

D26661
MCKNIGHT
DOUGLAS DELBE

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 *Permulife*

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

Section A—GENERAL INFORMATION

1. (a) Print name in full McKNIGHT, D.D. (b) Reg'l. No. D26661
 2. (a) Arm of service ARMY (b) Unit 22 CANADIAN REGT. (c) Rank GPJM
 3. (a) Date of birth 29 SEP 12 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTREAL
 4. (a) Place of enlistment MONTREAL (b) Date of enlistment 22 JUL 40

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) 8th GRADE
 7. If you attended a university, give name of university and standing or degree secured NO
 8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? ✓ (c) Did you finish it? ✓ (d) If you did not finish it, how long did you serve at it? ✓
 9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ✓

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 DOWNES SCREEN & PLATE CO. Address LENNOXVILLE PO
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) MEGR. SCREENS
 20. (a) Your specific occupation GRINDER (b) Number of years' experience at this occupation with any employer 1 1/2
 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?..... (c) If so, in what kind of farming?.....
 25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

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.) NO
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form UNDECIDED

DATE 22 April 1942 SIGNATURE D.D. McKnight

Mr. Chester G. McKnight,
 North Hatley,
 Quebec R.M.D. #3.

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.

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

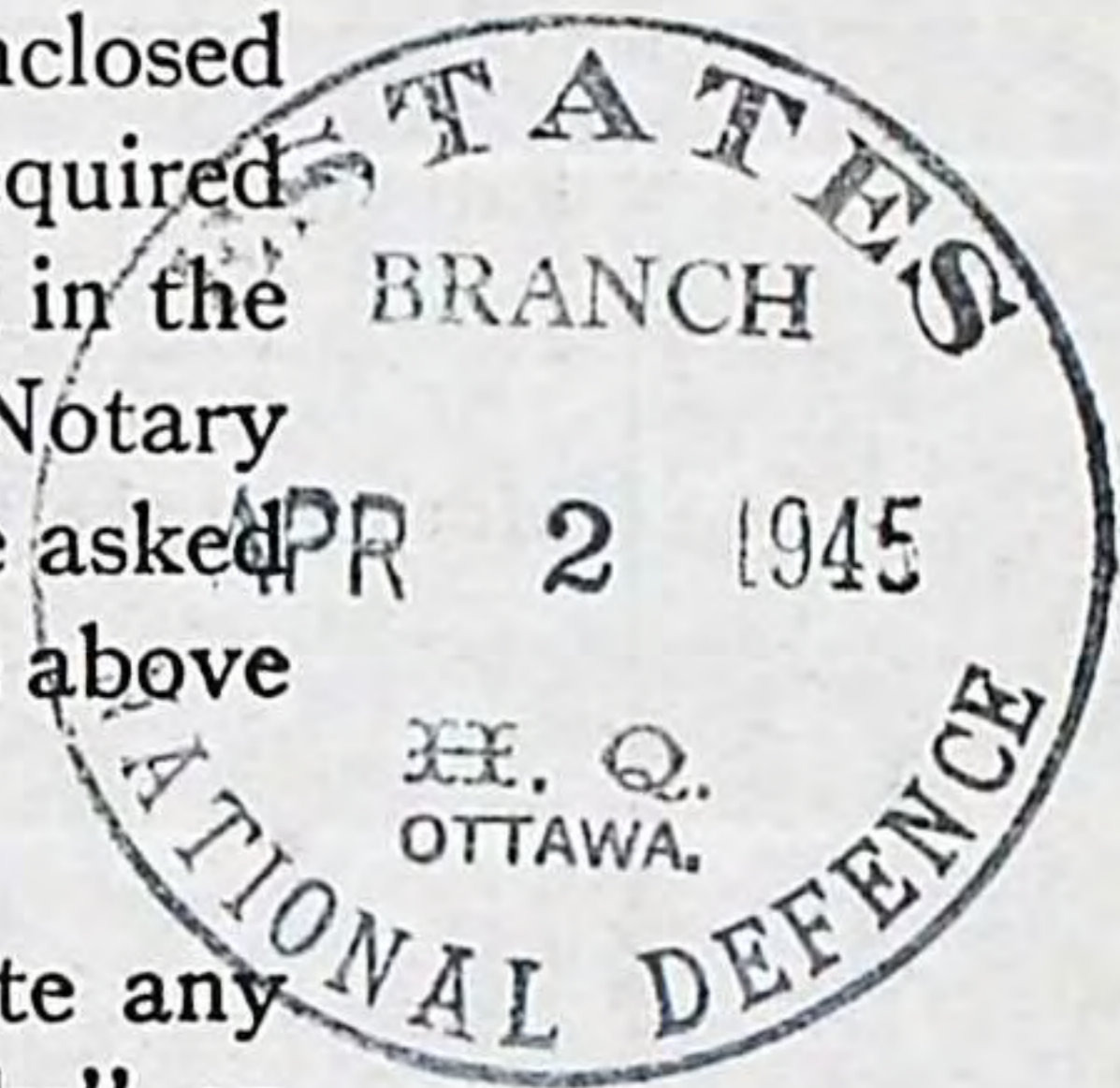
March 22nd 1945.

