D156022
TOWNSEND
WARREN

Received.................Checked....C.........Card...✓... FINGERPRINTED PHOTOGRAPHED

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

Unit 6th Anti/Tank Regt. R.C.A.(A) Regimental Number D.156022

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

03/4 BDR.

1. Surname TOWNSEND
2. Christian Names WARREN
3. Present address ~~Glenville~~ GRENVILLE, P.Q.
4. Date of birth 14 May,1921.
5. Place of birth Canada (Country) Quebec (County or Province) Ogdensburg (Town or Township)
6. Religion (state denomination) Baptist
7. Trade or Calling Laborer
8. Married, Widower or Single ~~Single~~ MARRIED (See Page 2)
9. Name of next of kin ~~Sylvia Townsend~~
10. Relationship ~~Mother~~
11. Address of next of kin ~~Glenville. P.Q.~~ ~~GRENVILLE~~ N/K See Changes D/O 31/27/11/43
12. Do you belong to, or have you served in the Active Militia of Canada? No. Yes By N.R.M.A. Under No. D-636169 From 6 Jul 42 to date (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No. (Yes or No) (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No. (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? No. (If Yes, specify Regimental No., Unit and Dates of Service)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Warren Townsend do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force 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.

Witness Sgt. Adams H.W.
Date 28-7-42 Warren Townsend (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Warren Townsend (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 Petawawa this 28 day of July 1942

L. Ewison {Signature of Magistrate, Justice or Attesting Officer.

Major, Commanding 74 A/T Bty R.C.A {Office or Rank and Unit or appointment.

P

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

CP

Record of Service of TOWNSEND (Surname) WARREN (Christian Names) Regimental Number D.156022

QUALIFICATIONS	
Military	NO
Business or Professional	No
Trade or Civil	Labourer
Technical	no
Languages	English

EDUCATIONAL QUALIFICATIONS	
High School or Collegiate (years completed)	no
Graduation or Matriculation (specify)	
*College	no
*University	no

*(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.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
2306 –		Joined on appointment T.O.S. 6th A/T Regt. & posted to 74th Bty	Gnr.	28-7-42	6A/TRegt	Petawawa	D.O. # 26	5-8-42
—	Obs. 4-991. d/7 10/43 for Holder. N/K	Having on the 28 Oct.been granted permission to marry on or after 28 Nov.42 was married on 28 Nov.42 to:						
—		Miss Clara Marion,						
—								
3		Pembroke,Ontario.	"		do	do	D.O.94	5-12-42
—		Granted Christmas leave from 22-12-42 to 28-12-42	"		do	do	D.O.100	15-12-42
		Issued Special Leave and Furlough Warrant	"	21-12-42	do	do	D.O. 1	1-1-43
		Granted increase of 20¢ per diem	"	28 Jan 43	"	"	" 13	28 Jan 43
		Granted Furlough from 22 Feb 43 to 7 Mar 43 (14 days) 50¢ per diem R.A.	"	22-2-43	"	"	" 25	19-2-43
		Returned from Furlough effective 7 Mar 43	"	7-3-43	"	"	" 34	9-3-43
		Granted W.E.Leave from 2-4-43 to 5-4-43 (4 days) 50¢ per diem R.A.	"	2-4-43	"	"	50	1-4-43

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Warren TOWNSEND. Date July 15, 1942.

Part 1. Information obtained from the recruit.

1. Age 21 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	YES at 12 yrs. of age.	k. Ear disease	NO
b. Tuberculosis	NO	l. Eye disease	NO
c. Bronchitis or asthma	NO	m. Epilepsy	NO
d. Heart disease	NO	n. Nervous or mental disease	NO
e. Kidney or bladder disease	NO	o. Syphilis	NO
f. Gastro-intestinal	YES-Stomach trouble.	p. Gonorrhoea	NO
g. Rupture	NO	q. Have you ever worn glasses?	NO
h. Varicose veins	NO	r. Are you now or have you in the past received disability pension or compensation? If so, give details	NO
i. Flat or deformed feet	NO		
j. Nasal trouble	NO		

W. Townsend
Signature of Applicant

Rheumatism at 12 yrs. of age. In bed 2 weeks. Has not been bothered since except occasional twinge in wet weather. Last Fall was treated by a civilian doctor for stomach trouble for 2 weeks. Was X-rayed at time.

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
   Scar medial aspect right knee. Recent & old vaccination left arm.

2. Height 5 feet 8¾ inches. 3. Weight 146 pounds.

4. Complexion Dark Eyes Blue 5. Development Good. (Good / Fair / Poor)
   Hair Brown.

6. Chest measurement—Girth on full expansion 37 inches.
   Range of expansion 3 inches.

7. Vision, right 20/20 left 20/25 8. Hearing, right CV20' left CV20'

9. Condition of mouth and teeth Good.

10. The abnormalities (congenital and pathological) found on examination are as follows
    Auroscopic exam Neg; Surgical exam. Neg; Fields of vision normal; Urinalysis Neg; Heart, lungs & reflexes normal.

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-2".

Special remarks when category lower than A In Dec.1941, Jan.1942 and Feb,1942 minor gastric upset of short duration may possibly be significant.

W.R.Tutt, Major (President) A.W.Hardy, Capt. (Member) B.C.Archibald, Capt. (Member)

Certified true copy of original proceedings. W.R. Tutt Major.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
18-11-42	TABT-(1) per RB		YOB 21, P 1, U 1, L 1, H 1, E 1, M 2, S 1 — J.M. Hudecki Maj
20-1-43	TABT - RB.	4.8.43	Cat A2 Confirmed
Feb 15/43	CAT. A 2 CONFIRMED PETAWAWA [signature]		
18-2-43	TABT (3), RB.		
22-5-43	CATEGORY A 2. CONFIRMED PETAWAWA, ONT. [signature] Capt		
14-7-43	Schick plus RB.		

