D157512
BELL
ISSIE

# 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

1. (a) Print name in full BELL Issie (b) Reg'l. No. D-157512
2. (a) Arm of service Infantry (b) Unit R.R.C. C.A.(A) (c) Rank Rfn.
3. (a) Date of birth 10 OCT 18 (b) Have you any dependents? (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Otter Point Camp, B.C. (b) Date of enlistment 28.5.42

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 Years (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.) "two years High school"
7. If you attended a university, give name of university and standing or degree secured N/A
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Machinist (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? English Hebrew (b) What languages do you read well? Engl English Hebrew

## 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) [illegible] (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 D.I.L. Address Verdun Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) [illegible] Ammunition
20. (a) Your specific occupation Grinder (b) Number of years' experience at this occupation with any employer
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? ~~N/A~~ 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 N/A (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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? None
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? N/A (c) In what provinces did you have experience? N/A

## 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.) N/A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form None

DATE 26 MAY 42 194..... SIGNATURE Issie Bell

**MEMORANDUM FOR** **P. 64**

Mrs. Sarah Bell,
5465 St. Urbain St.,
Montreal, P.Q.

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

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

and the following number quoted:—

H.Q. 405-B-20,596 FD.416

# DEPARTMENT OF NATIONAL DEFENCE
## ESTATES BRANCH
### OTTAWA, ONT.

September 29, 1943

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

BELL, Issie, Pte.

D.157512 C. A.

ESTATES BRANCH OCT 13 1943 H.Q. OTTAWA NATIONAL DEFENCE

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

R.G. Phelan

(R.G. Phelan) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

RGP:MW

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT NAME IN FULL of any Relative, if any, in each degree specified | Age | INFORMANT'S STATEMENT ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|---|
| 1 | Widow of the Deceased..... None | | | | |
| 2 | Children of the Deceased and dates of their Births..... None | | | | |
| 3 | Father of the Deceased..... | | Morris Bell | 51 | 5465 St. Urbain St. |
| 4 | Mother of the Deceased..... | | Sarah Bell | 49 | 5465 St. Urbain St. |
| 5 | Brothers of the Deceased | Full Blood | Joseph Bell | 18 | 5465 St. Urbain St. |
| | | Half Blood | None | | |
| 6 | Sisters of the Deceased | Full Blood | (Mrs.) Bessie Binder | 27 | 5465 St. Urbain St. |
| | | Half Blood | None | | |
| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each. | | Names and ages of their children (if any) | | Address of their children |
| | | | | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased | Issie Bell |
| 9 | Date of his birth | October 10, 1918. |
| 10 | Place and date of his marriage. | Not Married |
| 11 | Place and date of his parents' marriage. | May, 1913, in Europe. |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Montreal, Quebec |
| 13 | State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each. | (a) (b) (c) (d) always in Montreal |
| 14 | Nature of employment before enlistment. | Worked at Defence Industries |
| 15 | State whether he owned the premises in which he lived and, if so, where situated. | No |
| 16 | Name place where deceased stated he intended to make his permanent home. | Montreal |

## PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did he leave a Will? | 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? | Was not Married |
| 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. | No |
| 20 | Amount of War Savings Certificates held by deceased. | $30.00 Worth |
| 21 | Amount of Victory Loan Bonds held by deceased. | None |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof. | London Life Assurance Co. $1000.00. Beneficiary. Mother. Mrs. Sarah Bell |
| 23 | Is application for Probate or Letters of Administration necessary (see page 1)? | |

## OTHER PARTICULARS

| | | |
|---|---|---|
| 24 | Did the deceased after enlistment incur any debts for:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | None |
| 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. | None. He was killed on active Service, Overseas on Sicily. |

(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 elswhere 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 *Mother of the deceased.

**N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.**

Sarah Bell — {Signature of Informant}

5465 St. Urbain St. — Address

## CERTIFICATE

I hereby certify that, to the best of my knowledge and belief that Sarah Bell {Name of Informant} is the* Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Montreal this 12th day of October 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: S. Hershorn — Qualification: Rabbi

Address: 5365 Park ave

**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

The only Will he made, I believe was the will that all soldiers make. I would also like to know whether it is possible to get back any personal belongings. Aside from money, Pte Bell, D. 157512, had on his person, a soled gold ring, a valuable cigarette lighter, an identification bracelet, perhaps other things, if possible, I would like to get them back for sentimental value.

I would also like to know why the cheque I got every month for $20.00, has not been sent this month. Pte. D. Bell was killed in Action on Sicily, July 25, 1943, for the months of August and September, I received the cheque, and that was all, I understand that I am supposed to get it for 6 months. I would also like to know if soldiers carry any military Insurance. Could it be possible for us to know where Pte. Bell was buried? I would appreciate an answer.

Yours truly,
Sarah Bell.
(Mother)

(*To be completed in triplicate*)

M.F.M. 103
200M—5-41 (442) (971)
H.Q. 1772-39-1828

MILITIA ACT

THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

# ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call..E-1264.....Regimental Number.....D-513044.

1. Taken on Strength of No.....4.....N.R.M.A. Clearing Depot.....
2. Surname (Block Letters).....BELL.....
3. Christian Names (in full).....IZZIE.....
4. Present Address.....5465 ST. URBAIN ST., MONTREAL QUE.....
5. Place of Birth.....CANADA.....QUEBEC.....MONTREAL.....
   (Country) (County or Province) (Town or Township)
6. Date of Birth.....Oct. 10 1919..... 7. Religion—Denomination.....HEBREW.....
8. Physical Description: Height.....5'8".....Weight.....190.....Eyes.....Brown.....Hair.....Brown.....
   Complexion.....Dark.....Identification marks.....Scar on Nose.....
9. Married, Single, Widower?.....Single.....
10. Next-of-Kin.....Mrs. Sarah Bell.....Relationship.....Mother.....
    (Name)
    .....
    (Address)
11. Trade or Occupation.....Grinder.....
12. Previous Naval, Military or Air Service.....30 days RF.....
    (State Units and Dates of Service)
    .....
    .....
13. Preference, if any, for, R.C.N.?..... Army?..... R.C.A.F.?.....YES.....
    (Arm of Service)
14. Employment in War Industry, if any.....D.I.L. Verdun.....

Izzie Bell
(Signature of Man)

A Bb Freeman Capt,
(Signature and Rank of Enrolment Officer)

19 Feb. 1942
(Date of Signature)

## TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No.....41.....at.....Huntingdon.....Date.....19 Feb. 1942.....
   Completed.....Days Basic Training.
   .....
   (Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No.....at.....Date.....
   Completed.....Days Advanced Training.
   Qualities of Leadership, Positive.....Becoming Evident?.....Dormant?.....
   Transferred to.....Date.....
   (R.C.N., formation or unit of the C.A., R.C.A.F.)
   .....
   (Date, Signature and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre.....A.....

RECORD OF SERVICE of BELL (Surname) IZZIE (Christian Names) Regimental Number D-513044

**QUALIFICATIONS**

1. Naval, Military, or Air NONE
2. Business or Professional NONE
3. Trade or Civil Grinder
4. Technical NONE
5. Languages, etc ENGLISH & HEB. (mother tongue) Can speak? Both Can read and write? Both Can drive a car? NO Repair a motor? NO Cooking experience? NO Hobby? Boxing Swimming

**EDUCATIONAL QUALIFICATIONS**

6. High School or Collegiate 2 Years (years completed) Graduation or Matriculation NO (specify)
7. *College NO
8. *University NO

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

All N.R.M.A. 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 |
|---|---|---|---|---|---|---|---|---|
| | | Joined on TRANSFER from N.R.M.A. Clearing Depot No. | | | | | | |
| 25.2.42 | T.C.41 | Enrolled and posted to N.R.M.A. Clearing Depot No. 4 and attached to T.C.41 for all purposes. | Pt.e | 19.2.42 | T.C.51 | Huntingdon Que. | Part II No. 15B | 25.2.42 |
| | | ceased to be att for app on being absorbed into Home War Est of | | | | | | |
| | | H.D. unit & SOS to R.R.C. | " | 13-3-42 | " | " | #19 | 14-3-42 |
| | | TOS RRC on trans from BTC 41 | " | 14-3-42 | RRC | Chilitadel Quebec | #41 | 14-3-42 |
| | | awarded 3 days C.B. for neglecting | | | | | | |
| | | to obey company orders | " | 6-4-42 | " | " | #59 | 6-4-42 |
| | | SOS RRC & discharged NRMA | | | | | | |
| | | Clearing depot #4 on attestation | | | | | | |
| | | active force | " | 27-5-42 | " | " | #108 | 16-6-42 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | [illegible] | | [illegible] | | 108 | 16-6-42 |

Regtl. No.....Rank.....Surname.....Christian Names.....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

| Date | Brief Details and Signature | Date | Brief Details and Signature | Date | Brief Details and Signature |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

| STATION | Date of Arrival at Station | Dates of Admission into Hospital | | | Dates of Discharge from Hospital | | | DISEASE | Number of days in Hospital | Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |
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Records
M. D. XI SEP 1 0 1942 Observed
Received..... Checked..... Card..... Observations.....

