

D137777  
MCGOWAN  
ROSS ALAN



Do not remove documents from this  
folder. Prepared for digitization  
project. Ces documents seront  
numérisés. Ne pas les déplacer.

*Permalife*

7% COTTON CONTENT

*Permalife*

7% COTTON CONTENT



# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

1. (a) Print name in full MCGOWAN, Ross, Allan (b) Reg'l. No. D-137777  
2. (a) Arm of service Army (b) Unit Inf.(R) (c) Rank Pte.  
3. (a) Date of birth 24 Mar 24 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, P.Q.  
4. (a) Place of enlistment St. James St., Montreal (b) Date of enlistment 10 Nov 42

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15½ (b) Were you attending school or college up to the time of enlistment? No  
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 Years High School  
7. If you attended a university, give name of university and standing or degree secured None  
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Machinist (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 2 mos.  
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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



## 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 Nordyn Aircraft Address Cartierville, P.Q.  
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Aircraft Mfg.  
20. (a) Your specific occupation Stock Clerk (b) Number of years' experience at this occupation with any employer 2 mos.  
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? No

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? None  
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? None

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? None  
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.) None  
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None

DATE 10 Feb 43 194 SIGNATURE R. McGowan



Mr. John R. McGowan,

4335 Earnscliffe Ave.

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-M-37.420 FD 235

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

October 13 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

MCGOWAN, Ross Alan, Pte. D.137777

Canadian Army

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.

/NM

Director of Estates



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		None.		
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		John Richardson McGowan		4385 Camarcliff Ave N D G Montreal
4	Mother of the Deceased.....		Anne Gertrude McGowan nee French		Same as above.
5	Brothers of the Deceased	Full Blood	Kenneth Calvin John Ronald.		as above Now in Italy Canadian Army. 4385 Camarcliff Ave N D G Montreal
		Half Blood			
6	Sisters of the Deceased	Full Blood	Edna Gertrude		Deceased. June 1924.
		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
	Edna Gertrude Died June 1924				



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Ross Alan Mc Gowan
9	Date of his birth.	March 24 1924.
10	Place and date of his marriage.	unmarried
11	Place and date of his parents' marriage.	Glebe Church, Ottawa, 1915 Dec 22.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Papineau Ave, Montreal P. Que
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Province of Quebec (b) Canada (Montreal) (c) all his life 19 years. (d) He remained overseas.
14	Nature of employment before enlistment.	Aircraft Worker, Avordyn Aviation at Cartersville
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. Que.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	None. Except Army Will. He stated His Mother as Beneficiary
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?	unmarried
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.	Two with Prudential Co. one for \$100. (one hundred and fifty) other void because of War clause Mother, Beneficiary
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.	No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.
<p>(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.)</p>		

(PLEASE TURN OVER)



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

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.

Signature of Informant \_\_\_\_\_  
Address \_\_\_\_\_

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

\*See above John McSorran { Name of informant } is the\* father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this eight day of November 19 44

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

Qualification.....*Telegraphman*

Address 43 Klipper Rd. Montreal, 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



ORIGINAL  
DUPLICATE  
TRIPLICATE

Checked

Card

Observations

FINGER-PRINTED

M.F.M. 2  
A.F.B. 271  
750M-5-42 (4398)  
H.Q. 1772-39-1645

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

Unit ~~GEN-118T~~ CA (INF(R)) Regimental Number D-137777

## ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

### ATTESTATION PAPER

1. Surname McGOWAN
2. Christian Names Ross Alan
3. Present address 4335 Earnscliffe Ave. Montreal, Quebec, Canada.
4. Date of birth 24 March 1924
5. Place of birth Canada Quebec Montreal  
(Country) (County or Province) (Town or Township)
6. Citizenship Canada  
(Of What Country are You Now a Citizen)
7. Religion (state denomination) Church of England
8. Trade or Calling Stock chaser
9. Married, Widower or Single Single
10. Name of next of kin Mr. John Richard McGowan
11. Relationship Father
12. Address of next of kin 4335 Earnscliffe Ave. Montreal, Quebec, Canada
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes  
Black Watch (RF) 73rd Battn. from July 1940 to Nov 1940  
(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)  
(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)
15. Did you serve during the Great War 1914-1918? NO  
(If Yes, specify Regimental No., Unit and Dates of Service)

#### DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ROSS ALAN MC GOWAN, 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 10th NOVEMBER 1942 Ross Alan McGowan  
(Signature of recruit)

#### OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness Ross Alan McGowan  
(Name) (Rank) (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 STH this 10th day of NOVEMBER 1942

Harriet  
(Signature of Magistrate, Justice or Attesting Officer.)

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



Record of Service of MC COWAN (Surname) ROSS ALAN (Christian Names) Regimental Number D-137777

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military NIL High School } 2 YEARS Graduation } NIL  
Business or Professional NIL or } (years completed) or } (specify)  
Trade or Civil STOCK CHASER \*College NIL Matriculation  
Technical NIL \*University NIL  
Languages ENGLISH 7 YEARS 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.	Dated
Joined on appointment 12-11-42 DRO TOS NO. 4 DISTRICT DEPOT CA	PTB	10-11-42	4DD	MTL STH	4DD PTII 273	12-11-42
SOS on transfer to CABTC 48 St. Johns Que	Pte	20-11-42	"	" "	" " 280	20-11-42
21-11-42 T.O.S. on transfer from No 4 District Depot	"	21-11-42	T.C. 48	St. Johns	Pt. II No A-184	21-11-42
9-1-43 TC48 GRANTED NEW YEARS LEAVE FROM 1800 hrs 29-12-42 to 0600 hrs 4-1-43 and is auth. to draw .50 per diem ration all. for that period	"		"	"	" " A217	30-12-42
13-1-43 TC48 AWL from 0100 hrs 4-1-43 " " DO A2 is cancelled by DO A4 d/6-1-43	"	4-1-43	"	"	" " A2	4-1-43
23-1-43 " AWL from 2215 hrs 19-1-43 " " Was on 22-1-43 awarded 4 days C.B. and a summ. forf. of 4 days pay and auto forf. 2 days pay for AWL from 2215 hrs 19-1-43 to 1430 hrs 21-1-43	"	19-1-43	"	"	" " A17	23-1-43
23-1-43 TC48 Re-allocated from GL to INF (R)	"	23-1-43	"	"	" " A18	25-1-43
25-1-43 " SOS on Transfer to TC A-12 TOS on temp attach on reposting from TC 48 St John's Que	"	26-1-43 27-1-43	" A-12	" Farnham	" " A19 A-23	26-1-43 28-1-43

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



# CERTIFICATE OF MEDICAL EXAMINATION

Name in full MCGOWAN ROSS ALAN Place MONTREAL Date of Medical Examination NOV. 7/42

