~~MacMAHON~~ McMahon
KEVIN JOHN
D12066

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full McMAHON KEVIN JOHN (b) Reg'l. No. D-12066
2. (a) Arm of service ARMY (b) Unit 79th. Bld. Bty. R.C.A. (c) Rank GNR
3. (a) Date of birth 29 March 192 (b) Have you any dependents? YES (c) Place of residence at time of enlistment 500 MARIE ST. HULL 11-6-42
4. (a) Place of enlistment MONTREAL SOUTH (b) Date of enlistment

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 YEAR HIGH SCHOOL
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? UPHOLSTER (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 3 years
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

11. Had you ever been employed fairly regularly since leaving school? NO
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation UPHOLSTER
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name CANADA CAR & FOUNDRY Address NOTRE DAME ST. MTL
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it April 1942

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

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

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

18. Name of employer Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? YES (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? GENERAL
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NONE (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

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

DATE 12-8-42 194 SIGNATURE Kevin J. McMahon

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

79th L A/A
Arm or Corps

WINNIPEG-GREN
Trade (if Tradesman or Trade Trainee)

Gunner
Work in Arm (if Non-Tradesman)

I.

D 12066	Gnr.	MCMAHON, Kevin	A	18	Gnr.
Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.

English		Hastings Park, Van. B.C.	6 April 43
Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed

II. Revised Examination "M"

Vancouver, B.C. 5 April 43 A.H. Smith, Lieut.
Place Tested — Date Tested — By Whom

119	IV	Subtests	15	16	9	11	10	10	20	28	Subtotals	40	21	58	English
Total	Group		1	2	3	4	5	6	7	8		1–3	4–5	6–8	English or French

Other Tests

Y.O.B.	P	U	L	H	E	M	S
23	1	1	1	1	1	1.	1

FEB 26 1944
R.H. Riches. Lt.

III. Educational Background

Completed Grade VIII in Montreal at 16 years. Left because he had to work.
Says he made above average marks. Regular attendance.

IV. Occupational Background

Upholsterer - 2years.
Not very enthusiastic about this work. Would like something mechanical.
Average earnings $23 per week.

V. Military Background

Enlisted May 1942. 79th L. A/A. All training with unit. Clear conduct sheet.
Gunner, general duties at present.

VI. Other Personal History and Appraisal

Born in Montreal, March 29th 1925 (note error in dates, 1923) Single.
Parents in Montreal. Father is foreman in tobacco factory.
2 brothers. 1 in army overseas. 1 age 16, working.
1 sister single. working.
Height 6' Weight 155 Health - good.
Spare time - played sports generally, baseball, bowling, hockey, but not in army.
Likes movies, dancing. Reads average amount - likes good library fiction.
Moderate drinker. Smokes.
Average learning capacity indicated by M-score. Below average in mechanical aptitude suggested. Had to leave school after Grade VIII at 16 years to work. Upholsterer 2 years before enlisting (note discrepancy of 2 years in age given in documents). Not keen about this work, wants to be a mechanic. Tall, blond, average appearance, immature. Seems alert. Well-balanced and co-operative. Says he is in good health. Has very good attitude to army serviceand should make a very satisfactory soldier as he matures. Probably a beginning could be made by giving this man a Driver's.course.

VII. Recommendations

Continue in present duties. R.C.A L A/A Gunner.
Suggest consideration for N.T. Driver or M.C. Driver.

(Signed) A.H. Smith Lieut.
Army Examiner
(A.H. Smith) Lieut.

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

Nanaimo, B.C.,
19 Jun 43.

Suitable for Special Advanced Training in Amphibious Operations.

for (W.A. Wilander) Capt.,
Army Examiner,
H.Q., 6th. Can. Div.

26 Feb. 1944, Victoria, B.C.

Referred to AE for M-rating.
Suitable for continued RCA trg. if passed by Med. Board.

for (A.L.Doucette) Major, AE

GORDON HEAD, B.C. 17 Apr 44.
Referred to AE for appraisal prior to O/S movement. (Documents at 2nd Echelon).
MILITARY BACKGROUND: Joined active, 11 May 42 in Montreal. BT and AT at Petawawa, Ont. Was in hospital at Petawawa for 3 mos. Then transferred to 79th Bty,9th L.A.A.Regt.RCA and came to Vancouver in Sep 42. Trained at Hastings Park for 11 mos. with unit, then to Sea Island,B.C. for 1 week and then to Nanaimo,B.C. where he transferred to 46th Bty.L.A.A. Regt.RCA in May 43. To Courtenay in Jun 43 for combined ops. and then to Kiska in Jul 43. Returned in Jan 44 and has been training with gun crew (No.3) ever since with unit at Colwood,B.C. Transferred to W.Grens. 12 Apr 44. Has never been promoted and has attended no courses. MFM 6 records one minor entry.
APPRAISAL: Not upset about transfer to Inf. Unit. Claims health is very good at present. Would like to work on inf. six pounders. Seems well adjusted, should make good combatant.
RECOMMENDATION: Suitable for O/S service in Operational CIC - General Duty - N/T, according to Pulhams Profile.