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

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

Unit ROYAL RIFLES OF CANADA C.A.(A) Regimental Number ~~E 52991~~ D-157512

01
PTE

# ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

# ATTESTATION PAPER

1. Surname BELL
2. Christian Names Issie
3. Present address 5465 St. Urbain St., Montreal, Quebec
4. Date of birth 10 OCT 18
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) Hebrew
7. Trade or Calling Grinder and general machinist
8. Married, Widower or Single Single
9. Name of next of kin Mrs. Sarah Bell
10. Relationship Mother
11. Address of next of kin 5465 St. Urbain St., Montreal, Quebec.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? ~~YES~~ NO
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? Yes (Yes or No)
NO ~~19 FEB 42 to date NRMA (D-513044)~~ (*b*) Any other Naval, Military, or Air Force? 17 Feb 42 ~~NO~~ to Date NRMA 1404 (D-513044)
(If Yes, Give Regimental No. and Unit) (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)

## DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Issie Bell, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 26 MAY 42 Issie Bell (Signature of recruit)

WITNESS M.W. Harris Cpl

## OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Issie Bell (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 Otter Point, B.C. this 28th day of May 19 42

W.F. Shepherd, Capt Royal Rifles of Canada C.A.(A) { Signature of Magistrate, Justice or Attesting Officer. / Officer or Rank and Unit or appointment.

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

PHOTOGRAPHED

H.P.2-2

Record of Service of BELL (Surname) ISSIE (Christian Names) Regimental Number D-157512

| Qualifications | | Educational Qualifications | | | |
|---|---|---|---|---|---|
| Military | NIL | High School or Collegiate | 2 hrs. High School (years completed) | Graduation or Matriculation | N/A (specify) |
| Business or Professional | NIL | *College | NIL | | |
| Trade or Civil | Grinder & general machinist | *University | NIL | | |
| Technical | NIL | | | | |
| Languages | English-Jewish | | | | |

*(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.

5774-1-1-2-1-1

| 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 |
|---|---|---|---|---|---|---|---|---|
| | | Joined on appointment (PREVIOUS SERVICE NRMA CLRG. DEPOT NO.4. 19 FEB 42 to date (D-513044) ) | | | | | | |
| 28 MAY 42 | RRC | ROYAL RIFLES OF CANADA C.A.(A) | RFN | 28-5-42 | RRC | NANAIMO | PART II NO. 108 | 16 JUN 42 |
| 13-8-42 | RRC | Granted fourteen days furlough under the provisions of R.O. 699 from 22 Aug.42. to 4th Sept. 42 (Incl) | " | 22-8-42 | RRC | Nanaimo | Part II No. 154 | 13-8-42 |
| 5-9-42 | RRC | Returned from furlough | " | 4-9-42 | RRC | Nanaimo | Part II No. 175 | 5-9-42 |
| 13-9-42 | RRC | S.O.S. of R.R.C. C.A. (A) to Canadian Army Overseas w.e.f. 13 Sept. 42 and attached to D.D. No. 5 Quebec, P.Q. for period of concentration. (Authy. Adm. Order No.347 Pac. Com. d.8-9-42) | " | 13-9-42 | RRC | Nanaimo | Part II No. 181 | 13-9-42 |
| | | Attached to Le Regt. de Levis, C.A.(A). for quarters and rations. Proceeding from R.R.C. C.A.(A). Nanaimo Military Camp. Nanaimo B.C. | " | 18-9-42 | Le Regt. Levis | Valcartier | " No 52 | 18-9-42 |
| | | Ceases to be attached to Le Regt. de Levis C.A.(A). for quarters and rations, | " | 24-9-42 | " | " | " No. 55 | 23-9-42 |

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

Certified True Copy

R.P. Borden, Major

# CERTIFICATE OF MEDICAL EXAMINATION

Name in full BELL, Issie Place Victoria, B.C.

Place Bay Street Armouries Date 28-5-42

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

1. Age 23 2. Have you ever suffered from any of the following diseases?

| | | | |
|---|---|---|---|
| a. Rheumatism | NO | k. Ear disease | NO |
| b. Tuberculosis or pleurisy | NO | l. Eye disease | NO |
| c. Bronchitis or asthma | NO | m. Fits | NO |
| d. Heart disease | NO | n. Nervous or mental disease | NO |
| e. Kidney or bladder disease | NO | o. Syphilis | NO |
| f. Stomach or bowel trouble | NO | 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. Foot trouble | NO | | |
| j. Nasal trouble | NO | | |

Signed Issie Bell
Signature of Applicant.

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

1. Identification marks or scars. (If operative obtain history).
½" transverse scar bridge of nose.

2. Height 5 feet 7½ inches. 3. Weight 182 pounds.

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

6. Chest measurement—Girth on full expansion 40½ inches.
Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20
With Glasses— right N.A. left N.A. 8. Hearing, right C.V.20 left C.V.20

9. Condition of mouth and teeth M.F.B. 465 Fit.

10. The abnormalities (congenital and pathological) found on examination are as follows
B.P. 150/90 -
Normal urine, ears and reflexes.

**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 "a1"

Special remarks when category lower than A

Certified at Top of Page

R.P. Borden, Major — Signed President
W.W. Bell, Capt — Signed Member
G. Andrew Bird, Maj. — Signed Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

| Date | Brief details and signature | Date | Brief details and signature |
|---|---|---|---|
| 5-3-42 | Vacc and TABT 1. | | |
| 30-3-42 | TABT 2. | | |
| 1-5-42 | TABT 3. | | |
| 29-5-42 | X-Ray of Chest Negative R 8799 | | |
| 10-9-42 | Cpl 9-1 confirmed [illegible] | | |
| 11-9-42 | Blood Type O [illegible] | | |
| 23-9-42 | cat A [illegible] | | |

Regtl. No. D-157512 Rank RFN Surname BELL Christian Name ISSIE

| STATION | Date of Arrival at the Station | Dates of Admission into Hospital: Day | Month | Year | Dates of Discharge from Hospital: Day | Month | Year | DISEASE | Number of days in Hospital | Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

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

M.F.M. 1 & 2A
40/P & S/119

Statement of the Service of No. D 157512. Rank ..... Sheet No. .....

Name Bell I

| REPORT Date | REPORT From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| SOS | | on Embarkation Canada. | Pte | 29.9.42 | | | | |
| | TOS | CA(O) | " | 30.9.42 | 2/CIRU | UK. | 242. | 11 Oct 42. |
| | | Disembarked. | " | 7.10.42 | " | " | — | — |
| | | Rep. for Duty | " | 8.10.42 | " | " | 242. | 11 Oct 42 |
| | | P. Leave 16th 23 Dec 42 | " | | " | " | 299 | 16 Dec 42. |
| S.O.S. | | SOS to #6 C.I.R.U. | " | 31-1-43 | " | " | 27 | 31 Jan 43 |
| | | att to #2 CIRU ~~period~~ 1-~~5~~ Feb 43 | " | 1-2-43 ~~31-1-43~~ | " | " | 27 | 31 Jan 43. |
| | TOS | TOS posted to B.W.Tr.Coy(R) Att. FAP to 2 CIRU 1st Feb 43 and for rations only to 12 Feb 43 | " | 1-2-43 | 5 CIRU | " | 9 | 13-2-43 |
| | | a/d Sap-6 Spartan Scheme | " | 27 Feb 43 | " | " | 20. | 4 March 43 |
| | | C.T.B.A. " " " " | " | 15-3-43 | " | " | 32 | 23-3-43 |
| | | Granted res rate of Pay 1.50 | " | 19 Mar 43 | " | " | 37 | 30.3.43 |
| | | P/L (9 days) 30 mar. — 8 apr. 43 | " | 30.3.43 | " | " | 38 | 31.3.43 |
| | | Remarks 1034 ~~and~~ " a/d/d Sap 6 ICIRU | " | 17 apr 43 | " | " | 52 | 17 Apr 43 |
| | | Ret'd from cm HQ Case 1034 Ser " | Pte. | 14 may 43 | 5 CIRU | UK. | 43. | 18 May 43. |
| | | Leaves att'd to 1 CGRU | Pte. | 14 may 43 | 5 CIRU | UK. | 43. | 18 May 43 |
| | | att'd cm HQ Case 1034 Anal (2) | Pte. | 19 apr-43 / 15 may 43 | 5 CIRU | UK | 49 | 26 may 43 |
| SOS | | SOS to 1 CBRD. | Pte. | 1 Jun 43 | 5 CIRU | UK. | 85. | 3 Jun 43. |
| | TOS | TOS from 5 CIRU | Pte. | 2 Jun 43 | X-1st H-PE | UK. | 4A. | 5 June 43 |
| | | S.OS 1.H. & P.ER X 4 Last 4 Bn. | Pte | 2 July 43 | X Last H& PER | UK. | 14A | 6 Aug 43 |

