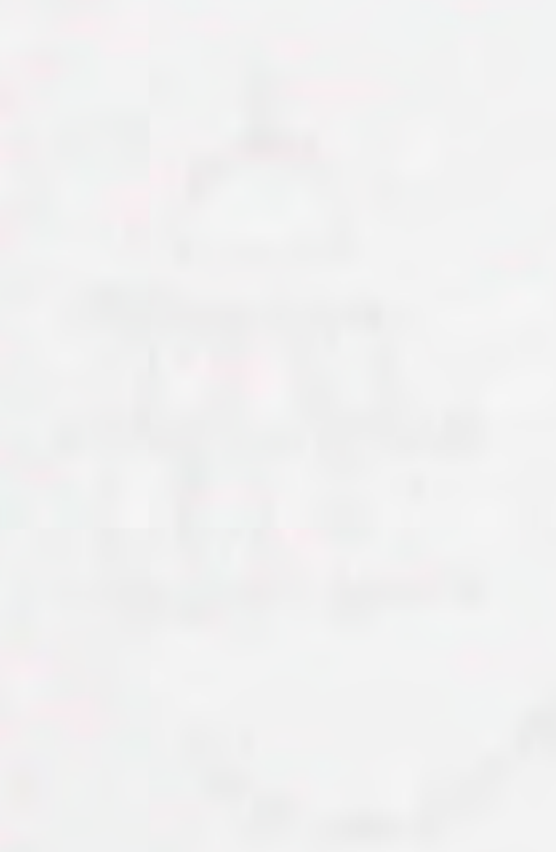


D145624
ASH
RALPH LEONA

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

 Permalife
REPRODUCTION CONTENT

 Permalife
REPRODUCTION CONTENT

NO. D.145624 Rank Private Name ASH, Ralph Leonard

Unit Lake Superior Regt. (Motor) Date of death 2nd Mar., 1945.

Died at HOLLAND

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-A-10306

N/K Mrs. Delia Ash Relationship Mother

Address Box ~~1500~~ ²⁰²⁷, Val D'Or, Que.

Remains buried in Cemetery

Grave location CHK ✓

OVER ✓

BURIAL REPORT TO N.K. JUL 6 1946

RETURN TO BUR. OF STAT. JUL 10 1946

ROYAL MESSAGE DESP'D. APR 11 1945

CAN. MESSAGE DESP'D. APR 14 1945

REBURIAL

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

Grave 9, row D, plot 14.

HI & CR Form Despd. OCT 5 1946

Photographs
Despatched
NOV 25 1947

10M-1-45 (M-4608)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS
PERSON

ENTITLED TO Mrs. Delia ASH (MOTHER)

Box 1500,
ADDRESS: VAL D'OR, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Delia Ash, (ENGLISH)

1917

ADDRESS: Box 1500, VAL D'OR, Que.

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

REGN. NO. 2807.....

(2)

(3)

DESP. APR 27 1945

REGN No. 18006

2-3-45

AWARDS—CANADIAN ARMY (ACTIVE)

1917

C.B.

500M—1-44 (3467)
H.Q. 1772-45-8

M

ASH- Ralph Leonard		D-145624	Pte.	FILE No. 405-A-10,306 Lake Sup. 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	3303, 20.3.50
France & Germany Star	
War Medal	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

WILL

M.F.M. 10
150M-10-43 (2314)
H.Q. 1772-39-1658

(1) I, Ralph Leonard ASH, of the VILLAGE
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of PASCALIS, in the County of ABITIBI
District of

Province of QUEBEC, MECHANIC
(Civil Occupation)

Regimental No. D-145624, Unit 4DD C.I.C.(R) CA hereby revoke
all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

"MY MOTHER"

MRS. DELIA ASH (GAGNON) (SEPARATED)

R.A.

RESIDING AT: PASCALIS QUEBEC CANADA

ALL MY ESTATE BOTH REAL AND PERSONAL

Relationship,
names and
address of
residuary
beneficiaries.

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

R.A.

(4) I appoint MRS. DELIA ASH (GAGNON) PASCALIS QUEBEC CANADA
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 21st day of June
1944

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

Ralph Ash

(Signature of soldier)

First witness
sign here.

(5) Signature

Civil Address

Civil Occupation

Second witness
sign here.

Signature

Civil Address

Civil Occupation

(Witnesses are not to be beneficiaries.)

[OVER]