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

McKNIGHT, Douglas D., Tpr.

No. D.26661 - Canadian Army

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



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

CWP/RD

Lowrybus Capt
 Director of Estates.

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.....	Unmarried			
2	Children of the Deceased and dates of their Births.....	-			
3	Father of the Deceased.....	Chester G. McKnight	54	North Hatley, Que.	
4	Mother of the Deceased.....	Ida L. Bean McKnight,	32	Deceased on January 15th, 1929.	
5	Brothers of the Deceased	Full Blood	Elwood Chester McKnight Wendell Lee McKnight	27 17	North Hatley, Que. North Hatley, Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Olive Marjorie McKnight Dorothy Mildred (Mrs Olivier Beland) Doreen Myrtle (Mrs Reginald Thorn) Mavis Ferne (Mrs Charles Wersleigh)	29 22 20 18	North Hatley, Que. " " " " " " " " "
		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		
	Alvin McKnight	None - died in infancy	-		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Douglas Delvin McKnight (tpr 26661
9	Date of his birth.	R. M. D. No. 3, North Hatley, Que.
10	Place and date of his marriage.	Unmarried
11	Place and date of his parents' marriage.	Cobalt, Ont. June 23rd, 1915.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	North Hatley, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec, (b) Stanstead County, (c) all his lifetime (d)
14	Nature of employment before enlistment.	Farm hand
15	State whether he owned the premises in which he lived, and, if so, where situated.	No - unmarried
16	Name place where deceased stated he intended to make his permanent home.	I cannot say- He never really stated.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not to my knowledge
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?	Not married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Not to my knowledge
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None to my knowledge
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	" " " "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Policy X/93 119 Confederation Life \$1,000.00 - payable to his Estate. Policy 286310R - North American Life Assurance Company, \$1,000.00 payable to Chester G. McKnight his father.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	Not in so far as I know.
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

*.....Father.....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.

Chester G McKnight

{Signature of Informant

.....R. M. D. No. 3 North Hatley, Que.Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief...Chester G. McKnight.....

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

Dated at Sherbrooke, Que.this.....22nd.....day of.....March.....19..... 45

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

[Signature]

Qualification.....

Commissioner Superior Court - District of St. Francis.

Address..... Suite 6, 66 Wellington Street North, Sherbrooke, Que.

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

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.)

~~CANADIAN GRENADIER GUARDS C.A.S.F.~~

Unit.....
Regimental Number..... **226661**

WSSG
COMPLETED
01

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

- Surname..... **McKNIGHT**
- Christian Names..... **Douglas Delbert**
- Present address..... **R.R.#3, North Hatley, P.Q.**
- Date of birth..... **29 September, 1920**
- Place of birth..... **Canada** (Country) **Quebec** (County or Province) **North Hatley** (Town or Township)
- Religion (state denomination)..... **Church of England**
- Trade or Calling..... **Farmer**
- Married, Widower or Single..... **Single**
- Name of next of kin..... **Chester Godfrey McKNIGHT**
- Relationship..... **Father**
- Address of next of kin..... **R.R.#3 North Hatley, P.Q.**
- Do you belong to, or have you served in the Active Militia of Canada?..... **No**
- Have you served in (a) The Canadian Active Service Force?..... **No**
(If Yes, Give Unit and Dates of Service)
- Have you served in (b) Any other Naval, Military, or Air Force?..... **No**
(If Yes, Give Regimental No. and Unit)
- Did you serve during the Great War 1914-1918?..... **No**
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, **Douglas Delbert McKNIGHT** 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..... **22 July 1940** ⁴
Douglas Mc Knight (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, **Douglas Delbert McKNIGHT** do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
Douglas Mc Knight (Signature of Recruit)

