D135036
CARPENTER
ERNEST

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8-8-44

AWARDS—CANADIAN ARMY (ACTIVE)

M (1703)

C. B.

500M—1-44 (3467)
H.Q. 772-45-8

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	FILE NO. C.A.S.F. UNIT
CARPENTER	Ernest	D-135036	Sgt.	405-C-24,813

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 C.V.S.M. & Clasp	5976

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO 4774

(1) MEDALS

PERSON ENTITLED TO Mrs. Rose CARPENTER, (Mother)

ADDRESS: 3013 ~~3031~~ Jacques Hertel St., Montreal, 20, P.Q.

(2) MEMORIAL CROSS

WIDOW Single

(2)

ADDRESS:

(3) MEMORIAL CROSS (English)

MOTHER Mrs. Rose Carpenter,

(1703)

ADDRESS: 3013 Jacques Hertel St., Montreal, Que.

(3)

DESP. NOV 6 1944

REGN No. 5584

C-615

MFM 82A
192M-8-40 (6653)
H.Q. 1772-39-1774

LOI DE LA MILICE

Loi de Mobilisation de Ressources Nationales, 1940

ENROLEMENT

MILICE ACTIVE NON PERMANENTE DU CANADA

NO. MATRICULE D-480647

Pris à l'effectif de 2nd B.N. Les Fusiliers Mont-Royal
Cens: Avenue des Pins et Henri-Julien - (Unité de la Milice) Montreal.

1. Nom (Caractère d'imprimerie) CARPENTER
2. Prénoms (au long) IRNEY (ERNEST)
3. Adresse actuelle 3013 Jacques Hertel
4. Lieu de naissance Trenton N.S. Date de naissance 1st Sept 1917
5. Religion Presbyterian 6. Profession Boucher
7. Plus proche parent Mere Rose Carpenter
(Nom et adresse)
3013 Jacques Hertel
8. Signalement: Taille 5'8½" Poids 132
Yeux Brun Cheveux Brun

1940
4706

9. Préférence, le cas échéant, pour le service de la Marine, de l'Armée, ou de l'Aviation (Donnez des détails, aptitudes, etc.)
CAT — E 1

Daté ce Vingt-deuxième jour de Novembre 1940

Centre d'instruction No. 45

E Carpenter.
(Signature de l'homme)

Rene Bourgeault
(Signature et grade de l'officier effectuant l'enrôlement).

Sceau
N.P.A.M. No. 45 COURSE 1 ENDING 21 DEC 1940 CENTRE

Sceau du certificat d'instruction
NO. 45 CANADIAN MILITIA TRAINING CENTRE

Signature de l'officier apposant le Sceau
A Company

D 135036

Carpenter Ernest

A.F.W3084

Number D135036

Name CARPENTER. E.

Rank L/SGT. Religion PRESB.

Arm R.C.A.

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

NOT to be filled in by Soldier

Diagnosis .....

Disposal.....

A.F.W3084

Number D135036

Name CARPENTER. E.

Rank L/SGT. Religion PRESB.

Arm R.C.A.

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

NOT to be filled in by Soldier.

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Rank L/SGT. Religion PRESB.

Arm R.C.A.

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 135036 Carpenter

2

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
			prophy.	F. E. Manaese Capt D
27-4-44		-	"	"

3

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-135036

Surname (in capitals) CARPENTER

Christian Names (in full) Ernest

Date of Birth 1 Sep 19

Place of Birth New Glasgow, NS

Trade on Enlistment Butcher

Nationality of Father at birth British

Nationality of Mother at birth Canadian

Religion Presbyterian

Enlisted at Montreal South Que

Date 1 Mar 42

Particulars of former service (if any) i.e. Regtl. No., Corps and period. (MTC) 45 Sqdn (RF) 22 Nov 40 to 21 Dec 40

Signature of Soldier E. Carpenter

Signature of Officer [illegible] Lieut.

Place Field Date 21 Apr 43

(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	Dec	
	Mother	Rose Carpenter	1-4-42
3rd	*Brothers and Sisters	John Carpenter (older)	
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
3013 Jacques Hertel, Montreal
3013 Jacques Hertel, Montreal

D 135036

Carpenter Ernest

(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
4-4-42	Pte		480 78	
1-1-43	Spr	2nd Inc #1.50	13a/29-3-43	
5-7-43	L/Bdr	acting	32/17-7-43	
23-7-43	Spr	On SOS	34/30-7-43	
8-10-43	L/Bdr	acting	46/23-10-43	
13-1-44	Bdr.	acting.	4/22-1-44	
13-4-44	Bdr	confirmed	21/20-5-44	
15-5-44	L/Sgt	acting	23/3-6-44	
1-6-44	Sgt	acting	26/20-6-44	

(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:—**

Basic training completed

Qualified in addition as under :—

Date.....

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Gunl. Mty Regt'l Sig #1	1 CSRU 1-1-43	
A Sig Arty C TTB-13435-6-13444	20-1-43	

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
42	Bren	2	

D 135036

Carpenter Ernest

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
7th grade	Montreal		

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
Sig Arty	C		Trade Test	20-1-43	

11

D 13036

Carpenter Ernest

(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
						# 8.C.G.H	16-10-42
R	6/12	— 0.50	— 0.75	5°	6/6	Frame No. (or measurements): D	Date of Issue:
L	6/12	— 0.75	— 0.25	175°	6/6	I.P.D -64	

Signature of M.O.....

	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.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer
P U & P L inserted	15-10-42	G. E. Vanasse Capt.

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

14

15

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B. 1	2-4-42	
	21-4-42	
3	22-7-42	
T.A.B. 1/2 cc	3-6-43	
TYPHUS 1/4 cc	19-1-44	
Typhus 1/2 cc	26-1-44	
Typhus 1 cc	2-2-44	
T.A.B. 1/2 cc	20-3-44	
Typhus 1 cc	MAY 24 1944	

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
2-4-42	

(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 115388/N	30-3-42	
M Test- A card	2 Oct 42	
Gas Chamber D M.	6-1-43	
① P.L. 21-28-4-43		
2 Bn Home F Tel.	23-9-43	
FINGERPRINTED—CAIB		
Awarded CVSM + Clasp	15 Jan 44	
N.V. TEST EXCEL	Mar 44	
Anthrax vaccine		
Red Service Chevron	1 Apr 44	

D 1350 Clarkson Cavert

A soldier who has made a Will is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with
at

Signature of Officer.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided,- M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

Certificate

M.F.M.....received and forwarded to the Officer i/c Records at

.....
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....

