D137945
CRUISE
LLOYD JACKS

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REBURIAL

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

Grave 9, row D, plot 4.

HI & CR Form Despd. OCT 26 1946

Photographs
Despatched
AUG 18 1947

BURIAL REPORT TO N.K. MAR 28 1946

RETURN TO BUR. OF STAT. FEB 23 1945

ROYAL MESSAGE DESP'D. SEP 21 1944

CAN. MESSAGE DESP'D. SEP 12 1944

No D.137945 Rank Private Name CRUISE, Lloyd Jackson

Unit Black Watch (R.H.R.) Date of death 25th July, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-C-24462

N/K Mrs. Grace Cruise, Relationship Widow

Address 32 Brownsburg Road, Lachute, Quebec.

Remains buried in Cemetery

MR 024602 St. Martin de Fontenay, France

Grave location

CHK

OVER-

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.

(1) REGN. NO. 127

(1) MEDALS

PERSON ENTITLED TO Mrs. Grace CRUISE (WIDOW)

ADDRESS: 32 Brownsburg Road, LACHUTE Que.

(2) MEMORIAL CROSS

WIDOW Mrs. Grace CRUISE, (ENGLISH)

(1673)

ADDRESS: 32 Brownsburg Rd., LACHUTE, Que.

(2) DESP. OCT 18 1944 REGN No. 3565

(3) MEMORIAL CROSS

MOTHER Mrs. Margaret CRUISE, (MFM5) (ENGLISH)

(1673)

ADDRESS: 10 Main St., LACHUTE, Que.

(3) DESP. OCT 18 1944 REGN No. 3566

25-7-44

M

FB

AWARDS—CANADIAN ARMY (ACTIVE)

(1673)

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-C-24462

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CRUISE, Lloyd Jackson	D-137945	Pte.	Black Watch Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED	
1939-45 Star		
France-Germany Star	6008	2-11-49
Defence Medal		
War Medal		
CVSM & Clasp		

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

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

No. D. 137945 Rank Pte Name CRUISE

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

at Signature of Officer.

Date Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at

H.Q. M.D. 4. Signature of Officer.

Rank or Appointment.

Lieut.

WILL RECEIVED IN
DOCUMENT SECTION

MAR 20 1944

RECORD OFFICE
NAT. DEF. H. Q.

D. R. 10

RECEIVED
D OF RECORDS
MAY 9 1946
WILL SEC.
N. D. H. Q.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D-137945 RANK Private SERVICE UNIT 1st Battalion Royal Highland Regiment of Canada (C.A.)

NAME CRUISE, Lloyd Jackson

DATE OF BIRTH 19th October, 1910 DATE OF ENLISTMENT 23-11-42

MARITAL STATUS Married RELIGION Baptist

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Grace Cruise,

ADDRESS 32 Brownsburg Road, Lachute, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 9611 H.Q. 405-C-24,462

CASUALTY DETAILS Killed in action DATE 25-7-44

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 28-8-44

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

Pte

CONTINUATION CARD M.F.M. 14

D

Regimental No. 0131945 Name CRUISE L J

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
CR	21 JUN 44	T.O.S FROM 11 Bn 2 CBRG 1RHC WEF 21 JUN 44
bR	28/7/44	SoS to X.b. Lost (1-RHC) Missing w.e.f 28/7/44

M.F.M.—14A
40/P&S/67 3400

M.F.M. 14A
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE NO.

NO. D-137945 RANK Pte. NAME Cruise, L.J.

CASUALTIES, ETC.

PART II D.O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
BO 22/4A	29-4-44	SOS to X-4 List, w.e.f. 23 Apr 44.	
CR	26.4.44	TOS 11 Bn 2CBRG X-4 list fr R&C wef 26.4.44	
		SOS 11 Bn to 10 Bn wef 19-5-44	
CR	20-5-44	TOS. X-4 LIST S.D. & G.H. (10 CBRBN) wef 20-5-44.	
CR	27 MAY,	SOS 10BN TO 11BN EFF MAY 27 1944	

CASUALTIES, ETC.

PART II D. O. No.	PART II D. O. DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
88A	14.4.43	to beA/L/Cpl. with pay wef 15.4.43	
88A	14.4.43	Adm to Hunt Mily Hosp 12.4.43	
105A	4.5.43	Disch from Pasteur Hosp Mtl., 3.5.43.	
111A	11.5.43	Disch from Pasteur Hosp Mtel., 3.5.43.	
112A	12.5.43	Part II order No. 111A is CANCELLED.	
113A	13.5.43	Part II order No. 95A is CANCELLED.	
117A	18.5.43	Part II Order No1. 113A is CANCELLED	
272A	13-11-43	SOS TC 41 on reposting to A-12 Farnham wef 13-11-43.	
271A ~~XXX~~	13-11-43	Revts. to rank of Pte. on being SOS TC 41 wef 13-11-43. & ent'd to rates of pay of $1.50 wef. 13-11-43	
271	17-11-43	TOS A-12 Farnham, Que. wef 14 Nov 43	
		P. & A. LED. AGREED DEC 9 - 1943	
~~295~~	~~15-12-43~~	~~Granted special furlough from 10 Dec 43 to 14 Dec 43 inclusive and warrant.~~ Cancelled D.O. 298	
304	27-12-43	SOS A-12 Farnham, Que to serial No 599 wef 25 Dec 43.	
5	6-1-44	Emb 26 Dec 43. Disemb # 3 Jan 44. TOS CAO 27 Dec 43 TOS. 5 CIRU 4 Jan 44.	
54	13-3-44	S.O.S to R.H.C. W.E.F. 13-3-44	
CR	15-3-44	TOS FROM 5 CIRU TO 1-RHC (RF Inc) WEF 14 MAR 44	

LOWE-MARTIN CO. LIMITED D83960

CASUALTIES, ETC.

