D125283
MILLER
STANLEY JOHN

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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 MILLER STANLEY JOHN (b) Reg'l. No. D-125283
2. (a) Arm of service Army (b) Unit No.4 D.D.(TS)CA. (c) Rank PTE.
3. (a) Date of birth 10 June 1923 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MERDUN P.Q.
4. (a) Place of enlistment MONTREAL SOUTH P.Q. (b) Date of enlistment 17-11-41

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.) 7 Years Public 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? YES (b) If so, for what occupation? RADIO REPAIR'S BOILERMAKER (c) Did you finish it? no NO (d) If you did not finish it, how long did you serve at it? 2 Weeks 2 Months
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

11. Had you ever been employed fairly regularly since leaving school? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked OPERATOR (b) State how long you had worked at this trade or occupation 3 Months
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 1 Month
15. Give details of last employer, if any: Name BUTTER MAKER CO LTD. Address MONTREAL
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) BUTTER MAKER CO.
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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

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 MOTOR MECHANIC

17-11-41

DATE ..... 194.....

SIGNATURE Stanley Miller

MEMORANDUM FOR **P. 64**

Mr. Samuel Miller,

290 Demarchais Blvd., Verdun, Que.

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. 405-M-25,205 FD.220

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

Sept. 16 194 3

ESTATES BRANCH SEP 21 1943 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

MILLER, Stanley John, Pte.

No. D.125283, C.A.

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.

R. G. Phelan.

(R.G. Phelan) Lieut.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

M.F.W. 77
6M-4-43 (9515)
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.....		John Rufus Miller	61	22 Grove Rd Basingstoke Hants England
4	Mother of the Deceased.....		Cordelia Miller	60 to 55	Essondale Mental Hospital. B.C.
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs Edna Darlington 44 Altenburgh Gdns Lavender Hill London S W 11 England.		
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Stanley John Appiller
9	Date of his birth	June 10th 1923.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Vancouver B C.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Vancouver B C 1923-1926 2½ yrs (b) Montreal P.Q. 1926-1941 15 " (c) (d)
14	Nature of employment before enlistment.	Messenger.
15	State whether he owned the premises in which he lived and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Verdun P.Q.

PARTICULARS OF ESTATE

17	Did he leave a Will?	No one
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.	No.
20	Amount of War Savings Certificates held by deceased.	
21	Amount of Victory Loan Bonds held by deceased.	
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.	
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere 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

*Uncle of the deceased.

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

Samuel Miller — Signature of Informant

290 Desmarchais Blvd Verdun P.Q. — Address

CERTIFICATE

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

See above. .....{Name of Informant} is the.....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.....this.....day of.....19.....

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

Address.....

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

17- I do not know

20. I believe the deceased paid for a $50 victory bond about 1941. But cannot say if he ever received it.

I have been the guardian of Stanley John Miller since he was 2½ years of age. until the time of his enlistment.

Received 28 JAN 1943 Checked F Card J Observations Burns

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~
C2 A2

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

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

Unit ~~No. 4 D.D. (R.C.) C.A.~~ BLACK WATCH (RHR) OF CAN. C.A. Regimental Number D-125283

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

OK

01/PTE

1. Surname: MILLER
2. Christian Names: STANLEY JOHN
3. Present address: 290 Desmarchais Blvd. Verdun., Que., Canada
4. Date of birth: 10 June 1923
5. Place of birth: Canada (Country) B.C. (County or Province) Vancouver (Town or Township)
6. Religion (state denomination): Church Of England
7. Trade or Calling: Factory-Worker
8. Married, Widower or Single: Single
9. Name of next of kin: Mr. Samuel Miller
10. Relationship: Father Uncle
11. Address of next of kin: 290 Demarchais Blvd., Verdun., 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, Stanley John MILLER, 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 17th November, 1941 Stanley Miller (Signature of recruit)

Witness: G. F. Flanagan Sgt

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Stanley Miller (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 17th day of November 19 41

L. P. Bernard Capt. (Signature of Magistrate, Justice or Attesting Officer.)

NO 4 DISTRICT DEPOT, A.F. (Officer or Rank and Unit or appointment.)

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

FINGERPRINTED—CAIB

Record of Service of MILLER (Surname) Stanley John (Christian Names) Regimental Number D-125283.

