D26560
BUTLER
GEORGE BARTO

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 Butler, George, Barton. (b) Reg'l. No. B-20560
2. (a) Arm of service Army (b) Unit R.C.C.C. (JPCN) (c) Rank Pte.
3. (a) Date of birth Apr. 13, 1920 (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 July 17, 1940.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 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.) 7th. Grade (Public)
7. If you attended a university, give name of university and standing or degree secured Nil
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? Nil (c) Did you finish it? Nil (d) If you did not finish it, how long did you serve at it? Nil
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? 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 Robert Simpson Co. 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.) Departmental Store
20. (a) Your specific occupation Shipper (b) Number of years' experience at this occupation with any employer 1 yr.
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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? Nil
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? Nil (c) In what provinces did you have experience? Nil

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

DATE February 24. 1943 SIGNATURE G. B. Butler

FOR COMPLETION AND RETURN BY

Mrs. Effie Butler,
462 Charron St.,
Montreal 22, Quebec.

Form P. 64

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

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

and the following number quoted:—

H.Q. 405-B-38,792 FD 33

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

23 May 1945

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

BUTLER, George Barton Buchanan, Pte.

D.26560 C.A. O/S

ESTATES BRANCH
JUN 2 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

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

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

H. Clark Smith Col.

WRH/JL

Director of Estates.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		—	—	—
2	Children of the Deceased and dates of their Births.....		—	—	—
3	Father of the Deceased.....		BUTLER, MOSES	57	462 CHARRON ST.
4	Mother of the Deceased.....		BUTLER, EFFIE	51	462 CHARRON ST.
5	Brothers of the Deceased	Full Blood	—	—	—
		Half Blood	—	—	—
6	Sisters of the Deceased	Full Blood	BUTLER, MARGUERITE LOUISE BUTLER, STELLA	23 20	462 CHARRON ST. 462 CHARRON ST.
		Half Blood	—	—	—
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	BUTLER, DOROTHY JULY 15, 1923.		—		—

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	BUTLER, GEORGE BARTON BUCHANAN
9	Date of his birth.	1920
10	Place and date of his marriage.	SINGLE
11	Place and date of his parents' marriage.	ST. JOHNS, NEWFOUNDLAND. JUNE 12-1919.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	ST. JOHNS, NEWFOUNDLAND.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) ST. JOHNS. NEWFOUNDLAND, 7 YEARS (b) MONTREAL, QUE. 18 YEARS. (c) (d)
14	Nature of employment before enlistment.	UNEMPLOYED.
15	State whether he owned the premises in which he lived, and, if so, where situated.	LIVED WITH PARENTS IN RENTED FLAT.
16	Name place where deceased stated he intended to make his permanent home.	MONTREAL, QUE.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NO.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	SINGLE
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	NO
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NONE
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NONE
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	PRUDENTIAL INS. OF NORTH AMERICA $246.00 - MRS. EFFIE BUTLER.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NO
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	NO.

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

(PLEASE TURN OVER)

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 or Commissioned Officer of any of His Majesty's Forces.

Effie Butler — Signature of Informant

462 CHARRON ST. MONTREAL 22, QUE. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief (MRS.) EFFIE BUTLER {Name of informant} is the* MOTHER of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 31st day of May 1945

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

W. B. Barnes — Qualification Clergyman

Address 585 Joslin St. Montreal, Que. Canada

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

Received.....Checked F.....Card ✓.....Observations.....

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

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

Unit ~~CANADIAN GRENADIER GUARDS C.A.S.F.~~ Longue Pointe Ord. Depot, C.A. Regimental Number D26560

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

FINGERPRINTED 01
PHOTOGRAPHED PTE

WSG COMPLETED

1. Surname..... BUTLER
2. Christian Names..... George BARTON Buchanan
3. Present address..... 462 Bourgeois St. Pt. St. Charles Montreal P.Q.
4. Date of birth..... 13 April 1920
5. Place of birth..... Newfoundland (Country) St. Johns (County or Province) (Town or Township)
6. Religion (state denomination)..... (Methodist) United Church Of Canada
7. Trade or Calling..... Truck ed per
8. Married, Widower or Single..... Single
9. Name of next of kin..... Moses BUTLER
10. Relationship..... Father
11. Address of next of kin..... 462 Bourgeois St. Pt. Stt. Charles, Montreal, P.Q. See change
12. Do you belong to, or have you served in the Active Militia of Canada? No
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No (Yes or No) (*b*) Any other Naval, Military, or Air Force? No
(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)

Occupation Hockey Player Suspended

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 17 Jul. 40 George Butler (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, George Barton Buchanan BUTLER do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

~~George Barton Buchanan~~ Butler (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Montreal this 17th day of July 1940

[illegible] {Signature of Magistrate, Justice or Attesting Officer.

CANADIAN GRENADIER GUARDS C.A.S.F. {Office 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

P

Medical Officer

8000-

Record of Service of BUTLER (Surname) George Barton Buchanan (Christian Names) Regimental Number D26560

QUALIFICATIONS

Military: Nil

Business or Professional: Nil

Trade or Civil: Truck Helper

Technical: Nil

Languages: English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: Nil (years completed) Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

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

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
17-7-40		Joined on appointment T.O.S. CANADIAN GRENADIER GUARDS C.A.S.F.	Gdsm	17-7-40	C.G.G.	Montreal	Pt.2 No 30	17/7/40
6/2/41		Furlough R.O. 699 31 Jan 41 – 15 Feb 41	"	—	"	Debert	" No 26	1 Feb 41
28/2/41		Returned from furlough 15 Feb 41	"	—	"	"	" No 38	18/2/41
25/3/42		Furlough RO 699 21/2/42 – 6/3/42 Warrant A 105 299	"	—	22 CAR C G G	Debert	" No 11	20/2/42
22/3/42		T.O.S. 22 CDN ARMD REGT. (C.G.G.)	"	14/3/42	"	"	" No. 26	16/3/42
29 Mar 42		A.O.S. 22 Cdn. Armd. Regt. (C.A.C.) on transfer to The New Brunswick Rangers.	"	29 Mar 42	"	"	" No. 37	29 Mar 42
1-4-42		T.O.S. N.B. Rangers on transfer from 22nd. Cdn. Armd. Regt. (C.G.G.)	Pte	30-3-42	N.B.R.	Sydney N.S.	# 76	1-4-42
27/4/42		S.O.S. Sydney on proc't Camp Debert	"	10/4/42	"	Debert	Do # 95	27/4/42
26/5/42		S.O.S. N.B.R. on transfer to No 4 District Depot.	"	31/5/42	"	"	Do # 119	26/5/42
3-6-42	4 DD	TOS on posting from his unit Debert N.S.	"	1-6-42	4 DD	Mtl. Sth	4 DD Pt. II 131	2-6-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... Butler, George Butler Buchanan ..... Date ..... Jul 10 1940

Part 1. Information obtained from the recruit.

1. Age ..... 20 ..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	k. Ear disease	no
b. Tuberculosis	no	l. Eye disease	no
c. Bronchitis or asthma	no	m. Epilepsy	no
d. Heart disease	no	n. Nervous or mental disease	no
e. Kidney or bladder disease	no	o. Syphilis	no
f. Gastro-intestinal	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. Flat or deformed feet	no		
j. Nasal trouble	no		

George Butler
Signature of Applicant

ears nor. col. vis. (Ishihara) CN A Delahaye apt. PRIVATE IX [RA] N
reflexes heart and lungs nor.