Part II D.O. No.	Date	
283	24-11-42	TOS DD" & posted to "B" Wing wef 23-11-42
29;	3-12-42	SOSon trans to #41 Huntingdon wef 3-12-42
244	4.12.42	TOS TC 41 wef 4.12.42
& 261A	25.12.42	Granted Xm lve and ~~5xdys~~.50 per day for 5 d
7A	9.1.43	Attached to CMG A-17 Three Rivers wef 9.1.43
16A	20.1.43	DO. 7A amended to included "including pay"
11	13-1-43	Attached for all purposes ~~XXX~~ except pay from C.A.(B) T.C No.41 Huntingdon, Que. w.e.f. 10 JAN 43 Posted "E"
27	30-1-43	D.O.11 d/13-1-43 is amended to read including pay.
56	28-2-43	Ceases to be attached for all purposes including pay from C.A.(B) T.C. No.41 28-2-43 on attachment for all purposes including pay to O.T.C. O-3 ThreeRivers. w.e.f. 1MAR 43.

P. & A. LED. AGREES MAR 15 1943

9	11-3-43	Att a/incl pay to O.3 O.T.C. Three Rivers P.Q. wef 1-3-43 from #41 B.T.C.
23	27-3-43	Cease to be att. F.A.P. incl. pay to O3 OTC Three Rivers on proceeding to no 41 CA(B)TC Huntingdon eff 27-3-43

76A 31.3.43 TOS TC 41 on HWE wef 28.3.43

P. & A. LED. AGREES APR 9 1943

E ~~A/L/Cpl.~~ Pte.

No D-137945 RANK ~~Pte~~ NAME CRUISE Lloyd Jackson *Married ~~*Widower~~ ~~*Single~~ X

Place of { *Appointment *Enlistment } Montreal South, Que. Date of { *Appointment *Enlistment } 23-11-42

RATE OF PAY NR 460

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
					1.30		
88A	14.4.43	A/L/Cpl.			1.60		wef 15.4.43
271A	13-11-43	Pte.			1.50	XXXXXXX	wef. 13-11-43

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
CRUISE Mrs Grace 32 Brownsburg Road Lachute, Que.	~~1-12-42~~	~~20.00~~
	May.43	23.00
Total.....		

DEPENDENTS' ALLCES. No. Deps. 1

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
25-11-42	Wife	35.00	

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

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

*Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

Occupational Form Completed Yes

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Non Tradesman.				
			Daily Rates of 1.50			Pte	
			S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 26 Dec 43				
			T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 27 Dec 43				
			AND DISEMBARKED ON 3 Jan 44				
			T.O.S. — 5 C.I.R.U.	UK	4 Jan 44	Pte	5-6 Jan 44.
		5 CIRU.	SOS to RHC.	UK.	13 Mar 44	Pte.	54. 13 Mar 44.
	OC.	1 RHC.	T.O.S. from 5 C.I.R.U.	7 d	14 Mar 44	Pte	15-17 Mar 44
	✓	✓	SOS to X4 List 1 RHC auth Cos/2427	—	23 Apr 44	Pte	22 - 29 Apr 44
1 May 44	X4 Bl Watch		TOS from 1 Bn Bl Watch	"	24 Apr 44	"	13 - [illegible] 44
X4	Bl Watch	10 Bn	SOS to X4 SD & GH	"	19 May 44	"	17 May 44
X4	SD & GH	10 Bn	TOS from X4 RHC.	"	20 May 44	"	18 - " "
X4	SD & GH	10 Bn	SOS to X4 RHC	"	28 " "	"	20 - Jun 44
X4	Bl Watch	11 Bn	TOS from X4 SD & GH	"	29 " "	"	18 - Jun 44
X4	RHC	11 Bn	SOS to Black Watch	"	13 Jun 44	"	22 - Jun 44
	OC	1 RHC	TOS from X-4 List	✓	20 Jun 44	Pte	34 - 7 July 44
	✓	✓	Embarked U.K. 5 July 44 Disembarked France...		6 July 44	Pte	37 - 14 July 44
Cancelled 46/44	✓	✓	~~SOS to X-6 List RHC Missing~~	✓	~~18 July 44~~	~~Pte~~	~~44 - 9 Aug 44~~
Canc 3.0	30/8/44	~~[illegible]~~	~~TOS from [illegible]~~	~~Ok~~	~~[illegible]~~		~~29 - 23 Aug 44~~
		1 RHC	SOS Killed in Action	Field	25 July 44	Pte	48/44

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 INF (MOT) CA. Regimental Number D-137945