## Part 1. Information obtained from the recruit.

1. Age 18
2. Have you ever suffered from any of the following diseases?
  - a. Rheumatism NO
  - b. Tuberculosis or pleurisy NO
  - c. Bronchitis or asthma NO
  - d. Heart disease NO
  - e. Kidney or bladder disease NO
  - f. Stomach or bowel trouble NO
  - g. Rupture NO
  - h. Varicose veins NO
  - i. Foot trouble NO
  - j. Nasal trouble NO
  - k. Ear disease NO
  - l. Eye disease NO
  - m. Fits NO
  - n. Nervous or mental disease NO
  - o. Syphilis NO
  - p. Gonorrhoea NO
  - q. Have you ever worn glasses? NO
  - r. Are you now or have you in the past received disability pension or compensation? If so, give details NO

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

*Alan McGowan*  
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  
Middle finger right hand broken 10 years ago permanent stricture of foexon muscles dislocated left elbow no disability

1. Identification marks or scars 1 vac left arm scars on hands tattoos both arms
2. Height 5 feet 9 1/2 inches.
3. Weight 156 pounds.
4. Complexion Med. Eyes Hazel Hair Brown
5. Development good Good Fair Poor
6. Chest measurement—Girth on full expansion 38 inches. Range of expansion 3 inches.
7. Vision, right 20/20 left 20/20
- With Glasses— right 20/20 left 20/20
8. Hearing, right CV 20 left CV 20
9. Condition of mouth and teeth Fair reflexes normal
10. Blood Pressure:—S. N D. N (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:— B.P. 135/80  
Color vision ishihara (CN) ears nose throat neg. Dr. W.G. Dalpe.  
Tachycardia 100 nervousness
13. Chest X-Ray N No 154466 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* rank *St. Jean Desrosiers* rank *G. Garon* rank  
President Member Member  
**H. AUBRY MAJOR ST. JEAN DESROSIERS M.D. G. GARON M.D.**

Date NOV. 7/42

## VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
NOV 12 '42	<i>Labon Lt.</i>	6-7-43	<i>Recheck Cat. A. Handtke</i>
8-12-42	<i>Labon Lt.</i>		
7-1-43	<i>Labon Lt.</i>		
NOV 12 '42	<i>Labon Lt.</i>		
12-1-43	<i>Labon Lt.</i>		

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-137777..... Rank PTE..... Surname MC GOWAN..... Christian Name ROSS ALAN

[illegible]



No. D137777 Name M<sup>c</sup>GOWAN, R.A. Sqn., Battery, or Company

Corps C.I.C.

Date of enlistment 10 NOV 42

G.C. Badges

Service or Proficiency Pay

M.F.M. 6  
(A.F. B.122)  
40/P & /S136 (2965)

Date of last entry in Company Conduct Sheet NIL

No. and date of last drunk NIL

Period not reckoning towards freedom from extra fine

Sheet No. 1

Signature O.C. Company, etc.

Character

*M. Mason. Major*

*Old sheet destroyed 10 MAY 43 JEM*

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field	15 Sep 43	Pte		WOAS, A.W.L. from 2200hrs 15 Sep 43 till 0600hrs 16 Sep 43. Absent 8 hours. A.A. Sec 15 (1)	Sgt Waugh	7 days C.B.	17 Sep 43	A.S. Pearson Colonel	Forf 1 days pay FRI 149 (1) (a) <i>JEM</i>
Field	25 Sep 43	Pte		WOAS, A.W.L. from 1630 hrs 25 Sep 43 to 1930 hrs 25 Sep 43. Total absence 3 hrs. A.A. Sec 15 (1)	Sgt Marks	7 days C.B.	27 Sep 43	Lt-Col GF Clingan	
Field	27 Dec 43	Pte		WOAS, AWL from 0815 hrs 27 Dec 43 till surrendering to Unit Guard Room at 0840 hrs 3 Jan 44. Total absence 7 days 25 mins. A.A. Sec 15 (1)	Cpl Benford	21 days F.P. Documentary 21 days pay	3 Jan 44	Lt-Col GF Clingan	Forf 8 days pay FR&I 149 (1)(a) Forf 21 days pay FR&I 149 (1)(b) Total forf 29 (P.T.O.) days pay <i>JEM</i>



[illegible]



# SERVICE AND CASUALTY FORM

PART I (For all ranks)

**M.F.M. 4 (Part I)**

A.F.B. 103 (Part I)  
200M-8-42 (5892)  
H.Q. 1772-39-1649

Unit GEN-LIST CA. (INF (R))

Regimental Number D-137777

<p>1. Surname <u>McGOWAN</u></p> <p>2. Christian Names <u>ROSE ALLAN</u></p> <p>3. *Substantive Rank and Appointment <u>Pte</u></p> <p style="margin-left: 20px;">*Acting Temporary or Local Rank <u>10 nov 42</u></p> <p style="margin-left: 40px;">giving date</p> <p style="font-size: small;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth <u>MONTREAL QUE CANADA</u></p> <p>5. Date of birth as declared on attestation <u>24 mar 1924</u></p> <p style="margin-left: 20px;">(A)</p> <p>6. Date of enlistment <u>10 nov 42</u></p> <p>7. Place of enlistment <u>MTL STH QUE CANADA</u></p> <p>8. Residence at time of enlistment <u>4335 Earncliffe Ave, Montreal, Que., Canada.</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay</p> <p>10. (C) Any subsequent variations of conditions of service</p> <p>11. Religion <u>CHURCH OF ENGLAND</u></p> <p>12. If married, state date <u>SINGLE</u></p> <p>13. Trade on enlistment <u>STOCK CHASER</u></p> <p>14. Corps, trade and grade</p> <p>15. (D) Qualifications</p> <p>16. (E) Miscellaneous entries</p>	<p>(17) Regiment or Corps</p> <p>Unit (Battn., etc.)</p> <p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Category</td> <td style="width: 33%;">Date</td> <td style="width: 33%;">Authority</td> </tr> <tr> <td><u>"A"</u></td> <td><u>7 nov 42</u></td> <td><u>MM 2</u></td> </tr> </table> <p>(19) Next of kin (entries to be made in pencil)</p> <p><u>Mr. John Richard McGowan (father)</u></p> <p><u>4335 Earncliffe Ave, Montreal, Que., Canada</u></p> <p>(20) E</p> <p>(21) E</p> <p>(22) E</p>	Category	Date	Authority	<u>"A"</u>	<u>7 nov 42</u>	<u>MM 2</u>
Category	Date	Authority					
<u>"A"</u>	<u>7 nov 42</u>	<u>MM 2</u>					