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Factory Worker

Technical: Nil

Languages: English

Educational Qualifications

High School or Collegiate: No (years completed)

Graduation or Matriculation: No (specify)

*College: No

*University: 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 Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
17.11.41	D.R.O.	Joined on appointment No. 4 District Depot. C.A.	Pte	17.11.41	4 DD	Mtl.Sth.	4 DD Pt II-275	17.11.41.
NOV 26 '41		PROCEEDED ON COMMAND AND ATTACHED FOR ALL PURPOSES TO: C.A.(B)T.C. 41. HUNTINGDON, QUE.		NOV 26 '41	4 DD	MTL. SOUTH	D.O. NO. 283	26 NOV 1941
3 2 42	T C	S.O.S. ON TRANS TO A T C A-12 FARNHAM	"	4.2.42	TC 41	HUNT'N	PT II 17	4 2 42
5-2-42	ATC A12	Attached for all purposes on reposting from C.A.(B)T.C. No.41, Huntingdon, Que.	A"	5-2-42	ATC A12	Farnham	" " " A-29	5-2-42
8-4-42	" "	S.O.S. on transfer to No. 4 D.D. Montreal South, Que.	"	8-4-42	" "	"	" " " A-78	9-4-42
10-4-42		TOS ON T.A. ON REPOSTING FROM CA(A)TC A-12 FARNAHM QUE AND IS POSTED TO VT WING	"	9-4-42	4DD	MTL SOUTH	4DD PT II NO 84	9-4-42
30-6-42	4 DD	SOS on transfer to No. 4 Voc. Training school Motordrome Barracks Montreal Que.	"	29-6-42	"	" "	" " 155	28-6-42
1-7-42	4 VTS	Taken on the non-effective strength on transfer from No 4 D.D. and is attached No 4 D.D. (Motordrome Bkts) for rations and quarters.	Pte	30-6-42	4 VTS	MOtordrome	4 VTS PT II # 1	30-6-42
		Granted fourteen days furpough from 31-8-42 to 13-9-42 under prov.of RO 699.	"		"	" "	" " 16	28-8-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full MILLER, Stanley - John. Place MTL.

Place MTL. Date Nov. 13/41

Part 1. Information obtained from the recruit.

1. Age 18-5 2. Have you ever suffered from any of the following diseases?

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

Stanley Miller
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.

2. Height 5 feet 6 ½ inches. 3. Weight 123 pounds.

4. Complexion Med. Eyes Grey Hair Red.

5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 33 inches.
Range of expansion 2 inches.

URINE S-4416 NOV 13 1941
X-RAY 98972

7. Vision, right 20/120 left 20/200.
With Glasses— right left

8. Hearing, right c.v. 20 left c.v. 20

9. Condition of mouth and teeth Good - Tonsils enlarged.

10. The abnormalities (congenital and pathological) found on examination are as follows

Moderate flar feet - no complaints. Reflexes normal.
COLOR VISION ISHIHARA (CN) R.E. c -0.50 - 3.50 x 180 = 20/20
L.E. c - 4.00-0.50 x 180 = 20/0

Ear drums nose normal D_r.H. Michaud. P.Ostiguay. LT-COL. OPHTALMIC CONSULTANT

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-2

Special remarks when category lower than A Vision

H.Aubry, Major. St.John Desrosiers,M.D. Ant. Gregoire,M.D.

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
NOV 18 '41	TABT l-a-2 Lieutenant Capt.		
DEC 18 1941	3.9 Lt MacNeeld Lt		
MAR 42	J Hewes 2Lt		
NOV 18 '41	VACC l.a.K.		
18-9-42	Re Exam - Cat A Sheets of Tempus Pres		
OCT 42	Re exam Cat A e/Shock Cat A- Pus Bond		

Regtl. No. D-125283 Rank Private Surname MILLER Christian Name Stanley John

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				

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

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
206	30-9-42	Granted Spec. Leave from 1630 hrs 28-9-42 to 2230 hrs 30-9-42. Issued Warrants. Ration Allo. 0.50 per diem.	
221	20-10-42	Change of Unit (Black Watch (RHR) Of Canada.)	
225	26-10-42	SOS. on proceeding Serial No 186. WEF.26-10-42	
304	22.12.42	TOS. CAO. 13.12.42. TOS. 2CDIRU. 19.12.42	
9	13.2.43	TOS 5 CIRU wef 1.2.43	
13	18.2.43	adm 3CMC wef 17.2.43	
34	25.3.43.	Disc 8 gen wef 5.3.43.	
35	26.3.43	7 days Ph + 48 hrs from 22 to 31 Mar 43	
47	12.4.43	Inc Rates to $1.50 wef 1-1-43	
72	12.5.43	S.O.S. to #1 Cdn. Spec. Base Depot. W.E.F. 12.5.43	
RLA	21/5/43	T.O.S. No 2 RHU No 1 C S B D wef 13.5.43.	
		Pushed to # 4 Pm wef 22/6/43	
CR	26.7.43	TOS SH of C Id Unit wef 25.7.43	
C/R.	31-7-43.	SOS Wounded 27 Jun 43	

LOWE-MARTIN CO. LIMITED D83960

M. F. M. 14
300M-5-41 (323-4)
H. Q. 1772-39-1662

(B)

*~~MARRIED~~
*~~WIDOWER~~
*SINGLE

NO. D-125283 RANK Pte. NAME MILLER Stanley John.

