D137131
MALONE
EDMUND ROBER

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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 MALONE, Edmund Robert (b) Reg'l. No. D-137131
2. (a) Arm of service Army (b) Unit GEN.LIST CA. (c) Rank Pte
3. (a) Date of birth 30 Dec.1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal
4. (a) Place of enlistment Montreal South Que. (b) Date of enlistment 21 Sept.42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 yrs (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 6 yrs 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? Typewriter Assembly man (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? ½ yr
9. (a) What languages do you speak fluently? Eng. (b) What languages do you read well? Eng.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Royal Typewriter Address Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Typewriter Fact.
20. (a) Your specific occupation Assembly man (b) Number of years' experience at this occupation with any employer ½ 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? -- (c) If so, in what kind of farming? --
25. (a) Were you born on a farm? -- (b) How many years' actual farming experience have you had? -- (c) In what provinces did you have experience? --

Section G—MISCELLANEOUS

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

DATE 22 Sept.42 194.... SIGNATURE E. Malone

Mrs. Margaret Malone
01019 Cherlevoix St.,
Montreal 22, Quebec

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

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

and the following number quoted:—

H.Q. 405-M-45 075 F.D. 360

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

12 March 1945.

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

MALONE, Edmund Robert Private.

D137131 Canadian Army

ESTATES BRANCH MAR 19 1945 H.Q. OTTAWA NATIONAL DEFENCE

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

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

W R Howard Capt
Director of Estates.

WRH/TJM

M.F.W. 77
16M-10-44 (5854)
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		None		
2	Children of the Deceased and dates of their Births		None		
3	Father of the Deceased		George. Daniel Malone		01019 Charlevoix St-
4	Mother of the Deceased		Margaret. E. Malone		01019 Charlevoix
5	Brothers of the Deceased	Full Blood	George. B. Malone Patrick. F. Malone		01019 Charlevoix — —
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Margaret. a. Malone Rose. G. Malone		01019 Charlevoix — —
		Half Blood	None		
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
			None		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Edmund Robert Malone
9	Date of his birth.	Dec 30 1922
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Montreal Sept 26/16

PARTICULARS OF DOMICILE

12	Place where deceased was born.	New Haven Conn
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) 1924 (c) (d)
14	Nature of employment before enlistment.	Royal Typewriter Co. Sitter
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 Que

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	———
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None Margaret Malone Prudential Ins. Co. 100.00
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

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.	None
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

(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 compl[redacted] 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.

.....Margaret E Malone..... Signature of Informant

.....01019 Charlevoix St. Montreal Que..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....Margaret E. Malone.....

See above. .....01019 Charlevoix St..... {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 St. Gabriel, Montreal this 18th day of March 19 45 -

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. James J. Flood Qualification Priest. (R.C.)

Address 2157 Centre St. Montreal (22) P.Q.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Received. Cat A Checked E Card ✓ Observations B. Wing

ORIGINAL
DUPLICATE
TRIPLICATE

FINGER-PRINTED
OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-29-1645

R60C

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

WSG
COMPLETED

Unit ~~CFA/YISP/~~ C.A.O.C. Regimental Number D-137131

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

01
PTE

FINGERPRINTED
PHOTOGRAPHED

Do 229

1. Surname MALONE
2. Christian Names EDMUND ROBERT
3. Present address 01019 Charlevoix St., Montreal, Quebec, Canada.
4. Date of birth 30 December 1922
5. Place of birth U.S.A. (Country) Xxx Connecticut (County or Province) New Haven (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Roman Catholic
8. Trade or Calling Assembly man (Typewriter)
9. Married, Widower or Single Single
10. Name of next of kin Mrs. Margarett Malone
11. Relationship Mother
12. Address of next of kin 01019 Charlevoix St., Montreal, Quebec, Canada.
13. 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)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No (Yes or No) (*b*) Any other Naval, Military, or Air Force? No (Yes or No) (If Yes, specify Unit and Period of Service)
15. 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, EDMUND ROBERT MALONE, 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 21-9-42 E Malone (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness ..... (Name) ..... (Rank) E Malone (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 21st day of SEPTEMBER 19 42

R.C. Franklin 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

8000-
070
1112111

Record of Service of MALONE (Surname) EDMUND ROBERT (Christian Names) Regimental Number D-137131

QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS			
Military	NIL	High School or Collegiate	NI (years completed)	Graduation or Matriculation	NIL (specify)
Business or Professional	NIL				
Trade or Civil	ASSEMBLYMAN(TYPEWRITER)	*College	NIL		
Technical	NIL	*University	NIL		
Languages	ENGLISH		6 YRS. PUBLIC SCHOOL.		

*(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.

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
Joined on appointment 22-9-42 DRO TOS NO.4 DISTRICT DEPOT CA.	PTE	21-9-42	4DD	MTL.STH.	4DD PT.II-229	22-9-42
SOS on trans. to CA(B)TC 41 Htingdon, Que	Pte	29-9-42	"	"	#235	29-9-42
30.9.42 TC 41 T.O.S. TC 41 ON TRANSFER FROM 4 DD	"	30.9.42	TC 41 HTINGDON,	QUE	PT II - 189A	30-9-42
29-10-42 TC41 Allocated to R.C.O.C Auth. A.A.E this centre.	"		"	"	" " 214-A	29-10-42
9-12-42 # S.O.S. on transfer to A-21 Barriefield Ont.	"	9-12-42	"	"	" " 248A	9-12-42
T.O.S. A.21 COCTC from #41 B.T.C. Huntingdon, P.Q.	"	10-12-42	A-21 COCTC	Barriefield	Pt II D.O. 297	14-12-42
SOS A21 COCTC ~~Hos~~ on transfer to CATS Hamilton	"	28-12-42	"	"	" " 308	28-12-42
Att. APIP from A-21 COC TC	"	1-1-43	CATS	Hamilton	D.O. 5	7-1-43
Granted pay at the rate of $1.40 per diem	"	21-1-43	"	"	D.O.25A	30-1-43
Granted pay at the rate of $1.50 per diem	"	21-3-43	"	"	D.O. 70A	22-3-43
Ceases to be att. f.a.p. on return to unit.	"	21-4-43	"	"	D.O., No. 96A	21-4-43