1. Surname CRUISE
2. Christian Names LLOYD JACKSON
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date 23-11-42
   *To be entered in pencil to facilitate alteration.
4. Place of birth LACHUTE QUE CAN
5. Date of birth as declared on attestation 19 oct 1910
   (A)
6. Date of enlistment 23-11-42
7. Place of enlistment MTL STH QUE CAN.
8. Residence at time of enlistment 32 BROWNSBURG RD LACHUTE QUE CAN.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion BAPTIST
12. If married, state date MARRIED. 11 oct 1941.
13. Trade on enlistment TRUCK DRIVER.
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

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

(18) Medical

Category	Date	Authority
"A"	20-11-42	MFM 2

8 DEC '43

Y.O.B.	P	U	L	H	E	M	S
10	1	1	1	1	1	1	1

F. J. Edwards Lt

(19) Next of kin (entries to be made in pencil)
Mrs Grace Cruise (wife)
32 Brownsburg Rd, Lachute, Que, Canada

(20) E
(21) E
(22) E

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds; see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

Statement of the Service of No. D-137945 Rank Pte Sheet No. 2

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

Name CRUISE, L.J.

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
		SOS ON PROCEEDING TO SERIAL No. 599	Pte	25-12-43	A-12	Farnham	304	27-12-43
		S.O.S. C.A.(A.F.) CANADA ON						
		EMBARKATION ON 26 Dec 43						
		T.O.S. C.A.(A.F.) OVERSEAS ON						
		TRANSFER ON 27 Dec 43						
		AND DISEMBARKED ON 3 Jan 44						
		T.O.S. — 5 C.I.R.U.	pte.	4 Jan 44	5 CIRU	U.K.	5	6 Jan 44

Statement of the Service of No. D-137945 Rank Pte. Sheet No. 1

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

Name CRUISE, L.J.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
14-4-43	T.C. 41	Admitted to Huntingdon Mil. Hospital	Pte.	12-4-43	TC 41	Huntgdn.	TC 41 PT 88A	14-4-43
14-4-43	"	To be Acting L/Corporal with pay to complete establishment.	A/L/CPL.	15-4-43	"	"	" PT II 88A	14-4-43
16-4-43	"	Discharged from Huntingdon Mil. Hosp.	"	14-4-43	"	"	" " 90A	16-4-43
16-4-43	"	Admitted to Pasteur Hospital- Montreal	"	14-4-43	"	"	" " 90A	16-4-43
19-4-43	"	Admitted to Pasteur Hospital-Montreal	"	14-4-43	"	"	" " 92A	19-4-43
22-4-43	"	Pt.II No.92A is cancelled	"		"	"	" " 95A	22-4-43
4-5-43	"	Discharged from Pasteur Hospital	"	3-5-43	"	"	" " 105A	4-5-43
11-5-43	"	Discharged from Pasteur Hospital	"	3-5-43	"	"	" " 111A	11-5-43
12-5-43	"	PT II Order No. 111A dated 11 May 43 is cancelled.	"		"	"	" " 112A	12-5-43
11-6-43	"	Granted 14 days furlough and the sum of $0.50 per day in lieu of Rations.	"	11-6-43 24-6-43	"	"	" " 138A	11-6-43
13-11-43	"	REVERTS TO RANK OF "PRIVATE" & entit.to receive $1.50 per day.	PTE	13-11-~~43~~ 43	"	"	" " 271A	13-11-43
13-11-43	"	S.O.S. TO A-12 FARNHAM	"	13-11-43	"	"	" " 271A	13-11-43
		TOS on reposting from TC 41 Huntingdon,Que	"	14-11-43	A-12	Farnham	A-271	17-11-43
		Special furlough from 10-12-43 to 14-12-43 Incl W.T. No. A-472746	"	10-12-43	"	"	A-295	15-12-43
		Above Transportation Warrant is cancelled.	"		"	"	298	18-12-43

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

FINGER-PRINTED

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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 INF(MOT)CA. Regimental Number D-137945

01/PTE

N.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname CRUISE
2. Christian Names LLOYD JACKSON
3. Present address 32 Brownsburg Road, Lachute, Quebec, Canada.
4. Date of birth 19 October 1910
5. Place of birth Canada (Country) Quebec (County or Province) Lachute (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Baptist
8. Trade or Calling Truck Driver
9. Married, Widower or Single Married
10. Name of next of kin Mrs Grace Cruise (Lavis)
11. Relationship Wife
12. Address of next of kin 32 Brownsburg Road, Lachute, 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)

(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)

MSC COMPLET.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, LLOYD JACKSON CRUISE, 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 23 NOVEMBER 1942 Lloyd Cruise (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness................ (Name) (Rank) Lloyd Cruise (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 23rd day of NOVEMBER 1942 19

[signature] {Signature of Magistrate, Justice or Attesting Officer.

NO. 4-DISTRICT DEPOT A.F. {Officer or Rank and Unit or appointment.