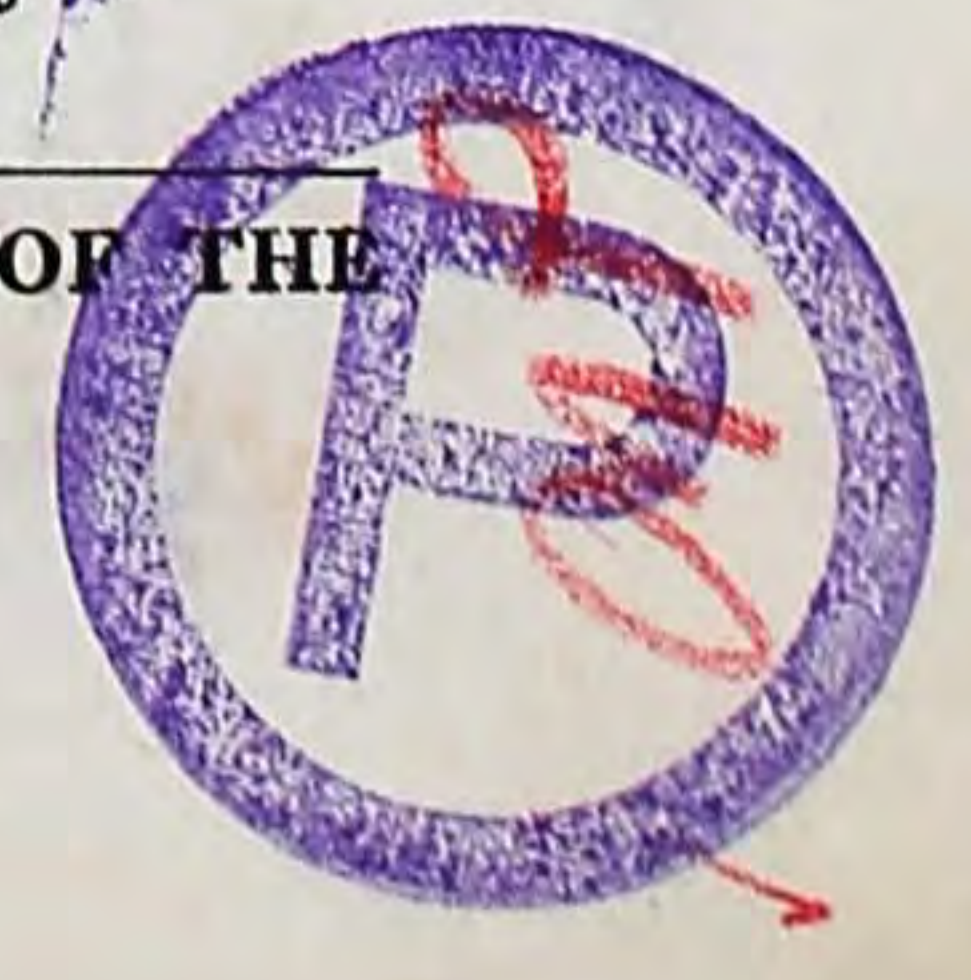
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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 **22nd** day of **July** 19**40**

Edward J. Smith (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

FINGERPRINTED



D. E. Sheary
WITNESS
Heard

Record of Service of McKNIGHT
(Surname)

Douglas Delbert
(Christian Names)

Regimental Number D26661

QUALIFICATIONS

Military..... Nil
 Business or Professional..... Nil
 Trade or Civil..... Farmer
 Technical..... Nil
 Languages..... English

EDUCATIONAL QUALIFICATIONS

High School } 1 year } Graduation } Nil
 or } } or } }
 Collegiate } (years completed) } Matriculation } (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		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
22-7-40	1122-	Joined on appointment T.O.S. CANADIAN GRENAДИER GUARDS C.A.S.F.	Gdsm.	22-7-40	C.G.G.	Montreal	Pt. 2 No 33	23/7/40
17/2/41	—	Furlough Under Ord. R.O. 699-15/2/41	"	—	"	C. Border	Pt. 11 No 35	14/2/41
4/3/41	186-3	Returned from Furlough	"	3/3/41	"	"	No 47	4/3/41
5/3/41	—	R.W.L.	"	2/3/41	"	"	No 47	4/3/41
24/2/42	1	Furlough R.O. 699. 21/2/42 - 6/3/42. Warrant No. 4932.	"	—	29 C.A.R. (C.G.G.)	Debert	No. 11	20/2/42
17/3/42	—	A.W.L.	"	8 Mar 42	"	"	No. 22	11/3/42
23/3/42	—	J.O.S. 22 CDN ARMD REGT. (C.G.G.)	"	14/3/42	"	"	No. 26	16/3/42
11 Sep 42	—	Special leave (R.O. 699.4a) 5 to 10 Sep 42	"	5 Sep 42	"	"	No. 134	7 Sep 42
21 Sep 42	—	Qualified leader to Operator Group "b"	"	15 Sep 42	"	"	No. 144	20 Sep 42
"	—	Granted Trades Pay Group "b"	"	"	"	"	"	"
19 Oct 42	—	J.O.S. 6000 Army Canada	"	25-9-42	"	Al'Shot	No. 1	30 Sep 42
"	—	J.O.S. " " Overseas	"	26-9-42	"	"	No. 1	"

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

Vertical text at the bottom of the page, possibly from a reverse side or another document, including letters 'I. A.', 'a. I.', 'b. T.', etc., and numbers '8-7', '13-9', '15-7', '15-8', '2-8', '25-7'.