PLACE OF ENLISTMENT Montreal South, Que. DATE 17-11-41.

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
47	12-4-43	Pte.	Inf	Pay to	1.50	1-1-43	

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
SAMBEL- MRS. MILLER			
290 DESMARCHAIS			
BLVD. VERDUN P.Q.	1-2-42	20.00	
~~N-A~~			
~~Rec. Gen. of Can.~~		~~7.21~~	~~N.E. - 1-10-42~~
~~Victory Loan Bond. 1-3-43~~			~~27.21~~

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
~~P. & A. LE[illegible] AGREES~~			
	N-A		

OUTFIT OR CLOTHING } ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

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

*DELETE WORDS WHICH ARE INAPPLICABLE

X OCCUPATIONAL FORM COMPLETED ASJ

CASUALTIES, ETC.

PART II D. O. NO.	PART II D. O. DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
275	17-11-41	TOS DD4 pstd. to "B" Wing Eff. 17-11-41.	
283	26-11-41	On com att. all purp. to #41 Huntingdon Eff. 26-11-41.	
226	28.11.41	TOS TC 41 for all purp wef 27.11.41	
17A	5-2-42	To ATC A-12 Farnham, Que. wef 4-2-42	
29	5.2.42	Tos A-12 Farnham w.e.f. 5.2.42	
A-88	9-4-42	S.O.S. A-12, Farnham, on transfer to No, 4DD Montreal South. w.e.f. 8-4-42	
84	9-4-42	TOS DD4. Posted to VT Wing. Eff 9-4-42.	
155	28-6-42.	SOS on trans. to #4 VTS Motord. BKS Mtl. wef. 29-6-42	
1	30-6-42	TOS #4VTS from #4dd & attach to #4DD Motor-dome Bks for R&Q Eff 30-6-42.	
16	28-8-42	Granted 14 days furlough from 31-8-42 to 13-9-42	
17	31-8-42	Gr. 14 days rat. allow. 0.50 day from 31-8-42 to 13-9-42	
24	16-9-42	SOS on transfer to CITC A-12, Farnham, Que. wef 15-9-42	
199	22-9-42	Having been att. for rations, quarters, duty & discipline is TOS. wef. 16-9-42.	

Statement of the Service of No. D-125283 Rank Pte. BLACK WATCH (RHR) OF CAN. CA Sheet No. 1

Name MILLER S.J.

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

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
31-8-42	4 VTS	Having been granted fourteen days furlough on Pt.11,Or. No.16 d/ 28-8-42,is granted R.All.of 50¢ P/D in lieu of rations.	Pte.		4 VTS	Mtl.	4 VTS DO 17	31- 8-42
		SOS on transfer tto CITC A-12, Farnham, Que.	"	15-9-42	"	"	" 24	16-9-42
23-9-42	A-12	T.O.S. on temp att from Vocational School No4 Motordrome Barracks Montreal	"	16-9-42	A-12	Farnham	A-199	23-9-42
1-10-42	A-12	GRANTED spec leave under R.O.699, from 28-9-42 to 30-9-42 , issued with spec leave and furlough warrant A51640 and auth to draw ration all at the rate of $.50 per diem under Art 196(4) as amended.	"	28-9-42	A-12	Farnha	A-206	30-9-42
		Transfered from No 4 D.D. (TS) C.A. to the Black Watch (RHR) C.A. of Canada	"	16-10-42	"	"	A-221	20-10-42
	25-10-42	S.O.S on proceeding to 2 CRU Can. Army Overseas.		25-10-42	" "	"	" " A-225	25-10-42
SOS		on Embarkation in Canada	Pt	12 Dec 42				
	TOS	CA(O)	"	13 Dec 42	3/C DIR	UK	304	22 Dec 42
		Disembarked	"	18 Dec 42	—	"	—	—
		Rep for Duty	"	19 Dec 42	"	"	394	22 Dec 42
S.O.S.		SOS to #5 CIRU	"	31-1-43	"	"	27	31 Jan 43
		att. to #2 CIRU	"	1-2-43	"	"	27	31 Jan 43
		T.O.S. posted to B.W.Trg. Coy (R) A.H. 7.A.P. to 2CIRU 1/11 7 Feb. 43 and for rations only to 12 Feb. 43	"	1-2-43	5CIRU	"	9	13-2-43
		Admitted to 8 C.G.H.	"	17 Feb 43.	"	"	13	18 Feb 43.
		Discharged from 8C.G.H	"	5-3-43	"	"	34	25-3-43
		P1L 9 days) 1 22-31 march 43	"	22-3-43	"	"	35	26-3-43

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

Name.....

