D21262
CLEMENTS
ALFRED WILSO

No D.21262 Rank Corporal Name CLEMENTS, Alfred Wilson

Unit Hastings & P.E. Regt. Date of death 22nd July, 1943.

Died at Sicily

Cause Killed in action

Death occurred on strength of Forces.HQ 405-C-16316 d 27-8-43

N/K Mr. Hugh Clements Relationship Father

Address 84 Kelviadale Rd., Maryhill, Glasgow N.W., Scotland

Remains buried in Cemetery

On the hill, South side of Castrogrovanni, Sicily.

Grave location MR.376910. Sh.268/1.

CHK

OVER-

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. ———————

RETURN TO BUR. OF STAT. 18-12-43.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

SEP 30 1943

4-9-43

H I & CR F

REBURIAL

Canadian Military Cemetery,

Agira, Sicily.

B, row H, grave 242.

Plot F

Form Despd. OCT 21 1946

24-8-43
(O.C.L.-346) 519772

AWARDS—CANADIAN ARMY (ACTIVE) (1490) M

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-C-16316

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CLEMENTS,	Alfred Wilson	D.21262	Cpl.	East.Ont.Regt.

519772

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star ~~Defence Medal~~ War Medal CVSM & Clasp	
	626 2.11.49
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

5-12-49-

(1) MEDALS

PERSON ENTITLED TO Mrs. Marion CLEMENTS (MOTHER)

ADDRESS: 84 Kelvindale Road, Maryhill, Glasgow, N.W. Scotland.

(1)

Case on file.

MEMORIAL BAR

(2)

DATE DESP

REGN. NO 1230

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Marion Clements,

ADDRESS: 84 Kelvidale Rd., Maryhill, Glasgow, N.W., Scotland.

3)

DESP. NOV 8 1943

REGN No. 3188

Received... JUN 11 1940 ...Checked... Deceased ...Card...Observations...

"B" CORPS SIGNALS LS

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 (Fr.)
A.F.B. 271
30M—11-36 (9359)
H.Q. 1772-45-18

Unité CORPS SIGNALS R.C.C.S Matricule M 22/262
Unit Regimental Number

~~Original~~ ~~Duplicata~~ ~~Triplicata~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
ACTIVE SERVICE

03 1/CPL

SERVICE ACTIF

Original Duplicate Triplicate

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname) CLEMENTS
2. Prénoms (Christian Names) ALFRED WILSON
3. Adresse actuelle (Present Address) 288. SHERBROOKE ST W. MONTREAL. QUE.
4. Date de naissance (Date of birth) 17. AUGUST 1910
5. Lieu de naissance (Place of birth) SCOTLAND (Pays)—(Country) LANARKSHIRE. (Comté ou province)—(County or Province) GLASGOW (Ville ou canton)—(Town or Twp.)
6. Religion (state denomination) PRESBYTERIAN
7. Métier ou profession (Trade or Calling) STORE. CLERK
8. Marié, veuf ou célibataire (Married, Widower or Single) SINGLE
9. Nom du plus proche parent (Name of next of kin) HUGH. CLEMENTS
10. Parenté de celui-ci (Relationship) FATHER
11. Adresse du plus proche parent (Address of next of kin) 86 KELVINDALE ROAD. MARYHILL. GLASGOW. N.W
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?) NO
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires (If previous war service, state arm, force and regimental particulars) NO
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? (Do you now belong to or have you served in the Active Militia of Canada?) NO
(Indiquez l'unité et la date de l'enrôlement) (Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, ALFRED WILSON CLEMENTS., déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 19 SEPT. 1939 Alfred Wilson Clements (Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, ALFRED. WILSON CLEMENTS, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Alfred Wilson Clements (Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à MONTREAL ce 19 jour de SEPTEMBER 1939

(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

Capt RCCS (Titre, grade et unité ou emploi)

M.F.M. 2 (X) RECEIVED JUN 11 1940

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

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

FINGERPRINTED

OCCUPATIONAL HISTORY FORM COMPLETED

Etat de service de CIEMENTS (Nom—Surname) ALFRED WILSON (Prénoms—Christian Names) Matricule 21262 Regimental Number
Record of Service of

APTITUDES
Qualifications

Militaires (Military): None

Professionnelles ou commerciales (Business or Professional):

Civiles ou de métier (Trade or Civil): Store clerk.

Techniques (Technical):

Langues (Languages): English

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies (High School or Collegiate): 1½ yr High (années complétées—years completed)

Graduation ou (or) Immatriculation (Matriculation): (Spécifier—Specify)

*Collège:

*Université (University):