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

1. Identification marks or scars. (If operative obtain history.)

1 vacc. lt arm rupture 1940

2. Height 5 feet 8½ inches. 3. Weight 114 pounds.

4. Complexion fair Eyes hazel Hair brown 5. Development poor (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 33 inches.

Range of expansion 3 inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right wv20 left wv20

9. Condition of mouth and teeth fairly good some caries

10. The abnormalities (congenital and pathological) found on examination are as follows

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A

Special remarks when category lower than A underweight

W. J. McCarten Maj. (President) R. P. Havard Capt. (Member) L. J. Summers Lt (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
25-7-40	T.A.B	3/8/43	Confirm category A [illegible]
2-8-40	3	27/7/43	
19-8-40			
25-7-40	Tetanus Tox 1cc		
5-9-40	Tetanus Tox 1cc		
25-7-40	Vacc. Succ		
28-8-41	T.A.B.T. 1/r		
1-5-42	Cat. A Confirmed		
26-3-43	T.A.B.T/ Annual		

Y.O.B.	P	U	L	H	E	M	S
20	1	1	1	1	1	2	1

Regtl. No. D2550 Rank Guardsman Surname BUTLER Christian Name George Barton Buchanan

STATION	Date of Arrival at the 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, 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
		Day	Month	Year	Day	Month	Year				

CASUALTIES ONLY
For purpose of W.S.G.
Casualties include death subsequent to discharge.

Register No. D.16459

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 12th Oct. 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D.26560

Name G. Butler.
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

(K.W. Rice) Captain,
for(A.R. Mortimore) Brigadier,
Paymaster-General.

	Name	Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.		$
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944 and amount of monthly assignment	Mrs Effie Butler	20.00
	mother	
	dec'd 1.5.45	
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

20.10 194 5.

C. Rice Lt.
For Chief Treasury Officer,
D.A. & A.P. BRANCH

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $_____

_____ 194___

_____
for C.T.O.

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: George Barton Buchanan (CHRISTIAN NAMES) BUTLER (SURNAME)

REGISTER NO. D-16459

FILE NO. 405-B-38792

PAYEE Director of Estates

DATE 8-2-46

ADDRESS

SERVICE NO. D-26560

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 26-4-45

DATE OF DISCHARGE 26-4-45

		$ ¢
A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 1745 (1740) / 30 EQUAL TO 58 COMPLETE PERIODS AT $7.50		435.00
B. QUALIFYING OVERSEAS SERVICE		
No. OF DAYS 610 LESS 5 INELIGIBLE DAYS, EQUAL TO 605 DAYS @ 25c. PER DAY		151.25
SEE PAR. 2 OVERLEAF FOR EXPLANATION		586.25
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 2.75 X7 = $ 19.25	
NO. OF DAYS 610 / 183	X$ 19.25	64.17
D. WAR SERVICE GRATUITY		650.42
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		650.42

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
[redacted]	[illegible]

TREASURY	
CHECKED BY	DATE
I Knapp	14.2.46

[illegible]
SERVICE REPRESENTATIVE

Director of Estates

Regimental No. D.26560 Rank Private

BUTLER George Barton Buchanan

Surname Christian Names

Unit. Black Watch (RHR) of Canada

Date of death. 26 Apr 45 Place of Death. Overseas (Western European)

Casualty Details. Killed in Action

ESTATES BRANCH MAY 17 1945 H.Q. OTTAWA NATIONAL DEFENCE

Next-of-kin. Mrs. Effie Butler Relationship. Mother

Address. 462 Charron St., Montreal 22, Que.

Will. Will d/6 Aug 40 herewith

Date. 17 May 45

EXCERPT OF M.F.M.5 dated. 17 Jul 40

(1) Are you married? NO Children?

Wife's name) Names and

and address) Ages

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

Moses Butler (Labourer). 462 Bourgeois, St Point Charles, Montreal, Que.

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

Effie Butler 462 Bourgeois St Point Charles, Montreal, Que.

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

/NJH

ESTATES LIAISON

S/7R CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-26560 Pte BUTLER George B B Dec'd.

RECEIVED FROM Cdn 2 Ech 21 Army Grp

CHECKED BY M-7303 Pte Harvey H C DATE 28 June 45

AND L-27614 Pte Johanson W p

1	New testament		
2	Religious books		
1	Pipe		
1	Cig. lighter		
1	Cdn soldiers handbook		
1	Red I disc		

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

QUADRUPLICATE—with effects.

H.C. Harvey Pte
for OC 1 Cdn KSD

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-[redacted]5232)
H.Q.1772-39-1072

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. J 26560

Surname (Capitals) BUTLER

Christian Names in full GEORGE BARTON
BUTLER

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

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

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

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

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

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

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

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

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-26560

Surname (in capitals) BUTLER

Christian Names (in full) GEORGE BARTON BUCHANN

Date of Birth 13th April 1922 AN

Place of Birth St. Johns Newfoundland

Citizenship British

Trade on Enlistment Truck Helper

Nationality of Father at Birth Newfound Land

Nationality of Mother at Birth Newfoundland

Religion United Church of Canada

Enlisted at Montreal Que. Canada

Date 17-7-40

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

Signature of Soldier G.B. Butler

Signature of Officer R.H. McDougall Lt

Place Montreal P.Q. Date 5-8-43

(IV) NEXT OF KIN

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

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Mr. Moses Butler	17-7-40
	Mother	Mrs. Effie Butler	17-7-40
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

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

effect as a WILL (see pages 20 to 23)

Latest known Address in full
462 Charron St. Montreal Que. Canada
462 Charron St Montreal Que Canada

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
17-7-40	Gdsm.		30	P. D. McDougall Lt
14-7-42	Pte.		47	

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

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

Completed Basic Training in accordance with standard syllabus

P. D. McDougall Lt

L.O.E.T.S Completed

Rifle - 8 Oct 43

Bren - 19 Oct 43

Grenade Nov 43

Gas - 19 Oct 43

R. C. Macdonald Capt

Qualified in addition as under:—

Date.....

Commanding.....

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Ad ~~D.M. CHAMBER~~	~~[illegible]~~	~~[illegible]~~ Lt
D.M. Chamber	5 Nov 43	R.C. Macdonald Capt
N.V. TEST FAIR 2(NV TTS	25/8/44	B Rouleau Lt.
cpted 2 WKs Basic refresher Leg as per CRU Syllabus	9/9/44	D.M. Campbell Lt

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
4 Dec 43	Failed	Ripa 30 yds	A B C	
16 Dec 43	Ch II	Ripa	1.2.3.	
11 Dec 43	Ch II	Gren - 30 yds	1.2.	R.C. Macdonald Capt
11 Dec 43	Thrw - 36 Grenade			
11 Dec 43	Fired	Sten Gren		
Dec. 44	Rifle	—	1-2-5	
"	Gren	Class II	1-2-4	
"	—	Sten		
"	1	Rent	1-H.E.	
"	3	Gren. 36 69-77		
"	3	2" M		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Pub. School 7 yrs. 6 mos. Bus. Coll.	Kootenay	1938.	D. Rose Capt.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
18 Sep 43	30 Oct 43	Basic Trg.	D Rose Capt
17 July 40	17 Sept 40	" "	
17 Sept 40	15 Jan 42	Infantry	
15 Jan 42	15 May 43	Transferred to RE O.C. warked as Storeman; G.S. Sgt.	Wm Rowe Lt. A Saunders Lt.
14-10-44			

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist,

12

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature and Rank of Medical Officer
10-7-40	A	M.E.M.O.	D.	D Rodie Capt R.C.A.