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

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
		Granted new rate of pay $1.50	Pte	1 Jan 43	5 CIRU	UK	47	12 Apr 43
SOS		SOS to CSBD.	Pte.	12 May 43	5 C I R U	UK.	41	14 May 43
	TOS	TOS SHQC x4 List from 5/CIRU	Pte	13 May 43	x List SHQC.	UK.	1A	21 May 43
SOS		SOS x4 List (4 Bn) to SHQC	Pte.	24 July 43	x List SHQC	NA	11A.	7 Aug 43
	TOS	TOS from 4x List SHQC	Pte	25 July 43	SHQC	NA	44.	7 Aug 43
		S.O.S., C.A. Canada UK	Pte.	27 June 43	SHQC	NA	13A.	21 Aug 43
		T.O.S., C.A. Overseas NA.		28 June 43				
		Disembarked NA.		13 July 43				
		T.O.S.						
		Wounded: (Ser 28 – 12 Aug 43)	Pte.	27 July 43	SHQC	NA.	47.	17 Aug 43.
		Granted Regrate of pay $1.50 per diem	Pte	1 Jan 43	5 C I R U	UK	47	12 Apr 43
		SOS Died of Wounds CM7	Pte	29 July 43	x List SHQC	NA	15A	13 Aug 43.

No D.125283 Rank Private Name MILLER, Stanley John

Unit Seaforth Highrs.of Can. Date of death 29th July, 1943.

Died at Sicily.

Cause Died of wounds received in action

Death occurred on strength of Forces, HQ 405-M-25205 dl-9-43

N/K Mr. Samuel Miller Relationship Uncle

Address 290 Demarchais Blvd., Verdun, P.Q.

Remains buried in Ramacca- Old Civil Cemetery

SW of town, MR- (ITALY) 1:100,000 SH269, MR H-617654.

CHK

Grave location

✓

OVER—

DEATH CERT. TO N.K. OCT 17 1944

BURIAL REPORT TO N.K. STAT. 22-2-44

RETURN TO BUR. OF ST'D. JAN 31 1944

ROYAL MESSAGE DESP'D. 3-9-43

CAN. MESSAGE DESP'D.

REBURIAL

Canadian Military Cemetery,
Agira, Sicily.

Plot D. Row D. Grave 427

HI & CR Form Despd. JAN 2 1947

Photographs
Despatched
MAR 18 1947

D-125283 MILLER. Stanley John C ~~No. 4 D.D. (T.S.) C.A.~~ Nov. 17th 1941

No. Name Sqn., Battery, or Company Corps Can. Inf. Corps. ~~BLACK WATCH (RHR) OF CAN-CA~~ Date of enlistment G.C. Badges Service or Proficiency Pay N/A

M.F.M. 6 (A.F.B. 122) 500M—11-40 (8025) H.Q. 1772-45-18

Date of last entry in Company Conduct Sheet N/A No. and date of last drunk N/A Period not reckoning towards freedom from extra fine Sheet No. Signature O.C. Company, etc. G. B. Dan Lieut. Character

Died of Wounds

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Motordrome	26-6-42	Pte		Conduct tothe Prejudice of good order,Etc. On 26-6-42 at 1830hrs,was found oj the top floor of the Motordrome Bkts,with a improvised hook line and sinker,attempting to purloin a towel,property of another soldier.	D-607579 Pte-Masson D. D-66145 Pte-Blouin L.	3 days C.B.	29-6-42	Capt. Styan.	

Died of Wounds 31/7/43

4 DD MTL SOUTH

4.V.T.S.

~~FARNHAM,P.Q. 28.9.42. ISSUED WITH SPECIAL LEAVE AND FURLOUGH TRANSPORT WARRANT No. A 51648~~

Incorrect Entry Deleted 26 Mar 43 [illegible]

(P.T.O.)

3-9-43
(O.G.L.-356)

AWARDS—CANADIAN ARMY (ACTIVE)

M

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-M-25205

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
MILLER, Stanley John	D.125283	Pte.	B.C.Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Italy Star	
Defence Medal	
War Medal, 1939-45	46444 — 17-11-49.
~~CVSM & Clasp~~	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO

Mr. Samuel Miller,
290 Demarchais Blvd.,
VERDUN,
Que.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW (SINGLE)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER ~~(DECEASED)~~ Mental Hospital

ADDRESS:

MEMORIAL B R
(1)
DATE DESP
REGN. NO 2112
(2)
(3)

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

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

..... Stanley John .....