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

Name .....

| 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 |
|---|---|---|---|---|---|---|---|---|
| | | T.O.S. H & P.E.R. from X4 List 4 Bn. | Pte | 22 Jul 43 | H & P.E.R. | N/A | 40 | 14 Aug 43 |
| | | Wounded in Action | " | 25 July 43 | 4 | N/A | 41 | 17 Aug 43 |
| | | S.O.S Killed in Action C.M. Force. | " | 25 July 43 | " | N/A | C.L.A 326 & 45 s/l. 43 | |
| | | S.O.S C.A U/K. | | 27 June 43 | | | | |
| | | T.O.S. C.A (M) | | 28 June 43 | | | | |
| | | Disembarked N/A | Pte | 13 Jul 43 | " | N/A | 17. A | 31 Aug 43 |
| | | S.O.S. Died of Wounds. | " | 25 July 43 | " | | 61 | 27 Nov. 43 |

CASUALTIES, ETC.

| PART II D. O. NO. | DATE | NATURE AND PARTICULARS | IF IN HOSPITAL NOTE NAME |
|---|---|---|---|
| 108 | 18.6.42 | TOS. RRC. (CAA) on att At eff. 28.5.42 | |
| 175 | 5.9.42 | Returned from furb on 4.9.42 | |
| 187 | 13.9.42 | Sch to Can. Army overseas 13.9.42 - att. to DD 5 - Quebec for the period of concentration. | |
| 242 | 11.10.42 | TOS. CAO. 30.9.42 - TOS 2 CDIRC 8.10.42 | |
| 299. | 16.12.42. | 7 days P.L. draw money allce. from 16 to 23.12.42. | |
| 9 | 13.2.43 | TOS 5 CIRU wef 1.2.43 | |
| 37 | | Granted Incr Rate 1.50 wef 1-1-43 | |
| 38 | 31-3-43 | 7 days P.L + 48 hrs from 30 Mar to 8 Apr. | |
| 73 | 18.5.43 | Returned CMHQ Crse 1034 Ser 11 wef 14-5-43 | |
| 79 | 26.5.43 | Qual G2 on CMHQ crse 1034 Ser 11 from 19 Apr to 15 May 43 | |
| 85 | 1-6-43 | SOS to 1 CBRD wef 1-6-43 | |
| 1A | 5-6-43 | TOS 1 CBRD. " 2/6/43 | |
| CR | 21-7-43 | S.O.S H & P.E.R. X-4 hist (4 Bn) to 1 Can Div 21/7/43 | |

M. F. M. 14
300M-5-41 (323-4)
H. Q. 1772-39-1662

~~(D 5 30 44)~~ HAST+PER (FU)

NO. ~~E 52944~~ D 157512 RANK Rfn NAME BELL ISSIE

*~~MARRIED~~
*~~WIDOWER~~
*SINGLE

PLACE OF ENLISTMENT Nanaimo, B.C. DATE 28.5.42

RATE OF PAY

| D.O. NO. | DATE | RANK | GROUP | P. F. OR A. S. | DAILY RATE | IF LIABLE PEN. DED. | REMARKS |
|---|---|---|---|---|---|---|---|
| 107 | 15.6.42 | Rfn | | A.S. | 1.30 | | (Pr. Ser. R.R. ma Cl. Dep. No 4 |
| 37 | | | | | 1.50 | | 19.2.42 to date |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ASSIGNMENTS

| ASSIGNEE | EFFECTIVE DATE | AMOUNT | TOTAL |
|---|---|---|---|
| Bell, Mrs. Sarah 1<br>5465 St. Urbain<br>Montreal, Que. | .10.42<br>(mother) | 20.00 | 20.00 |

DEPENDENTS' ALLOWANCES NO.

| DATE APPLICATION FORWARDED | RELATIONSHIP | AMOUNT AWARDED | EFFECTIVE DATE |
|---|---|---|---|
| | | | |

04-55644 M
P

OUTFIT OR CLOTHING } ALLOWANCE $ PAID C N ACT
REHABILITATION GRANT $ PAID P.A.
*DELETE WORDS WHICH ARE INAPPLICABLE OCCUPATIONAL FORM COMPLETED yes

A 1
87

E 1264

M.F.M. 82
480M—8-40 (6652)
H.Q. 1772-39-1773

**MILITIA ACT**

**National Resources Mobilization Act, 1940**

# ENROLMENT

## NON-PERMANENT ACTIVE MILITIA OF CANADA

REGIMENTAL No. D 513 044

Militia Unit taken On Strength V.R.C.

1. Surname (Block Letters) BELL
2. Christian Names (In Full) Issie
3. Present Address Montreal 5465 St. Urbain St.
4. Place of Birth Montreal Can Date of Birth 10 Oct. 18
5. Religion Hebrew 6. Occupation Stock Keeper
7. Next-of-Kin BELL Maurice
   (NAME AND ADDRESS)
   Montreal 5465 St. Urbain St.
8. Physical Description: Height 5'7¼" Weight 170½
   Color of Eyes Brown Color of Hair Black
9. Preference if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

Military

Dated this 22 day of Nov. 19 40

Training Centre No. 40

Issie Bell
(SIGNATURE OF MAN)

N.P.A.M. TRAINING CENTRE
No. 40
COURSE 2
ENDING
DEC 21 1940
STAMP

(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

TRAINING CERTIFICATE STAMP

Medical Category "A"

NO. 40 CANADIAN MILITIA TRAINING CENTRE

Lieut. Colonel
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

Recalled to C.A. (B) T.C. No; 41
Huntingdon, Que. w.e.f. 19 Feb. 42 D.O. 15

C.A. Ross Lieut
Adjutant,
for Officer Commanding,
2nd Bn. Victoria Rifles of Canada, (R) C.A.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH
MEMORIAL BAR
DATE DESP.....
(1)
REGN. NO. 9750

(1) MEDALS

PERSON ENTITLED TO: Mrs. Sarah BELL (MOTHER)

ADDRESS: 5465 St. Urbain St.,
MONTREAL, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER: Mrs. Sarah Bell

ADDRESS: 5465 St. Urbain St., Montreal, Que.

(3) DESP. OCT 29 1943
REGN No. 12882

1-9-43
(O.C.L.-354)

# AWARDS—CANADIAN ARMY (ACTIVE) (1485 M

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-B-20596

| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. NO. | RANK ON DISCHARGE | C.A.S.F. UNIT |
|---|---|---|---|---|
| BELL, | Issie | D-157512 | Pte. | ~~Eastern Ont. Regt.~~ |

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|---|---|
| 1939-45 Star | 4115 17-10-49 |
| ~~Italy Star~~ | |
| Defence Medal | |
| War Medal | |
| CVSM & Clasp | |
| | |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No D.157512 Rank Private Name BELL, Issie

Unit Hastings & P.E. Regt. Date of death 25th July, 1943.

Died at Sicily.

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-B-20596 d 8-9-43

N/K Mrs. Sarah Bell, Relationship Mother

Address 5465 St. Urbain Street, Montreal, P.Q.

Remains buried in Cemetery
1 Mile east of Nissoria MR 408957 & 394957 Sh.269-268

Grave location

C.W.G.