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 ~~NO. 4 DISTRICT DEPOT~~ RCA FIELD CA. Regimental Number D-136036

50 MED BTY RCA 4 MEDREGT

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname ..... CARPENTER
2. Christian Names ..... Ernest
3. Present address ..... 3013 Jacques-Hertel Street, Montreal Que., Canada
4. Date of birth ..... 1 September 1919
5. Place of birth ..... Canada (Country) Nova Scotia (County or Province) New Glasgow (Town or Township)
6. Religion (state denomination) ..... Presbyterian
7. Trade or Calling ..... Butcher
8. Married, Widower or Single ..... Single
9. Name of next of kin ..... Mrs Rose CARPENTER
10. Relationship ..... Mother
11. Address of next of kin ..... 3013 Jacques-Hertel Street, Montreal Que., Canada
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? ..... Yes
(MTC 45 Sorel Que. Camp) RF., from 22 November 1940 to 21 December 19
(If Yes, Give Unit and Dates of Service)
No-Unknown GL.
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)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Ernest CARPENTER, 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 1 April 1942. Ernest Carpenter (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

Ernest CARPENTER

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

Ernest Carpenter (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Montreal South this 1st day of April 1942 19.....

..... } Signature of Magistrate, Justice or Attesting Officer.

NB. 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 CARPENTER (Surname) ERNEST (Christian Names) Regimental Number D-135036

Qualifications		Educational Qualifications			
Military	NIL	High School or Collegiate	NIL (years completed)	Graduation or Matriculation	NIL (specify)
Business or Professional	NIL				
Trade or Civil	BUTCHER	*College	NIL		
Technical	NIL	*University	NIL		
Languages	ENGLISH & FRENCH		7 Years Public (montreal, P.Q.)		

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

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

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties. Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
2200 1-4-42	D RO	Joined on appointment NO.4 DISTRICT DEPOT CA.	PTE	.1-4-42	4DD.	MTL.STH	4DD.PT11. " o.77	1-4-42
9-4-42		SOS ON TRANSFER TO CA(B)TC 41 HUNTINGDON	"	9-4-42	"	" "	" " " 84	9-4-42
11.4.42.	TC 41	T.O.S. on transfer from No.4 D.D.	"	10.4.42.	TC 41	Htingdon	TC 41 PT II-45A	11.4.42.
2.6.42	"	Admonished for A.W.L. from 2200 Hrs. 31 May 42 to ~~1330~~ 0600 1 Jun 42 AA Sec 15 (A) Absent 8 hrs. Automatically forfeits 1 days pay under the provisions of Art 149 (1)(a) F.R.I. Can.	"	1.6.42	"	"	" " 88A	2.6.42
9-6-42	TC 41	Is allocated to R.C.A. FLD. AUTH. A.A.F. this Centre.	Pte.	9-6-42	TC 41	Htingdon	TC 41 PT II 94A	9-6-42
10.6.42	"	S.O.S on transfer to A 1 Petawawa ont	"	10.6.42	"	"	" " 95 A	10.6.42
		T.O.S. C.A.T.C.(A2) ALL PURPOSES	Gnr	11.6.42	C.A.T.C. (A2)	PETAWAWA	139	12.6.42
		Granted embarkation Leave from 11-6-42 to 23-6-42	"	10-6-42			147	22-6-42
		S. O. S. C. A. T. C. (A-2) ALL PURPOSES on strength 24th Med Regt	"	24-6-42			150	25-6-42

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

Part II reported in and Instr

Special re

COL

DR.

Lieu

R.A.

With

9. Cond

10. The

JUN 12 1942

APR 21 1942

APR 2 '42

APR 2 '42

CERTIFICATE OF MEDICAL EXAMINATION

Name in full CARPENTER ERNEST Place MONTREAL QUEBEC.

Place MONTREAL QUEBEC. Date MARCH 30, 1942.

Part 1. Information obtained from the recruit.

1. Age 22 2. Have you ever suffered from any of the following diseases?

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

Ernest Carpenter
Signature of Applicant

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

1. Identification marks or scars. (If operative obtain history).
One vaccination on left arm, Scar left knee.

2. Height 5 feet 7½ inches. 3. Weight 133 pounds.

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

URINE 67871 N.

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 3 inches.

X-RAY 115388 ✓

7. Vision, right 20/20 left 20/80 8. Hearing, right c v 20 left c v 20
With Glasses— right 20/20 left 20/20

9. Condition of mouth and teeth Good Reflexes normal.

10. The abnormalities (congenital and pathological) found on examination are as follows
COLOR VISION ISHIHARA (CN) Enlarged tonsils, Ears, nose, normal-
DR.H.MICHAUD. Sokft systolic murmur pulmomac area-functional
Lungs negative. Varicocele left.
R.E. 20/40 ⊖ 0.50 = 20/20 L.E. 20/80 - 1.0 = 20/20 A.B.ISSEMAN M.D.

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
Special remarks when category lower than A "A"

C.T. LURDON CAPT. (President) E.C. BROOKS CAPT. (Member) R. DUPUIS M.D. (Member)

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

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
APR 2 '42	TAB-T		
APR 21 1942			
22.7.42	S'		
APR 2 '42	VACC		
JUN 12 1942	Ca's A Empyema Pelaeuras		

Regtl. No. [illegible]-135036 Rank PTE Surname CARPENTER Christian Name ERNEST

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				

Statement of the Service of No. D135036 Rank Gnr

Name Carpenter E.

Sheet No.

