

D140491  
BUSH  
HERBERT



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

*Permalife*  
25% COTTON CONTENT

*Permalife*  
25% COTTON CONTENT



# 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

## Partie A—RENSEIGNEMENTS GÉNÉRAUX

LAISSEZ  
EN BLANC

1. (a) Nom et prénoms (lettres moulées) BUSH Herbert Francis (b) N° matricule D-140491
2. (a) Arme Army (b) Unité INF (S) CA (c) Rang Pte
3. (a) Date de naissance 1905 Sep 26 (b) Avez-vous des personnes à votre charge? No (c) Domicile au moment de l'enrôlement Montreal, Quebec
4. (a) Lieu d'enrôlement Montreal South, Quebec (b) Date d'enrôlement May 18th 1943

## Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 18 yrs 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.) 7 yrs public school  
2 yrs high school
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu no
8. (a) Êtes-vous déjà entré en apprentissage? No (b) Si oui, dans quel métier? nil (c) Avez-vous complété votre apprentissage? nil (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? nil
9. (a) Quelles langues parlez-vous couramment? English & some Fr (b) Quelles langues lisez-vous facilement? English & some French

## 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 Sherwin - Williams Adresse Montreal, Quebec
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.) Paints manufact.
20. (a) Genre précis de votre occupation Packer (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 5 yrs
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Yes (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? No (c) Si oui, dans quel genre de culture? nil
25. (a) Êtes-vous né sur une ferme? no (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? No
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.) to go back to my last position.
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule. nil

DATE

May 18th

194 3.

SIGNATURE

*H. Bush*



RS

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE INFANTRY (R)  
(Army) Clerical Group Arm or Corps  
T. Trainee. Trade (if Tradesman or Trade Trainee)  
Work in Arm (if Non-Tradesman)

### Personnel Selection Record

I. 2140491 Pte BUSH, Herbert. A 37 A  
Regt. No. Rank Name (surname first) A or R Age Med. Cat.  
English French (fair) Montreal South, Que. 29 Apr 1943.  
Main Language Other Language(s) Place (Unit) Interviewed Date Interviewed

II. Revised Examination "M"  
D.D. 4 29 Apr 1943 F.T. Brown, Major.  
Place Tested Date Tested By Whom  
121 1V Subtests 12 9 5 18 24 8 23 22 Subtotals 26 42 53 English  
Total Group 1 2 3 4 5 6 7 8 1-3 4-5 6-8 English or French  
Other Tests  

|    |   |   |   |   |   |   |   |   |   |
|----|---|---|---|---|---|---|---|---|---|
| Y  | O | B | P | U | L | H | E | M | S |
| 05 | 1 | 1 | 1 | 1 | 1 | 2 | 1 |   |   |

III. Educational Background Completed 9th grade when 18 yrs. old.

IV. Occupational Background  
Storeman. Paint Glassware, 2 firms, 5 yrs.  
Unemployed. Had to stay home to take care of old people (sickness).

V. Military Background  
NIL. Reported for Active Service, D.D. 4, 29 Apr 1943.  
T.O.S.D.D. 4 18/5/43

VI. Other Personal History and Appraisal  
This man is single. He is 5'8" and 140 lbs.  
Has a wide experience as storeman. Can take charge of stores and take inventory.  
On his own now. Independent. Nobody to support. Serious reliable and ambitious. Should make a good storeman in the Army.  
N.C.O. materail.  
Intelligence and learning ability average.

VII. Recommendations  
INFANTRY (R) CLERICAL GROUP TRADE/TRAINEE.

/ml (Signed) L. Breton Capt.  
Army Examiner  
(L. Breton, Capt.)



FURTHER INFORMATION AND FOLLOW-UP

C.A.(B)T.C. 41, Huntingdon, Que.  
6th July, 1943.

T.O.S. T.C.41, 28/5/43. No sickness whilst here.  
Training: No difficulties so far.  
Allocation is OK.

*W. Sykes*  
(W. Sykes) Capt.- A.E.

S.O.S. C.A.(B)T.C. 41, 5/8/43. Special Duty.  
Auth. H.Q.S. 20-6-22 F.D.4, dated 22/7/43.



CONFIDENTIAL

D-140491      **BUSH**      *Herbert*

Regimental Number      Last Name (Block letters)      First Name

2 Nationality *Canadian*      By Birth       By Naturalization      Country of Birth *Canada*

3 Father Racial Origin *English*      4 Language spoken in home: French  English  Other

Mother *English*      Other

5 Age *38/0*      6 Height *5-9* ft. *9* in.      7 Weight *145*      8 Silhouette 

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Eyes *26 Sept 1905*      9 Colour of *Brown*      10 Acuity 

|   |   |   |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

      10 Glasses      11 Colour Vision 

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

12 Hearing: Acuity 

|   |   |   |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

      13 Speech Defects

14 Handedness 

|   |   |
|---|---|
| L | A |
|---|---|

      15 Med. Category *A.*

Cause

Attitude to own health *reasonable*      To Medical attention

Health History

16 Education Level: Illiterate      El.      ( ) Sec. *9* (*18*)      Grade completed

Conduct during school life

|   |              |                 |        |      |
|---|--------------|-----------------|--------|------|
| 17 University or Professional Institution | Course Taken | Years completed | Degree | Year |
| 19 Post Graduate                          | Course       | From-To         | Degree | Year |

20 Specialized Training:

1. (Course)      From-To      Completed ?

At      From-To      Completed ?

21 2. (Course)      From-To      Completed ?

At      From-To      Completed ?

22 3. (Course)      From-To      Completed ?

At      From-To      Completed ?

Other trades papers, Diplomas Certificates or Qualifications

23 Languages: Spoken fluently *English*      Written well *English*

24 Main occupation: Description *Logcut man, packer, shipper in wholesale and retail paint store*      Estimate of skill *Skilled*

Duration (from-to) *1937-1942*      Weekly Wage *19.00*

Employer's Name and Address *Sherwin Williams Paint Co Ltd Montreal, Canada*

*Francis*

Middle Names

50 "M" CANADA Test Score      Test 9 Score

|      |     |                 |
|------|-----|-----------------|
| 1    | 12  | Sub-total       |
| 2    | 9   | 26              |
| 3    | 5   | S.M.            |
| 4    | 18  | Sub-total       |
| 5    | 24  | 42              |
| 6    | 8   | S.M.            |
| 7    | 23  | Sub-total       |
| 8    | 22  | 53              |
| Tot. | 121 | Grade <i>D.</i> |

English       French

51 OTHER MENTAL

Test      Score      Grade      Date

52a MECHANICAL APT.

Test      Score      Grade      Date

52b CLERICAL APT.

