

D121680  
AMBROSE  
ANDREW ALEXAN



No D.121680 Rank Corporal Name AMBROSE, Andrew Alexander ✓

Unit R.C.A.S.C. Date of death 12th April, 1943.

Died at Ste. Anne de Bellevue Hospital, P.Q.

Cause Pulmonary and laryngeal tuberculosis.

Death WAS Due.CFC.d 9-7-43 HQ 405-A-3052 d

N/K Mrs. Barbara Ambrose Relationship Widow

Address Chalmers Street, Huntingdon, P.Q.

Remains buried in Beechwood Cemetery

Ottawa, Ontario.

Grave location Grave 148, Lot 4, Section 29

**CHK**

CONTRACTOR'S ROLL FOR THIS SOLDIER'S  
GRAVE DESPATCHED  
SEP 3 1943



203 fee

D-544,076

# ATTESTATION

## NON-PERMANENT ACTIVE MILITIA OF CANADA

3RD. DIV. R.C.A.S.C.

UNIT..... REGTL. No. 319

1. Surname? (Block letters) AMBROSE
2. Christian names? ANDREW
3. Present address? 2695 Workman St. - Apt-1  
Phone No.....
4. Date of Birth?\* 23/7/12
5. British subject? Yes
6. Occupation? Salesman
7. Religion? United Church
8. Next of Kin Barbara Ambrose 9. Relationship? Wife  
Address Apt 1 - 2695 Workman St.
10. Previous Naval, Military or Air Force Service.....  
(Give particulars, qualifications, etc.)  
20/100 Private - Black Watch - 1933-1934  
20/20

### CERTIFICATE OF MEDICAL EXAMINATION

Height 5'7" Weight 132# Chest max 38 1/2" min 32"

Descriptive marks.....

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him..... Category A

Date Aug. 8 '40 Signature Ph. Mademo

### DECLARATION TO BE MADE ON ATTESTATION

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

### OATH TO BE TAKEN

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

Signature of Witness W. H. ... Signature of Man Andrew Ambrose

Dated this 5th day of Aug. 1940 at Montreal

### CERTIFICATE OF ATTESTING OFFICER

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

Signature of Magistrate, Justice of Peace or Attesting Officer  
O. C. 3rd. Division R. C. A. S. C. Lt. Col.

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



## Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....	6 Aug 1940	Lieut Part II orders	<p data-bbox="1409 605 1885 736"><i>W. A. Wright Col.</i> Officer Commanding</p> <p data-bbox="1409 744 1822 795">Unit.....</p>
Medals and Decorations			

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

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



12/4/43

AWARDS—CANADIAN ARMY (ACTIVE)

2001



KD

500M—1-44 (3467)  
H.Q. 1772-45-8

				FILE NO. 405-A-3052
AMBROSE, Andrew Alexander		D.121680	Cpl.	R.C.A.S.C.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal CW SM	4601. 26/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Barbara Ambrose, (Widow)

ADDRESS: 1 Chalmers St.,  
Huntingdon, Que.

MEMORIAL B I

DATE DESP.....

REGN. NO.....

2102

(2) MEMORIAL CROSS

WIDOW Mrs. Barbara E. AMBROSE (ENGLISH)

2001

ADDRESS: 1 CHALMERS ST., Huntingdon, P.Q.

DESP. JUL 10 1946  
REGN No. 22023

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Jane AMBROSE (ENGLISH)

2001

ADDRESS: 530 Booth St., OTTAWA, Ont. (MFM-5)

DESP. JUL 10 1946  
REGN No. 22024

(3)



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

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

and the following number quoted:—

H.Q. ....

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

.....194.....

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

.....  
.....  
it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

Administrator of Estates.



## 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.....	BARBARA, EADIE, AMBROSE	30	CHALMERS ST., HUNTINGDON, QUE.
✓ 2	Children of the Deceased and dates of their Births.....	BARBARA, JANE, AMBROSE BORN MARCH 16 <sup>TH</sup> 1938	5	ABOVE
3	Father of the Deceased.....	JOHN AMBROSE		DECEASED
4	Mother of the Deceased.....	JANE AMBROSE	64	530 BOOTH ST., OTTAWA, ONT.
5	Brothers of the Deceased	Full Blood	JOHN AMBROSE JOSEPH " THOMAS HEWITT "	530 BOOTH ST. OTTAWA. 9 NORFOLK AVE " 146 PRIMROSE AVE "
		Half Blood	NIL.	
6	Sisters of the Deceased	Full Blood	NIL.	
		Half Blood	NIL.	
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	ANDREW ALEXANDER AMBROSE.
9	Date of his birth	JULY 23 <sup>RD</sup> 1912.
10	Place and date of his marriage.	OTTAWA, ONT. MAY 1937.
11	Place and date of his parents' marriage.	GLASGOW SCOTLAND OCTOBER 30 <sup>TH</sup> 1902

