D122961
HARTMAN
GERALD

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No D.122961 Rank Trooper Name HARTMAN, Gerald

Unit C.A.C. Date of death 10th July, 1944.

Died at FRANCE

Cause Killed in Action.

Death occurred on strength of Forces H.Q. 405-H-8175

N/K Mrs. Eileen Hartman Relationship Mother

Address 2494 Quesnel Street, Montreal, P. Q.

Remains buried in MR 978678 Cemeter

Carpiquet Airfield, France.

Grave location

CHK

OVER

REBURIAL

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

Grave 1, row H, plot 26.

RI & CR Form Despd. NOV 6 1946

Photographs
Despatched
SEP 3 1947

BURIAL REPORT TO N.K. MAR 21 1946

RETURN TO BUR. OF STAT. MAY 15 1945

ROYAL MESSAGE DESP'D. AUG 1 1944

CAN. MESSAGE DESP'D. 25-7-44

10-7-44

AWARDS—CANADIAN ARMY (ACTIVE) (1658)

MJA

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-H-8175

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
HARTMAN,	Gerald	D.122961	Tpr.	C.A.C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal CVSM & Clasp	8453 ~~8750~~ 28/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Eileen HARTMAN (MOTHER)

ADDRESS: 2494 Quesnel St.,
MONTREAL, P.Q.

MEMORIA -
(1)
DATE DESP.....
REGN. NO 289

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Eileen Hartman, (ENGLISH)

(1658)

ADDRESS: 2494 Quesnel St., MONTREAL, P.Q.

DESP. OCT 4 1944
REGN No. 2640
(3)

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

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
200M—3-41 (9720)
H.Q. 1772-39-1645

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

Unit Can. Arm. Corps., C.A. Regimental Number D-122961

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname HARTMAN
2. Christian Names Gerald
3. Present address 2494 Quesnel St., Montreal Que., Canada
4. Date of birth 27 November [redacted] 1922
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Office Clerk
8. Married, Widower or Single Single
9. Name of next of kin Mrs Eileen [redacted]-HARTMAN
10. Relationship Mother
11. Address of next of kin 2494 Quesnel 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, Gerald HARTMAN, 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 8th Novembe r, 1941 G. Hartman (Signature of recruit)

Witness [illegible]

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

G. Hartman (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Montreal South, Que this 8th day of November, 1941

[illegible] Bernard Capt (Signature of Magistrate, Justice or Attesting Officer.)

NO 4 DISTRICT DEPOT. A.F. (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

FINGERPRINTED

Record of Service of HARTMAN (Surname) Gerald (Christian Names) Regimental Number D-122961

Qualifications		Educational Qualifications			
Military	Nil	High School or Collegiate	2 yrs (years completed)	Graduation or Matriculation	No (specify)
Business or Professional	Nil				
Trade or Civil	Office clerk	*College	No		
Technical	Nil	*University	No		
Languages	English		7 yrs.		

*(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
1307 8.11.41	D.R.O.	Joined on appointment No. 4 District Depot. C.A.	Tpr.	8.11.41	4 DD	Mtl.Sth.	4 DD Pt II-~~218~~ 268	8.11.41.
NOV 14 '41		PROCEEDED ON COMMAND AND ATTACHED FOR ALL PURPOSES TO: C.A.(B) T.C. 41, HUNTINGDON, QUE.		NOV 14 '41	4 DD	MTL. SOUTH	D.O. NO. 273	14 NOV 1941
19 11 41	TC 41	ATTACHED FOR ALL PURPOSES T.C.41	"	15 11 41	TC 41	HTINGDON	TC 41 PT.II,222	19 11 41
3 2 42	TC 41	S.O.S. ON TRANS TO A T C A-9 C BORDEN	"	4.2.42	TC 41	HUNT'N	PT II 17A	4 2 42
3 6-2-42		Att. to A9 CAC(A)TC for all purppses	"	5-2-42	A9 CAC	Borden	D.O.# 24	6-2-42
		S.O.S. NO. 4 D D		MAR 30 1942	A-9 CAC	BORDEN	PT. II D.O. 52	MAR 29 1942
		T.O.S. A-9 C A C A T C						
		PROCEEDED ON EMB. LEAVE	"	2-5-42	"	"	" 72	4-5-42
		RETURNED FROM EMB LEAVE	"	7-5-42	"	"	" 74	9-5-42
		S.O.S. A. 9 C.A.C. (A) T.C. (CA) ON TRANSFER TO CAN. ARMY OVERSEAS 31 5 42	Tpr.	MAY 31 1942	A. 9 C. A. C. (A) T.C.	Borden	D.O. 90	MAY 31 1942
		SOS CAC Embarked		2 6 42	CAC	AB Slip	DO 44	12-6-42
		TOS CAC		3				
		Disembarked		12		UK		
		TOS #3 CAC RU		13				