Y.O.B.	P	U	L	H	E	M	S
23	1	1	1	1	1	1	1

(T.D. Sinclair) Captain
Army Examiner.

30/6/44 - Now W/Pg gren - Inf (R)
Seems well placed

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Elizabeth McMahon,
383 Labadie Street,
Montreal, Que.

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

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

and the following number quoted:—

H.Q. 405-M-38,204 FD 227

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

October 13 1944

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

MCMAHON, Kevin John, Pte. D.12066

Canadian Army

ESTATES BRANCH
NOV 14 1944
H.Q.
OTTAWA.
NATIONAL DEFENCE

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

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

/NM

G. B. Ford
Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Gerald P. Mc.Mahon,	60	383 Labadie St. Montreal, Que.
4	Mother of the Deceased.....		Elizabeth Mc.Mahon,	52	383 Labadie St. Montreal, Que
5	Brothers of the Deceased	Full Blood	Guardsman Gerald J.MaMahon, D.26690,22nd.Can.Armored Reg't. (C.G.G.) Canadian Army Overseas. LAC. Heber P. Mc.Mahon, R.295962, R. C. A. F.	24 17	383 Labadie St.Montreal. 383 Labadie St.Montreal.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Rita Mc.Mahon,	22	383 Labadie St.Montreal.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	KEVIN JOHN MC. MAHON.
9	Date of his birth.	March 29th. 1925.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Montreal, October 21st. 1919.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	*(a)* *(b)* Montreal. *(c)* *(d)*
14	Nature of employment before enlistment.	Upholsterer(Kroehler Mfg.Co. Montreal.)
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.	Montreal.

PARTICULARS OF ESTATE

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

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
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 amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

*MOTHER. of the deceased.

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

Elizabeth McMahon ..... {Signature of Informant}

383 Labadie St. Montreal, Que. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Elizabeth McMahon {Name of informant} is the* mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 12th day of November 1940

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

Qualification Physician

Address 5242 Park Ave Montreal

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

Received ... Checked ... Card ... Observations ...

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
AFB 271
75M—4-42 (4278)
H.Q. 1772-39-1645

OCCUPATIONAL HISTORY FORM COMPLETED

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

Unit 79th. Fld.Bty., R.C.A. CA. Regimental Number D-12066

JUN 23 1942 Observed
Records M. D. XI

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname McMAHON
2. Christian Names KEVIN JOHN
3. Present address 383 Labadie St.,Montreal.,Que.,Canada
4. Date of birth 29 March 1923
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Upholster
8. Married, Widower or Single Single
9. Name of next of kin Mr. Gerald McMahon
10. Relationship Father
11. Address of next of kin 383 Labadie St.,Montreal,Que.,Canada
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? NO

(If Yes, Give Unit and Dates of Service)

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

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

(Yes or No) (If Yes, specify Unit and Period of Service)

14. Did you serve during the Great War 1914-1918? NO

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

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Kevin John McMAHON, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 11 May 1942. Kevin J. McMahon (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Kevin J. McMahon (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Montreal South this 11th day of May 1942. 19

R. Fremont Lapp — Signature of Magistrate, Justice or Attesting Officer.

NO. 4-DISTRICT DEPOT A.F. — Officer or Rank and Unit or appointment.

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

207
10
3 Jun 44
111111

Record of Service of McMAHON (Surname) KEVIN JOHN (Christian Names) Regimental Number [illegible]

QUALIFICATIONS

Military: NIL
Business or Professional: NIL
Trade or Civil: UPHOLSTER
Technical: NIL
Languages: ENGLISH

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 1 year (years completed)
Graduation or Matriculation: NIL (specify)
*College:
*University: NIL
7 years Public (Montreal P.Q.)

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

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

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
12-5-42	DRO	Joined on appointment NO.4 DISTRICT DEPOT C.A.	CNR	11-5-42	4DD.	MTL.STH.	4DD.PT11.No.112	12-5-42
18-5-42	4DD	PROC. TO JOIN HIS UNIT AT PETAWAWA MIL. CAMP, PETAWAWA ONT.	"	19-5-42	"	"	" " 118	19-5-42
		ATTACHED C.A.T.C., (A2) ALL PURPOSES.	"	20-5-42	C.A.T.C. (A2)	PETAWAWA	124	26-5-42
		Admitted P.M.H.	"	4-7-42	"	"	159	6-7-42
		Discharged. D.M.H.	"	30-9-42	"	"	235	2-10-42
		CEASES TO BE ATTACHED (A2) C.A.T.C., ALL PURPOSES.	"	3-10-42	"	"	234	2-10-42.
		on return to 9th. L.A.A. Regt.						
		Ceases to be on command and attached to A-2 CATC Petawawa Mil Camp on return to to 79 Lt. A.A. Bty. RCA	Gnr.	3-10-42	79th L.A.A. Regt.	Vancouver	Pt. 2 No 85	19-10-42
		Granted remission of Hospital stoppages 89 days - $66.75 (article 222 F.R.&I (Can) as amended by G.O. 377 dated 5 Oct. 42 and R.O. 2442 effective 15 May 42. (Auth. Part 11 order No. 290 d/5 Dec 42.)						
		ADMITTED TO SHAUGHNESSY HOSPITAL	"	1 DEC. 42	79th L.A.A. Regt.	"	PT. 2. No. 122 BTY. D.O. No 9	8 DEC. 42
		DISCHARGED FROM	"	28 JAN. 43	"	"	BTY. D.O. No 9	28 JAN. 43