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	BELFAST, IRELAND.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) ONTARIO 1921 - 1937 (b) QUEBEC 1937 - 1940 (c) (d)
14	Nature of employment before enlistment.	TRUCK DRIVER
15	State whether he owned the premises in which he lived and, if so, where situated.	NIL
16	Name place where deceased stated he intended to make his permanent home.	HUNTINGDON, QUE.

## \* PARTICULARS OF ESTATE

* 17	Did he leave a Will?	No
* 18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	No
* 19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	No
* 20	Amount of War Savings Certificates held by deceased.	No
* 21	Amount of Victory Loan Bonds held by deceased.	No
* 22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	METROPOLITAN LIFE INSURANCE Co. One Thousand Dollars Barbara Ambrose (Widow)
23	Is application for Probate or Letters of Administration necessary (see page 1)?	NIL.

## OTHER PARTICULARS

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

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)



DECLARATION

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

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

\* WIDOW of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Mr. Barbara Ambrose

~~W. S. Halckey~~

{ Signature of Informant

Huntingdon, Pa

Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Barbara Ambrose

\*See above.

{ Name of Informant } is the\* Widow of the Deceased

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 Huntingdon this 14<sup>th</sup> day of May 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

W. S. Halckey

Qualification Clergyman

Address Huntingdon

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



FORMULE DE TESTAMENT

(1) Je, ANDREW ALEXANDER AMBROSE, de la City  
(Nom au long)  
de Montreal, dans le Comté de Hochelaga  
District  
Province de Quebec Chauffeur & Truck Driver  
D-121680 D-121680 C.A.A. (Occupation civile)  
N° matricule NPAM-519, Unité MTEXX RCASC XNPAM, révoque par  
les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon  
testament.

a.a.  
Noms et  
adresse des  
bénéficiaires

(2) JE LÈGUE à "My Wife, Mrs Barbara Ambrose, residing at ~~2685~~  
~~Woodmen Street, Apt. 11, Montreal, Quebec, Canada~~ all my real  
and personal property and my personal effects."

( Residing at Chalmer St. Huntingdon Que. )

a.a.  
Noms et  
adresse des  
bénéficiaires  
résiduaire

(3) JE LÈGUE tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à

(4) JE NOMME.....  
(Nom)

.....  
(adresse) exécuteur  
exécutrice de mon présent  
testament.

Signé et reconnu par le testateur, en présence  
de nous, présents en même temps, qui en sa  
présence et à sa demande, et en présence  
l'un de l'autre, avons immédiatement signé  
comme témoins.

EN FOI DE QUOI j'ai signé ce... 21<sup>st</sup> ème  
jour de Sept A.D. 19 40

Signature du  
premier témoin

Signature du  
second témoin

(5) Josephine  
5642-171 St. Germain  
Montreal (Adresse)  
Positament  
3972 Mosson Montreal  
miur (Adresse)

Andrew Ambrose  
(Signature du soldat)



To be made out in duplicate

M.F.M. 5  
200M-7-40 (6098-9)  
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

(1) Name of Officer of Other Rank..... AMBROSE ANDREW ALEXANDER  
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank..... 8 121680  
NPAM-319..... Pte

(3) Unit..... RCASC NPAM

(4) Are you married?..... Yes

(5) If married, state,

(a) Full name of your wife..... Mrs Barbara Ambrose

(b) Present postal address of wife..... 2695 Workman Street Apt. 1, Montreal Quebec  
Canada

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

(7) Are you a widower?..... No

(8) Have you any children?..... Yes..... Number of boys..... N/A..... Girls..... 1

Names and ages..... Barbara 2Yrs

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

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

Name..... N/A

Postal Address..... N/A

[SEE OTHER SIDE]



(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No.....

If so, state her full name and Postal Address..... N/A  
.....  
.....

(11) Is your father alive?..... No.....

If so, state name and address, occupation..... N/A  
.....

(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.....

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

(14) Is your mother alive?..... Yes.....

If so, state name and address..... Mrs Jane Ambrose, 530 Booth Street Ottawa  
..... Ontario, Canada.....