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ....HARTMAN.....Gerald..... Place ....[illegible] Montreal.....

Place..... Date 1-11-41

Part 1. Information obtained from the recruit.

1. Age 18-11 mos 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..... N O
k. Ear disease NO
l. Eye disease ..... NO
m. Fits ..... N O
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

L. Hartman
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 vacc left arm., Reflexes normal

2. Height 6 feet ..... inches. 3. Weight 145 pounds.

4. Complexion Fair Eyes Blue Hair Brown 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 2½ inches.

7. Vision, right 20-120 left 20-120
With Glasses— right 20-20 left 20-20.

8. Hearing, right CV 20 left CV 20

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows
Moderate flat feet, (flexible no complaints)
Color vision Ishihara CN. Ears nose normal Dr. H. Michaud

Recommend d.f.d. Manpower

URINE 533091
X-RAY 27791

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 "A2"

Special remarks when category lower than A Vision

H. Aubry Major — President
W. Tremblay Lt. Col. — Member
P.E. Bourgeault — Member

H. AUBRY MAJOR W. TREMBLAY LT. COL. P.E. BOURGEAULT M.D.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
NOV 10 '41	TAB.T C.J. Charpentier Capt	31-5-43	TABT 1/2 cc
DEC 18 1941	5th Field Coy		
	30 Hermine St.		
NOV 10 '41	VACC C.J.C.		
8-5-42	RE-EXAMINED CAT. A2 CONFIRMED Vaneyck Capt		
27-4-43	TABT 1/2 cc		

C.B.M.H.

Regtl. No. D-122961 Rank Trooper Surname HARTMAN Christian Name Gerald.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
C.B.M.H.		12	3	42	28	3	42	Mumpssuspect	16	Recovered D.T.U.	M.F. Corbin Lt
"		6	4	42	21	4	42	Mumps Recurrence	15	Recovered. D.T.U	H.C. Peers

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

Statement of the Service of No. D. 122961 Rank ..... Sheet No. .....

Name HARTMAN, GERALD.

M.F.M. 1 & 2A
40/P & S/119

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
S.O.S.		S.O.S. to #1 C.A.C.R.U.	Tpr	26 Jun 42	3 CACRU.	U.K	52	27 Jun 42
	T.O.S.	T.O.S. from 3 CACRU	Tpr.	27 June 42	1 CACRU.	UK	165	27 June 42.
		Award 7 Days C.B. Forf 1 Days Pay FR#1 149(1)(A)	Tpr	22 Jul 42	1 CACRU	UK	188	23 Jul 42
SOS		SOS on posting to 7 Recce Bn	Tpr.	14 Aug 42	1 CACRU	UK	200	14 Aug 42
	TOS	TOS from 1 CACRU	Tpr	15 Aug 42	7 Recce Bn	UK	44	19 Aug 42.
		Granted Priv Leave M/A.	Tpr.	18/24 Sep 42	7 Recce	U.K	54	16 Oct 42
		Leave to 25 Dec 42 MA	Tpr	19 Dec 42	7 Recce	UK	67	29 Dec 42
		Granted daily Rate of Pay $1.50.	Tpr.	1 Jan 43	7 Recce	UK	20.	29 Mar. 43
		Priv. Leave 7 days Ret'd 25 Mar 43 MA	Tpr	18/25 Mar 43	7 Recce	UK.	22	9 April 43
		proc. on San Detail Crse Ser 9B & att 7 C.F. Hyg FAP. Reanc	Tpr.	29 May / 1 June 43	7 Recce	UK	38	15 June 43
		Att fap to H.Q. 3 Div Sup Bn to 10 Aug 43	Tpr	1 Aug 43	7 Recce	UK	52	31 Aug 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Killed	Tpr.	10 July 44		AEF	A-470	16 July 44.
		Embarked at U.K. on 10 Jun 44 / Disembarked at France on 11 Jun 44	Tpr		7 Recce R	21 A Gp	47	14 Jul 44
m 106	SOS.	SOS Killed in action	Tpr	10 Jul 44	7 Recce R	21 A G	52	21 Jul 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit Can. Arm. Corps C.A. Regimental Number D-122961