(2) Regimental or Official Number and Rank..... D-125283 ..... Pte. .....

(3) Unit..... No 4. DD. (T.S.) C.A. .....

(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..... NIL .....

.....

[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

If so, state name and address, occupation Mr. John Miller (Salesman) (England)

(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? NO

If so, state name and address NIL

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

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

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

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

If so, state the following particulars:—

Relationship NIL

Full Name NIL

Postal Address NIL

Amount contributed monthly during the past six months NIL

(18) Are you insured? NO

If so, in what Company? NIL
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NIL
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.

Stanley Miller
(Signature of officer or man)

Date 17th Nov. 1941

L. B. Fennacd Capt.
Officer Commanding

Date 17th Nov. 1941

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.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.125283 RANK Private SERVICE UNIT Seaforth of Canada (C.A.)

NAME MILLER, Stanley John.

DATE OF BIRTH
DAY 10th MONTH June YEAR 1923

MARITAL STATUS Single

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

ADDRESS 290 Demarchais Blvd., Verdun, Quebec.

NAME Mr. Samuel Miller,
ADDRESS
D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 3081 H.Q. 405-M-25,205

CASUALTY DETAILS Died of wounds

DATE 29-7-43

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

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

DATE 1-9-43

G. Robertson, Lieut.
OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

(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	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
SOS			on Embarkation Canada		12 Dec 42	Pte	
	TOS	3CDIRU	CA(O)	UK	13 " 42	—	304 - 22 Dec 42
		"	Disembarked	"	18 " 42	"	
		"	Pep for Duty	"	19 " 42	"	304 - 22 Dec 42
SOS		"	SOS to #5 CIRU	"	31-1-43	"	27 31 Jan 43
			att. to #2 CIRU	"	1-2-43	"	27 31 Jan 43.
		5 CIRU	TOS posted to B.W. Trg. Coy (R) Att 7 AP	"	1-2-43	"	9 13-2-43
			to 2 CIRU 1/11 Feb. 43 and for rations				
			only to 12 Feb. 43	"	1-2-43	"	9 13-2-43
		"	Admitted 8. C.G.H.	"	17 Feb 43	"	13 - 18 Feb 43.
		"	Disch from 8 C.G.H.		5 Mar 43	"	34 - 25-3-43
			PIL (9 days) 22 - 31 March 43		22-3-43	"	35 - 26-3-43
		5 CIRU	Granted new rate of pay $1.50	UK	1 Jan 43	Pte	47 - 12 Apr 43
		5 CIRU	SOS to 1 CSBD	UK	12 May 43	Pte	71 - 14 May 43.
May 13		1 CS.BD.	T.O.S. from 5 C.I.R.U.	Fd	13 May 43	"	2d/19 May 43
	X4List	SHofC	TOS from 5 CIRU (BD)	Field	13May43	Pte	1A 21 May 43
	"	"	Posted from X4 List (B.D) to X4 List (4 Bn)	"	22 June 43	"	6A/43
	"	"	S.O.S. to SH of C (F.U)	"	24 July 43	"	11A/43
		"	T.O.S. from X4 List (4 Bn)	"	23 July 43	"	44/43
	SOS CA	(UK)	ON EMBARKATION AT ..... ON 27 June 43				
	TOS CA	(M)	ON TRANSFER ON 28 June 43 AND DISEMBARKED AT ..... ON 13 July 43			"	13A/43
		SHofC	Wounded	Field	27 July 43	Pte	47/43
		"	SOS to X3 List (W)	"	28 Jul 43	"	48/43
	X List	"	TOS X3 List	"	29 July 43	"	14A/43
	13 List	SHofC	SOS Died of Wounds	Fd.	29 July 43	Pte	15A/43
	"	"	Adm 2 C.F.A. & trans out	"	28 July 43	"	25A/43
	"	"	Adm 5 C.F.A. 28 July Died of wounds	"	29 July 43	"	"

SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

Unit ~~No. 4 D.D. (T.S.) C.A.~~ BLACK WATCH (RHR) OF CAN. CA Regimental Number D-125283

1. Surname MILLER.	(17) Regiment or Corps	Unit (Battn., etc)	
2. Christian Names Stanley John			
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank Pte			
giving date 17/11/41			
*To be entered in pencil to facilitate alteration.			
4. Place of birth Vancouver. B.C.	(18) Medical		
5. Date of birth as declared on attestation June. 10th. 1923			
(A)	Category	Date	Authority
6. Date of enlistment November. 17th. 1941	A 2	13-11-41	M 7 m. 2.
7. Place of enlistment Montreal South.			
8. Residence at time of enlistment 290 Desmarchais Blvd. Verdun. Que			
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion Church of England.			
12. If married, state date Single.	(19) Next of kin (entries to be made in pencil)		
13. Trade on enlistment Factory Worker.			
14. Corps, trade and grade	Mr Samuel Miller		
15. (D) Qualifications	Husband		
16. (E) Miscellaneous entries	290 Desmarchais Blvd		
	Verdun		
	(20) E.		
	(21) E. Que		
	(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.