CERTIFICATE OF MEDICAL EXAMINATION

Name in full McKnight Douglas ALBERT Date July 18th, 1940-

Part 1. Information obtained from the recruit.

1. Age 20-19 2. Have you ever suffered from any of the following diseases?
- | | | | |
|-----------------------------------|-----------|--|-----------|
| a. Rheumatism..... | <u>no</u> | k. Ear disease..... | <u>no</u> |
| b. Tuberculosis..... | <u>no</u> | l. Eye disease..... | <u>no</u> |
| c. Bronchitis or asthma..... | <u>no</u> | m. Epilepsy..... | <u>no</u> |
| d. Heart disease..... | <u>no</u> | n. Nervous or mental disease..... | <u>no</u> |
| e. Kidney or bladder disease..... | <u>no</u> | o. Syphilis..... | <u>no</u> |
| f. Gastro-intestinal..... | <u>no</u> | p. Gonorrhoea..... | <u>no</u> |
| g. Rupture..... | <u>no</u> | q. Have you ever worn glasses?..... | <u>no</u> |
| h. Varicose veins..... | <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details..... | <u>no</u> |
| i. Flat or deformed feet..... | <u>no</u> | | |
| j. Nasal trouble..... | <u>no</u> | | |

Douglas McKnight
Signature of Applicant

Color Vision Ishihara. CN. Ears normal. A. Delahaye, Capt. U.R.I.N.E. N
Reflexes normal. X.R.A. N

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

1. Identification marks or scars. (If operative obtain history.)
1 Vacc. left arm.
2. Height 5 feet 7 3/4 inches. 3. Weight 133 pounds.
4. Complexion Med. Eyes Blue 5. Development Good Good
Fair
Poor
- Hair D. Brown
6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 3 inches.
7. Vision, right 20/30 left 20/20 8. Hearing, right W 20 left W 20
9. Condition of mouth and teeth Good.
10. The abnormalities (congenital and pathological) found on examination are as follows.....

Pulmonary systolic Bruit in standing erect position only.

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.....

B. Ferguson Lt. J. B. ... M. J. ...
President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
15-7-40	T.A.B. <u>[Signature]</u>	30-6-42	T.A.B.T. 1/2 cc <u>Rd Whittman Capt.</u>
2-8-40	<u>3</u> <u>[Signature]</u>		
15-8-40	<u>[Signature]</u>		
15-7-40	Tetanus Dose 1 cc <u>[Signature]</u>		
12-9-40	Tetanus Dose 1 cc <u>[Signature]</u>		
15-7-40	Vacc Succ <u>[Signature]</u>		
8-7-41	T.A.B.T. 1/2 cc <u>[Signature]</u>		
29-4-42	Re-examined Category A. <u>[Signature]</u>		
19-5-42	which unreadable 7.5 <u>[Signature]</u>		

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

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

No., RANK and NAME ... **D-26661** **Tpr** **McKNIGHT** **D** **(DECEASED)**

RECEIVED FROM **2nd** **chelon** **21 Army Group**

CHECKED BY **C-5591 Pte Patterson L.K.** DATE **29 March 45**

AND **B-143679 L/Cpl Richardson J.T.**

- | | |
|---|---------------------|
| 1 | Camera Bullet |
| 2 | Photographs |
| 1 | Leather Snap Folder |
| 8 | Snapshots |
| 2 | Souvenir Coins |
| 1 | Silver Chain |
| 1 | Metal Ring |
| 1 | Pen No Name |
| 1 | Red "I" Disc |

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

QUADRUPPLICATE—with effects.

J.K. Patterson

for OC 1 Cdn KSD

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.

RECORDED

Handwritten signature and scribbles



Faint, illegible text, possibly a list or table of contents.

IMANLOKA
EZIYLET BAYUCH

Handwritten marks and a small black dot.

CANADIAN MILITARY HEADQUARTERS
RECORDS OFFICE
CASUALTY REPORT

Name (in full) McKWIGHT, Douglas Delbert
No. D-26661 Rank TPR Unit 22 CDN ARMD REGT C.A.C.
Hospital (UK only) in which death took place, if applicable
RU (UK only) to which posted on admission to hospital
Casualty KILLED Date 26 FEB 45 List No. A-550 Place AEF
If PW or Interned; Number and Address
Previously reported Date

[Signature]
OIC R 5 Wing (Cas Sec)

NEXT OF KIN

1. Canada or U.S.A.—Yes/No (if No, complete No. 2)
2. Name (in full)
Relationship Address
3. Any relatives in UK from MFM 5, or any other source, including children born overseas. If none so state.
Date of marriage, if known

WILL, EFFECTS, ETC

1. No will here (or) ~~will herewith dated~~ Beneficiary (Relationship)
..... (Name) (Address) Executor
2. Bank account—name of bank, etc A/c No.
Address
3. Kit privately stored—name of custodian
4. Particulars of debts, remarks, etc

Date MAR 14 1945

ORIGINAL — With will, if any to OIC Estates,
CMHQ.
DUPLICATE — To file.