E61

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

5505

Record of Service of CRUISE (Surname) LLOYD JACKSON (Christian Names) Regimental Number D- 137945

QUALIFICATIONS	
Military	NIL
Business or Professional	NIL
Trade or Civil	TRUCK DRIVER
Technical	NIL
Languages	ENG & FRENCH

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 4YRS (years completed)

Graduation or Matriculation: (specify)

*College: 7 YRS PUBLIC SCHOOL

*University: NIL

*(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						
24-11-42 DRO TOS NO 4 DISTRICT DEPOT CA.	PTE	23-11-42	4DD	MTL.STH	4DD PTII 283	24-11-42
SOS on transf. to CA(B)TC 41 Huntingdon, Que.	"	3-12-42	"	"	" 291	3-12-42
T O S ON TRANSFER FROM 4 DD	PTE	4.12.42	T C 41	HTINGDON,	PT II : 244A	4-12-42
11-1-43 TC.41 On Command and attached for all purposes except pay to C.M.G.T.C. A-17 Three Rivers	"	9-1-43	"	"	TC.41 Pt.II 8A	11-1-43
25.12.42. Grant 5 days Xmas leave 50-Ordnance	-	23.12.42	"	"	" " 261.A	25.12.42
Attached for all purposea and posted to "E" Section O.T.C. Wing.	"	10-1-43	CMGTC 17	3 Rivers	11	13 Jan. 43
Reposted to A.17 CMGTC Trois Rivieres, Que.	"	28.2.43	OTC A.17	3 Rivers	D.O. 56	28.2.43
Ceases to be attached on attachment F.A.P. incl. pay to 0.3 OTC, Trois Rivieres, Que.	"	28.2.43	"	"	D.O. 56	28.2.43
Attached f.a.p. incl. pay from No. 41 B.T.C. Huntingdon, Que.	"	1.3.43	0.3 OTC	"	D.O. 9	11.3.43
Ceases to be attached f.a.p. incl pay on proceeding to No. 41 BTC Huntingdon, Que.	"	27.3.43	"	"	D.O. 23	27.3.43
31-3-43 TC 41 T.O.S. and absorbed into the H.W.E. this Centre.	"	28.3.43	TC 41	Huntgdn.	TC 41 PT II 76A	31-3-43

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

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full CRUISE LLOYD JACKSON Place Mtl. 20 November 1942.

Part 1. Information obtained from the recruit.

1. Age 32 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.

Floyd Cruise
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 - Scar forehead.
2. Height 5 feet 8½ inches. 3. Weight 196 pounds.
4. Complexion Med. Eyes Blue Hair Brown 5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 41 inches. Range of expansion 3 inches.
7. Vision, right 20/20 left 20/20
   With Glasses— right left 8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth fair
10. Blood Pressure:— S. 135 D. 100 (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 (GN) EARS NOSE THROAT & REFLEXES NORMAL
    DR.W.G. DALPE.
    Overweight.
13. Chest X-Ray N No. 157039 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, exccpt 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 Overweight.

President	rank	Member	rank	Member	rank
H. AUBRY MAJOR (signed)	Major	J.F. MAC IVER CAPT. (signed)	Capt	G. GARON M.D. (signed)	

Date 20 November 1942.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
NOV 24 '42	TABT Gibson Lt		
DEC 11 '42	B Aber, Capt	8 DEC '43	YOB 10, P 1, U 1, L 1, H 1, E 1, M 1, S 1 — Edwards Lt
NOV 24 '42	Md [illegible]		
16 JUL '43	TABT 3 Aber Capt	23-12-43	YOB 10, P 1, U 1, L 1, H 1, E 1, M 1, S 1 — H.B. [illegible]
	CATEGORY CONFIRMED 11 NOV 1943 [illegible] Lieut		
JUL 15 '43	YOB 10, P 1, U 1, L 1, H 1, E 1, M 1, S 1 — Aber 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-137945 Rank PTE Surname CRUISE Christian Name LLOYD JACKSON

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
C.A.B.T.C.#41	4.12.42	12	4	43	14	4	43	Parotitis	3	Huntingdon Mil.Hosp. Condition on Discharge No improvement. Referred to M.R.C. for disposal. (W.D.Brace)Capt.	W S Gillespie Capt
do	do	14	4	43	3	5	43	Parotitis	20	Pasteur Institute,Mtl. Discharged comdition Cured. To Unit. (A.Desjardins)M.D.	A Desjardins Capt

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

Statement of the Service of No. D-137945 Rank Pte. Sheet No. 1

Name CRUISE, L.J.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
14-4-43	T.C. 41	Admitted to Huntingdon Mil. Hospital	Pte.	12-4-43	TC 41	Huntgdn.	TC 41 PT 88A	14-4-43
14-4-43	"	To be Acting L/Corporal with pay to complete establishment.	A/L/CPL.	15-4-43	"	"	" PT II 88A	14-4-43
16-4-43	"	Discharged from Huntingdon Mil. Hosp.	"	14-4-43	"	"	" " 90A	16-4-43
16-4-43	"	Admitted to Pasteur Hospital- Montreal	"	14-4-43	"	"	" " 90A	16-4-43
19-4-43	"	Admitted to Pasteur Hospital-Montreal	"	14-4-43	"	"	" " 92A	19-4-43
22-4-43	"	Pt.II No.92A is cancelled	"		"	"	" " 95A	22-4-43
4-5-43	"	Discharged from Pasteur Hospital	"	3-5-43	"	"	" " 105A	4-5-43
11-5-43	"	Discharged from Pasteur Hospital	"	3-5-43	"	"	" " 111A	11-5-43
12-5-43	"	PT II Order No. 111A dated 11 May 43 is cancelled.	"		"	"	" " 112A	12-5-43
11-6-43	"	Granted 14 days furlough and the sum of $0.50 per day in lieu of Rations.	"	11-6-43 24-6-43	"	"	" " 138A	11-6-43
13-11-43	"	REVERTS TO RANK OF "PRIVATE" & entit.to receive $1.50 per day.	PTE	13-11-43	"	"	" " 271A	13-11-43
13-11-43	"	S.O.S. TO A-12 FARNHAM	"	13-11-43	"	"	" " 271A	13-11-43
		TOS on reposting from TC 41 Huntingdon,Que	"	14-11-43	A-12	Farnham	A-271	17-11-43
		Special furlough from 10-12-43 to 14-12-43 Incl W.T. No. A-472746	"	10-12-43	"	"	A-295	15-12-43
		Above Transportation Warrant is cancelled.	"		"	"	298	18-12-43