OVER-

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. OCT 11 1944

RETURN TO BUR. OF STAT. 11-12-43.

ROYAL MESSAGE DESP'D. OCT 31 1943

CAN. MESSAGE DESP'D. 11-9-43.

REBURIAL

Canadian Military Cemetery,
Agira, Sicily.

Plot A, Row H, Grave 12.

CR Form Despd. OCT 7 1946

H & C

# SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit ROYAL RIFLES OF CANADA C?A?(A) Regimental Number D-157512

| | | |
|---|---|---|
| 1. Surname BELL | (17) Regiment or Corps Infantry | Unit (Battn., etc) R.R.C. C.A.(A) |
| 2. Christian Names Issie | | |
| 3. *Substantive Rank and Appointment | | |
| *Acting Temporary or Local Rank (Rfn.) | | |
| giving date D 28-5-42 | | |
| *To be entered in pencil to facilitate alteration. | | |
| 4. Place of birth Montreal, Que. | (18) Medical Cat.A1 (28-5-42) | |
| 5. Date of birth as declared on attestation 10 OCT 18 | | |
| (A) | Category / Date / Authority | |
| 6. Date of enlistment 28 MAY 42 | A1 / 28-5-42 / M.F.M.2 Page 3 | |
| 7. Place of enlistment Nanaimo, B.C. | "A1" / 10-9-42 | |
| 8. Residence at time of enlistment Montreal, Que. | A-1 Ltd / 23-9-42 / S.M.B. | |
| 9. (B) Special conditions (if any) of enlistment or rate of pay | | |
| 10. (C) Any subsequent variations of conditions of service | | |
| 11. Religion Hebrew | | |
| 12. If married, state date | (19) Next of kin (entries to be made in pencil) | |
| 13. Trade on enlistment Grinder and general machinist | MRS. SARAH BELL (MOTHER) | |
| 14. Corps, trade and grade | 5465 ST. URBAIN ST., MONTREAL, QUE. | |
| 15. (D) Qualifications | | |
| 16. (E) Miscellaneous entries | | |
| | (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 |
|---|---|---|---|---|---|---|---|
| SOS | | | on Embarkation Canada. | | 29.9.42 | Pte | |
| | TOS | 2CDIRU | CA(O) | UK. | 30.9.42 | " | 242. 11 Oct 42. |
| | | " | Disembarked. | " | 7.10.42 | " | |
| | | " | Pp. for Duty | " | 8.10.42 | " | 242. 11 Oct 42. |
| | | " | P. Leave 16 to 23 Dec 42 | " | | " | 299 – 16 Dec 42 |
| S.O.S | | " | S.O.S to #6 CIRU | " | 31-1-43 | " | 27 31 Jan 43 |
| | | " | att. to #2 CIRU period 1-5 Feb 43 | " | ~~31-1-43~~ 1-2-43 | " | 27 31 Jan 43. |
| | | 5CIRU | TOS posted to B.W. Trg. Coy (R) Att. FAP to 2 CIRU 1/11 Feb 43 and for rations only to 12 Feb 43 | " | 1-2-43 | " | 9 13-2-43 |
| | | " | att'd Sap to Spartan Scheme | " | 27 Feb 43 | " | 20 - 4 mar 43 |
| | | " | C.T.B.A. " " " | " | 15-3-43 | " | 32 - 23-3-43 |
| | | " | Traveled new rate of Pay 1.50 | " | 1 Jan 43 | " | 37 30.3.43 |
| | | " | P/L (9 days) 30 mar - 8 april 43 | " | 30.3.43 | " | 38 31.3.43 |
| | | " | on ers CMHQ 1034 ser 11 fatt'd Sap to 1C GRU | " | 17 apr 43 | " | 52 17 apr 43 |
| | | " | Retd CMHQ Case 1034 Ser 11 (Chiropodist) & CTBA Sap to 1C GRU | " | 14 May 43 | " | 73 18 May 43 |
| | | " | Att. CM.H.Q Case 1034 ser 11 from 19-4-43 to 15-5-43 and qual. Q2 | U.K. | 19 may 43 | " | 79 - 26 May 43 |
| SOS | | 5CIRU | SOS to 1 CBRD. | UK. | 1 Jun 43 | Pte | 85 3 Jun 43 |
| TOS | | H+PER | TOS from 5CIRU | " | 2 Jun 43 | " | 4A/43 |
| | | " | Posted to X-4 List (4Bn) | " | 23-6-43 | " | 9A/43 |
| | " | " | SOS 4 Bn to HAST. & P.E.R. WE | Field | 21Jul43 | " | 15A/43 |
| | " | " | TOS HAST. & P.E.R. WE from 4 Bn | " | 22Jul43 | " | 40/43 |
| | OC | " | DIED of wounds | " | 25 Jul 43 | " | 61/43 |
| | | | Wounded | " | 25 Jul 43 | " | 41/43 |
| | | | Embarked | " | 27 Jun 43 | " | 17A/43 |
| | | | SOS CA UK | " | 27 Jun 43 | " | " |
| | | | TOS CA M | " | 28 Jun 43 | " | " |
| | | | Disembarked | " | 13 Jul 43 | " | " |

FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

**1. PLACE OF DEATH**

Municipal county: IN THE FIELD (SICILY)

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: BELL, (Block letters)

Given names: Issie.

Do not write in this space

**4. RESIDENCE**

Street: St. Urbain Street, No. 5465

Official name of civil municipality or township: Montreal,

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): Quebec.

11. DATE OF BIRTH: October (Month) 10th, (Day) 1912. (Year)

12. AGE OF DECEASED: Years 30 | Months | Days | If less than one day old ..... hrs. or ..... min.

**OCCUPATION**

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Grinder and general machinist.

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 | BELL, Morris. | |
| MOTHER (Maiden Name) | | |

19. Place of burial, cremation or removal:

20. Date of burial: 19

**21. PLACE OF REGISTRATION OF THIS BURIAL**

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 25th, (Day) 19 43. (Year)

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

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

### 24. CAUSE OF DEATH

**I**

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

due to

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

due to

(c)

**II**

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

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

OVERSEAS CASUALTY CANADIAN ARMY

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.)

F. B. Rading

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)**

for Director of Records, Dept. of National Defence.