[Signature]
OIC R 3 Wing (Non-effective Pers)
for OIC Records,
CANADIAN MILITARY HEADQUARTERS



File No. 405-M-45563

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 26661 Name Mc Knight, Douglas Delbert
Rank on Discharge Gdem. Date of Discharge 26-2-45
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 22-7-40 to 25-9-42
from _____ to _____

United Kingdom from 26-9-42 to 21-7-44
from _____ to _____

Italy from _____ to _____

Northwest Europe from 22-7-40 to 26-2-45 (K/a)
-----from _____ to _____

-----from _____ to _____

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

War Medal 1939-45 OK

Canadian Volunteer Service Medal OK

with clasp OK



Handwritten initials

Verified by A. Routhier

Date 26-10-46

Carded OCT 29 1946

NO RIBBON DESPATCH

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER	D-26661	RANK	Trooper <i>Edson</i>		SERVICE UNIT	22 Armoured
NAME	MCKNIGHT, Douglas Delbert		Regiment (CGG) C.A.O. (CA)			
DATE OF BIRTH	DAY	MONTH	YEAR	Date Enlisted:		
	29th	September	1920	22-7-40		
MARITAL STATUS	Single		Religion: Church of England.			
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP	Father		NAME	Mr. Chester G. McKnight,		
ADDRESS	R.M.D. #3, North Hatley, Quebec.		ADDRESS D.A.B.			
ADDITIONAL PERSON TO BE NOTIFIED						ADDRESS
PARENTS NAME						
ADDRESS (IF SOLDIER MARRIED OVERSEAS)						
AUTHORITY CAS. SIG. NO.	Canrecords - 6695A		H.Q.405-M-45,563			
CASUALTY DETAILS	Killed in action				DATE	26-2-45

WESTERN EUROPEAN THEATRE OF WAR

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

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

DD O/S with 22 Armd Regt

DATE 10-3-45
Malcolm Hunt
OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (WESTERN EUROPE) No.		Official name of civil municipality or township	Hospital or Institution		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township									
	Street															
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	McKNIGHT														
	Given names	Douglas Delbert														
4. RESIDENCE	Street	No.														
	Official name of civil municipality or township	North Hatley														
	Municipal county	Province Quebec														
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
M			Single													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) Quebec																
11. DATE OF BIRTH September 29th 1920 (Month) (Day) (Year)																
12. AGE OF DECEASED 24 Years Months Days If less than one day old hrs. or min.																
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.	Farmer															
	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 McKNIGHT, Chester G.																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal Body not recovered																
20. Date of burial 19																
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church															
	(b) Civil municipality of															
	(c) Municipal county															
	(d) Date 19 (Month) (Day) (Year)															
22. Date of death February 26th 1945 (Month) (Day) (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, (a) Date of appearance 19 (b) Duration of disease days																
25. If a woman, was there a puerperal condition? 19																
26. Was there a surgical operation? Date of 19 State findings Was there an autopsy? 19																
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.) This signature authorizes the collector to accept this form as authentic.																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. (Voir l'autre côté pour le français)																

OVERSEAS CASUALTY
CANADIAN ARMY

NOV 19 1946

405-M-45563

RECORDS OFFICE OVERSEAS.
CANADIAN MILITARY HEADQUARTERS.

P.A.

GRAVES REGISTRATION CARD.

NAME McKNIGHT, ~~Monty~~ Douglas Delbert. PLACE & DATE OF BIRTH North Hatley. QUEBEC.
29 September 1920.
RANK Tpr. REGTL NO. D.26661.
UNIT 22 ARMD REGT. C.A.C. NEXT OF KIN & ADDRESS FATHER:-
A.E.F. Mr Chester Godfrey McKNIGHT.
R.R.#3, North Hatley.
P.QUEBEC. Canada.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION _____ NAME & LOCATION OF HOSPITAL _____
DIAGNOSIS _____

PARTICULARS OF DEATH

DATE OF DEATH 26 February 1945 PLACE OF DEATH No information.
HRS _____
CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL.

DATE OF BURIAL No information CEMETERY No information.
PLOT NO _____ ROW NO _____ GRAVE NO _____
DEATH CERTIFICATE NO _____
DATE OF REGN OF DEATH CERT _____
RELIGION Church of England.

DATE 31 Oct 45.