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrolées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin.
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.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Etat des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie 11, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No Cas. List. etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment 5 #3 coy						
19/9/39	Dist Rec. Off.	No 4 Army field Bde Sec.	Signm	19/9/39	Corps Sig	Montreal	~~G.O. 135/39~~ 22/39	20/9/39
17/12/39	5502	REPORTED to BARRIEFIELD Sig. Con. CAMP	✓	17/12/39	1st Corps Sigs	BARRIEFIELD	36	17/12/39
5-1-40	—	S.O.S. 1st Corps Signals	✓	4-1-40		✓	Part II #5	5-1-40
13-1-40	—	Posted to 5 Army Gd. Regt. Sig. Sec. (ATPS)	✓	4-1-40		✓	Part II #9	13-1-40
29-1-40	1	S.O.S. NO 5 A.F.B.S.S. (Army Troops) on transfer to ITC., MD5 (Draft from Hast. & P.E. Regt. Depot)	✓	29-1-40	5 AFBSS	✓	Part II # 26	29-1-40
30-1-40	"	TO.S. CI(R)TC	"	30-1-49	"	Quebec	" " D.O. No23	6-2-40
11-5-40	C.I.(R).T.C.	D. Ceases to be attached to C.I(R).T.C.	Pte	11-5-40	C.I(R)T.C.	"	" " 107-	11-5-40
	See DO 56/1941	T.O.S. H. & P.E.R.	Pte.	12-5-40	H.&P.E.R	Aldershot	#123	25-5-40
		Emb Plymouth 13 6 40 Disembark Brest 14 6 40 Dis " Brest 16 6 40 " " Plymouth 17 6 40	"	13 6 40 17 6 40	"	Field	DO 14	1 8 40

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (a) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (a) (Fr.)**

Recevez-vous ou avez-vous
déjà reçu une pension ou

Statement of Service of No. D-21262 Rank Sheet No.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-13

Name Clements a W.

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
		P/Leave (7 Days) with RA to 3 Feb 43	A/Cpl	28 Jan 43	HPER	U.K	14	27 Feb 43
		P/Leave 9 days to 23 Mar 43	L/Cpl	5 Mar 43	HPER	UK	23	20 Apr 43
SOS		SOS to 5 C I RU	L/CPL	2 May 43	HPER	U K	27	8 May 43
	TOS	TOS from HPER	L/CPL	3 May 43	5 C I RU	U K	71	14 May 43
		Adm to 2nd Hosp Drymen Glasgow	L/Cpl	2 May 43	HPER	UK	CL	5 May 43
		Disch from 2nd Hosp Drymen 16 May 43	L/Cpl	6 May 43	HPER	UK	73	18 May 43
		Ctfd fit to HPE Regt duty	L/Cpl	6 May 43	5 C I RU	UK	73	18 May 43
SOS		SOS to HPE	L/Cpl	27 May 43	5 C I RU	U K	82	29 May 43
	TOS	TOS from 5 C I RU	L/Cpl	28 May 43	HPE	U K	32	4 June 43
		To be A/Cpl	A/Cpl	1 June 43	HPE	U K	35 CL 4 Aug 43 A.H.L.S.T. 305	25 June 43
		Killed in action. Died of wounds.		22 July 43				
Trip completed 19/7/43		SOS HPER. Killed in Action.	Pte.	22 July 43	HPER	NA	39.	5 Aug 43.
SOS		SOS HPER. X.3 List on adm to Hosp	Pte.	14 July 43	HPER	NA	45	4 Sept 43.
TOS		TOS. HPER. X-3 List for. HPER.	Pte.	15 July 43	X List HPER	NA	19 A.	6 Sept 43
		Adm to 1 Can Fld Amb (14 July 43) Adm to 1 Can Fld Amb, adm to 1 TOS	Pte.	15 July 43	X List HPER	NA	20 A.	7 Sept 43
		SOS CA (UK) on Embarkation		13 June 43				
		TOS CA (M)	L/Cpl	14 June 43	HPER	NA	51	13 Oct 43
(C 95)		Disembarked		10 July 43				

(Correct Address) (Next-of-Kin) H. Clements, 86 Kelvindale Road, Maryhill, Glasgow, N.W.

Statement of the Service of No. D21262 Rank Pte

Name Clements A W

Sheet No.

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

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 A/L Cpl with pay	A L Cpl	19 8 40	H & PER	Field	D.O. 19	31 8-40
		" " A/Cpl " "	A/C	9 10 40	"	"	30	15 10 40
		Leave	A/C	22 28 10 40	"	"	" 33	1 11 40
		Reverts to A/L Cpl (W.P.) at own req.	A L Cpl	31 Mar 41	H.PER	"	18	4 April 41
		Reverts to Pte at own request	Pte	15 Apl 41	H.PER	Fld.	21	25 Apl 41
		Leave 7 days W.W.	Pte	10 16 July 41	HPER	UK	36	25 July 41
		Awarded 3 days CB. AWL (22 hrs. 1 min) Forfeits 1 days pay. FR21(49 1A)		25 July 41	HPER	UK	37	1 Aug 41
		S.O.S., C.A. Canada 12 May 40						
		T.O.S., C.A. Overseas 13 May 40						
		Disembarked 22 May 40						
		T.O.S. HPER 23 May 40					56	7 Nov 41
		To be a/L/Cpl	a/L/Cpl ~~Pte~~	11 Nov 41	HPER	UK	58	18 Nov 41
	EM	3 P/ Leave 7 days W.W.	a/L/Cpl	28 Jan 42 4 Feb 42	HPER	UK	8	13 Feb 42
		P/ Leave P4 F.T.W.	A/L/Cpl	8 14 May 42	HPER	UK	30	26 May 42
		Appt'd L/Cpl	L/Cpl	12 Feb 42	HPER	UK	50	12 Aug 42
		Qualified "Q2" on Case #801 Ser 4R (Battle Drill)	L/Cpl	25-7-42 15-8-42	H&PER	UK	68	20 Oct 42
		P/ Leave to 31 Aug 42.	Pte	24 Aug 42	H&PER	U.K.	73	9 Nov 42.
		Appt'd a/Cpl	a/Cpl	1 Dec 42	HPER	UK	82	15 Dec 42
		Reverts to L/Cpl at own request	L/Cpl	8 Feb 43	HPER	UK	12	26 Feb 43
	Cancelled 46/11 Sep 43.	~~Granted daily reg'l. rate of $1.40~~	~~Pte.~~	~~1 Jan. 43~~	~~H.P.E.~~	~~U.K.~~	~~21~~	~~9 Apr. 43~~