(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..... N/A.....

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?..... N/A.....

(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..... N/A.....

Full Name..... N/A.....

Postal Address..... N/A.....

Amount contributed monthly during the past six months..... N/A.....

(18) Are you insured?..... Yes.....

If so, in what Company?..... Metropolitan Life Ins. Co  
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?..... Yes.....  
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Andrew Ambrose  
(Signature of officer or man)

Date..... 21 September 1940.....

W. Miller  
.....  
Officer Commanding.....

Date..... 21 September 1940.....

**NO. 4 DISTRICT DEPOT, C. A. S. FCapt.**  
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.



CANADIAN ARMY (A)  
LAST PAY CERTIFICATE

M. F. D. 930A  
500M-8-42 (5574)  
H.Q. 1772-39-1548

Regtl. or Official No. D-121680 Rank and Name Pte. Ambrose, A.A.  
of No. 4 District Company, etc. R.C.A.S.C. (CA) Regiment, etc., on  
(~~Transfer, Posting or~~ Discharge) to Dept. of Pensions & Nat. Health on 7 April 1943  
(Unit and Station) Pt. II Ord. 37  
Reason for discharge Physically Unfit Authority d/7 April 1943

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of \$ - - has been paid by the Treasury Officer, Military District  
No. - - or - - Air Command.

REMARKS:

- State (1) Date of appointment or enlistment 21 September 1940  
(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes  
(3) Has assignment of pay been made? Yes If so, amount \$20.00 effective  
date October 1940  
(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction \$ - - -

The following is a statement of the account of the above named from 1 April to 7 April 1943  
the inclusive date of transfer, posting or discharge.

Dr.		Cr.	
PARTICULARS	AMOUNT	PARTICULARS	AMOUNT
Balance Dr. from last account.....		Balance Cr. from last account.....	16.70
First Monthly Payment.....		Regimental Pay <u>7</u> days at <u>\$1.30</u> .....	9.10
Casual Payments (A.R. 8).....	21.13	Tradesmen's Pay..... days at..... \$.....	
Payment on Transfer, Posting or Discharge.....		Additional Pay (Give particulars).....	
Assigned Pay <u>7/30ths of \$20.00</u> .....	4.67	days at..... \$.....	
Regimental Charges.....		Allowances (Give particulars)..... days	
Public Stoppages (Give particulars):		at..... \$.....	
Clothing Allow. (A.R. 9).....	35.00	Clothing Allowance.....	35.00
Rehabilitation Grant (A.R. 10).....	19.00	Rehabilitation Grant.....	39.00
Assigned Pay (Reh. Grant).....	20.00		
To Balance Cr. (To be paid by new unit).....		By Balance Dr. (To be deducted by new unit).....	
Total.....	99.80	Total.....	99.80

I certify that the above is a true and correct statement of the  
account of the above named on transfer, posting or discharge.

Montreal, Que.  
(Place)

8th April 1943  
(Date)

*W. L. Parsonage*  
(W. L. Parsonage) Captain  
Paymaster or Accounting Officer.

A/O.C. No. 4 D.C., R.C.A.S.C. (CA)



# CANADIAN FIELD FORCE DISCHARGE CERTIFICATE

This is to Certify that No. P-121070 (Rank) Private  
Name (in full) Andrew Alexander Ambrose enlisted in  
the Royal Canadian Army Service Corps  
**CANADIAN FIELD FORCE** at Montreal, Que. on the 21st  
day of September 1940  
He served in F  
and is now discharged from the service by reason of R.C. 1022 (R.C. 1022 para. 10  
~~Unable to meet the required military physical standards~~  
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—  
Age 30 Marks or Scars.....  
Height 5 ft. 5 1/2 1 wad. left arm  
Complexion Med.  
Eyes Blue  
Hair Brown  
Andrew A. Ambrose  
Signature of Soldier  
Date of Discharge 7 April, 1943  
(W. J. Parsonage) Capt.  
Issuing Officer  
Acting O.C. No. 4 D.C. RCASC, CA  
Rank  
Date 7th April, 1943 1943