B

St Paul Coy
(M. BIUTEAU) Capt.
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS,

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

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

WSG 753-2
10042
ARMY

DECEASED
MEMBER'S
NAME

Douglas Delbert
(CHRISTIAN NAMES)

MC KNIGHT
(SURNAME)

REGISTER NO. D-16585
FILE NO. 405-M-45563
DATE 8-2-46
SERVICE NO. D-26661
FINAL RANK OR RATING Gdsmn.
DATE OF DISCHARGE 26-2-45

PAYEE **Director of Estates**

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE **26-2-45**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **1681** EQUAL TO **56** COMPLETE PERIODS AT \$7.50
30

\$ 420.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **885** LESS **1** INELIGIBLE DAYS, EQUAL TO **884** DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

221.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25
ADDITIONAL PAY \$.25

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.00 X7 = \$ 21.00
NO. OF DAYS **885** X\$ 21.00
183

641.00

101.56

D. WAR SERVICE GRATUITY

742.56

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

742.56

G. YOUR PORTION OF GRATUITY IS—

100%

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

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 **KRM** CHECKED BY *[Signature]*

TREASURY
CHECKED BY *L Knapp* DATE *14.2.46*

Kurkei Court
SERVICE REPRESENTATIVE



OVERSEAS

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. **D26661** Rank and Name **McKnight D.D. Gdsm.**

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

(Transfer or Discharge).....to.....on **26th Feb: 19.45.**

Reason **Death** Authority: **C.C.L. "A" 550 d/4th Mar. 45.**

The following is a statement of the account of the above-named from **1st Feb:** to **28th Feb: 19.45.** the inclusive date of transfer or discharge.

Dr

Cr

Particulars		Amount		Particulars		Amount	
Balance Dr from last account.....				Balance Cr from last account.....		120	13
First Monthly Payment.....				Regimental Pay 28 days at \$ 1.50,		42	00
Casual Payments.....				Tradesmen's Pay 28 days at \$ 25¢		7	00
Payments on Transfer or Discharge.....				Additional Pay (Give Particulars).....			
Assigned Pay.....		25	00days at.....\$			
Regimental Charges.....				Allowances (give particulars).....days			
Public Stoppages (give particulars):				at.....\$			
.....				D.P. Interest		1	25
.....						
.....						
To Balance Cr { Free.....		125	38	By Balance Dr			
{ Deferred.....		20	00			
Total.....		170	38	Total.....		170	38

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

Remarks

A.P. \$25.00 (P) Stopped off Mar. 45.

Compiled by **A. Bell.**

Checked by **E. H. Collins**

Date **30th Aug. 45.**

Certified correct **[Signature]**
for Chief Treasury Officer, Overseas

Register No. D-165-85

Nominal Roll No. D-424

H.Q. File No. 405-M-45563

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
<u>D.26661</u>	<u>C.D.S.M.</u>	<u>McKNIGHT</u>	<u>DOUGLAS DELBERT</u>

REASON FOR TERMINATION OF SERVICE:

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>22 Jul 40</u>	T.O.S.	T.O.S.
S.O.S. <u>26 Feb 45</u> MD. <u>25</u>	S.O.S. MD.	S.O.S. MD.
Total Days..... <u>1681</u>	Total Days.....	Total Days.....

Total Service 1681 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>796</u>	<u>796</u>	<u>796</u>
Overseas Service.....	<u>885</u>	<u>885</u>	<u>885</u>
Totals.....	<u>1681</u>	<u>1681</u>	<u>1681</u>
Add Non-qualifying Service.....			
Total Service			<u>1681</u>

EMBARKATION DETAILS:

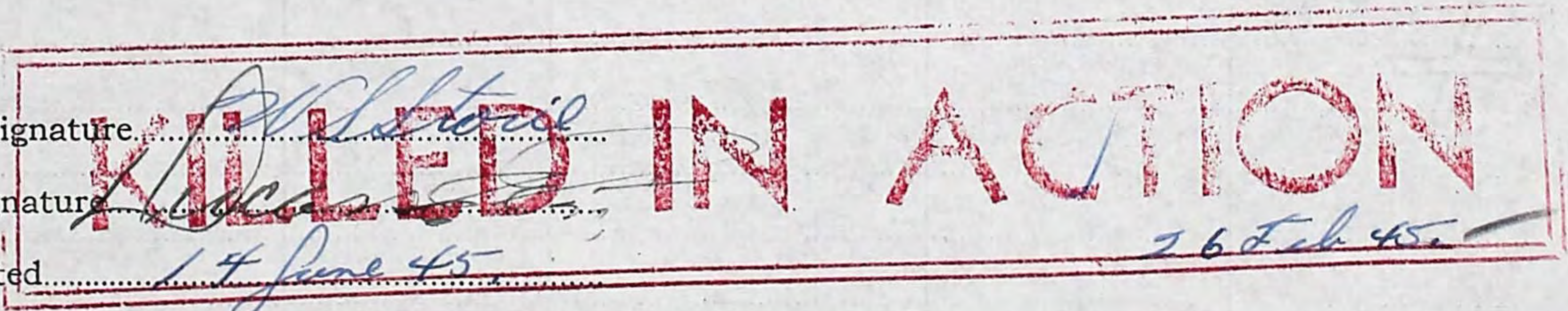
1. Date S.O.S. Overseas..... 26 Feb 45 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature..... [Signature]