Statement of the Service of No. D-137945 Rank Pte Sheet No. 2

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

Name CRUISE, L.J.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		SOS ON PROCEEDING TO SERIAL No. 599	Pte	25-12-43	A-12	Farnham	304	27-12-43
		S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 26 Dec 43 T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 27 Dec 43 AND DISEMBARKED ON 3 Jan 44 T.O.S. — 5 C.I.R.U.						
		✓	pte.	4 Jan 44	5 CIRU.	U.K.	5	6 Jan 44
(cqs) SOS		SOS to Blk W.	Pte	13 Mar 44	5 CIRU	UK	54	13 Mar 44
(cqs)	TOS	TOS from 5 CIRU	Pte	14 Mar 44	Blk W.	UK	15	17 Mar 44
SOS		SOS to X 4 list (1 RHC)	Pte.	23 April 44	Blk W	UK.	22.	29 April 44.
	TOS							
M106 SOS		SOS X4L (10 Bn) X4L (10 Bn) SDX & Highs	Pte	19 May 44	XL RHC	UK	17	30 May 44
M106	TOS	TOS X4L (11 Bn) from X4L SDX & Highs. (10 Bn)	Pte.	29 May 44	1 Bn B.W	UK	19	13 Jun 44
M 106	SOS	SOS X4L (10 Bn) to X4L (11 Bn) Black watch	Pte	28 May 44	XLSDX&H	UK	20	8 Jun 44
CSM	TOS	TOS from X4L (RHC)	Pte	20 June 44	1 BlkW.	21 Gp	34	7 July 44
		Missing	Pte	28 Jul 44		AEF	A475	
CM SOS		SOS to X6 list 1 RHC Missing	Pte	28 July 44	RHC	21 AGp	44	9 Aug 44
		Killed	Pte.	25 Jul 44		AEF	A482	25 Aug 44
CM SOS		SOS Deceased Killed in Action	Pte	25 July 44	Blkwatch	21 AG	48	7 Sept 44

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D-137945 Rank Pte Surname Cruise Christian Name Lloyd J.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
Royal Hldrs of C.									Missing 28-7-44		A-475
"									Killed 25-7-44		A-482

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

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 CRUISE
(Surname first—Christian names in full—Block capitals)
LLOYD JACKSON

(2) Regimental or Official Number and Rank D-137945 Pte

(3) Unit INF (MOT) CA.

(4) Are you married? YES

(5) If married, state,

(*a*) Full name of your wife MRS. GRACE CRUISE (LAVIS)

(*b*) Present postal address of wife 32 BROWNSBURG ROAD, LACHUTE, QUE. CANADA

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys NIL Girls NIL
Names and ages NIL

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

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

Name NIL

Postal Address

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address.....NIL.....

.....

.....

(11) Is your father alive?.....NO.....

If so, state name and address, occupation.....NIL.....

.....

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

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

.....NIL.....

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

(14) Is your mother alive?.....YES.....

If so, state name and address.....MRS. ~~JOHN~~ MARGARET CRUISE.....

.....10 MAIN ST., LACHUTE, 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?.....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.....

.....nil.....

(18) Are you insured?.....YES.....

If so, in what Company?..IMPERIAL LIFE - CONTINENTAL LIFE - LONDON LIFE.....
(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.

Floyd Cruise
.....
(Signature of officer or man)

Date 24 NOVEMBER 1942

Manuel, Lt.
.....
Officer Commanding.....

Date 24 NOVEMBER 1942

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.)

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

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No D.137945 Rank and Name Cruise L. J. Pte.

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

(~~Transfer~~ or Discharge)..... to..... on 25th July 1944

Reason Death Authority: C.C.L."A" 482 d/25th Aug.1944.

The following is a statement of the account of the above-named from 1st July to 31st July 1944. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	2	69
First Monthly Payment AR d/4.7.44.	4	47	Regimental Pay 31 days @ $1.50	46	50
Casual Payments			Tradesmen's Pay ..days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..days at $		
Assigned Pay	23	00	Allowances (Give particulars) ..days at $		
Regimental Charges					
Public Stoppages (Give particulars):					
To Balance Cr Free	21	72			
Deferred			By Balance Dr		
Total	49	19	Total	49	19

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

Remarks:

Assigned Pay of $ 23.00 (W) Stopped effect August 1944.