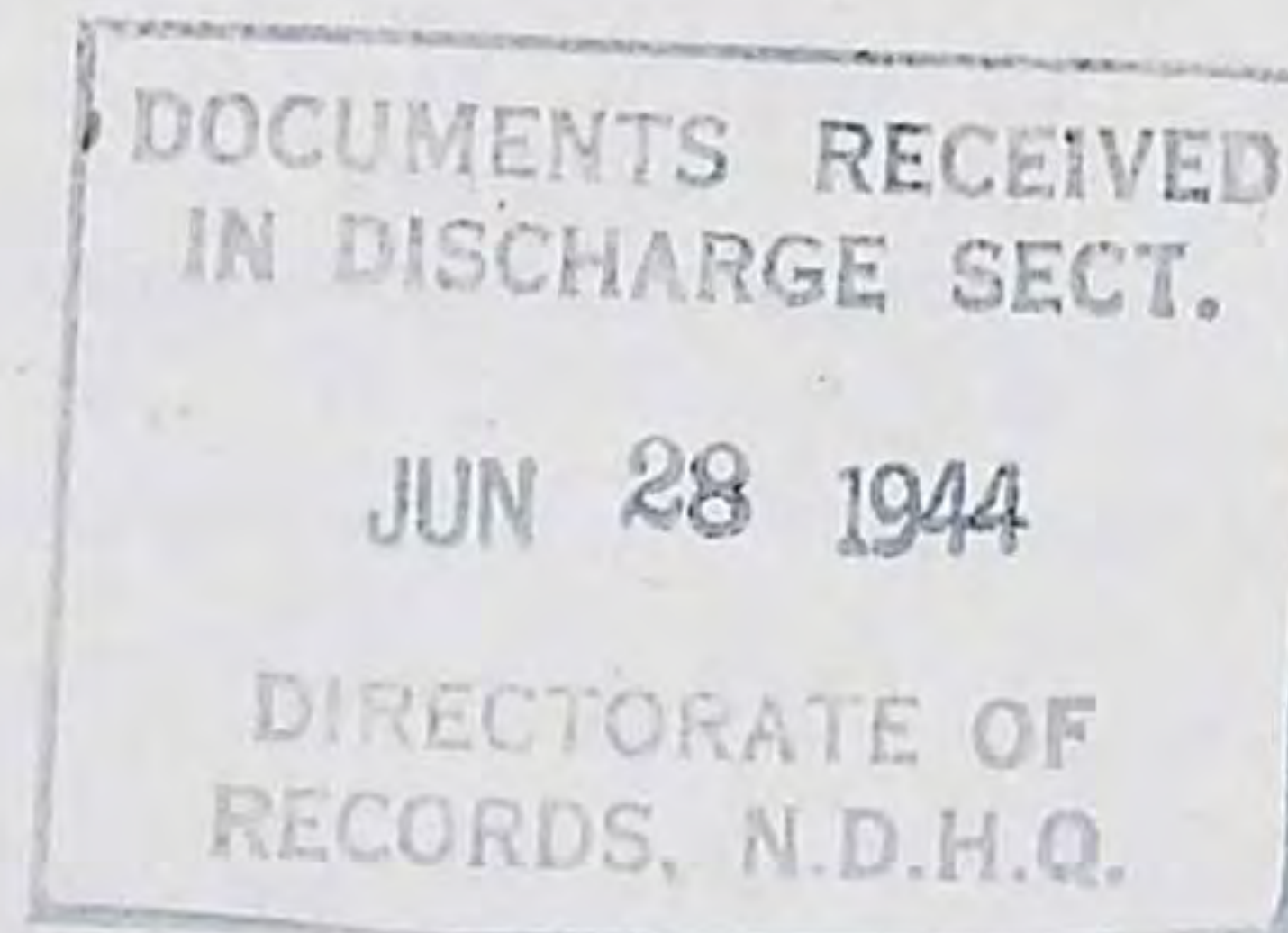
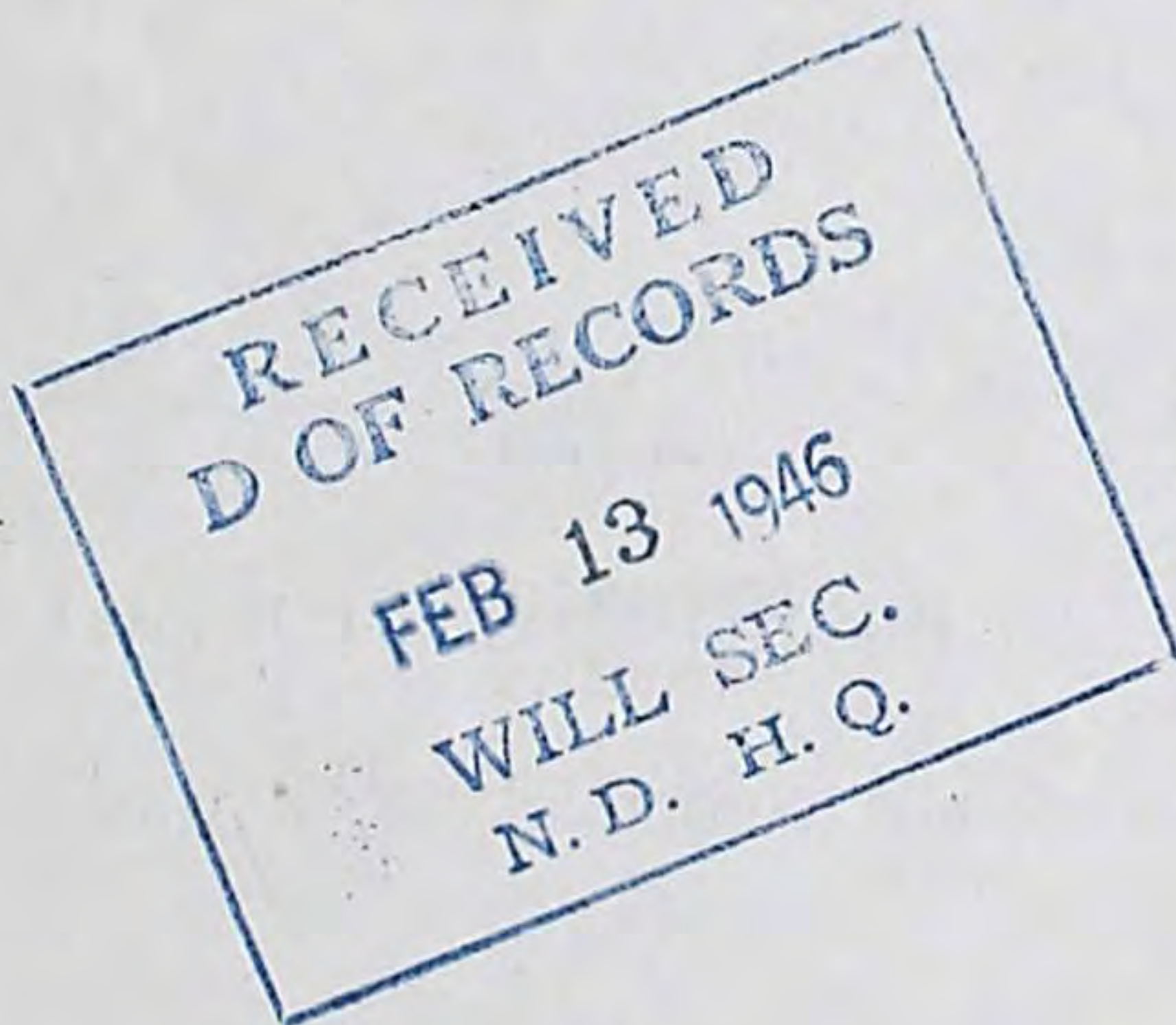
NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.