13

(XIII) 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.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date of Exam.	Completed	Specification: Use authorized Abbreviations and Symbols	Signature of Dental Officer
25-Sept-43	✓	P.J.T. P.D. [illegible]	[illegible]
22-Aug-44	✓	[illegible] PRD. P.J.D.	[illegible]
8/11/45	✓	P.D.U.L. UNDER. CONST.	[illegible]
22-1-45	✓	INS. P.D.U.L. ACRYLIC.	[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
3rd. Typhus 1 cc	14-3-44	Chisenhope
Tijphis Booster	7-6-44	J.P. Fletcher
TABT Vacc	16-10-44	J.P. Fletcher Capt
TAF 1 cc	29-12-44	
TAF 1 cc	20-1-45	

R.C.A.M.C.

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T/3	25-7-40	
	2-8-40	
	19-8-40	
Tetanus Tox.	26-7-40	
Tetanus Tox.	5-9-40	
T.A.B.T/2	28-8-41	
TABT ½ cc	18/9/43	Helevomtes

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
25-7-40	W. Macfie Lt. R.C.
Vacc 18/9/43	Helevomtes.
~~11 Feb 44~~ 8 Mar/44	
11.7.44	Neg JMcWells
14 Jul 44	Neg JPWeeks

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X Ray chest	4-7-44	W. Macfie
"M" TEST (REC.) COMPLETE		Capt RCAMC
"O" CARD COMPLETE	20-9-43.	
1st Brit Short leave 10-19	JAN. 44.	M.Bailey Lieut.
FINGERPRINTERED CAIB.		M.Bailey Lt.
Attended Can Volunteer		
Served Medals clasp N-1-44		M.Bailey Lt.
MBM 1 VIII ISSUED	28-9-43	
as of 17 June 44 entitled to 1 Silver & 3 Bronze crowns	26 7/8/44	G.G. Goodwin Lieut
6 DAY P.L. F.W	5 OCT 44	Authorized
Fd Sec Served #345-2861	2-11-44	E Goodwin Lt.
Passed N.S. T.O.E.T.	2-11-44	
Capt 28 Can Fd Regt Reg	11-11-44	

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer
TYPHUS 1/4 C.C	24 Jan 44	G.D. Mc[illegible]iade Maj
TYPHUS. 1/4 CC 8 Mar	~~[illegible]~~	[illegible]
Typhus (B) 1cc	25-1-45	G.W. [illegible]
1 cc Diff	22/2/45	RAK.

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer
[illegible]		

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

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

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

No. Rank Name

states that he has executed a Will and that the same has been deposited with

at Signature of Officer.

Date Rank or Appointment.

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

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

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at

Ottawa

Signature of Officer.

Rank or Appointment.

P. D. McDougall Lt

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

500 PADS OF 100-5-43 (21)
H. Q. 1772-39-1672-K. P. 80493

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

WSG 753-2
10042

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE — ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: George Barton Buchanan (CHRISTIAN NAMES) BUTLER (SURNAME)

REGISTER NO. D-16459
FILE NO. 405-B-38792
DATE 8-2-46
SERVICE NO. D-26560
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 26-4-45

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 26-4-45

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1745/30 EQUAL TO 58 COMPLETE PERIODS AT $7.50	435.00	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 610 LESS 5 INELIGIBLE DAYS, EQUAL TO 605 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	151.25	
		586.25	
C. SUPPLEMENT FOR OVERSEAS SERVICE			

DAILY RATES AT DISCHARGE

PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 2.75 X7 = $ 19.25	
NO. OF DAYS 610/183	X$ 19.25	64.17

D. WAR SERVICE GRATUITY		650.42
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		650.42

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ESTATES BRANCH 22 1946 H.Q. OTTAWA NATIONAL DEFENCE

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
KRM	MJK

TREASURY	
CHECKED BY	DATE
L. Knapp	14.2.46

Kirkwood Capt
SERVICE REPRESENTATIVE

ΔT

DISTRIBUTION OF SERVICE ESTATES GMW

ARMY

Estates Form "P. 4"

Name BUTLER, George B.B. No. D26560
Surname Christian Names

PTE. C.A.O/S 26-4-45
Rank Unit Date of Death

AMOUNT W.S.G. 650.42
L.P.C. $ 9.91

Date 10-4-46 Other Credits.....

Total..... 660.33
Prev. Dist. 9.91
This Dist. 650.42

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Effie Butler, 462 Charron St., Montreal 22, Que.	650.42
		(Sole beneficiary per will)	

P4. TO TREAS.
APR 11 1946

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	659.42

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T. Firth

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

File No 405-B-38792

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D.26560 Name Butler, George Barton Buchanan

Rank on Discharge Pte. Date of Discharge 26-4-45

Deceased

Authority for Discharge or Retirement

Served in:

				Non-qualifying service
Canada	from 17-7-40	to 25-8-43		
	from	to		
United Kingdom	from 26-8-43	to 12-12-44		
	from	to		
Italy	from 13-12-44	to 24-2-45		
Northwest Europe	from 25-2-45	to 26-4-45	Killed in action	
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star ok

---.-.-.----- ---

Italy Star ok

France-Germany Star ok

Defence Medal ok

War Medal ok

Canadian Volunteer Service Medal with Clasp ok

M

Verified by D Foster

Date 21-6-46

Carded JUN 24 1946

NRD.

HA 165

FORM No. 1

Register No. D-16459 Nominal Roll No. D-411

H.Q. File No. 405-B-38792

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-26560	Pte	BUTLER	GEORGE BARTON BUCHANAN

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Deceased ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 17 Jul 40	T.O.S.	T.O.S.
S.O.S. 26 Apr 45 MD °/s	S.O.S. MD	S.O.S. MD
Total Days 1945	Total Days	Total Days

Total Service ..... 1945 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	1135	—	1135
Overseas Service	610	—	610
Totals	1745	—	
Add Non-qualifying Service			—
Total Service			1745

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 26 Apr 45 ..... 2. Date S.O.S. Overseas .....

REMARKS:

Computer's Signature ..... L. Lovett

Checker's Signature .....

Date Computed ..... 1 Aug 45

KILLED IN ACTION 26 Apr 45

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

for C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total

Ottawa, 3 February 1949.

D.V.A. D-26560
R 4 (B)

Mrs. Effie Butler,
462 Charron Street,
Montreal 22, Quebec.

Dear Mrs. Butler:

I am forwarding herewith a photograph of the grave and temporary marker over the burial place of your late son, D-26560 Private George Barton Buchanan Butler, the location of which is grave 9, row H, plot 11, Holten Canadian Military Cemetery, Holten, Holland.