Test      Score      Grade      Date

53 TRADE TESTS

| Trade and Grading | Date |
|-------------------|------|
|                   |      |
|                   |      |
|                   |      |

54 OTHER

Test      Score      Grade      Date

Unit *5 C.I.R.V.*

1 Corps *INFANTRY (C.I.C)*

25 Second Most Important Occupation: Description: *Truck driver*      Estimate of skill *skilled*

Duration (from-to) *1934-1937*      Weekly Wage *19.00*

Employer's Name and Address *Bell Truck and Cartage Montreal, (P.D. 4)*

26 Third Most Important Occupation: *balance of time he says he was helping at home but is very independent about the type of work expect prog*      Estimate of skill *unskilled*

Duration (from-to)      Weekly Wage

Employer's Name and Address *house*

Trade Union or Professional Society

Vehicles: 27 Heavy Truck *D*      28 Light Truck *D*      29 Auto *(D.W)*      30 Motorcycle

31 Tractor      32 Tracked Vehicle      33 Power Launch      34 Aeroplane

35 Accident Prone      Teamster

Farming Experience: Wide      Limited      None

District      Type

Job promised after discharge? *Yes*      By whom? Name *Sherwin Williams Paint Co*

Job *# 24*      Address: *# 24*

Other provision for post-discharge occupation

Occupational history: Ambitious      Stable      Accidental      Erratic

36 Marital Status: M      S       W      D      Sep

Marital Problems: Wife's or Husband' Age      Attitude to Service      Health

37 No. of Children      38 No. of Dependents *0*

Relationship of Dependents

No. of Brothers *2*      No. of Sisters *2*      Position in family *3*

Status of home in childhood

Religious Denomination *U.C.P.C.*

39 Hobbies: Photography      M      S      Radio      Engines

Mechanics      Other *gardening*

40 Sports: (1) *tennis*      (2) *swimming*      (3)

Team Games and Position (1) *Baseball (C.P.)*      (2)      (3)

41 Ability to Entertain: Music      String      Brass

Woodwind      Percussion      Piano      Vocal

Theatrical      Other











## 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.....   | Not applicable<br>Not married                                  | -                         | -   |
| 2                       | Children of the Deceased and dates of their Births.....  | Not applicable<br>None   | -                         | -   |
| 3                       | Father of the Deceased.....  | (late) Francis George Bush                                     |                           | Died<br>6th December 1942   |
| 4                       | Mother of the Deceased.....  | Isabella Bush (nee Payne)                                      | 69                        | 3255 Fendall Ave. (Apt.1)<br>Montreal 26, P.Q.  |
| 5                       | Brothers of the Deceased   | Full Blood<br>Frederick Austin Bush ✓                          | 38                        | 1423 Shelbourne St.,<br>Calgary, Alta.  |
|                         |  | Wesley Gordon Bush ✓   | 36                        | On Active Service<br>Overseas   |
|                         | Half Blood   | Not applicable<br>None   |                           |   |
| 6                       | Sisters of the Deceased  | Full Blood<br>Isabel May Bush ✓                                | 43                        | 3255 Fendall Ave. (Apt.1)<br>Montreal 26, P.Q.  |
|                         |  | Gertrude Ella Allen (nee Bush) ✓<br>(wife of Harold Allen)     | 41                        | 3170 Maplewood Ave.,<br>Montreal 26, P.Q.   |
|                         | Half Blood   | Not applicable<br>None   |                           |   |
| 7                       | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each. | Names and ages of their children (if any)                      | Address of their children |   |
|                         | Not applicable   | -<br>None  | -                         |   |



22. Metropolitan Life Insurance Company - \$1,000  
 (Group Insurance Policy with Sherwin Williams Co.)  
 Serial #1645

Beneficiary - Heirs and Administrators

Great West Life Insurance Co. - \$1,000  
 Policy P.335200

Beneficiary - Mother, Mrs. Isabella Bush

|    |  |                |
|----|--|----------------|
|    |  | (d)            |
| 14 | Nature of employment before enlistment.  | Shipping Clerk |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | No             |
| 16 | Name place where deceased stated he intended to make his permanent home.           | Montreal, P.Q. |

PARTICULARS OF ESTATE

|    |  |  |
|----|--|--|
| 17 | Did he leave a Will? If in your custody, please forward.   | Yes - I think so<br>See attached letter  |
| 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? | Not applicable   |
| 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?   | Bank Account at Banque Canadienne Nationale - 5405 Cote des Neiges Road, Montreal, P.Q. - \$297,33. Yes. |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located.   | 8 x \$5: 1 x \$10. Located in his safety deposit box at above bank                                       |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.  | \$250 - bearer. Located at same bank as above.   |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.   | Royal Insurance Co. - \$2,000.00.<br>Heirs and Administrators.<br>(SEE ATTACHED SLIP) # 272424           |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.  | No other assets  |

OTHER PARTICULARS

|    |  |                   |
|----|--|-------------------|
| 24 | Did the deceased after enlistment incur any debts for:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>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. | Incurred no debts |
| 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)



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

|    |  |  |
|----|--|--|
| 8  | Full names of the deceased.              | Herbert Francis Bush                           |
| 9  | Date of his birth.                       | 26th September 1905                            |
| 10 | Place and date of his marriage.          | Not applicable - not married                   |
| 11 | Place and date of his parents' marriage. | Montreal, Province of Quebec<br>28th June 1900 |

## PARTICULARS OF DOMICILE

|    |  |   |
|----|--|---|
| 12 | Place where deceased was born.   | Montreal, Province of Quebec                          |
| 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<br>(b) Canada - all his life<br>(c)<br>(d) |
| 14 | Nature of employment before enlistment.  | Shipping Clerk  |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated.                                       | No  |
| 16 | Name place where deceased stated he intended to make his permanent home.   | Montreal, P.Q.  |

## PARTICULARS OF ESTATE

|    |  |  |
|----|--|--|
| 17 | Did he leave a Will? If in your custody, please forward.   | Yes - I think so<br>See attached letter  |
| 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? | Not applicable   |
| 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?   | Bank Account at Banque Canadienne Nationale - 5405 Cote des Neiges Road, Montreal, P.Q. - \$297.33. Yes. |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located.   | 8 x \$5: 1 x \$10. Located in his safety deposit box at above bank                                       |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.  | \$250 - bearer. Located at same bank as above.   |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.   | Royal Insurance Co. - \$2,000.00.<br>Heirs and Administrators.<br>(SEE ATTACHED SLIP) # 272424           |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.  | No other assets  |

## OTHER PARTICULARS

|    |  |                   |
|----|--|-------------------|
| 24 | Did the deceased after enlistment incur any debts for:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>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. | Incurred no debts |
| 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.)



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

\* Sister .....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.

J. M. Bush

{ Signature of Informant

3255 Fendall Ave. (Apt.1), Montreal 26, P.Q. Address

CERTIFICATE

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

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

Dated at Montreal .....this 5th .....day of December .....1944..