ESTATES BRANCH
MAR 13 1945
H.Q. OTTAWA.
NATIONAL DEFENCE

Compiled by D. E. Maloney.

Checked by B.M. Wadsworth

Date 28th February 1945.

SIS.

Certified correct [signature]
for Chief Treasury Officer, Overseas

CFA 187
4C/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME .....D-137945 Pte. Cruise L. T. (Deceased).....

RECEIVED FROM .....Cdn. Sec. GHQ. 2nd Echelon ....21. Army. Group.....
M-16018 Pte. Murdoch W.J.

CHECKED BY .....B-126252 Pte. Sislofsky A. ..... DATE ..4. Dec. 44.....

1	Leather Writing Case		
1	Photograph		
1	Pair Braces		
1	Flashlight		
1	Address Book		
2	Combs		
1	Postcard		
	Personal Letters		
1	Propelling Pencil "Watermans"		

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

A true copy
.....
for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY CVT

Name CRUISE (Surname) Lloyd J. (Christian Names) No. D137945

Rank Pte Unit C A O/S Date of Death 25-7-44

AMOUNT

L.P.C. $ 21.72

Date 16th January 1946

Other Credits 428.53

Total 450 25

Prev Dist 21.72

This Dist 428.53

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs Grace Cruise, 32 Brownsburg Rd., Lachute, P.Q. (Sole beneficiary under will)	428.53

N. P#226

P4. TO TREAS. 25-1-46

QW.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	733	00	00	001	428.53

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

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY LL

Name CRUISE, Lloyd J. No. D.137945
Surname Christian Names

Pte. C.A. O/S 25-7-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 21.72

Date 24 Oct 45

Other Credits

Total 21.72

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Grace Cruise, 32 Brownsburg Rd., Lachute, P.Q.,	21.72
		(Sole beneficiary under will)	

P4. TO TREAS. 5-11-45 a.m.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	21.72

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

FOR COMPLETION AND RETURN BY

Form P. 64

19-10-2

Mrs. Grace Cruise,
32 Brownsburg Road,
Lachute, 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-C-24462 FD 351

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 29 1944

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

CRUISE, Lloyd Jackson, Pte.

D.137945 Canadian Army.

ESTATES BRANCH OCT 20 1944 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.

JL

A. Stevenson Capt
for Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....X.....		Grace Lavis Cruise	26	32 Brownsburg Road, Lachute, Que.
2	Children of the Deceased and dates of their Births.....		none		
3	Father of the Deceased.....		John Cruise	74	Died June 30th.,1938
4	Mother of the Deceased.....		Janet Bennett Cruise	73	Lachute Mills, Que.
5	Brothers of the Deceased	Full Blood	Robert Cruise	47	Fairley Crescent, Forest Hill,Toronto.
			Gordon Peter Cruise	41	Lachute, Que.
			Lawrence Nelson Cruise	39	Lachute Mills, Que.
			Edgar James Cruise	36	Prisoner of War, Germany.
			Roland Neil Cruise	31	4601 Christoph Colomb Montreal, Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. R. E. Carpenter	49	355 Parkdale, Buffalo N.Y., U.S.A.
			Mrs. A. A. Muir	37	312 Warwick Lane, Lynchburg, Va.USA.
			Mrs. Wm. Hodge	32	1432 Jepson St., Niagara Falls,Ont.
		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) (no children)		Address of their children

Ethel May Cruise - Died Feb. 20th., 1914 - appendicitis with complications
Driver John Willis Cruise - Died Sept.4th., 1918 - died of wounds in World War

~~Mrs. Lila Cruise Beers - Died Apr.25th., 1930 - childbirth.~~
Child - Donald Bain Beers - died when 2 days old

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Lloyd Jackson Cruise
9	Date of his birth.	October 19th., 1910
10	Place and date of his marriage.	October 11th., 1941, Lachute, Que.
11	Place and date of his parents' marriage.	June 12th., 1893 - Morin Heights, Que.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Lachute, 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) Quebec (Life (b) Argenteuil ((c) (d)
14	Nature of employment before enlistment.	Salesman
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.	Lachute, Que.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Made will on entry into Army
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?	Yes
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?	(see Page No.4)
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.	$400.00 - BEARER. In safekeeping ~~with the Bank of Mtl., Lachute,~~
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Imperial Life Insur.Co. $1000.00 Continental Life Ins.Co. $1000.00 London Life Insurance Co. $3000.00 Beneficiary - Grace Lavis Cruise
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Four building lots on outskirts of town - value approx. $800.00

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

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

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs. Grace Cruise — Signature of Informant

32 Brownsburg Rd. Lachute Que. — Address

CERTIFICATE

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

See above. Mrs Grace Cruise {Name of informant} is the Widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Lachute, Quebec this 18th day of October 1944.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Rev. Cyrus R. Lang. Qualification Clergyman.

Address 10 Brownsburg Road, Lachute, Quebec.