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

Regimental No. D.12066 Rank Gunner. Sheet No. 2

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

Name McMAHON, Kevin John.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
TOS 46 LAA Bty RCA	Gnr	19 Jun 43	46 LAA	Nanaimo	2	22 Jun 43
Granted furlough & R/A from 7 to 20 Mar 43 & issued with T/W/	Gnr.	7 Mar 43	79th Bty.	Vancouver.	22	8 Mar 43
Returned from furlough.	"	27 Mar 43	"	"	30	31 Mar 43
Granted R/A while on leave from 17 to 19 Mar 43 (inc).	"	17 Mar 43	"	"	37	18 Mar 43
Granted $1.50 per diem as per F.R. & I 144 (1)	"	10-6-43	"	"	58	11-6-43
Proceeded on special duty to Kiska 12 Jul43 returned to Can. 3 Jan44	"	12 Jul43	46 L.A.A	"	1	7 Jan 44
Granted 30 days special leave with R.A. 6 Jan 44 to 4 Feb 44	"	6 Jan44	"	"	# 4	21 Jan44
On 29 Nov 43 awarded a forf. of 4 days pay for an offence under Sec 40 A.A. Forf. 4 days pay under F.R.&I 149 (2)	"	29 Nov 43	"	"	# 35	24 Dec 43
A.W.L. from 2201 hrs 4 Feb 44 Ret. from A.W.L. at 2100 hrs 5 Feb 44	"	5 Feb 44	"	"	# 8 d/	15 Feb 44
On 7 Feb 44 awarded 7 days C.B. for an offence under Sec 15 (1) A.A. A.W.L. from 2201 hrs 4 Feb 44 to 2100 hrs 5 Feb 44 (absent 22 hrs 59 mins.) Forf. 1 days pay under F.R.&I 149 (1)(a) Forf. 2 days pay under F.R.&I 149 (2) Total forf. 3 dayspay	"	7 Feb 44	"	"	# 8 d/	15-2-44
S.O.S. to Winn Grens on transf. to Inf.	"	12 Apr 44	"	"	# 28	18 Apr 44
T.O.S. from 46 L.A.A	"	13 Apr 44	W.G.	"	# 30	17 Apr 44
Granted embarkation leave off 4 May 44 and is attached to No. 4 for all purposes ex pay w/e 5/5/44 (W.C. Part II Order No. 3 d/ 4/5/44						
Cease to be attached for all purposes except pay to No. 4 D.D. w/e 19-5-44 (W.C. Part II Order No. 6 d/ 21-5-44						
SOS CA (C) on emb. AMENDED	Pte	25-5-44	W.G.	At Sea	DO #9	29-5-44
TOS CA (O) (Disemb. 2 June 44) DO. 13 D/17 JUN 44	"	26-5-44	"	"	9	29-5-44
✓ Avid the CVS Medal & Clasp	Pte	11 Nov 43	46 LAA	Field	10	24 Feb 44
S.O.S SOS to X4 list RWR	Pte	26 Jul 44	1 Wpg Grens	UK	24	26 Jul 44
T.O.S. T.O.S. X 4 list (13Bn) from Wpg. Gren.	Pte.	27 Jul 44	XL. RWR	21. A. Gp.	29	5 Aug 44
M.106 Embarked at UK on 29 Jul 44	Pte		XL RWR	21 A.G.	31	19 Aug 44
Disembarked at France on 30 Jul 44						

Regimental No. ..... Rank ..... Sheet No. .....

Name .....

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
m 106 SOS SOS x 4 list to North. N S Highrs	Pte	31 Jul 44	X L R W R.	21 A G	32	26 aug 44
m 106 TOS TOS from x 4 list R W R	Pte	1 aug 44	N N S Highrs	21 A G	44	24 aug 44
M/21 Killed	Pte	9 Aug 44	R W R	A E F	a 48	25 Aug 44
SOS Killed in Action	Pte	9 Aug 44	N N S Highrs	21 A G	47	31 Aug 44

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D-12066 Rank Pte Surname Mc Mahon Christian Name Kevin J.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
Roy Wpg Regt									Killed 9-8-44		A-482

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

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

PART I (For all ranks)

Unit ~~79th Fld. Bty~~ 46 Lt. A.A. Bty. R.C.A., R.C.A. CA. Regimental Number D-12066

1. Surname McMahon
2. Christian Names Kevin John
3. *Substantive Rank and Appointment Pte.
   *Acting Temporary or Local Rank
   giving date 11-5-42
   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal Que.
5. Date of birth as declared on attestation 29 March 1923
   (A)
6. Date of enlistment 11-5-42
7. Place of enlistment Montreal South
8. Residence at time of enlistment 383 Labadie St., Montreal
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service