**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		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
			<p>Incr rates \$1.50</p> <p>S.O.S. C.A.(A.F.) CANADA ON</p> <p>EMBARKATION ON.....19 Jul 43</p> <p>T.O.S. C.A.(A.F.) OVERSEAS ON</p> <p>TRANSFER ON.....20 Jul 43</p> <p>AND DISEMBARKED ON.....28 Jul 43</p> <p>T.O.S. — 5 C.I.R.U.</p> <p>5 C.I.R.U. 7 days C.B. AWL from 2200 hrs 15 Sep 43</p> <p>5 C.I.R.U. 50600 hrs 16 Sep 43 (P.M.) for 1 day pay</p> <p>5 C.I.R.U. 11 Sep 43 Rear Party Inc 11 Sep 43</p> <p>5 C.I.R.U. C.T.A. sep to Rear Party Inc 11 Sep 43</p> <p>5 C.I.R.U. 9 Sep 43 P.L. with Area to 22 Dec 43</p> <p>5 C.I.R.U. AWL from 0815 hrs</p> <p>5 C.I.R.U. Returned &amp; Cease to be AWL at 0840 hrs</p> <p>5 C.I.R.U. 21 Sep 43 F.P. + 21 Sep 43 pay AWL 0815</p> <p>27 Dec 43 - 0840 3 Jan 44 (7 days 25 min)</p> <p>10 Sep 43 for 29 Sep 43 pay</p> <p>✓ S.O. 1 to 1 R.H.C.</p> <p>✓ T.O.S. from 5 C.I.R.U.</p> <p>✓ on 8 May 44 awarded a furlough of 4 days pay</p> <p>for awl from 1600 hrs 16 Sep 44 to</p> <p>2300 hrs 6 May 44 (about 7 hrs) 7 days</p> <p>1 days pay under 7 R.P. 149-1-1</p> <p>7 days 47 days pay under 7 R.P. 149-2</p> <p>Total furlough 5 days pay</p> <p>Awarded Canadian Volunteer Service Medal and Clasp</p> <p>Embarked U.K. 5 Jul 44 Disembarked France...</p>		10 May 43	Pte	Q160 10 Jul 43
				U.K.	29 Jul 43	Pte	129 30 Jul 43
				U.K.	17 Sep 43	PTE	171 20 Sep 43
				U.K.	16 Oct 43	PTE	185 18 Oct 43
				U.K.	19 Nov 43	Pte	224 23 Nov 43
				U.K.	13 Dec 43	Pte	245 18 Dec 43
				U.K.	27 Dec 43	Pte	255 31 Dec 43
				U.K.	3 Jan 44	Pte	3 d 4 Jan 44
				U.K.	3 Jan 44	Pte	6 7 Jan 44
				✓	26 Jan 44	Pte	26 Jan 44 17-21 Jan 44
				✓	28 Jan 44	Pte	5-28 Jan 44
				✓	8 May 44	Pte	27-29 May 44
				✓	10 May 44	Pte	34-7 July 44
				✓	6 July 44	Pte	37-14 July 44
				✓	28 Jul 44	Pte	44-9 Aug 44
				✓	28 Jul 44	Pte	29-23 Aug 44
				✓	28 Jul 44	Pte	47 Sep 44
Came 8046 Aug 44			Sol to 6 West R.H.C. Missing				
Came 30 30/8/44	X6 Bw		Sol to 5 West R.H.C. Missing				
cc	R.H.C.		Sol to 5 West R.H.C. Killed in action				



Statement of the Service of No. D-137777

Rank PTE



Sheet No. 1

M.F.M. 1 & 2 (a)  
20 M-11-36 (9359)  
H.Q. 1772-45-18

Name MCGOWAN, R.A.

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
5505-	ADM. A.W.L.	From 2359hrs 20-2-43 to 1600hrs 21-2-43						
1	A.A. SEC. 15	(1) Aut. forft. One day s'pay under Art 149(1)a) F.R.&I.	PTE.	22-2-43	A-12	FARNHAM	A-44	22-2-43
1		To be L/CPL to complete est. by aut. of his C.O.	"	27-2-43	"	"	A-51	2-3-43
1		Reverts to his sub. rank of Pte. R.O. 1340	"	10-5-43	"	"	A/108	11-5-43
1		Granted 14 days furft. from 19-5-43 to 1-6-43 Aut to draw ration all at the rate of &.50 per diem Art. 196	"	19-5-43	"	"	A/115	19-5-43
	Spec Leave from	30-6-43 to 4-7-43 aut 50¢ p.d. T.W. A-471513	"	30-6-43	"	"	A-152	1-7-43
	Granted daily rates of pay of \$1.50		"	10-5-43	"	"	A-160	10-7-43
	S.O.S. on proceeding to	Serial No. 599 C.A.C.	Pte	19-7-43	A-12	Farnham	A-167	19-7-43
		S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 19 July 43						
		T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 20 July 43						
✓		AND DISEMBARKED ON 28 July 43						
		T.O.S. - 5 CIRU	Pte	29 July 43	5 CIRU	UK	129	30 July 43
	And 7 dyp C.B. Total for F dyp pay	AA Sec 15 (1)	Pte	17 Sept 43	5 CIRU	UK	171	20 Sept 43
	And gap to Rear Party Ince	11 Cdn Hd Hygiene Sec	Pte	16 Oct 43	5 CIRU	UK	195	18 Oct 43
	Cease att'd gap to Rear Party Ince	11 Cdn Hd Hygiene Sec	Pte	19 Nov 43	5 CIRU	UK	224	23 Nov 43
	(62) AOR 2200hrs	Still Absent end of month	Pte	24 Dec 43	5 CIRU	UK	255	31 Dec 43



Statement of the Service of No.....

Rank.....

Sheet No.....

M.F.M. 1 & 2 (a)  
20 M-11-36 (9359)  
H.Q. 1772-45-18

Name.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
	(c62) Retia & leaves to be availed 1840 hrs		Pt	3 Jan 44	5 CIRU	UK	3	14 Jan 44
(c85)	D034/15 Feb 44	Awarded 21 days F.P. & for 24 days pay	Pt	3 Jan 44	5 CIRU	UK	6	7 Jan 44
(c95)	SOS	SOS to Bk W	PG	20 Jan 44	5 CIRU	UK	17	21 Jan 44
(c95)	TOS	TOS from 5 CIRU	PG	21 Jan 44	Bk W.	UK	5	28 Jan 44
c86		Awd. for 5 days pay AA15(1)	Pre	8 May 44	Bk W.	UK	27	29 May 44
c86		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	Tr	10 May 44	Bk W.	21A 9p	34	7 Jun 44
		Embarked at UK on		5 Jul 44				
c86		Disembarked at France on	Pt	6 Jul 44	Bk W.	21A 9p	37	14 Jul 44
		Missing	Pt	28 Jul 44		AET	A476	
ex SOS		SOS to Ab list 1 RHE Missing	Pt	28 Jul 44	RHE	21A 9p	44	9 Aug 44
		Killed	Pt	28 Jul 44	RHE	AET	A482	25 Aug 44
ex SOS		SOS Killed in Action	Pt	28 Jul 44	1 Bn Bk W	21A 9p	47	1 Sept 44



M.F.M. 14  
480 M-10-40 (7443-4)  
H.Q. 1772-39-1662

~~Pte~~ **P6**

McGOWAN

Montreal South, Que.