JUN 29 1944

Received.....Checked.....Card.....Observations.....

PHOTOGRAPHED

JUN 21 1944

M.F.M. 2
(Combining M.F.M. 1942)
750M-4-43 (9375) (786-328)
H.Q. 1772-39-1645

WSG
COMPLETED

ORIGINAL DUPLICATE TRIPLICATE } Copy designation to be shown by striking out terms not applicable.

Corps C.I.C.(R)CA Regimental Number D-145624

CANADIAN ARMY
ENROLMENT AND ATTESTATION PAPER

OCCUPATIONAL HISTORY FORM COMPLETED

1. ASH (Surname) RALPH Leonard (Christian Names)
2. Present Address Pascalis, P. Que., Canada
3. (a) Date of birth 5 May 1924
- (b) Place of birth Canada Ontario Blind River
(Country) (County or Province) (Town or Township)
4. (a) Place of birth of Father Syria Unknown Beyrouth
(Country) (County or Province) (Town or Township)
- (b) " " " " Mother Canada Ontario Thesslon
(Country) (County or Province) (Town or Township)
5. Nationality Canadian
(To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) Roman Catholic
7. Trade or calling (a) Mechanic (a) Name and address of last employer:
Perron Gold Mines, Co.
Pascalis, P. Que.,
(b) How long employed 16 months
9. Married, Widower or Single Single If married, how many children Nil.
10. Name of Next-of-Kin Mrs. Della ASH 11. Relationship Mother
12. Address of Next-of-Kin ~~Pascalis, P. Que., Canada~~ See change
13. Previous Service (Navy, Army or Air Force) Units and dates NONE
14. (a) Former war service NONE
- (b) In the armed forces of what country NONE
- (c) Dates of such Service NONE
15. Decorations and medals, if any NONE
16. I do solemnly declare that the above particulars are true

Ralph Ash
Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I)
R.A.S.R. 1941

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The 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 above named 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,

at Montreal 8th Que this 17th day of June 19 44

Roger de Blat
Signature of Magistrate, Justice Attesting or Enrolling Officer.
Office or Rank and Unit or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Ralph Leonard ASH, 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 17 June 44

Ralph Ash
(Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Ralph Leonard ASH, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness [Signature] (Name) [Signature] (Rank) Ralph Ash (Signature of Recruit)

19. The above named recruit has made and signed the declaration and taken the oath before me.

at Montreal 8th Que this 17th day of June 19 44

Roger de Blat (Signature of Magistrate, Justice or Attesting Officer.)
(Office or Rank and Unit or appointment)

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

NO. 4-DISTRICT DEPOT A.F.

5094
10
6 DEC 44
4
NOV 44
111111

Record of Service of _____
(Surname)

ASH RALPH ONWARD
(Christian Name)

Regimental Number D 145624

QUALIFICATIONS

Military nil
 Business or Professional nil
 Trade or Civil mechanic
 Technical nil
 Languages eng fr

EDUCATIONAL QUALIFICATIONS

High School } nil Graduation } nil
 or }
 Collegiate } (years completed) }
 *College nil Matriculation } (specify)
 *University 7 yrs pub sch 3 yrs english

* (Name of institution, courses or years completed, and degrees obtained to be shown)

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

REPORT		Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
21-6-44	DRO	TOS NO 4 DISTRICT DEPOT CA.	PTE	17-6-44	4DD	MTL SH	4DD PT II 152	21-6-44
		S.O.S. to C.I. (B) T.C. 48 St. Johns, Que.	"	6 Jul 44	"	"	" 165	6 Jul 44.
		T.C.S. No.4 D.D.	"	7 JUL 44	BTC48	St. Johns	D.O. #162	8 JUL 44
		SOS to C.I.T.C. A-12.	"	2 SEP 44	"	"	" #210	2 SEP 44
		T.O.S.	"	3 Sep 44	A-12	Farnham	213	4 Sep 44.
		Address of next of kin is changed to: Val D'Or, Que.	"	19 Sep 44	"	"	228	21 Sep 44.
		\$1.40 per diem	"	17 Oct 44	"	"	251	18 Oct 44.
		14 days furl and 2 days emb. leave with and T.W. A-644042 from 2 to 17 Nov 44.	R.A	2 Nov 44	"	"	264	2 Nov 44.

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname ASH Christian Names RALPH LEONARD
 Reception Centre D.D.4 Military District M.D.4 Date 15-644.