Statement of the Service of No. D.156022 Rank L/Bdr. Sheet No. 2

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

Name Townsend Warren

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		To be L/Bdr.	L/Bdr.	1-4-43	6thA/T	Petawawa	#59	15-4-43
		Granted furlough & W.E. Leave from 17-4-43 to 4-5-43 incl. (18 days) 50¢ per diem R.A. Issued Special Leave & Furlough Warrant	"	17-4-43	"	"	57	12-4-43
		Reported sick at home	"	5-5-43	"	"	72	14-5-43
		Returned from sick at home	"	13-5-43	"	"	72	14-5-43
		Granted Embarkation leave from 17-5-43 to 20-5-43 incl. (4 days) 50¢ per diem R.A. Issued Special Leave & Furlough Warrant	"	17-5-43	"	"	77 A	24-5-43
		Granted w.e.lv. from 8-7-43 to 11-7-43 incl. (4 days) 50¢ per diem R.A.	"	8-7-43	"	Debert	94	8-7-43
		Att'd f.a.p. except pay E.T.U. Halifax	"	10-8-43	"	"	110	11-8-43
		S. O. S., C. A. Canada 24-8-43						
		T. O. S., C. A. Overseas 25-8-43	"		"	U.K.	1	3-9-43
		Disembarked 1-9-43						
		T. O. S. ✓						
(C94)	ADDRESS OF	N/K MRS CLARA TOWNSEND (WIFE) 252 KING ST. KINGSTON ONTARIO CANADA.					DO. 31	27 Nov 43
amend. 19-9 june 44		Reverts to Rank of Gnr own request and to draw 1.50 P.D.	Gnr.	30 Sep 43	6 A/TK	UK	13	2 Oct 43
C7 SOS		S.O.S. to 1 CASCRU	Gnr	2 Jan 44	6 A/TK	UK	2	26 Jan 44
	TOS.	TOS from 6 Cdn. A/TK Regt. R.C.A. pend. Trans.	Gnr.	3 Jan 44.	ASCRU	UK	5	7 Jan 44.
M30		Attd fap to 6 Cdn A/TK Regt. R.C.A. to 5 Jan 44	Pte	3 Jan 44	AS.CRU	UK	5.	7 Jan 44
MH		Transferred from R.C.A. to R.C.A.S.C. Remain Posted to 1 CASCRU	Pte	3 Jan 44	A.S.C.R.U	U.K.	39	16 Feb 44
X 34	SOS	SOS To 4 Lt AA Regt RCA Cook C	Pte	13 April 44	ASCRU	U.K.	86	13 April 44

Statement of the Service of No. D126022 Rank .... Sheet No. ....

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

Name Townsend W.

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
	TOS.	TOS FROM CASCRU	Pte	14 April 44	4 LAA Regt	UK	19	25 April 44
X 34		Qualified Cook GRP C	Pte	1 April 44 ~~1 CASC~~	1 CASC	UK	80	4 April 44
X 34		Granted Trades pay COOK C	Pte	1 April 44	1 CASC	UK	80	4 April 44
		SOS						
X79		TOS from LAA TPS 4 LAA Regt Cook "C"	Pte	25 May 44	4 LAAR	UK	24	31 May 44
X79		SOS to 4 LAA Regt Cook "C"	Pte	8 May 44	4 LAAR	UK	24	31 May 44
		Embarked at UK on		9 June 44				
Off		Disembarked at France on	Pte	10 June 44	4 LAAR	21 A Gp	31	12 July 44
M.147		Awarded 1 Good Conduct Badge	Pte	28 Jul 44	4 LAAR	21 A Gp	38	25 Aug 44
~~A.T.E.~~	SOS	SOS to 16 Can Fd Coy Cook C	Pte	23 Sept 44	4 LAAR	21 AG	46	11 Oct 44
M.122 TOS	from	4 LAA Regt RCA. Cook "C"	Pte	24 Sept 44	16 Fd Coy	21 A Gp	46	8 Oct 44
	CR	Qual Cook "B"	Pte	28 July 44	16 Fd Coy	21 AG	47	15 Oct 44
	CR	Grtd T Pay Cook "B"	Pte	28 Jul 44	16 Fd Coy	21 AG	47	15 Oct 44
M.139		Wounded	Pte	6 Oct 44		AEF	A 503	
		Died of Wounds.	Pte	6 Oct 44	16 Fd Coy	AEF.	A 505.	22 Oct 44
		SOS. Died of wounds.	Pte	6 Oct 44	16 Fd Co	21 A Gp	52	11 Nov 44

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

SERVICE AND CASUALTY FORM

Part I (For all ranks)

Unit 74th. Bty., 6th. A/T Reg't., R.C.A. (A) — Regimental Number D-156022

1. Surname TOWNSEND
2. Christian Names Warren
3. *Substantive Rank and Appointment [redacted] Pte
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Ogdensburg, Quebec
5. Date of birth as declared on attestation 14 May 1921
   (A)
6. Date of enlistment 28 July 42
7. Place of enlistment Petawawa, Ontario
8. Residence at time of enlistment Grenville, Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Baptist
12. If married, state date 28 Nov 42
13. Trade on enlistment Labourer
14. Corps, trade and grade
15. (D) Qualifications Cook "B"
16. (E) Miscellaneous entries
    20¢ Inc Pay 28-1-43 - DO 13.

(17)

Regiment or Corps	Unit (Battn., etc)
6th. A/T. Reg't.	74th. Bty.
RCASC	LAA TPS 4 LAA REGT RCA
"	4 LAA REGT

(18) Medical

Category	Date	Authority
A-2	15 July 42	
A 2	22-5-43	
A 2	4-8-43	MD M 2 (Sup)

(19) Next of kin (entries to be made in pencil)
Mrs Clara Townsend
252 King St.
Kingston Ont.

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			S. O. S., C. A. Canada 24-8-43				
			T. O. S., C. A. Overseas 25-8-43				
			Disembarked. 1-9-43	U.K.		L/Bdr.	D.O. I 3-9-43
			T. O. S.				
2 Oct 43		6 A.TK.	Reverted to rank of Gnr. at own request	"	30 Sep 43	Gnr	Pt. II 13
19 Oct 43		"	P.L. 21-27 Oct 43 (7 dys) with ssn allce	"	21 Oct	"	Pt. II 20
26 Jan 44	C.M./783	"	S.O.S. to 1 C.A.S.C.R.U.	Field	3 Jan 44	"	#29/26 Jan 44
T.O.S		C.A.S.C. R.U.	T.O.S from 6 Cdn. A/Tk Regt RCA pending transfer to R.C.A.S.C.	U.K.	3 Jan 44	"	5 - 7 Jan 44
		✓	Transferred fr. RCA to RCASC	✓	3 Jan 44	✓	39 - 16 Feb 44
		"	Qualified as cook Grp. C (71.70)	"	1 Apr 44	Pte	80 - 4 Apr 44
		"	Granted trades pay as cook Grp. C	"	1 Apr 44	"	80 - 4 Apr 44
		✓	Attchd fap to 6 A/Tk Regt RCA to 5 Jan 44	✓	3 Jan 44	✓	5 - 7 Jan 44
SOS		✓	SOS to 4 Lt AA Regt RCA (Cook C)	✓	13 Apr 44	✓	86 - 13 Apr 44
		✓	Amendment D.086 to read SOS to LAA TPS. 4 LAA REGT	✓	13 Apr 44	✓	93 - 21 Apr 44
9 Apr 44	Dem4178	4 LAA	TOS LAA TPS 4 LAA REGT RCA from 1 CASCRU	Fd	14 Apr 44	Pte	19 25 Apr 44
		4 LAA	SOS to 4 LAA REGT RCA (Cook "C")	Fd	24 May 44	Pte	24 31 May 44
		4 LAA	TOS 4 LAA REGT RCA from LAA TPS 4 LAA REGT RCA (Cook "C")	Fd	25 May 44	Pte	24 31 May 44
		4 LAA	Embarked UK ~~& Disembarked FRANCE~~	Fd	9 Jun 44	Pte	31 12 Jul 44
		"	Disembarked France........	"	10 Jun 44	"	31 12 Jul 44
7 AUG 44	CR	4 LAA	Awarded FIRST Good Conduct Badge	Fd	28 JUL 44	Pte	38 25 AUG 44
26 SEP 44	CR	4 LAA	SOS to 16 CDN FD COY RCE (Cook "C")	Fd	23 SEP 44	Pte	46 OCT 44
26 Sep 44	"	16 Fd Coy	TOS from 4 LAA Regt RCA Cook "C"	Fd	24 Sep 44	"	46 - Oct 44
TTB Report	# 27118	"	Qual Cook "B"	"	28 Jul 44	"	47 - OCT 44
		"	Granted tr pay Cook "B"	"	28 Jul 44	"	47 - OCT 44
~~7 OCT 44~~	~~CR~~	~~16FdCoy~~	~~SOS to X-3 List/RCASC Cook "B"~~	~~Field~~	~~6 OCT 44~~	~~Pte~~	~~48 - OCT 44~~ Cancelled D.O. 52/44 H.P.
~~16 Oct 44~~	~~X3~~	~~RCASC~~	~~TOS fr 16 Cdn Fd Coy RCE (Cook B)~~	~~"~~	~~7 Oct 44~~	~~"~~	~~75/44~~ Cancld DO - 93/44
AFW 3014	Ser 145	16FdCoy	SOS Died of wounds Cook "B"	Field	6 OCT 44	Pte	D.O. 52 d/NOV 44