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

Yours faithfully,

MB

BBK.

H.M. Jackson,
Director,
War Service Records.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit [redacted] C.A. 5 C.I.C. Regimental Number D26560

		(17) Regiment or Corps	Unit (Battn., etc)
1.	Surname Butler		
2.	Christian Names George Barton Buchanan	CANADIAN GRENADIER GUARDS	
3.	*Substantive Rank and Appointment	R.C.O.C. C.A.	Longue Pointe Ord. Depot
	*Acting Temporary or Local Rank C.I.C.	C.I.C.	H.R.L.O.G.
	giving date		
	*To be entered in pencil to facilitate alteration.		
4.	Place of birth St. John's, Newfoundland.	(18) Medical	
5.	Date of birth as declared on attestation (A) 13 Apr 20		

	Category	Date	Authority
6. Date of enlistment 17 Jul 40			
7. Place of enlistment Montreal, Que.	A	10 July 40	M.M.M. 2
8. Residence at time of enlistment Pte. St. Charles, MTL, QUE.			
9. (B) Special conditions (if any) of enlistment or rate of pay	"A"	1-5-42	~~M.F.R. 227~~ M.M.M.
	A	3-8-43	M.F.W. 2.
10. (C) Any subsequent variations of conditions of service			
11. Religion Protestant (UNITED)			
12. If married, state date S	(19) Next of kin (entries to be made in pencil) (MOTHER)		
13. Trade on enlistment Truck helper (Simpsons Ltd)			
14. Corps, trade and grade	MRS. LEFFIE BUTLER		
15. (D) Qualifications	462 CHARRON ST.		
16. (E) Miscellaneous entries Line Duty			
	(20) E. MONTREAL, QUEBEC		
	(21) E. CANADA		
	(22) E.		
	CMHQ 1000-92 Completed 10 Apr 44		

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
		6 CIRU	SOS to Can Army (Can) for embark	U.K.	25 May 43	Pte	65-6 Sep 43
			SOS " " Overseas	"	26 " "		"
			Disembarked in U.K.	"	1 Sep 43		"
			Reposted for duty 6 C.I.R.U.	"	2 " "		"
		RCOC	Granted daily rate of pay of $1.50 per diem	Montreal	1-1-43	Pte	12-9-1-43
		6 CIRU	SOS to 1 6 ORU auth 140/6 C.I.R.U./1 (S.C.A.) 13 Sep 43	U.K.	16 Sep 43	Pte	196 17 Sep 43
		1 CORU	TOS from 6 C.I.R.U.	U.K.	17 Sept 43	Pte	231-17 Sept 43
		1 CORU	SOS to 6 Can CCS (RIAME) (Army)	U.K.	1 Nov 43	Pte	280-11 Nov 43
15 Mar 43	CR	6 CCS	TOS from 1 CORU		17 Mar 43		47-26 March 43
			Awarded Canadian Volunteer Service Medal and Clasp		15 Jun 44		4 6 44
9 March 44	2 Ech		SOS to 1 CORU		13 March 44		9-17 March 44
		1 CORU	TOS from 6 CCS, RIAME (SURP TO WE)	U.K.	14 MARCH 44	PTE	65-15 MARCH 44
		1 CORU	SOS to [illegible] (Rear Party Sent)	U.K.	25 March 44	Pte	75-25 March 44
Cancelled 31 Mar 44 CR	Rear Party Amiens HQ 2 Cdn Corps		TOS from 1 CORU	"	26 March 44	"	1-13 Apr 44
	FCA Service Increment		FCA Service Increment Gp #2 Amended by DO #115-A/11 May 44				
	FCA Service Increment		TOS from 1 CORU	"	26 Mar 44	Pte	1-5 May 44
			SOS to 1 CORU		19 Aug 44		19-26 Aug 44
		1 COMERU	TOS from 1 (C)n Army Servs Inter Org HQ	U.K.	20 Aug 44	Pte	204-21 Aug 44
CHANGE OF NOK.		TO	Mrs EFFIE BUTLER (MOTHER) 462 CHAMBORD ST. MONTREAL, QUEBEC, CANADA				
		1 COMERU	Lyr 6 days Forwarded to Ottawa	U.K.	5 Oct 44	Pte	211-29 Aug 44
		1 COMERU	Transferred from RCOC to CIC General List and SOS to Cdn Fus	U.K.	7 Oct 44	Pte	245-7 Oct 44
17 Oct 44		1 Bn Cdn Fus	TOS from 1 COMERU	U.K.	13 Oct 44	Pte	251-14 Oct 44
		✓	SOS to 2 CITR	✓	14 Oct 44	Cdn Fus	54
		✓		✓	12 Nov 44	✓	71 12 Nov 44
		2 CITR	TOS from 1 Bn Cdn Fus	U.K. 13 Nov 44			11 14 Nov 44
		2 CITR	SOS to UKIT/6	U.K. 11 Dec 44			35 12 Dec 44
		X List	Embarked and SOS CA (UK)		12 DEC 44		
			TOS CA (C.M.F.)		13 DEC 44		
			Disembarked ITALY and TOS				
			X4 List (3 Bn) 4 P.L.D.E.		24 DEC 44	PTE	X 37/44
CR/ESTAMO X-4 (3 Bn)		4 PLDE	POSTED TO X-4 (4 APM)	C.M.F.	24 JAN 45	PTE	X 7/45
CR/DOSTAMO X-4 (4 APM)		"	SOS TO 4 P.L.D.E.	C.M.F.	29 JAN 45	PTE	X 9/45
		4 PLDE	TOS from X-List 4 PLDE 4 Bn	Fd	30 Jan 45	Pte	161 45
			SOS C.A. (C.M.F.) on Embarkation Italy 24 Feb 45				
			Disembarked France 26 Feb 45		"		13/1/45

SERVICE AND CASUALTY FORM

(PART II)

3/14B MFM 4(a) (Part II) 40/P&S/412 (6548)

Regiment or Corps..... Regimental Number D26560

Substantive Rank..... Surname BUTLER Christian Names GBB

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
		4 PLDG	SoS to X4 list CIC	Fd	22 Mar 45	Pte	16/45
CA/25 MAR 45	X4 (4BN)	CIC (UNALL)	TOS FROM 4 PLDG	Fd	23 MAR 45	PTE	X87/45
X4	10 Bn	Infunallo	SoS to X4 10 Bn Black Watch	fd	8 Apr 45	Pte	94-45
X4	10 Bn	BW	ToS from X4 10 Bn Infunallo	✓	9 Apr 45	✓	52-45
X4	13 Bn	BW	SoS to Black Watch	fd	12 Apr 45	Pte	54-45
	oc	RHC	ToS from X4 list RHC	✓	13 Apr 45	Pte	27-Apr 45
	✓	✓	SoS deceased Killed in action	✓	26 Apr 45	Pte	29-May 45

Regimental No. D26560 Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (4398)

Name Butler G. B.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
						DO Number	Dated

Regimental No. D 26560 Rank ..... Sheet No. –

MFM 1 & 2a
40/P & S/119 (4398)