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

Emile Dubois

Qualification Commissioner

Address 437 St James St Montreal

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



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

Unit INF (R) CA Regimental Number D-140491

T.T. ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

**ATTESTATION PAPER**

01  
PTE  
 MAY 18 1943  
 FINGERPRINTED  
 PHOTOGRAPHED

1. Surname BUSH
2. Christian Names HERBERT FRANCIS
3. Present address 3340 Maplewood Ave., Montreal, Que., Canada.
4. Date of birth 26 September 1905
5. Place of birth Canada Quebec Montreal  
(Country) (County or Province) (Town or Township)
6. Citizenship Canada  
(Of What Country are You Now a Citizen)
7. Religion (state denomination) United Church of Canada.
8. Trade or Calling Packer
9. Married, Widower or Single Single
10. Name of next of kin Mrs. Isabella Bush (Widow.)
11. Relationship Mother
12. Address of next of kin 3340 Maplewood Ave., Montreal, Que., Canada.
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No  
(If Yes, Give Unit and Dates of Service)
14. Have you served in (a) an Active Formation or Unit of The Canadian Army? No  
(Yes or No)  
 (b) Any other Naval, Military, or Air Force? No  
(Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? No  
(If Yes, specify Regimental No., Unit and Dates of Service)

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

I, Herbert Francis BUSH, 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 18 mai. 43. H. Bush  
(Signature of recruit)

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

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

Witness H. Bush  
(Name) (Rank) (Signature of Recruit)

**CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER**

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

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

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

at MONTREAL SUD QUE this 18e day of mai 19 43.

**NO. 4-DISTRICT DEPOT**

Samuel  
Special Recruiting Officer  
 { Signature of Magistrate, Justice or Attesting Officer.  
 { Officer or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT



5606-

Record of Service of

BUSH

(Surname)

HERBERT FRANCISS

(Christian Names)

Regimental Number

D-140491

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military

NIL

High School

2 ANS

Graduation

NIL

Business or Professional

NIL

or  
Collegiate

(years completed)

or  
Matriculation

(specify)

Trade or Civil

PACKER

\*College

NON

Technical

NON

\*University

NON

Languages

ENGLISH & LITTLE FRENCH

7e EC PUBLIQUE

\*(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<br>on Strength of Field Force  | Rank Shown | Effective Date | Unit       | Place         | Authority                        |           |
|--|------------|----------------|------------|---------------|----------------------------------|-----------|
|  |            |                |            |               | Part II D.O. No. Cas. List, etc. | Dated     |
| Joined on appointment<br>18-5-43 DRO TOS No 4 DISTRICT DEPOT CA  | PTE        | 18-5-43        | 4 DD       | MTL STH       | 4 DD PT II 118                   | 18-5-43   |
| SOS on transf. to CA(B)TC 41 Huntingdon, Que.<br>SOS ON TRANSFER FROM ADD  | "          | 28 May 43      | "          | "             | " 127                            | 28 May 43 |
|  | PTE        | 29 MAY 43      | TC 41      | HTINGDON,     | 211 - 127 A                      | 29 MAY 43 |
| 4-8-43 Having been granted "Embarkation Leave" from<br>2000 hrs. 2 Aug 43 to 2100 hrs. 4 Aug 43 are<br>entitled to draw .50 cents per diem. Art.196(4)<br>F.R.& I Can. | "          | 4 Aug 43       | "          | " "           | TC41 " 185-A                     | 5 Aug 43  |
| 4-8-43 SOS to C.A.(B).T.C.No.47,Valleyfield,Que.   | "          | 4 Aug 43       | "          | " "           | " " 185-A                        | " "       |
| 7 Aug 43 Tc 47 T.O.S. on trans. form Tc 41 Hungingdon Que  | "          | 5 Aug 43       | TC 47      | Valleyf       | art II 162                       | 7 Aug 43  |
| G.O.S. F.A.P. to No 1 transit camp Windsor N.S.<br>ATT.D NO. 1 TRANSIT CAMP  | "          | 7-9-43.        | "          | "             | " " 184                          | 5-9-43.   |
|  |            | 7 9 43         | #1 TRANSIT | WINDSOR N.S.  | 230                              | 8 2 43    |
| SOS NO.1 TRANSIT CAMP  |            | 1.39.43        | #1 TRANSIT | WINDSOR, N.S. | 237                              | 1.39.43   |

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



**CERTIFICATE OF MEDICAL EXAMINATION**

Name in full **BUSH, HERBERT FRANCIS.**

Place **MONTREAL**

Date of Medical Examination **28 April 1943.**

**Part 1. Information obtained from the recruit.**

1. Age **37** 2. Have you ever suffered from any of the following diseases?
- |  |   |
|--|---|
| a. Rheumatism <b>no</b>                | k. Ear disease <b>no</b>  |
| b. Tuberculosis or pleurisy <b>no</b>  | l. Eye disease <b>no</b>  |
| c. Bronchitis or asthma <b>no</b>      | m. Fits <b>no</b>   |
| d. Heart disease <b>no</b>             | n. Nervous or mental disease <b>no</b>  |
| e. Kidney or bladder disease <b>no</b> | o. Syphilis <b>no</b>   |
| f. Stomach or bowel trouble <b>no</b>  | p. Gonorrhoea <b>no</b>   |
| g. Rupture <b>no</b>                   | q. Have you ever worn glasses? <b>no</b>  |
| h. Varicose veins <b>no</b>            | r. Are you now or have you in the past received disability pension or compensation? If so, give details <b>no</b> |
| i. Foot trouble <b>no</b>              |   |
| j. Nasal trouble <b>no</b>             |   |

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

*Herbert Bush*  
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 **8** inches. 3. Weight **140** pounds. Good  
Fair  
Poor
4. Complexion **med.** Eyes **brown** 5. Development **good**
- Hair **black**
6. Chest measurement—Girth on full expansion **36** inches. Range of expansion **2** 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 **2 dentures.**
10. Blood Pressure:— S. **136** D. **90** (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) EAR NOSE THROAT NEG. J.C. CALHOUN MAJOR. Feet, extremities, spine neg. no hernia, no haemorrhoids. Reflexes active. Heart & lungs neg. no psychiatric disability. T.E.D.**
13. Chest X-Ray **N** No. **184682** Laboratory at which taken **D. P. & N.H. Mt1.**

**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

*Arthur M. Vineberg* rank *H.F. Owen* rank *A. Cooperberg* rank  
**ARTHUR M. VINEBERG CAPT. H.F. OWEN LIEUT A. COOPERBERG LIEUT.**

Date **28 April 1943.**

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

| Date       | Brief details and signature     | Date   | Brief details and signature                       |
|------------|---------------------------------|--------|---|
|            | TAB. T ICC <i>subcut</i>        |        | CATEGORY CONFIRMED JUL 21 1943 <i>[Signature]</i> |
|            | VAOINATION                      |        | CATEGORY CONFIRMED 2 AUG 1943 <i>[Signature]</i>  |
|            | T.A.B.T. 2 <i>sub, cap</i>      | 4-9-43 | Re-Examined Capt. A. S. [Signature]               |
|            | T.A.B.T. 3 <i>sub, cap</i>      |        |   |
|            | Y.O.B.P.U.L.H.E.M.S. <i>sub</i> |        |   |
| 21 JUL '43 | 057111121                       |        |   |

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.