M.F.M. 1 & 2A
40/P & S/119 (12/42)

Statement of the Service of No. D-21262 Rank

Name Clements A W

Sheet No.

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		SOS to HPER	L/cpl	22 May 43	5 CIRU	UK	82	29 May 43
	TOS	TOS from 5 CIRU	L/cpl	28 May 43	HPER	UK	32	4 June 43
		To be A/cpl:	A/cpl:	1 June 43	HPER	UK	35	23 June 43
		Killed		22 July 43			CL 7 Aug 43 A List 305	
		C.M.Force Died of Wounds S.O.S. HPER Killed in Action	Pte	22.7.43	HPER	N/A	39	5.8.43
		S.O.S. HPER X 3 List on adm. to Hosp.	"	14.7.43	"	"	45	4.9.43
		T.O.S. HPER X 3 List for HPER	"	15.7.43	X List HPER	"	19-A	6.9.43
		14 Jul 43 Adm 9 Fld Amb Adm. to 4 Cdn Fld Amb, Adm to 1 FDS	"	15.7.43	"	"	20-A	7.9.43
		S.O.S. CA (UK) on Embarkation	"	13.6.43				
		T.O.S. CA (M)	L/Cpl	14.6.43	HPER	N/A	51	13.10.43
		Disembarked		10.7.43				

Statement of the Service of No. D-21262 Rank Pte. Sheet No.

Name Clements a w.

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 A/L/cpl: with Pay.	A L cpl	19-8-40	HPER	UK	19	31 Aug 40
		To be A/cpl	A/cpl	9 Nov 40	HPER	UK.	30	15 Dec 40
		Reverts to A/L/cpl (no Pay) at own Request.	A/L/cpl	31 Mar 41	HPER	UK	18	4 Apr 41
		Reverts to Pte at own Request	Pte	15 Apr 41	HPER	UK	21	25 Apr 41
		AWL 3 Days CB Forfs 1 Days Pay	Pte	25 Jul 41	HPER	UK	37	1 Aug 41
		S.O.S., C.A. Canada 12 May 40 T.O.S., C.A. Overseas 13 May 40 Disembarked 22 May 40. T.O.S. HPER. 23 May 40.	Pte.	-	HPER	UK.	56	7 Nov 41
		To be A/L/cpl	A/L/cpl	11 Nov 41	HPER	UK	58	15 Nov 41
		App'd L/cpl	L/cpl	12 Feb 42	HPER	UK.	50	13 Aug 42.
		Qual: Q 2 on Course Battle Drill	L/cpl	25-7-42 15-8-42	HPER	UK.	68.	20 Oct 42
		Appt'd A/cpl:	A/cpl	1 Dec 42	HPER	UK.	82	15 Dec 42
		Reverts to L/cpl: at own Request	L/cpl	8 Feb 43	HPER	UK.	12	26 Feb 43
		Granted Reg'l Pay $1-40	Pte	1 Jan	HPER	UK.	21	9 Apr 43
SOS		SOS To 5 CIRU	L/cpl	2 May 43	HPER	UK	27.	8 May 43
	TOS	TOS from HPER	L/cpl:	3 May 43	5 CIRU	UK.	71	14 May 43
		Admt'd to Mil: Hosp: Dryman Glasgow	L/cpl:	2 May 43	HPER	UK.	C L	5 May 43
		Disch: from Mil Hosp: Dryman	L/cpl:	6 May 43	HPER	UK	73	18 May 43
		Att'd Fap to HPER Rgt to 16 May 43	L/cpl	6 May 43	5 CIRU	UK	73	18 May 43.

SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

Unit ~~R C Signals CASF~~ H&PER. Regimental Number D 21262.