The medical examination is divided into three parts. The history in Part I, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 20 Eyes (Colour) Brown Hair Brown Height 5'6" Weight 121
 Identification marks and scars Scar forehead

22. Urinalysis (a) Albumen N (b) Microscopic (if albumen positive) N (c) Sugar N
 " recheck (a) " (b) " (c) Blood sugar

23. X-Ray No. A-4242 Laboratory ARMY RECEPTION CENTRE DISTRICT DEPOT NO. 4. Report N

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble N

(b) Nose, throat, sinus or ear trouble

YES

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/20 Lt. 20/20

(with glasses) Rt. 20/ Lt. 20/ M.

Hearing (C.V.) Rt. 20 Lt. 20

Ears (Drums) Rt. Lt.

Nose Throat

Sinuses

Remarks and Diagnosis

Pulhems grading H 1 E 1

L. MAINVILLE M.D. R.C.A.M.C.
 (Signature E.E.N.T. Specialist)

24. (Cont'd)
 (c) Any broken bones or other injuries

N

Head injuries YES

(d) Spinal trouble N

(e) Foot trouble YES

(f) Operations N

(g) Ruptures N

(h) Kidney or bladder trouble YES

(i) Gonorrhoea N

(j) Varicose veins N

(k) Haemorrhoids N

(l) Rheumatism or joint trouble N

26. Cranium N

Spine N

Extremities N

Hernia Small epigastrigua hernia.

Genito-Urinary Left varicocele.

Rectum N

Varicose Veins N

Feet N

Abdominal N

Remarks and Diagnosis

Pulhems grading P 1 U 1 L 1

J. B. TRUDELL M.D. R.C.A.M.C.
 (Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)
- (m) Tuberculosis **N**
 - (n) Bronchitis or other lung trouble **N**
 - (o) Asthma or Hay Fever **N**
 - (p) Heart Disease **N**
 - (q) Rheumatic Fever **N**
 - (r) Kidney Disease **YES**
 - (s) Stomach, Bowel or Rectal trouble **N**
 - (t) Diabetes **N**
 - (u) Goitre **N**
 - (v) Syphilis **N**
 - (w) Fits or fainting **N**
 - (x) Nervous disorders **N**
 - (y) Have you been in the Active Army in this war? **N**
 - (z) Are you now or have you in the past received disability pension or compensation? **N**

Ralph A. ...
 (Signature of Recruit)

P. ARCHAMBAULT M.D. R.C.A.M.C.
 (Witnessed by)

27. Physique :
- Good **X** Fair Poor
- Chest :
- Full expansion **35 1/2** Range of Expansion **2 1/2**
- Lungs: **Neg.**
- Heart: B.P. Systolic **130** Diastolic **75**
- Abdomen **N**
- Skin **N**
- Glandular Systems **N**
- Remarks and Diagnosis :

PULHEMS Grading P **1**

G. GARON LT. R.C.A.M.C.
 (Signature of Physician)

28. Psychiatrist's Report Remarks and Diagnosis :

Pulhems grading M **1** S **1**

P.B. ROSE CAPT. R.C.A.M.C.
 (Signature of Psychiatrist)

Part III

29. Category (or profile) to be assigned.

Year of Birth	P	U	L	H	E	M	S
24	1	1	1	1	1	1	1

This category (or profile) is not to be changed.

CERTIFIED COPY OF ORIGINAL MFM1 OR MFM2
A. L. DELAHAYE LT. COL. R.C.A.M.C.
 NAME (President of the Board) RANK

E.C.

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present category (or profile) to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.	Date	P	U	L	H	E	M	S	Signature of M.O.
JUN 26 '44	B-W-NEGATIVE									
JUN 26 '44	TYPHUS I ICC									
JUN 26 '44	TAB. T ICC									
JUN 26 '44	VACCINATION									
28 July 44	TAB T Indirect Serology									
31 July 44	Schick (neg) Serology									
22 Aug 44	TAB T + Typhus									
11/1/44	24-111111									

NOTE: (a) Any corrections to entries made must be initialled by the officers making them.
 (b) (i) Category (or profile) in Part III (29) is not to be changed after once assigned.
 (ii) Subsequent changes in category (or profile) to be entered in Part III (30) (b).
 (c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

Regimental No. D-145624 Rank Pte

Sheet No. 1

M.F.M. 1 & 2 (a)
300M-12-43 (3301)
H.Q. 1772-39-1646

Name ASH, R.L.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

X NIK

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
ADDRESS OF NEXT OF KIN IS NOW: GOLDEN MANITOU MINES, Que.	Pte	14 Nov 44	A-12	Farnham	275	15 Nov 44.
Adm for AWL from 2359 hrs. 13 Nov 44 to 1030 hrs. 14 Nov 44. Total for f. 1 days pay	"	14 Nov 44	"	"	276	16 Nov 44.
Recalled from furl	"	13 Nov 44	"	"	277	17 Nov 44.
S.O.S. to Serial No. 2590	/"	23 Nov 44	A-12	Farnham	283	24 Nov 44
SOS CDN ARMY (CAN) ON EMB	"	24 Nov 44	4 CTR	U.K.	31/44	
TOS " " (O/S)	"	25 Nov 44	"	"		
DISEMBARCKED IN U.K.	"	5 Dec 44	"	"		
REPORTED FOR DUTY TO 4 CTR	"	6 Dec 44	"	"		
Civ Crd Daily R.R. of Pay \$1.50 Comp 6 Mths Prof Sew.	Pte	19 Dec 44	4 CTR	UK	20	24 Jan 45
C138 SOS SOS to X4 list CIC	Pte	28 Jan 45	4 CTR	UK	24	29 Jan 45
C138 Embarked at UK on 31 Jan 45 W KAG/26/14	Pte					AFW 5169/552 9 Feb 45
Disembarked at NWE on 31 Jan 45	Pte					x2 2 Sup Rgt 2109 18 12 Feb 45
S.O.S. X4 to L.S.R.						
" MISSING " BELIEVED POW						
C151 SOS S.O.S. X4 list to L.S.R.	Pte.	20 Feb 45	X4 L.S.R.	AFMO.	26.	24 Feb 45
C138 TOS TOS from X4 list 2 Sup Rgt	Pte	21 Feb 45	L.S.R.	2109	8	23 Feb 45
SOS SOS to X6 list L.S.R. missing believed POW	Pte.	2 Mar 45	L.S.R.	2109	11	17 Mar 45
C151 Missing		2 Mar 45				A553. 11 Mar 45
Killed	Pte	2 Mar 45	L.S.R.			last A557. 13 Mar 45
SOS. SOS Deceased killed in action.	Pte.	2 Mar 45	L.S.R.	2109	13	29 Mar 45

