D139795
ELDER
ALBERT BEACH

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Cat A

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

OCCUPATIONAL HISTORY FORM COMPLETED

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. (R) CA Regimental Number D-139795

N.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

FINGERPRINTED
PHOTOGRAPHED

ATTESTATION PAPER

01
PTE

1. Surname ELDER
2. Christian Names ALBERT BEACH
3. Present address 219 Grant St., Longueuil, Quebec, Canada. A 395
4. Date of birth 29th March, 1923.
5. Place of birth Canada (Country) New Brunswick (County or Province) Coles Island (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 Blacksmith's helper
9. Married, Widower or Single Single
10. Name of next of kin Mr. Alfred Elder
11. Relationship Father
12. Address of next of kin Armstrong's Corner, Queens Co., New Brunswick, 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)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Albert Beach ELDER, 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 12 MARCH 1943 Albert B Elder (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness ..... (Name) ..... (Rank) Albert B Elder (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 12Th day of MARCH 19 43

NO. 4-DISTRICT DEPOT

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

Special Recruiting 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

5505

Record of Service of ELDER (Surname) ALBERT BEACH (Christian Names) Regimental Number D-139795

QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS	
Military	NIL	High School or Collegiate	NIL (years completed)
Business or Professional	NIL	Graduation or Matriculation	(specify)
Trade or Civil	BLACKSMITH HELPER	*College	NIL
Technical	3 MONTHS -COURSE . MACHINE SHOP	*University	8 th GRADE PUBLIC SCHOOL
Languages	ENGLISH		

*(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 15-3-43 DRO No 4 DISTRICT DEPOT CA	PTE	12-3-43	4 DD.	MTL.STH.	4 DD PT.11 63	15-3-43
SOS on transfer to C.A.(B)T.C. Huntington Que		1-4-43	"	"	" " 78	1-4-43
TOS ON TRANSFER FROM 4 DD		PTE 2 APR 43	TC 41 HTINGDON,		PT II - 78 A	6 APR-43
27-4-43 TC 41 Admitted to Huntingdon Military Hospital	PTE	26-4-43	TC 41	Huntgdn.	TC 41 PT II 99A	27-4-43
3-5-43 " Discharged from Huntingdom Military Hos.	"	30-4-43	"	"	" " 104A	3-5-43
2-6-43 " SOS on transfer to A-12 Farnham Que.	"	2-6-43	"	"	" " 130-A	2-6-43
TOS ontemp att on reposting from CA(B)TC #41 Huntingdon	"	3-6-43	A-12	Farnham	A-128	3-6-43
Spec Leave from 5-8-43 to 10-8-43 with 50¢ per diem W.T. A-471195	"	5-8-43	"	"	A-186	10-8-43
S.O.S. To SERIAL 3850	"	15-8-43	"	"	A-191	16-8-43
ATT. NO. 1 TRANSIT CAM						
		1 6 8 '43	#1 TRANSIT	WINDSOR. N.S.	210	1 7 8 '43
SOS. NO 1 TRANSIT CAMP		2 6 8 '43	#1 TRANSIT	WINDSOR. N.S.	220	2 7 8 '43

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

Name in full ELD

Part 1. Inform

1. Age 19
a. Rheumatism
b. Tuberculosis or pl
c. Bronchitis or asth
d. Heart disease
e. Kidney or bladder
f. Stomach or bowel
g. Rupture
h. Varicose veins
i. Foot trouble
j. Nasal trouble

I hereby

Part 2. Inform

Medical Officer's Rem

1. Identification mar
2. Height 5
4. Complexion Me
6. Chest measuremen
7. Vision,
With Glasses—
9. Condition of mou
10. Blood Pressure:—
11. Urinalysis
12. The abnormalities
COLOR VISI
13. Chest X-Ray

Part 3. We, th
reported in the remarl
and Instructions for t
Special remarks when

C.T. LUNDON C
Date 8 March

Date	
MAR 15 '43	TAB
MAR 15 '43	VACC
APR 16 1943	T.A.B.
MAY 7 '43	T.A.B.T.
MAY 28 '43	
12-8-43	

NOTE: Any corrections rank and corps

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ELDER ALBERT BEACH Place Mtl. Date of Medical Examination 8 March 1943.

Part 1. Information obtained from the recruit.