No. D. 140491 Rank Private Name BUSH, Herbert Francis *408 224* *B-200*

Unit Hastings & P.E. Regt. Date of death 20th Sept., 1944.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-B-21319

N/K Mrs. Isabella Bush, Relationship Mother

Address 3255 Fendall Avenue, Apt. #1, Montreal 26, Quebec.

Remains buried in Rimini sh. 101-II SW MR 853925 Cem Cemetery beside big house at "T" Junction Gr. 5  
ITALY.

Grave location ~~CHK~~

*OVER-*



BURIAL REPORT TO N.K.

**JAN 7 1946**

RETURN TO BUR. OF STAT.

**JUN 9 1945**

ROYAL MESSAGE DESP'D.

**OCT 19 1944**

CAN. MESSAGE DESP'D.

**OCT 27 1944**

Temp B R sent to N K

HI & CR Form Despd. **OCT 17 1946**

Photographs

Despatched

**APR 30 1947**

REBURIAL

Coriano Ridge British Empire Cemetery  
2 miles north of Coriano, Italy.

Grave .9, row A, plot 13.



GE  
20-7-45  
GE

**S. H. R. BUSH**  
ADVOCATE AND BARRISTER  
BANK OF NOVA SCOTIA BUILDING  
437 ST. JAMES ST. WEST

MONTREAL 1, Que.,

July 19th, 1945



Director of Estates,  
The Department of National Defence  
Army Estates Branch,  
OTTAWA, Ont.

Dear Sir:- Re: Your No. HQ 405-B-21,319 FD 487  
BUSH, Herbert Francis, Pte. (Deceased)  
No. D.140491 - Canadian Army

In answer to your letter of the 13th instant,  
addressed to Miss I.M. Bush, 3255 Fendall Ave., Montreal,  
I give you below the following information:

The assets realized on the Estate of the late  
Mr. Herbert Bush, amounted to \$1,893.59, and were made up  
of the following:

|  |                 |
|--|-----------------|
| Dominion of Canada bonds.....  | \$250.00        |
| Cash in Banque Canadienne Nationale,<br>5161 Cote des Neiges Rd., Montreal,<br>acct. No. 2133..... | 294.83          |
| Great West Life Insurance Pol.335200<br>in favour of his mother.....                               | 1108.96         |
| Metropolitan Life Insurance No.1645<br>in favour of Estate.....no returns                          | -               |
| Royal Insurance Company, No. 272424,<br>in favour of Estate.....                                   | 199.80          |
| 8 War Saving Certificates \$5. ea.   | 32.00           |
| 1 War Saving Certificate \$10.....   | 8.00            |
|  | <u>1893.59.</u> |

The heirs of his Estate were as follows:

|   |                |         |
|---|----------------|---------|
| ✓ Isabella Payne, widow late Francis George<br>Bush, 3255 Fendall Ave., Montreal, Que., mother,<br>INSURANCE Great West Life..... | 1108.96        | mother  |
| 1/2 balance of Estate.....  | 392.31         | mother  |
| ✓ Isabel May Bush, 3255 Fendall Ave., Montreal, ...<br>sister, 1/4 of 1/2 balance.....  | 98.08          | sister  |
| ✓ Ella Gertrude Bush, wife of G. Harold Allen, 3170<br>Maplewood Ave., Montreal, Que., 1/4 of 1/2 balance.                        | 98.08          | sister  |
| ✓ Frederick Austin Bush, 3255 Fendall Ave., 1/4 of 1/2.   | 98.08          | brother |
| ✓ Wesley Gordon Bush, presently with R.C.O.C.,<br>Canadian Army Overseas, ..... 1/4 of 1/2.....                                   | 98.08          | brother |
|   | <u>1893.59</u> |         |



Director of Estates

-2-

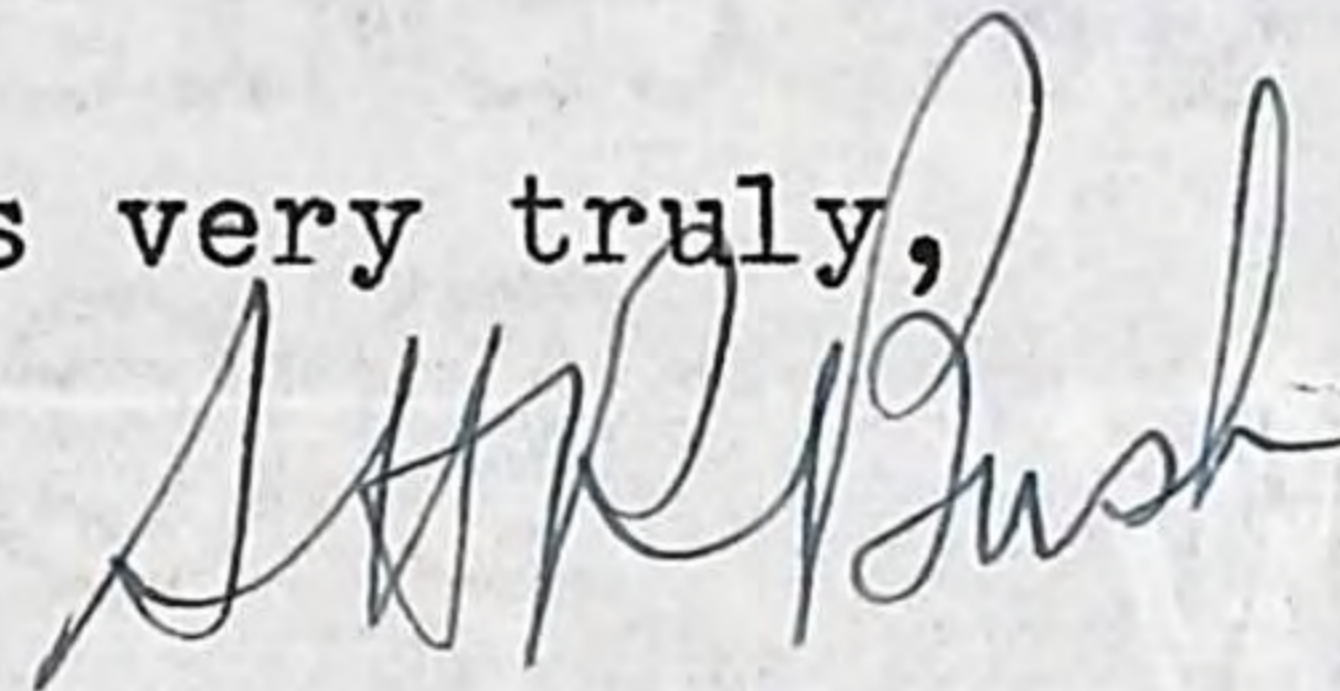
July 19th, 1945

All these assets have been transferred with the exception of the War Saving Certificates. These were sent forward to the Registrar on the 28th of May last, and we had a letter from them on the 18th of June which read in part:

"As the deceased was on active service the administration of the service estate, which includes War Saving Certificates, comes within the jurisdiction of the Director of Estates, Department of National Defence, Ottawa, we are writing him today with regard to these certificates."