No. 4 DISTRICT COMPANY  
R.C.A.S.C. (C.A.)  
APR 7 1943  
ORDERLY ROOM  
MONTREAL QUE

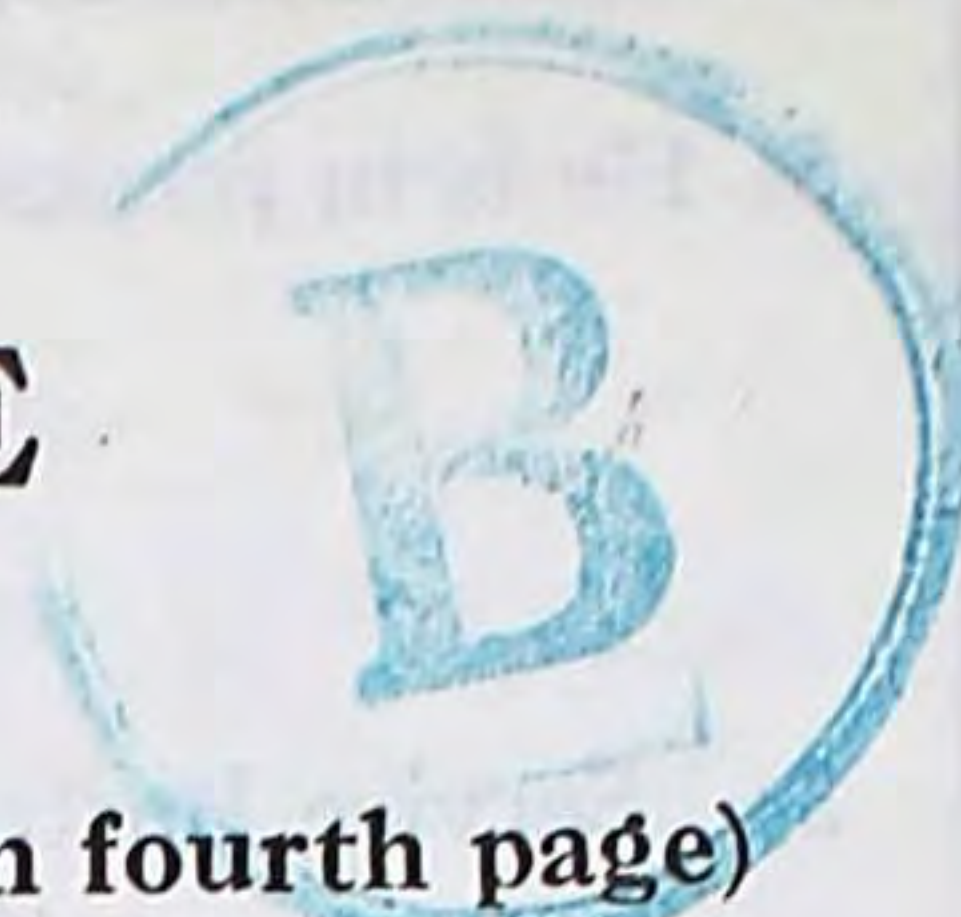
N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)



# CANADIAN ARMY PROCEEDINGS ON DISCHARGE



(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. <u>D-121680</u>	Rank <u>Private</u>
--------------------------------	---------------------

Surname.....AMEROSE

Christian name Andrew Alexander  
NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps No. 4 D.C., R.C.A.S.C., (CA)

Date of discharge 7th April, 1943

Place of discharge St. Annes Military Hospital  
St. Annes de Bellevue, Que. Mil. Dist. No. Four

1. DESCRIPTION AT DATE OF DISCHARGE

Age..... <u>30</u> .....years..... <u>8</u> .....months	Descriptive marks <u>1 Vacc. left arm</u>
Height..... <u>5</u> .....feet..... <u>5 1/2</u> .....inches	
Complexion <u>Med.</u>	
Eyes <u>Hazel</u>	
Hair <u>L. Brown</u>	
Trade <u>Chauffeur Truck Driver</u>	

C.A.A.

Intended place of residence } Chalmer St. Huntingdon.  
(To be given as fully as practicable; i.e., mailing address) Street and Number P.O., City or Town, etc.  
 Province Quebec

2. The above-named man is discharged in consequence of  
Authority for discharge R.O. 502 - R.O. 1029 para. 10  
"Unable to meet the required Military Physical Standards"  
N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct while in the service has been, according to the records, etc.  
Very good.  
N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide K.R. Can. 384.)  
blank.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

12-4-43  
 2505-2  
 R. H. A.



5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)  
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

St. Annes Military Hospital *W. L. Parsonage*  
(Place) St. Annes, de Bellevue, Que. (W.L. Parsonage) Capt.