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full MALONE EDMUND ROBERT Place MONTREAL Date of Medical Examination Sept. 17/42

Part 1. Information obtained from the recruit.

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

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

E Malone

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

Signature of Applicant

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

Medical Officer's Remarks on information as stated in Part 1

1. Identification marks or scars 1 vac left arm
2. Height 5 feet 7½ inches. 3. Weight 142 pounds.
4. Complexion Med. Eyes Hazel Hair Brown
5. Development good — Good / Fair / Poor
6. Chest measurement—Girth on full expansion 34 inches. Range of expansion 3 inches.
7. Vision, right 20/20 left 20/20
   With Glasses— right left 8. Hearing, right CV 25 left CV 20
9. Condition of mouth and teeth several caries REFLEXES NORMAL
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N
12. The abnormalities (congenital and pathological) found on examination are as follows:—

COLOR VISION ISHIHARA (CN) DRY PERFORATION BOTH DRUMS HEALED
EXR NOSE & THROAT NEGATIVE DR. W.G. DALPE SCOLIOSIS LOWER SPINE

13. Chest X-Ray N No. 145276 Laboratory at which taken D.P. & N.H. Mtl.

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

Special remarks when category lower than A

H. Aubry Major, rank, President — P.E. Bourgeau M.D., rank, Member — R. Boucher M.D., rank, Member

Date Sept. 17/42

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
SEP 22 '42	TAB 1st Inoculation [illegible]		RE-EXAM. CAT.
OCT 28 '42 NOV 13 1942	2nd Inoculation [illegible]	OCT 8 - 1943	Y.O.B. P U L H E M S: 22 1 1 1 2 1 1 1 — [illegible] Capt
SEP 22 '42	[illegible]		
20-4-43.	RE-EXAMINED NORMAL URINE, EARS AND REFLEXES, CATEGORY A [illegible]		
AUG 6 1943 RE-EXAM. CAT. A-1	Y.O.B. P U L H E M S: 22 1 1 1 2 1 1 1 — [illegible] Capt		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. D-137131 Rank PTE Surname MALONE Christian Name EDMUND ROBERT

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)

Part II D.O.		PARTICULARS OF CASUALTIES
No.	Date	
45	3-10-44	TOS Can Fus from 1 COMERU wef 30-9-44
47	7-10-44	Granted 7 days P.L. with R.A. 5-10-44 to 13-10-44
50	11-10-44	AWL from 2359 hrs 9-10-44 1ST Day
52	13-10-44	Ceases AWL at 1830 hrs 11-10-44
55	18-10-44	A.W.L. from 2359 hrs. 9 Oct. 44. Ret'd. from A.W.L. at 1830 hrs. 11 Oct 44
56	18-10-44	On 12 Oct 44 awarded 7 days C.B. for an offence under Sec. 15 (1) A.A. (AWL from 2359 hrs. 9 Oct 44 to 1830 hrs. 11 Oct 44 - 1 day 18 hrs 31 mins)
64	1-11-44	S.O.S. Can Fus. to X4 list C.I.C. wef 1-11-44
		SOS (X4 List CIC 10 CBR Bn) to 12 Bn wef 9 Nov 44
		SOS 13 Bn to SDC wef 10 Nov 44
67	25.11.44	TOSD (AWOL)
20.	24/2/45	S.O.S. to X List S.O.S. wef. 10 Feb. 45 Killed

CONTINUATION CARD M.F.M. 14

Regimental No. D-137131 Name Pte Malone, Edmund Robert

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
Y120	14-6-44	1 Trans fr Y4 List to Y5 List (Temp) wef 12-6-44
Y168	10-8-44	SOS Y5 list to 1 comeru on rtn fr Militus Case wef 8-8-44
195	10-8-44	TOS 1 comeru fr Y5 list " " " " " " " 9-8-44
203	19-8-44	Trade tested as Fitter (Gun) (Ald) "C" and qualified wef 7-8-44
217	5-9-44	Att fap fr 1 comeru to 1 Sub W/S wef 5-9-44
39	8-9-44	Attached 1 Cdn. Sub Workshop, RCEME fap from 1 COMERU eff. 5-9-44.
46	27-9-44	C/Att 1 Cdn. Sub Workshop. RCEME effect 27-9-44 on return to 1 COMERU.
237	28-9-44	C/att to 1 Sub W/S wef 27-9-44
239	30-9-44	Reclassified as Gen Duty wef 29-9-44
✓	✓	S.O.S. 1 C.O.M.E.R.U. wef 29-9-44 to Cdn Fusiliers on trf to C/C Gen List

M.F.M.—14A
40/P&S/67 (3400)

No. D-137131 RANK ~~Pte~~ cf. n NAME MALONE Edmund Robert *Married *Widower *Single