1. Surname Clements
2. Christian Names Alfred Wilson
3. *Substantive Rank and Appointment A/Cpl
   *Acting Temporary or Local Rank 1 Jun 43
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Glasgow Lanarkshire Scotland
5. Date of birth as declared on attestation 17 Aug. 1910
   (A)
6. Date of enlistment 19 Sept. 1939
7. Place of enlistment Montreal.
8. Residence at time of enlistment 288 Sherbrooke St W. Montreal
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Presbyterian
12. If married, state date Single.
13. Trade on enlistment Store clerk.
14. Corps, trade and grade Signalman
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: R.C.C.S.
Unit (Battn., etc): No 5 AFBSS

(18) Medical

Category	Date	Authority
A	19-9-39	Med Board MD4

(19) Next of kin (entries to be made in pencil)
Hugh Clements - Father
84 Kelvindale Road, Maryhill
Glasgow N.W. Scotland

(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	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
19-9-39	DRO	RCCS	Enlisted	Montreal	19-9-39	Sgmn	Pt II 22/39
17-12-39			Reported to Barriefield Sig Con Camp.	Barriefield	17-12-39	✓	36
5-1-40			S.O.S. 1st Corps Sigs	✓	5-1-40	✓	Pt II 5
13-1-40			Posted to #5 Army Field Sig Sec	✓	13-1-40	✓	Pt II 9
29-1-40			SOS. 5 AFBSS (Army Troops) on trans to	✓			Pt II 26
			ITC MD.5 (Draft from Hast & P.E.R.D.)				
30-1-40	"	"	T.O.S CI(R)TC	Quebec	30-1-40	"	D.O. 23 1940
			admitted to Isolation Hospital 1600hrs.	"	8-2-40	"	D.O. Pt II 26-9-2-40
			Hospital Stoppage 75cts. der diem	"	8-2-40	"	D.O. Pt 2 - No.26-9-2-40
17-2-40	"	H.&P.E.	Disc'd. from Immig.Hosp.1045hrs.	Quebec	15-2-40	"	DO.Pt.2 No.34
17-2-40	"	"	Hospital Stopg. ceases at 1045hrs	"	15-2-40	"	DO.Pt.2 No.34
6-3-40	"	"	Forfeits 1 Days Pay A.W.L.	"	5-3-40	"	" " " 52-6-3-40
26-3-40	"	"	Forfeits 7 Days Pay A.W.L	"	15-3-40	"	" " 68-26-3-40
26-3-40	"	"	Awarded 168 hrs Detention Army Act.		22-3-40	"	" " 68-26-3-40
11-5-40	C.I.(R)T.C.		Ceases to be attached to C.I(R).T.C.		11-5-40	"	" " 107-11-5-40
		H.&P.E.R.	T.O.S. H. & P.E.R.	Aldershot	12-5-40	Pte	#123 25-5-40
1 Aug 40		"	Embarked- Plymouth	Eng.	13-6-40	"	# 14 1 Aug 40
1 Aug 40		"	Disembarked- Brest	France	14-6-40	"	# 14 1 Aug 40
1 Aug 40		"	Re-embarked- Brest	"	16-6-40	"	# 14 1 Aug 40
1 Aug 40		"	Disembarked- Plymouth	Eng.	17-6-40	"	# 14 1 Aug 40
30 Aug 40		"	Appointed - A/L-Cpl.	T/WE	19-8-40	A/L-Cpl.	# 19 30 Aug 40
10 Oct 40	C.O.		Promoted to A/Cpl	Eng	9-10-40	A/Cpl	#30 - 15 Oct 40
29 Oct.40	O.C.	"	On leave 6 days.	"	22-10-40	"	#35 - 1 Nov.40.
1 Apr.41.	"	"	To be L-Cpl. at own request	"	31Mar.41	L/Cpl.	#18 - 4 Apr.41.
18 Apr.41.	"	"	Reverts to Pte. own request.	"	15Apr41	Pte.	#21 - 25 Apr.41.
17 Jul 41	"	"	Privilege leave with warrant	"	10/16 Jul 41	"	#36 - 25 Jul 41
25 Jul 41	"	"	AWL - 3 days CB. For. 1 days Pay	"		"	#37 - 1 Aug 41
			SOS CASF (CANADA) ON EMBARKATION AT Canada ON 12 May 40				
			IOS CASF (OVERSEAS) ON TRANSFER ON 13 May 40 AND DISEMBARKED AT U.K. ON 22 May 40				
12 Nov 41	OC	H&PER	To be A/L/Cpl.	Eng	11 Nov 41	A/L/Cpl	#58 - 18 Nov 41
6-2-42	"	" P.3	7 days leave FTW P.3	"	28 Jan/4 Feb 42	"	#8-13-2-42
15 May 42	"	" P.4	7 days leave FTW P.4	"	8/14 May 42	"	30 26 May 42
	"	"	Appointed L/Cpl.	"	12 Feb 42	L/CPL	50 12 Aug 42
15 Oct 42	CMHQ		Trial "Q2" Course 801 Ser 4R.	"	15 Aug 42	"	68/42
	OC	"	7 days P Leave	"	24 Aug 42	"	73/42

SERVICE AND CASUALTY FORM

(PART II)

M.F.M. 4(a) (Part II)
(A.F.B. 103) (Part II)
500M—8-39 (1701)
H.Q. 1772-45-18

Regiment or Corps Hast. & PER. Regimental Number 021262

Substantive Rank ..... Surname Clements Christian Names A.W.