~~XXXXXX~~ PLACE OF ENLISTMENT  
~~XXXXXX~~ AND DATE 10 Nov 42  
\*SINGLE

No. **D-137777** RANK ~~Pte~~ NAME **Ross Alan**

RATE OF PAY

**1.5.**

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
					1.30		
<b>160</b>	<b>10-7-43</b>	<b>P6</b>			<b>1-40</b>	<b>10-5-43</b>	

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Mrs. Anna McGOWAN		20.00 ✓	
4335 Earnscliffe Ave.,			
Montreal, Que. Dec. 42			
(Mother)			
Fourth Victory Loan	1-5-43		8.40

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE

OUTFIT ALLOWANCE \$ PAID ON  
\*DELETE WORDS WHICH ARE INAPPLICABLE

JPM

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

P. A.



## CASUALTIES, ETC.

PART II D. O.		
NO.	DATE	
273	12-11-42	TOS DD4 & posted to "B" Wing wef 12-11-42
280	20-11-42	SOS on trans to #48 St Johns wef 20-11-42
184	NOV 21 1942	T.O.S. C.A. (B) T.C. No. 48 w.e.f. NOV 21 1942
A-217	31-12-42	Gr. New Yr. L. wef. 29-12-42 to 4-1-43 & 5 days RA.
A-2	4-1-43	AWL fr. 0100hrs 4 Jan 43.
A-4	6-1-43	<del>Cancels-A-2-AWL.</del>
A-17	23-1-43	AWL wef 2215hrs 19-1-43
A-17	23-1-43	Awarded 4 days CB. Summ. ftre. 4 days pay & Aut. 2 days pay. for AWL wef 2215hrs. <del>to</del> 19-1-43 to 1430hrs. 21-1-43. Total forfeiture; 6 days pay.
A-19	26-1-43	SOS C.A. (B) T.C. 48 on transf. to A-12 Farnham wef 26-1-43
23	28-1-43	TOS A-12 Farnham wef 27-1-43
44	22-2-43	On 22-2-43 admonished fro AWL from 2359 hrs 20-2-43 to 1600 hrs 21-2-43 Total forf: 1 days' pay
51	2-3-43	To be L/Cpl wef 27-2-43
108	11-5-43	Rverts to his subs. rank of pte wef 10-5-43

P. &amp; A. LED. AGREES

APR 19 1943



No. RANK NAME  
CASUALTIES, ETC.

PART II D. O.  
No. DATE NATURE AND PARTICULARS IF IN HOSPITAL NOTE NAME

115 19-5-43 GRANTED 14 days furl from 19-5-43 to 1-6-43 and  
r.a. of \$0.50 per d.

152 1-7-43 GRANTED special leave from 30-6-43 to 4-7-43 inc warrant  
and r.a. of \$0.50 per d.

~~160 10-7-43 GRANTED rates of pay of \$1.40 wef 10-5-43~~

167 19-7-43 SOS A-12 on proceeding overseas on serial 599  
wef 19-7-43

179 30-7-43 Tos CAO wef 20 July 43 Tos #5 CIRU 29 July 43.

171 20-9-43 40h 1 day pay, awk. 8 hrs. 17. Oct 43.

195 18-10-43 Attap P. Party 11 Cdn. Fd Hygiene Sec wef 16 Oct 43.

224 23-11-43 CTBA R.P. 11. C.F. N.S. wef 19-11-43

245 18-12-43 9 days P.L. R. from 13-22 Dec 43.

255 31-12-43 awk from 0815 hrs 27 Dec 43

255 31-12-43 awk from 0815 hrs 27 Dec 43 + still awk at 31-12-43

1 1-1-44 awk from 0815 hrs 27 Dec 43 + still awk at 1-1-44

3 4-1-44 Retd & ceases to be AWK at 0840 hrs 3 Jan 44



## CASUALTIES. ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
6	7-1-44	On 3-1-44 and 21 days F.P. 21 days pay & Dec 10 (1) R.A. 7 day 25 min - total for 29 days pay.	
17	21.1.44	SOS to R.H.C. ref 20.1.44.	
CR 20-1-44		TOS IRHE from 5 CIRU wef. 20-1-44.	
CA 8-3-44		PL 7 MAR 44 TO 16 MAR 44 (RA)	
21/8 CR 13-5-44		On 8 MAY 44 AW'D A FORF OF 5 DAYS PAY FOR A.W.L	
CR 2-5-44		<del>GRANTED INC RATE OF PAY \$1.50 PER DAY WEF 3 MAR 44</del>	
160	10-7-43	GRANTED INC RATE OF PAY \$1.50 PER DAY WEF 10 MAY 43	
CR 20-6-44		AMEND CR NO 44/A D/2 MAY 44 IN SO FAR AS IT REFERS THE IJM IS CANCELLED.	
CR 28-6-44		AW'D C.V.S.M. & C WEF 10 MAY 44 (AOTH) ORO 4167	
37/2 F 14/7/44		Emb in UK. 5/7/44. Desemb. in France. 6/7/44	
6A	28/7/44	SOS to X.6. List (IRHC) missing wef 28/7/44	



File No. 405-M-37.420

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-137777 Name Mr. GOWAN, ROSS ALAN  
Rank on Discharge Pte. Date of Discharge 28-7-44  
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying  
service

Canada from 10-11-42 to 19-7-43  
from \_\_\_\_\_ to \_\_\_\_\_

United Kingdom from 20-7-43 to 5-7-44  
from \_\_\_\_\_ to \_\_\_\_\_

Italy from \_\_\_\_\_ to \_\_\_\_\_

Northwest Europe from 6-7-44 to 28-7-44 K/A

-----from \_\_\_\_\_ to \_\_\_\_\_

-----from \_\_\_\_\_ to \_\_\_\_\_

Eligible for award of:

1939 - 45 Star OK

-----

Italy Star

France-Germany Star OK

Defence Medal OK

War Medal 1939-45 OK

Canadian Volunteer Service Medal OK

with clasp OK



EH

Verified by S. D. D. D.

Date 24.10.46

Carded DOCT 25 1946

HA 165

NO RIBBOND ESPATCH



21st September, 1944.

Mr. John R. McGowan,  
4335 Earncliffe Ave.,  
Montreal, Quebec.

Dear Mr. McGowan:

It was with deep regret that I learned of the death of your son, D137777 Private Ross Alan McGowan, who gave his life in the Service of his Country in The Western European Theatre of War, on the 28th day of July, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

SEP 16 1944  
(H.F.G. Letson),  
Major-General,  
Adjutant-General.