No. D.156022 Rank Sapper Name TOWNSEND, Warren

Unit R.C.E. Date of death 6th Oct., 1944.

Died at Belgium

Cause Died of wounds received in action.

Death occurred on strength of Forces.H.Q. 405-T-9408

N/K Mrs. Clara Townsend, Relationship Wife
445 Craig Street, Pembroke,

Address ~~178 Montreal Street, Kingston,~~ Ontario.

Remains buried in Belgium nr Maldagem 006998 1/50,000 Cemetery
Zubrugge Bruges.

Grave location

CHK ✓

OVER-

BURIAL REPORT TO N.K. JAN 2 1946

RETURN TO BUR. OF STAT. JUL 13 1945

ROYAL MESSAGE DESP'D. NOV 22 1944

CAN. MESSAGE DESP'D. DEC 14 1944

Temp BR sent to NK & Map

REBURIAL

Adegem Canadian Military Cemetery
Adegem, Belgium.

Grave 8, row F, plot 8.

HI & CR Form Despd. FEB 4 1947

Despatched

photographs
photographs

Despatched NOV 7 1947

5M-10-44 (M-4414)

CONTINUATION CARD M.F.M. 14

Regimental No. D156022 Name Cpl R. TOWNSEND J.W.

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
5	2 Jan 44	TOS 1 CASCRU from 6 Cdn A/Tk Regt. RCA. wef 3 Jan 44 pending transfer to RCASC
5	7 Jan 44	Att fam to 6 Cdn A/Tk Regt RCA. wef 3 Jan 44 – 5 Jan 44.
39	16 Feb 44	Transferred fm RCA to RCASC wef 3 Jan 44 & remain posted to 1 CASCRU.
80	4-4-44	Rnal Cook "C" wef 1 Apr 44
80	4-4-44	Gtd T/P. Cook "C" wef 1 Apr 44

M.F.M.—14A
40/P&S/67 (3400)

LW 28/1/44

Part II D.O. No.	Date	PARTICULARS OF CASUALTIES
86	13 apr 44	SOS 1 CASCRU to 4 Cdn Lt A/A Regt RCA wef 13-4-44 Cook "C"
19	25 Apr 44	TOS 4 LAA Regt RCA from 1 CASCRU wef 14 Apr 44 Cook "C"
31	12-7-44	Embk U.K. 9 Jun Disembk France 10 Jun 44
38	25 Aug 44	Awarded First Good Conduct Badge w.e. 28 July 44
		SOS 4 LAA Regt RCA - Posted to 16 Cdn Fd Coy RCE wef 23.9.44
		TOS 16 Fd Coy RCE (Cook "C") wef 26/9/44
		SOS to X3 List (Wounded In Action) Cook "C" wef 6/10/44

#18 Training Period

No. D-636169 RANK Pte NAME TOWNSEND Warren ~~*Married~~ ~~*Widower~~ *Single

Place of {*Appointment *Enlistment} Montreal South Que Date of {*Appointment *Enlistment} 6 July 42

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
					1.30		

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount	
Total.....			

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

Date Application Forwarded	Relationship	Amount Awarded		Effective Date

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

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

*Delete words which are inapplicable.

ML.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

Occupational Form Completed Yes

CASUALTIES, ETC.

Part II D.O. No.	Date	
163	7-7-42.	TOS DD4 and posted to "B" Wing. w.e.f. 6-7-42.
168	13-7-42.	SOS on posting to 6 A/T Regt. RCA Petawawa Ont. wef. 13-7-42.
15	14-7-42	attached to 6th A/T Regt & posted to 74th Bty eff 14-7-42
88	26/11/42	granted 4 days leave with R/A
94	5/12/42	WAS MARRIED ON 28 NOV. 42
		S. O. S., C. A. Canada 24-8-43
1	3-9-43	T. O. S., C. A. Overseas 25-8-43
		Disembarked 1-9-43
		T. O. S. .....

No. D-156022 RANK ~~Gunner~~ Gnr. L/Bdr. (74TH) NAME Townsend, JOSEPH Warren. Married ~~Widower~~ ~~Single~~

Place of ~~Appointment~~ Enlistment Petawawa, Ont. Date of ~~Appointment~~ Enlistment 28-7-42.

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
26	5-8-42	Gnr.		A. S.	~~1.30~~		
13.	28-1-43	"		"	1.50		28-1-43
59	15-4-43	L/Bdr.		..	1.60		1-4-43
13	2-10-43	Gnr.		AS.	1.50		30-9-43
80	4Apr44		C		1.75		Eff 1Apr44

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount	
CLARA TOWNSEND	~~1.12.42~~	~~20~~	~~00~~
~~804 PEMBROKE ST. W.~~	~~1.2.43~~	~~23~~	~~00~~
~~PEMBROKE, ONT.~~	1-7.44	35.	00
~~4th Victory Loan Bond~~	~~1.5.43~~	~~8~~	~~40~~
257 King St.			
Kingston Ont.	Total..........		

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

Date Application Forwarded	Relationship	Amount Awarded		Effective Date
10.12.42	WIFE	35	00	

C.O.3K

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

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

*Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

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

CASUALTIES, ETC.