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, Stanley John MILLER (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Verdun., in the County / District of Montreal.

Province of Quebec. Can., (Factory-Worker) (Civil Occupation)

Regimental No D-125283, Unit No.4 DD. (T.S.), do hereby revoke all former Wills by me made and declare this to be my LAST WILL. C.A.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "My Uncle" Mr. Samuel Miller.
Residing at: 290 Demarchais Blvd. Verdun. Qué.
All my estate both real and personal.

S. M.

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

S. M.

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 17 day of Mar. 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.

Stanley Miller (Signature of soldier)

First witness sign here.

(5) Signature W. J. Wilt P.V.
Civil Address Vetville Laurier Que.
Civil Occupation Student

Second witness sign here.

Signature Louis D. Hebert, jr.
Civil Address 4300 Cabot Road St. Montreal. P.Q.
Civil Occupation Salesman

(Witnesses are not to be beneficiaries.)

[OVER]

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (SICILY) | Official name of civil municipality or township | Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street | No. | Hospital or Institution

2. LENGTH OF STAY — (a) In hospital or institution: Years | Months | Days | (b) In municipality where death occurred: Years | Months | Days | (c) In Province: Years | Months | Days | (d) In Canada (if immigrant): Years | Months | Days

3. NAME OF DECEASED (Block letters)
Surname: MILLER,
Given names: Stanley John.

Do not write in this space

4. RESIDENCE
Street: Desmarchais Blvd. No. 290.
Official name of civil municipality or township: Verdun,
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): British Columbia.

11. DATE OF BIRTH: June (Month) 10th, (Day) 1923. (Year)

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

OCCUPATION

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

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	MILLER, John.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Sicily.

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 29th, (Day) 19 43. (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) Died of wounds received 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.)
J. B. Radine
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 français)

OVERSEAS CASUALTY CANADIAN ARMY

FEB 22 1944

for Director of Records, Dept. of National Defence.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME MILLER, Stanley John

PLACE & DATE OF BIRTH Vancouver, B.C. 10.6.23

RANK PTE.

REGIMENTAL NO D-125283

UNIT SEAFORTHS OF CANADA

NEXT OF KIN ADDRESS Uncle

Mr. Samuel Miller, 290 Demarchais Blvd.

Verdun, Quebec

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION .....

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 29 JUL 43

PLACE OF DEATH Sicily

HRS

CAUSE OF DEATH DIED OF WOUNDS

PARTICULARS OF BURIAL

DATE OF BURIAL DNK

CEMETERY RAMACCA - Old Divil Cemetery SW of Town MR(Italy) 1:100,000 SH 269 MR H.617654

DEATH CERTIFICATE NO

LOCATION OF CEMETERY

PLOT NO ROW NO GRAVE NO

DATE OF REGN OF DEATH CERT

DISPOSAL OF EFFECTS

RELIGION C of E.

MAY 22 1944

Date

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

(B.E. WILLAN) Capt. (Lyne) Lt.Colonel.
Officer i/c Records.
Canadian Military Headquarters.

D.125283
Miller S.J.
SEAF
DEAD

51-6472 A.F.W3084

Number D.125283
Name MILLER S.J.
Rank PTE. Religion C. of E.
Arm INFANTRY
Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal.....

A.F.W3084

Number D.125283
Name MILLER S.J.
Rank PTE. Religion C. of E.
Arm INFANTRY
Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal.....

A.F.W3084

Number D.125283
Name MILLER S.J.
Rank PTE. Religion C. of E.
Arm INFANTRY
Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal.....

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.

D. 125283
Miller S.J.
DEAD
SEAF

A.F.W3084
Number D125283

A.F.W3084
51-6472
Number D125283

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D125283

Surname (in capitals) MILLER

Christian Names (in full) STANLEY JOHN

Date of Birth 10 JUNE 23

Place of Birth VANCOUVER B.C.

Trade on Enlistment APPRENTICE TO TAILOR

Nationality of Father at birth BRITISH

Nationality of Mother at birth BRITISH

Religion C of E

Enlisted at LONGUEIL, QUE. (MONTREAL)

Date 17 NOV 41.