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

# WILL

M.F.M. 10
75M—10-40 (7779)
H.Q. 1772-39-1656

(1) I, Issie Bell (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

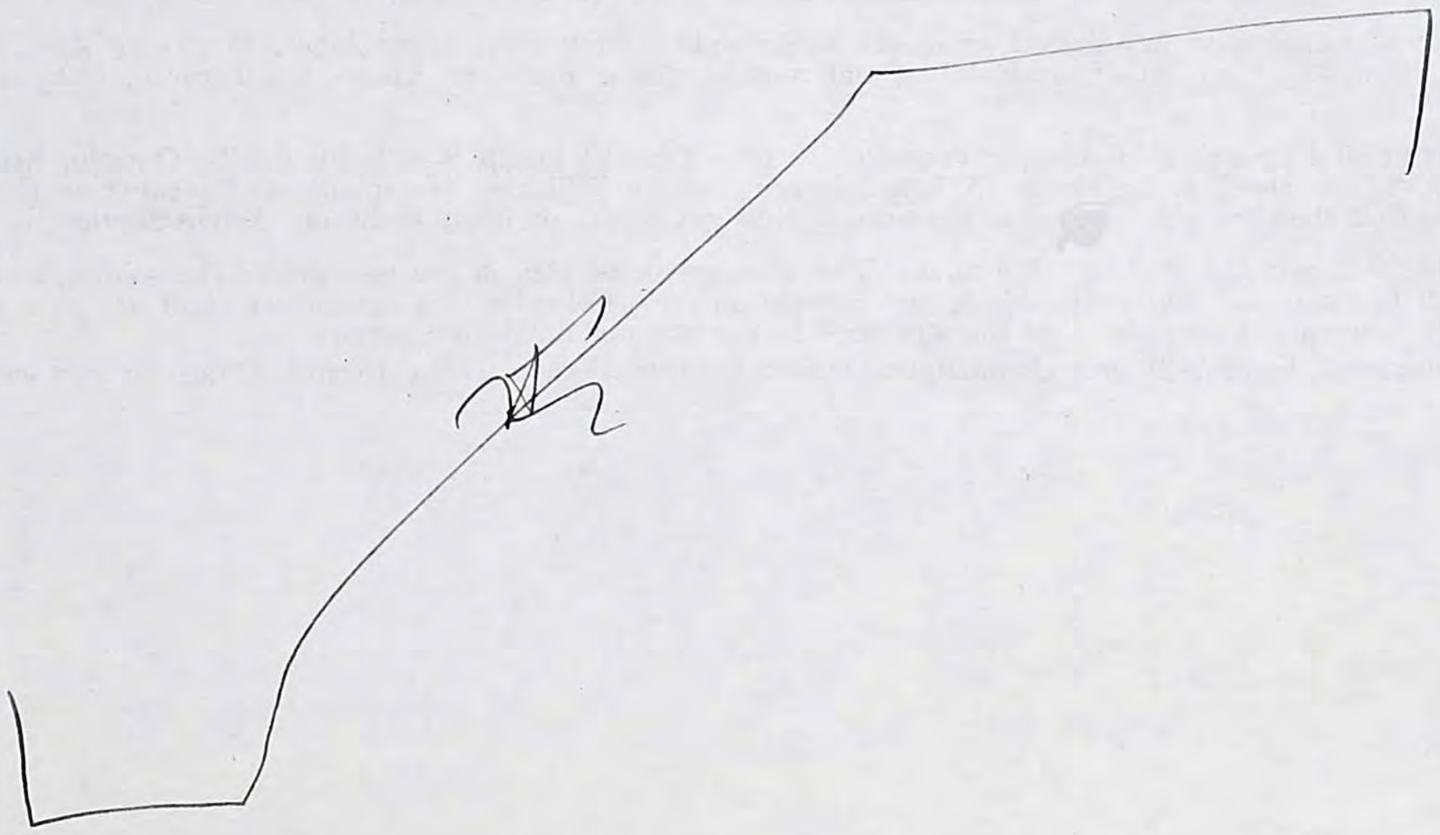
of Montreal, in the County District of

Province of Quebec, Grinder and general machinist (Civil Occupation)

Regimental No. D-157512, Unit R.R.C. C.A.(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 mother, Sarah Bell Montreal Quebec 5465 St. Urbain St all my estate.



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 Morris Bell (Name), 5465 St. Urbain St Montreal Quebec (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 25 day of July 1942

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.

Issie Bell (Signature of soldier)

First witness sign here.

(5) Signature Martin Ickel

Civil Address 1216 Bishop St Montreal

Civil Occupation Collector

Second witness sign here.

Signature C.S.M. Ramsey P.P.J.

Civil Address 902. 5th ave. Verdun P.Q.

Civil Occupation Broider expert.

(Witnesses are not to be beneficiaries.)

[OVER]

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

# PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank ..... BELL
(Surname first—Christian names in full—Block capitals)
..... Issie

(2) Regimental or Official Number and Rank ..... D.157512 ..... Rfmn.

(3) Unit ..... Royal Rifles of Canada ..... CA (A)

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

(5) If married, state,

(*a*) Full name of your wife .....

.....

(*b*) Present postal address of wife .....

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

.....

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

(8) Have you any children? ..... N.A. ..... Number of boys ..... Girls .....

Names and ages .....

.....

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

.....

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

Name .....

Postal Address .....

.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

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

N.A.

(11) Is your father alive? YES

If so, state name and address, occupation Morris Bell Tailor

5465 St.Urbain St., Montreal.

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

(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.....

N.A.

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

(14) Is your mother alive? YES

If so, state name and address Mrs. Sarah Bell

5465 St.Urbain St., Montreal, Que.

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

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

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? N.A.

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

If so, state the following particulars:—

Relationship N.A.

Full Name .....

Postal Address .....

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

.....

(18) Are you insured? YES

If so, in what Company? Does not know
(Give number of policy)

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

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

(Sgd.) Issie Bell
(Signature of officer or man)

Date 28 May 1942

---

(Sgd.) H.L. Lamb Lt.Col.

Officer Commanding R.R.C. C.A.(A)

Date 28 May 1942

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

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

# CANADIAN ACTIVE SERVICE FORCE
## OVERSEAS

District.....

Dispersal Area.....

# LAST PAY CERTIFICATE
## (All Ranks)

Regtl No. D.157512 Rank and Name Bell, I. Pte.

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

(~~Transfer~~ Discharge)..... to..... on 25th July, 1943.

Reason Death. Authority: C.C.L. "B"134 d/12 Nov 43.

The following is a statement of the account of the above-named from 1st July to 31st July 1943. the inclusive date of transfer or discharge.

| Particulars | Dr Amount | | Particulars | Cr Amount | |
|---|---|---|---|---|---|
| Balance Dr from last account | | | Balance Cr from last account | 12 | 60 |
| First Monthly Payment | | | Regimental Pay 31 days @ $1.50 | 46 | 50 |
| Casual Payments | | | Tradesmen's Pay .....days at ..... $ | | |
| Payments on Transfer or Discharge | | | Additional Pay (Give particulars) ..... days at ..... $ | | |
| Assigned Pay | 20 | 00 | | | |
| Regimental Charges | | | Allowances (Give particulars) ..... days at ..... $ | | |
| Public Stoppages (Give particulars): | | | | | |
| B.C.I. D/3 July 43. | 13 | 41 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| To Balance Cr { Free ..... 61 | 25 | 69 | | | |
| To Balance Cr { Deferred ..... | | | By Balance Dr ..... | | |
| Total | 59 | 10 | Total | 59 | 10 |

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

Remarks:

1. Assigned Pay $20.00 Stopped eff. 1st August, 43.

ESTATES BRANCH JUL 10 1944 H.Q. OTTAWA. NATIONAL DEFENCE

Compiled by E.V. Collins

Checked by E.K.Clark

Date 15th June 1944.

Certified correct E. Hill
for Chief Treasury Officer, Overseas

# CANADIAN NATIONAL TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☒

ABS

CASUALTY (REPORT DELIVERY)

OTTAWA AUGUST 13 1943

TO:- MRS SARAH BELL
5465 ST URBAIN STREET
MONTREAL QUEBEC

822 REGRET DEEPLY D157512 PRIVATE ISSIE BELL NOW OFFICIALLY REPORTED DIED OF WOUNDS STOP DATE OF DEATH NOT YET AVAILABLE STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

PREPAID

OFFICER I/C RECORDS

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

Quote No. H.Q. 405-B-20596
(Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

September 3, 1943.

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

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

Regimental No. D157512

Rank Private

Surname BELL

Christian Names Issie

Address at time of enlistment 5465 St. Urbain St., Montreal, Que.

Date of Birth 10-10-18

Marital Status Single

Nature of Casualty Wounded in Action 25-7-43

Colonel,
Director of Records,
for Adjutant-General.

GR/JL

H.Q. 405-B-20596
(Records-C)

September 7, 1943.

Mrs. Sarah Bell,
5465 St. Urbain Street,
Montreal, Quebec.

Dear Madam:

I am directed to inform you that official information received from Canadian Military Headquarters, Overseas, is to the effect that it has now been ascertained that your son, D157512 Private Issie Bell was killed in action on the 25th day of July, 1943, and not died of wounds as reported in my telegram and letter of the 13th and 23rd ultimo respectively.

You may rest assured that any information received as to the burial of Private Bell will be communicated to you in due course.

Yours truly,

Colonel,
Director of Records,
for Adjutant-General.

GR/ND

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.157512 RANK Private SERVICE UNIT The Hastings & Prince Edward Regt.

NAME BELL, Issie

DATE OF BIRTH DAY 10th MONTH October YEAR 1918

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Sarah Bell,

ADDRESS 5465 St. Urbain St., Montreal, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 3207 H.Q.405-B-20596

CASUALTY DETAILS Killed in Action DATE 25-7-43

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

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

DATE 8-9-43

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

H.Q.405-B-20596 (Records-C)

September 13, 1943.

Mrs. Sarah Bell,
5465 St. Urbain St.,
Montreal, Quebec.

Dear Madam:

I deeply regret to inform you that your son, D.157512 Private Issie Bell, gave his life in the Service of his Country in Sicily, on the 25th day of July, 1943.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON
Major - General
Adjutant - General

SEP 10 1943

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

GR/ME

File No 405-B-20596

# REBURIAL

NO D.157512

RANK Private

NAME BELL, I.

NAME OF CEMETERY Canadian Military Cemetery

LOCATION OF CEMETERY Agira, Sicily.

GRAVE LOCATION Plot A, Row H, Grave 125.