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

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
26 JUN 42	4 Md Regt	T.O.S. this unit for all purposes, and posted to 5 Bty on transfer from CATC A2 wef 25 JUN 42	Gnr	25 JUN 42	4 Md Regt	Petawawa	Pt II No 47	26 JUN 42
		L.O.S Can Army (Canada)	"	8/8/42	" "	Overseas	" " " 1	20/8/42
		T.O.S " " (Overseas)	"	9/8/42	" "	"	" " " "	" " "
SOS		SOS to 1 Sigs RU (on loan)	Gnr	2 Sept 42	4 Med Regt	UK	6	2 Sept 42
	TOS	TOS from 4 med Regt RCA	Gnr	3 Sept 42	2 CARU	UK	211	5 Sept 42
		Qual Regtl Signaller (arty)	Gnr	29 Dec 42	1 Ru	UK	1	1 Jan 43
SOS		SOS To 4 Med Regt	Gnr	4 Jan 43	1 Ru	UK	8	8 Jan 43
	TOS	TOS from 1 SRU	Gnr	8 Jan 43	4 Med Regt	UK	2	14 Jan 43
		Pay Increase to $1-50 per day	Gnr	1 Jan 43	4 Med R	UK	13A	29 Mar 43
		Prm Lance ma	Gnr	28 Mar 43	4 Med R	UK	16	15 Apr 43
		App A/L/Bdr	a/L/Bdr	5 July 43	4 Med R	ud	32	17 July 43
		Aeam: 6.6.6.S	a L Bdr	20 July 43	4 med R	ud	34	30 July 43
		Removed to 14 Gen Hosp Sig "C"	a L Bdr	23 July 43	4 med R	ud	34	30 July 43
SOS	amd 0039 4 Regt 43	SOS to 2 CARU Aam 14 Gen Hosp	a L Bdr	23 July 43	4 med R	ud	34	30 July 43
can POR 232 16 Sept 43	TOS	TOS from 4 med Regt	Gnr	24 July 43	2 CARU	ud	185	30 July 43
		Revtd to Gnr on SOS Regtl Pay $1-50	Gnr	23 July 43	4 med R	ud	34	30 July 43
		Qual Signaller Arty C	Gnr	20 Jan 43	4 med R	ud	35	7 Aug 43

Statement of the Service of No. D133036 Rank ..... Sheet No. .....

Name Carpenter E

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

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 T.P. Sigs Army C. Army Sigs C	Bmb	20 Jan 43	4 Med Bn	mb	36	14 Aug 43
	TOS	TOS from 4 Med Regt in 14 Gen	Gnr	24 July 43	SRU	uk	236	22 Aug 43
can 232		cancelled DO-220 d/ 3 Sep 43					5	9
14 Sept 43		Trans from 14 Gen to 10 Gen 14 Repl	Gnr	23 Aug 43	S Rec	UK	214	21 Aug 43
		Trans from 14 Gen Bn to 10 Gen Reinf	Gnr	23 Aug 43	S Rec	UK	236	22 Sept 43
		Disch from 10 Gen Reinf	Gnr	11 Sept 43	CRU	UK	236	22 Sept 43
SOS		SOS to 4 Med Regt:	Gnr	7 Oct 43	9 RU	UK	250	8 Oct 43
	TOS	TOS from 1 CSRU Army Sigs	Gnr	8 Dec 43	4 Med Bn	mb	45	16 Dec 43
		App A/L/Bdr	A/L/Bdr	8 Dec 43	4 Med Bn	mb	46	23 Dec 43
W27		App A/Bdr	A/Bdr	13 Jan 44	4 Med Bn	mb	4	22 Jan 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
M106		To Be Bdr	Bdr	13 Apr 44	4 Med Regt	UK	21	20 May 44
M110		To Be A/L/Sgt	A/L/SGT	15 May 44	4 Med Regt	AA1	23	3 Jun 44
C86		To Be A/Sgt	A/Sgt	1 Jun 44	4 Med Regt	21 AGp	26	24 Jun 44
		Embarked at UK on 5 July 44						
		Disembarked at France on 7 July 44	A/Sgt		4 Med Regt	21 AGp	30	22 July 44

Hospital A & D No. C-3581-43

A.M.D.2—1
In lieu of A.F. W.3017
40/P & S/2 (3166)

HOSPITAL DISCHARGE NOTIFICATION

To: Officer Commanding #1 R.C.S.R.U. (Unit)

It is notified for your information that the undermentioned was discharged from .....

#14 Cdn. General ..... Hospital, R.C.A.M.C., admitted on 23-July-43 ..... 194.....

~~Disch~~/Trans to ..... on 23-Aug-43 ..... 194.....

He shall attend the first Unit Sick Parade after reporting to his Unit. This document must be passed to the Medical Officer of the Unit immediately.

Name CARPENTER, E. No. D-135036 Rank L/Bdr.

Diagnosis Fract. of Metatarsals 2-3-4-Left. (code) 5059 (code) ..... (code) M.O. i/c Case J. McGovern Capt.

Precis Case History:

Motorcycle accident 20-July-43.
Laceration skin of left foot. Excised at C.C.S.
X.Ray showed fractured of metatarsals 2-3-4-
Walking P.P.C. 29-July- 43

RSA (R) RW

Recommendation:

Transfer to #10 Canadian General Hospital RCAMC.

W. [illegible] Major.
For Officer Commanding

#14 Cdn. General Hospital RCAMC.

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 CARPENTER, Ernest (b) Reg'l. No. D 136056
2. (a) Arm of service Army (b) Unit No 4 District Depot (c) Rank Pte
3. (a) Date of birth 1st.-9-19 (b) Have you any dependents? 1 (c) Place of residence at time of enlistment MONTREAL, QUE. CAN.
4. (a) Place of enlistment MONTREAL SOUTH QUE. (b) Date of enlistment 1-4-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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 Yrs. Public School
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? — (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? FRENCH & ENGLISH (b) What languages do you read well? FRENCH & 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? NONE

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 PIGNIE LTD. Address DECARIE BLVD. MTL. P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) BUTCHERS
20. (a) Your specific occupation BUTCHER (b) Number of years' experience at this occupation with any employer 1 Yr.
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? NO (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NONE (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

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

DATE AUG. 2nd. 1943 SIGNATURE Ernest Carpenter

26

I. Regt. No. D-135036 Rank PTE Unit R.C.A.S.C. Date 8/5/42.

Name CARPENTER, ERNEST Age 22 Place of Birth New Glasgow N.S.