(Date) 7th April, 1943 Commanding No. 4 D.C., RCASC, CA.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) St. Annes Military Hospital *Andrew G. Condon*  
St. Annes de Bellevue, Que. (Signature of Soldier)

(Date) 7th April, 1943 *J. Kilaly c.s.m.* (Signature of Witness)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Statement of Service

(Date of enlistment—Canadian Army) 21st Sept. 40

(Date of discharge—Canadian Army) 7 April, 1943

(Total Service—Canadian Army) 2 years 199 days

10. Confirmation of Discharge

The discharge of the above-named man is hereby confirmed.

St. Annes Military Hospital *W. L. Parsonage*  
(Place) St. Annes de Bellevue, Que. (Signature) (W.L. Parsonage) Capt.

(Date) 7 April, 1943 Commanding No. 4 D.C., RCASC, CA.



Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

*NIL*

(Date)..... 7 April, 1943

*Andrew A. Ambrose*

(Signature of Soldier)



## List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

~~Certified Copies of Convictions by Civil Power~~

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

Form of Will (M.F.M. 10 or 10A).

~~Certified Copy of Record of Declaration of  
Court of Inquiry (K.R. Can. 1513)~~

Attestation (Duplicate and Triplicate M.F.M. 2).

Particulars of Family (M.F.M. 5).

Proceedings on Discharge.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*W. L. Parsonage*

(W.L. Parsonage) (Captain)

No. 4 D.C., R.C.A.S.C. (CA) *Officer Commanding*



ORIGINAL  
DUPLICATE  
TRIPLICATE

R.C.A.S.C.. C.A.A

FINGER-PRINTED

M.F.M. 2  
A.F.B. 271  
450M-5-40 (5237)  
H.Q. 1772-39-1045

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

Unit ~~XXXXXX~~ ~~NO. XXX~~ ~~R.C.A.S.C.~~ ~~XXXX~~ ~~UNPAID~~ ~~XXX~~ Regimental Number ~~HPAM 519~~ D-121680

# CANADIAN ACTIVE SERVICE FORCE

## ATTESTATION PAPER

HISTORY FORM COMPLETED

- Surname..... AMBROSE
- Christian names..... ANDREW ALEXANDER
- Present address..... 2695 Workman Street, Apt. #1, Montreal, Que., Canada
- Date of birth..... 23rd July, 1912
- Place of birth..... Ireland Down Belfast  
(Country) (County or Province) (Town or Township)
- Religion (state denomination)..... United Church of Canada
- Trade or Calling..... Chauffeur & Truck Driver
- Married, Widower or Single..... Married
- Name of next of kin..... Mrs. Barbara Ambrose
- Relationship..... Wife
- Address of next of kin..... Chalmer St. Huntingdon, Que.  
~~2695 Workman Street, Apt. #1, Montreal, Que., Canada~~
- Do you belong to, or have you served in the Active Militia of Canada? *Yes* ~~no~~  
*R.C.A.S.C. 3rd Div. Montreal, July 1940*  
(If Yes, Give Unit and Dates of Service)
- Have you served in (a) The Canadian Active Service Force? *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)
- 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, *Andrew A. Ambrose* do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force 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 *July 29th/41* *A. A. Ambrose*  
(Signature of recruit)

### OATH TO BE TAKEN BY MAN ON ATTESTATION

I, *Andrew A. Ambrose* do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.  
*A. A. Ambrose* (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 *Huntingdon Que* this *29* day of *July* 19*41*  
*[Signature]*  
NO. 41 CANADIAN ARMY (R) TRAINING CENTRE  
*[Signature]*  
Adjutant  
{ Signature of Magistrate, Justice or Attesting Officer.  
{ Office 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



D-121 680

Record of Service of

AMBROSE

ANDREW ALEXANDER

Regimental Number

~~1001 519~~ ~~XXXXXXXXXX~~

(Surname)

(Christian Name)

## QUALIFICATIONS

## EDUCATIONAL QUALIFICATIONS

Military..... *nil*

Business or Professional..... *nil*

Trade or Civil..... *Chauffeur & Truck Driver*

Technical..... *nil*

Languages..... *English*

High School } *3 yrs. High School* } Graduation } *nil*

or } (years completed) } or } (specify)