Y.O.B.	P	U	L	H	E	M	S
23	1	1	1	1	1	1	1

11. Religion Roman Catholic
12. If married, state date Single
13. Trade on enlistment Upholster
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries
    Reg'l pay $1.50 p.d. w.e. 10-6-43

(17) Regiment or Corps	Unit (Battn., etc)
9th A.A. Regt. R.C.A.	
46 Lt. A.A. Bty. R.C.A.	
Infantry	1 Bn Wpg Gren CA

(18) Medical

Category	Date	Authority
"A"	7-5-42	M.F.M.2
"A" conf	17-6-43	M.F.M.2
	11 Mar 44	M.F.M.2

(19) Next of kin (entries to be made in pencil)
Mr Gerald McMahon (Father)
383 Labadie St, Montreal Que

(20) E
(21) E
(22) E

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Furlough 7-20 Mar. 43	Van.	7-3-43	Gnr.	D.O. # 22 d/8-3-43
			T.O.S. 46 Lad Bty. R.C.A.	Navaino	19-6-43	"	" # 2/d/22-6-43
			- Awarded a forf. of 4 days pay for an offence under Sec. 40 A.A.				
			Forf. 4 days pay under F.R.I. 149 (2)	Field	29-11-43	"	# 35 d/24 Dec 43
			Proceeded on Special Duty to Kiska, Alaska, 12 Jul 43, and returned to Canada 3 Jan 44.	Field		"	D.O. No.1 d/7-1-44
			Granted 30 days Special Leave with RA. 6 Jan to 4 Feb 44	—	—	—	# 4 d/21 Jan 44
			- AWL from 4 Feb to 5 Feb 44	—	"	-	# 8 d/15 Feb 44
			- Awarded 7 days C.B. + forf. 3 days pay for AWL	-	7-2-44	-	# 8 d/15 Feb 44
			- Awarded the C.V.S.M.	Field	11 Nov 43	Gnr.	D.O. # 10 d/24-2-44
			- Awarded the clasp to the C.V.S.M. 12 Jul 43 to 3 Jan 44			"	
			- S.O.S. to Wpg. Grens.	"	12-4-44	"	# 28 d/18 Apr 44
		Wpg. Gren.	TOS from 46 L/AA Bty., RCA	Gordhd.	13-4-44	Pte.	D.O. 30 17-4-44.
		"	Granted embarkation leave of 4 May 44 and is attached to No. 4			D.D.	
			for all purposes ex pay w/e 17-5-44 (W.G. Part II Order No. 3 d/ 4-5-44				
		"	Cease to be attached for all purposes except pay to No. 4			D.D.	
			w/e 19-5-44 (W.G. Part II Order No. 6 d/ 21-5-44				
AMENDED DO. 13 D/17 JUN 44		W.G.	SOS CA(C) On Empt.	At sea	25-5-44	Pte	D.O. 9 29-5-44.
		W.G.	TOS CA (O) (Disemb. 2 Jun 44)	U.K.	26-5-44	Pte	
	79	Bty RCA	Gr $1.50 per diem	Vanc	10 Jun 43	Pte	D.O. 58 - 11 Jun 43
		W.G.	SOS to X-4 lost to R.Wpg.R.	U.K.	20 Jul 44	Pte	D.O. 24 - 20 Jul 44
X4	RWR	13 Bn	TOS from Wpg Gren	✓	27 Jul	✓	29 1944
			Embarked U.K. 29 Jul Disembarked France. 30 Jul				31-44
✓	✓	✓	SOS to NNSH	✓	31 JUL	✓	32 1944
	TOS	NNSH	from X4 (RWR)	✓	1 Aug 44	✓	44/Aug 44
30 Aug 44	Co	"	SOS Killed in action	✓	9 Aug 44	✓	47/44

APR 8 1946

BURIAL REPORT TO N.K.

NOV 7 1945

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D. SEP 21 1944

CAN. MESSAGE DESP'D. SEP 30 1944

Temp BR sent to NK & Map

REBURIAL

Bretteville-sur-Laize Cdn.Mil.Cem.
Bretteville-sur-Laize, France.

Grave 10, row D, plot 13.

HI & CR Form Despd. DEC 7 - 1946

Photographs
Despatched
SEP 13 1947

No D.12066 Rank Private Name McMAHON, Kevin John

Unit ~~Royal Winnipeg Rifles~~ N. N.S. HIGHRS Date of death 9th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-M-38204

N/K Mrs. Elizabeth McMahon, Relationship Mother

Address ~~385 Labadie Street~~ 6885-29TH AVE., ROSEMONT, Montreal, Quebec.

Remains buried in North of Gouvix about 100 yds on left side of rd 40/14 N.W. 07104210 Grave 4 Cemetery

CHK

Grave location

OVER-

9-8-44

AWARDS—CANADIAN ARMY (ACTIVE)

M

1727

FEB.