Date of Enlistment 1/4/42 Place of Enlistment Mtl. South Depot 4.

Languages spoken Eng. Fr. R. Recruit A Med. Cat. A1 Place B.T.C. 41

II. M. Test Date 30/4/42. Other Tests Name or Type	Date	Place	Score	Grade

Test	Score	S.M.	
1	13		SUB-TOTAL 28
2	7		S.M.
3	8		
4	12		SUB-TOTAL 30
5	17		S.M.
6	8		SUB-TOTAL 49
7	16		S.M.
8	25		
Total	107	S.M.	GRADE D
9			

III. Military Background Enlisted 1/4/42.
T.O.S. T.C. 41 - 10/4/42. —
Crime Sheet - clean.

IV. Educational Background Completed grade 6. - Left at age 12.

V. Occupational Background Butcher - 7 years.

VI. Arm Desired: Infantry

Work in Arm Desired: Driver.

VII. 2 years Driving experience - Cars.
Cannot do Repairs.
Shot - Rifle - Has not been on Range.
Hobbies: - Fishing - Active in Outdoor Sports - Cannot swim.
Bilingual.

M.F.M. 196
100M—3-42 (3762)
H.Q.C. 8173

VIII. Summary

Poor education - Low learning ability.
Seems to have average physique.
Pleasant personality.
Wants to join Infantry (B.W.) as Driver.

IX. Suggestions

~~Infantry (BW)~~ — Driver - RCASC
RCA

X. Signature of Interviewer	N.C.O.	Officer

XI. Action Taken

Date of Action

Follow-up

50 MED BTY RCA 4 MEDREGT FIELD

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit NO 4 ~~District Depot~~ CA Regimental Number D- 135036

1. Surname	CARPENTER	(17) Regiment or Corps		Unit (Battn., etc)
2. Christian Names	ERNEST	4 F. A. Med Regt RCA		R.C.A.
3. *Substantive Rank and Appointment				
*Acting Temporary or Local Rank	A/Sgt			
giving date	1 June 44			
*To be entered in pencil to facilitate alteration.				
4. Place of birth	NEW GLASGOW N S CAN	(18) Medical		
5. Date of birth as declared on attestation	SEPT 1 1919			
(A)		Category	Date	Authority
6. Date of enlistment	APRIL 1 1942	"A"		M-F-M-2
7. Place of enlistment	MONTREAL SOUTH			
8. Residence at time of enlistment	3013 Jacques Hertel	St Montreal Que		
9. (B) Special conditions (if any) of enlistment or rate of pay				
10. (C) Any subsequent variations of conditions of service				
11. Religion	PRESBYTERIAN			
12. If married, state date	SINGLE	(19) Next of kin (entries to be made in pencil)		
13. Trade on enlistment	BUTCHER	Mrs Rose Carpenter (Mother)		
14. Corps, trade and grade		3013 Jacques Hertel, Mtl.		
15. (D) Qualifications	Regt'l Sige "B"			
16. (E) Miscellaneous entries				Canada
		(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
		H.T.R.	T.D.L. Can. Army (Canada)	U.K.	8/8/42	Gnr	P.U. No. 1 20 Aug. 42
		H.T.R.	T.D.L. Can. Army (Overseas)	"	9/8/42	"	" " " " "
		4 MED R.	S.O.S. No. 1 C.S.R. Yorkshire Regt Canada U.2 Corps	U.K.	2 Sep 42	"	P.R.O. no. 6 2 Sep 42
		1 C.S.R.	Tos from 4 Can Med Regt RCA	U.K.	3 Sep 42	"	211 d/5 Sep 42
		1 C.S.R.	Qual. Reg. Sig. (Arty)	"	29-12-42	"	1 1 Jan 43
S.O.S. 1 Cdn. Sigs. Rein. Unit		1 C.S.R.	To 4 Can. Med. Regt.	U.K.	7-1-43	Gnr.	8 8 Jan 43.
8 JAN 43		4 MED R.	T.O.S. FROM 1 C.S.R.U.	FIELD	8 JAN 43	GNR	2 14 JAN 43
		"	Granted inc pay $1.50 p.d.	"	1 Jan 43	"	13a - 29/3/43
14-3-43		"	1 days C.Lwith monty all'ces ret'd 28-3-43	"	21-3-43	"	16 d/15-4-43
12-1-43	R.R.	"	Appt'd A/L/Bdr.	"	5-7-43	A/L/Bdr	32 d/17-7-43
		4 Med R	Can 6 Can C.C.S.	"	20 Jul 43	"	34 d/30 Jul 43
26 Jul 43	"	"	Rejd from 6 C.C.S. 6 14 Gen Hosp.	"	23 Jul 43	"	34 d/30 Jul 43
	"	"	Reverts 6 Can SOS	"	23 Jul 43	Gnr.	34 d/30 Jul 43
	"	"	SOS to 1 C.S.R.U. from 6 14 Gen Hosp.	"	23 Jul 43	"	34 d/30 Jul 43
~~30 Jul 43~~		~~2 CARU~~	~~TOS from 4 Med Regt~~	~~UK~~	~~24 Jul 43~~	~~Gnr~~	~~185~~ CANCELLED 2 CARU D.O. 232 d/16-9-43
36 14-8-43		4 Med R	Granted Trademens rate of pay as Sig Arty "C"	FIELD	20 Jan 43	Gnr	36 d/14 Aug 43
~~2 Aug 43~~		~~2 CARU~~	~~From 4 to 10 Gen~~	~~Field~~	~~23 Aug 43~~	~~Gnr~~	~~25~~ CANCELLED 2 CARU D.O. 232 d/16-9-43
	TOS	1 C.S.R.U.	from 4 Med Regt in 14 Gen Hosp (Arty Sigs C)	U.K.	24 Jul 43	Gnr	236 - 22 Sep 43
		1 C.S.R.U.	Trans to 10 Gen Hosp	U.K.	24 Aug 43	Gnr	236 - 22 Sep 43
		1 C.S.R.U.	Disch from 10 Gen Hosp (Arty Sigs C)	U.K.	~~24 Aug 43~~ DD 23 Sep 43	Gnr	236 - 22 Sep 43
		~~1 C.S.R.U.~~	~~7 days~~	~~U.K.~~	~~23 Sep 43~~	~~Gnr~~	~~241 - 28 Sep 43~~
	S.O.S. No. 1 C.S.R.U.	1 C.S.R.U.	7 days AL + 48 with 4 Med Regt C Arty Sigs	U.K.	7 Oct 43	Gnr	256 - 8 Oct 43
8 Oct 43	Demand	4 Med R.	T.O.S from 1 C.S.R.U. Arty Sigs "C"	Field	8 Oct 43	"	45 d/16 Oct 43
13 Oct 43	C.R.	"	APP'T A/L/BDR	"	8 Oct 43	A/L/Bdr	46 - 23 Oct 43
21 Jan 44	"	"	Appt'd A/Bdr.	"	13 Jan 44	A/Bdr	4 - 22 Jan 44
24 Jan 44	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	5 - 25 Jan 44
11 May 44	"	"	Confirmed Bdr	"	13 Apr 44	Bdr	21 - 20 May 44
27 May 44	"	"	Appt'd A/L/S/L	"	15 May 44	A/L/S/L	23 - 3 Jun 44
31 Jan 44	"	"	To be A/S/L	"	1 Jan 44	A/S/L	26 - 24 Jun 44
			Embarked U.K. 5 Jul Disembarked France 7 Jul 44				30/44
17 Aug 44	"	"	SOS deceased - Killed by E.A. (Arty Sig "C")	Field	8 Aug 44	"	34 - 19 Aug 44