AUTHORITY 54-27-88-2 Vol. 12

Reburial list.

405-B-20596
(Records G)

October 11th, 1944.

Mrs. Sarah Bell,
5465 St. Urbain St.,
Montreal, P.Q.

No. C.157512, Private Issie BELL

Dear Madam:

With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been reburied in grave 125, row H, plot A of the new Canadian Military Cemetery at Agira, Sicily. This is a recognized military burial ground.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. For obvious reasons it cannot now be stated when this work of permanent commemoration will begin, but you may rest assured that before it is carried out you will be communicated with and given an opportunity of selecting a short personal inscription for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in your address.

Yours truly,

J. B. Ladner

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

☐ Navy
☑ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

~~D-5628~~
D-5628

# Application for War Service Gratuity

(*Canadian Armed Forces*)

DECEASED

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service ..... BELL ..... (Print)

2. Christian Names ..... ISSIE ..... (Print)

3. Service No. D-157512 4. Paid rank or rating at date of termination of Service PRIVATE

5. Address, in full, to which payments of gratuity are to be forwarded
MRS. SARAH BELL
5465 ST. URBAIN ST.
MONTREAL 14, QUEBEC

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

| Service (Navy, Army or Air Force) | Service No. | Final Rank or Rating | Date of Commencement of Service | Date of Termination of Service |
|---|---|---|---|---|
| ARMY | D-157512 | PTE. | Nov, 1941 (Approximately) | July 25, 1943 |
| | | | | |
| | | | | |
| | | | | |

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? N.A. If so, state name of Force or Forces N.A.

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? N.A. If so, state the Force or Forces, with dates of commencement and termination of service. N.A.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

Jan. 2, 1945 (Date)

Mrs. Sarah Bell (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

P.S. Pte. Issie Bell
D-157512
was killed in action in Sicily, July 25, 1943.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

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

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Issie (CHRISTIAN NAMES) BELL (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-5628
FILE NO. 405-B-20596
DATE 30-7-45
SERVICE NO. D-157512
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 25-7-43

DATE OF TERMINATION OF OVERSEAS SERVICE 25-7-43

| | | $ | ¢ |
|---|---|---|---|
| A. TOTAL QUALIFYING SERVICE | NO. OF DAYS 424/30 EQUAL TO 14 42 COMPLETE PERIODS AT $7.50 | 105.00 | |
| B. QUALIFYING OVERSEAS SERVICE | No. OF DAYS 299 LESS 4 INELIGIBLE DAYS, EQUAL TO 295 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION) | 73.75 | |
| | | 178.75 | |
| C. SUPPLEMENT FOR OVERSEAS SERVICE | DAILY RATES AT DISCHARGE | | |
| | PAY $ 1.50 | | |
| | SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 | | |
| | ADDITIONAL PAY $ | | |
| | $ | | |
| | $ | | |
| | DEPENDENTS' ALLOWANCE 1/30 OF $ $ | | |
| | TOTAL $ 2.75 X7 = $ 19.25 | | |
| | NO. OF DAYS 299/183 X$ 19.25 | 31.45 | |
| D. WAR SERVICE GRATUITY | | 210.20 | |
| E. DEDUCTIONS | OVERPAYMENT OF PAY AND ALLOWANCES $ | | |
| | DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 20.00 | 20.00 | |
| | OTHER DEDUCTIONS $ | | |
| F. TOTAL AMOUNT PAYABLE | | 190.20 | |

RECEIVED
AUG 2 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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 |
|---|---|
| L Lancaster | 6/8/45 |

Kirkwood
SERVICE REPRESENTATIVE

# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME..... Issie BELL ..... Register No. D5628
(Christian Names) (Surname)

PAYEE'S NAME..... DIRECTOR OF ESTATES. ..... File No. 405-B-20596
(Christian Names) (Surname)

Date 30-7-45

ADDRESS..... Service No. D157512

..... Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE..... 25-7-43 Date of Discharge 25-7-43

| | AMOUNT $ | c |
|---|---|---|
| *A.* TOTAL QUALIFYING SERVICE<br>No. of day 424 / 30 = 14 (4) Periods @ $7.50 | 105 | 00 |
| *B.* QUALIFYING OVERSEAS SERVICE<br>No. of days 299 less 4 Ineligible days,<br>equal 295 Days @ 25c per day | 73 | 75 |
| *C.* SUPPLEMENT FOR OVERSEAS SERVICE | 178 | 75 |
| Daily Rate of Pay $ 1.50<br>Subsistence Allowance $ 1.25<br>Additional Pay $ ✓<br>Dependents' Allowance 1/30 $ ✓ $ ✓<br>TOTAL $ 2.75 × 7 = $ 19.25<br>No. of Days 299 / 183 × $ 19.25 | 31 | 45 |
| *D.* WAR SERVICE GRATUITY | 210 | 20 |
| Computed By Gates L. Mantey. | | |
| *E.* DEDUCTIONS<br>Overpayment of<br>(1) Pay & Allowance $.....<br>(2) D.A. & A.P. $ 20.00 ✓<br>Other Deductions $..... | 20 | 00 ✓ |
| Entered By | | |
| *F.* AMOUNT PAYABLE<br>(This amount is payable in 1 monthly instalments of $ 190.20 each) | 190 | 20 |

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

$..... × 30 = $.....

REMARKS ✓ There is no indication on A.B. form that Supp. Award was continued after death of soldier. SL

100M-11-44 (6087)
H.Q. 1764-81-3

The Administrator of Estates.

Regimental No. D.157512 Rank Private

BELL Issie
Surname Christian Names

Unit Hastings & Prince Edward Regiment

Date of Death 25-7-43 Place of Death Overseas

Next-of-kin Mrs. Sarah Bell Relationship Mother

Address 5465 St. Urbain Street, Montreal, P.Q.

M.F.M.5 Copy herewith.

Will Original Will d/25-7-42 herewith.

Date Sept. 21, 1943.

ESTATES BRANCH SEP 22 1943 H.Q. OTTAWA NATIONAL DEFENCE

HMG/KVB

W.E.L. Coleman

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

MH

Estates Form "P. 4"

# DISTRIBUTION OF SERVICE ESTATES

## ARMY

Name: BELL, Surname — Isaie, Christian Names — No.: D-157512

PTE., Rank — C.A. O/S, Unit — 25-7-43, Date of Death

AMOUNT W.S.G. 190.20
L.P.C. $ 25.69

Date: 23-8-45

Other Credits 3.52

Total 219.41

Prev.dist. 29.21
This dist. 190.20

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|---|---|---|---|
| All | Mother | Mrs. Sarah Bell,<br>265 Mt. Royal Ave. W.,<br>Montreal, P.Q.<br><br>(Sole beneficiary per will) | 190.20 |

P4. TO TREAS.

AUG 2[illegible] 1945

WSG

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|---|---|---|---|---|---|
| 9999 | 731 | 00 | 00 | 001 | $190.20 |

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.M.K.

(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-B-205796

# VERIFICATION FORM

## WAR SERVICE MEDALS 1939-45

No. D/57512 Name Bell, Josie

Rank on Discharge Pte Date of Discharge 25-7-43

Authority for Discharge or Retirement Deceased

Served in:

| | | | | Non-qualifying service |
|---|---|---|---|---|
| Canada | from 28-5-42 | to 29-9-42 | | |
| | from | to | | |
| United Kingdom | from 30-9-42 | to 27-6-43 | | |
| | from | to | | |
| Italy | from 28-6-43 | to 25-7-43 | Died of Wounds | |
| Northwest Europe | from | to | | |
| --------- | from | to | | |
| --------- | from | to | | |

Eligible for award of:

1939 - 45 Star O.K ✓

---------- ____

Italy Star O.K ✓

~~France-Germany Star~~ ____

Defence Medal O.K ✓

War Medal O.K ✓

Canadian Volunteer Service Medal O.K
with Clasp O.K } ✓ fw

M

M.R.D

Verified by Edna Lawrence

Date JUN 7 1946

Carded JUN 7 1946

HA 165

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

CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH
# INVENTORY

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

No., RANK and NAME D-157512 Pte. Bell I. (Died of Wounds) ("M")

RECEIVED FROM H.Q. #1. Cdn. Kit Storage Depot

CHECKED BY H-64818 Pte. Davidson E.
C-96325 Pte. Desormeaux J.M. DATE 10,Dec.43.

| | | | |
|---|---|---|---|
| 1 | Kit Big | | |
| 1 | Signal Set | | |
| 4 | Polo Shirts | | |
| 2 | Bundles mail | | |
| 1 | Pr. Braces | | |
| 1 | Pr Trousers Khaki Long | | |
| 1 | Forage Cap (Removed) | | |
| 1 | Bag Odds & Ends | | |
| 2 | Pr Socks | | |
| 2 | Pr Under Shorts | | |
| 1 | Under Vest | | |
| 1 | Sleevless Sweater | | |
| 1 | Pr. Braces | | |
| 1 | Identity Bracelet | | |
| 1 | Leather Change Purse | | |
| 1 | Rifle Sling (Removed) | | |
| 2 | Towels | | |
| 2 | Oil Bottles (Removed) | | |
| 2 | Mess Tin Covers | | |
| 1 | Tea Spoon | | |
| 1 | Army Training Pamphlet (Removed) | | |

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

TRIPLICATE — with effects.