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

Question #19 - Bank of Montreal, Lachute, Que. $2,733.50
(JOINT ACCOUNT WITH WIFE - GRACE LAVIS CRUISE)

Bank of Montreal, Christopher Columbus & Mt. Royal, Branch, Montreal, $ 419.09
(IN NAME OF LLOYD J. CRUISE)

Bank of Nova Scotia, Lachute, Que. $2,012.15
(JOINT ACCOUNT WITH WIFE - GRACE LAVIS CRUISE)

I have left the second part of the above question unanswered and would appreciate it very much if you would explain to me the meaning of this. "Do you wish it administered with the pay account? Does this mean with his back pay?

Question #22 - In the case of the policy with the London Life Insur.Co., I have marked the amount payable as $3000.00 but wish to advise that since my husband was killed in action, only the amount paid into the policy can be claimed. This clause was is shown in the policy. The policy was taken out in 1941 so that there was only something in the neighbourhood of $150/200. paid in. The other two policies were taken out before the war and the full amount can be claimed.

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

BB

CASUALTY (REPORT DELIVERY)

OTTAWA

TO:-

5 AUGUST 1944

MRS GRACE CRUISE
32 BROWNSBURG RD
LACHUTE P Q

565 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D137945 PRIVATE LLOYD JACKSON CRUISE HAS BEEN OFFICIALLY REPORTED MISSING IN ACTION TWENTYEIGHT JULY 1944 STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID

OFFICER I/C RECORDS

3

M.F.M. 267
50M-11-42 (7151)
H.Q. 1772-39-1989

M.F.M. 267
50M-4-44 (4185)
H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

GR

CASUALTY (REPORT DELIVERY)

OTTAWA 24 AUG 44

TO:- MRS GRACE CRUISE
32 BROWNSBURG ROAD
LACHUTE P Q

11931 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D137945 PRIVATE LLOYD JACKSON CRUISE PREVIOUSLY REPORTED MISSING IN ACTION HAS NOW BEEN OFFICIALLY REPORTED KILLED IN ACTION STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

9

H.Q.405-C-24,462 (Records-C)

2nd September, 1944.

Mrs. Grace Cruise,
32 Brownsburg Rd.,
Lachute, P. Q.

Dear Mrs. Cruise:

Further to my telegram of the 24th ultimo, I deeply regret to inform you that official information has now been received from Canadian Military Headquarters, Overseas, advising that your husband, D.137945 Private Lloyd Jackson Cruise, was killed in action on the 25th of July, 1944.

Any additional particulars received regarding his regretted death will be immediately communicated to you.

Please accept my deepest sympathy in your bereavement.

Yours truly,

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

ND/LN

13th September, 1944.

Mrs. Grace Cruise,
32 Brownsburg Road,
Lachute, Quebec.

Dear Mrs. Cruise:

It was with deep regret that I learned of the death of your husband, D137945 Private Lloyd Jackson Cruise, who gave his life in the Service of his Country in France on the 25th day of July, 1944.

From official information we have received, your husband 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 8 - 1944

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

JLH

13

405-C-24462

FIELD SERVICE

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

MBR

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

REGIMENT OR CORPS: 1 R.H.C. Squadron, Troop Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-137945 Rank: Pte

Surname: Cruise Christian Names: L.J.

Died — Date: 25 Jul 44 Place: France

Cause of Death*: K/A

Nature and Date of Report: A.F.W.3014/93 d.25 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 024-602 Date: 13 Aug 44

By whom reported: C.F.

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

(b) as a separate document: Not Received.

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

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

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

Station and Date: France, 22 Sep 44

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

Cdn Sec GHQ 2 Ech 21 A Gp

31

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: CRUISE (*Block letters*)

Given names: Lloyd Jackson

4. RESIDENCE

Street: Brownsburg Rd. No. 32

Official name of civil municipality or township: Lachute,

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: October (Month) 19th (Day) 1910 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

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

19. Place of burial, cremation or removal: France

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 25th (Day) 1944 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in Action

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b)....

due to

(c)....

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance ....19.... (b) Duration of disease ....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of ....19....

State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide (State which) Date ....19....

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.)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

FEB 23 1945

30

14
13
42
14
182
5
187

MILITIA BOOK M. 1

PART I

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

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D-137945

Surname (Capitals) CRUISE

Christian Names in full LLOYD JACKSON

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

600 PADS OF 100-5-43 (21)
H. Q. 1772-39-1675-K. P. 80493

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-137945

Surname (in capitals) CRUISE.

Christian Names (in full) LLOYD JACKSON.

Date of Birth 19 October 1910.

Place of Birth Lachute, Quebec, Canada

Citizenship Canada.

Trade on Enlistment Truck Driver

Nationality of Father at Birth Canadian

Nationality of Mother at Birth Canadian

Religion Baptist

Enlisted at Montreal, South, Quebec, Canada

Date 23 Nov 1942.

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

Signature of Soldier L. J. Cruise

Signature of Officer M. H. Kelusky Lieut.

Place ~~Huntingdon~~ Que Canada Date 8 May 43.