Place of {*Appointment *Enlistment Montreal South, Que. Date of {*Appointment *Enlistment 21 Sep 42

RATE OF PAY

REGTL PAY 1.50
TRADE PAY —
TOTAL 1.50

D. O. No.	~~Date~~ EFF	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
229	22-9-42	PTE.		A.S	1.30	NO-	
25A	21-1-43	"		A.S	1.40	"	
70A.		"		"	1.50 ✓	"	Eff. 21-3-43
213	2-9-43	Pte	A III	A S	1.75		Eff 26-8-43.
270	31.10.43	"	—	"	1.50		" 23.10.43
1	14-1-44	"	Filter C	"	1.75		" 10-12-43
18	1-3-44	"		"	1.50		

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
Margaret MALONE.	1-10-43.	NIL
01019 Charlavoix St.,		25.00
MONTREAL, Que. (Mother)	Vol.	
	Total.....	

DEPENDENTS' ALLCES. No. Deps.

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
N/A			

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

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

*Delete words which are inapplicable.

JPM

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.

CASUALTIES, ETC.

Part II D.O. No.	Date	Card (1)
229	22-9-42	TOS DD4 & posted to "B" Wing wef 21-9-42.
235	29-9-42	SOS on trans to #41 Huntingdon wef 29-9-42
189A	30.9.42	TOS T.C. 41 wef 30.9.42 P. & A. LED. AGREES OCT 19 '42
248A	9.12.42	SOS on trans to RCOC A-21 Barriefield wef 9.12 42
297	14-12-42	TOS 'A-21 COCTC FROM. # 41 BTC- HUNTINGDON EFF. 10-12-42
308	28.12.42	SOS A.21 TC on trans. to CATS Hamilton. Eff. 28.12.42
5	7-1-43	T.O.S. C.A.T.S. Hamilton EFF 1-1-43 for R.A.D. & D.
4	6-1-43	admonished & FORFEITS. 1 days pay for AWL 0600 hrs 4-1-43 to 1200 4-1-43
25A	30-1-43	Pay increase to $1.40 eff. 21-1-43
61	11-3-43	FORFEITS. 2 days pay for AWL from 1000 hrs 8-3-43 to 0915 hrs 10-3-43
70A	22-3-43	Pay increase to $1.50 eff. 21-3-43
96A.	21-4-43	SOS CATS to A21 RCOC Barriefield eff 21-4-43
102	28-4-43	T.O.S. A21 C.O.C.T.C eff 22-4-43
109	6-5-43	Furlough 3-5-43 to 16-5-43
121	20-5-43	5 dys C.B forfeits 1 dys pay for A.W.L from 2200 hrs 16-5-43 to 1400 hrs 17-5-43
213	2-9-43	Trades Pay "A" III. Eff: 26-8-43
213	2-9-43	Embarkation Leave 27-8-43 to 6-9-43
254	20-10-43	SOS A-21 TC TO SPECIAL DUTY OVERSEAS EFF 20.10.43

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

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

Name .....

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
att fwd to 3 Tech Hy Grp CMHQ Cse 201	Pte	9 Mar 44	1 Sub W/S	UK	21	10 Mar 44
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	Pte	21 MAR 44	1 S W/S	UK	75	24 MAR 44
cxg SOS SOS to 1 CORU while on Can HQ Crse 201	Pte	8 May 44	1 S W/S RCOC	UK	48	9 May 44
TOS TOS transfd. to RCEME	Pte	15 May 44	1 CORU (YL)	UK	93	15 May 44
M166 Trans. from Y4 list to Y5 list	—	12 Jun 44	1 CORU	UK	120	14 Jun 44
CB Ret from Fitters Crse.	Pte	8 Aug 44	1 COMERU	UK	168	10 Aug 44
CB TOS TOS from Y5 list off Fitter Crse at MC 5	Pte	9 Aug 44	1 COMERU	UK	195	10 Aug 44
CB Qual as Fitter (Gnr) Fd. "C"	Cfn	7 Aug 44	1 COMERU	UK	203	19 Aug 44
CB att fwd to 1 Sub W/S	Cfn	5 Sept 44	1 COMERU	UK	217	5 Sept 44
CB Fitter Gnr (Fcd) "C" Reclassified as Gen Duty	Cfn	29 Sept 44	1 COMERU	UK	239	30 Sept 44
CB C/att to Sub W/S	Cfn	27 Sept 44	1 COMERU	UK	237	28 Sept 44
CB SOS SOS to Cdn Fus	Pte	29 Sept 44	1 COMERU	UK	239	30 Sept 44
CB TOS TOS from 1 COMERU (on trans from CIC	Pte	30 Sept 44	Cdn Fus	UK	45	30 Oct 44
M166 AWL from 2359 hrs - still absent	~~Pte~~ Fus	9 Oct 44	Cdn Fus.	UK	50	11 Oct 44
M166. Ceases AWL. 1830 hrs	~~Pte~~ Fus	11 Oct 44	1 Bn Cdn Fus	UK	52 55	18 Oct 44 13 Oct 44
CB Am'd DO 58 23 Oct 44 AA 15(1) Awd 7 days C.B. 1 of forfts 2 days pay	Fus	12 Oct 44	1 Cdn Fus	UK	55	18 Oct 44
CB SOS SOS to X4 & CIC	Fus	1 Nov 44	1 Cdn Fus	UK	64	1 Nov 44

