPLACE		order proceeding bac immediate cause).	kwards from	(c)	1		
OATE OF More 2302		Other morbid condition	ons (if impor-	( ( )			
SIRTH (Month) (Day) (Year)	•	The property of the control of the c	eath but not immediate	118	7		
AGE OF Years Months Days If less than one day old CEASED		cause.		6	ello.		
21hrs. ormin.		If a communicable dis	sease is (a) Da	te of appearan	če		19
13. Trade, profession or kind of work, as spinner,		give	COMMON OF THE PARTY OF THE PART	ration of disea	se		days
teamster, office clerk, etc.		25. If a woman, was there	a puerperal cond	lition			
14. Kind of industry or business, as cotton-mill,			200				
lumbering, bank, etc		26. Was there a surgical o	peration?	Date of			19
worked at this occupation occupation   18. BIRTHPLACE		27. If death was due to ex					?
17. NAME (Province or Country)							
ATHER		Accident, suicide or ho	omicide(Stat	e which)	.Date	•••••••••••••	19
STEPHENS, George.		Manner of injury		(Horas	istained)		
OTHER iden Name)		Nature of injury					
Place of burial, cre- nation or removal		Specify whether injury industry, in home, o					
Date of burial		Signed					M.D
(a) Name of parish							40
(b) Civil muni-	28. Sign	ature of person who fills	in the form	29. Name		in charge of	Register of
cipality of	(cur	ature of person who fills ate, coroner, hospital author	ority, etc.)	Civil burial	Status in whas made.	in charge of laich registration	on of this
(c) Municipal county		7 B					
(d) Date	This sign	ature authorizes the collect	ctor to accept				
(Month) (Day) (Year)		this form as authentic.	a coop		(Voir l'autre	côté pour le fi	rançais)

JG 7 1944

~ .	
Sheet	No

# POSTINGS FROM O/S CASUALTY LISTS

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

		A	ADMITTED		DISCHARGED				REMARKS	CAS. LIST No.
Unit	Hospt.	Day	Mo. Yea	ar Day	Mo.	Year	Hospt. Days	DISEASE OF INJURY	REMARKS	CAS. DIST IVO.
P.E. Regt.								Killed	C/10. 30-1-44	a. 390
				••••						
				••••						
				••••						

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

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

M.F.M. 1. 2 & 5 RELATIONSHIP ADDITIONAL PERSON TO BE NOTIFIED PARENTS NAME MARRIED OVERSEAS CASUALTY DETAILS

NUMBER D. 117549

RANK Private

SERVICE UNIT The Hastings and Frince Rowerd Regiment (C.A.).

NAME STEPHING, Gordon

DATE OF BIRTH

MONTH

YEAR 1922

MARITAL STATUS single HELIGION: Church of Ingland.

NEXT OF KIN AS SHOWN ON

NAME Mr. GOTSE Stephens,

ADDRESS 1882 1chardson Street,

Montreal, Quebec.

**ADDRESS** 

ADDRESS IF SOLDIER

AUTHORITY CAS. SIG. NO. COMPOSTOS 4678

H.Q. 405-8-20,588

DATE

30-1-44

Killed in action

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

YES/NO

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

YES/NO

OFFICER I/C RECORDS

COPY FOR DOCUMENT FILE

12th February, 1944.

Mr. George Stephens, 1882 Richardson Street, Montreal, Quebec.

Dear Mr. Stephens:

It is with deep regret that I learned of the passing of your son, D.117549 Private Gordon Stephens, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 30th day of January, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,
H. F. G. LETSON
Major - General
Adjutant - General

FEB 10 1944

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

ACB/BTC

30-1-44	
(O.C.L436	)

### AWARDS-CANADIAN ARMY (ACTIVE)



M.J.A. 100M-10-41 (2195) H.Q. 1772-45-8

			FILE NO. 405-S-20588	
STEPHENS, Gordon	D.117549	Pte.	Que.Regt.	
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT	

WARSERVICE

BADGE

(CLASS)

NO.

, DATE DESPATCHED:

#### ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED	
1939-45 Star Italy Stær	4940 27-10-49	
Defence Medal War Medal, 1939-45		
CVSM & Clasp		
	THE REVERSE TO BE USED FOR ESTATE PURPOSES)	

(1) MEDALS PERSON		MEMORIAL BAR
ENTITLED TO	Miss Mildred Stephens - Sister	
ADDRESS:	Apt.23, Delorimier Ave., Bourlamaque, Que. (8-11-49)	DATE DESP REGN. NO. 4321
(2) MEMORIAL CRO		
WIDOW .	Single.	(2)
ADDRESS:		
(3) MEMORIAL CRO	oss	
MOTHER	Deceased. (Auth. MFM 5)	(3)
ADDRESS:		
	Control of the contro	

No D. 117549 Rank Private Name STEPHENS, Gordon.	
Unit Hastings & P.E. Regt. Date of death 30th Januar	v. 1944.
Died atTtaly	
Cause Killed in action.	
Death occurred on strength of Forces.HQ 405-S-20588	d9-2-44.
N/K Mr. George Stephens.	
Address 1882 Richardson Street, Montreal P.Q.  1258 Labelle Street,	
Remains buried in	Cemeterv
Grave location	
CHK /	OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO MAR 14 1945
RETURN TO BUR. OF AUGT. 7 1944
ROYAL MESSAGE DESP'D EEB 2 1944
CAN. MESSAGE DESP'D. 12-2-44

Morro River Cemetery, Ortona, Italy.

Grave 12, row A, plot 4.

HI & CR Form Despd JAN 291941

Photographs

Despatched

JMN 121941

REBURIAL

9th April, 1945.

Mr. George Stephens, 716 De l'Epec Ave., Montreal 8, P.Q.

# No. D.117549. Private Gordon STEPHENS

Dear Sir:

With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been earefully exhumed from the original place of interment and reverently reburied in grave 12, row A, plot 4, of Morro River Cemetery, Ortona, Italy. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before it is carried out you will be communicated with and given an opportunity of submitting a short personal inscription of your own choice for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in youraddress.

Yours truly, lading

for C.L. Laurin, Colonel, Director of Records,

for Adjutant-General.

FBR/EMC

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