MPS  
*mas*



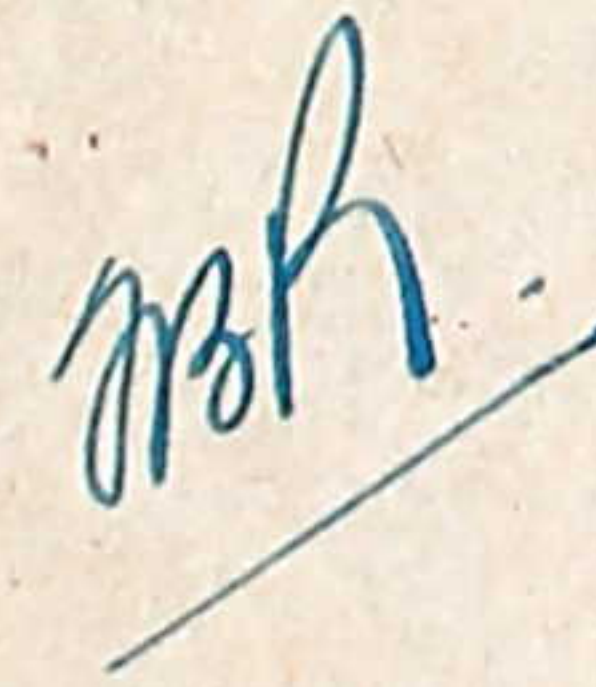
405-M-37420  
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.137777, Private Ross Alan McGOWAN, of the Black Watch (Royal Highland Regiment) of Canada, Canadian Army, was killed in action on the 28th of July, 1944.

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

Officer authorized to sign certificates  
of death and/or presumption of death for  
the Canadian Army.

  
Department of National Defence,  
Ottawa, Canada.  
November 25th, 1944.



# FIELD SERVICE

405-M-37420  
9/31B Army Form B. 2090A.  
40/P & S/2551 (5504)

MRR

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 } 1 R.H.C. Squadron, Troop }  
OR CORPS } Battery or Company }  
Officer's Personal No. (if known) } D-137777 Rank Pte  
Soldier's Army No. }

Surname McGowan Christian Names R.A.

Died { Date 28 Jul 44 Place France  
Cause of Death\* K/A

Nature and Date of Report A.F.W. 3014/92 d. 24 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 St Martin de Fontenay 024602 Date 13 Aug 44  
By whom reported C.F.

State whether he leaves { (a) in Army Book 64 No  
a Will or not { (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 } France Signature of Officer in charge of Section }  
Date } 45x5 Sep 44 Adjutant-General's Office at the Base } for Officer i/c

Cdn Sec GHQ 2 Ech 21 A Gp



**BATTLE CASUALTY**  
**CASUALTY SECTION EXTRACT FORM**

This Space  
is for  
the  
**RED X**  
See Below

Message Received from ..... **21/CAS/2739** .....

Time Message Received.....

Date Message Received..... **22 Aug 44** .....

Theatre

**AEF**

Regimental No.                      Rank                      Name                      Full Christian Names

.... **D-137777** ..... **Pte.** ..... **MCGOWAN,** ..... **Ross Alan.** .....

Unit..... **Black Watch.** .....

SERIAL

CASUALTY PARTICULARS

NOW KILLED 28 JUL 44. (Prev. shown Missing 28 Jul; A-476.)

**"A" 482**

Hospital Admitted To..... Date.....

Hospital Transferred To..... Date.....

Hospital Transferred To..... Date.....

Hospital Discharged From..... Date.....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin..... **Mr<sup>3</sup><sub>4</sub> John Richard McGowan.** ..... Relationship..... **Father.** .....

NOTE: If the Next of Kin re-  
sides in the British Isles or  
U. S. A. MARK RED X  
in UPPER LEFT HAND  
SQUARE

IMPORTANT

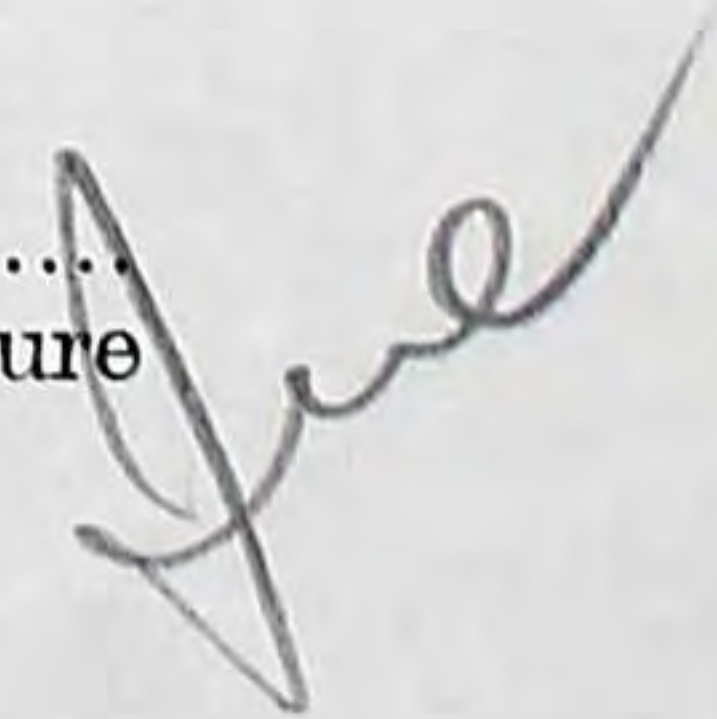
**4335, Earnscliffe Ave., Montreal, P.Q.** .....

Home Town ..... **Same.** .....

Cable No. .... **9640** .....

Inland Tel. No. ....

Verification Clerks Signature





Director of Estates

Regimental No. D 137777 Rank Private

MCGOWAN

Surname

Ross Alan

Christian Names

Unit 1st Royal Highland Regiment of Canada (CA)

Date of Death 28-7-44 Place of Death Overseas (France)