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..... ~~4 DD~~ *C.I.C.* Regimental Number..... **D-145 624**

<p>1. Surname ASH</p> <p>2. Christian Names Ralph Leonard.</p> <p>3. *Substantive Rank and Appointment..... *Acting Temporary or Local Rank..... giving date.....</p> <p><i>Pte -elf</i></p> <p><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth Blind River, Quebec, Can.</p> <p>5. Date of birth as declared on attestation 5 May 24</p> <p>(A).....</p> <p>6. Date of enlistment 17 June 44</p> <p>7. Place of enlistment Montreal-South, Quebec, Can.</p> <p>8. Residence at time of enlistment Pascalis, Quebec, Can.</p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion RC</p> <p>12. If married, state date.....</p> <p>13. Trade on enlistment Mechanic.</p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps G.I.C.(R)CA.</p> <p>Unit (Battn., etc.)</p> <p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td>24 1111111</td> <td>15-6-44</td> <td>M.F.M. 2</td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil)..... <i>Mother</i> <i>Mrs Melia Ash</i> <i>Golden Mansion Mines</i> <i>Que</i></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	24 1111111	15-6-44	M.F.M. 2
Category	Date	Authority					
24 1111111	15-6-44	M.F.M. 2					

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.

H.P. (A. 16)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
			<i>P.P.P. 1. 40</i>	<i>Canada</i>	<i>18 Oct 44</i>	<i>Pte</i>	<i>257/44</i>
			<i>Embarked and left 1 day before A.V.L.</i>		<i>14 Nov 44</i>	<i>"</i>	<i>276/44</i>
		4 CITR	SOS CDN ARMY (CAN) ON EMB	U.K.	24 Nov 44	"	31/44
		"	TOS " " (O/S)	"	25 Nov 44	"	"
		"	Disembarked in U.K.	"	5 Dec 44	"	"
		"	Reported for duty to 4 CITR	"	6 Dec 44	"	"
			<i>Released pay \$115.00</i>	<i>U.K.</i>	<i>19 Dec 44</i>	<i>Pte</i>	<i>20/45</i>
		4 CITR	SOS TO X-4 LIST CIC	U.K.	28 Jan 45	"	23/45
			(AUTH: UKAG /26)	<i>NWE</i>	<i>31 Jan 45</i>	<i>"</i>	<i>18/45</i>
			<i>Embarked U.K. 28 Jan 45 Disembarked</i>	<i>NWE</i>	<i>29 Jan 45</i>	<i>"</i>	<i>18/45</i>
			<i>and TOS X4. L Sup R (11 Bn) Wof</i>				
			<i>13 Bn X 4 L Sup R</i>	<i>Ind.</i>	<i>20 Feb 45</i>	<i>"</i>	<i>26/45</i>
<i>18 Feb 45</i>	<i>AREO 1035</i>		<i>TOS from X4 List (13 Bn) Lake Sup R</i>	<i>"</i>	<i>21 Feb 45</i>	<i>"</i>	<i>8 of Feb 45</i>
<i>27 Mar 45</i>	<i>3014 (26 H)</i>		<i>209 to X6 List Lake Sup R</i>				
			<i>Missing believed F.W.</i>		<i>2 Mar 45</i>		<i>11 of Mar 45</i>
<i>30 Mar 45</i>	<i>3014 (27 H)</i>		<i>SOS deceased killed in action</i>	<i>"</i>	<i>2 Mar 45</i>	<i>"</i>	<i>13 of Mar 45</i>

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D 145624** RANK **Private** SERVICE UNIT **Lake Superior**
 NAME **ASH, Ralph Leonard** **Regiment (C.A.)**

DATE OF BIRTH DAY **5th** MONTH **May** YEAR **1924** Enlisted: **17-6-44**

MARITAL STATUS **Single** Religion: **Roman Catholic**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Mother** NAME **Mrs. Delia Ash,**
 ADDRESS **Box 1500, Val D'Or, Que.** ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED **Mr. Frank Ash, (Father)** ADDRESS
Aluminum Gate Restaurant, Arvida, Que.

PARENTS NAME
 ADDRESS
 (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **7232A** **N.Q.405-A-10306**

CASUALTY DETAILS

Previously reported missing believed prisoner of war now reported killed in action.

DATE

2-3-45

Western European Theatre of War.