W.E. Fulmer Capt

for OC 1 Cdn KSD

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

CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH
# INVENTORY

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

No., RANK and NAME ....Stewart A. Pte. D-118285 Seaforth of Canada....

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

B-143555 Pte. Davenport W.C.

CHECKED BY ....L-17349 Pte. Bailey N.S.... DATE ...2 Feb 44....

| | | | |
|---|---|---|---|
| 1 | Militia Enrollment Certificate | | |
| 3 | Pawn Tickets to O i/c Estates | (Made | out to Issie Bell) |
| | Snapshots | | |
| | Negatives | | |
| 1 | Note Book | | |
| 1 | Lewd Card | | |

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

TRIPLICATE — with effects.

H.E. Faulmer Capt

for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
19 OCT 1945
BRANCH
HEADQUARTERS

MILITIA BOOK No. 1

43/P & S/279

CANADIAN MILITIA

# SOLDIER'S SERVICE

AND

# PAY BOOK

BELL. I.

D. 157512.



Militia Book M-1. (Part I)
40/P&S/279 (12/42)

# 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 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 this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

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.

D. 157512. BELL I.

Buried

3 Buried this area.

**(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION**

Regtl. No. D. 157512.

Surname (in capitals) BELL

Christian Names (in full) ISSIE

Date of Birth 10 OCT 18.

Place of Birth MONTREAL, QUE.

Trade on Enlistment GRINDER & GENERAL MACH.

Nationality of Father at birth RUSSIAN

Nationality of Mother at birth RUSSIAN

Religion HEBREW

Enlisted at OTTER POINT B.C.

Date 28 MAY 42.

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

Signature of Soldier Issie Bell

Signature of Officer [illegible]

Place Field Date 30/4/43.

BELL, I.

D. 157512.



**(II) NEXT OF KIN**

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

**NOTE.—No entry in these pages has any legal effect as a Will (see pages 20 to 23)**

| Nearest degree of relationship | | Names | Date |
|---|---|---|---|
| 1st | Wife | | |
| | Children | | |
| 2nd | Father | Morris Bell | |
| | Mother | Mrs. Sarrah Bell | |
| 3rd | *Brothers and Sisters | | |
| 4th | Other Relations (stating) relationship) | | |

*State whether brothers are older or younger.



**NOW LIVING**

| Latest known Address in full |
|---|
| |
| |
| |
| |
| |
| |
| 5465 St. Urbain St. Mtl. Que |
| 5465 St. Urbain St. Mtl. Que. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

D. 157512. BELL 1



## (III) 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. May 42 | REN. | | No 108 | [illegible] |



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

TRAINED (passed Recruit's Course as laid down for his arm of the Service) ~~*except that he requires further training in:*~~—*

Completed Basic Training
Passed all TOET; [illegible]
Completed TOOET [illegible] 7 June 43

Qualified in addition as under :—

Completed Advanced Training - [illegible]

Date May 43 Campbell Street Capt

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

D. 157512. Bell. 1.



## (V) PARTICULARS OF TRAINING

| Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result | Date | Signature of Officer |
|---|---|---|
| CMHQ Course 1034 | 17-4-43 | R. S. Murrafat |
| Series 11. Qual. "Q2" | 14-5-43 | |
| Chiropodist | 0079 a/26/5/43 | |
| St Johns Ambulance First Aid | 1-12-42 | [illegible] Cpt. |
| Signals Course (Canada) | 1-7-42 | [illegible] Cpt |



## (VI) SMALL ARMS RANGE COURSES

| Year | Classification | If Table not completed, state parts fired | Signature of Officer |
|---|---|---|---|
| 1943 | Rifle II | 1-6 | T. H. Bay Cpt |

D. 157512. BELL. I.

## (VII) EDUCATIONAL QUALIFICATIONS

| Certificate, Specialist Qualifications, etc. | Place | Date | Signature of Officer |
|---|---|---|---|
| 2 yrs. High | Montreal | 1934. | R. Stanley McGee |
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## (VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

| Trade | Group | Class | Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc. | Date | Signature of Officer |
|---|---|---|---|---|---|
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D. 157512. BELL. I.

## (IX) EMPLOYMENT WHILST SERVING

| Period | | Nature of Employment | Remarks and Signature of O.C. Coy., etc. |
|---|---|---|---|
| From | To | | |
| 1942 | | Gen. Duty | |
| 1943 | | Chiropodist | |
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To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.



## (X) MEDICAL CLASSIFICATION

| Date | Category or Grade | Medical Examiner of Recruits, or other Medical Authority | Signature of Medical Officer |
|---|---|---|---|
| 28/5/42 | A. 1. | L. M. B. | Capt. RAMC |
| 10/9/42 | A. 1. | Confirmed. | |
| 23/9/42 | A. 1. | Confirmed | |
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D. 157512 BELL. 1.



## (XIV) PROTECTIVE INOCULATIONS

| Nature of Vaccine, "T.A.B." Cholera, Plague, etc. | Date | Signature of Medical Officer |
|---|---|---|
| T.A.B.T. 1. | 5/3/42. | Restricts major |
| " " " " 2. | 30/3/42. | |
| " " " " 3. | 1/5/42. | |
| T.A.B.T ½ C.C. | 10/2/43 | |

## (XV) VACCINATION

| Date Vaccinated | Signature of Medical Officer |
|---|---|
| 5/3/42 | Restricts major |



## (XVI) 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 Neg. R. 8749 | 29/5/42. | Restricts major |
| Blood Type. O. | Sept. 42. | |
| "M" Test (Rev) Comp | 3/11/42. | |
| "Q" Card Comp. | | |
| D.M. (Canada) | 7/9/42. | |
| Privelage Leave (1) | 15-23/12/43 | |
| T.W. 368503 issued | D.O. 299/18G. | |
| Privelege Leave | 30/3/43-8/4/43. | |
| C.A.P. | 26-5-43 | L.A. [illegible] |
| FINGERPRINTED—CAIB | | |
| Rifle [illegible] | 14-6-43 | P. [illegible] |
| C.A.P. Chamber | 20 Jun 43 | [illegible] |

BELL. I.
D. 15512. 15



## (XVII) SOLDIERS' WILLS

1. The particulars of the next-of-kin should al be carefully inserted in the Form in this Book, bu Soldier must understand that the entries made the not relieve him from the necessity of making a **The next-of-kin entries have no legal effect,** unless a Soldier duly makes a Will, his estate is dealt in the same manner as that of any other man who intestate, and the person intended to be benefited receive little or no share in the distribution.

2. The Soldier's Will should be made out either or of the separate Forms provided for that purpose (M. 10 or 10a), or on the short form of Will contained in book, or on a separate sheet of paper, and unless he active service or under orders for active service, the t tor must be of the age of 21 years.

3. The bequests in the Will may be varied acco to the circumstances and wishes of each Soldier; bu form of attestation, and the general outline of the Wi shown in the Forms referred to in para. 2 above, a be carefully followed.

4. The Will must be signed by the testator with name (or, if he cannot write, with his mark), in the sence of two witnesses, who must be present together the Will must be acknowledged and attested in the sence of all three, and dated.

5. A person to whom money, etc., is left by the Wi the husband or wife of such a person, should not b attesting witness, for the gift would not be good, bu or she may be appointed an executor.

Date Certificate or Will extracted 5 May 43 To whom sent Ottawa

Signature of Officer C.O. Dealtry Maj. Dept. Records

Date Certificate or Will extracted ..... To whom sent .....