Regimental No. D137131 Rank Private Sheet No. II

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

Name MALONE, Edmund Robert

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Cease to be attached for all purposes to Canadian Army Trades School, Hamilton, on return to A-21 C.O.C.T.C.	Private	22-4-43	A21COCTC	Barriefield	102	28-4-43
Granted furlough from 3-5-43 to 16-5-43 and issued Transp. Warrant. "Nil-	"	3-5-43	"	"	109	6-5-43
Awarded 5 days C.B. forfeits 1 days pay A.W.L. 2200 hrs 16-5-43 to 2000 hrs 17-5-43	"		"	"	121	20-5-43
Qualified Fitter group A, Grade III	"	1-7-43	"	"	161	6-7-43
Donated blood to the Can. Red cross type "O."	"	27-6-43	"	"	188	4-8-43
Granted embarkation leave from 27-8-43 to 6-9-43 Issued T.W. # 535481	"	27-8-43	"	"	213	2-9-43
Having been posted to a Trained Soldier Coy & qualified as a Fitter Group A Grade III is granted Trades Pay.	"	26-8-43	"	"	213	2-9-43
Donated blood to Canadian Red Cross Type "O"	"	14-9-43	"	"	230	23-9-43
S.O.S. A21 COCTC Barriefield ont, on proceeding on Special duty	Private	20.10.43	A21 C.O.C.T.C.	Barriefield	254	20.10.43
Awarded 4 days C.B. and forfeits 1 days pay for absence without leave from 0900 hrs. 17-10-43 to 2200 hrs. 17-10-43. ART. 149, F.R. & I. CANADA	Private	17-10-43	A21COCTC	Barriefield	253	19-10-43
FIMBKD FOR O/S OCT 22 1943						
S.O.S. CDN ARMY (CAN) OCT 22 1943						
DIS'EMBKD 29 OCT 1943						
T.O.S. CDN ARMY (O/S) 23 OCT 1943						
REPORTED FOR DUTY AT						
CEASE T. PAY FITTER "C"		27 OCT 43				
669 SOS SOS do 1 Sub. W/S	Pte	20 Oct 43	1 CORU	UK	270	21 Oct 43
DO1-14 Jan 44 TOS. TOS from 1 CORU ~~Fitter A~~	Pte	9 Dec 43	CORU	UK	305	9 Dec 43
C6 DO1-14 Jan 44 att fam & 87 LAD. Fitter C	Pte	10 Dec 43.	1 Sub. W/S.	UK.	7	12 Dec 43.
C51 leases attd to 84 LAD	Pte	3 Jan 44	1 Sub W/S	UK	10	31 Dec 43
Granted T P as Fitter C	Pte	2 Feb: 44	1 Sub W/S	UK	8	4 Feb: 44
M18 Cease to be att to 87 LAD on being att to 1 Sub-Workshop RCOC (TAB)	Pte	10 Dec 43	1 Sub W/S.	UK	1	14 Jan 44.
C51 Attd f a p to "I" Wing 1 CORU (Trade Testing)	Pte	11 Feb 44	87 LAD	UK	4	11 Feb 44
C1 att fap to 1 wing 1 coru on comp of T.T.	Pte	6 Feb: 44	1 Sub W/S	UK	9	8 Feb: 44
Awarded 14 days C.B. offence Under Sec 11.A.A.	Pte	9 Feb 44	1 Sub W/S	UK	16	11 Feb 44
Cease T.P. as Fitter Grp C.	Pte	29 Feb 44	1 Sub W/S	UK.	18	1 Mar 44
	Pte	1 Mar 44	1 Sub W/S	UK	18	1 Mar 44

10-2-45

AWARDS—CANADIAN ARMY (ACTIVE)

1886 M

500M—1-44 (3467)
H.Q. 1772-45-8

FEB.

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
MALONE, Edmund Robert	D.137131	Pte.	S.D. & G. Highrs.

FILE NO. 405-M-45075

WAR SERVICE BADGE (CLASS) NO.

DATE DESPATCHED:

1

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star Defence Medal War Medal, 1939-45 CVSM & Clasp	8866 31/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO 605

(1) MEDALS

PERSON ENTITLED TO Mrs. Margaret Malone (Mother)

ADDRESS: 01019 Charlevoix Street, Montreal 22, Quebec. Oct. 45

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Margaret Malone (ENGLISH)

(3)

MAR 21 1945

REGN No. 16637

1886

ADDRESS: 01019 Charlevoix St., Montreal 22, Que.,

M.F.M. 5
150M—1-42 (3165)
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*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank MALONE
(Surname first—Christian names in full—Block capitals)
EDMUND ROBERT

(2) Regimental or Official Number and Rank D-137131 Pte

(3) Unit GEN.LIST CA.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NO

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

Names and ages

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

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

Name NIL

Postal Address

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address NIL

(11) Is your father alive? Yes

If so, state name and address, occupation Mr.George MALONE -mechanic D.I.L.-
01019 Charlevois St.,Montreal,Que.,Canada.

(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.Margaret MALONE
01019 Charlevoix St.,Montreal,Que.,Canada.

(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 .....

Full Name .....

Postal Address .....

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

(18) Are you insured? Yes

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

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

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

E. Malone
(Signature of officer or man)

Date 22 Sept.42

J.A.Beaudoin Lieut.
Officer Commanding

Date 22 Sept.42

NO. 4-DISTRICT DEPOT A.F.