500M—1-44 (3407)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
McMAHON, Kevin John	D.12066	Pte.	FILE NO. 405-M-38204 NTH. N.S. HIGHRS ~~1st. Roy. Wpg. Rifles~~

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star War Medal, 1939-45 CVSM & Clasp	~~6996~~ 29/3/50 7328. 4/4/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO 1461

(1) MEDALS PERSON ENTITLED TO Mrs. Elizabeth McMahon Mother
~~383 Labadie St.~~, 6 [illegible] 27 avenue
Montreal, Que. Rosemont

ADDRESS: Montreal.

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Elizabeth McMahon (ENGLISH)

1727

ADDRESS: 383 Labadie St., Montreal, Que.,

(3)

DESP. DEC 5 1944
REGN No. 8951

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.12066 RANK Private SERVICE UNIT 1st Royal Winnipeg Rifles (R.C.)

N.N.S.H.

NAME MCMAHON, Kevin John

DATE OF BIRTH DAY 29th MONTH March YEAR 1923 Enlisted: 11-5-42

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 383 Labadie St., Montreal, Que.

NAME ADDRESS D.A.B. Mrs. Elizabeth McMahon

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9614 HQ.405-M-38,204

CASUALTY DETAILS Killed in action DATE 9-8-44

FRANCE

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

H L

DATE 4-9-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... McMahon KEVIN JOHN ..... Place ..... Mtl. .....

Place ..... Mtl. ..... Date ..... 7 May 42. .....

Part 1. Information obtained from the recruit.

1. Age ..... 19 ..... 2. Have you ever suffered from any of the following diseases?

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

Kevin J. McMahon
Signature of Applicant.

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

1. Identification marks or scars. (If operative obtain history).

1 vac. left arm

2. Height ..... 5 ..... feet ..... 11 ..... inches.
3. Weight ..... 150 ..... pounds.
4. Complexion ..... Fair ..... Eyes ..... Hazel .....
   Hair ..... Brown .....
5. Development ..... Good ..... Good / Fair / Poor
6. Chest measurement—Girth on full expansion ..... 34 ..... inches.
   Range of expansion ..... 3 ..... inches.
7. Vision, right ..... 20/30 ..... left ..... 20/20 .....
   With Glasses— right ..... left .....
8. Hearing, right ..... cv 20 ..... left ..... cv 20 .....
9. Condition of mouth and teeth ..... few carious .....
10. The abnormalities (congenital and pathological) found on examination are as follows .....

COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL
Organic Systolic murmur at the apex. DR. H. MICHAUD.
Heart not enlarged Syst. inconstant Fit J.G. BROWNE Lt. Col.
I think this is functional - try him out.

URINE 12243
X-RAY 121693

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

Special remarks when category lower than A .....

J.G. Browne Lt Col — President
J.G. BROWNE LT. COL.

A Harding — Member
G.W. HARDING M.D.

R Aumont M. — Member
G. AUMONT LT.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
MAY 12 '42	TAB T. A Cameron Capt		
	J. LC		
MAY 12 '42	VAC		
11-2-43	TABT 1 cc Lt Byrne Capt		
17-6-43	Category A confirmed Mac Lyon		
MAR 11 1944	Y.O.B. 23 P 1 U 1 L 1 H 1 E 1 M 1 S 1		

Regtl. No. D-12066 Rank GNR Surname MCMAHON Christian Name KEVIN JOHN

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
(12) C.A.T.C. PETAWAWA	20-5-42	4	7	42	30	9	42	V.D.G.	89	Apparent Cure	
Shaughnessy Hosp VANCOUVER	5 OCT. 42	1	DEC.	42	28	JAN.	43	TONSILECTUM CHRONIC INFECTED TONSILS	59	TO UNIT	

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

Monday Jan 15/44.

MINISTERS OFFICE
JAN 17 1945
DEPT. N. D. OTTAWA

Dear Sir

We had a lovely Memorial Cross sent to us for my brother who was killed in action on August 9th in France D-120666 PTE. K.J McMAHON would you be so kind as to send another one for me as Mother wears that one.

Thank You

Miss Rita McMahon
383 Labadie St.
Montreal 8 Que.

3/

Please advise
Sister not eligible
Mem. X.

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) 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 McMAHON
(Surname first—Christian names in full—Block capitals)
Kevin John

(2) Regimental or Official Number and Rank D-12066 Gnr.

(3) Unit 79th Fld. Bty. R.C.A. CA.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys Girls
Names and ages NIL

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

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

Name NIL

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

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

NO

.....

(11) Is your father alive? YES

If so, state name and address, occupation Mr Gerald McMahon Foreman.

383 Labadie St. Montreal P.Q.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.....

NIL

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? NIL

(14) Is your mother alive? YES

If so, state name and address Mrs Elizabeth McMahon.

383 Labadie St. Montreal P.Q.

(15) If your mother is a widow, are you her sole or partial support? NO

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

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? NIL

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship NIL

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months.....

NIL

(18) Are you insured? NO

If so, in what Company? NIL

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NO
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Kevin J. McMahon
(Signature of officer or man)

Date 12-5-42

F. Sprenard Capt
Officer Commanding

Date 12-5-42

NO. 4 DISTRICT DEPOT A.F.