Part II D.O. No.	Date	
26	5-8-42.	T.O.S. 6th. A.Tk. Regt. R.C.A. "A" Eff. 28-7-42.
25	19-2-43.	Furlough & rat. allow. 22-2-43 to 7-3-43.
50	1-4-43	Granted W/E leave 4 days with R.A.
57	12-4-43	Furlo. W/E. LVE. eff. 17-4-43
59	15-4-43	Prom. to L/Bdr. eff 1-4-43
7N	14-5-43	Reported sick at home eff. - 5-5-43
7N	14-5-43	Ceases to be sick at home eff. - 13-5-43
77A	24-5-43	Granted 4 days Embarkation Leave
9H	8-7-43	Granted W/E leave 4 days with R.A
11C	11.8.43	ATT. E. T. UNIT 10-8-43
13	2-10-43	Reverts to the Rank of Gunner w.e.f. 30-9-43
20	19.10.43	Granted 7 days P.L. with RA 21 to 27 Oct incl.
CR 23.		505 to No.1. C.A.S.E.R.U. 2 JAN 44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.

REGN. NO. A 3565

(1) MEDALS

PERSON ENTITLED TO Mrs. Clara M. Townsend - Widow

ADDRESS: ~~178 Montreal St.,~~ Box 216, WALKERVILLE, ~~KINGSTON,~~ Ont.

(2) MEMORIAL CROSS

WIDOW Mrs. Clara Townsend (ENGLISH)

1808

ADDRESS: 178 Montreal St., Kingston, Ont.,

(2) DESP. FEB 21 1945 REGN No. 14466

(3) MEMORIAL CROSS

MOTHER Mrs. Sylvia Townsend, (ENGLISH)

1808

ADDRESS: Grenville, Que., (MFM5.)

(3) DESP. FEB 21 1945 REGN No. 14467

1808 FEB.

6-10-44

AWARDS—CANADIAN ARMY (ACTIVE)

M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-T-9408

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
TOWNSEND,	Warren	D.156022	Pte.	R.C.E.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
~~France & Germany Star~~	
Defence Medal	
War Medal 1939-45	
C.V.S.M. & Clasp	4611

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MAY 17 1944

42 Previous Experience in Armed Forces

ARM or CORPS	Type (CEF, NP, etc)	Years	Highest Rank	Last Discharge (Yr)	Special Training Received

43 CURRENT SERVICE : Date Enlisted 28-7-42 Place Enlisted

Date From—to	Country	Corps	Unit and Sub-unit	44 Rank	Principal Duty	Performance
				Pte		

45 COURSES ATTENDED	PLACE	Date : From—to	Qualified as	Rating

46 Courts Martial Convictions..... Summary Punishments..... Fines..... Hosp.....

Civil Court Convictions..... Reprimands..... Stoppages.....

47 Military Specialty or Trade	Degree of Proficiency	Date	Authority

48 Suggested Employment (1) (2)

Reason for Joining Army

55 Type of Service Desired (1) (2)

Attitude to Interview : Antagonistic Over-anxious Co-operative Indifferent

49 Psychiatric ☐ ☐ ☐ ☐ ☐ ☐ Casualties (1) .....

(2) .....

(3) .....

YOB	P	U	L	H	E	M	S	Date	Initials
21	1	1	1	1	1	2	1	4-8-43	[illegible]

Honours and Awards:

(1) .....

(2) .....

(3) .....

99 REMARKS (with date and signature of officer)

Soldiers Qualification Card

CONFIDENTIAL

CODED

D. 156022 — Regimental Number

TOWNS END — Last Name (Block letters)

WARREN — First Name

Middle Names

2 Citizenship: Can. — By Birth: ✓ — By Naturalization: — Country of Birth: Canada.

3 Father — Racial Origin — Mother

4 Language spoken in home: French ..... English ..... Other .....

5 Age ..... 6 Height ..... ft ..... in 7 Weight ..... 8 Silhouette [1 2 3 4]

Date of Birth: 14-5-21

9 Eye Colour ..... 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 [R] [L] [A] 15 Med Category: A See 49

Cause .....

Attitude to own health ..... To Medical attention .....

Health History .....

16 Education Level: Illiterate ..... El. 5 (16) Sec. ..... ( )

Conduct during school life .....

17 / 18 University or Professional Institute	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:

1. (Course) .....

At ..... From—To ..... Completed ? .....

21 2. (Course) .....

At ..... From—To ..... Completed ? .....

22 3. (Course) .....

At ..... From—To ..... Completed ? .....

Other trades papers, Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently: English.

Written well .....

24 Main occupation: Saw Mill Worker.

Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

50 "M"

Test	Score	SM	Test 9 Score
1	11		Sub-total 28
2	9		SM
3	8		
4	16		Sub-total 23
5	7		SM
6	7		Sub-total 27
7	4		SM
8	16		
Tot	78		SG

English ..... French .....

Place ..... Date .....

51 OTHER MENTAL

Test .....

Score ..... Grade .....

Date .....

52a

Test .....

Score ..... Grade .....

Date .....

52b

Test .....

Score ..... Grade .....

Date .....

53

TRADE TESTS

Trade and Grading	Date

54 DARK ADAPTATION

Date Tested	Result

Unit: CASCRU

1 Corps: RCASC

25 Second Most Important Occupation: Farmhand.

Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

26 Third Most Important Occupation .....

Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck ..... 28 Light Truck ..... 29 Auto ..... 30 Motorcycle .....

31 Farm Tractor ..... 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....

35 Animal Management .....

Farming Experience: Wide ..... Limited ..... None ..... Reared ? .....

District ..... Type .....

Job promised after discharge ? ..... By whom ? Name .....

Job ..... Address: .....

Other provision for Post-War occupation .....

Type of work or training desired .....

Occupational history: Ambitious ..... Stable ..... Accidental ..... Erratic .....

36 Marital Status: S. ..... M. ✓ W. ..... D. ..... Sep. .....

Marital Problems .....

Spouse's Age ..... Attitude to Service ..... Health .....

37 No. of Children ..... 38 No. of Dependents .....

Relationship of Dependents .....

No. of Brothers ..... No. of Sisters ..... Position in family .....

Status of home in childhood .....

Religious Denomination .....

39 Hobbies: Photography M. ..... S. ..... Radio ..... Engines .....

Mechanics ..... Other .....

40 Sports: (1) ..... (2) ..... (3) .....

Team Games and Position (1) .....

(2) ..... (3) .....

41 Ability to Entertain: Music: String ..... Brass .....

Woodwind ..... Percussion ..... Piano ..... Vocal .....

Theatrical ..... Other .....

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

D156022

1. (a) Print name in full TOWNSEND, WARREN (b) Reg'l. No. D-636169
2. (a) Arm of service Army (b) Unit No.4 N.R.M.A. (c) Rank Pte.
3. (a) Date of birth 14 May 1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment Glenville Que.
4. (a) Place of enlistment Montreal South Que (b) Date of enlistment 6-7-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 yrs (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 5 yrs Public School
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? -- (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? Eng. (b) What languages do you read well? Eng.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Cyril Gagne Address St. Michel Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Saw Mill.
20. (a) Your specific occupation Laborer (b) Number of years' experience at this occupation with any employer 2 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? General
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 8 yrs (c) In what provinces did you have experience? Que.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Farmer.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form --

DATE 7-7-42 194 SIGNATURE Warren Townsend

D-156022 74th Bty 6th A/T Regt.