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

a. Rheumatism no
b. Tuberculosis or pleurisy no
c. Bronchitis or asthma no
d. Heart disease no
e. Kidney or bladder disease no
f. Stomach or bowel trouble no
g. Rupture no
h. Varicose veins no
i. Foot trouble no
j. Nasal trouble no
k. Ear disease 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.

Albert B Elder
Signature of Applicant

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

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

1. Identification marks or scars 1 vac. left arm.
2. Height 5 feet 8¼ inches. 3. Weight 170 pounds.
4. Complexion Med. Eyes Hazel Hair Brown 5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 39 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 good
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N
12. The abnormalities (congenital and pathological) found on examination are as follows:—
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL
DR. H. MICHAUD.
13. Chest X-Ray N No 76057 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

C.T. Lundon Capt rank — President
C.T. LUNDON CAPT.

G. Aumont Lt rank — Member
G. AUMONT LT.

Henri Lesperance M.D. rank — Member
HENRI LESPERANCE M.D.

Date 8 March 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
MAR 15 '43	TAB. T ICC [illegible] Lieut		
MAR 15 '43	VACCINATION [illegible] R.C.A.M.C.		
APR 16 1943	T.A.B.T. 2 [illegible]		
MAY 7 '43	T.A.B.T. 3 [illegible]		
MAY 28 '43	battery Confirmed Duke Capt		
12-8-43	Rechdek Capt A Statut Surg		

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.

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

A-191 16-8-43
1 6 8 '43 #1 TRANSIT WINDSOR, N.S. 210 17843
2 6 8 '43 #1 TRANSIT WINDSOR, N.S. 220 2.7.8.43
15-8-43
S.O.S. To SERIAL 5850
ATT. NO. 1 TRANSIT CAMP
SOS. NO 1 TRANSIT CAMP

Regtl. No. D-139795 Rank PTE Surname ELDER Christian Name ALBERT BEACH

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	2Apr 43	26	4	43	30	4	43	Pharyngitis	5	Huntingdon Mil. Hosp. Condition on Discharge good. 24hrs lt dty. (W.D.Brace)Capt.	J Elder, Capt

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

✓

No. D-139795 RANK. Pte NAME. ELDER Albert Beach FS *~~Married~~ ~~Widower~~ *Single

Place of {*Appointment *Enlistment} Montreal South Que Date of {*Appointment *Enlistment} 12 March 43

NHQ

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
					1.30			
170	22-7-43				1.40	12-7-43.		
189.		Pte.			1.50	29.9.43		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Mrs Mary Elder	1-9-43	20.00
Armstrongs N.S.	1-1-44	30 00
mother		
Total		

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
voluntary			

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

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

*Delete words which are inapplicable.

M. F. M. 14
200M-10-42 (6723)
H.Q. 1772-39-1662

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

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

CASUALTIES, ETC.

Part II. D.O. No.	Part II. D.O. Date	Nature and particulars	If in Hospital note name
~~XXX~~			
63	15-3-43	TOS DD4 and posted to B Wing wef 12-3-43	
78	1-4-43	SOS to #41 Huntingdon, for all purp except pay wef 1-4-43 and for pay purp wef 31-3-43	
78	2.4.43	TOSTC 41 for RQ&D wef 2.4.43 and pay wef 1.4.43	
99A	27.4.43	Adm to Hunt Mily Hosp 26.4.43.	
104A	3.5.43	Disch from Hunt Mily Hosp 30.4.43	
130A	2.6.43	SOS on tfr to A-12 Farnham, Que. wef 2.6.43.	
128	3-6-43	TOS A-12 Farnham wef 3-6-43	
170	22-7-43	Granted rates of $1.40 wef 12-7-43.	
186	10-8-43	Granted special leave from # 5 Aug 43 to 10 Aug 43 inc warrant and r.a. of $0.50 per d.	
191	Aug-16-43	SOS A-12 to serial 3850 Windsor N.S. wef Aug-15-43	
210	17.8.43	ATTACHED TO NO. 1 TRANSIT CAMP FROM 16.8.43	
220	27/8/43	PROCEEDED OVERSEAS 26/8/43	

P. & A. LED. AGREES APR 12 1943

CONTINUATION CARD M.F.M. 14

Regimental No. D139795. Name Elder A.B.