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

No D.137131 Rank Private Name MALONE, Edmund Robert

Unit S.D.& G. Highrs. Date of death 10th Feb.,1945

Died at Germany

Cause Killed in action

Death occurred on strength of Forces.H.Q. 405-M-45,075

N/K Mrs. Margaret Malone, Relationship Mother

Address 01019 Charlevoix St., Montreal 22, Quebec.

Remains buried in Germany Waldacholosschen Yd. Restaurant
870572 sh Pl Mijmegen Cleve Rd
via Dousbrugen Gr. 1 Cemetery

Grave location

CMK ✓

OVER-

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 2, row F, plot 20.

HI & CR Form Despd JAN 2 1947

Photographs

Despatched
JAN 10 1948

BURIAL REPORT TO N.K. AUG 1 1946

RETURN TO BUR. OF STAT. JUN 4 1945

ROYAL MESSAGE DESP'D. MAR 1 1945

CAN. MESSAGE DESP'D. MAR 7 1945

Temp B R sent to N K

5M-10-44 (M-4414)

MH

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name MALONE, Edmund E. No. D-137131
Surname Christian Names

Pte. C.A. O/S 10-2-45
Rank Unit Date of Death

AMOUNT

W.S.G.
L.P.C. $ 385.93
105.28

Date 21-10-45

Other Credits.....

Total..... 491.21

Prev.dist. 105.28
This dist. 385.93

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Margaret Malone, 01019 Charlevoix St., Montreal, Que. (Sole beneficiary per will)	385.93

P4 TO TREAS.
OCT 25 1945

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$385.93

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.J.K.

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY LL

Name MALONE, Edmund R. No. D.137131
Surname Christian Names

Pte. G.A. C/S 10-2-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 105.28

Date 5 Oct 45

Other Credits

Total 105.28

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Margaret Malone, 01019 Charlevoix St., Montreal, P.Q. (Sole beneficiary under will)	105.28

P4. TO TREAS. 23-10-45, R.W.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	105.28

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

CANADIAN ARMY (ACTIVE), OVERSEAS

FINANCIAL RECEIPT

RECEIPT No. 111 24 FEB. 19 45

RECEIVED FROM CAPT. H. WILLIS

THE SUM OF Sixty-three guilders and fifty cents (63.50 Guilders) being

the amount of money found among the effects of D.137131 PTE. MALONE, E.R.

Command Paymaster or ~~Field Cashier~~

24 FEB. 19 45. S.D.G. HIGHRS. FIELD. Place

M.F.M. 503
520 books of 100—9-41 (1775)
H.Q. 1772-39-1877

5/7[illegible] CFA 187
[illegible]/P & S/2180 (7060)

17-10-44
BF-H

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-137131 MALONE E. R. PTE DEC'D

RECEIVED FROM GHQ CDN SEC 2nd Ech 21 Army Group

CHECKED BY A-137006 Gnr Schwartz M DATE 23 Mar 45

AND B-38320 L/Cpl Turnbull T. C.

1	Rosary.
1	Pocket Book.
3	Fountain Pens.
	Snaps.
1	Red "I" Disc.
	Souv. Stamps.
1	Tram Ticket.

M. Malone

Please inform me why I did not receive the watch ring & Pay book of the deceased.

And oblige

M. Malone

ESTATES BRANCH
OCT 19 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

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

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D 137131 RANK Private SERVICE UNIT Stormont, Dundas & Glengarry Highrs. (C.A.)

NAME MALONE, Edmund Robert

DATE OF BIRTH
DAY 30th MONTH December YEAR 1922 Date enlisted: 21-9-42

MARITAL STATUS
Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Margaret Malone,
ADDRESS 01019 Charlevoix St., Montreal 22, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 6257A H.Q.405-M-45,075

CASUALTY DETAILS Killed in action. DATE 10-8-45

WESTERN European Theatre of War.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? Jmd YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 24-8-45

S/L 3878
O/S with R.C.O.C.

OFFICER I/C RECORDS

Ltr. 6

COPY FOR DOCUMENT FILE

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, Edmund Robert MALONE (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Jacques- Cartier

Province of Quebec, Assembly man (Typewriter) (Civil Occupation)

Regimental No D-137131, Unit GEN.LIST CA., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "MY MOTHER" Mrs.,Margaret MALONE.

E.M

Residing at:01019 Charlevoix St.,Montreal,Que.,Canada.

All my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

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

E. 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 22nd day of September 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.

E. Malone
(Signature of soldier)

First witness sign here.

(5) Signature Ben Langlois
Civil Address 6817 Lajeunesse
Civil Occupation Journalier

Second witness sign here.

Signature Jean Champagne
Civil Address 3694 St Hubert St Montreal
Civil Occupation Cultivateur

(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 (Germany)

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: MALONE (Block letters)

Given names: Edmund Robert

4. RESIDENCE

Street: Charlevoix No.: 01019

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): U.S.A.

11. DATE OF BIRTH: Dec. (Month) 30th, (Day) 1922 (Year)

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Assembly Man (Typewriter)

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	George Malone	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Germany

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: 16

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: Feb. (Month) 10th (Day) 19 45 (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** ....

OVERSEAS CASUALTY
CANADIAN ARMY

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

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

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

[signature] C.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 francais)

JUN 4 1945

Director of Records, Dept. of Natl. Defence

405-M-45,075

EEB

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

P.A.

GRAVES REGISTRATION CARD

NAME MALONE, Edmund Robert. PLACE & DATE OF BIRTH New Haven, Connecticut USA 30 Dec 1922.