I. Regt. No. ~~D-656169~~ Rank Pte Unit N.R.M.A. Date

Name TOWNS END, Warren Age 21 Place of Birth Ogdensburg

Date of Enlistment 6-7-42 Place of Enlistment D.D.4 Depot No.4

Languages spoken English R. Recruit A R.A. Med. Cat. A Place D.D.4

II. M. Test 10-7-42 Date D.D.4 Other Tests Name or Type | Date | Place | Score | Grade

Test	Score	S.M.	
1	11		SUB-TOTAL 28
2	9		S.M.
3	8		
4	16		SUB-TOTAL 23
5	7		S.M.
6	7		SUB-TOTAL 27
7	4		S.M.
8	16		
Total	78	S.M.	GRADE V
9			

Note

Paragraphs III to IX inclusive completed at Petawawa Military Camp, Ont. 30-10-42. "L.S.B"

Y.O.B.	P	U	L	H	E	M	S
21	1	1	1	1	1	2	1

III. Military Background

B.T. - 3½ mos. Petawawa.
Gnr.

IV. Educational Background

Schooling 10 yrs. to 16 yrs.
Public School - Grade V. (Quebec)

Failed Grade IV because of non-attendance.

V. Occupational Background

Saw Mill - 3 yrs. McGibbion Lachute
Farm - approximately 2 yrs.

VI. Arm Desired Work in Arm Desired

VII.

(Not interviewed due to pressure of work. D.D.4)

Petawawa Military Camp, Ont.
30-10-42

Health is fairly good and has healthy enough appearance. Is tall 5'10" and good weight, 170 lbs. Has worked most of life on farm and routine jobs. Never took much part in sports. Likes Army "fairly well". Habits seem normal smokes and drinks a little. Drives car and truck and could be training for this in Army.

M.F.M. 196
100M—3-42 (3762)
H.Q.C. 8173

VIII. Summary

Intelligence is limited and will only be able to perform routine tasks. Stability is probably good.

IX. Suggestions

R.C.A. A/T

DRIVER I/C

X. Signature of Interviewer	N.C.O.	Officer
Lorne S Brown (L. S. Brown)		Lieut. A.E., Personnel Selection Staff

XI. Action Taken

Date of Action

Follow-up

Suitable for Overseas Service.

Debert Camp, N.S. 1-7-43

C.L. Hall, Capt.

(C.L. Hall)-Captain
Army Examiner

À être établi en double exemplaire

M.F.M. 110A
50M—2-42 (3611)
H.Q. 1772-39-1800

ÉTAT FAMILIAL D'UNE RECRUE À SON ARRIVÉE POUR L'INSTRUCTION MILITAIRE PRESCRITE PAR LA LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'une recrue se présente pour l'instruction militaire à un centre d'instruction élémentaire.

(*b*) Il faut répondre à toutes les questions.

(*c*) Les deux exemplaires de la formule seront transmis, dans chaque cas, au payeur par l'officier commandant le centre d'instruction. Le payeur en transmettra un exemplaire au Chef du service des Archives, quartier général de la Défense nationale, Ottawa, par l'entremise du payeur de district ou de camp. L'autre exemplaire sera conservé par le payeur du centre d'instruction. En cas de mutation, cet exemplaire sera adressé au payeur du centre d'instruction où l'homme a été muté.

---

(1) Noms TOWNSEND
(Nom, puis prénoms au long, en majuscules d'imprimerie)
WARREN

(2) Matricule et grade D - 636169 PTE

(3) Centre d'instruction élémentaire 4 D-D

(4) Êtes-vous marié? NO

(5) Si vous êtes marié, indiquez:

(*a*) Le nom entier de votre épouse

(*b*) L'adresse postale actuelle de votre épouse

(6) Si vous êtes marié, avez-vous pourvu régulièrement à l'entretien de votre femme? Sinon, donnez les motifs

(7) Êtes-vous veuf? NO

(8) Avez-vous des enfants? NO Nombre de garçons Filles

Noms et âges

(9) Si vous sollicitez une allocation familiale pour vos enfants, dites si vous en avez assuré régulièrement l'entretien NO

Mentionnez les tuteurs à qui l'allocation familiale doit être versée, le cas échéant.

Nom NO

Adresse postale

[VOIR AU VERSO]

(10) Avez-vous une femme illégitime dont vous avez assuré régulièrement l'entretien et que vous avez publiquement représentée comme étant votre femme pendant au moins les deux années antérieures à votre enrôlement? NO

Le cas échéant, indiquez son nom entier et son adresse postale

(11) Votre père vit-il? YES

Le cas échéant, indiquez son nom, son adresse et son emploi Mr. Ernest TOWNSEND LABORER Glenville P..

(12) Si votre père est veuf et totalement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? NIL

(13) Si vous êtes le soutien unique ou partiel d'un père veuf, totalement incapable de gagner sa vie, indiquez la somme mensuelle que vous lui donniez avant votre enrôlement

Indiquez aussi le motif pour lequel il n'a aucune autre ressource; si vous ne contribuez que partiellement à son entretien, dites pourquoi vous n'y pourvoyez pas entièrement?

(14) Votre mère vit-elle? YES

Le cas échéant, indiquez son nom et son adresse Mrs Sylvia TOWNSEND GLENVILLE P.Q.

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? NIL

(16) Si vous êtes le soutien unique ou partiel d'une mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre enrôlement

Indiquez aussi le motif pour lequel elle n'a aucune autre ressource; si vous ne contribuez que partiellement à son entretien, dites pourquoi vous n'y pourvoyez pas entièrement?

(17) Contribuez-vous à l'entretien de personnes à charge autres que les susnommées? NIL
Cela peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, dont vous étiez l'unique soutien et que vous entreteniez comme membres réels de votre maison avant votre enrôlement.

Le cas échéant, donnez les renseignements suivants:

Degré de parenté

Nom en entier

Adresse postale

Contribution mensuelle durant les six derniers mois

(18) Êtes-vous assuré? NO

Le cas échéant, par quelle compagnie?
(Mentionnez le numéro de la police)

Avez-vous pris des dispositions pour le payement de votre prime d'assurance?
Sinon, et qu'il s'agisse d'une prime mensuelle, vous pouvez en déléguer le montant en sus de toute autre délégation que vous désirez faire, pourvu que la délégation globale ne dépasse pas le maximum mensuel qui vous est permis.

JE CERTIFIE par la présente, que les renseignements que j'ai fournis dans cette formule sont exacts à tous égards.

Warren Townsend
(Signature de la recrue)

Date 7-7-42

[signature]

Officier commandant

NO. 4 DISTRICT DEPOT A.F.

Date 7-7-42

N.B.—S'il s'agit de parents d'adoption, les questions se rapportant au père et à la mère doivent être modifiées et y seront répondues de façon appropriée.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-156022 RANK Pte SERVICE UNIT R.C.E. (CA).

NAME TOWNSEND, Warren

Regse Cook

DATE OF BIRTH DAY 14th MONTH May YEAR 1921 Enlisted: 28-7-42

MARITAL STATUS Married Religion: Baptist

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

ADDRESS 178 Montreal St., Kingston, Ont.