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
157	4.9.43.	TOS. C.A. O/S. 27 Aug. 5 C I Rec 2 Sept 43.
189	10.10.43	Inc Rate 1.50 wef. 29 Sept 43.
202	26.10.43	SOS to Kot. Dog. Wef. 25 Oct 43
33A	16-11-43	TOS 1 Bn 1 CBRD wef 9 Nov 43.
		SOS to 4 Bn 1 CBRD wef 4 Jan 44.
		T.O.S N & R E (LV) wef.

M.F.M.—14A

Statement of the Service of No. D139795 Rank Pte Sheet No. 11

Name Elder A B

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
C.16 11-3-44								
SOS		S.O.S. C.A.(A.F.) CANADA ON	—	26 Aug 43	—	—		
		EMBARKATION ON 26 aug 43	Pte	27 aug 43	5 CIRU	UK	157	4 Sept 43
	TOS	T.O.S. C.A.(A.F.) OVERSEAS ON	—	1 Sept 43	—	—		
		TRANSFER ON 27 aug 43						
		AND DISEMBARKED ON 1 Sept 43	pte	2 Sept 43	5 CIRU	U.K.	157	4 Sept 43 ✓
	TOS	T.O.S. — 5 CIRU	—	—	—	—	—	—
		Granted Rgtl Rate of Pay $1.50	Pte	29 Sept 43	5 CIRU	UK	189	11 Oct 43
SOS		SOS to Hot Dog	Pte	25 Oct 43	5 CIRU	UK	202	26 Oct 43
SOS		SOS CA (UK) On Embarkation	—	26 Oct 43	—	—	—	—
	TOS	TOS CA (M)	Pte	29 Oct 43	X4 List HPER	NA	33A	16 Nov 43
		Disembarked	—	8 Nov 43	—	—	—	—
C16 11-4-44 SOS	Duplicated 11-4-44	SOS Killed in action	Pte	31 Jan 44	HPER	CMF	19 A 395	11 Feb 44 29 Feb 44
	TOS	TOS from HPER X4 List	Pte	26 Jan 44	HPER	CMF	11	3 Feb 44

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) ELDER, Albert Beech, (b) N° matricule D-139795.
2. (a) Arme Army. (b) Unité INF. (R) CA. (c) Rang Pte.
3. (a) Date de naissance 29-March 1923. (b) Avez-vous des personnes à votre charge? Yes. (c) Domicile au moment de l'enrôlement Longueuil, Que.Canada.
4. (a) Lieu d'enrôlement Montreal South, Que.Canada. (b) Date d'enrôlement 12-3-43.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 14yrs. Old. (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? NO
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 8yrs. Pub.School.
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu NIL.
8. (a) Êtes-vous déjà entré en apprentissage? Yes. (b) Si oui, dans quel métier? Blacksmith. (c) Avez-vous complété votre apprentissage? NO (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? 4 months,
9. (a) Quelles langues parlez-vous couramment? English Only. (b) Quelles langues lisez-vous facilement? English. Only.

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) Working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? No.

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Dominion Engineering Works Ltd. Adresse Longueuil, Que.Canada.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Munitions.
20. (a) Genre précis de votre occupation Machine Operator. (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 9 months.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? ----- (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? no (c) Désirez-vous retourner à votre ancien emploi? Yes.

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? no (b) Vous croyez-vous apte à exploiter une ferme? nil (c) Si oui, dans quel genre de culture? nil
25. (a) Êtes-vous né sur une ferme? YES. (b) Nombre d'années d'expérience effective dans la culture? nil (c) Dans quelles provinces avez-vous acquis votre expérience? nil

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? Yes.
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) Back to my trade as Blacksmith.
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule Welder would be my trade.

DATE 15-3-43. 194..... SIGNATURE Albert B Elder

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Mary E. ELDER (MOTHER)

ADDRESS: R.R. 1
Armstrong's Corner,
Queens Co., N.B.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: Mrs. Mary ELDER, (MFM5)

(1557)

ADDRESS: Armstrong's Corner, Queens Co., N.B.

MEMORIAL BAR

(1)
DATE DESP.....

REGN. NO 343

(2)

DESP. APR 3 1944
REGN No. 6250

(3)

31-1-44

FB

(O.C.L.-437)

AWARDS—CANADIAN ARMY (ACTIVE)

M

(1557)

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-E-3625

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
ELDER, Albert Beach	D-139795	Pte.	Hast.& P.E. Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star War Medal CVSM & Clasp	4052, 21.3.50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

25-L 3912

W #7

EE DER

DECEASED

Kivimen $120

Mater Amabílis

ora pro nobís

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-139795

Surname (Capitals) ELDER

Christian Names in full ALBERT BEACH

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.