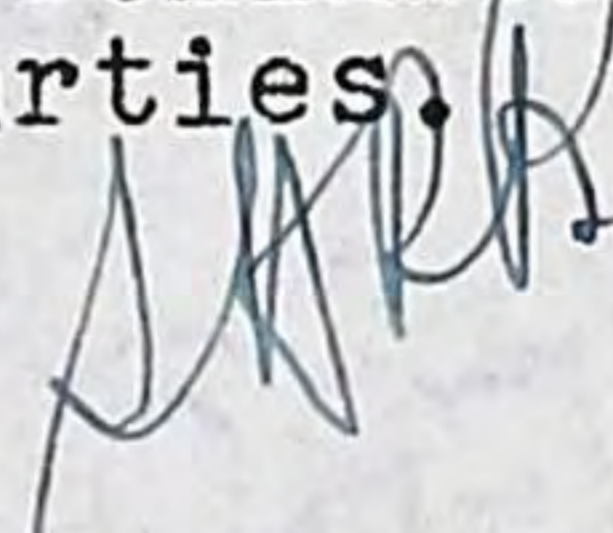
I should be glad if you will advise me why the Department of National Defence requires the details asked for. I presume it is for succession duty purposes, but should be pleased to hear from you on this point.

Yours very truly,



SHRB/EN

P.S. I overlooked mentioning above that succession duties were paid to the Provincial Treasurer of Quebec for \$39.23, and releases from Quebec and the Dominion received and turned over to the various interested parties.





H.Q. 405-B-21319  
(D.R. 2(D))

7th January, 1946.

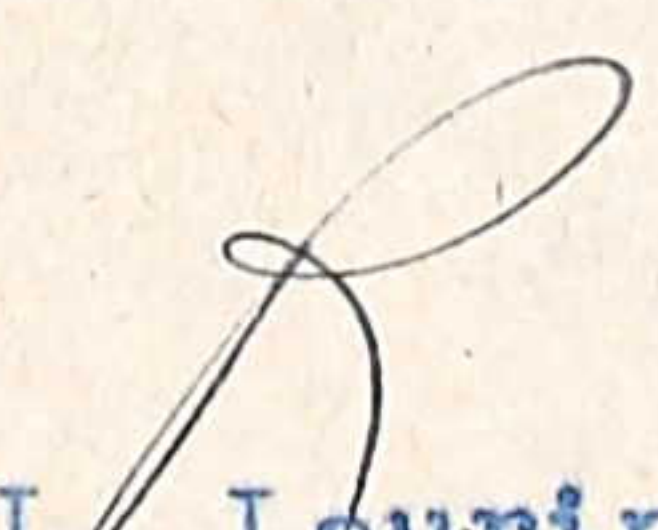
Mrs. Isabella Bush,  
3255 Fendall Avenue,  
Apartment #1,  
Montreal 26, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D140491 Private Herbert Francis Bush, have been carefully exhumed from the original place of interment and reverently reburied in grave 9, row A, plot 13, of Coriano Ridge British Empire Cemetery, two miles North of Coriano, Italy. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

)EMA



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

WSH. 694 2  
9663 ARMY

DECEASED  
MEMBER'S  
NAME

**Herbert Francis BUSH**  
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. D-17715  
FILE NO. 405-B-21319  
DATE 22-1-46  
SERVICE NO. D-140491  
FINAL RANK OR RATING Pte.  
DATE OF DISCHARGE 20-9-44

PAYEE **Director of Estates**

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE **20-9-44**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **492** EQUAL TO **16** COMPLETE PERIODS AT \$7.50  
30

\$ 120.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **373** LESS **12** INELIGIBLE DAYS, EQUAL TO **361** DAYS @ 25c. PER DAY  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

90.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50  
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.25  
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.75 X7 = \$ 19.25  
NO. OF DAYS **373** X \$ 19.25  
183

210.25

39.24



D. WAR SERVICE GRATUITY

249.49

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$  
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

249.49

G. YOUR PORTION OF GRATUITY IS—

**100%**

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

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

PREPARED BY **KRM** CHECKED BY **MJK**

TREASURY  
CHECKED BY **M.G. Gibson** DATE **4/2/46**

**Kur Rici Capt**  
SERVICE REPRESENTATIVE



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

**4**  
ARMY

DECEASED  
MEMBER'S  
NAME

**Herbert Francis BUSH**  
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO.

D-17715

FILE NO.

405-B-21319

DATE

22-1-46

OFFICER  
RANK

**Director of Estates**

SERVICE NO.

D-140491

ADDRESS

FINAL RANK OR RATING

Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE

20-9-44

DATE OF DISCHARGE

20-9-44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **480** EQUAL TO **16** COMPLETE PERIODS AT \$7.50

\$  
120.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **373** LESS **12** INELIGIBLE DAYS, EQUAL TO **361** DAYS @ 25c. PER DAY  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

90.25

210.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **1.50**  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ **1.25**

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **2.75** X7 = \$ **19.25**  
NO. OF DAYS **373** X \$ **19.25**  
183

39.24

D. WAR SERVICE GRATUITY

249.49

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

249.49

G. YOUR PORTION OF GRATUITY IS—

**100%**

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

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

PREPARED BY

**KEM**

CHECKED BY

**mjk**

TREASURY

CHECKED BY

**McGibson**

DATE

**4/2/46**

**Kurt R. Coapt**  
SERVICE REPRESENTATIVE



H.Q.405-B-21,319

ESTATES BRANCH

March 2, 1946.

Mrs. Isabella Bush,  
c/o S.H.R. Bush Esq.,  
Bank of Nova Scotia Bldg.,  
437 St. James St. W.,  
Montreal 1, Quebec.

BUSH, Herbert F., Pte. (Deceased)  
No. D.140491, C.A.

Dear Mrs. Bush:

Pursuant to the provisions of the War Service Grants Act, the War Service Gratuity which was payable to your late son has been passed to this Branch for distribution as part of the Service estate.

Since your son died without leaving a Will this Gratuity is to be distributed in accordance with the Intestacy Laws of the Province of Quebec and will be distributed as follows: One-half to yourself as next of kin entitled and the remaining one-half per assignment of interest in your favour on the part of your surviving children.

A cheque has been requisitioned from Treasury payable to your order and on receipt of same will you kindly sign the enclosed form of acknowledgment and return it to this Branch.

Yours faithfully,

TJKG:LC  
Encl.

(L.M. Firth) Colonel,  
Director of Estates.







405-B-21319

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

P.A.

GRAVES REGISTRATION CARD.

NAME BUSH, Herbert Francis PLACE & DATE OF BIRTH MONTREAL, Quebec. 26 Sep 1905  
 RANK Pte. REGIMENTAL NO. D-140491  
 UNIT Hastings & P.E. Regt. NEXT OF KIN & ADDRESS Mother:  
Isabella BUSH, 3340 Maplewood Ave.,  
MONTREAL, Canada.

PARTICULARS OF HOSPITALISATION.