NAME ADDRESS D.A.B. Mrs. Clara Townsend

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 2604A H.Q.405-T-9408

CASUALTY DETAILS Died of wounds DATE 6-10-44

FRANCE

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

S/L 3044
O/S with 6 A/Tk Regt. RCA

DATE 1-11-44

OFFICER I/C RECORDS

Enl. 6

COPY FOR DOCUMENT FILE

MILITIA BOOK M 1

250M—10-42 [illegible]
H.Q. [illegible]

CANADIAN ARMY

SOLDIER'S SERVICE
AND
PAY BOOK

D156022

TOWNSEND W.

MILITIA BOOK M. 1

PART I

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

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D-156022

Surname (Capitals) TOWNSEND

Christian Names in full WARREN

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

56357—1

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 156022

Surname (in capitals) TOWNSEND

Christian Names (in full) WARREN

Date of Birth 14 May 1921

Place of Birth Ogdensburg Que., Canada

Citizenship British

Trade on Enlistment Labourer

Nationality of Father at Birth Canadian

Nationality of Mother at Birth Canadian

Religion ~~Baptist~~ Roman Catholic

Enlisted at Petawawa Ont Canada

Date 28/7/42

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. By NRMA from 1/6/42 to 28/7/42 D 636169 WC

Signature of Soldier Warren Townsend

Signature of Officer B Johnston Capt

Place Petawawa Ont. Date 10/2/43

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife	Mrs Clara Townsend.	16/5/43
	Children		
2nd	Father	Mr Ernest Townsend	
	Mother	Mrs Sylvia Townsend	
3rd	*Brothers and Sisters	Harold J. Townsend. Older	
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a WILL (see pages 20 to 23)

Latest known Address in full

~~8 Rideau St, Kingston, Ont.~~ 252 King St., Kingston, Ont.

Grenville, Quebec, Canada.

Grenville Quebec Canada

R.C.A.M.C. - Can Army Ds.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
28/7/42	Gnr		D.O. 26	J.B. Johnston Capt
1/4/43	L/Bdr.	with P.	D.O. 59	J.B. Connors Lt.
30/4/43	GNR		D.O. 12	Gene Sutton Lt

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

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

Completed Basic Training in accordance with Standard Syllabus
2-11-42

~~Completed Advanced Training in accordance with Standard Syllabus~~

Qualified in addition as under:—

Completed Advanced training in accordance with Standard Syllabus.
~~31-5-43~~ 9-1-43
Driver 1/c (W) wef 16 May 44

Date 4-6-43

C. Crimson. Major
~~Commanding~~ FOR O.C. [stamp partly covered] BTY. R.C.A. (A

*If no further training required, strike out words in italics and initial

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
QUALIFIED 1-4-44 ... 171 %		
"O & B" WING P.C.A.S.C.		
D.O. # 80 DATE 4/4/44		
CLASS 57 R.E.R. N/A T/T N/A		
[signature] /44.		

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1942	2nd	Rifle	1-5	J. B. Connors Lt
1942.	2nd	L.M.G	1-4	J. B. Connors Lt.
1942	3rd	A/T. -22 Ad		[signature]
1943.	2nd.	Rifle.		[signature] Bliss Lt.
1943.	1st	Sten		[signature] Bliss Lt.
1943.	2.	Bren		[signature] Bliss Lt.
1943.	3rds	2" Mortar.		[signature] Bliss Lt.
1943	II	L.M.G.	1-4	[signature] Lt.
~~1944~~				

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade - VI.	Ogdensburg	1927	J. B. Connor Lieut.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
Cook	6	autho	TTB/GRU	1-4-44	J Naylor Lt.
		D.O. #	80 - 4-4-44		

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
28-7-42		Gun No. III	J.B. Connor Lt.

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
15-2-43	A^2	Petawawa Med. Bd		R. Bell
22-5-43	A^2 Conf.	" " "		R.B.
4-8-43	Y.O.B. P U L H E M S 21 1 1 1 1 1 2 1		8/2	R.B.

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre: Date of Exam:

Frame No. (or measurements): Date of Issue:

Signature of M.O. ....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre: Date of Exam:

Frame No. (or measurements): Date of Issue:

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
4-8-43	✓		3 F	Mack Johnson Capt
6-1-44	✓		3 F.	H. L. Windrim Maj.

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 1	20-1-43	R. Bell
" 2	18/11/42	R. Bell
" 3	18/2/43	R.B.
Schick pha	1-8-43	R.B.
Typhus ½ cc	4 Jan 44	R.B.
Typhus ½ cc	1-5-44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
8/2/43	R. Bell Capt

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X Ray	7-7-42	R. Bell
F.F.P.	7 Sept 43	[illegible] Lieut.
Priv Leave (F.T.W.) 7 days	21 Oct 43	[illegible] Lieut.
"T" TEST (REV.) COMPLETE		
"Q" CARD COMPLETE		
FINGERPRINTED—CAIB		
On 28.7.43 awarded 1 Red Serv. Chev.	~~28.7.43~~ 26.5.44	[illegible] Maj
On 7.6.44 AWARDED 2nd RED SERV. CHEV.	14.7.44	[illegible]
awarded X operation France	7/7/44 10/6/44	H. Guilliams Lt.

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

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

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

No. Rank Name
states that he has executed a Will and that the same has been deposited with
at Signature of Officer.
Date Rank or Appointment.

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

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

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at
MD 6.
Signature of Officer.
Rank or Appointment.

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

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

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

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

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

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

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

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

Mrs. Clara Townsend,
178 Montreal St.,
Kingston, Ont.

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

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

and the following number quoted:—

H.Q. 405-T-9408 F 236

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

308 Sparks St

ESTATES BRANCH FEB 15 1945 H. Q. OTTAWA NATIONAL DEFENCE

25 January 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

TOWNSEND Warren, Pte.,

D-156022 Canadian Army.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

GHF/AK

Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		mrs Clara Townsend	33	178 Montreal St Kingston Ont
2	Children of the Deceased and dates of their Births		nil		
3	Father of the Deceased		Ernest Townsend	69	St Phillips P.Q R.R 1
4	Mother of the Deceased		Silvia Orvilla Townsend	50	ditto
5	Brothers of the Deceased	Full Blood	Pte Harold Townsend	29	now overseas — home address: RR1 St Phillips P.Q
			Clayton Townsend	18	St Phillips P.Q. (RR. 1)
			Duane Townsend	3	ditto
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs Beatrice Walsh	30	Morisburg Ont
			Mrs Aletha Powell	26	Lachute P.Q
			Mrs Olive Currie	20	Brownsburg P.Q
			Beryl Townsend	13	RR.1. St Phillips P.Q
			Pearl Townsend	13	
			Ruth Townsend	11	ditto
			Dorothy Townsend	9	ditto
		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
			sister died in infancy		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Warren Ernest Townsend
9	Date of his birth.	14 May 1921
10	Place and date of his marriage.	Pembroke Ont 28 Nov 1942
11	Place and date of his parents' marriage.	Northport Michigan

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Ogdensburg 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) ~~Ottawa~~ Quebec (b) Canada (c) from birth to enlistment (d)
14	Nature of employment before enlistment.	farmer and mill worker (saw mill)
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Lachute Quebec

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no 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, killed in action in France

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

(PLEASE TURN OVER)

DECLARATION

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

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

*widow of the deceased.