RANK Pte. REGTL NO D-137131

UNIT Stormont Dundas Glengarry Highrs. AEF. NEXT OF KIN & ADDRESS Mother.

Mrs. Margaret MALONE
01019 Charlevoix St., Montreal.
Quebec. Canada.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 10 Feb 45. PLACE OF DEATH ~~5-Mar~~ Germany

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 5 Mar 45 CEMETERY WALDSCHOLOSSCHEN Yard of Restaurant 870572 Sh 1/100000 NIJMEGEN-Cleve road via DOUSBRUGEN

PLOT NO ROW NO GRAVE NO 1

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION R.C.

DATE 31 Oct 45

(M.Bluteau) Captain,
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS,

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

TRADE TRAINING

Regt'l No. D-137131 Rank Pte. Name Malone, E.R. Trade Fitter.

1. ENTRIES BY PERSONNEL SELECTION OFFICER AND O.C. UNIT OR ADVANCED T.C.

Unit or Adv. T.C. A.21 TC
Suitable as Fitter
Date 18-5-43
Recommended A Ryan Capt.
Army Examiner
Concurred Wm G. McNay Lt
for Commanding Officer

2. TECHNICAL SCHOOL

Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Principal

3. ARMY TRADES SCHOOL

Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Commandant

4. MECHANICS TRAINING CENTRE

Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Commanding Officer

5. D. & M. SCHOOL

Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Commanding Officer

6. OTHER CENTRE

Name
Location
Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Officer i/c Trades Trng.

7. ADVANCED TRAINING CENTRE ARMY APPLICATION OF TRADE

No. of T.C. C.O.C. T.C. A-21.
Advanced Course Fitter
or
Trained Soldier Coy.
Date of Entry 18 May 43.
Date of Leaving 3 Jul. 43.
Rating (Percentage) "A" III.
REMARKS: S.O.S. Artisan School, 3 Jul. 43.

W H Bromag Major,
for Commanding Officer

8. TRADE TEST

Trade Fitter
Class C
Date 6-7-43
Where Tested A.21 COC TC
TRADE TEST BOARD—
1. DO#161 d/6-7-43
President
2.
Member
3.
Member

9. DISPOSAL

Where Despatched

Date
(Further remarks or records on reverse side)

M. F. M. 105A
150M—8-42 (5781)
H.Q. 1772-39-1797

D 137131

CERTIFICATE RE : ALIEN

I EDMUND ROBERT MALONE

REGIMENTAL No. D-137131 Rank PTE

do solemnly declare the following to be a true statement;--

PLACE OF BIRTH NEW HAVEN CONNECTICUT U.S.A.

DATE OF BIRTH DECEMBER 30th. 1922

FATHER'S NAME MR.GEORGE MALONE

FATHER'S ADDRESS CANADA QUEBEC
(Country) (Prov., County or State)

MONTREAL 01019 CHARLEVOIX ST.
(City or Town) (Street and Number)

FATHER'S NATIONALITY CANADIAN

MOTHER'S NAME MRS.MARGERET MALONE

MOTHER'S ADDRESS CANADA QUEBEC
(Country) (Prov., County or State)

MONTREAL 01019 CHARLEVOIX ST.
(City or Town) (Street and Number)

MOTHER'S NATIONALITY CANADIAN

PORT OF ARRIVAL IN CANADA MONTREAL QUEBEC CANADA

DATE OF ARRIVAL IN CANADA 1924

ADDRESS IN CANADA 01019 CHARLEVOIX ST. MONTREAL P.Q. CAN.
(Last residence prior to enlistment)

E. Malone
(Signature of Soldier)

WITNESS Kenneth Campbell

PLACE MONTREAL SOUTH QUE CANADA

DATE 22-9-42

To be made in triplicate

F-1075

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D137131 Rank and Name MALONE. E.R. Pte.

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

(~~Transfer~~ or Discharge) ~~to~~ on 10th.Feb: 19 45.

Reason Death Authority : C.C.L."A" 543 d/18th.Feb.45.

The following is a statement of the account of the above-named from 1st Feb: to 28th.Feb: 19 45. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	61	68
First Monthly Payment			Regimental Pay 28 days at $ 1.50	42	00
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) .... days at ..... $		
Assigned Pay	25	00	Allowances (give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (give particulars) :					
			Cash Effects SOCR 43585	26	60
To Balance Cr Free	105	28			
To Balance Cr Deferred			By Balance Dr		
Total	130	28	Total	130	28

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

Remarks

Assnd Pay $25.00 (M) Stopped off March.1945.

Compiled by F.Trenouth,

Checked by W.V. Blackbourn

Date 18th.August.1945. 19

Certified correct D. Pawley
for Chief Treasury Officer, Overseas

MW

File No. 405-M-45075

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D137131 Name MAHONE. Edmund. Robert

Rank on Discharge Pte Date of Discharge 10.2.45

Authority for Discharge or Retirement Deceased

Served in:			Non-qualifying service
Canada	from 21-9-42	to 22.10.43	
	from	to	
United Kingdom	from 23.10.43	to 3.11.44	
	from	to	
Italy	from	to	
Northwest Europe	from 4-11-44	to 10.2.45	K/A
----------	from	to	
----------	from	to	

Eligible for award of:

1939 - 45 Star O.K. /

~~Italy~~ Star

France-Germany Star O.K. /

Defence Medal O.K. /

War Medal 1939-45 O.K. /

Canadian Volunteer Service Medal O.K. /

with clasp O.K.