Name Butler J. B. B

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
M141	SOS to 2 CITR.	Fus	12 Nov 44	Cdn Fus	UK	71	12 Nov 44
	TOS TOS from Cdn Fus.	Fus	13 Nov 44	2 CITR.	UK	11	14 Nov 44
M190	SOS TOS SOS to WKIT/6	Pte	11 Dec 44	2 CITR	UK	35	12 Dec 44
	Emb & SOS. C/A (UK) TOS C/A (CMF) Disembarked Italy	Pte	12 Dec 44 13 Dec 44 24 Dec 44	XL. PLDG.	A.A.I.	37.	31 Dec 44.
CBL	SOS SOS X4 List to 4 PLDG	Pte	29 Jan 45	XL 4 PLDG	AFHQ	9	3 Feb 45
LW	TOS TOS from X4 list 4 PLDG	Pte	30 Jan 45	4 PLDG	AFHQ	10	7 Feb 45
519	Embarked at AAI on 24 Feb 45 Disembarked at France on 26 Feb 45 Killed on 26 April 45	Pte		4 PLDG	21 AG (GF)	13	22 Mar 45
519	SOS SOS to X4L C/C (Unallocated) TOS	Pte	22 Mar 45	4 PLDG	21 AG (GF)	16	30 Mar 45
CBL	SOS SOS X4 List to RHC.	Pte	12 Apr 45	XL RHR	21 AG	54	23 Apr 45
CBL	TOS TOS from X4 List BLR Watch	Pte	13 Apr 45	RHR	21 AG	27	21 Apr 45
	SOS. SOS. Deceased. Killed in action.	Pte.	26 Apr 45	RHR.	21 AGP	29.	4 May 45.
	Killed.	Pte	26 Apr 45	RHDC (Rw)	CL-A573		5 May 45.

Statement of the Service of No. D-26560 Rank Gdsmn. Sheet No. 1

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

Name Butler George Barton B.

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	
23-6-42	4 D.D.	Proc.on com.to Longue Pointe Ord. Depot, Longue Pointe, Que.	Gdsmn.	20-6-42	4 D.D.	Mtl. south	4 DD Pt.2 No.149	22-6-42	
26-6-42	4 D.D.	Granted subs.allow.of $1.00 per day while on com.to Longue Pointe, Ord. Depot, Longue Pointe, Que.	Gdsmn	20-6-42	"	" "	" " " 152	25-6-42	
16-7-42	"	Ceases to draw subs.allow of $1.00 p.d. SOS on trans to Long.Pt.Ord Depot Long.Pt Que while o n comm to the aforementioned	Gdsmn	13-7-42	"	" "	" " " 170	15-7-42	
30-7-42		T.O.S. Longue Pointe Ord. Depot. on transfer from No.4 District Depot. CA.	Pte.	13-7-42	R.C.O.C.	Montreal	Pt.11 Order No.47 170	17-7-42 15-7-42	
30-7-42		Draw Subsistence Allowance of $1.00 Per diem.	Pte.	13-7-42	R.C.O.C.	Montreal	Pt.11 Order No.47	17-7-42	
21-1-43		Awarded Increased Prof. Pay of $1.50 per diem	Pte.	1-1-43	R.C.O.C.	Montreal	Pt. 11 Order No. 12	19-1-43	L
[illegible]	Granted Fourteen (14) days Furlough from 4 to 17 May 43 (Incl)	"	4-5-43	R.C.O.C. Lgue Pte.	"	" " "	# 98	11-5-43	L
Granted	Emb. Leave from 1200 hrs 4 Aug to 9 Aug 43 (Incl).	"	4-8-43	"	"	" "	172	5-8-43	L
S.O.S. on	POSTING [redacted] to No.1 Transit Camp, Windsor, N.S.	"	14-8-43	"	"	" "	180	14-8-43	B
Change of Address	to: Mr.Moses Butler (Father), 462 Charron St. Montreal Que.	"		"	"	" "	178	12-8-43	L
	ATT. NO.1 TRANSIT CAMP		16 8 43	#1 TRANSIT	WINDSOR, N.S.	210	17 8 43		
	SOS. NO.1 TRANSIT CAMP.		26 8 43	#1 TRANSIT	WINDSOR, N.S.	220	26 8 43		
6-CIRU	SOS Cda Army (Can) on embark	Pte	25 Aug 43	6-CIRU	U.K	185		6 Sep 43	
"	SOS Cda Army (O/S)	"	26 Aug 43	"	"	"		"	
"	Disembarked in U.K.	"	1 Sep 43	"	"	"		"	
"	Reported for duty to 6-CIRU	"	2 Sep 43	"	"	185		6 Sep 43.	

Statement of the Service of No. D26560 Rank Sheet No.

Name Butler G B.

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

REPORT Date	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 CORU	Pte	16 Sept 43	6 CIRU	UK	196	17 Sept 43
	TOS	TOS from 6 CIRU	Pte	17 Sept 43	CORU	UK	231	17 Sept 43
S.O.S.		S.O.S. To 6 CCS RCAMC. (attested w/E)	Pte.	11 Nov 43	CORU	UK	280	11 Nov-43
	T.O.S.	T.O.S. from 1 CORU	Pte	12 Nov 43	6 CCS.	UK	47	26 Nov 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
(170) SOS		SOS to 1 CORU	Pte	13 Mar 44	6 C.C.S.	U.K.	9	17 March 44
	TOS	TOS from 6 CCS RCAMC	Pte	14 MAR 44	CORU	UK	65	15 MAR 44
c/o 414.0.R.		Do 115 cancelled & marked 1 Army Service Due Gp 29.						
c29. SOS		SOS to HQ 2 Corps (Rear Party Inv.)	Pte	23 Mar 44	1 CORU	UK.	75	25 Mar 44.
Cancelled DO 115 cancelled by DO 27-29 July 44	TOS	TOS from 1 CORU	Pte.	26 March 44	(Rear Party) HQ 2 Corps	UK.	1	13 Apl 44.
SOS Cancelled DO 115 of 19 June 44	TOS	TOS from 1 CORU	Pte	26 Mar 44	RP 2nd HQ 2 CC	UK	1	13 apr 44
c.25	TOS	T.O.S from 1 CORU	PTE	26 MAR 44	1 CA Sec Inter G.P.HQ	U.K	1	5 May 44
	SOS	to First Cdn Army Sr. Int. gp. HQ	Pte	14 apr 44	HQ 2 CCRPI	UK	27	21 Jul 44
		TOS from Rear Party Int. HQ 2 Corps.	Pte	15 apr 44	Sen Int Gp 2nd Gp	UK.	14	31 Jul 44
change of add. N.K.		MRS. EFFIE BUTLER (MOTHER) 462 CHARRON ST; MONTREAL	PTE		CO+ME RU	P.Q. CAN.	211	29 AUG 44
m 106	SOS	SOS to 1 CORU	Pte	19 aug 44	1 CA Ser	21 AG	19	26 aug 44
m 106	TOS	TOS from 1 Cdn. army servicer JP. H.Q.	Pte	20 aug 44	1 COMERU	UK	204	31 aug 44
		Trans from RCOC A C 1C						
m 47	SOS	SOS to 6 de Trans	Pte	13 Oct 44	1 COMERU	UK	251	14 Oct 44
eP	TOS	TOS from 1 COMERU Trans C 1 G	Pte	14 Dec 44	Edm Pm	UK	54	16 Dec 44

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

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, George Barton Buchanan Butler, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County ~~District~~ of Hochelaga,

Province of Quebec, Truck helper
(Civil Occupation)

Regimental No. D.26560, Unit CANADIAN GRENADIER GUARDS C.A.S.F., 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

Effie Butler, mother, 462 Bourgois St., Pte. St. Charles, Montreal, Que., all my property, real and personal, and all my personal effects.