DATE OF ADMISSION \_\_\_\_\_ NAME & LOCATION OF HOSPITAL \_\_\_\_\_  
 DIAGNOSIS \_\_\_\_\_

PARTICULARS OF DEATH.

DATE OF DEATH 20 Sep 44 PLACE OF DEATH ITALY  
 HRS \_\_\_\_\_  
 CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL.

DATE OF BURIAL 21 Sep 44 CEMETERY RIMINI SH 101/111 S.W. M.R.  
853925 Cem. beside big house at  
"T" Junction  
 PLOT NO \_\_\_\_\_ ROW \_\_\_\_\_ GRAVE 5  
 DEATH CERT NO. \_\_\_\_\_  
 RELIGION United Church of Canada.

DATE 15 Oct 45

*M. Bluteau*

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

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

DATE OF DEATH \_\_\_\_\_ PLACE OF DEATH \_\_\_\_\_



P.A.

File No 405-B-21319

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D140491 Name BUSH, Herbert Francis  
Rank on Discharge Pte Date of Discharge 20-9-44  
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying  
service

Canada from 18-5-43 to 13-9-43  
from \_\_\_\_\_ to \_\_\_\_\_

United Kingdom from 14-9-43 to 12-1-44  
from \_\_\_\_\_ to \_\_\_\_\_

Italy from 13-1-44 to 20-9-44 (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 NE

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK



Verified by Annette Routhier

Date 21-6-46

Carded JUN 24 1946

NIRD.



3/45A MFM 510  
40 & S/254 (8550)

**CANADIAN ACTIVE SERVICE FORCE**

District.....  
Dispersal Area.....

**OVERSEAS**

**LAST PAY CERTIFICATE**

**1st Amended.**

**(All Ranks)**

Regtl No. **D140491** Rank and Name **BUSH. H.F. Pte.**

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

(Transfer or Discharge)..... on **20th Sept. 44.** 19.....

Reason **Death** Authority: **CCL. "A" 494 d/29.Sep.44.**

The following is a statement of the account of the above-named from **1st Sep.** to **30th Sep. 44.** 19.....  
the inclusive date of transfer or discharge.

Dr

Cr

| Particulars                            | Amount        | Particulars                               | Amount        |
|--|---------------|---|---------------|
| Balance Dr from last account.....      |               | Balance Cr from last account.....         | <b>314 40</b> |
| First Monthly Payment.....             |               | Regimental Pay <b>30 days at \$ 1.50</b>  | <b>45 00</b>  |
| Casual Payments.....                   |               | Tradesmen's Pay..... days at..... \$..... |               |
| Payments on Transfer or Discharge..... |               | Additional Pay (Give Particulars).....    |               |
| Assigned Pay.....                      |               | ..... days at..... \$.....                |               |
| Regimental Charges.....                |               | Allowances (give particulars)..... days   |               |
| Public Stoppages (give particulars):   |               | at..... \$.....                           |               |
|  |               | <b>D.P. Interest</b>                      | <b>1 73</b>   |
|  |               | <b>✓ Cash Credit OR 152149</b>            | <b>40 05</b>  |
|  |               |   |               |
| To Balance Cr { Free.....              | <b>263 18</b> |   |               |
| { Deferred.....                        | <b>138 00</b> | By Balance Dr                             |               |
| Total.....                             | <b>401 18</b> | Total.....                                | <b>401 18</b> |

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

Remarks

**Assnd Pay \$8.40 (6th V.L.) Cancelled off Oct.44.**

**✓ Lloyds Bank Cheque # 21135 (£9.0.0.)**

Compiled by **M. Durham.**

Checked by **E. M. Jarvis**

Date **5th. April. 1946.** 19.....

Certified correct.....

*[Signature]*  
for Chief Treasury Officer, Overseas



20-9-44

AWARDS—CANADIAN ARMY (ACTIVE)

1791

M

FEB.

500M-1-44 (3467)  
H.Q. 1772-45-8

|                            |                 |          |                   |                                       |
|----------------------------|-----------------|----------|-------------------|---------------------------------------|
| BUSH, Herbert Francis      |                 | D.140491 | Pte.              | FILE NO.405-B21319<br>H. & P.E. Regt. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. NO. | RANK ON DISCHARGE | C.A.S.F. UNIT                         |

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|-----------------|---|
| 1939-45 Star    | 6749 24/3/50                            |
| Italy Star      |   |
| War Medal       |   |
| CVSM with Clasp |   |
|                 |   |
|                 |   |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Isabella BUSH (MOTHER)

ADDRESS: 3255 Fendall Ave., Apt., #1,  
Montreal 26, Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Isabella Bush (ENGLISH)

1791  
ADDRESS: 3255 Fendall Ave., Apt. #1, Montreal, 26,  
Que.,

REGISTRATION NO. DATE OF DESPATCH

**MEMORIAL BAR**

DATE DESP.....  
(1)

REGN. NO. 601.....

(2)

(3)

DESP. JAN 29 1945  
REGN No. 11865



File Copy

Quote No. 405-B-21,319(Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada.

Commissioner of Income Tax,  
Department of National Revenue,  
Ottawa, Ontario.

10th October 1944

National Registration Division,  
Department of Labour,  
Ottawa, Ontario.

The undermentioned Canadian Army  
Casualty is forwarded for your information, please:

|                                 |  |      |         |
|---------------------------------|--|------|---------|
| Regimental No.                  | D140491  | Rank | Private |
| Surname                         | BUSH   |      |         |
| Christian Names                 | Herbert Francis  |      |         |
| Nature of Casualty              | Killed in action   |      |         |
| Date of Casualty                | 20-9-44  |      |         |
| Address at time of enlistment   | Montreal, Quebec   |      |         |
| Date of enlistment:             | 18-5-43  |      |         |
| Date of Birth                   | 26-9-05  |      |         |
| Marital Status (On enlistment)  | Single   |      |         |
| Marital Status (Present)        | Single   |      |         |
| Occupation                      | Packer   |      |         |
| Name and address of Next-of-Kin | Mrs. Isabella Bush<br>3255 Fendall Ave., Apt #1,<br>Montreal 26, Quebec. |      |         |

LF

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

7



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D140491** RANK **Private** SERVICE UNIT **The Hastings & Prince Edward Regiment (CA)**  
 NAME **BUSH, Herbert Francis**

DATE OF BIRTH DAY **26th** MONTH **September** YEAR **1905** Date enlisted: **18-5-43**  
 MARITAL STATUS **Single** Religion: **United Church**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Mother** NAME **Mrs. Isabella Bush,**  
 ADDRESS **3255 Fendall Ave. Apt. #1, Montreal, 26, Quebec** ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME  
 ADDRESS  
 (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **1405A** H.Q. **405-B-21,319**  
 CASUALTY DETAILS **Killed in action** DATE **20-9-44**

MEDITERRANEAN

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

LF

M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

O/S with #6 C.I.R.U.  
S/L 3182

DATE **13-10-44**

OFFICER I/C RECORDS

**5**


COPY FOR C.R. FILE



405-B-21319  
(Records-G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.140491, Private Herbert Francis BUSH, of the Hastings & Prince Edward Regiment, Canadian Army, was killed in action on the 20th of September, 1944.