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

Jan YES/NO

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

YES/NO

S/L 4472

DATE **20-3-45**

W. J. Lobbis
 OFFICER I/C RECORDS

COPY FOR DOCUMENT FILE

6



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 the 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..... Ash, Ralph Leonard
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... D-145624 PTE.

(3) Unit..... 4DD C.I.C. (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..... NIL

(10) Have you a common-law wife whom you have been regularly supporting and publicly representing as your wife for at least two years immediately prior to appointment or enlistment?..... NO
 If so, state her full name and postal address..... NIL

(11) Is your father alive?.....YES.....If so state name and address, occupation MR. FRANK ASH
ARVIDA QUEBEC (LABORER)

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NO

(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. DELIA ASH (GAGNON)
PASCALIS QUEBEC

(15) If your mother is a widow, are you her sole or partial support?.....PARTIAL SUPPORT

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....\$60.00

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? BROTHERS & SISTERS HELPING : FATHER SEPARATED

(17) Are you contributing to the support of any dependents, other than those shown above?.....YES
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.....SISTER

Full Name.....EVELYN ASH

Postal Address.....PASCALIS QUEBEC CANADA

Amount contributed monthly during the past six months.....AMOUNT INCLUDED IN MOTHER'S ALLOWANCES.

(18) Are you insured?.....NO.....If so, in what company?.....NIL
(Give number of policy)

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

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

Date.....21 june 44

Ralph Ash
(Signature of officer or man)

Date.....21 june 44

R. Bourgeois Capt
Officer Commanding

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

NO. 4-DISTRICT DEPOT A.F.

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 DEMOBILISATION 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			
1. (a) Nom et prénoms (lettres moulées) ASH Ralph Leonard	(b) N° matricule D-145624	LAISSEZ EN BLANC	
2. (a) Arme ARMY	(b) Unité 4DD C.I.C. (R) CA.	(c) Rang PTE.	
3. (a) Date de naissance 5 May 1924	(b) Avez-vous des personnes à votre charge? YES	(c) Domicile au moment de l'enrôlement PASCALIS RUE.	
4. (a) Lieu d'enrôlement MONTREAL SOUTH QUE.	(b) Date d'enrôlement 17 June 44		

Partie B—INSTRUCTION ET FORMATION			
5. (a) Âge à la sortie définitive de l'école 17 yrs.	(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. pub. school	3 yrs. eng. courses.
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? MECHANIC	(c) Avez-vous complété votre apprentissage? NO	(d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? 1 YR.
9. (a) Quelles langues parlez-vous couramment? ENG. & FR.	(b) Quelles langues lisez-vous facilement? ENG. & FR.		

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? NIL

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..... Adresse.....	
19. 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.)	
20. (a) Genre précis de votre occupation APP. MECHANIC	(b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 16 MO.
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? NIL
(c) Désirez-vous retourner à votre ancien emploi? NO	

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.) NIL	
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule SAME TRADE	

DATE **21 June 44** 194..... SIGNATURE **Ralph Ash**

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

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

Regtl No. **D145624** Rank and Name..... **ASH. R.L. Pte.**

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

(Transfer or Discharge)..... to..... on..... **2nd March. 45.**

Reason..... **Death** Authority :..... **C.C.L."A" 557 d/23rd Mar. 45.**

The following is a statement of the account of the above-named from..... **1st Mar:**..... to..... **31st Mar:**..... 19..... **45.**
the inclusive date of transfer or discharge.

Dr

Cr

Particulars	Amount	Particulars	Amount
Balance Dr from last account.....		Balance Cr from last account.....	44 42
First Monthly Payment.....		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).....	
Assigned Pay.....	15 00 days at..... \$.....	
Regimental Charges.....		Allowances (give particulars)..... days	
Public Stoppages (give particulars) :		at..... \$.....	
.....		D.P. Int:	12
.....		
.....		
To Balance Cr { Free.....	56 04	
{ Deferred.....	20 00	By Balance Dr	
Total.....	91 04	Total.....	91 04

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

Remarks

A.P. \$15.00 (M) Stopped eff Apl. 45.

A.P. \$8.40 (7th V.L.) Cancelled eff Nov. 44.

The above statement has been compiled entirely from Treasury

Records. no paybooks being available.

Compiled by..... **F. Trenouth.**

Checked by..... *E. M. Jones*

Date..... **10th Sept. 45.** 19.....

Certified correct..... *S. Jowley*
for Chief Treasury Officer, Overseas

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (HOLLAND)		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	ASH,														
	Given names	Ralph Leonard.														
4. RESIDENCE	Street	No.														
	Official name of civil municipality or township	Pascalis,														
	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)																
Ontario.																
11. DATE OF BIRTH																
May 5th, 1924.																
12. AGE OF DECEASED																
20																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.															
	Mechanic.															
	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																
FATHER ASH, Frank.																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal																
Holland.																
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																
22. Date of death																
March 2nd, 1945.																
23. I HEREBY CERTIFY that I attended deceased from																
19 to 19																
and last saw him 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.)																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																
This signature authorizes the collector to accept this form as authentic.																
(Voir l'autre côté pour le français)																

Director of Records, Dept. of National Defence.

JUL 10 1945

H.Q. 405-A-10306 D.R. 2(C)

6th July, 1946.

Mrs. Delia Ash,
Box 2027,
Val D'Or, Que.

Dear Madam:

Information has just been received from overseas that the remains of your son, D145624 Private Ralph Leonard Ash, have been carefully exhumed from the original place of interment and reverently reburied in grave 9, row D, plot 14, of Nijmegen Canadian Military Cemetery four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

JJJ

JP

File No. 405-A-10306

REBURIAL

NO D-145624

RANK Private

NAME Ash - R.L.