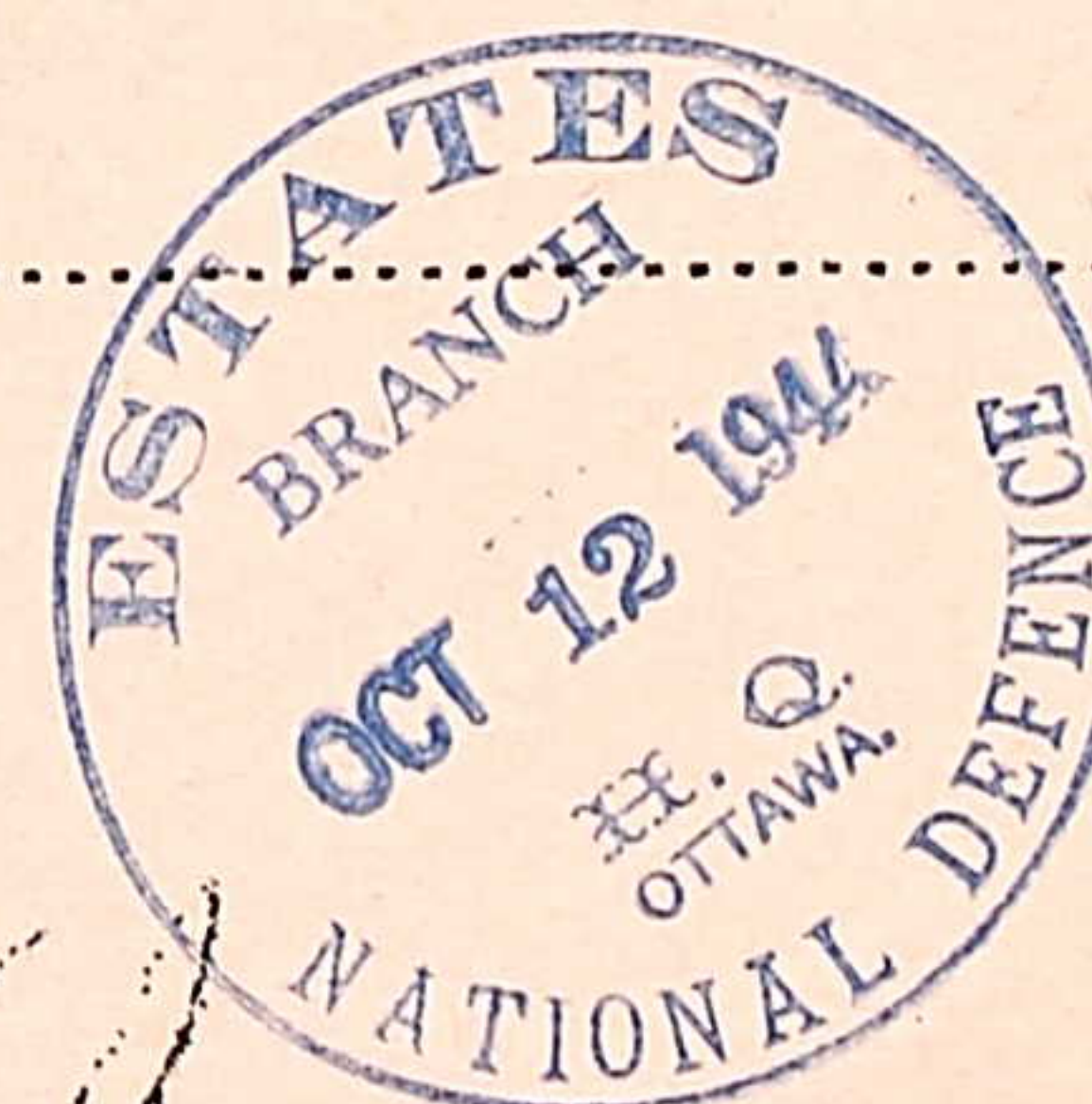
Next-of-kin Mr. John R. McGowan Relationship Father

Address 4335 Earnscliffe Ave., Montreal, Que.

M.F.M. 5 Copy of M.F.M. 5 herewith

Will Will d/12-11-42 herewith

Date 6-10-44



JEC/MB

*[Signature]*  
(C.L. Laurin) Colonel,  
Director of Records,  
for Adjutant-General.



Est 31-1-46

File No 405-M-37420

REBURIAL

NO D137777

RANK PTE

NAME MCGOWAN

P. A.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave / Row E Plot 2

AUTHORITY 54-27-88-2 Vol. 20

Reburial list



15th April, 1946.

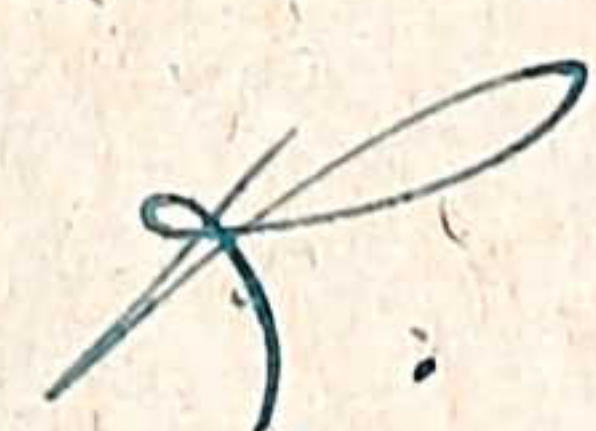
Mr. John R. McGowan,  
4335 Earnscliffe Ave.,  
Montreal, Que.

Dear Sir:

Information has just been received from overseas that the remains of your son, D137777 Private Ross Alan McGowan, have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row E, plot 2, 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.

JJJ

*24*



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D.137777** RANK **Private**

SERVICE UNIT **1st Royal  
Highland Regiment  
of Canada (CA).**

NAME **McGOWAN, Ross Alan**

DATE OF BIRTH **24th** MONTH **March** YEAR **1924** Enlisted: **10-11-42**

MARITAL STATUS **single** Religion: **Church of England**

NEXT OF KIN AS SHOWN ON  
M.F.M. 1, 2 & 5 RELATIONSHIP **Father**  
ADDRESS **4335 Earncliffe Ave.,  
Montreal, Que.**

NAME **Mr. John R. McGowan**  
ADDRESS  
D.A.B.

ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS  
( IF SOLDIER  
MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO.

CASUALTY DETAILS

**9640**

**H.Q. 405-M-37,420**

DATE

**Killed in action**

**28-7-44**

**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

**1-9-44**

**PAL**

OFFICER I/C RECORDS

**6**

**COPY FOR DOCUMENT FILE**



No D.137777 Rank Private Name McGOWAN, Ross Alan

Unit Black Watch (R.H.R.) Date of death 28th July, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-M-37420

N/K Mr. John R. McGowan, Relationship Father

Address 4335 Earnscliffe Avenue, Montreal, Quebec.

Remains buried in \_\_\_\_\_ Cemetery

MR 024602 St. Martin de Fontenay, France.

Grave location ✓

OVER-



APR 15 1946

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. FEB 27 1945

ROYAL MESSAGE DESP'D. SEP 21 1944

CAN. MESSAGE DESP'D. SEP 30 1944

REBURIAL

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

Grave 1, Row E, Plot 2.

HI & CR Form Despd. DEC 6 - 1946

Photographs

Despatched

SEP 12 1947



## 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		Hospital or Institution		Place an X over the word which applies to this municipality or this territory City   Town   Village   Parish   Township					
2. LENGTH OF STAY		(a) In hospital or institution		Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED		Surname		McGOWAN		Given names		Ross Alan		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH			
4. RESIDENCE		Street		Earnscliffe Ave.,		No.		4335		22. Date of death		July		28th, 1944	
		Official name of civil municipality or township		Montreal,											
		Municipal county		Quebec		Province									
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)		Single							
M															
9. If married give name of wife or husband of deceased															
10. BIRTHPLACE (Province or Country) Quebec															
11. DATE OF BIRTH March 24th, 1924															
12. AGE OF DECEASED Years Months Days If less than one day old 20															
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Stock Chaser															
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 McGOWAN, John R.															
MOTHER (Maiden Name)															
19. Place of burial, cremation or removal France															
20. Date of burial															
21. PLACE OF REGISTRATION OF THIS BURIAL															
(a) Name of parish or church															
(b) Civil municipality of															
(c) Municipal county															
(d) Date															
22. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)															
23. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.															
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. Killed in action.															
Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).															
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.															
III If a communicable disease is mentioned on this certificate, give (a) Date of appearance 19 (b) Duration of disease days															
25. If a woman, was there a puerperal condition?															
26. Was there a surgical operation? Date of 19															
State findings Was there an autopsy?															
27. If death was due to external causes (violence) fill in also the following:—															
Accident, suicide or homicide Date 19 (State which)															
Manner of injury (How sustained)															
Nature of injury															
Specify whether injury occurred in industry, in home, or in public place															
Signed M.D.															
Address Date 19															
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)															
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.															
This signature authorizes the collector to accept this form as authentic.															
(Voir l'autre côté pour le français)															

Director of Records, Dept. of National Defence.