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

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

Department of National Defence,  
Ottawa, Canada,  
October 27th, 1944.

mh.

13



## 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<br>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  | BUSH                 |  |      | Do not write in this space                      | CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH  |        |      |                 |       |        |      |                              |       |        |      |
|  | Given names  | Herbert Francis      |  |      |   | 22. Date of death..... September 20th 1944<br>(Month) (Day) (Year)   |        |      |                 |       |        |      |                              |       |        |      |
| 4. RESIDENCE   | Street   | Maplewood Avenue     |  |      | No.   | 3340   |        |      |                 |       |        |      |                              |       |        |      |
|  | Official name of civil municipality or township  | Montreal             |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
|  | Municipal county   | Quebec               |  |      | Province  |  |        |      |                 |       |        |      |                              |       |        |      |
| 5. SEX   | 6. NATIONALITY (Citizenship)   | 7. RACIAL ORIGIN     | 8. Single, Married, Widowed or Divorced (Write the word) |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| M  |  |                      | Single.  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 9. If married give name of wife or husband of deceased   |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 10. BIRTHPLACE (Province or Country) Quebec  |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 11. DATE OF BIRTH..... September 26th 1905<br>(Month) (Day) (Year)   |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 12. AGE OF DECEASED  |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Years  | Months   | Days                 | If less than one day old                                 |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 38   |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| OCCUPATION   | 13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Packer |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
|  | 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   |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 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)   |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 22. Date of death..... September 20th 1944<br>(Month) (Day) (Year)   |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 23. I HEREBY CERTIFY that I attended deceased from<br>..... 19..... to..... 19.....<br>and last saw him..... alive on..... 19.....   |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 24. CAUSE OF DEATH   |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| I<br>Immediate cause<br>Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) Killed in action.<br>due to  |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to<br>(c) due to  |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| II<br>Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| III<br>If a communicable disease is mentioned on this certificate, give (a) Date of appearance..... 19.....<br>(b) Duration of disease..... days   |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 25. If a woman, was there a puerperal condition?.....  |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 26. Was there a surgical operation?..... Date of..... 19.....<br>State findings..... Was there an autopsy?.....  |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 27. If death was due to external causes (violence) fill in also the following:—<br>Accident, suicide or homicide..... Date..... 19.....<br>(State which)<br>Manner of injury.....<br>(How sustained)<br>Nature of injury.....<br>Specify whether injury occurred in industry, in home, or in public place..... |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| Signed..... M.D.<br>Address..... Date..... 19  |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |
| 28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)<br><i>[Signature]</i><br>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.<br>(Voir l'autre côté pour le français)   |  |                      |  |      |   |  |        |      |                 |       |        |      |                              |       |        |      |

JUN 9 1945



Statement of the Service of No. P-140491

Rank Pte

Sheet No. 2

Name Bush, Herbert Francis

M.F.M. 1 & 2 (a)  
700 M-8-39 (1697)  
H.Q. 1772-45-18

| REPORT |                    | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.<br>(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      |
|        |                    | S.O.S. Cdn. Army (Can) on Embark  | Pte        | 13 Sep 43      | 6. C.I.R.V | U.K.   | 200                              | 22 Sep 43  |
|        |                    | T.O.S. " " (Is)   |            | 14 " "         | "          | "      |                                  |            |
|        |                    | Disembarked in U.K.   |            | 19 Sep 43      | "          | "      |                                  |            |
|        |                    | Reported for duty to 6. C.I.R.V   |            | 20 " "         | "          | "      | 200                              | 22 Sep 43  |
| S.O.S  |                    | S.O.S. to 5 C.I.R.V   | Pte        | 8 Oct 43       | 6 C.I.R.V  | UK     | 215                              | 9 Oct 43   |
|        | T.O.S.             | T.O.S. From 6 C.I.R.V   | Pte        | 9 Oct 43       | 5 C.I.R.V  | UK     | 189                              | 11 Oct 43  |
|        |                    | Att'd F.A.P. to Lake Superior Regt.   | Pte        | 24 Sept 43     | 6 C.I.R.V  | UK     | 203                              | 25 Sept 43 |
|        |                    | Release att sup. to Lake Supr Regt.   | Pte        | 6 Oct 43       | 6 C.I.R.V  | UK     | 213                              | 7 Oct 43   |
| (C85)  |                    | Granted Regt rate pay \$1-50 per day  | Pte        | 18 Oct 43      | 5 C.I.R.V  | UK     | 248                              | 22 Dec 43  |
|        |                    | S.O.S. to Walnut  | Pte        | 2 Jan 44       | 5 C.I.R.V  | UK     | 3                                | 4 Jan 44   |
|        |                    | T.O.S.  |            |                |            |        |                                  |            |
|        |                    | S.O.S. CA. (U.K.) on embarkation  |            | 12 Jan 44      |            |        |                                  |            |
|        |                    | T.O.S. CA. (M)  |            | 13 Jan 44      |            |        |                                  |            |
|        |                    | Disembarked   |            | 27 Jan 44      |            |        |                                  |            |
| S.O.S  |                    |   | Pte        |                | X-4 H+PER  | CMF    | 10                               | 8 Feb 44   |
| C80    | T.O.S              | T.O.S. from H+PER X-4 List (H. Bn)  | Pte        | 13 Feb 44      | H+PER      | CMF    | 15                               | 17 Feb 44  |
|        |                    | Sel. to X-3 List H+PER P.B.R.   | Pte        | 27 Apr 44      | H+PER      | P.B.R. | 40                               | 4 May 44   |







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..... BUSH  
(Surname first—Christian names in full—Block capitals)  
Herbert Francis

(2) Regimental or Official Number and Rank..... D-14 0491 Pte

(3) Unit..... INF (R) CA

(4) Are you married?..... No

(5) If married, state,  
(a) Full name of your wife..... nil  
(b) Present postal address of wife..... nil

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

(7) Are you a widower?..... no

(8) Have you any children?..... no..... Number of boys..... Girls.....  
Names and ages..... 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. Isabella BUSH (Payne)**.....

**3340 Maplewood Ave., Montreal, Quebec, Canada.**.....

(15) If your mother is a widow, are you her sole or partial support?..... **No**.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment..... **nil**.....

Also state reason why she has no other means of support; if partially supported by you, what is your reason for not providing full support?..... **nil**.....

(17) Are you contributing to the support of any dependents, other than those shown above?..... **no**.....  
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship..... **nil**.....

Full Name.....

Postal Address.....

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

(18) Are you insured?..... **Yes**.....

If so, in what Company?..... **Great West Life Ins. - Royal Insurance.**.....  
(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.

*N. Bush*

(Signature of officer or man)

Date **May 18th 1943.**

Date **May 18th 1943.**

Officer Commanding

*Guaranteed*  
**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.)