1. Surname HARTMAN
2. Christian Names Gerald
3. *Substantive Rank and Appointment Spr
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Montreal Que. Can.
5. Date of birth as declared on attestation 27 Nov. 1922
   (A)
6. Date of enlistment 8th Nov. 1941
7. Place of enlistment Mtl. South
8. Residence at time of enlistment 2494 Quesnel St. Mtl. Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date Single
13. Trade on enlistment Office Clerk
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category	Date	Authority
A		Med Bd

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

Mrs. Eileen Hartman (mother)
2494 Quesnel St. Mtl. 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
26-5-42			Not qualified as tradesman				
			SOS CAC Embarked	OB Shp	2 6 42	Tpr	DO 44 12-6-42
			TOS CAC	"	3		
			Disembarked	U/K	12		
			TOS #3 CACRU	"	13		
		3CACRU	SOS on posting to #1 C.A.C.R.U.	"	26-6-42	"	DO #52 d/27-6-42
		1CACRU	TOS from 3 CACRU	"	27.6.42	"	165 27.6.42
A.A. Sec 15(1)			Awarded 7 days C.B. for AWL	"	22-7-42	"	188, 23-7-42
			(3 hrs 20 min) forfeits 1 days				
			pay under A.R. 1 149(1)(a)				
			S.O.S. on posting to 7 Recce	"	14.8.42	"	200, 14.8.42
	O.C.	7 Recce.	TOS from No. 1 C.A.C.R.U.	FIELD	15-8-42	"	44 d/ 19-8-42
	"	"	F-1 7 days P.L. Rat all ce	"	18-9-42	"	54 d/16-10-42
24 Dec 42	"	"	7 days P.L. with R.A.	"	19 Dec 42	"	67 d/29 Dec 42
27 Jan 43	"	"	Granted Daily Rates of Pay of $ 1.50 per diem	"	1 Jan 43	"	20 d/29 Jan 43
2 Apr 43	"	"	7 days P.L. with R.A.	"	19 Mar 43	"	22 d/9 Apr 43
4 Jun 43	"	"	Proc on San Det Course Ser 9B & ath		29 May 43 TB		
			to 7 Cdn Fd Hyg Sec RCAMC Fap	"	1 Jun 43	"	38 d/15 Jun 43
12 Jul 43	"	"	7 days P.L.	"	9 Jul 43	"	46/ Jul 43
19 Aug 43	"	"	Att to HQ 3 Cd Sup Bn Fap	"	1 to 10 Aug 43	"	52/ Aug 43
			Awarded Canadian Volunteer Service Medal and Clasp		JAN 15 1944		6 - 1944
			Embarked U.K. 10 Jun Disembarked France		11 Jun 44	"	47/ Jul 44
	CR	"	SOS KILLED IN ACTION	"	10 Jul 44	"	52/ Jul 44

D 122961 Hartman, G.

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.

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(1) Name of Officer or Other Rank HARTMAN
(Surname first—Christian names in full—Block capitals)
Gerald

(2) Regimental or Official Number and Rank D-122961 Tpr.

(3) Unit C.A.C. CA

(4) Are you married? no

(5) If married, state,

(*a*) Full name of your wife nil

(*b*) Present postal address of wife nil

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

(7) Are you a widower? no

(8) Have you any children? no Number of boys Girls

Names and ages nil

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

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

Name nil

Postal Address

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address nil

(11) Is your father alive? Yes No

If so, state name and address, occupation nil

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? nil

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

nil

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Eileen HARTMAN

2494 Quesnel St., Montreal, Que. Can.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment $20.00 per month

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 nil

Amount contributed monthly during the past six months

nil

(18) Are you insured? Yes

If so, in what Company? unknown
(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.