500 PADS OF 100-5-43 (21)
H. Q. 1772-39-1672-K. P. 80493

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-139795

Surname (in capitals) ELDER

Christian Names (in full) ALBERT BEACH

Date of Birth 29th March 1923

Place of Birth Coles Island N.B. Canada

Citizenship Canadian

Trade on Enlistment Blacksmith's helper

Nationality of Father at Birth Canadian

Nationality of Mother at Birth "

Religion Church of England

Enlisted at Montreal South Que. Canada

Date 12/3/43

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

Signature of Soldier X Albert B Elder

Signature of Officer [illegible]

Place Montreal South Que Can, Date 15/3/43

(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	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Chas. Albert Elder	12/3/43	Armstrong's Corner, Queens Co., N.B. Canada
	Mother	Mrs. Maud Elder	12/3/43	as above
3rd	*Brothers and Sisters			
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

NOW LIVING

(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
12/3/43	Pte		4DD-#63	[signature]

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

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

Completed Basic Training in accordance with Standard Syllabus.
26 May 43.

[signature]

2 Wks Basic (Refresher) S.C.I.R.U.
25 Sep 43 EN. Lt.

Qualified in addition as under:—
Completed Advanced Training in accordance with Standard Syllabus at A12.
(Inf. R.)

[signature] Knight 2/Lieut.

Date 31/7/43

Completed 2 weeks adv. trg. S C I R U 9 Oct 43

Commanding [signature] Maj.

*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

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade VIII	Allenwill. N.B		J. B. Morgan Lieut

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(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
8/3/43	A	M. I. Rm. 2.		H. A. Duncan Lt
12-8-43	A	Buchuch		L. Kingsbury

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O.....

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

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date			Specification	Signature of Dental Officer
	Required	Completed	Use authorized Abbreviations and Symbols	
7-SEPT-13	✓		9 F PRO PHX	
10-SEPT-13		✓	1 F.	

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 1cc	MAR 15 '43	H.A.R. Duncan Lt
1cc	APR 16 1943	J. Aber, Capt
3 1cc	MAY 7 '43	J. Aber, Capt
Typhus 1cc	7 Oct 43	Grenville
Typhus 1cc	14 Oct 43	Grenville
Typhus 1cc	20 Oct 43	Grenville

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
MAR 15 1943	H.D.

(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 Bay # 176057	8/3/43	H.A.R. Duncan Lt.
FINGERPRINTED	2 Sep 43	W.W. Thom Lt
Q CARD COMPLETE	4.9.43.	[illegible]
FINGERPRINTED — CAIB		
D. M. EXP.		W.R.T.
RESP. CHK.		
[illegible] EP 60 as	1.1	2nd Y P T

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should alwa carefully inserted in the Form on pages 4 and 5 o Book, but the Soldier must understand that the e made there have no legal effect in respect to the dispo of his estate in the event of his death and therefo 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 p who dies without leaving a Will, and not only ma relative or person desired or intended to be ben receive little or no share of the estate but the distrik thereof is delayed until such of the next-of-kin as m legally entitled can be located. Therefore, thoug estate may consist of no assets other than the amou pay and allowances at credit and the belongings h on his person or in camp, it is urgent that he make a which, when completed, is left with his Comma Officer for transmission to the Record Office for custody and in the event of his death is forwarded fi to the Estates Branch, Department of National De Ottawa, for administration and distribution of Service estate, and secondly, if other assets (incl real estate) make it necessary, to the Executor nam the Will.

2. The Soldier's Will should **preferably** be mad on the Will Form,—M.F.M. 10 (English) or M.F.M (French)—provided for that purpose and on whic also printed a number of helpful instructions. forms are obtained through the Commanding O of each Unit. A separate sheet of paper **may** be but in such case the general form of the Will as sho 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 o Soldier will also sign their respective names. If Soldier cannot write, he will make his mark in the

Date Certificate or Will extracted ..... Sept. 1/42

Signature of Officer ..... T. Robertson Capt

To whom sent ..... Records

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.

File No 405-E-3625.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-139795. Name ELDER ALBERT. Beach.