NAME OF CEMETERY Nijmegen Canadian Military Cemetery,

LOCATION OF CEMETERY 4 miles S.E. of Nijmegen, Holland.

GRAVE LOCATION Grave 9 Row D Plot 14

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

ORIGINAL

DOMINION OF CANADA
INCOME TAX - IMPÔT SUR LE REVENU
NOTICE OF ASSESSMENT - AVIS DE COTISATION

REVISED FEB. 1944
REVISÉE EN FEV. 1944 T. 7 IND.

BE 36790

BASED ON INCOME OF
BASÉ SUR LE REVENU DE 1943

M 47

FILE DOSSIER 178006

ACCOUNT COMPTE 1846

Mr. Ralph Ash,
Perron,
Que.

1. DISTRICT OFFICE BUREAU DE DISTRICT	New Supreme Court Bldg., Ottawa, Ont.	DATE MAILED POSTÉ LE	Dec. 5	194 4
2. YOUR TAXABLE INCOME HAS BEEN DETERMINED IN THE SUM OF: VOTRE REVENU IMPOSABLE, TEL QUE DÉTERMINÉ, S'ÉLÈVE À:		\$	1280.91	
3. YOU ARE HEREBY ASSESSED AS FOLLOWS:- VOUS ÊTES PAR LES PRÉSENTES COTISÉ COMME SUIV:-		TAX - IMPÔT	42.00	INTEREST - INTÉRÊTS
(1) AMOUNT OF TAX LEVIED (INCLUDING REFUNDABLE PORTION, IF ANY) MONTANT D'IMPÔT PRÉLEVÉ (Y COMPRIS LA PORTION REMBOURSABLE S'IL EN EST)		\$	42.00	
(2) PENALTY FOR LATE FILING AMENDE POUR RETARD À PRODUIRE		\$		
(3) TOTAL		\$	42.00	
(4) PAID BY DEDUCTION AT SOURCE MONTANT DÉDUIT À LA SOURCE		\$	80.92	
(5) BALANCE OF ASSESSMENT SOLDE DE LA COTISATION		\$	38.92	\$
(6) OTHER PAYMENTS APPLIED ON THIS ASSESSMENT AUTRES PAIEMENTS AFFECTÉS À CETTE COTISATION		\$	38.92	\$ Refund Cheque
(7) BALANCE PAYABLE SOLDE EXIGIBLE		\$	Nil	\$ Attached
4. AMOUNT PAYABLE AS AT (SEE ITEMS 6 TO 8, REVERSE SIDE) MONTANT PAYABLE AU (VOIR ITEM 6 À 8 AU VERSO)			194	\$ Nil



C. Fraser Smith
DEPUTY MINISTER OF NATIONAL REVENUE FOR TAXATION
SOUS-MINISTRE DU REVENU NATIONAL POUR L'IMPÔT

REFUNDABLE SAVINGS PORTION 1943

THE GOVERNMENT OF THE DOMINION OF CANADA
IN RESPECT OF THE ASSESSMENT IMPOSED UPON THE
TAXPAYER HEREIN, AS SHOWN IN ITEM 3, ACKNOWLEDGES,
AFTER THE TAXPAYER HAS PAID THE SAID ASSESSMENT,
THE REFUNDABLE PORTION OF THE SAID TAX IN

THE SUM OF
LE MONTANT DE

TO BE REPAYABLE TOGETHER WITH 2% INTEREST THEREON
AS REQUIRED BY STATUTE—SECTION 93 OF THE INCOME
WAR TAX ACT—AND SUBJECT TO THE CONDITIONS SET
FORTH IN ITEM 9 ON THE REVERSE SIDE HEREOF.

Colin Lubbock
MINISTER OF NATIONAL REVENUE
MINISTRE DU REVENU NATIONAL

PORTION D'ÉPARGNE REMBOURSABLE

LE GOUVERNEMENT DU DOMINION DU CANADA
EN CE QUI CONCERNE LA COTISATION IMPOSÉE AU CON-
TRIBUABLE, PARAISSANT À L'ITEM 3 DES PRÉSENTES, RE-
CONNAÎT, APRÈS ACQUITTEMENT DE LADITE COTISATION
PAR LE CONTRIBUABLE, QUE LA PORTION REMBOURSABLE
DUDIT IMPÔT POUR

\$ 9.00

DOIT ÊTRE REMISE EN PLUS D'UN INTÉRÊT DE 2% SUR
LEDIT MONTANT, TEL QUE PRÉVU DANS LA LOI DE L'IMPÔT
DE GUERRE SUR LE REVENU, ARTICLE 93, SOUS RÉSERVE
DES CONDITIONS ÉNONCÉES À L'ITEM 9 AU VERSO.

C. Fraser Smith
DEPUTY MINISTER OF NATIONAL REVENUE FOR TAXATION
SOUS-MINISTRE DU REVENU NATIONAL POUR L'IMPÔT

DO NOT DETACH

NE PAS DÉTACHER

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

Mrs. Della Ash,

Box 1500, Val D'or, Que.

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

and the following number quoted:—

H.Q. 405-A-10306 FD 42

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

April 20 1945

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

ASH, Ralph Leonard, Pte.

D145624

C.A. O/S



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.

[Handwritten signature]
Col.

Director of Estates.