Acting Temporary or Local Rank .....
(To be entered in pencil to facilitate alteration)

(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	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
8 Dec 42	AC	HPER	appointed Acting Corporal	Eng 4	Dec 42	A/cpl	82/42
10 FEB43	"	"	REVERTS TO L/CPL AT OWN REQUEST	"	8FEB43	L/CPL	12/43
17 "	"	"	7 days leave	"	28 Jan 43	"	14/43
			Granted Daily Rates of Pay of $ per diem				
	ECH	HPER	Adm. to Military Hosp. Drymen	"	2May 43	"	27/43
	"	"	SOS to 5 CIRU on adm. to hosp	"	2May43	"	27/43
		5C.IRU	TOS from H&PE FU and adm. to Mil Hosp. Drymen	U.K.	3-5-43	L/cpl.	71-4 may 43
		5.C.IRU	Att. f.a.p. HPE.FU. - 6 may - 16 may 43	U.K.	6 may 43	L/cpl.	73-18 may 43
		5.C.I.R.U.	Discl. from Mil. Hosp. Drymen	U.K.	6 May 43	L/cpl.	73-18 May 43
	SOS	5CIRU	SOS to H&PER.		27 May 43	L/cpl	82 29 May 43
	O.S.	HPER	TOS from 5CIRU	"	28 " 43	"	32/43
10 June 43	"	"	Appointed A/cpl	"	1 June 43	A/cpl	35/43
	"	"	SOS-Killed in action-	"	22Jul43	"	39/43

"B" CORPS SIGNALS

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier ..... Clements, Alfred WILSON ..... Date.... Sept. 19, 1939
Name in full

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age..... 29 ..... 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumatisme (Rheumatism)	No	j. Affection nasale (Nasal trouble)	No
b. Tuberculose (Tuberculosis)	No	k. Maladie des oreilles (Ear disease)	No
c. Bronchite ou asthme (Bronchitis or asthma)	No	l. Maladie des yeux (Eye disease)	No
d. Affection cardiaque (Heart disease)	No	m. Epilepsie (Epilepsy)	No
e. Maladie du rein ou de la vessie (Kidney or bladder disease)	No	n. Maladie nerveuse ou mentale (Nervous or mental disease)	No
f. Gastrite intestinale (Gastro-intestinal)	No	o. Syphilis	No
g. Hernie (Rupture)	No	p. Gonorrhée (Gonorrhœa)	No
h. Varices (Varicose veins)	Yes	q. Avez-vous déjà porté des verres? (Have you ever worn glasses?)	No
i. Pieds plats ou déformés (Flat or deformed feet)	No		

A Wilson Clements
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks *re* above) .....

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails) (Identification marks or scars (If operative obtain history).)
Long scar operation broken arm.(Car accident 25 yrs. old) Birthmark brown on thigh right. 1 vaccination left arm

2. Taille (Height) 5 pieds (feet) 8 pouces (inches). 3. Poids (Weight) 164 livres (pounds)

4. Teint (Complexion) Ruddy Yeux (Eyes) Hazel Cheveux (Hair) Black

5. Développement (Development) Good — Bon —Good; ~~Passable—Fair~~; ~~Médiocre—Poor~~

6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 40 pouces (inches) Degré d'expansion (Range of expansion) 3-1/2 pouces (inches)

7. Vue, œil droit (Vision, right) 20/20 œil gauche (left) 20/20. 8. Ouïe, oreille droite (Hearing, right) Normal gauche (left) Normal

9. Condition de la bouche et des dents (Condition of mouth and teeth) Good

10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
Varicose veins popliteal spare. Varicose vein to be injedal di jus of old epididynutis left

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie ..... 'A'

Observations spéciales lorsque la catégorie est inférieure à A
Special remarks when category lower than A .....

C. W. Ward (Président)—(President) G. H. Raymond Lt. (Membre)—(Member) J. Bureau Capt. (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
14/11/39			
21/11/39	TAB R.B. Taylor, Capt 9/12/39	Dec 6/39	Re-exam:
28/11/39	3		Normal-urine-ears-reflexes
24/11/39	X-Ray of Chest-Negative R.B.T.		etc. Cat. A.
23-2-40	Vacc H. Lacaille Capt		Signed V.E. Ross Lt-Col.
23-2-40	Tetanus Toxoid 1 cc H. Lacaille	28-2-42	TABT ½ cc
4-4-40	Tetanus 1 cc P. Roy Sgt	28.10.42	Vacc

No
Si oui, donnez détails.
If yes, give details.

Matricule / Regtl. No. D 21262 Grade / Rank Sgmn Nom / Surname Clements Prénoms / Christian Name Alfred Wilson

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — 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 du médecin — Signature of Medical Officer
Quebec P. Q.	30-1-40	8	2	40	8	2	40	V. D. G.	1	Transferred to Molson Hospital.	Gracasse
Quebec P. Q.	30-1-40	8	2	40	15	2	40	V. D. G.	7	Dagenan and Rout. treat. Cured. So Unit	Gracasse Capt

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (b) (Fr.)**

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.

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(1) Name of Officer or Other Rank CLEMENTS
(Surname first—Christian names in full—Block capitals)
Alfred Wilson

(2) Regimental or Official Number and Rank D.21262

(3) Unit "B" Corps Signals CASF

(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?.....