Signature of Officer ..... Dept .....



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 the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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 remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

30 50

# BERTHING CARD.

Deck ..... A .....

Section ..... 5 .....

Mess Table No. ..... 121 .....

Mattress Hammock

(*24554) Wt.15850/6334 200,000 6/43
A.& E.W.Ltd. Gp.698 J.6064

FIRE STATION.....

BOAT STATION.....

**NO SMOKING**

**in Mess Rooms or Sleeping Quarters.**

You are instructed to fill in the above spaces with locations of stations when they are allotted.

AIRCRAFT "SPOTTER" SERIES

ALLIED AND ENEMY PLANES

**HALIFAX** *(United Nations)*

Handley-Page Long-Range Bomber. Four Rolls-Royce Merlin Motors

**POINTS OF RECOGNITION:** Four motors set in tapered wings. Large transparent blisters in nose. Full deep fuselage with big gun turret aft the rudders.

*"LEARN TO KNOW. FRIEND FROM FOE"*

FOR INSTRUCTIONAL PURPOSES ONLY - NO PREMIUM VALUE

43

*SWEET CAPORAL CIGARETTES*

Miss H. Carter
Bra Broadley St
Lisson Grove
Marylebone
N W 8

MILITIA BOOK M. 1

PART III

40/P&S/279 (11/42)

CANADIAN ARMY

# Clothing and Equipment Statement

Regt. No. D-157512

Rank PTE

Name BELL

## INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody.

2. You will initial the end of the list of your kit to signify that you understand its contents and have received the quantities entered.

3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.

4. You will at once report the loss of this book to your Commanding Officer.

## GENERAL INSTRUCTIONS

1. This statement will be used to record the quantities of clothing and equipment to which the soldier is entitled and has been issued. Entries will be made in ink.

2. A new column will be used when the list of kit changes with the soldier's status. Old column will be ruled out.

3. On transfer of the individual, the certificate at end of statement will be completed and signed.

4. This statement replaces Form M.F.C. 800 and adoptions thereof.

## CLOTHING SIZES RECORD

| ARTICLE | SIZES |
|---|---|
| Battle Dress, blouse | 9 |
| Battle Dress, trousers | 6 |
| Cap or bonnet | 7 1/4 |
| Boots, ankle | 9 1/2 E. |
| Socks | 11 |
| Gloves | 9 |
| Facepiece, respirator | N |
| Greatcoat | (10) 40-44-5[illegible] |
| Coveralls, combination | 38 - 5'7" (8) |
| Jersey, pullover | 15 1/2 M |
| Shirts, Angola, drab | 15 1/2 |
| Vest, woollen | 38 40 |
| Drawers, cellular | 38 |
| Drawers, woollen | 38 |

| ARTICLE | QUANTITY | | |
|---|---|---|---|
| Anklets, web, prs. | 2 | | |
| Blouses, Battle-dress | 2 | 198 | |
| Bonnet, tam-o'shanter | 21 | | |
| Boots, ankle, prs. | 2 | | |
| Boots, lumbermans, rubber, prs. | | | |
| Boots, rubber, high, prs. | | | |
| Bonnet, drab, Irish | | | |
| Cap, field service | | | |
| Cap, mechanic | | | |
| Cap, tank battalion | | | |
| Drawers, Cellular short, prs. | 2 | | |
| Drawers, Wollen, prs. | 2 | | |
| Gloves, knitted, drab, prs. | 1 | | |
| Greatcoat, drab | 1 | | |
| Jerkin, leather | | | |
| Jersey, pullover | 1 | | |



| ARTICLE | QUANTITY | | |
|---|---|---|---|
| Overalls, combination [illegible] | 1 | | |
| Shirts, angola, drab | 2 | | |
| Shoes, canvas, prs. | 1 | | |
| Trousers, battledress, prs. | 2 | 198 | |
| Vests, woollen | 2 | | |
| | | | |
| Badge, cap HACKLE | 1 | | |
| Badge, shoulder, "CANADA" prs. | 2 | | |
| Badges, arm Tank Bn. | | | |
| Bag, kit, universal | 1 | | |
| Braces, | 1 | | |
| Brass, cleaning, | 1 | | |
| Brush, button, brass | 1 | | |
| Brush, clothes | 1 | | |
| Brush, hair | 1 | | |
| Brush, shaving | 1 | | |

| ARTICLE | QUANTITY | | |
|---|---|---|---|
| Brush, shoe, blacking | 1 | | |
| Brush, shoe, polishing | 1 | | |
| Brush, tooth | 1 | | |
| Cap, comforter | 1 | | |
| Comb, hair | 1 | | |
| Discs, identity, sets with cord | 1 | | |
| Dressing, field | 1 | | |
| Fork, N.S. Table | 1 | | |
| Holdall | 1 | | |
| Housewife, complete | 1 | | |
| Knife, clasp | 1 | | |
| Knife, table | 1 | | |
| Lanyard, | 1 | | |
| | | | |
| Razor, safety, with blade | 1 | | |
| Patches, distinguishing, prs | | | |



| ARTICLE | QUANTITY | | |
|---|---|---|---|
| Shorts, gymnasium | 2 | | |
| Sponge | | | |
| Spoon, N.S. Dessert | 1 | | |
| Vests, cotton, gym. | 2 | | |
| Towels, hand | 2 | | |
| Unit titles, prs. | | | |
| Socks (Prs) | 4 | | |
| Attachments, brace | | | |
| Bag, ration | 1 | | |
| Belt, waist | 1 | | |
| Bottle, water | 1 | | |
| Braces, W.E. | 2 | | |
| Carriers, cartridges | | | |
| Carrier, waterbottle | 1 | | |
| Case, pistol | | | |
| Cover, breech, rifle | | | |

| ARTICLE | QUANTITY | | |
|---|---|---|---|
| Cover, Mess tin, rect. | 1 | | |
| Frog, bayonet | 1 | | |
| Haversack | 1 | | |
| Helmet, steel | 1 | | |
| Net, helmet camouflage | 1 | | |
| Pack, | 1 | | |
| Pouches, Ammunition, pistol | | | |
| Pouches, Basic | 2 | | |
| Pouches, utility | | | |
| Sling, rifle | 1 | | |
| Straps, shoulder, haversack | 2 | | |
| Straps, supporting, web | 2 | | |
| Tins, mess rect. | 1 | | |
| Yoke | | | |
| PROTECTORS EAR | 2 | | |
| | | | |



| ARTICLE | QUANTITY | | |
|---|---|---|---|
| Haversack, respirator | 1 | | |
| Respirator, Anti-gas complete | 1 | | |
| Outfit, anti-dimming | 1 | | |
| Ointment, Anti-gas, tins | | 1 | |
| Eyeshields, Anti-gas (Pk. of 6) | 6 | | |
| Detectors, individual prs. | | | |
| Capes, anti-gas | 1 | | |
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| | | | |
| | | | |
| Bayonet | TB | Mess | 1 |
| Bottle, oil | TB | 1 | |
| Pistol, revolver (No. ) | | | |
| Pull-through, single | TB | 1 | |
| | | | |
| | | | |

| ARTICLE | QUANTITY | | |
|---|---|---|---|
| BA 20658 | | | |
| Rifle..... (No. ~~4130~~ H94815 ) | TB | [illegible] | 1 |
| Scabbard, bayonet..... | TB. | [illegible] | 1 |
| Sheet, ground..... | / | | 1 |
| Mug, drinking..... | 1 | | |
| Blanket..... | / | | 1 |
| TROUSERS K.D. | / | 1 | |
| SHORTS K.D. | / | 1 | |
| BACK SHIRTS | / | 2 | |
| HOSETOPS. pr. | / | 2 | |
| PUTTEES. " | / | 1 | |
| | / | | |
| | / | | |
| | / | | |
| Initials of Soldier : ..... | J.B. | | |
| Initials of Inspecting Officer : ..... | | | |
| Date : ..... | 23/2/43. | | |

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AND SOLDIER ON TRANSFER OR ATTACHMENT OF SOLDIER.

Certified that the record detailed in the above statement has been checked with the articles in possession of the soldier and found correct.

SIGNATURE

| Inspecting Officer | Soldier | Date |
|---|---|---|
| [illegible] Capt | J. Bell | 14 May 43. |
| W MacInnes Lt | J. Bell | 31 May 43 |
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