Rank on Discharge Pte. Date of Discharge _____

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 12-3-43	to 26-8-43	
	from _____	to _____	_____
United Kingdom	from 27-8-43.	to 26-10-43.	
	from _____	to _____	_____
Italy	from 27-10-43.	to 31-1-44 Killed in Action.	
Northwest Europe	from _____	to _____	_____
---------	from _____	to _____	_____
---------	from _____	to _____	_____

Eligible for award of:

1939 - 45 Star OK

---------- _____

Italy Star OK

~~France-Germany Star~~ _____

Defence Medal N.E.

War Medal O.K

Canadian Volunteer Service Medal OK

with clasp OK

N.R.D.

M

Verified by N. Renaud

Date JUL 6 1946

Carded JUL 9 1946

HA 165

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.139795 RANK Private SERVICE UNIT The Hastings and Prince Edward Regiment (CA)

NAME ELDER, Albert Beach

DATE OF BIRTH DAY 29th MONTH March YEAR 1923

MARITAL STATUS Single Religion: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Alfred Elder,

ADDRESS Armstrong's Corner, Queens Co., N.B. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 4729 H.Q.405-L-3625

CASUALTY DETAILS Killed in action DATE 31-1-44

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 16-2-44

OFFICER I/C RECORDS

MA

5

COPY FOR C.R. FILE

6

H.Q.405-E-3625 (Records - C)

19th February, 1944.

Mr. Alfred Elder,
Armstrong's Corner,
Queens County, N.B.

Dear Mr. Elder:

It is with deep regret that I learned of the death of your son, D139795 Private Albert Beach Elder, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 31st day of January, 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

FEB 17 1944

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

ACB/MEB

1

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.139795 RANK Private SERVICE UNIT The Hastings and Prince Edward Regiment (CA)

NAME ELDER, Albert Beach

DATE OF BIRTH DAY 29th MONTH March YEAR 1923

MARITAL STATUS Single Religion: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 3 RELATIONSHIP Father NAME Alfred Elder,

ADDRESS Armstrong's Corner, Queens Co., N.B. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 4729 H.Q.405-E-3625

CASUALTY DETAILS Killed in action DATE 31-1-44

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

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

DATE 16-2-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

R07555

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-139795 Pte. ELDER, A.B. (Dec'd) .....

RECEIVED FROM ..... Cdn Sec G.H.Q. 2nd Echelon .....

C-34907 Pte. Grand, L.T.

CHECKED BY ..... C-96325 Pte. Desormeaux, J.M. ..... DATE ..... 27 March 1944 .....

4	4 Cent Stamps (Canadian)		
1	Prayer Book		
	Snapshots		

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

TRIPLICATE — with effects.

pte m.o. Cathcart
for OC 1 Cdn KSD

M.F. [redacted]510
40/P[redacted]/254 (1-43)

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

District.....

Dispersal Area.....

Regtl. No. D.139795 Rank and Name Elder, A.B. Pte.

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

(~~Transfer or~~ Discharge)..... to..... on 31st. January, 19 44.

Reason Death. Authority: C.C.L. "A"395. d/11 Feb 44.

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

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	21	86
First Monthly Payment AR.42 d/7-1-44	4	47	Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at $		
Assigned Pay	30	00			
Regimental Charges			Allowances (Give particulars) .....days at $		
Public Stoppages (Give particulars): AR.48 d/14-1-44	6	71			
To Balance Cr. Free JHS ✓	27	18			
To Balance Cr. Deferred			By Balance Dr.		
Total	68	36	Total	68	36

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

Remarks:

Assigned Pay $30.00 (M) Stopped eff. Feb 44.

ESTATES BRANCH AUG 23 1944 H.Q. OTTAWA. NATIONAL DEFENCE

Compiled by P. Cooper.

Checked by B.M. Wadsworth

Date 5th August. 19 44.

Certified correct Le Le Luenbrook
for Chief Treasury Officer, Overseas.

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. A. B.

No. D139795 Rank PTE Name ELDER.

states that he has executed a Will and that the same has been deposited with N.D.H.Q.

at M.D. 4

Date Sept 8/43.

Signature of Officer.

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.

OFFICER I/C RECORDS
A. G. BRANCH
JAN 19 1944
H. Q. OTTAWA
NATIONAL DEFENCE

DOCUMENTS RECEIVED IN DISCHARGE SECT.
JAN 21 1944
DIRECTORATE OF RECORDS, N.D.H.Q.

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Alfred Elder,
Armstrong's Corner,
Queen's Co., N. B.