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

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Kevin John McMahon (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Hochelaga

Province of Quebec, Upholster (Civil Occupation)

Regimental No D-12066, Unit 79th Fld.Bty. RCA CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "My Mother" Mrs Elizabeth McMahon.

Residing at;- 383 Labadie St. Montreal P.Q.

K. J. McM.

All my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

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

x

K. J. McM.

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 12 day of May 1942

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

x Kevin J. McMahon (Signature of soldier)

First witness sign here.

(5) Signature Louis N. Thibert. Jr.

Civil Address 4300 Chamberland St. Montreal P.Q.

Civil Occupation Salesman

Second witness sign here.

Signature J. A. Rioux

Civil Address 4851 Ile Grandpre St Montreal

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

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

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

District.....

Dispersal Area.....

Regtl No. D.12066. Rank and Name McMahon K.J. Gnr.

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

~~Transfer or~~ (Transfer or Discharge).....to.....on 9th. Aug. 19 44.

Reason Death. Authority: C.C.L. "A" 482 d/25th. Aug.44.

The following is a statement of the account of the above-named from 1st. Aug. to 31st. Aug. 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account	2	70	Balance Cr from last account		
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at .....$		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars):					
To Balance Cr — Free	23	80			
To Balance Cr — Deferred			By Balance Dr		
Total	46	50	Total	46	50

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

Remarks:

Assnd. Pay of $20.00 (M) stopped eff. Sept.44.

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

Compiled by C. Sanderson.

Checked by L. Balcaen

Date 14th. February 1945.

P.H.

Certified correct D. Rowley
for Chief Treasury Officer, Overseas

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-I2066 Pte McMahon K J. Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Group
F-5224 I Gnr Drake R E.
B-8I759 Sgt Graves J G.

CHECKED BY ..... DATE 1 Dec 44

I	Red Identity Disc.		

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

TRIPLICATE — with effects.

.....
for OC 1 Cdn KSD

CANADIAN MILITARY ESTATES
5 DEC 1944
BRANCH
HEADQUARTERS

Form No. 1

1906

Register No. D4869

Nominal Roll No. D102

H.Q. File No. 405M38204

TO: P.M.G.,

CANADIAN ARMY (ACTIVE)
COMMUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D12066	PTE	McMAHON	Kevin John

Reason for Termination of Service:

1st Enlistment Deceased CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

T O T A L S E R V I C E

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 11 MAY 42	T.O.S.	T.O.S.
S.O.S. 9 AUG 44 MD 305	S.O.S. MD	S.O.S. MD
Total Days 822	Total Days	Total Days

TOTAL SERVICE 822 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	570	3 CR	567
OVERSEAS SERVICE	252	4 CR	248
Totals	822	7 CR	815
Add Non-qualifying Service			7
TOTAL SERVICE			822

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 3 JAN 44

2. Date S.O.S. Overseas 9 AUG 44

REMARKS:

KILLED IN ACTION 9 AUG 44

Computer's Signature [signature]

Checker's Signature C Pilcher Sgt.

Date Computed 31 JAN 45

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

W Wong, Capt.
(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
A.W.L.	4 Feb 44	5 Feb 44		1	✓
Awarded			7 Feb 44	2	3
				TOTAL	3

OVERSEAS

T.O.S. 12 Jul 43 T.O.S. 26 MAY 44 T.O.S.

S.O.S. 3 JAN 44 S.O.S. 9 AUG 44 S.O.S.

A.A. Sec 40			29 Nov 43		4
				TOTAL	4

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Kelvin John McMahon (Christian Names) (Surname)

PAYEE'S NAME DIRECTOR OF ESTATES (Christian Names) (Surname)

ADDRESS .....

.....

DATE OF TERMINATION OF OVERSEAS SERVICE 9-8-44

Register No. D-4869

File No. 405-11-38904

Date 1-10-45

Service No. D-15066

Final Rank PTE

Date of Discharge 9-8-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 815 / 30 = 27 Periods @ $7.50	202	50
B. QUALIFYING OVERSEAS SERVICE No. of days 248 less 5 Ineligible days, equal 243 Days @ 25c. per day	60	75
C. SUPPLEMENT FOR OVERSEAS SERVICE	263	25
Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ — Dependents' Allowance 1/30 $ ..... $ ..... TOTAL $ 2.75 × 7 = $ 19.25 No. of Days 248 / 183 × $ 19.25	260	9
D. WAR SERVICE GRATUITY	2893	4
Computed By Monday		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ 20.00 Other Deductions $	2000	
Entered By		
F. AMOUNT PAYABLE (This amount is payable in .....monthly instalments of $.....each)	269	34

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

$..... × 30 = $.....