(8) Have you any children?..... 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? NO

If so, state her full name and Postal Address

(11) Is your father alive? YES

If so, state name and address, occupation Mr. Hugh Clements

84 Kelvindale Road, Maryhill, Glasgow, N.W.

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

(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.

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

(14) Is your mother alive? YES

If so, state name and address Mrs. Marion Clements

84 Kelvindale Road, Maryhill, Glasgow, N.W.

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

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

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?

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

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? YES

If so, in what Company? Metropolitan
(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.) Alfred Wilson Clements
(Signature of officer or man)

Date 19th Sept. 1939

(Sgd.) H.P. Maystuson (????)

Officer Commanding "B" Corps Signals RCCS

Date 19 Sept. 1939

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.)

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 CLEMENTS, Alfred Wilson (b) Reg'l. No. D 21262
2. (a) Arm of service Army (b) Unit H.P.E.R. (c) Rank L/Cpl.
3. (a) Date of birth 17 Aug. 1910 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 10/9/39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (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.) 9th Grade
7. If you attended a university, give name of university and standing or degree secured
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? English (b) What languages do you read well? English

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? None

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 Royal Victoria Hospital Address Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Hospital
20. (a) Your specific occupation Clerk- Hospital Supplies (b) Number of years' experience at this occupation with any employer 6 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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? (c) If so, in what kind of farming? Wheat
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? Ltd. (c) In what provinces did you have experience? Manitoba & Sask.

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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Farming.

DATE 7th June 1943 SIGNATURE [signature]
for Officer i/c Records, C.M.H.Q.

CONTINUATION CARD TO M.F.M. 14

Regimental No.....Name.....

Part 11 D.O.		PARTICULARS OF CASUALTY
No.	Date	
73	18.5.43	Desc Mel Hosp Drymen wef 6-5-43
82	29-5-43	SoS HPE wef 27.5.43
39	5.8.43	- 2H P.E Kept wef 22.7.43 Killed in action.

M.F.M.—14A
40/P&S/67

NAME Clements Alfred Wilson

REGIMENTAL NO. D21262 RANK ~~Pte~~ L/Cpl. ~~Cpl~~

ENLISTED AT ..... PROMOTIONS, ETC. AND DATE ~~L/Cpl~~ ~~Pte~~ 2/Lt/Cpl

DATE 19/9/39

IF SERVED PREVIOUSLY, STATE UNIT, ETC. .....

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN H Clements RELATIONSHIP Father

ADDRESS OF 86 Kelvindale Rd Maryhill Glasgow N.W

ASSIGNMENT OF PAY, $ 20.00 effective 1st January 1941

ADDRESS Marion Clements 86 Kelvindale Rd

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT Maryhill Glasgow

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER .....

IN WHOSE FAVOUR Mrs Marion Clements

M. F. M. 14

50M—1-40 (3878)

H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
To a/L 6pl	19	19/8/40	
To a/ 5pl	30	9/10/40	
		4/4/41	
To a/L/Cpl.	18	~~24/3/41~~ 25	wef 31/3/41
To. Pte.	21	~~28~~ /4/41	Reduced to Pte. wef. 15/4/41
Forfeits 1 days pay	37	1-8-41	
To a/L/Cpl. ~~wef~~ Rct 12/11/41	58	18/11/41	wef 11-11-41
To be. L/6pl	50	12.8.41	" - 12.2.42.
" " a/6pl	82	15.12.42	" - 1.12.42
Reverts to L/6pl	12	20.2.43	wef - 8.2.43
			" - 2.5.43.
S.O.S to S.C.I.R.U. to Military Hosp. Drymen.			
TOS from HPE awaiting to mil			Hosp Drymen wef 14-3-5-43

4 80 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-21262 A/Cpl. Clements A.W. (Killed in Action)("M")

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

CHECKED BY H-64818 Pte. Davidson E. DATE 2, Dec. 43.

	Photographs		
	Snapshots		
1	Plate (False Teeth)		
1	Leather Wallet		
1	Roll Book		
1	Signet Ring		

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
4[illegible]/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-21262 A/Cpl. Clements A.W. (Killed in Action) ("M")

RECEIVED FROM H.Q. #1. Cdn. Kit Storage Depot
H-64818 Pte. Davidson E.
C-96325 Pte. Desormeaux J.M.

CHECKED BY ..... DATE 9, Dec. 43.

4	Chevrons		
2	Prs. Socks		
1	Shaving Brush		
1	Eversharp Pencil		
1	Tooth Brush		
1	Leather Belt		
1	Leather Wallet		
1	F.S. Cap (Removed)		
2	Web. Braces (Removed)		
1	Pull Through (Removed)		
3	Brushes (Removed)		
1	Anti-Gas Hood (Removed)		
1	Pr. Drawers Woollen (Removed)		
2	Under Shirts Woollen (Removed)		
	Army Pamphlets (Removed)		
1	Tin Metal Polish (Removed)		
	(No Inventory received with Effects)		

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

TRIPLICATE — with effects.

H.E. Fulmer, Capt.
for OC 1 Cdn KSD

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

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

District.....

Dispersal Area.....