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 Effie Butler, (Name) 462 Bourgois St., Pte. St. Charles, Montreal, Que (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 6 day of August

19 40.

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.

George Butler. (Signature of soldier) (Gdsm)

First witness sign here.

(5) Signature alan O. Robson (Gdsm)

Civil Address 4087 Tupper St, Montreal, Que.

Civil Occupation clerk, Sun Life Assce Co. of Canada.

Second witness sign here.

Signature William O. Percival

Civil Address 5653 SHERBROOKE ST. APT. 3. MONTREAL

Civil Occupation YARDMASTER, STEEL CO. OF CAN. LTD "

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

D. R. 10

RECEIVED
D OF RECORDS
JUL 17 1946
WILL SEC.
N. D. H. Q.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, MONTREAL

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

.....Ottawa, MAY 22nd, 1945.

D.26560 PTE. BUTLER, George B.B. R.XX&N.XXH. D.V.A. 259-G

The Department of National Defence,

Army,

officially reports that the marginally named was reported -

Killed in action,

on the 26th April 1945 on service Overseas.

His next of kin is reported as -

Mother -
Mrs. Effie Butler,
462 Charron St.,
Montreal 22, Que.

The Addressograph Stencil shows payment of Assigned Pay of

$ 20.00 a month to - Mrs. Effie Butler,
462 Charron St.,
Montreal, P.Q.

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

/AS

E. Clewes,
for
Canadian Pension Commission.

C.P.C. - C.N. 2 25M-11-44 Req 1145

C4

408852

B-346

Buchanan

NO. D.26560 Rank Private Name BUTLER, George Barton

Unit Black Watch (R.H.R.) Date of death 26th April, 1945.

Died at Germany

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-B-38792

N/K Mrs. Effie Butler, Relationship Mother

Address 462 Charron Street, Montreal 22, Quebec.

Remains buried in Germany in yard, 75 yds west of road M.R. 554978 sh No. 2917 Cemetery

Grave location

CHK

BURIAL REPORT TO N.K. OCT 16 1946

RETURN TO BUR. OF STAT. JUN 13 1945

ROYAL MESSAGE DESP'D. MAY 29 1945

CAN. MESSAGE DESP'D. MAY 30 1945

Temp B R sent to N K

REBURIAL

Holten Canadian Military Cemetery,
Holten, Holland.

Grave 9, row H, plot 11.

Photographs

Despatched

FEB - 3 1949

10M-1-45 (M-4608)

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART II, D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
T.O.S. C.G.G.	30	17-7-40	- WEF 17-7-40
Granted furlough	26	1-2-41	31-1-41 to 15-2-41
Retd. "	37	17-2-41	0630 hrs. 15-2-41
Granted Furlough	11	20-2-42	21-2-42 to 6-3-42 (Wrnt A-105279)
Ret. Furlough	21	10-3-42	W.E.F. 6-3-42 2200 hrs
TOS 22 C.A.R. (CGG)	26	16-3-42	W.E.F. 14-3-42
S.O.S. 22 Cdn. Armd Regt (C.G.G.)	36	29-3-42	on transfer to New Brunswick Rangers. W.E.F. 29-3-42
T.O.S. N.B. Rangers on transfer from 22 Cdn Armd Regt. (C.G.G.)	76	1-4-42	eff. 30-3-42
TOS DD4 from Debert NS and pstd. "E" Wing.	131	2-6-42	Eff, 1-6-42.
On comm. to Longue Pointe Depot Longue Pointe P.Q. & posted to "C" Wing.	149	22-6-42	Eff 20-6-42.
Grt. Sub. Allow. of $1.00 while on com. to Longue Pointe	152	25-6-42	wef. 20-6-42

Butler

D 26560

22 CDN. ARMD. REGT. (C.~~G~~.G.) S

3

NAME BUTLER GEORGE BARTON BUCHANAN

REGIMENTAL NO. D 26560 RANK GDSMN

ENLISTED AT MONTREAL. PROMOTIONS, ETC. AND DATE

REGTL PAY 150

TRADE PAY

TOTAL 150

DATE 17-7-40

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE SINGLE

NEXT OF KIN ~~MRS EFFIE BUTLER~~ ~~MOSES BUTLER~~ RELATIONSHIP ~~MOTHER~~ ~~FATHER~~

ADDRESS OF 462 ~~BOURGEOIS ST POINT ST CHARLES~~ Charron St.

ASSIGNMENT OF PAY, $ 20.00 AUG 40 7.V.L.B 8.40 MONTREAL.

ADDRESS MOTHER AS ABOVE, MRS EFFIE BUTLER

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR ~~MRS EFFIE BUTLER~~

M. F. M. 14

50M—5-40 (5137)

H.Q. 1772-39-1662

N/K. MOSES BUTLER, 462 CHARRON ST. MONTREAL.

No. D-26560 RANK Gdsmn NAME BUTLER G. GEORGE B. BURTON McHANAN

* Married
* Widower
* Single

Place of { * Appointment / * Enlistment }

Date of { * Appointment / * Enlistment }

RATE OF PAY

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

ASSIGNMENTS

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

DEPENDENTS' ALLCES.

No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded		Effective Date

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

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

* Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

Occupational Form Completed.....

Part II D.O. No.	Date	
170	15-7-42	SOS on trans.to Longue Pointe Ord.Depot while on comm.Eff 13-7-42.
170	15-7-42	Ceases sub.allow.$1.00 per day.Eff 13-7-42.
47	17-7-42	TOS Longue Pointe Ord.Depot & sp.S/A wef.14-7-42
		P. & A. LED. AGREES AUG 20 1942
		P. & A. LED. AGREES DEC 30 1942
12	19-1-43	Auth to draw $1.50 per diem wef 1-1-43
		P. & A. LED. AGREES APR 2 - 1943
98	11-5-43	Grantedbl4 days furl. 4 May to 17 May incl.
172 5	Aug 43	Gr. embark. leave 4 Aug to 9 Aug 43.
180 14	Aug. 43	SOS LPOD on posting to No.1 Transit Camp Windsor NS & ceases S/A wef 14 Aug.43
210	17.8.43	ATTACHED TO NO. 1 TRANSIT CAMP FROM 15.8.43
220	27/8/43	PROCEEDED OVERSEAS 26-8-43
185	6-9-43	S.O.S. Can Army (Can) 25-8-43 = T.O.S. Can Army (Eng) 26-8-43
185	6-9-43	T.O.S. #6 C.I.R.U. fr. Ys. 2-9-43.
196	16.9.43	SOS-6 C.I.R.U to #1 C.O.R.U 16.9.43