REMARKS

50M—8-45 (7827)
H.Q. 1764-81-3

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME KEVIN JOHN McMAHON Register No. D4869

PAYEE'S NAME DIRECTOR OF ESTATES File No. 40S-M-38204

ADDRESS ..... Date 17-9-45

..... Service No. D12066

..... Final Rank Pte

DATE OF TERMINATION OF OVERSEAS SERVICE 3-1-44 9/8/44 Date of Discharge 9/8/44

		AMOUNT $	¢
A.	TOTAL QUALIFYING SERVICE No. of days 815 / 30 = 27 (5) Periods @ $7.50	202	50
B.	QUALIFYING OVERSEAS SERVICE No. of days 248 less ..... Ineligible days, equal 248 Days @ 25¢ per day	62	00
C.	SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ ..... Dependents' Allowance 1/30 $ ..... $ ..... TOTAL $ 2.75 X 7 = $ 19.25 No. of Days 248 / 183 X $ 19.25	264	50
		266	09
D.	WAR SERVICE GRATUITY Computed	290	59
E.	DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ 20.00 (3) Other deductions $	20	00
	Entered By		
F.	AMOUNT PAYABLE (This amount is payable in ....monthly instalments of $.....each)	270	59

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

$..... X 30 = $.....

REMARKS

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

Register No. D4869

File No. H.Q.405-M-38204

WAR SERVICE GRANTS ACT 1944

OTTAWA January 29th 1945

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

Service No. D12066

Name K.J. ? MCMAHON
Christian Name Surname

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

K.W. Rice

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

Names of persons in receipt of D.A. and amount of monthly award	Name	Amount
		$

If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.	Name	Amount
	Mrs Elizabeth Mc Mahon mother	20.00
	Died 1.9.44	

Names of persons to whom assigned pay was continued by supplementary award after death.		

Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		
	Mrs Elizabeth Mc Mahon mother	20.00

FEB 6 - 1945

194

C. Mc Clure WP
For Chief Treasury Officer,
D.A. & A.P. Branch

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

Overpayments of D.A. and/or A.P. recovered from W.S.G. $ 20.00

Oct 4 1945

for C.T.O.

405-M-38204

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.

14/92

REGIMENT OR CORPS: N.N.S.Highrs — Repaired casualty under Royal Winnipeg Rifles clarify

Squadron, Troop, Battery or Company: NNSH (X 4 RWR)

Officer's Personal No. (if known) / Soldier's Army No.: D 12066 Rank: Pte

Surname: Mc Mahon Christian Names: K.J.

Died: Date: 9 Aug 44 Place: France

Cause of Death*: ~~30llc/xSerial~~ Killed

Nature and Date of Report: 30llc/ serial 150 19 Aug 44

By whom made: N.N.S.Highrs

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

Burial: Place: North of Gouvix about 100 yds on left side of rd 40/14 N.W. 07105210 Grave 4 Date: 10 Aug 44

By whom reported: Information taken from W 3314 B Serial 9

State whether he leaves a Will or not

(a) in Army Book 64: No

(b) as a separate document: Not Received.

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

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

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

Station and Date: Belgium 6 Feb 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric G Robert Capt for Officer i/c

15

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

Cdn Sec 2nd Echelon H.Q. 21 A Gp.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: McMAHON (Block letters)

Given names: Kevin John

Do not write in this space

4. RESIDENCE

Street: Labadie No. 383

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
M			Single

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): Que.

11. DATE OF BIRTH: March (Month) 29th (Day) 1923 (Year)

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

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	McMAHON, Gerald	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 9th, (Day) 1944. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h....alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action.

due to

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

(b)

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of ....19....

State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide (State which) Date ....19....

Manner of injury (How sustained)

Nature of injury

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

OVERSEAS CASUALTY CANADIAN ARMY

NOV 7 1945

405-M-38204

P.A.

Signed ....M.D.

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

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

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le francais)

Director of Records, Dept. of Natl. Defence

File No. 405-M-38204

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-12066 Name McMahon, Kevin John

Rank on Discharge plt Date of Discharge 9.8.44.

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 11-5-42.	to	25-5-44.	
	from	to		
United Kingdom	from 26-5-44.	to	29-7-44	
	from	to		
Italy	from	to		
Northwest Europe	from 30-7-44.	to	9-8-44.	R/a
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star 8h

~~Italy Star~~

~~France-Germany~~ Star 8h

Defence Medal NE 8h

War Medal 1939-45

Canadian Volunteer Service Medal

with clasp 8h

Verified by D Foster

Date 28.10.46

Carded OCT 29 1946

HA 165

NO RIBBON DESPATCH

405-M-38204

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME MC MAHON, Kevin John

PLACE & DATE OF BIRTH Montreal, Quebec. 29 Mar. 1923.

RANK Pte.

REGIMENTAL NO. D-12066

UNIT ~~Royal Winnipeg Rifles.~~ R.H.S. Highrs

NEXT OF KIN & ADDRESS FATHER

Mr Gerald MC MAHON

383 Labadie St., Montreal, Quebec.

CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 9 Aug. 44.

PLACE OF DEATH FRANCE

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 10 Aug 44

CEMETERY N of Gouvix about 100 yds. on left dide of road. 40/14 NW 07105210

PLOT NO ROW GRAVE 4

DEATH CERT.NO

RELIGION Roman Catholic.