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

Clara Marie Townsend (Signature of Informant)

178 Montreal St Kingston Ontario (Address)

CERTIFICATE

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

See above. Marie Townsend {Name of informant} is the widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Kingston Ontario this 2nd day of February 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. R. O. Standish Capt Qualification a Commissioner Notary Public etc

Address Legal Officer MD3 HQMD3 Kingston Ont

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (BELGIUM)

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: TOWNSEND

Given names: Warren (*Block letters*)

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Grenville

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Que.

11. DATE OF BIRTH: May (Month) 14th (Day) 1921 (Year)

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

OCCUPATION

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

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: Belgium

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: Oct. (Month) 6th (Day) 19 44 (Year)

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

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

24. CAUSE OF DEATH

I

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

(a) Died of wounds

due to rec'd in action

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

OVERSEAS CASUALTY CANADIAN ARMY

JUL 13 1945

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

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of Natl. Defence

Whole Form and Instructions other side before commencing to complete.

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Joseph Warren Townsend (Name in Full), of the Village (City, Town, Village, Township)

Address in civil life.

of Granville, in the County/District of Argentile

Province of Quebec, Labourer (Civil Occupation)

Regimental No. D-156022, Unit 6 A/T Regt. R.C.A. 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 wife, Clara Marie Townsend, 8 Rideau Street, Kingston, Ontario, Canada, all my estate of whatsoever kind and wheresoever situate.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Mrs. Clara Marie Townsend (Name), 8 Rideau St. Kingston, Ont. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 8 day of Aug 43 19 43

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.

Warren Townsend (Signature of soldier)

First witness sign here.

(5) Signature Lincoln Magor, Lieut.
Civil Address 3980 Côte des Neiges, Rd. Montreal, Que.
Civil Occupation Aircraft Foreman.

Second witness sign here.

Signature D C McKelton Lt
Civil Address Stanstead College, Stanstead Que.
Civil Occupation Student

(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.

RECEIVED
D OF RECORD
FEB 15
WILL
N.D. H.Q.

File No 405-T-9408

REBURIAL

NO D156022

RANK PTE

NAME TOWNSEND, W.

NAME OF CEMETERY ADEGEM CDN MILITARY CEMETERY

LOCATION OF CEMETERY ADEGEM, Belgium.

GRAVE LOCATION Plot 8, Row F, Grave 8.

AUTHORITY 54-27-88-2 Vol.18

Reburial list.

H.Q. 405-T-9408 D.R.2(D)

2nd January, 1946.

Mrs. Clara Townsend,
445 Craig St.,
Pembroke, Ont.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D156022 Sapper Warren Townsend, have been carefully exhumed from the original place of interment and reverently reburied in grave 8, row F, plot 8, of Adegem Canadian Military Cemetery, Adegem, Belgium. 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.

9.8.

JJJ

H.Q. 405-T-9408
R. 4 (B).

Ottawa,

7th November, 1947.

Mrs. Clara Townsend,
445 Craig Street,
Pembroke, Ontario.

Dear Mrs. Townsend:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late husband, D156022 Sapper Warren Townsend, the location of which is grave 8, row F, plot 8, Adegem Canadian Military Cemetery, Adegem, Belgium.

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

Yours faithfully,

for A/Director,
War Service Records.

Encl.

/EMA

1.78. Montreal. Street
Kingston Ont
Dec 1/1944

Dear sir
I want to thank you for sending the papers and I hope it O.K. and then of I ll be [illegible] for I stop working thank you again

Yours truly
Clara Townsend

ESTATES BRANCH
DEC 4 1944
H. Q.
OTTAWA.
NATIONAL DEFENCE

old addrest
35 Johnson. St
Kingston Ont
July 19 45

ESTATES BRANCH
JUL 20 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

B X

Dear Sir
after the 26 of July
Ill be moved to this
addrest
Clara. M. Townsend
252 King. Street
Kingston Ont

thank you
yours truly
Clara Townsend

New address

address.
4.45. Craig. Street
Pembroke Ont
nov 18/1945.

Dear Sir (Quote no. HQ405-T
94087B236

I have received a some money $362.00 and a Order check for $114.10 and the Order Dep. received a parcel with

2 photos
1 wallets
1 marriage certificate. 1 Key
3 Souvenier coins 1 ring
1 Coins 1 eng 6d 2 ed N 5 - to
1 c.p.m. (chief pay master)
2 Red "/" Disc
Rosary
Souvenier notes (15 frances)
Sundries cards

ESTATES BRANCH
NOV 20 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

the frist check of money
$362.00 I received It
On august 9/1945
and the next check
I received It on Sept 4
th 1945 and on Nov 16 I
received the parcels

Pembroke is my own
home Town so I am
in pembroke for good
I want to Be a little
home Beet I have not
the the money for to pay
for It so I would
have let me know

what is my best
place if my husband
Came home would
you here help him
for us home or is there
a order place please
let me know what
is Best thank you

yours truly

Clara Townsend.

I add forgot is no

TOWNSEND. WARREN. PTE.
(DECEASED)
no D-156022 - C.A.

Husband no. D 156022

Townsend, W. J.

Old addrest
80 York Street
Kingston Ont

Dear Sir
I am moveing to
Pembroke for Good
new addrest

mrs Warren. Townsend
4.45. Craig. Street
Pembroke Ont

ESTATES BRANCH
OCT 31 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

your truly
clara Townsend

Mrs. 178. Montreal Street
Kingston. Ontario
Mrs 2

NOV 29 1944

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

Dear Sir
I am writing this
letter to ask if you
if there any form
to fill of my Husband
that is dead overseas
to please send them to
me because I am going
to stop working and
I want to go away
and I would like

2

to heave them all fill
bef for I go away and
while I am at work
and while I have the
money for my Loveance
my Husband address

D. 156025
Pte. Warren Townsend.
16 th field Coy. R.C.E.
Canadian army overseas
B.W.E.F.

I am i wife thinking
you kindley
clara Townsend.

10-12-44

2 Mescread Rd
Seaford
Sussex.

Dear Mrs. Townsend.

You may be surprised to have a letter from a stranger, but I had to write to you to say how sorry I am to know about Watters death. He was a great friend of mine a my family, and you might like to know he made his home here with us. while he was stationed here.

I only had some letters returned to me

last week but unfortunely
I didnt know your adress
so I wrote to the
Canadian Military Headquarters
and they are kindly going
to forward this letter on
to you as they are not
permitted to give me your
address.

Warren told me he
had a brother over
here and we were going
to see him as he
was stationed near
here but Im afraid
Warren got shifted so
we never went and.
we have never had
the pleasure of meeting

your other son but
maybe if he is still
in England you would
write and tell him to
look us up if he cates
to we would be very
glad to see him.
My mother and sisters.
and myself send you.
and your family our
deepest sympthy and.
wish you at the same
time a merry christmas.
and a happy new year.