"as amended by P.R.O. No. 2 d/10/9/42"

No. D-135036 RANK Pte NAME CARPENTER Ernest "G" * Married * Widower * Single

Place of { * Appointment * Enlistment } Montreal South Que. Date of { * Appointment * Enlistment } 1-4-42

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
					1.30		
13a/29	3.43	Gnr.		A.S.	1.50		eff. 1-1-43
32-d/17	7.43	A/L/Bdr		A S	1-60		eff. 5-7-43
34 d/30	7.43	Gnr.	"C"	A.S.	1.75	Sig	eff. 23-7.43
46-23	16.43	A/L/Bdr	"C"	A.S.	1.85	Sig	eff. 8-10-43
4-22	1.44	~~A~~/Bdr	"C"	A.S.	1.95	Sig	eff. 13-1-44
23	3-6-44	~~A~~/Sgt	"C"	A.S	2.15	Sig	eff 15-5-44
26	24-6-44	A/Sgt	"C"	A.S	2.45	Sig	eff 1-6-44

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
Mrs. Rose Carpenter	~~5.42~~	~~20.00~~
3013 Jacques Hertel St.,		
Montreal, Que.	1.2.43	23 00
6.2.2. 8.40 may-Oct 44		
	Total.....	

DEPENDENTS' ALLCES.

No. Deps. 1

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
~~3-4-42~~	Mother	~~20~~	~~1-4-42~~
	cancelled eff	1-7-44	

* Outfit * Clothing } Allce. $..... Paid on.....

Rehabilitation Grant $..... Paid on.....

* Delete words which are inapplicable.

M. F. M. 14
200M—10-41 (2231)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $.....P.A.

Occupational Form Completed.....Yes.....

Part II D.O. No.	Date	
78	2-4-42	TOS DD4 posted to "B" Wing. Eff,1-4-42.
84	9-4-42	SOS on transf. to #41 Huntingdon.Eff,9-4-42.
45A	11.4.42	TOS TC 41 for all purp wef 10.4.42
86A	31.5.42	AWL from 2200 hrs 31.5.42
88A	2.6.42	Admon and ffs 1 days pay for AWL from 2200 hrs 31.5.42 to 0600 hrs 1.6.42
95A	10.6.42	SOS on trans to A-1 Petewawa wef 1016.42
139	12-6-42.	TOS. CATC A2; C Bty; Eff. 11-6-42.
147	22-6-42	Emb. Leave from 19 to 22-6-42.
150	25-6-42	SOS TO 4th Med. Reg't RCA eff. 24-6-42.
47-26-6-42		T...S. 4 Med Reg& RCA w.e.f. 25-6-42
6-2-9-42		S.O.S. this unit for all purposes on transfer to No.2 C.A.R.U. w.e.f. 2-9-42 proceeding to No.1 C.S.R.U. Delville Brks, Cove Hants.
211	8/3/43	Las/cakeu 3/9/43
8	8-1-43	SOS 4 MED Regt 7-1-43
2-17-1.43		T.O.S. 4 Med Regt 8.1.43
13a/24-3.43		Inc. of Pay: 20 a day. eff. 1-1.43

4th Can Corps

CARDS PUNCHED

CONFIDENTIAL.

Soldiers Qualification Card

CODED

D13506	Carpenter	Ernest
Regt'l. Number	Last Name	First Name

Middle Names

Unit 1 C.S.R.U. (4th Med. Reg't - 4th Can. Div. Hq.)

1 Corps Arty. 294

2 Nationality	By Birth	By Naturalization	Country of Birth
Canadian 08	✓		Canada

3 / Racial Origin British

4 / Language spoken in home: French ..... Other ..... English ✓

5 Age 23 11/12 1919 6 Height 5'8½" 7 Weight 128 8 Silhouette [1] 2 3 4

Eyes: 9 4 Colour of Brown 10 2 Acuity [1] 2 3 10 Glasses / 11 Colour Vision [1] 2 3 4

12 Hearing: Acuity [1] 2 3 13 Speech Defects .....

14 Handedness [R] [L] ✓ [A] 15 1 Med Category A

Cause .....

Attitude to own health Reasonable To Medical attention .....

Health History .....