Collegiate } *nil* } Matriculation }

\*College..... *nil*

\*University..... *nil*

*7 yrs. Public Schooling*

\*(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		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
21 Sept 40	D.R.O.	Joined on appointment NO. 4 DISTRICT DEPOT CASP	Pte.	21 Sept 40	4 DD	Montreal	4 DD Pt. II 239	21 Sept 40
5 Oct 40		Trans to C.M.T.C. Camp No 41 Huntingdon	"	27-9-40	"	"	" " 251	4 Oct 40
5 Oct 40	T.C. 41	T.O.S. T.C. 41 Huntingdon Que	"	5/10/40	T.C. 41	Huntingdon	T.C. 41 Pt II-5a	5 Oct 40
12 Oct 40	"	correction ref Pt II-5a 8/10/40 to read	"	28-9/40	"	"	" " 10a	12 Oct 40
25.3.41	TC 41	Granted 7 days furlough under R.O. 699	"	26.3.41 2.4.41	TC 41	Huntingdon	TC 41 Pt II-56	25.3.41
29.3.41	TC 41	Allotted new Reg. No. D-544076	"	29.3.41	TC 41	Huntingdon	TC 41 Pt II-60	29.3.41
7.4.41	TC 41	Change of Address of next of Kin. (Wife) to Chalmer St. Huntingdon, Que.	"		Tc 41	Huntingdon	Tc 41 P <sup>T</sup> II-66	7.4.41
4.8.41.	TC 41	Ceases to be <del>employed</del> employed under G.O. 139 of 1939 and ceases to be on command from his reserve unit;- pending attestation in C.A.A. and allotted new Regimental No. D-121680,	"	28.7.41.	TC 41	Huntingdon	TC 41 Pt II-150	4.8.41.
4.8.41.	TC 41	On command and attached for All Purposes TC 41 Huntingdon, on attestation in his Unit C.A.A.	"	29.7.41.	TC 41	Huntingdon	TC 41 Pt II-150	4.8.41.

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



*Alexander* CERTIFICATE OF MEDICAL EXAMINATION

Name in full..... Andrew Ambrose ..... Date..... Sept. 13/40 .....

**Part 1. Information obtained from the recruit.**

1. Age..... 28 ..... 2. Have you ever suffered from any of the following diseases?
- a. Rheumatism..... no .....
  - b. Tuberculosis..... no .....
  - c. Bronchitis or asthma..... no .....
  - d. Heart disease..... no .....
  - e. Kidney or bladder disease..... no .....
  - f. Gastro-intestinal..... no .....
  - g. Rupture..... no .....
  - h. Varicose veins..... no .....
  - i. Flat or deformed feet..... no .....
  - j. Nasal trouble..... no .....
  - k. Ear disease..... .....
  - l. Eye disease..... no .....
  - m. Epilepsy..... 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 .....

*Andrew Ambrose*  
Signature of Applicant

Color vision..... dry perf left ear drum .....  
Ishihara (C.D.3)..... rgt. ear normal A. Delahaye Capt. reflexes normal .....

**Part 2. Information obtained by medical examination. The recruit must be stripped.**

1. Identification marks or scars. (If operative obtain history.)  
1 vac. l. arm
2. Height..... 5 feet..... 5 1/2 inches. 3. Weight..... 134 pounds. (131)
4. Complexion..... med. Eyes..... hazel 5. Development..... good Good Fair Poor
6. Chest measurement—Girth on full expansion..... 1. brown inches.  
Range of expansion..... 33 inches.
7. Vision, right..... 20/40 left..... 20/30 8. Hearing, right..... vv. 20 left..... vv. 20
9. Condition of mouth and teeth..... few roots
10. The abnormalities (congenital and pathological) found on examination are as follows.....

**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.....

*W.H. Smythe* President *T. Carreau* Member *Rauchman* Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY		RE-EXAMINED	
Date	Brief details and signature	Date	Remarks
13/11/40	Tab 1 A.T.S. 1 Vacc. <i>W.H. Smythe</i>		Normal Urine, Ears, Reflexes! Category <u>A</u>
25/11/40	" 2 <i>W.H. Smythe</i>		
2/12/40	" 3 <i>W.H. Smythe</i>		
Jan 20/41	TE.T. <i>W.H. Smythe</i>		
24/1/42	Re. INOC. 1/2 cc <i>W.H. Smythe</i>		
		Date 18-7-41	Re-examined Category <u>A</u>



D-121680

Regtl. No. ~~NPA 670~~

~~D-540716~~

Rank

Pte.