M

HA

Verified by P. Tully

Date OCT 9 1946

Carded OCT 10 1946

HA 165

NO RIBBON DISPATCH

H.Q. 405-M-45075
(D.R. 2(C))

1st August, 1946.

Mrs. Margaret Malone,
01019 Charlevoix Street,
Montreal 22, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D137131 Private Edmund Robert Malone, have been carefully exhumed from the original place of interment and reverently reburied in grave 2, row F, plot 20, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. 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.

/EMA

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

WSS-315 2
5196

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE — ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Edmund Robert (CHRISTIAN NAMES) MALONE (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-11266
FILE NO. 405-M45075
DATE 18-9-45
SERVICE NO. D-137131
FINAL RANK OR RATING Pte.
DATE OF TERMINATION OF OVERSEAS SERVICE 10-2-45
DATE OF DISCHARGE 10-2-45

	$	¢
A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 874/30 EQUAL TO 29 COMPLETE PERIODS AT $7.50	217.50	
B. QUALIFYING OVERSEAS SERVICE		
No. OF DAYS 477 LESS 4 INELIGIBLE DAYS, EQUAL TO 473 DAYS @ 25c. PER DAY	118.25	
SEE PAR. 2 OVERLEAF FOR EXPLANATION		
	335.75	
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 477/183 X$ 19.25	50.18	
D. WAR SERVICE GRATUITY	385.93	
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	385.93	

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
KRM	MJK

TREASURY	
CHECKED BY	DATE

SERVICE REPRESENTATIVE

MILITIA BOOK M. 1

50M-8-43 (9756)
H.Q. 1773-39-1672
K.F. 79767

CANADIAN ARMY

SOLDIER'S SERVICE AND PAY BOOK

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D/37131

Surname (in capitals) MALONE.

Christian Names (in full) EDMUND ROBERT.

Date of Birth 30-12-22.

Place of Birth NEWHAVEN CONN. UNITED STATES.

Citizenship ~~D-1661~~ CANADIAN.

Trade on Enlistment Assistant Manager (Typewriter)

Nationality of Father at Birth Can.

Nationality of Mother at Birth " "

Religion Roman Catholic

Enlisted at Montreal Que. Canada

Date 21-9-42.

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

Signature of Soldier E. Malone

Signature of Officer W.M. Sooner. Lt.

Place Barriefield. Date 7/7/43.
Canada.

(IV) 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	George Malone	24/8/43
	Mother NK	Mrs. Margaret Malone	24/8/43
3rd	*Brothers and Sisters		
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

01019 Charlevoix St. Montreal Que Can.

01019 CHARLEVOIX ST. MONTREAL QUE
CANADA.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
21 Sept 42	Private	R/A		[illegible]
28-9-44	Cpl	—	—	[illegible]
30-9/44	Pte	1.50	—	[illegible]

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

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) ~~except that he requires further training in~~:—*

Completed Basic Training. P.M. Spooner. Lt.

Completed Advanced Trg in accordance with Standard Syllabus for his arm of the Service [redacted] 25-8-43. Except that he requires further training in Range (Bren) & Chamber. L.S. Linn Capt

Qualified in addition as under:—

~~Advanced Military Training not completed on withdrawal for special duty from C.O.C.T.C. A21 Barriefield.~~ L.S. Linn Capt

Fitter Gp. A Grade III 1-7-43 D.O. 188-d/4-8-43. Aa

Date ~~5 Aug 43~~ A M Anderson Lt

28-6-43 Commanding T.S. Coy.

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
CAT.S. Fitter 20-12-42 to	21-4-43	R.M. Spooner. Fo.
4 Dec 43. Completed four weeks C.R.U. basic training with T.O.E.T's.		Jon Jones Lt
T Tested by STTB as FITTER & Failed	DO 36 d/10-2-44	B. Rumsey Capt.
PASSED TRADE TEST AS Fitters gun (basic)	26-6-44	[signature]
No. 3 BRIGHTON TECHNICAL TRAINING GROUP. T.T. By S.T.T.B. as FITTER (GUN)(FLD) & QUAL. "C"	DO 203 19 Aug 44 w.e.f. 7 Aug 44	Dignin Lt
Completed CRU Basic Fitting syllabus w.e.f. 26 Aug 44		[signature]
N.V. TEST GOOD 2 CNVTS	25/8/44	J.C. Rouleau Lt
T.O.E.T. ON ALL SMALL ARMS COMPLETE	OCT 28/44	
RIFLE ZEROED	19/10/44	Gad Cisson Lt

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
30-7-43	2nd Class	Rifle 303		R. Lynn Capt.
30-8-43	Failed	Bren		J. Lynn Capt.
19 Nov 43	Failed	Rifle 30 yds	App II A.B.C.	
23 Nov 43	II	"	App III 1.2.3	
30 Nov 43	Failed	Bren	App IV 1.2	
1 Dec 43	Three	Grenades		
1 Dec 43	Fired	Sten machine carbine		
~~20/10/44~~	~~RIFLE~~			
20/10/44		RIFLE	110	
20/10/44		L.M.G.	84	
20/10/44		STEN	40	
20/10/44		PIAT	2	
20/10/44		MORTOR 2"	4	
20/10/44		GRENADE	2 EA.	