16 Education Level: Illiterate ..... E 7 (13) S ..... (Grade completed)

Conduct during school life .....

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. ..... (Course)

At ..... From—To ..... Completed.....

21 2 ..... (Course)

At ..... From—To ..... Completed.....

22 3. ..... (Course)

At ..... From—To ..... Completed.....

Other trades papers. Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently English French

02 09 Written well English

24 Main occupation: Description Butcher

1192 Estimate of skill Good.

Duration (from—to) 1936—1942 Enlistment Weekly Wage $ 25.00

Employer's Name and Address Dionne's Ltd. Wholesale & Retail Montreal, Que.

CARDS PUNCHED ✓

50 "M" Test

Test	Score		SM M.
1	15		S. Tot. 37
2	12		SM
3	10		
4	17		S. Tot. 36
5	19		SM
6	8		S. Tot. 43
7	14		SM
8	21		
Tot.	116	SM	Grade D
9			

51 OTHER MENTAL

Test .....

Score ..... L. Grade .....

Date .....

52 MECHANICAL

Test .....

Score ..... Grade .....

Date .....

52 CLERICAL APT.

Test .....

Score ..... Grade .....

Date .....

53 TRADE TEST

1. Score .... G. .... Date ....
2. Score .... G. .... Date ....
3. Score .... G. .... Date ....
4. Score .... G. .... Date ....

54 OTHER

Test .....

Score ..... Grade .....

Date .....

25 Second Most Important Occupation: Description:

..... Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

26 Third Most Important Occupation:

..... Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck..... 28 Light Truck..... 29 / Auto. P... 30 Motorcycle.....

31 Farm Tractor..... 32 Tracked Vehicle..... 33 Power Launch..... 34 Aeroplane.....

35 Accident Prone ..... Nil

Farming Experience: Wide ..... Limited .....

District ..... Type .....

Job promised after discharge ..... No. By whom? Name .....

Address .....

Other provision for post-discharge occupation ..... None

..... Type of work desired Butcher

Occupational history: Ambitious ..... ✓ ..... Accidental .....

Stable ..... Erratic .....

36 Material Status: M ..... S ..... ✓ ..... W ..... D ..... Sep. .....

2 Marital Problems ..... (Remarks)

Age of wife ..... Wife's attitude to Service ..... Wife's Health .....

37 No. of Children ..... No. Brothers 3 ..... No. Sisters 3 .....

Position in family 7 ..... 38 No. Dependents 1 .....

Relationship of Dependents Mother

Status of home in childhood Broken - Father died when man 12 yrs old.

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....

Mechanics ..... Other .....

40 Sports: (1) Fishing ..... (2) Hunting ..... (3) Bowling .....

FJ 2 3 4 Team Games and Position (1) Soccer — any pos.

(2) Softball — catcher (3) .....

41 Ability to Entertain: Music: String ..... Brass .....

Woodwind ..... Percussion ..... Piano ..... Vocal .....

Theatrical ..... Other .....

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received
Can. Inf.	N.R.M.A. #15 B.T.C.	3 dep	Pte.	1940	Basic Training K

43 CURRENT SERVICE: Date Enlisted 1/4/42 Place Enlisted Montreal Que.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
1/4/42-15/4/42	Can	R.C.A.	#4 D.D	Gnr.	Gen Tng. & Duties	
15/4/42-15/6/42	—	—	#43 B.T.C	—	Basic Training	
15/6/42-9/8/42	—	—	A/. A.T.C.	—	Adv. Tng in Gunnery.	
9/8/42-2/9/42	England	—	4th Med Regt.	—	Gen Tng. & Duties	
2/9/42-	—	—	#1. C.S.R.U	—	On Sigs Course see ✓	
				A		

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
Signals Instr.	#1. C.S.R.U.	2/9/42 —		422

46 Crime: Number Courts Martial Convictions ..... Hospitalization ..... —

Number Civil Convictions ..... Minor Offender 2 — 5 dyp. 1 dyp Pay Occasional Offender .....

0 Chronic Major Offender ..... Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

C.M.H.Q. 1000:1.0
40/P & S/1246

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
085 M Butcher (civil)			

55 Type of Service Desired (1) Butcher (2) .....

Remarks re Outstanding or Limiting Factors

App Neat Phy App. Good Disp Cheerful
Map Sat Milit Sat Mech Def.

Finds signals work results in eye strain & headache and is anxious to get work in his own trade as butcher.

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) ..... Patriotism .....

48 Suggested Possibilities for Employment (1) ..... butcher .....

..... (2) .....

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by ..... A Russell Lieut ..... Date 21/10/42

Reviewed by ..... Date .....

File No 405-C-24813

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 135036 Name Carpenter, Ernest

Rank on Discharge Sgt Date of Discharge _____

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 1-4-42 to 8-8-42

from _____ to _____ _____

United Kingdom from 9-8-42 to 5-7-44

from _____ to _____ _____

Italy from _____ to _____ _____

Northwest Europe from 6-7-44 to 8-8-44 Killed in action.

_____ from _____ to _____ _____

_____ from _____ to _____ _____

Eligible for award of:

1939 - 45 Star OK ✓

_____ _____

~~Italy Star~~ _____

France-Germany Star OK ✓

Defence Medal O.K

War Medal O K

Canadian Volunteer Service Medal with Clasp O.K ✓

M

N. R. D

Verified by Edna Laurie

Date JUN 22 1946

Carded JUL 2 1946

HA 165

8th September 1944

Mrs. Rose Carpenter,
3013 Jacques Hertel Street,
Montreal, Quebec.

Dear Mrs. Carpenter:

It was with deep regret that I learned of the death of your son, D135036 Sergeant Ernest Carpenter, who gave his life in the Service of his Country in France on the 8th day of August, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

13

Yours sincerely,

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

SEP 1 - 1944

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

/EMA

405-C-24813

FIELD SERVICE

MBR 9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

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

REGIMENT OR CORPS: 4 Med Regt' — Squadron, Troop Battery or Company: .....

Officer's Personal No. (if known) Soldier's Army No.: D-135036 — Rank: -

Surname: Carpenter — Christian Names: T.