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

Signature of Soldier S.J. Miller

Signature of Officer [illegible] Lieut.

Place FIELD Date 26 JUN 43.

D.125283
Miller S.J.
SEAF DEAD

A.F.W3084
Number D125283

A.F.W3084
51-6472
Number D125283

(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	Nil	
	Children	Nil	
2nd	Father	MR. SAMMUEL MILLER	
	Mother	MRS. SARAH MILLER	
3rd	*Brothers and Sisters	MRS E. DARLINGTON	
4th	Other Relations (stating) relationship)		

*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
290 DESMARCHAIS BLV. VERDUN. QUEBEC.
290 DESMARCHAIS BLV VERDUN QUEBEC
44 ALTONBURG GARDENS CLAPHAM. COMMON. LONDON. S.W. 11

D. 125283

Miller. S. J.

SERF DEAD

51-6472 A.F.W3084

Number D125283

A.F.W3084

Number D125283

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
1ST YEAR HIGH	VERDUN QUE	2[illegible]/6/43	[illegible] Lieut.

10

(VIII) TRADE RECORD

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

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

11

D.125283

Miller. S. J.

SEAF DEAD

51-6472 A.F.W3084 Number D.125283

A.F.W3084 Number D.125283

(IX) EMPLOYMENT WHILST SERVING

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

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

12

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
26/6/43	'A' 2	Soldiers Statement	[signature] Lt.

13

D.125283

Miller. S.J.

SEE BEAD

51-6472 A.F.W3084

Number D125283

A.F.W3084

D125283

(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

14

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R	4/60				6/6	Frame No. (or measurements):	Date of Issue:
L	4/60				6/6		

Signature of M.O.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer

15

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

D. 125283
Miller. S. J.
SEAE DEAD

A.F.W3084
51-6472
Number D125283

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. ½ CC	1/6/42	True copy M. Wilson. Lt

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
15 - 12 - 41	True copy M. Wilson Lieut

(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
PASSED TOET'S	8/5/43	[illegible] Lt

FINGER PRINTED - CAIB

Bank of Canada

ESTATES BRANCH
OCT 20 1944
H.Q.
OTTAWA.
NATIONAL DEFENCE

Ottawa, Oct. 19th, 1944.

Director of Estates,
Department of National Defence, Army,
Estates Branch,
Ottawa.

Dear Sir, Your Ref,: HQ 405-M-25,205
FD.220

With reference to your letter of October 17th we do not appear to have received a cash application for a 3rd Victory Loan bond from MILLER, Stanley John, Pte. (deceased) No. D.125283, Canadian Army.

Yours very truly,

E. Metcalfe,

Acting Agent

5M-1-46 (8548)
H.Q. 1064-81-3

WSG 252
2140

2
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Stanley John (CHRISTIAN NAMES) MILLER (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-18289
FILE NO. 405-M-25205
DATE 22-6-46
SERVICE NO. D-125283
FINAL RANK OR RATING Pte
DATE OF DISCHARGE 29-7-43

DATE OF TERMINATION OF OVERSEAS SERVICE 29-7-43

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 620 (30) EQUAL TO 20 COMPLETE PERIODS AT $7.50	150.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 229 LESS 20 INELIGIBLE DAYS, EQUAL TO 209 DAYS @ 25c. PER DAY	52.25
	202.25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $ 2.75 X7 = $ 19.25 NO. OF DAYS 229 (183) X$ 19.25	24.09
D. WAR SERVICE GRATUITY	226.34
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	226.34

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

ESTATES BRANCH JUL 29 1946 H.Q. OTTAWA NATIONAL DEFENCE

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
GJC	MJK	V. Cunningham	3/7/46

G. L. Mathews Capt
SERVICE REPRESENTATIVE

M.F.M.510.

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District .....

Dispersal Area .....

LAST PAY CERTIFICATE
(All Ranks)

Regtl. No. D.125283 Rank and Name MILLER S.J. PTE

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

(~~Transfer or~~ Discharge) ..... to ..... on 29th July 19 43.

Reason Death Authority : CCL "A" 321 d/ 24th Aug 43.

The following is a statement of the account of the above-named from 1st July to 31st July 19 43. the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	47	33
First Monthly Payment			Regimental Pay 31 days at $1.50	46	50
Casual Payments			Technical Pay ..... days at $		
Payment on Transfer or Discharge			Additional Pay (Give particulars) .... days at $		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars) :					
BCI d/ 3rd July 43.	4	47	Cash eff JV 349	2	79
To Balance Cr. { Free	72	15			
To Balance Cr. { Deferred			By Balance Dr.		
Total	96	62	Total	96	62

94

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

Remarks :

Assnd Pay of $20.00 stopped eff Aug 43. (M)

ESTATES BRANCH AUG 12 1944 D.H.Q. OTTAWA. NATIONAL DEFENCE

Compiled by D. Rowley

Checked by B.M. Wadsworth

Date 18th July 1944.