DATE 15 Oct 45

M. Bluteau

(M.BLUTEAU) Capt.

for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

UNIT COMMITTEE OF ADJUSTMENT REPORT

APPROVED AND FORWARDED
Standing Committee of Adjust.
Adm. Sec. GHQ 2nd Ech 21 A.Gp.
21 OCT 1944

INSTRUCTIONS

1. To be completed in triplicate of which one copy will be retained by the unit.
2. Parts marked * which are not applicable will be ruled out and initialled.
3. All blanks marked † will be filled in with "NIL" where appropriate.
4. In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
5. In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the CO, the exigencies of the Service make it desirable to do so.
6. Unit Committee of Adjustment may pay, in the case of deceased personnel,
   (a) preferential charges owing within the unit and the unit area, and
   (b) ordinary debts similarly owing ONLY if after making provision for *all* preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
7. The following will be forwarded in the manner shown,
   In UK—to Officer i/c Estates, CMHQ.
   Ex UK—to Officer i/c Cdn Sec, GHQ, 2nd Echelon.
   (a) Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM 1, Pts I and II—by post, rail or road.
   (b) Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
   (c) Cheques, drafts, money orders, personal papers and documents, effects of sentimental value *and* an inventory of *all* personal effects forwarded—by registered post.

REPORT

No. D.12068 Rank Pte. Name in full MORRISON L.J.

*Deceased, *Missing, *Prisoner of War, *Interned. Date of Casualty 8 August 1944

Unit North Nova Scotia Highlanders

Medical installation in which death took place (if applicable) C/A

Reinforcement Unit to which posted at time of death (if applicable) N/A

Name of Officer furnishing report Lt. BURNETT CAF.
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

1. *Separate inventories are attached, as applicable, showing:—
   (a)*Articles privately owned, suitable for service requirements, turned into QM Stores—Exhibit "A1".
   (b)*Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2".
   (c)*Articles additionally sold under COs authority showing the purchaser of, and the price paid for each article, and the written authority of CO for such sale,—Exhibit "A3".
   (d)*Bulky articles disposed of under authority of Officer i/c Estates CMHQ, showing the disposition and, if sold, the purchaser of, and the price paid for each article,—Exhibit "A4".
   (e)*Personal Effects, forwarded to (*Officer i/c Estates), (*Officer i/c 2nd Echelon),—Exhibit "A5".
2. *No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6".

B. WILL

   (a)*Original Will or testamentary document was forwarded on ..... (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1".
   (b)*No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

   (a)*Was turned in to QM Stores.
   (b)*There were no deficiencies.
   (c)*There were deficiencies amounting to £ and cash debit voucher duly certified by the DADOS or Senior Ordnance Representative of the formation is attached as Exhibit "C1".

CFA 151
40/P & S/1988 (6185)

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) *Name and Address of Creditor*

Name and Address of Creditor	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† NIL			

*Itemised accounts are attached as Exhibit "D1", those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b) *Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2".

E. ORDINARY DEBTS

(a) *Name and Address of Creditor*

Name and Address of Creditor	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† NIL			

*Itemised accounts are attached as Exhibit "E1", those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b) *Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2".

F. CREDITS

(a) *Public Claims owing to the Casualty.*

Nature of Claim	*Amount*
† NIL	

(i) *Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1".

(ii) *Statement of valuation of, and receipt for, articles suitable for service requirements turned into QM Stores (para A1 (a) above) attached as Exhibit "F2".

(b) *Private Claims Owing to the Casualty.*

Name and Address of Debtor	*Particulars of Claim*	*Amount*	*Paid or Unpaid*
† NIL			

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3".

G. CASH RECEIVED AND PAID

		Paid	*Received*
Cr.	Cash found on person or in effects		†
	Cash realized from sale of effects as per para A.		†
	Cash collected re private claims as per para F.		†
		NIL	NIL
Dr.	Paid re preferential charges as per para D.	†	
	Paid re ordinary debts as per para E.	†	
	Paid (*balance) to unit Paymaster	†	
		†	†

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (*Soldiers' Service and Pay Book MBM I, Parts I and II) is (*forwarded with this report)

(*not forwarded by reason that no Service Book was recovered from the body of the soldier in question.

L.D. Davy Lt. for Cap
N.R. Burnett
Signature of Committee or President

12 August 1944
Date

H.L.I. Highlanders
Unit

25th September, 1944.

Mrs. Elizabeth McMahon,
383 Labadie St.,
Montreal, Quebec.

Dear Mrs. McMahon:

It was with deep regret that I learned of the death of your son, D12066 Private Kevin John McMahon, who gave his life in the Service of his Country in The Western European Theatre of War on the 9th day of August, 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

SEP 21 1944

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

/mg

7

File No 405-M-38204

REBURIAL

NO D. 12066

RANK RFN

NAME MC MAHON K. J.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 10 Row D Plot 13

AUTHORITY 54-27-88-2 Vol. 20

Reburial list.

H.Q. 405-M-38,204 D.R. 2(C)

8th April, 1946.

Mrs. Elizabeth McMahon,
383 Labadie Street,
Montreal Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D.12066 Private Kevin John McMahon, have been carefully exhumed from the original place of interment and reverently reburied in grave 10, row D, plot 13, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

/LMC