Part II D.O. No.	Date	PARTICULARS OF CASUALTIES
204	21.8.44	TOS #1 comm fr. 1 Cdn Army Serv Inc Grp HQ. wef 20-8-44.
247	7.10.44	Gtd 6 days PL & RA 5.10.44 - 11-10-44
251	14-10-44	Reclassified as Gen. Duty wef 13.10.44
✓	✓	Trf'd from RCOC to CIC Gen List and SOS to Cdn.
		Fusiliers wef 13-10-44
54	17-10-44	T.O.S. CAN. FUS. FROM #1 C.O.M.E.R.U. ON TRANS. TO C.I.C. WEF 14-10-44
71	12-11-44	SOS Can Fus to 2 CITR wef 12-11-44
11	14.11.44	TOS 2 C.I.T.R. from Can Fus wef 13.11.44
35	12 Dec 44	SOS 2 Cdn to UKit/6 wef 11 Dec 44
37	31-12-44	TOS x4 (PLDG) 3 Bn from UK wef 24-12-44
		SOS x4 (PLDG) 3 Bn to 4 Bn wef 24 Jan 45
		SOS x4 (PLDG) 4 BN TO PLDG. 26.1.45
10	7-2-45	TOS TO 4 P.L.D.G. wef - 30-1-45.
CRA	27.3.45	9 days P.L. with R.A. wef 23 Mar 45
		Posted from 4 Bn to 10 Bn 29.3.45

CONTINUATION CARD M.F.M. 14

Regimental No. D26560 Name BUTLER GEORGE BARTON BUCHANAN

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
231	17.9.43	TOS 1 CORU wef. 17.9.43 from #6CIRU
280	11.11.43	SOS 1 CORU wef. 10.11.43 to #6 Cdn. C.C.S.
47	26.11.43	TOS-6 Cdn. CCS, RCAMC from 1 CORU wef 12 Nov. 43.
4	28-1-44	Awarded Cdn Volunteer Service Medal and Clasp wef 15-1-44
5	4-2-44	7 days P.L + 48 hrs fall (9 days RA) wef 10 to 19-1-44
CR 123	13 Mar. 44	SOS 6 Cdn. CCS Rcamc to #1 C.O.R.U. wef 13 Mar 44
66	16-3-44	T.O.S. 1 CORU from 6. C.C.S., R.C.A.M.C. (Surplus to a/c) WEF 14.3.44
75	25.3.44	SOS 1 CORU wef. 23.3.44 to HQ 2 Cdn Corps (Inc Rear Party)
1	13-4-44	T.O.S. Rear Party Inc H.Q. 2 Cdn Cps from 1 E.O.R.U. w.e.f. 24 MAR 44
14	31-7-44 ~~5-5-44~~	TOS F.C.A. Spec. Inc Gp HQ wef ~~26 Mar 44~~ 15.4.44
CR 83	19/8/44	SOS to 1 CORU wef 19 Aug 44

M.F.M.—14A
40/P&S/67 (3129)

CONTINUATION CARD MFM 14

Regimental No. D26560 Name BUTLER. GEORGE BARTON BUCHANAN

Part II DO No.	Part II DO Date	PARTICULARS OF CASUALTIES
2/246	8-4-45	TOS (X4 List RHC 10 CBR Bn) form C/S wef 8-4-45.
		X4 List ✓ 10 CBR Bn) to 13 Bn wef 10.4.45
		SOS X 4 LIST 13 Bn To BHC (BW) WEF. 12.4.45
bR	14.4.45	TOS IRHC from LH list wef 13/4/45
bR	27-4-45	SOS IRHC "DECEASED" (KILLED IN ACTION) wef 26-4-45

MFM—14A
40/P&S/2310

405-B-38792

CANADIAN MILITARY HEADQUARTERS

EEB

OVERSEAS CDN RECORDS OFFICE

P.A.

GRAVES REGISTRATION FORM

Name BUTLER, George Barton Buchanan. Place and Date of Birth St. Johns, Nfld. 13 Apr 1920

Rank Pte. Regtl No. D-26560

Unit Black Watch. AEF. Next of Kin Mother.

Address Mrs. Effie BUTLER.
462 Charron St.
Montreal, P.Q. Canada.

PARTICULARS OF HOSPITALISATION

Date of Admission ..... Name and Location of Hospital .....

Diagnosis .....

PARTICULARS OF DEATH

Date of Death 26 Apr 45. Place of Death Germany

Hrs .....

Cause of Death KILLED.

.....

.....

PARTICULARS OF BURIAL

Date of Burial 27 Apr 45 Cemetery Germany 75 Yds west of road MR 554978 Sh.2917

Death Cert No. ..... Location of Cemetery .....

Date of Regn of Death Cert ..... Plot No. ..... Row ..... Grave .....

Religion U.C.C.

Date 31 Oct 45

M. BLUTEAU. (Capt.)
For Colonel, OIC Records,
CANADIAN MILITARY HEADQUARTERS.

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

8/29 CF A319
40/P & S/2987 (6705)

BATTLE CASUALTY
CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from 21/CAS/8949

Time Message Received.....

Date Message Received 2 May 45

Theatre **AEF**

Regimental No.	Rank	Name	Full Christian Names
D26560	PTE	BUTLER	GEORGE BARTON BUCHANAN

Unit BLACK WATCH

SERIAL 186

CASUALTY PARTICULARS

KILLED 26 April 45

"A" 573

Hospital Admitted To..... Date.....

Hospital Transferred To..... Date.....

Hospital Transferred To..... Date.....

Hospital Discharged From..... Date.....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin EFFIE BUTLER Relationship MOTHER

462 @ HARRON ST.,

MONTREAL P.Q. CAN.

Home Town Same

Cable No. 8847A

Inland Tel. No. .....

NOTE: If the Next of Kin resides in the British Isles or U.S.A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

21

MJB

Verification Clerks Signature

W

4/20A CFA 48 40/P & S/1568 (6847)

H.Q. 405-B-38792 D.R. 2(D)

7th June, 1945.

Mrs. Effie Butler,
462 Charron Street,
Montreal 22, Quebec.

Dear Madam:

Information has now been received from the overseas military authorities that your son, D26560 Private George Barton Buchanan Butler, was buried with religious rites in a temporary grave located at a point approximately five miles North-West of Delmenhorst, Germany.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

R

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

/EMA

14

A573

405-B-38792.

FIELD SERVICE In lieu of Army From 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. SeeTable II, Appendix III, Field Service Regulations, Vol I.

MBR
REGIMENT OR CORPS Black Watch Squadron, Troop Battery or Company

Officer's Personal No (if known) D.26560 Rank Pte
Soldier's Army No

Surname Butler Christian Names G.B.B.

Died x Date 26 Apr 45 Place Germany

Cause of Death Killed

Nature and Date of Report 3011c/1232A d/27 Apr 45

By whom made Black Watch

x Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Burial Place Germany in yard, 75 yds west of road M R 554978 Sh No.2917 Date 27 Apr 45

By whom reported Allan Reoch

State whether he leaves a Will or not

(a) in Army Book 64 NO

(b) as a separate document NOT REC'D

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 as to verbal expressions by deceased officer or soldier of his wishes as to the disposal of his estate shoubd 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.