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

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

and the following number quoted:—

H.Q. 405-E-3625 F.D.97

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Feb. 28, 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

ESTATES BRANCH MAR 23 1944 H.Q. OTTAWA NATIONAL DEFENCE

ELDER, Albert Beach, Pte.

D.139795 C. A.

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.

(P. S. Deis) Capt.,
for (L. M. Firth) Lt.-Col.
Administrator of Estates.

PSD/MK

M.F.W. 77
5M—1-44 (3371)
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	INFORMANT'S STATEMENT: 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		Not Married		
2	Children of the Deceased and dates of their Births		Not any		
3	Father of the Deceased		Alfred M. Elder by adoption		
4	Mother of the Deceased		Mary E. Elder		
5	Brothers of the Deceased	Full Blood	Not any		
		Half Blood	Not any.		
6	Sisters of the Deceased	Full Blood	Not any		
		Half Blood	Not any.		
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

ANSW

8	Full names of the deceased.
9	Date of his birth.
10	Place and date of his marriage
11	Place and date of his parents'
12	Place where deceased was born
13	State, in order, the Province, S resided before enlistment and t
14	Nature of employment before e
15	State whether he owned the pr so, where situated.
16	Name place where deceased s permanent home.
17	Did he leave a Will? If in you
18	If married, and domiciled in the in the U.S.A. or in a Country u community of property betwee contract dealing with property?
19	Did he have a Bank, Post Office give name and address of bank, Do you wish it administered wi
20	Amount of War Savings Certific where located.
21	Amount of Victory Loan Bon whether registered or bearer an
22	If deceased had life insurance payable under each policy and therein.
23	Describe other assets, if any, a space on page 4 if necessary.
24	Did the deceased after enlistme *(a)* His own separate boar *(b)* Service clothing and eq An itemized account for each hereto, and if same is corr "approved" and sign same particulars.
25	Have you or any other relative part thereof? If so, atta amount paid, and by whom
	(NOTE:—The Government and burial is made Overseas as zone, and if a relative has alrea authorized in the Regulations. the Government nor is it charg

TIONS

ne relatives that the deceased ever

MENT

Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative

Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Pte. Albert Beach Eelder
9	Date of his birth.	March 29. 1923
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	not known

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Coles Island, N. B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Coles Island N. B. time not known (b) St. John Orphanage time not known. (c) Armstrongs Co. N. B. 11 years. (d) Quebec. Can. 1 year.
14	Nature of employment before enlistment.	machinist
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.	Do not know

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no.
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?	1 Fifty dollar Victory Bond Bank of Montreal Saint-John N.B.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	not any
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50.00 Registered Bank of Montreal St. John. N.B.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	not any
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	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

*Foster Father ..... 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.

Alfred M Elder ..... {Signature of Informant}

Armstrongs Cor Queens Co ..... Address

N.B.

CERTIFICATE

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

See above. Alfred M. Elder {Name of informant} is the Foster Father .....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Petersville this 18th day of March 1944

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

Robert A. Howe ..... Qualification Police & Stipendary Magistrate

Address Hampstead R.R. No. 1 Queens County N.B.

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

Albert Beach Elder was adopted by me from The Saint John Orphanage. Saint John N. B. July 16 1930 and have no knowledge of his parents or other relatives.

29-9-2

Mail

armstrong Cor
Sept 26 1944

Department of National Defence
army Estates Branch Ottawa

I am writing you in regard to the $50.00
Bond of Albert Beach Elder D 139795-
Deceased Canadian army. the Bond was
in the Bank of Montreal in Montreal. they
sent it to the Bank of Montreal Saint
John N.B. for safe keeping. they will
Buy it ~~or~~ when it is transferred to my name
by Dept of national Defence

Yours Truly
Mrs Alfred Elder
Armstrongs Corner
Queens Co
NB

ESTATES BRANCH
SEP 28 1944
H.Q. OTTAWA
NATIONAL DEFENCE

I-11

405-E-3625

Bank of Montreal,

Saint John N.B. Canada,

MAIN OFFICE—2 KING STREET

Director of Records
A. G. Branch.
JAN 13 1945
Nat. Defence Hqrs.
Ottawa, - Canada.

Eleventh
January
1945

ESTATES BRANCH
JAN 17 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

Dear Sir:

Elder, Albert Beach, Pte. (Deceased) No.D-13975 - C.A.