FEB 27 1945



Read this whole Form and Instructions  
on other side before commencing to  
complete.

## WILL

M.F.M. 10  
150M-6-42 (4820)  
H.Q. 1772-39-1656

(1) I, ROSS ALAN McGOWAN, of the City  
(Name in Full) (City, Town, Village, Township)

Address in  
civil life.

of Montreal, in the County of Jacques Cartier  
District

Province of Quebec, Stock Chaser.  
(Civil Occupation)

Regimental No D-137777, 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 Anna McGowan

Residing at: 4335 Earnscliffe Ave Montreal Quebec 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

(4) I appoint \_\_\_\_\_  
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 12th day of November  
1942...

Signed and acknowledged by the Tes-  
tator, 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.

Ross Gowan  
(Signature of soldier)

First witness  
sign here.

(5) Signature M. Beaudet  
Civil Address 1920 St Joseph Blvd E. Montreal Que  
Civil Occupation Merchant.

Second witness  
sign here.

Signature Benoit Lavertais  
Civil Address Stavelandville Que  
Civil Occupation Teacher

(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..... McGOWAN .....  
(Surname first—Christian names in full—Block capitals)

..... Ross Alan .....

(2) Regimental or Official Number and Rank..... D-137777 ..... PTE .....

(3) Unit..... GEN LIST CA. .....

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

(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?..... NIL .....

(8) Have you any children? NIL ..... Number of boys..... Girls.....

Names and ages..... NIL .....

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

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

Name..... NIL .....

Postal Address..... ..

[SEE OTHER SIDE]





(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....  
If so, state her full name and Postal Address.....NIL.....  
.....  
.....

(11) Is your father alive?.....YES.....  
If so, state name and address, occupation Mr JOHN RICHARD McGOWAN  
.....4335 EARNSCLIFFE AVE MONTREAL QUEBEC CANADA CHAUFFEUR

(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 ANNA McGOWAN  
.....4335 EARNSCLIFFE Ave Montreal Quebec 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?.....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 .....

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?.....NIL.....  
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

.....R.M. Gowan.....  
(Signature of officer or man)

Date 12 Nov 1942.....

.....R.D. Smith.....

Date 12 Nov 1942.....

Officer Commanding.....  
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.



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

4  
ARMY

DECEASED  
MEMBER'S  
NAME

Ross Alan  
(CHRISTIAN NAMES)

MC GOWAN  
(SURNAME)

REGISTER NO.

D-14929

FILE NO.

405-M-37420

DATE

9-1-46

SERVICE NO.

D-137777

FINAL RANK OR RATING

Pte.

DATE OF DISCHARGE

28-7-44

DATE OF TERMINATION OF OVERSEAS SERVICE

28-7-44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS

579

EQUAL TO

19

COMPLETE PERIODS AT \$7.50

\$ 142.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

334

LESS

9

INELIGIBLE DAYS, EQUAL TO

325

DAYS @ 25c. PER DAY

81.25

SEE PAR. 2 OVERLEAF FOR EXPLANATION

223.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE

\$ 1.50

\$ 1.25

ADDITIONAL PAY

\$

\$

\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

\$

TOTAL

\$ 2.75

X7 = \$

19.25

NO. OF DAYS

334

X\$

19.25

183

35.13

D. WAR SERVICE GRATUITY

258.88

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

258.88

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_

= \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

PREPARED BY

KRM

CHECKED BY

mfu

TREASURY

CHECKED BY

DATE

14.1.46

SERVICE REPRESENTATIVE



DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

GL

Name.....McGOWAN.....Surname.....Ross A.....Christian Names.....No.....D.137777.....

Rank.....PTE.....Unit.....C.A. O/S.....Date of Death.....28-7-44.....

AMOUNT W. S. G. 258.88  
L.P.C.....\$ 25.95  
Other Credits.....  
Total.....284.83  
Prev dist. 25.95  
This dist. 258.88

Date.....5-3-46.....

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Anna McGowan 4335 Earncliffe Ave., Montreal, Que.  (Sole beneficiary under will)	258.88
Do not remove from file			W. S. G.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	258.88
CLASSIFIED BY			EXAMINED BY		
D			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

T. M. Firth  
(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT







FORM No. 1

Registered No. *D/14929*Nominal Roll No. *D 359*

To: P.M.G.

H.Q. File No. *405-M 37420*

## CANADIAN ARMY (ACTIVE)

## Computation of Service

## WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<i>D/137777</i>	<i>PTE.</i>	<i>MCGOWAN</i>	<i>ROSS, ALAN</i>

## 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. <i>10 Nov 42</i>	T.O.S.	T.O.S.
S.O.S. <i>28 July 44</i> MD <i>0/5</i>	S.O.S. MD	S.O.S. MD
Total Days <i>627</i>	Total Days	Total Days

## Total Service

*627* DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<i>252</i>	<i>7</i>	<i>245</i>
Overseas Service.....	<i>375</i>	<i>41</i>	<i>334</i>
Totals.....	<i>627</i>	<i>48</i>	<i>579</i>
Add Non-qualifying Service.....			<i>48</i>
Total Service.....			<i>627</i>

## EMBARKATION DETAILS:

1. Date S.O.S. Overseas *28 July 44*

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

## REMARKS:

Computer's Signature *A. W. Macdonald*Checker's Signature *[Signature]*Date Computed *16 Aug 44*

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

*[Signature]*  
C. L. LAURIN,

Colonel,

DIRECTOR OF RECORDS.



Total

**.T.O.S.**

Total



CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH  
INVENTORY

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

No., RANK and NAME .....D-137777 Pte... McGowan... R.A..... (Deceased).....

RECEIVED FROM ..... 2nd Echelon 21 Army Group.....

G-52743 Pte McDonald S.J.

CHECKED BY C-5591 Pte Patterson L.K..... DATE ..... 8 Dec 44.....

1	Bible
1	Pr. Puttees
3	Handkerchiefs
	Flint
1	Key On Ring

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

*L. Patterson Pte*  
.....  
for OC 1 Cdn KSD



28-7-44

AWARDS—CANADIAN ARMY (ACTIVE) M

1709

C.B.

500M—1-44 (3407)  
H.Q. 1772-45-8

FILE NO. 405-M-37,420

McGOWAN Ross Alan

D-137777

Pte.