Certified correct L.L. Swinbrook
for Chief Treasury Officer, Overseas.

MEB

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA AUGUST 16 1943

TO:-

MR SAMUEL MILLER
290 DEMARCHAIS BLVD
VERDUN QUEBEC

1579 SINCERELY REGRET INFORM YOU D125283 PRIVATE STANLEY JOHN MILLER OFFICIALLY REPORTED WOUNDED IN ACTION TWENTYSEVENTH JULY 1943 STOP NATURE AND EXTENT OF WOUNDS NOT YET AVAILABLE STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

Director of Records

PREPAID

OFFICER I/C RECORDS

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

290 Dufmarchais Verdun Sur

18 June 1923

C.J.E.

Factory worker

Single

English.

E.R.

ARB.

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA

AUGUST 24 1943

TO:-

MR SAMUEL MILLER
290 DEMARCHAIS BLVD
VERDUN QUE

2590 REGRET DEEPLY D125283 PRIVATE STANLEY JOHN MILLER NOW OFFICIALLY REPORTED DIED TWENTYNINTH JULY 1943 AS RESULT OF WOUNDS RECEIVED IN ACTION STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

PREPAID

OFFICER I/C RECORDS

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

H.Q. 405-M-25,205 (Records-C)

September 4, 1943.

Mr. Samuel Miller,
290 Demarchais Blvd.,
Verdun, Quebec.

Dear Sir:

I deeply regret to inform you that your nephew, D.125283 Private Stanley John Miller gave his life in the Service of his Country in Sicily on the 29th day of July, 1943.

From official information we have received, your nephew died as the result of wounds received in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON
Major - General
Adjutant - General

SEP 2 1943

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

GR/AOS

H.Q. 405-M-25205
R. 4 (B).

18th March, 1947.

Mr. Samuel Miller,
290 Demarchais Boulevard,
Verdun, Quebed.

Dear Mr. Miller:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late nephew, D125283 Private Stanley John Miller, the location of which is grave 427, row D, plot D, Canadian Military Cemetery, Agira, Sicily.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

Encl.

/EMA

290 Desmarchais
Verdun P.Q.

405-25205 (Records HA)

A C Chadwick (Major)

Dear Sir

With reference to your letter of Oct 21st I have tried unsuccessfully to obtain a birth certificate of Pte Miller Stanley John D125283. He was born in Vancouver and previous to his enlistment I applied to the Registrar of Births in Vancouver for this certificate but they could not seem to trace it. The facts are the deceased soldiers Mother is and has been a patient in the

the Memorial Cross, was that she looked upon Stanly Miller as her son, and he naturally thought the same.

Of course I realize that its a difficult situation, but it seems to me that there must be some solution to this case From my point of view it amounts to this. Stanly Miller gave his life for his country. his sacrifice could never have been made but for the devotion and care of my wife in his upbringing. I am sure something could be done about this,

I am Yours truly

Samuel Miller

Mental hospital at Essendale B.C. so since the age of 2 years he was brought up by my wife and I. I dont think he knew his Mother was in that institution and looked upon us as his parents. His father who was in the 52nd Batt on the last war on his return to canada was also in a Mental institution in BC and it was through these circumstances that we took Stanly and his sister Edner and raised them up. His father is at present in England working on munitions. The reason my wife wrote applying for

Attached is a form filled out by Stanley Wilkes father giving particulars of his birth. I wrote on two different occasions to the Registrar of births in B.C. but they seemed unable to trace the birth, perhaps you Dept could do something about this

S. M.

Please return marriage certificate and copy of birth later.

405-M-25205 (Records-HA)

October 27th, 1943.

REGISTERED

Mr. Samuel Miller,
290 Desmarchais,
Verdun, P.Q.

D.125283, Pte. MILLER, Stanley John

Dear Sir:-

I am directed to thank you for your recent letter and to inform you that as the Memorial Cross is authorized for issue only to the mother and widow, the word "mother", for the purpose of this award, meaning the woman who gave birth to the soldier, it is regretted the Memorial Cross is not issuable under existing regulations.

The Birth and Marriage Certificates which you forwarded are returned herewith.

Yours truly,

(A.C. Chadwick) Major,
Secretary, Sub-Committee Awards Board,
for Adjutant-General.

ACC:PS

Mem. X Mil
16/12/43 H.A.2