Died — Date: 8 Aug 44 — Place: France

Cause of Death*: K/A

Nature and Date of Report: A.F.W.3014/88 d.2o Aug 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

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

Burial — Place: Mondeville Pl.1 Row.B.Grave 13 — Date: 8 Aug 44

By whom reported: C.E.

State whether he leaves a Will or not — (a) in Army Book 64: No

(b) as a separate document: Not Received.

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

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

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

Station and Date: France, 2 Sep 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W Racine Lieut for Officer i/c

Cdn Sec GHQ 2 Ech 21 A Gp

19

405-C-24813

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME CARPENTER, Ernest. PLACE & DATE OF BIRTH 1 Sep. 1919 Nova Scotia, CANADA.

RANK A/Sgt. REGIMENTAL NO. D-135036

UNIT 4 Med Regt. R.C.A. NEXT OF KIN & ADDRESS MOTHER.

Mrs Rose CARPENTER,
3013 Jacques- Hertel St., Montreal,
Que. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION _____ NAME & LOCATION OF HOSPITAL _____

DIAGNOSIS _____

PARTICULARS OF DEATH.

DATE OF DEATH 8 Aug. 44. PLACE OF DEATH FRANCE

HRS _____

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 8 Aug 44 CEMETERY Cdn Mil Temp Cem. 7F/1 088670 Mondeville

PLOT NO 1 ROW B GRAVE 13

DEATH CERT.NO _____

RELIGION Presbyterian

DATE 1 Oct 45

A R Dillard Lt

(M. BLUTEAU) Capt.
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

H.Q. 405-C-24,813 D.R. 2(C)

13th March, 1946.

Mrs. Rose Carpenter,
3013 Jacques Hertel Street,
Montreal, P.Q.

Dear Madam:

Information has just been received from overseas that the remains of your son, D135036 Sergeant Ernest Carpenter, have been carefully exhumed from the original place of interment and reverently reburied in grave 3, row G, plot 11, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

H.Q.

/EFH

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D-135036 RANK Sergeant SERVICE UNIT 4th Medium Regiment R.C.A. (CA)

NAME CARPENTER, Ernest

DATE OF BIRTH 1st September, 1919 DATE OF ENLISTMENT 1-4-42

MARITAL STATUS Single RELIGION Presbyterian

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

ADDRESS 3013 Jacques Hertel St., Montreal, Que.

NAME ADDRESS D.A.B. Mrs. Rose Carpenter,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 9325

CASUALTY DETAILS Killed in action H.Q. 405-C-24,813 DATE 8-8-44

FRANCE

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

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

DATE 22-8-44

DIRECTOR OF RECORDS

FOIM NO. CAS. 6
25M4-44 (4184)
H.Q. 1772-39-1989-1990

6

COPY FOR DOCUMENT FILE

No D.135036 Rank Sergeant Name CARPENTER, Ernest

Unit R.C.A. Date of death 8th Aug., 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-C-24813

N/K Mrs. Rose Carpenter Relationship Mother

Address 3013 Jacques Hertel Street, Montreal, P.Q.

Remains buried in Cemetery

MR MONDEVILLE, FRANCE

CHK

Grave location Grave 13, Row B, Plot 1.

OVER-

REBURIAL

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

Grave 3, row G, plot 11

HI & CR Form Despd. OCT 1 91946

Photographs
Despatched

AUG 1 5 1947

BURIAL REPORT TO N.K. MAR 13 1946

RETURN TO BUR. OF STAT. FEB 22 1945

ROYAL MESSAGE DESP'D. SEP 16 1944

CAN. MESSAGE DESP'D. 30-8-44

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory

City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: CARPENTER (*Block letters*)

Given names: Ernest

Do not write in this space

4. RESIDENCE

Street: Jacques-Hertel No.: 3013

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): Nova Scotia

11. DATE OF BIRTH: September (Month) 1st (Day) 1919 (Year)

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

OCCUPATION

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

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: August (Month) 8th (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**....

OVERSEAS CASUALTY CANADIAN ARMY

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

G. Gauvin L.S.

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)

FEB 23 1945

Director of Records, Dept. of National Defence.

F. COMPLETION AND RETURN BY

Form P. 64

Mrs. Rose Carpenter,
3031 Jacques Hertel 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-C-24, 613 FD-222

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 29, 1944

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

CARPENTER Ernest Sgt.

D.135036 CA

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.

ESTATES BRANCH OCT 7 1944 H.Q. OTTAWA NATIONAL DEFENCE

C. L. Stevenson Capt
for Director of Estates.

CS/HS

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		George Carpenter	72	Died Sept. 1929
4	Mother of the Deceased		Mrs. Rose Carpenter	60	3013 Jacques Hertel St. Montreal P.Q.
5	Brothers of the Deceased	Full Blood	George Carpenter Leonard " John W. "	38 36 35	183 Carrion St. Montreal Glass St. Trenton N.S. Overseas
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. W. Thibeault Miss B. Carpenter Mrs. R. Greenwood	40 32 30	Rockdale Mass. 6337 Mont. Blvd. Montreal P.Q. 6337 Mont. Blvd. Montreal P.Q.
		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.	Ernest Carpenter
9	Date of his birth.	Sept. 1st. 1917
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Nov. 20th 1902 Stellarton Nova Scotia

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Trenton Nova Scotia
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Trenton N.S. 6 yrs. (b) (c) Montreal. Quebec (d) 21 years.
14	Nature of employment before enlistment.	Butcher
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. P.Q.

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.	I carried a group insurance policy with National Mutual Benefit Association Montreal and I got out just what I paid Lin $159.00
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.	
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. Rosi Carpenter — Signature of Informant

3013 Jacques Hertel St montreal — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Rose

See above. Carpenter {Name of informant} is the mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 6th day of October 19 44

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

A C Johnston Qualification J. P.

Address 6283 Hamilton Street 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

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, Ernest CARPENTER, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Jacques Cartier

Province of Quebec, Butcher
(Civil Occupation)

Regimental No D-135036, Unit NO.4 D.D. 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 "To my Mother" Mrs. Rose CARPENTER

RESIDING AT; 3013 JACQUES HERTEL ST. MONTREAL PQ.CAN.