Checker's Signature..... [Signature]

Date Computed..... 17 June 45



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

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

920

16-10-54

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

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

No., RANK and NAME ... **D-26661** **Tpr** **McKNIGHT** **D** **(DECEASED)**

RECEIVED FROM **2nd** ^{LT} **Chelon** **21 Army Group**

CHECKED BY **C-5591 Pte. Patterson L.K.** DATE **29 March 45**

AND **B-143679 L/Cpl. Richardson J.T.**

- | | |
|---|---|
| 1 | Camera Bullets |
| 2 | Photographs |
| 1 | Leather Snap Folder <i>Not received</i> |
| 8 | Snapshots |
| 2 | Souvenir Coins |
| 1 | Silver Chain |
| 1 | Metal Ring |
| 1 | Pen No Name <i>Not received</i> |
| 1 | Red "I" Disc |



*Bring to
attn of J!*

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

QUADRUPPLICATE—with effects.

J. K. Patterson Pte.

for OC 1 Cdn KSD

*Chester G. Mc Knight
North Station, Quebec*

Director of Estates

Regimental No. **D.26661** Rank **Trooper**

..... **MCKNIGHT** **Douglas Delbert**
Surname Christian Names

Unit..... **22 Armoured Regiment (CGG) C.A.C. (CA)**

Date of death **26 Feb 45** Place of Death **WESTERN EUROPEAN THEATRE OF WAR**

Casualty Details **Killed in action**

Next-of-kin... **Mr. Chester G. McKnight** ... Relationship **Father**

Address..... **R. M. D. #3, North Hatley, Quebec**

Will..... **Will d/7 Aug 40 herewith**

Date..... **16 Mar 45**

EXCERPT OF M.F.M.5 dated **24 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.....
..... **Chester G. McKnight**
..... **R. R. #3, North Hatley, Que**

(3) Is your mother alive? **No** If so, state name and address.....
.....
.....

(4) Are you insured?..... **Yes** If so, in what company?.....
..... **North American Life Insurance Co**

JEC/SLG


[Handwritten Signature]
ESTATES LIAISON **8**

405-M-45563
D.R. 2 (D)


CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received, at the Department of National Defence from the overseas authorities, No. D.26661, Trooper Douglas Delbert McKNIGHT, of the Canadian Armoured Corps, Canadian Army, was killed in action on the 26th of February, 1945.



 (R.T.E. Hicks-Lyne) Colonel,
Acting Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

 Department of National Defence,
Ottawa, Canada.
March 20th, 1945.

10

10th March, 1945.

Mr. Chester G. McKnight,
R.M.D. #3,
North Hatley, Quebec.

Dear Mr. McKnight:

It was with deep regret that I learned of the death of your son, D26661 Trooper Douglas Delbert McKnight, who gave his life in the Service of his Country in the Western European Theatre of War on the 26th day of February, 1945.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major-General
Adjutant-General

MAR 10 1945
(A.E. Walford),
Major-General,
Adjutant-General.

*Mem x nil
15.3.45*

/EMA

7

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, Douglas Delbert McKnight, of the Village
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of North Hatley, in the County of Stanstead
~~District~~

Province of Quebec, Brass Cutter
(Civil Occupation)

Regimental No. D 26661, Unit CANADIAN GRENADEER 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

Chester Godfrey McKnight, father, R. R. No. 3, North Hatley,
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 Chester Godfrey McKnight, R.R.No.3, North Hatley,
(Name) (Address) Que.

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

IN WITNESS WHEREOF I have hereunto set my hand this 7 day of August
1940.

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

Douglas Delbert McKnight (Gdsm)
(Signature of soldier)

First witness
sign here.

(5) Signature Alauv. Robson (Gdsm)

Civil Address 4087 Tupper Street, Montreal, Que.

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

Second witness
sign here.

Signature W Bempleman (Gdsm)

Civil Address Drummondville, Que.

Civil Occupation Laborer, Eagle Pencil Co.

(Witnesses are not to be beneficiaries.)

[OVER]

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

Sheet No.....