Referring to your letter of the 4th instant, HQ.405-E-3625 FD 97, would you please advise us when the documents you refer to have been filed with the Records Office and you are in a position to authorize us to deliver the $50. Dominion of Canada bond which we are holding to Mrs. Mary E. Elder of Armstrong's Corner.

Yours faithfully,

Manager.
G. Lawson

The Director of Records,
Department of National Defence (Army),
Ottawa, Ont.

577
I-11

Bank of Montreal,

Saint John N.B. Canada,

MAIN OFFICE—2 KING STREET

Eighteenth
December
1944

ESTATES BRANCH
DEC 20 19..
H.Q.
OTTAWA.
NATIONAL DEFENCE

Dear Sir:

We are enclosing a copy of our letter of the 30th November last to which we do not appear to have as yet received your reply.

Yours faithfully,

Manager.
G. Lawson

The Director of Estates,
Department of National Defence (Army),
Ottawa, Ont.

DISTRIBUTION OF SERVICE ESTATES (ARMY)

JR. Estates Form "P. 4"

Name: ELDER (Surname) Albert E. (Christian Names) No.: D.139795

Pte. (Rank) G.A. C/S (Unit) 31 Jan 44 (Date of Death)

AMOUNT

L.P.C.....$ 27.15

Date: 13 Feb 45

Other Credits.....

Total..... 27.15

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Mary E. Elder, Armstrongs Corner, Queen's Co., N.B. (Sole beneficiary per Will)	P 27.15

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 26/3/45 P4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$27.15

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ALBERT BEACH ELDER (Christian Names) (Surname) — Register No. D-20677

PAYEE'S NAME MRS. MARY ELDER (Christian Names) (Surname) — File No. 405-E-3625

ADDRESS ARMSTRONG'S CORNER QUEENS CO., N.B. — Date 21-3-46

Service No. D-139795

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 31-1-44 — Date of Discharge 31-1-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE (26) No. of day 326/30 = 10 Periods @ $7.50	75	00
B. QUALIFYING OVERSEAS SERVICE No. of days 158 less 26 Ineligible days, equal 132 Days @ 25c. per day	33	00
C. SUPPLEMENT FOR OVERSEAS SERVICE	108	00
Daily Rate of Pay $ 1.50		
Subsistence Allowance $ 1.25		
Additional Pay $ —		
Dependents' Allowance 1/30 $ — $ —		
TOTAL $ 2.75 × 7 = $ 19.25		
No. of Days 158/183 × $ 19.25	16	62
D. WAR SERVICE GRATUITY	124	62
Computed By SR		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ —		
(2) D.A. & A.P. $ —		
Other Deductions $ —		
Entered By JHW		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	124	62

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD(ITALY)

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: ELDER (Block letters)

Given names: Albert Beach

Do not write in this space

4. RESIDENCE

Street: Grant No. 219

Official name of civil municipality or township: Longueuil

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): New Brunswick

11. DATE OF BIRTH: March (Month) 29th (Day) 1923 (Year)

12. AGE OF DECEASED: Years 21 | Months | Days | If less than one day old ....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Blacksmith's helper

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	ELDER, Alfred	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church....

(b) Civil municipality of....

(c) Municipal county....

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: January (Month) 31st (Day) 19 44 (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause
Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action

due to

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

(b)....

due to

(c)....

II

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

....

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

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

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

State findings....Was there an autopsy?....

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

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

Manner of injury....
(How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

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

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

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

[signature] C S

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

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

....

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

NOV 24 1944

Director of Records, Dept. of National Defence.

No D.139795 Rank Private Name ELDER, Albert Beach

Unit Hast. & P.E. Regt. Date of death 31st January, 1944.

Died at Italy

Cause Killed in action

Death occurred on strength of Forces. HQ 405-E-3625 d 16-2-44

N/K Mr. Alfred Elder Relationship Father

Address Armstrong's Corner, Queens Co., N.B.

Remains buried in Cemetery

MR.294158 sheet 147/11, at junction of two bridges beside path, Ortona, Italy

Grave location

CHK ✓

OVER-

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. FEB 12 1945

RETURN TO BUR. OF STAT NOV 24 19

ROYAL MESSAGE DESP'D. FEB 2 1944

CAN. MESSAGE DESP'D. 21-2-44.

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 5, row C, plot 11.

H & CR Form Despd. NOV 1
5 1945