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife	Mrs Grace Cruise (Lavis)	23-11-42
	Children		
2nd	Father		
	Mother	MRS. ELLEN CRUISE	23-11-42
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full

32 Brownsburg Road, Lachute, Quebec, Canada

10 Main Street, Lachute, Quebec, 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
23-11-42	Pte.		DD4-P2-283	M.E. Kelusky Lieut
15-4-43	A/L/CPL.		TC.41-P2-889	M.E. Kelusky Lieut.
13-11-43	Pte		TC41 # A271	[illegible] Capt
x				

(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:—**

Basic Training Completed
Supp Serv Capt
[signature] Capt
19 May 1943
Completed TO ET, 5 CIRU. 14 Jan 44 A.L. Stewart Lieut
6 wks Basic Trg completed 5 CIRU 4 Mar 44
[signature] Lt.

Qualified in addition as under:—

2 week. Trg. O.T.C.
I.N.F.C.R.
22 Nov. 1943
—23

Date............ [signature] Capt
for O/C "E" Company
Commanding............

*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
N.C.O. COURSE	8-1-43	
Three Rivers	Jan - April	[signature] Capt.

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
24/11/43	II	Rifle		[signature] Capt
17/11/43	II	Bren		
1944	II	RIFLE	1-5	[signature] Lt.
44	I	L.M.G.	1-3	
44	Passed	GRENADE	36 & 69	
44	"	2" MORTAR	15-1HE	
44	"	SMC.	15A-10R.	

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Public School 7 yr.	Lachute	1917-1923	D Cuilliamson
High School 4 yrs.	Lachute	1925-1929	D Cuilliamson Capt
			Capt

10

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

11

(XI) EMPLOYMENT WHILST SERVING

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

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
20-11-42	A.	M.F.M. 2		[illegible]
15-7-43	(10-1-1-1-1-1-1-1-1)	M.F.M. 2		[illegible]
8-12-43	(10) 1111111	M.F.M. 2		[illegible]
	Y.O.B. P U L H E M S			
24-12-43	10 1 1 1 1 1 1 1			[illegible]

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O...

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

Signature of M.O...

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
14 Dec 43	✓		3 F [illegible]	[illegible]
29 FEB 44		✓		[illegible]
21-6-44		✓		[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
T.A.B.T. ½ cc	21.6.44	[illegible] Capt.

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. [illegible]	24-2-42	[illegible]
T.A.B. 2	11-12-42	[illegible]
	JUL 16 '43	[illegible] Lt
Typhus cc	FEB 2 1944	[illegible]
Typhus 1 cc	8 Feb 44	W.H. Rose
" 1 cc	17 Feb 44	W.H. Rose
Typhus 1 cc	20 May 44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
24 Nov 42	[illegible]
FEB 2 1944 Vaccinated	[illegible]

(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
X. Ray # 157039	20-11-42	[illegible]
"M" TEST (REV.) COMP "O" CARD COMPLETE	6 Jan 44	A.B. Robertson Capt.
Fingerprinted	24-11-42	B.A. Shapiro Lt.
EXP. CAP.	3 Feb 44	[illegible]
EXP. D.M.	18/5/43	[illegible]
[illegible]	[illegible]	R.J. [illegible]
On 23 Nov 43 entitled to 1 Red Serv Chev	8 Jan 44	J.R. [illegible] Capt.

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

Particulars	Date	Signature of Officer
L.A.P.	20/6/44	[illegible]

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

Particulars	Date	Signature of Officer

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should alway
carefully inserted in the Form on pages 4 and 5 of
Book, but the Soldier must understand that the en
made there have no legal effect in respect to the dispos
of his estate in the event of his death and therefor
not relieve him from the necessity of making a
Unless a Soldier duly makes a Will, his estate is
with in the same manner as that of any other pe
who dies without leaving a Will, and not only may
relative or person desired or intended to be bene
receive little or no share of the estate but the distribu
thereof is delayed until such of the next-of-kin as ma
legally entitled can be located. Therefore, though
estate may consist of no assets other than the amoun
pay and allowances at credit and the belongings he
on his person or in camp, it is urgent that he make a
which, when completed, is left with his Comman
Officer for transmission to the Record Office for
custody and in the event of his death is forwarded fir
to the Estates Branch, Department of National Defe
Ottawa, for administration and distribution of
Service estate, and secondly, if other assets (inclu
real estate) make it necessary, to the Executor name
the Will.

2. The Soldier's Will should **preferably** be made
on the Will Form,—M.F.M. 10 (English) or M.F.M.
(French)—provided for that purpose and on which
also printed a number of helpful instructions. T
forms are obtained through the Commanding Of
of each Unit. A separate sheet of paper **may** be
but in such case the general form of the Will as show
the Form M.F.M. 10 or 10a should be carefully follo
The Soldier will date the Will and at the bottom
sign his name in the presence of two witnesses wh
the same time in the presence of each other and of
Soldier will also sign their respective names. If
Soldier cannot write, he will make his mark in the p

Date Certificate or Will extracted 6 Jun 44 To whom sent CMHQ
Signature of Officer [illegible] Lt Unit or Dept. Records

To whom sent.............................
Unit or Dept.............................
Date Will extracted.............................
Signature of Officer.............................

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

H.Q. 405-C-24462
R. 4 (B).

18th August, 1947.

Mrs. Janet B. Cruise,
Lachute Mills, Quebec.

Dear Mrs. Cruise:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D137945 Private Lloyd Jackson Cruise, the location of which is grave 9, row D, plot 4, Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

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

Yours faithfully,

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

Encl.

/EMA