Yours sincerly
Mrs. C.B. Warner.

Mrs Horace Powell
Rasil
Ont.

405-T-9408
Nov 27

Director of Records
A. G. Branch.
NOV 29 1941
Nat. Defence Hqr
Ottawa, - Canada.

To the War dept
ottawa ont

Dear sir
I ust a letter to
ask you if it shore truee
that my Brather
Pte D 15-6022 W Townsend
16th field convoy
RCE
Canada army ouer seas
B W E F
Died of wounds. I naw
you now so if he died well
you plese tell me how he got
Hurt as I would like to
make shore so plese let me
no at wonce.
also if any thing Happends
to my other Brather
405-T-12428
Pte 127202 H. J. Townsend
% E C A S C
R. U. C. D. N
army ouer seas
BWEF
as when he was wounded
I didint get a telligram
from yous. the onely way I knew

2

2

that a Girl aum the air
from the Hospatle natifide
me
so Plese natifide
me at any thing
Happens.

also Plese let me
now aBout my
Brather Pty W. Townsend
J 156022
at wonce

if I change my
address I Well
Natifide you at wance

OBlig a Worried Sis
Mrs Horace Powell.
Kasil
Aul –

21

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

JG

ARMY

Name: TOWNSEND, Warren No.: D156022
Surname Christian Names

Pte C.A. O/S 6-10-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 114.30

Date: 10-7-45 Other Credits

Total $ 114.30

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Clara M. Townsend, ~~178 Montreal St.~~, Kingston, Ont. 252 King St. (Sole beneficiary under will)	$114.30

P4. TO TREAS. 13-8-45 G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$114.30

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M--2-45 (6771)
H.Q. 1772-80-2

File No. 405-T-9408

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

D156022. Name Townsend, Warren.

on Discharge Dte Date of Discharge 6-10-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 28-7-42	to	24-8-43	
	from	to		
United Kingdom	from 25-8-43	to	9-6-44	
	from	to		
Italy	from	to		
Northwest Europe	from 10-6-44	to	6-10-44	(died of wounds)
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

1939-45 War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

Verified by Annette Routhier

Date 13-9-46.

Carded SEP 14 1946

HA 165

NO RIBBON DISPATCH

M

104

50

- T -

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

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D156028 Rank and Name TOWNSEND. J.W. Gnr.

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

(Transfer or Discharge) to on 6th October. 19 44.

Reason Death Authority: C.C.L."A" 505 d/22nd Oct.44.

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	87	05
First Monthly Payment			Regimental Pay 31 days at 1.50	46	50
Casual Payments			Technical Pay 31 days at $ .50¢	15	50
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay	35	00	Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars):			Cash Effects SOCR 41567		.20
			Def. Pay Interest		5
To Balance Cr Free	110	30			
Deferred	4	00	By Balance Dr		
Total	149	30	Total	149	30

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

Remarks:

Assnd Pay $35.00 (W) Stopped eff November.1944.

Compiled by A. Ball.

Checked by [illegible]

Date 19th May. 1945. 19

Certified correct [illegible]
for Chief Treasury Officer, Overseas

MW.

In lieu of CFA 187

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH

INVENTORY
Of personal effects received by Casualty
Section No. 1 C.K.S.D.

No RANK & NAME.. D-156022. Pte. Townsend. W.................Dec'd............

RECEIVED FROM...Cdn. Sec. GHQ. 2nd. Echelon. 21. Army. Group.....................
A-117006 Gnr Schwartz M

CHECKED BY.......B-81759. Sgt. Graves. J. G.....DATE......31-Jan-45.............

	Photos.		
2	Wallets.		
I	Marriage Certificate. 1 KEY		
~~20~~ I7	Souvenier Coins. 1 RING		
3	Coins I Eng 6d 2 Cdn 5¢ to C P M.		
I	Red "I" Disc.		
I	Rosary.		
2	Souvenier Notes (I5 Francs).		
	Sundry Cards.		

ORIGINAL) To Officer i/c Estates with
Duplicate) original inventory, if any.

Triplicate — with effects

....
for OC 1 Cdn KSD.

CANADIAN MILITARY
ESTATES
19 FEB 1945
BRANCH
HEADQUARTERS

5/7B CFA 187
40/P & S/2180 (8080)
(Pads of 100)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-156022 Pte. TOWNSEND W Dec'd.

RECEIVED FROM HQ No 1 CKSD (Ser.171)

CHECKED BY M-7303 Pte. Harvey H C DATE 20 Aug 45

AND F-51900 Pte Roe H T

L	Kit bag		W riting material
1	Jew's harp	1	Tie clip
1	Protractor	1	Leather belt
3	Handkerchiefs		Chevrons
2	Pocket knives	1	Red I disc
2	Table knives	1	Bunch safety pins
2	Table spoons		
1	Table fork		Consumable articles removed for distribution
3	Metal badges (Artilery)		
1	Pr goggles		
2	Khaki handkerchiefs		
1	Leather tobacco pouch		
1	Wallet		NO INVENTORY WITH EFFECTS
1	Leather cig. case		
1	New testament		
2	Photographs in frames (1 broken)		
1	Dress cap		
1	Towel		FURTHER EFFECTS TO CANADA
2	Shaving brushes		
1	Prayer book		
2	Note books		
4	Pipes		
1	Cig.lighter		
9	Keys		
1	Penlight		
3	Bdle shoe laces		
2	Padlocks		
1	Kit bag handle		
	Letters, post cards & snaps		

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

QUADRUPLICATE—with effects.

H C Harvey Pte
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
22 AUG 1946
BRANCH
HEADQUARTERS

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Warren (CHRISTIAN NAMES) TOWNSEND (SURNAME)

REGISTER NO. D-9090
FILE NO. 405-T-9408
DATE 6-8-45
SERVICE NO. D-156022
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 6-10-44

PAYEE Mrs. Clara TOWNSEND,
ADDRESS 178 Montreal St.,
Kingston, Ontario.

DATE OF TERMINATION OF OVERSEAS SERVICE 6-10-44

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 802 (780) / 30 EQUAL TO 26 COMPLETE PERIODS AT $7.50	195.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 409 LESS 22 INELIGIBLE DAYS, EQUAL TO 387 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	96.75
		291.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	DAILY RATES AT DISCHARGE	
	PAY $ 1.50	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
	ADDITIONAL PAY $ .50	
	$	
	$	
	DEPENDENTS' ALLOWANCE 1/30 OF $ 37.20 $ 1.24	
	TOTAL $ 4.49 X7 = $ 31.43	
	NO. OF DAYS 409 / 183 X$ 31.43	70.25
D. WAR SERVICE GRATUITY		362.00
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		362.00

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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	CHECKED BY
PJ	

TREASURY	
CHECKED BY	DATE
[signature]	13/8/45

[signature]
SERVICE REPRESENTATIVE