# THE CANADIAN PENSION COMMISSION

## MEMORANDUM

To.....Pension Medical Examiner, MONTREAL

Ottawa, Oct. 27th, 1944.

From.....Head Office.....

D-140491 PTE. BUSH, Herbert F.

P. & N. H. 257-H

The Department of National Defence, Army,  
officially reports that the marginally named was reported -  
Killed in action,  
on the 20th Sept. 1944 on service Overseas.

His next of kin is reported as -

Mother -  
Mrs. Isabella Bush,  
3255 Fendall Ave. Apt. #1,  
Montreal, 26, Que.

The Addressograph Stencil shows payment of Assigned Pay of

\$ Nil a month to -

As no D.A. was payable the Commission will not take  
any action unless a claim is filed.

 /AS

E. Clewes,  
for  
Canadian Pension Commission.



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

WILL

M.F.M. 10  
150M-2-43 (8280)  
H.Q. 1772-39-1656

(1) I, Herbert Francis BUSH, of the city  
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County of Jacques Cartier  
District

Province of Quebec, Packer  
(Civil Occupation)

Regimental No D-140491, Unit INF (R) CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "MY LEGAL HEIRS"

All my estate both real and personal.

*H. B.*

Relationship, names and address of residuary beneficiaries.

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

*H. B.*

(4) I appoint.....  
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 18th day of May 1943.

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

*H. Bush*

(Signature of soldier)

First witness sign here.

(5) Signature Victor Augas  
Civil Address 7108 Desjardinsville Montreal  
Civil Occupation Clerk

Second witness sign here.

Signature Robert J. J. J.  
Civil Address 521 King Mackayville  
Civil Occupation printer

(Witnesses are not to be beneficiaries.)

[OVER]



# SERVICE AND CASUALTY FORM

PART I (For all ranks)

**M.F.M. 4 (Part I)**  
A.F.B. 103 (Part I)  
200M-8-42 (5892)  
H.Q. 1772-39-1649

Unit Gen. List (Inf)R

Regimental Number D-140491

1. Surname BUSH
2. Christian Names Herbert Francis
3. \*Substantive Rank and Appointment Pte  
\*Acting Temporary or Local Rank giving date 18-5-43  
\*To be entered in pencil to facilitate alteration.
4. Place of birth Montreal Quebec Canada
5. Date of birth as declared on attestation 26-9-43
- (A):
6. Date of enlistment 18-5-43
7. Place of enlistment Montreal South Que. Can.
8. Residence at time of enlistment 3340 Maplewood Ave. Mtl.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date Single
13. Trade on enlistment Packer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps

Unit (Battn., etc.)

CIC

2APE

(18) Medical

Category

Date

Authority

Cat "A"

28-4-43

M.F.M.2.

A

1-9-43

(19) Next of kin (entries to be made in pencil)

(20) E

(21) E

(22) E

Mrs. Isabelle Bush (Widow)  
3340 Maplewood  
Montreal

NOTES—

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



| (a) Report |                    | (b) 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 |
|------------|--------------------|-------------|---|-----------------------|----------------------|-------------------------|--|
| Date       | From whom received |             |   |                       |                      |                         |  |
|            |                    | 6. C.I.R.V. | SOS - Cdn. Army Canada  | V.K.                  | 13 Sep 43            |                         | #200 14/22 Sep 43                                      |
|            |                    | "           | TOS " " Canada  | "                     | 14 Sep 43            |                         | " " "  |
|            |                    | "           | Disembarked in V.K.   | "                     | 19 Sep 43            |                         | " " "  |
|            |                    | "           | Reported for duty at 6. C.I.R.V   | "                     | 20 Sep 43            | Pte                     | #200 9/22 Sep 43                                       |
|            |                    | "           | att fap to Lake Sup. Regt.  | V.K.                  | 24 Sep 43            | "                       | 203 - 25 Sep 43  |
|            |                    | "           | cross att. fap to Lake Sup. Regt.   | "                     | 6 Oct 43             | "                       | 213 - 7 Oct 43   |
|            |                    | 6 C.I.R.V.  | SOS to 5 C.I.R.V. (Auth 444/AT 64/1 (SCA) 1/29 Sep 43   | U.K.                  | 8 Oct 43             | "                       | 216-9 Oct 43   |
|            |                    | 5 C.I.R.V.  | TOS from 6 C.I.R.V.   | Field                 | 9 Oct 43             |                         | D.O. 187 10 Oct 43                                     |
|            |                    | 5 C.I.R.V.  | Man rates of Pay 150  | U.K.                  | 18 Nov 43            | Pte                     | 248/22 Dec 43  |
|            |                    | 5 C.I.R.V.  | SOS to Walnut   | U.K.                  | 2 Jan 44             | Pte                     | 3. 4 Jan 44.   |
|            |                    |             | <del>SOS ca UK 10N EMBARKATION AT 13 Jan 44 ON TRANSFER ON 13 Jan 44 AND DISSEMBARKED AT 27 Jan 44 ON</del>   |                       | 12 Jan 44            |                         |  |
|            |                    |             |   |                       |                      |                         | 10/44  |
| X4 (1/2)   |                    |             | T.O.P. from 5 C.I.R.V.  | Field                 | 27 Jan 44            | 16                      | 10/44  |
| 1/4        |                    |             | Posted to 4th   | "                     | 27 Jan 44            | "                       | 15/44  |
| 4/4        |                    |             | A.O.S. 9 A.P. P.C.K.  | "                     | 12 Feb 44            | "                       | 15/44  |
| 12 Feb 44  | OC                 |             | T.O.S. from 4 Bn. 31 PE   | "                     | 13 Feb 44            | "                       | 15/44  |
| 27 Apr 44  |                    |             | SOS to 1-3 List H.P.I.P. (Link)   | "                     | 27 Apr 44            | "                       | 50/44  |
|            | X3                 |             | T.O.S. to 3 List from A.P. P.C.K.   | "                     | 28 Apr 44            | "                       | X 31/44  |
|            | X3                 |             | S.O.S. X 3 List 8 X 2 List Geny. Reborn   | "                     | 11 May 44            | "                       | X 34/44  |
|            |                    |             | T.O.S. X 9 List from X3 H.P.E.  | "                     | 12 May 44            | "                       | X 18/44  |
|            |                    |             | SOS to X 4 List H.P.E.R. 3 Bn   | "                     | 26 Jun 44            | "                       | X 21/44  |
|            | 3 B                |             | T.O.S. from X 9 List  | "                     | 27 Jun 44            | "                       | X 52/44  |
|            | 18 Aug 44          |             | Posted to 2-4 List (4 Bn)   | "                     | 27 Jun 44            | "                       | X 73/44  |
|            |                    |             |   | "                     | 28 Jun 44            | "                       | X 77/44  |
|            |                    |             | T.O.P. from X 4 List (4 Bn) H.P.I.P.  | "                     | 29 Jun 44            | "                       | 84/44  |
| 26 Apr 44  | A. Wilson          |             | SOS killed in action  | "                     | 20 Apr 44            | "                       | 92/44  |