Surname

AMBROSE

Christian Name

ANDREW ALEXANDER

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
	✓	11	2	43					Marked (secondary) anemia (2) Pulmonary T.B. (?) upper right lung.	Ste Anne's Military Hospital	M. McQuitty M.D.
<i>Huntingdon</i>	✓	1	2	43	9	2	43	<i>and gen</i> Anemia debility	10	<i>not improved Discharged to Unit disposal</i>	<i>for</i> <i>Discharge</i>
"		21	9	42	21	9	42	<i>Coryza</i>	5	<i>Good.</i>	







Statement of the Service of No.....

Rank.....

Sheet No.....

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

Name.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
26-10-42	No.4 DC RCASC(CA)	Admitted to Huntingdon Military Hospital	Pte	21-9-42	No.4 DC	HUNTINGDON	Part 11 # 74	22-10-42
<del>26-10-42</del>	"	Discharged under provisions of the Can. Army (Active) without regimental entry on conduct sheet, is entitled to wear one (1) good conduct chevron, under the prov. R.O. 635	"	24-9-42	"	"	" 11 # 74	22-10-42
21-12-42	"	Having been granted leave from 1200 hrs 22nd Dec. 42, until 1200 hours 27-12-42 is granted fifty(50)cents per day allow- ance in lieu of rations for the period shown under the Prov. of F.R. & I. Art. 196(4) Can.	"		"	"	Part 11 # 80	6-11-42
10-2-43	"	Admitted to Huntingdon Mil. Hosp. Huntingdon	"	22-12-42	"	"	Part 11 # 98	19-12-42
24 Feb 43	"	Admitted to Ste. Annes Mil. Hosp., Ste. Anne's, Que wef 10 Feb 43	"	1-2-43	"	"	Part II # 16	6-2-43
9-4-43	"	Having been medically boarded Category "E" is discharged under the provisions of R.O. 502, whilst in Ste Anne's Mil- itary Hospital, Ste Anne de Bellevue, Que. as "Unable to meet the required military physical standards" under the provisions of R.O. 1029 Para. 10, w.e.f. 2359 hours Authy: D.M.O., M.1-A-591 d/7-4-43	"	10 Feb 43	"	Montreal	Part II No.18	12 Feb 43
		Address on Discharge: Chalmers St. Hunting- don, Que.	"	7-4-43	"	"	Part 11 # 37	7-4-43
9-4-43	"	Having served from 21-9-40 to 7-4-43, a period of 183 days or more, and having been discharged under the prov. of R.O. 502 whilst sick in Ste Anne's Mil. Hosp- ital Ste Anne De Bellevue, Que., as Un- able to meet the required Military Phys- ical Standards" under the provisions of R.O. 1029 Para. 10 is authorized to receive Rehab. Grant of Thirty (30)days Regimental Pay of Rank on discharge under the prov.						







**DISTRIBUTION OF SERVICE ESTATES**

Estates Form "P. 4"

ARMY

Name: AMBROSE Surname Andrew A. Christian Names No.: 0-121680  
 Rank Pte. Unit R.C.A.F.C. Date of Death 12-4-43

AMOUNT

Date: June 7, 1943  
 L.P.C. .... \$ 75.13  
 Other Credits ..... 75.13  
 Total ..... 75.13

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<u>All</u>	<u>Widow</u>	<u>Mrs. Barbara <sup>E.</sup> Ambrose,</u> <u>Chalmers St.,</u> <u>Huntingdon, P.Q.</u>  <u>(Next of kin entitled)</u>	<u>75.13</u> <i>R.</i>

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
<u>9999</u>	<u>831</u>	<u>00</u>	<u>00</u>	<u>001</u>	<u>75.13</u>
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY <i>[Signature]</i> For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by  
**N. O. SEAGRAM**  
 (L. M. FIRTH) Lt.-Colonel  
 Administrator of Estates

AUDITED FOR PAYMENT

*[Signature]*  
 For Chief Treasury Officer



- Navy  
 Army  
 Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441  
 1 Mil. 9-44 (5449)  
 H.Q. 1772-39-2326

**Application for War Service Gratuity**  
 (Canadian Armed Forces)

D-2607

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service AMBROSE  
 (Print)
2. Christian Names ANDREW ALEXANDER  
 (Print)
3. Service No. D-12680 4. Paid rank or rating at date of termination of Service CORPORAL
5. Address, in full, to which payments of gratuity are to be forwarded  
Mr. Barbara Ambrose - WIDOW  
Chalmers St.  
Huntingdon Que.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>X</u>	<u>D-12680</u>	<u>CPL.</u>	<u>21-9-40</u>	<u>7-4-1943</u>

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? N.A. If so, state name of Force or Forces.