13

Station and Date Belgium 16 May 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base [signature] Capt for Officer i/c Cdn Sec 2nd Ech HQ 21 A Gp

26-4-45

AWARDS—CANADIAN ARMY (ACTIVE) 1957 M FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-B-38792

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BUTLER,	George Barton Buchanan	D.26560	Pte.	Black Watch of Can.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star	7350.
France & Germany Star Defence Medal War Medal	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Effie BUTLER (MOTHER)

ADDRESS: 462 Charron St.,
Montreal 2 , Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Effie Butler (ENGLISH)

1957

ADDRESS: 462 Charron St., Montreal 22, Que.,

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO. 4662

(2)

(3)
DESP. JUN 6 1945
REGN No. 19981

DEPARTMENT OF VETERANS AFFAIRS

Memorandum:

Letter from Mr. Johan Derbsen,
Grootestraat A.108,
Holten (O),
The Netherlands.

despatched to mother, next of kin,
19-2-48.

R. 4 (B)

M-1 SM PADS-5-47 REQ.231

FORM NO.-CAS. 2

OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 8847A PAGE 1 DATE 2-5-45

REG'T'L NUMBER D.26560 RANK PTE

NAME BUTLER (SURNAME) George Barton Buchanan (CHRISTIAN NAMES)

SERVICE UNIT 186 - Black Watch (RHR) of Can

NATURE OF CASUALTY A.E.F. DATE

KILLED 26 APRIL

DATE OF BIRTH

13 DAY April MONTH 1920. YEAR Nfld.

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

ADDRESS MRS. EFFIE BUTLER (MOTHER)
462 CHARRON ST. (D.A.I.B 2-10-42)
MONTREAL 22P.Q
(sp Rest 1716)

(DO 211 4/29-8-44 ICON ORDNANCE & MECHANICAL ENGREINE. UNIT)

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENT'S NAMES

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

RELIGION R.C TRADE OR CALLING Truck Helper LANGUAGES English

MARITAL STATUS ON ENLISTMENT Single PRESENT MARITAL STATUS Single

SOLDIERS ADDRESS ON ENLISTMENT St Charles, Que. Montreal, Que 17 July 40

HDT CABLE CHECK (w/c) E61 N. OF K. CHECK TELEGRAM CHECK

KS RJR.

CRAIN PRINTERS LIMITED

COPY FOR RESEARCH SECTION R.C.O.C

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (GERMANY)

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: BUTLER (*Block letters*)

Given names: George Barton Buchanan

Do not write in this space

4. RESIDENCE

Street: Bourgeois No. 462

Official name of civil municipality or township: Pte St Charles

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): Newfoundland

11. DATE OF BIRTH: April (Month) 13 (Day) 1920 (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
25			....hrs. or ....min.

OCCUPATION

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

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	BUTLER Moses	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Germany

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)

5

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: April (Month) 26 (Day) 1945 (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

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation? ....Date of ....19....

State findings .... Was there an autopsy?....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide .... Date .... 19....
(State which)

Manner of injury ....
(How sustained)

Nature of injury ....

Specify whether injury occurred in **industry, in home, or in public place** ....

Signed .... **M.D.**

Address .... **Date** .... 19....

OVERSEAS CASUALTY — CANADIAN ARMY

JUN 13 1945

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

L. S.

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 francais)

Director of Records, Dept. of National Defence.

To be made out in duplicate

M.F.M. 5
100M—6-40 (5453-4)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

---

(1) Name of Officer of Other Rank BUTLER GEORGE ~~BUTLER~~ BARTON BUCHANAN
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-26560 Guardsman

(3) Unit CANADIAN GRENADIER GUARDS C.A.S.F.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N-A

(*b*) Present postal address of wife N-A

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

(7) Are you a widower? NO ~~N-A~~

(8) Have you any children? No Number of boys N-A Girls N-A

Names and ages N-AA

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

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

Name N-A

Postal Address N-A

[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 N-A

(11) Is your father alive? Yes

If so, state name and address, occupation BUTLER MOSES
462 Bourgeois St Point St Charles.
Montreal. Que. Labourer.

(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 BUTLER Effie
462 Bourgeois St Point St Charles 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 N-A

Postal Address N-A

Amount contributed monthly during the past six months N-A

(18) Are you insured? No

If so, in what Company? N-A
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N-A
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.

George Butler
(Signature of officer or man)

Date 17th July 1940

JUL 17 1940

M. Peiler

Officer Commanding (M. F. Peiler) Lieut-Colonel
Commanding Canadian Grenadier Guards

Date

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

TRAINING RECORD—ORDNANCE CORPS

No. D 26560 Rank Pte Name BUTLER G.B.B.
(In full, surname first)

Medical Category A Date of Birth 13 APR 20 Military Service { Active X / Reserve

English Speaking X
French Speaking
Bilingual

TESTS OF ELEMENTARY TRAINING

Rifle	1	2	3	4
Date	8/40	8/40		
Initials				

L.M.G.	1	2	3	4	A/Tk. Rifle	1	2
Date	8/40	8/40	8/40		Date	8/40	
Initials					Initials		

Machine Carbine	1	2	3	First Aid	Tests 1-16
Date	8/40			Date	8/40
Initials				Initials	

Gas	Oral	Inspn.	Std.	Gas Chamber Tests: CAP Facepiece	Gas Chamber Tests: ~~D.M.~~ Removed	Gas Chamber Tests: Chlorine	Mustard Gas on bare forearm	Remarks
Date 8/40				Date 8/40				
Initials				Initials				

Anti-Aircraft and L.M.G.	Tests 1-4	Map Reading	Tests 1-6
Date		Date 8/40	
Initials		Initials	

Fieldcraft	Tests 1-3	Fundamental Training	Tests 1-5
Date 8-40		Date 8/40	
Initials		Initials	

RANGE COURSES

	Classification	Date	Remarks	Initials
Rifle	Qualified			
L.M.G.	"			
A/Tk. Rifle				
A.A.				
Pistol	"			
S.M.G.	"			
Grenades				

M.F.M. 105 (L)
25M—2-43 (8615)
H.Q. 1772-39-1797

COMMON TRAINING

Subject	Standard Attained *(a)*	Remarks	Initials
Drill	do		Amd
Physical Training	do		Amd
Marching	do		Amd
Bayonet Fighting	do		Amd
Air Defence	do		Amd
Field Engineering			
Night Training	do		Amd

(a) Where no regulation standard is prescribed in Manuals use: VG—Very Good; G—Good; AV—Average; F—Failed.

SPECIALIST AND TRADES TRAINING

Nature	Qualification Attained *(a)*	Remarks	Initials

GENERAL REMARKS ON COMPLETION OF TRAINING

Number of weeks' training completed at Training Centre 8 weeks. Trained Soldier Company ..... weeks.

Military efficiency Fairly good. Conduct Good.

Leadership, including N.C.O. ability Good.

OTHER REMARKS .....

.....

.....

LONGUE POINTE ORDNANCE DEPOT, MONTREAL

Place LONGUE POINTE ORDNANCE DEPOT, MONTREAL Signature Allen Lieut. Rank .....

Date 11 Aug 43 No. ..... Canadian Ordnance Corps Training Centre .....