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Inger High School	Montreal	1938	[illegible] Capt

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
FITTER	A	III	213 1/2/2/43 HQ	26-8-43	[illegible] Capt
Redesignated GD	—	—	Da 239 d/30/9/44	29/9/44	[illegible]

(XI) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
10-12-42		Under Instruction	A.M. Sooner. Lt.
7-7-43.	5-8-43	Under Instruction	L. Lunn Capt.
6-8-43.	25-8-43	" " "	L. Lunn Capt.
26 Aug 43		" " "	
30/9/44		GEN - DUTY	Gadsden A

12

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
17-9-42	A.	M7M2.		H. Bates Capt
20-4-43.	A.	Re-exam.		
6-8-43	1112444	Pulhems.		
	A-1	re-exam.		

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(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre:

Date of Exam.:

Frame No. (or measurements):

Date of Issue:

Signature of M.O...

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre:

Date of Exam.:

Frame No. (or measurements):

Date of Issue:

Signature of M.O...

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
9/8/43	✓		Prophylaxis	H.S. Allen Capt.
9 Aug 44	✓		2 F	R. Greenan Capt.
30 Oct 44		✓		Jas. K. Garrett

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
(1) Typhus 1 cc	9 Aug 44	F R Howson
(2) " 1 cc	16 Aug 44	F R Howson Capt.
(3) " 1 cc	23 Aug 44	F R Howson Capt.

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
D.A.B.D. 1.	22-9-42	H. Barnes Capt
2.	28-10-42	
3.	13-11-42	
" " ½ cc.	31-10-43	H. Barnes Capt
Typhus 1 cc	1-3-44	SG
Typhus 1 cc	8-3-44	SG
T A B T. ½ cc (B)	24-10-44	H.S. Randall Capt.

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
22-9-42	H. Barnes Capt
15-2-44 Vaccinated Failed	

(XVIII) 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
A. Ray Reg.	17-4-42	H. Barnes Capt
Furlough 3-5-43 to	16-5-43.	H.M. Sooner Lt.
~~Em. Cas Clo~~ Mus Cas	30-7-43.	D. Lewis Capt
	Nov 43	A.H. Deegan Capt
"M" TEST (REV.) COMPLETED "Q" CARD COMPLETE		
FINGERPRINTED—CAIB		
Att. 8 7 LAD. R COC. for Temporary duty w.e.f. 3 JAN. 44.	D. 0722 11-JAN-44	J.M. Cruickshank
Auth. C.R.U. etc 1068/403 Wksh dtd. C. & C.A. d/ 29 Dec. 43.		
PRIV. LEAVE - F.W. - 18 FEB. To 27 FEB. 44		L. Shelley Lt
On 21 Sept 43 entitled to 1 R	9 Aug 44	B.R. Inglott Lt
awarded C.M.S. 11 clasp		E.W. Dawson Lt
w.e.f. 29 Mar 44 D.O. 25/44 dated 29 Mar 44		E.W. Dawson Lt
A.O. 278 III Issued 3 August		E.W. Dawson Lt
Entitled 2 R chevrons	28-9-44	W.H. Joubert Lt

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer
PL Granted 7/10/44 to 9/10/44		[illegible]
Rifle zeroed	19-10-44	
S. O. S. to x4 hist C.I.C. wef.	2.0.64. 1-11-44	S. C. Howard Lt
Disembarked France		B. M. Thomson Capt

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

A 543

405-M-45075

FIELD SERVICE In lieu of Army Form B. 2090A

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

MBR

REGIMENT OR CORPS S.D. & G. Highrs Squadron, Troop Battery or Company

Officer's Personal No (if known) D137131 Rank Pte
Soldier's Army No

Surname Malone Chistian Names E.R.

Died Date 10 Feb 45 Place Germany

Cause of Death[x] Killed

Nature and Date of Report 3011A/22 12 Feb 45

By whom made SD & G Highrs

[x] Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Burial Place Germany Waldscholosschen Yard of Restaurant 870572 Date 5 Mar 45
sheet Pl L/100 000 Nijmegen - Cleve Rd via Dousbrugen Grave 1

By whom reported ~~Capt J. Bursford~~

(a) in Army Book 64 No.

State whether he leaves a Will or not

(b) as a separate document Not Rec'd

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

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

Station and Date Belgium 6 Apr 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base — Emily Roberts Capt. for Officer i/c Cdn Sec 2nd Ech HQ 21 A Gp

14

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

WH H.Q. 405-M-45,075

DAY LETTER ☐

NIGHT LETTER ☐

CASUALTY (REPORT DELIVERY)

OTTAWA

19 FEBRUARY 1945

TO:-

MRS MARGARET MALONE
01019 CHARLEVOIX STREET
MONTREAL 22 QUEBEC

35087 REGRET DEEPLY D137131 PRIVATE EDMUND ROBERT MALONE HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION TENTH FEBRUARY 1945 STOP YOU SHOULD RECEIVE FURTHER DETAILS BY MAIL DIRECT FROM THE UNIT IN THE THEATRE OF WAR STOP TO PREVENT POSSIBLE AID TO OUR ENEMIES DO NOT DIVULGE DATE OF CASUALTY OR NAME OF UNIT

PREPAID

DIRECTOR OF RECORDS

4

24th February, 1945.

Mrs. Margaret Malone,
01019 Charlevoix Street,
Montreal 22, Quebec.

Dear Mrs. Malone:

It was with deep regret that I learned of the death of your son, D137131 Private Edmund Robert Malone, who gave his life in the Service of his Country in the Western European Theatre of War on the 10th day of February, 1945.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. C. SPENCER
BRIGADIER
Acting Adjutant-General

FEB 24 1945

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

/EMA

8

Mum x Mother
5-3-45