Regtl No. D.21262. Rank and Name Clements, A.W. A/Cpl.

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

(~~Transfer or~~ Discharge).....to.....on 22 July, 1943.

Reason Death. Authority: C.C.L. "A" 305. d/7 Aug 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.

Dr				Cr		
Particulars	Amount			Particulars	Amount	
Balance Dr from last account				Balance Cr from last account	157	60
First Monthly Payment				Regimental Pay 31 days @ $1.70	52	70
Casual Payments				Technical Pay ..... days at ..... $		
Payments on Transfer or Discharge				Additional Pay (Give particulars) .... days at ..... $		
Assigned Pay	20	00		Allowances (Give particulars) ..... days at ..... $		
Regimental Charges						
Public Stoppages (Give particulars):						
				Cash Effects. J.V.458	13	07
				Def. Pay Interest.	10	85
To Balance Cr Free	74	22				
To Balance Cr Deferred	140	00		By Balance Dr		
	214	22				
Total	234	22		Total	234	22

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

Remarks:

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

0042

PAY STATUS BRANCH JUN 6 1944 H.Q. OTTAWA NATIONAL DEFENCE

Compiled by B.M. Wadsworth.

Checked by [illegible]

Date 26th May, 1944.

Certified correct C. C. Wenbrook
for Chief Treasury Officer, Overseas

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

WILL.

(For use if the soldier has not already made a Will or wishes to alter one already made See instructions on page 23).

In the event of my death I leave all of my possessions to my Mother, Mrs. Marion Clements 86, Kelvindale Rd, Maryhill. Glasgow N.W.

Signature Alfred Wilson Clements

Rank, Regt'l Number D/142602

Date 17th May - 43

Solely for use on Act[illegible] 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 [illegible]rs 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.

MILITIA BOOK M. 1

40/P & 5/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

CLEMENTS

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.

Number D-21262 (AFW3084
Name CLEMENTS ALFRED W.
Rank Pte. Rel C. of E
Arms INFANTRY

NOT to be filled in by soldier.

Diagnosis
Disposal

Number D-21262 (AFW3084
Name CLEMENTS ALFRED W.
Rank Pte. Rel C. of E
Arms INFANTRY

NOT to be filled in by soldier.

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Disposal

Number D-21262 (AFW3084
Name CLEMENTS ALFRED W
Rank Pte. Rel C. of E
Arms INFANTRY

NOT to be filled in by soldier.

Diagnosis
Disposal

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.

CLEMENTS

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D21262

Surname (in capitals) CLEMENTS

Christian Names (in full) ALFRED Wilson

Date of Birth 17 August 1919

Place of Birth Scotland, Lanarkshire, Glasgow

Trade on Enlistment Store Clerk

Nationality of Father at birth Scotch

Nationality of Mother at birth Scotch

Religion C of E

Enlisted at Montreal P.Q. Can.

Date 19 Sept 1939.

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

Signature of Soldier Alfred. Wilson. Clements.

Signature of Officer Grover W. Dennis Lieut.

Place The Guild Date March 19/43

CLEMENTS

(II) NEXT OF KIN NOW LIVING

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

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

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Hugh Clements		86 Kelvindale Rd Maryhill Glasgow
	Mother	Marian Clements		" " " "
3rd	*Brothers and Sisters	John, David, Robert, Hugh, Jean, Minnie Clements		Glasgow, Scotland Boissevain - Manitoba Box 23 2023 Regent Ave - Montreal Scotland Australia
4th	Other Relations (stating) relationship)			

*State whether brothers are older or younger.

CLEMENTS

(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
17/9/39	Sigm	Sub	22/39	
19/8/40	G/S Cpl.	Act Pay	19	
9/10/40	G/Cpl.	" "	30	
1/4/41	G/S Cpl.	" "	1/4/41	
15/4/41	Pte	Sub	15/4/41	Grover W Dennis Lieut.
11/10/41	H/Cpl.	Act Pay	11/10/41	
1/12/42	H/Cpl		No 82	
1/2/43	S/Cpl.	With Pay		G E Baldwin Lieut
1-6-43	A/Cpl.	" "	#35	R Glenwood Capt

(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:—**

Passed Quebec Recruit Training

Qualified in addition as under :—

Passed Quebec Infantry Training Syllabus

Date 10/5/40

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

CLEMENTS

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Battle Drill Course	1st to 21st Jan/42	Grover W. Dennis Lieut.
Jr. N.C.Os Qualifying Course.	1st March to 23rd/42.	
Battle Drill C.T.S.	27/7/42.	
Qualified "Q 2". D.O. 68.	15/8/42.	

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1940.	Rifle. 2 Courses.		
21/7/41.	2nd Class Rifle	2-3-4-5-7-9	Grover W. Dennis Lieut.
11/11/42	2nd Class Rifle	1-2-3-4.	
22nd Jan 43	Rifle 2nd Class	Complete.	

CLEMENTS

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
1 year High	Scotland	1924.	G. W. Dennis Lunt

(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

CLEMENTS

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
26-9-39	29-1-40	Regimentally.	Gus Dennis Lieut

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
19-9-39	A.	Medical Board. M.D. 4,	J.W. Carleton Capt
24-11-39	A	X Ray Chest neg.	
6-12-39	A.	Ears, Reflexes, Urine norm.	