X J. Hartman
(Signature of officer or man)

Date 8-11-41

E. Spencer Capt.
Officer Commanding

Date 8-11-41

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.

Hartman Gerald.

V

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 HARTMAN GERALD (b) Reg'l. No. D-122961
2. (a) Arm of service ARMY (b) Unit CAN. ARM. CPS. CA. (c) Rank PTE
3. (a) Date of birth 27 Nov. 1920 (b) Have you any dependents? YES (c) Place of residence at time of enlistment MONTREAL
4. (a) Place of enlistment MONTREAL, SOUTH P.Q. (b) Date of enlistment 8-11-41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 Years (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.) 2 Years High School
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
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? NO

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

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

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

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

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

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

18. Name of employer HENRY MORGAN CO. LTD. Address MONTREAL
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) RETAIL STORE
20. (a) Your specific occupation OFFICE CLERK (b) Number of years' experience at this occupation with any employer 4 Months
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? N.A. (c) If so, in what kind of farming? N.A.
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? N.A. (c) In what provinces did you have experience? N.A.

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.) N.A.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form DRIVER

DATE 8-11-41 194 SIGNATURE G Hartman

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, Gerald HARTMAN (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, Office Clerk (Civil Occupation)

Regimental No D-122961, Unit C.A.C. 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. Eileen HARTMAN, residingat:2494 Quesnel St.,Montreal, Que. Can.

All my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

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

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 8th day of Nov.
19 41.

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 G Hartman
(Signature of soldier)

First witness sign here.

(5) Signature Louis D. Hebert
Civil Address 4300 Chambord St. Montreal, P.Q.
Civil Occupation Salesman.

Second witness sign here.

Signature W. J. Whitty
Civil Address Villa St Louis
Civil Occupation Student

(Witnesses are not to be beneficiaries.)

[OVER]

CFA 187
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-122961...Tpr...Hartman...G.....(Deceased).....

RECEIVED FROM .....Cdn Sec GHQ 2nd Echelon...21 Army Group.....
F-52241 Gnr. Drake R.E.

CHECKED BY .....B-126252 Pte. Sislofsky A..... DATE ....7 Aug 44.....

2	Religious Documents (Cards)		
1	Prayer Book		
2	Photographs		

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

TRIPLICATE — with effects.

.....M.O. Cathcart Lt.....
for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

GC

Estates Form "P. 4"

ARMY

Name: HARTMAN (Surname) Gerald (Christian Names) No.: D.122961

Tpr. (Rank) CA. O/S (Unit) 10-7-44 (Date of Death)

AMOUNT

L.P.C. ..... $ 50.54

Date: 2-4-45

Other Credits .....

Total 50.54

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	mother	Mrs. Eileen Hartman, 2494 Quesnel St., Montreal, Que. (sole beneficiary under will)	$50.54

TO BE FORWARDED BY REG. MAIL DIRECT.
P4. TO TREAS. 30/5/45

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	~~731~~ GX	~~00~~	~~00~~	~~001~~	~~$50.54~~

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

4 ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Gerald (CHRISTIAN NAMES) HARTMAN (SURNAME)

REGISTER NO. D-1034
FILE NO. 405-H-8175
DATE 4-4-45
SERVICE NO. D-122961
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 10-7-44

PAYEE Mrs. Eileen HARTMAN,
ADDRESS 2494 Quesnel St., Montreal (4) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 10-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 975 (30) EQUAL TO 32 COMPLETE PERIODS AT $7.50 (960)	240.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 768 LESS 15 INELIGIBLE DAYS, EQUAL TO 753 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	188.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	428.25
DAILY RATES AT DISCHARGE — PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $ $ $ $; DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00 $ .83; TOTAL $ 3.58 X7 = $ 25.06; NO. OF DAYS 768 (183) X$ 25.06	105.17
D. WAR SERVICE GRATUITY	533.42
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	533.42

RECEIVED
APR 7 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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	TREASURY DATE
KRM	[signature]	[signature]	10-4-45

[signature]
SERVICE REPRESENTATIVE

Form No. 1

Register No. ..... Nominal Roll No. .....