CSS/JL

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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....			
4	Mother of the Deceased.....	Mrs Delia Ash		Val D'Or, Quebec
5	Brothers of the Deceased	Full Blood	Norman Ash 27 Sgt A. Ash. R. 18894 24 R. 257879. Ash R. J. 19 Sgt Ash. W. J. R. 174210 22 Reported missing since Dec 2 last 1944	= = Halifax South East Asia air forces
		Half Blood		
6	Sisters of the Deceased	Full Blood	Mrs B. A. Besner 26 Miss Frances Ash 23 = Euehine Ash 13	Malarie, Que Val D'Or = = =
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Ralph Leonard Ash
9	Date of his birth.	5 of May 1927
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	25th April 1917

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Parkinson, Ont. Baptised in Blind River, Ont
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Blind River Ont 3 yrs (b) Amos. Que 9 = (c) Perron. Que 5 yrs (d) Perron. Que
14	Nature of employment before enlistment.	working in a mine steel shops
15	State whether he owned the premises in which he lived, and, if so, where situated.	lived with mother
16	Name place where deceased stated he intended to make his permanent home.	Perron. Que

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	I have none
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	he had bought one from army 6 months ago at Farnham Que
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
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.	
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.	
		(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

* motherof the deceased.

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

Mrs Delia Ash (nee Gagnon) (Signature of Informant)
Val D'Or, Que Address

CERTIFICATE

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

Ash (nee Gagnon) { Name of informant } is the* Motherof the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Vald'Or, P.Q. this 28th day of April 19 45

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

E. W. Westover Qualification Advocate, Barrister
Address 869-3rd Ave. Vald'Or, P.Q. Commissioner Superior Court
District of Abitibi

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

OTHER PARTICULARS

Director of Estates

Regiment No. D145624 Rank Pte.

ASH

Ralph Leonard

Surname

Christian Names

Unit..... Lake Superior Regt. (CA)

Date of death..... 2 Mar 45 Place of Death..... O/S Western European

Casualty Details..... Previously reported missing believed prisoner of War
now reported killed in action.



Next-of-kin..... Mrs. Delia Ash Relationship..... MOTHER

Address..... Box 1500, Val D'Or, Que.,

Mr. Frank Ash,

FATHER

Aluminum Gate Restaurant, Arvida, Que.

Will..... Will d/21st Jun 44 herewith.

Date..... 13 Apr. 45

EXCERPT OF M.F.M.5 dated..... 21 Jun 44

(1) Are you married?..... NO Children?.....

Wife's name) Names and
and address) Ages.....

(2) Is your father alive?..... YES If so, state name and address.....

..... Mr. Frank Ash Arvida, Quebec, (Labourer)

(3) Is your mother alive?..... YES If so, state name and address.....

..... Mrs. Delia Ash (Gagnon) Pascalis, Quebec.

(4) Are you insured?..... NO If so, in what company?.....

JEC/LH

N.B:

\$60.00 Partial Support to Mother.

[Signature]
ESTATES LIAISON

Register No. D-17465

Nominal Roll No. D-463

To: P.M.G.

H.Q. File No. 405-A-10306

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>D145624</u>	<u>PTE.</u>	<u>A.S.H.</u>	<u>RALPH LEONARD</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... Killed in Action CARO..... ()
 2nd Enlistment..... CARO..... ()
 3rd Enlistment..... CARO..... ()

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>17 June 44</u>	T.O.S.....	T.O.S.....
S.O.S. <u>2 Mar 45 MD 0/s</u>	S.O.S..... MD	S.O.S..... MD
Total Days <u>259</u>	Total Days.....	Total Days.....

Total Service 259 Days

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>161</u>	<u>1</u>	<u>160</u>
Overseas Service.....	<u>98</u>	<u>incl.</u>	<u>98</u>
Totals.....	<u>259</u>	<u>1</u>	<u>258</u>
Add Non-qualifying Service.....			<u>1</u>
Total Service			<u>259</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 2 Mar 45 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature [Signature]
 Checker's Signature [Signature]
 Date Computed 9 July 45 2 Mar 45



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

[Signature]
 C. L. LAURIN,
 Colonel,
 DIRECTOR OF RECORDS.

5th April, 1945.

Mrs. Delia Ash,
Box #1500,
Val D'Or, Quebec.

Dear Mrs. Ash:

It was with deep regret that I learned of the death of your son, D145624 Private Ralph Leonard Ash, who gave his life in the Service of his Country in the Western European Theatre of War on the 2nd day of March, 1945.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major-General
Adjutant-General

APR 5 1945
(A. E. Walford),
Major-General,
Adjutant-General.

*Memo X - mother
11-4-45*

/EMA

20

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D 145624** RANK **Private** SERVICE UNIT **Lake Superior**

NAME **ASH, Ralph Leonard** **Regiment (C.A.)**

DATE OF BIRTH
DAY **5th** MONTH **May** YEAR **1924** Enlisted: **17-6-44**

MARITAL STATUS **Single** Religion: **Roman Catholic**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Mother** NAME **Mrs. Delia Ash,**
ADDRESS **Box 1500,** ADDRESS D.A.B.
Val D'Or, Que.

ADDITIONAL PERSON TO BE NOTIFIED **Mr. Frank Ash, (Father)** ADDRESS
Aluminum Gate Restaurant, Arvida, Que.

PARENTS NAME
ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **7282A** **H.Q.405-A-10308**

CASUALTY DETAILS

**Previously reported missing believed
prisoner of war now reported killed in
action.**

DATE

2-3-45

Western European Theatre of War.

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

Jan YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

S/L 4472

DATE **26-3-45**

W. Schobbe
OFFICER I/C RECORDS

Gen. 5

COPY FOR C.R. FILE