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? If so, state the Force or Forces, with dates of commencement and termination of service.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

NOV. 10<sup>th</sup> 1944  
 (Date)

Mr. Barbara Ambrose  
 (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)  
 Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.  
 Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.



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

4  
ARMY

DECEASED  
MEMBER'S  
NAME

Andrew Alexander

(CHRISTIAN NAMES)

AMBROSE

(SURNAME)

REGISTER NO.

D-2607 3052

FILE NO.

405-A-10273

DATE

3-3-45

SERVICE NO.

D-1-121680

FINAL RANK OR RATING

Opl.

DATE OF DISCHARGE

7-4-43

PAYEE

Mrs. Barbara AMBROSE,

ADDRESS

Chalmers St.,  
Huntingdon, Que.

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 929 EQUAL TO 30 COMPLETE PERIODS AT \$7.50

\$ 225.00

B. QUALIFYING OVERSEAS SERVICE

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

225.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

**RECEIVED**

MAR 7 1945

WAR SERVICE  
GRATUITY DIVISION,  
ARMY TREASURY

PAY	\$
SUBSISTENCE OR LODGING	\$
AND PROVISION ALLOWANCE	\$
ADDITIONAL PAY	\$
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$
TOTAL	\$ X7 = \$
NO. OF DAYS	183 X \$

D. WAR SERVICE GRATUITY

225.00

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

225.00

G. YOUR PORTION OF GRATUITY IS—

100%

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

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

PREPARED BY

CHECKED BY

TREASURY

CHECKED BY

DATE

10-3-45

SERVICE REPRESENTATIVE



# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ANDREW ALEXANDER AMBROSE Register No. D-2607  
(Christian Names) (Surname)

PAYEE'S NAME MRS BARBARA AMBROSE File No. 405-A-30520  
(Christian Names) (Surname)

ADDRESS SHALMERS, ST. Date 11-2-45  
HUNTINGDON, QUE. Service No. D-121680

Final Rank Spl.

DATE OF TERMINATION OF OVERSEAS SERVICE..... Date of Discharge 7-4-43

		AMOUNT	
		\$	c
<b>A. TOTAL QUALIFYING SERVICE</b> No. of day <u>939</u> <sup>30</sup> = <u>30</u> <sup>(29)</sup> Periods @ \$7.50		225	00
<b>B. QUALIFYING OVERSEAS SERVICE</b> No. of days..... less..... Ineligible days, equal..... Days @ 25c per day			
<b>C. SUPPLEMENT FOR OVERSEAS SERVICE</b> Daily Rate of Pay \$..... Subsistence Allowance \$..... Additional Pay \$..... Dependents' Allowance 1/30 \$..... \$..... TOTAL \$..... × 7 = \$..... No. of Days <u>183</u> × \$.....		225	00
<b>D. WAR SERVICE GRATUITY</b> Computed By <u>[Signature]</u>		225	00
<b>E. DEDUCTIONS</b> Overpayment of (1) Pay & Allowance \$..... (2) D.A. & A.P. \$..... Other Deductions \$..... Entered By <u>[Signature]</u>			
<b>F. AMOUNT PAYABLE</b> (This amount is payable in <u>1</u> monthly instalments of \$ <u>225.00</u> each)		225	00
<b>G. Monthly instalment not to exceed daily rate of Pay &amp; Allowances per (C)</b> \$..... × 30 = \$.....			

REMARKS



Ambrose Andrew Alexander D-121680

## OCCUPATIONAL HISTORY FORM

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

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

### Section A—GENERAL INFORMATION

1. (a) Print name in full Andrew Alexander Ambrose (b) Reg'l. No. 121680 D-544076
2. (a) Arm of service Army (b) Unit 3rd. R.C.A.S.C. (4th Det.) (c) Rank Pte.
3. (a) Date of birth July 23, 1912 (b) Have you any dependents? 2 (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment SEPT. 21ST, 1940

PLEASE LEAVE BLANK

### Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 yrs. (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

### Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member?

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

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

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

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

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

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

18. Name of employer Canadian Plumbing & Heating Specs. Address 701 Craig St. W.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Plumbing Supplies
20. (a) Your specific occupation Truck Driver (b) Number of years' experience at this occupation with any employer 6 yrs
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? No

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

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

### Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No. (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (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.) ?
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Remain in Transport Division of the R.C.A.S.C.

DATE June 3rd, 1941

194

SIGNATURE

Andrew A. Ambrose