H.Q. File No. 405-H-8175

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D 122961	Tpr.	HARTMAN	GERALD

Reason for Termination of Service:

1st Enlistment Killed In Action CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 8 Nov 41	T.O.S.	T.O.S.
S.O.S. 10 Jul 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 976	Total Days	Total Days

TOTAL SERVICE 976 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	207	NIL	207
OVERSEAS SERVICE	769	~~NIL~~ 1 BM	768
Totals	976	1	975
Add Non-qualifying Service			1
TOTAL SERVICE			976

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 10 Jul 44

2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION

Computer's Signature B. MacKenzie

Checker's Signature J.E. Grottier

Date Computed 3 April 45

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

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

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff.Date	Days	Total
NIL					

TOTAL

OVERSEAS

T.O.S. 3 Jun 42 T.O.S. ______ T.O.S. ______

S.O.S. 10 Jul 44 S.O.S. ______ S.O.S. ______

FR 1(149 (1)A	22 Jul 42		22 JUL 42.		1

TOTAL 1

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

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.122961 Rank and Name Hartman, G. Tpr.

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

(~~Transfer or~~ Discharge).....to.....on 10th July 19 44.

Reason Death. Authority: C.C.L. "A"470. d/16th July 44.

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	27	04
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Technical Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at .....$		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars):					
To Balance Cr — Free	50	54	By Balance Dr		
To Balance Cr — Deferred					
Total	73	54	Total	73	54

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

Remarks:

Assigned Pay $23.00 (M) Stopped eff. August, 44.

Assigned Pay $8.40 (6th V.I.) Cancelled. eff. May 44. The amount re-credited is included in Balance B/F at 1st July 44.

PAY STATES BRANCH FEB 3 1945 H.Q. OTTAWA DEFENCE

Compiled by P. Cooper.

Checked by E.V. Collins

Date 20th January, 19 45.

Certified correct [signature]
for Chief Treasury Officer, Overseas

A.R.

24th July 1944.

Mrs. Eileen Hartman,
2494 Quesnel St.,
Montreal, P.Q.

Dear Mrs. Hartman:

It is with deep regret that I learned of the death of your son, D.122961 Trooper Gerald Hartman, who gave his life in the Service of his Country in France on the 10th day of July, 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

JUL 21 1944

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

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

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

3. NAME OF DECEASED

Surname: HARTMAN. (*Block letters*)

Given names: Gerald.

4. RESIDENCE

Street: Quesnel Street, No. 2494

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: November (Month) 27th (Day) 1922. (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.: Office Clerk.

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		Deceased.
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: 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: July (Month) 10th (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 Date ....19....
(State which)

Manner of injury
(How sustained)

Nature of injury

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

Signed ....**M.D.**

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

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

C Maurice Lt

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 National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

MAY 15 1945

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-122961 RANK Trooper SERVICE UNIT 7th Reconnaissance Regt. C.A.C. (C.A.)

NAME HARTMAN, Gerald

DATE OF BIRTH DAY 27th MONTH November YEAR 1922 Date enlisted: 8-11-41

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 2494 Quesnel St., Montreal. P.Q.

NAME ADDRESS D.A.B. Mrs. Eileen Hartman

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 7927 H.Q. 405-H-8175

CASUALTY DETAILS Killed in action DATE 10-7-44

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

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

DATE 19-7-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Eileen Hartman,
2494 Quesnel St.,
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-H-8175 FD 421.

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 2, 1944.

ESTATES BRANCH
SEP 13 1944
H.Q.
OTTAWA.
NATIONAL DEFENCE

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

HARTMAN, Gerald Tpr.

D.122961 C.A. O/S

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.

RGP: MV

R. G. Nelan capt.
for 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.....				
4	Mother of the Deceased.....				
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Gerald Sylvester Hartman
9	Date of his birth.	November 27th 1924
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Montreal June 20th 1923

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) Province Quebec. (c) (d)
14	Nature of employment before enlistment.	Office clerk.
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
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.	—
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	—
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	yes. Metropolitan Life insurance 500- Mrs Eileen Hartman
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

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.	—
	(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.

Mrs Eileen Hartman — Signature of Informant

2494 Querbes St. Montreal. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Eileen Hartmann {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 St Anthony's Montreal this 11th day of September 1944

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

Qualification R.C. clergyman

Address 1887 St Antoine St Montreal. Que.