CLEMENTS

(XI) PRESCRIPTION FOR GLASSES

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

Signature of M.O.....

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

Signature of M.O.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer
Partial upper	15-1-44.	

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

CLEMENTS

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. ½ cc.	17/2/43.	W. Carleton Capt

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
S.P. 9/10/42	W. Carleton Capt

(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
"M" Test (Rev.) Complete.		
"Q" Card Completed	4/11/42.	Grover W. Simms Lieut.
7 Days Prior Leave.	1/2/43.	

A soldier who has made a Will 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.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their 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.....received and forwarded to the Officer i/c Records at

.....
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....

Date Certificate or Will extracted.....

Signature of Officer.....

CLEMENTS

M.F.M. 10
160 M—8-39 (1706)
H. Q. 1772-45-18.

FORM OF WILL No. 1

To be used by a Soldier desirous of leaving a portion of his personal estate to one person, and the balance of his personal estate to another person

I ALFRED WILSON CLEMENTS (Name in full)

Number D 21262 ACTIVE SERVICE of the Canadian Field Force

CORPS SIGNALS (Unit or Corps) R.C.C.S. (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my LAST WILL. I bequeath my personal estate consisting of EVERYTHING

(Here describe fully personal estate)

unto HUGH CLEMENTS (FATHER)
84 KELVINDALE RD.,
MARYHILL, GLASGOW, N.W

Name and Address of person or persons to whom it is to go and **relationship.**

absolutely, and the residue of my personal estate and everything that I can give or dispose of

(Here describe remaining assets)

unto

Name and Address of person or persons to whom it is to go and **relationship.**

NOTE.—If Soldier owns **Real Estate,** Form 10A should be completed.

N.B.—Personal Estate includes Pay, Effects, Money in Bank, Stock Certificates, etc., in fact everything except Real Estate.

IN WITNESS WHEREOF I have hereunto set my hand this 20th day of Sept. A.D. 1939

IMPORTANT NOTE
This must be signed and dated by the soldier himself.

Alfred Wilson Clements
(*Signature of Soldier*)

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.

1st witness to sign here William A. Kitching

Address in full 3026 Rushbrooke St., Verdun, Que.

2nd witness to sign here M. L. Glenn

Address in full 67 Valois Ave Valois, Que

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: Alfred Wilson (CHRISTIAN NAMES) CLEMENTS (SURNAME)

REGISTER NO. D-7225
FILE NO. 405-C-16316
DATE 1-6-45
SERVICE NO. D-21262
FINAL RANK OR RATING Cpl.
DATE OF DISCHARGE 22-7-43

PAYEE: Mrs. Marion Clements,
ADDRESS: 86 Kelvindale Road, Glasgow N.W., Scotland

DATE OF TERMINATION OF OVERSEAS SERVICE 22-7-43

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1402/30 EQUAL TO 46 COMPLETE PERIODS AT $7.50	345.00	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 1165 LESS 22 INELIGIBLE DAYS, EQUAL TO 1143 DAYS @ 25c. PER DAY	285.75	
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	630.75	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
	DAILY RATES AT DISCHARGE		
	PAY $ 1.70		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
	ADDITIONAL PAY $		
	$		
	$		
	DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $		
	TOTAL $ 2.95 X7 = $ 20.65		
	NO. OF DAYS 1165/183 X$ 20.65	131.46	
D. WAR SERVICE GRATUITY		762.21	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		762.21	

RECEIVED
JUN 5 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
[signature]	5/6/45

[signature]
SERVICE REPRESENTATIVE

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 territ — *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: CLEMENTS (*Block letters*)

Given names: Alfred Wilson

Do not write in this space

4. RESIDENCE

Street: Sherbrooke St. W., No. 288

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): Scotland.

11. DATE OF BIRTH: August (Month) 17th, (Day) 1910. (Year)

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

OCCUPATION

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

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	CLEMENTS, Hugh	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Sicily.

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) 22nd, (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. Rudnie

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

for Director of Records, Dept. of National Defence.

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)

FIELD SERVICE

Army Form B. 2090A.

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

405-C-16316

REGIMENT OR CORPS: Hast & P.E. Regt. — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-21262 — Rank: A/Cpl

Surname: CLEMENTS — Christian Names: A.W.

Died — Date: 22 Jul 43 — Place: Sicily

Cause of Death*: Killed in action B.C.

Nature and Date of Report: Cas List 22 Jul 43

By whom made: H.Q. 1 Cdn Div

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: On the hill south side of Castrogrovanni Sh 268/1 MR 376910 — Date: 23 Jul 43

By whom reported: C.F. Hast & P.E. Regt.

State whether he leaves a Will or not

(a) in Army Book 64: NO

(b) as a separate document: No effects recieved (Not Known)

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: North Africa 27 Aug 43

Signature of Officer in charge of Section Adjutant-General's Office at the Base: T.A. Mills S/Capt

For Officer i/c Cdn Sec, G.H.Q. 2nd Echelon. N.A.

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239