ALL MY ESTATE BOTH REAL AND PERSONAL.

E C

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

E C.

(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 2nd day of August 1942

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

Ernest Carpenter
(Signature of soldier)

First witness sign here.

(5) Signature George B. Gordon

Civil Address 563 Dorchester West Montreal Que

Civil Occupation Actor

Second witness sign here.

Signature Louis W. Stibel. 56

Civil Address 4300 Chamtord St. Montreal P.Q.

Civil Occupation Salesman

(Witnesses are not to be beneficiaries.)

[OVER]

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 CARPENTER
(Surname first—Christian names in full—Block capitals)
ERNEST

(2) Regimental or Official Number and Rank D-135036 PTE

(3) Unit NO.4 DISTRICT DEPOT CA.

(4) Are you married? NO

(5) If married, state, NIL

(*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? NIL Number of boys NIL Girls NIL

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? 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. Rose CARPENTER 3013 JACQUES HERTEL ST. MONTREAL QUE. CANADA.

(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 $60. 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? NIL
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? YES

If so, in what Company? METREPOLITAIN LIFE INSURANCE CO.
(Give number of policy)

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

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

Ernest Carpenter.
(Signature of officer or man)

Date 1-4-42

L. D. Spencer Capt.
Officer Commanding NO. 4 DISTRICT DEPOT, A.F.

Date 1-4-42

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.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Ernest (CHRISTIAN NAMES) CARPENTER (SURNAME)

REGISTER NO. D-824
FILE NO. 405-C-24813
DATE 20-4-45

PAYEE: Mrs. Rose CARPENTER,
ADDRESS: 3013 Jacques Hertel St., Ville Emard, Montreal (20) P.Q.

SERVICE NO. D-135036
FINAL RANK OR RATING Sgt.
DATE OF DISCHARGE 8-8-44

DATE OF TERMINATION OF OVERSEAS SERVICE 8-8-44

		$ ¢
A. TOTAL QUALIFYING SERVICE		
840 NO. OF DAYS 861/30 EQUAL TO 28 COMPLETE PERIODS AT $7.50		210.00
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 731 LESS 21 INELIGIBLE DAYS, EQUAL TO 710 DAYS @ 25c. PER DAY		177.50
SEE PAR. 2 OVERLEAF FOR EXPLANATION		
		387.50
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 2.20	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$ .25	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00	$ .83	
TOTAL	$ 4.53 X7 = $ 31.71	
NO. OF DAYS 731/183	X$ 31.71	126.67
D. WAR SERVICE GRATUITY		514.17
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		514.17

RECEIVED
APR 26 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 $

△T

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
[illegible]	

TREASURY

CHECKED BY	DATE
A.H. Gendreau	27/4/45

Rose Rose Lt 26

SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

TJM

Name: CARPENTER (Surname) Ernest (Christian Names) No.: ZK D135036

Sgt. (Rank) C.A. O/S (Unit) 8-8-44 (Date of Death)

AMOUNT

L.P.C. ..... $ 159.47

Date: 28-3-45

Other Credits .....

Total 159.47

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Rose Carpenter 3013 Jacques Hertel St., Montreal, Quebec. (sole beneficiary under will)	159.47

P4. TO TREAS. 2-5-45 RW

TO BE FORWARDED BY REG. MAIL DIRECT.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	159.47

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

MF[illegible]10
40/P & S/254 (3444)

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

District.....

Dispersal Area.....

Regtl No. D.135036 Rank and Name Carpenter E. A/Sgt.

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

(~~Transfer~~ or Discharge)..... to..... on 8th. Aug. 19 44.

Reason Death. Authority : C.C.L. "A" 481 d/24th. Aug.44.

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	105	64
First Monthly Payment			Regimental Pay 31 days @ $ 2.20	68	20
Casual Payments			Tradesmen's Pay 31 days at $ .25¢	7	75
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) :					
			Def. Pay Interest.		88
To Balance Cr Free	90	47			
To Balance Cr Deferred	69	00	By Balance Dr		
	159	47			
Total	182	47	Total	182	47

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

Remarks:

1. Assnd. Pay of $23.00 (M) stopped eff. Sept.44.
2. Assnd. Pay of $8.40 (6th V.L.) cancelled eff. May 44; The amount re-credited is included in Bal. B/F at 1st. Aug.44.

ESTATES BRANCH
FEB 26 1945
H.Q. OTTAWA
NATIONAL DEFENCE

Compiled by E. Trenouth.

Checked by [signature]

Date 10th. February 1945.

Certified correct [signature]
for Chief Treasury Officer, Overseas

P.H.

740

Form No. 1

Register No. D-824

Nominal Roll No. D-16

H.Q. File No. 405-E-24813

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-135036	SCT	CARPENTER	ERNEST

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. 1 APR 42	T.O.S.	T.O.S.
S.O.S. 8 AUG 44 MD 4	S.O.S. MD	S.O.S. MD
Total Days 861	Total Days	Total Days

TOTAL SERVICE 861 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	130	N	130
OVERSEAS SERVICE	731	1	731
Totals	861	L	861
Add Non-qualifying Service			N L
TOTAL SERVICE			861

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 8 AUG 44

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION
8 AUG 44

Computer's Signature R Lemieux

Checker's Signature W.T. Watson

Date Computed 11 Dec 44

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

(C.L. Laurin) Colonel
Director of Records.

4.24

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total

CFA 18[illegible]
40/P &[illegible]2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-I35036 A/Sgt Carpenter E Dec'd

RECEIVED FROM Cdn Sec/ GHQ 2nd Echelon 2I Army Group
A-II7006 Gnr Schwartz M

CHECKED BY B-81759 Sgt Graves J G DATE 4 Jan 45

I	Diary.		
I	Wallet.		
I	Lighter.		
I	CVS Ribbon & Clasp.		
2	Rings.		
I	Medal.		
I	Case.		
I	Pr Pliers(Small).		

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

.....
for OC 1 Cdn KSD