R.H.Regt. of Can.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. NO.

RANK ON  
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

## CAMPAIGN MEDALS

1939-45 Star  
France & Germany Star  
Defence Medal  
War Medal, 1939-45  
CVSM & Clasp

## REGISTRATION NUMBER AND DATE DESPATCHED

6729

22-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Anna McGowan Mother  
4335 Earnscliffe Ave.,  
Montreal, Que.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

Single

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Anna McGowan, (M.F.M.5.) (ENGLISH)

1709

ADDRESS: 4335 Earnscliffe Ave., Montreal, Que.

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP. (1)

REGN. NO.

4394

(2)

DESP. DEC 4 1944

(3)

REGN No. 8666



PERIOD  
From JUL 20 1943 To 19



MILITIA BOOK M. 1

PART II

250M-10-42 (5040-2 & 5232)  
H.Q. 1772-39-1672

CANADIAN ARMY

# Soldier's Pay Book

(For use on Active Service)

1st Bn. The Black Watch (PRR) of Canada

Reg. No. D-137777

Surname (Capitals) Mc GOWAN

Christian Names in full Ross, ALAN, and



## PARTICULARS OF SOLDIER

Regimental Number D - 137 777Name in full (surname first) McGowanRoss, Alan,Date of Attestation 10-11-42State whether married, widower or single single

If married after enlistment, state date of marriage:

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the Soldier (see page 1, para. 6):

Mrs Anna McGowan (mother)  
4335 Earncliffe Ave. Montreal, Que.

## PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:

Effective date:

(a) \$ 20.00 ..... 1-12-42(b) \$ 8.40 ..... 1-5-43

(c) \$ .....

(d) \$ .....

Name, address and relationship of assignee:

(a) Mrs Anna McGowan (mother)  
4335 Earncliffe Ave. Montreal, Que.(b) Rev Gen of Can (4th V.B.A.)

(c) .....

(d) .....

Dependents allowance, payable to: (state relationship)



# **CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES**

Date effective	Particulars	Part II Order	Date	Signature of Paymaster
10-11-42	T.O.S. Nte.	273	12-11-42	RC Miller Capt
27-2-43	S/C pl.	<del>51</del> <del>160</del>	<del>2</del> <sup>3</sup> <del>12</del> <sup>3</sup> - <del>8</del> <sup>3</sup> -43	RC Miller Capt
10-5-43	Rev. to Nte.	108	11-5-43	RC Miller Capt
10-5-43	Increase of Pay	160	10-7-43	RC Miller Capt

## **DAILY RATE OF PAY**

Rate of Pay in Issue		Date Effective	Signature of Paymaster
\$	c.		
1	30	10-11-42	RC Miller Capt
1	60	27-2-43	RC Miller Capt
1	30	10-5-43	RC Miller Capt
1	40	10-5-43	RC Miller Capt



Soldier's Signature.....

Book opens on 20-7-43 Balance Cr. or Dr. \$ 15.11

Date	Particulars	Credits	Cash Payments and Other Charges		As-signed Pay
			Local Cur-rency	Canad'n Cur-rency	
L.P.C. Balance.					
1943					
20 July	Bals. Br't Forward			15 11	
	Bel. July Pay	16 80			
31-7-43	A.R. 37		-110/-	2 24	
	Aug Pay	43 40			28 40
14	AR 28		1-0 6	4 58	
	MEM 513				
20 Aug.	\$105			40	
30 Aug	AR 31		2-0-0	8 94	
Sep	Pay	42 10			28 40
	Totals	102 20		31 27	56 80

Balances only will be carried forward

Paymaster's Signature.....

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
	15 11		1943
		169	1943
	-55		1943
		14 45	1943
		9 87	1943
		9 47	1943
		53	1943
		14 13	1943



Date	Particulars	Credits	Cash Payments and Other Charges		As-signed Pay
			Local Cur-rency	Canad'n Cur-rency	
	Bals. Br't Forward	14 13			
14 Sep	AR 38		1.10.6	6 82	
	Oct Pay	43 40			28 40
15 Oct	A.R. 50		3.0.0	13 41	
15	for 1 day Do 121			1 40	
30.10	A.R. 61		1.10.0	6 71	
17 Nov	AR 6		1.10.0	6 71	
	Nov Pay	12 -			20 -
29 "	AR 71		0.10.0	2 24	
	Totals	99 53		37 29	48 40

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		14 13	<i>M. J. Kennedy</i>
		7 31	<i>M. J. Kennedy</i>
		22 31	<i>J. B. Bunt</i>
		8 90	<i>J. B. Bunt</i>
		7 50	<i>L. Baume</i>
		19	<i>H. J. Gallant</i>
	5 92		<i>N. J. Bunt</i>
		16 08	<i>N. J. Bunt</i>
		13 84	<i>J. B. Bunt</i>



Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Bals. Br't Forward	1384			
	Dec Pay	4340			20 -
7	513-155			264	
13 Dec.	AR 75		7.0.0	31 29	
	Gas Pay	4340			20.
8	Arps 29 dph 13 Do 6			40 60	
10	Army acc Do 245	6 03			
13 Jan	Q.R. 74		0-10.0	2 24	
31	AR 89		10/-	2 24	
	Totals	10667		79 01	4000

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		1384	J.B.
		3724	DeBrent Lt-
		3460	DeBrent Lt
		331	DeBrent Lt
		2671	DeBrent Lt
	1389		DeBrent
	786		DeBrent
	1010		DeBrent
	1234		DeBrent



Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
1944					
Jan 31	Bals. Br't Forward	1234			
Feb 1	Pay X 4030 X				2000
15	AR 95		10/-	224	
29	AR 99		\$1-10	671	
Mar 1	Pay 4340				2000
Pay Obs. #1380		3080			
March 1	Pay on DOB should read 7 days only				
1	AR 103		\$9-10	4247	
31	AR 109		\$2-10	1118	
Apr 1	Pay 4200				2000
	Totals	14416		62606000	

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
	1234		
		796	
		572	
	99		
		2241	
		5321	
		1074	
	44		
		2156	







If you do not wish to draw all pay due, place the amount desired opposite date of pay day.

FEB. 15	-/10/-	AUG. 15	£ 2.-/
FEB. 28	ALL	AUG. 31	£ 20.00
MAR. 15	£ 9/10/-	SEP. 15	£ 2-10-0
MAR. 31	all	SEP. 30	
APR. 15	£ 2/-/-	OCT. 15	ALL - D Coy
APR. 30	£ 4/10/-	OCT. 31	£ 1-10/- 0
MAY 15	£ 2/-/-	NOV. 15	
MAY 31		NOV. 30	-/10/-
JUNE 15		DEC. 15	ALL "C" Coy
JUNE 30		DEC. 31	ALL "C" Coy
JULY 15		JAN. 15	-/10/- 0 F
JULY 31		JAN. 31	-/10/-

28 JUN 1944