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

MILITIA BOOK M. 1.
40/P&S/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II)
will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

51-6472 A.F.W3084

Number P-/122961

Name HARTMAN G.

Rank TPR. Religion R.C.

Arm C.A.C.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal.....

A.F.W3084

Number P-/122961

Name HARTMAN G.

Rank TPR. Religion R.C.

Arm C.A.C.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal.....

A.F.W3084

Number P-/122961

Name HARTMAN G.

Rank TPR. Religion R.C.

Arm C.A.C.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal.....

DECEASED

DECEASED

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
14 DEC 43	✓		1 F., P.R.	R Silverstone Capt
15 MAR 44		✓		R Silverstone Capt

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-122961

Surname (in capitals) HARTMAN

Christian Names (in full) GERALD.

Date of Birth NOV. 27TH 1922.

Place of Birth MONTREAL. QUE.

Trade on Enlistment OFFICE CLERK.

Nationality of Father at birth AMERICAN

Nationality of Mother at birth CANADIAN

Religion ROMAN CATHOLIC

Enlisted at MONTREAL SOUTH QUE.

Date 8/11/41

Particulars of former service (if any) i.e. Regtl. No., Corps and period.

Signature of Soldier G. Hartman

Signature of Officer [illegible] 2nd Lieut.

Place IN THE FIELD Date 31/3/43.

DECEASED

(II) NEXT OF KIN

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

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother	EILEEN HARTMAN	31/3/43
3rd	*Brothers and Sisters		
4th	Other Relations, (stating) relationship)	JAMES BURNS (UNCLE)	31/3/43

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a Will (see pages 20 to 23)

Latest known Address in full
2492 QUESNEL ST. MONTREAL QUE.
MARIENE QUE. H.D.G. MONTREAL QUE.

DECEASED

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
8/11/41	TPR.		L.A.D.D. 268	[illegible]

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

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

TRAINED

Qualified in addition as under :—

REC'CE GUNNERY C. 4/5/42
(TRAINING INCOMPLETE)
Mustered Aug 13 43 [illegible]

Date 31/3/43

* If no further training required, strike out words in italics and initial.

DECEASED

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
1/11/41	A-2	MONTREAL MED BOARD.	} [illegible] Capt
8/6/42	A-2	MED BOARD CAMP BORDEN.	} [illegible] Capt
21 July 43	Blood Group	A, mas 2 jansky 2	

DECEASED

(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre: #8 C.G.H.	Date of Exam.: 11-7-42.
R	4/60	-4.50	—	—	6/6.	Frame No. (or measurements):	Date of Issue:
L	3/60	-5.50	—	—	6/6.	B-60	

Signature of M.O. [signature]

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre: TOY.C.G.H.	Date of Exam.: Apr. 2014
R	6/60	-5.00			6/6	Frame No. (or measurements):	Date of Issue:
L	6/60	-5.50			6/6	62/20 /6½	

Signature of M.O.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

DECEASED

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB 1.	Nov 10/41	
3.	Dec 15/41	
	8-5-42	
T.A.B.T. ½ c.c.	27 Apr 43.	
Typh. Vacc ½ cc	30 Jan 44	
Typh. Vacc ½ cc	10 Jan 44	
Typh Vacc 1 cc	14 Jan 44	E. Jubal capt
T.A.B.T. ½ cc.	14 Mar 44	E. Jubal Capt
TYPH — 1 c.c	24-4-44	E Jubal Capt

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
Nov. 10th 1941	
1 Feb. 42 Immune	E. Jubal capt.

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X-Ray 97797 N	1/11/41	
"M" Test (Rev) Complete	10/7/42	
"O" Card Complete		
1st Priv. Lv. Warrant	17/9/42.	
2nd " " "	18/12/42.	
" " "	26/3/43.	
4. P.L. E.T.W.	9/7/43	
5 Priv. Lve. "	5/10/43.	
6. " " "	21/1/44.	
Awarded - 6th Volunteer Service Medal & Clasp.	15/1/44.	
Auth CAORO. 4167 - 12/1/44.		
Entitled 2 R. Blue R.R.O 4613	26-5-44	

FINGERPRINTED—CAIB

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

WILL

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

Signature.....

Rank, Regt'l Number.....

Date.....

DECEASED