Name..... **McKnight D.D.** **D26661**

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

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
	✓	Disembarked in UK	Sdsen	7 Oct 42	22arm R	UK	1	13 Nov 42
	✓	Priv leave (P1) F-T.W to 5 Nov 42 MA.	Sdsen	30 Oct 42	22 CAR	U.K.	8	27 Oct 42
	✓	Grant'd P.L. with M.A to 28 Jan. 43	Sdsen	22 Jan. 43	22 Arm ² R	UK	6	6 Feb. 43
	✓	Granted Trades rates of pay \$1.75 per diem	Sdsen	1 Jan 43	22 Arm ² R	UK	14	29 Mar 43
	✓	Rel Deal Dr Op "Cremated. Deal Dr Op CAC "C"	Sdsen	30 July 43	22 Arm ² R	UK	35	3 Aug 43
	✓	Granted T.P. Dr Op CAC "C"	Sdsen	30 July 43	22 Arm ² R	UK	35	3 Aug 43
	✓	AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
625	✓	Awarded G.C. Badge.	Sdsen	8 May 43	22 Arm ² R	21 AG.	26.	20 Jun 44
	✓	To be Hope	Sdsen	14 Jun 44	22 Arm ² R	21 AG.	28.	14 July 44
	✓	Embark UK 21 Jul 44						
	✓	Disembarked FRANCE 23 Jul 44 27 Jul 44	L/cpl		22 CAR	21 AG.	35	5 Aug 44
M/60	✓	Att. to Vpn. 25 Armed Div. Regt.	L/cpl	22 Sep 44 9 Oct 44	22 Arm ² R	21 AG.	48.	21 Oct 44
2157	✓	Reverts to Sdsen at our request. To draw \$1.75 Op. CAC "C"	L/cpl	14 Oct 44	22 Arm ² R	21 AG.	49	28 Oct 44
		KILLED 26 FEB 45						
	✓	Killed.	Spr.	26 Feb 45	22 Arm ² R		CLA S'S'D.	4 Mar 45
SOS	✓	SOS Deceased. Killed in action -	Sdsen	26 Feb 45	22 Arm ² R	21 AG.	26.	9 Mar 45

Amended 00² 71 d/5 Sep 44

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 or Other Rank MC. KNIGHT DOUGLAS DELBERT
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-26661 GUARDSMAN

(3) Unit CANADIAN GRENADEIER GUARDS C.A.S.F.
NO

(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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys N/A Girls N/A
Names and ages N/A

(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 **MC. KNIGHT DOUGLAS CHESTER G
R.R. 3 NORTH HATLEY, QUE
FARMER**

(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? **NO**

If so, state name and address **N/A**

(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? **YES**

If so, in what Company? **NORTH AMERICAN LIFE INSURANCE CO**
(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.

Douglas Mc Knight
(Signature of officer or man)

Date **22 JULY 1940**

JUL 24 1940

Officer Command *M. F. Peiler* **Lieut-Colonel**
Commanding Canadian Grenadier Guards

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.

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 **CANADIAN GRENADEER GUARDS** C. A. S. F. Regimental Number **D26661**

<p>1. Surname <u>McKnight,</u></p> <p>2. Christian Names <u>Douglas Delbert</u></p> <p>3. *Substantive Rank and Appointment <u>Sgt</u></p> <p>*Acting Temporary or Local Rank <u>411 - 111 111</u> giving date <u>11 - 11 - 41</u></p> <p><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth <u>North Hatley, Que.</u></p> <p>5. Date of birth as declared on attestation <u>29 Sep 20</u></p> <p>(A) <u>22 Jul 40</u></p> <p>6. Date of enlistment <u>22 Jul 40</u></p> <p>7. Place of enlistment <u>Montreal, Que.</u></p> <p>8. Residence at time of enlistment <u>North Hatley, Que.</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion <u>Protestant</u> (Church of Eng.)</p> <p>12. If married, state date <u>- 5</u></p> <p>13. Trade on enlistment <u>Brass Cutting</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries <u>Qual: XXXXXXXXXXXXXXXXXXXX</u> <u>Operator CAC "C"</u></p>	<p>(17) Regiment or Corps CANADIAN GRENADEER GUARDS CANADIAN GRENADEER GUARDS, C. A. S. F. <u>22 Jan. 1940. Regt (643)</u></p> <p>Unit (Battn., etc)</p> <p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 30%;">Date</th> <th style="width: 40%;">Authority</th> </tr> </thead> <tbody> <tr> <td><u>A.</u></td> <td><u>22 Jul 40</u></td> <td><u>M.F.M. 2.</u></td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil) <u>Father</u> <u>Mr Herbert Godfrey Knight</u> <u>P.O. 3, North Hatley,</u> <u>P.Q. Saw</u></p> <p style="text-align: right;"><u>81-20 Nov 43</u></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	<u>A.</u>	<u>22 Jul 40</u>	<u>M.F.M. 2.</u>
Category	Date	Authority					
<u>A.</u>	<u>22 Jul 40</u>	<u>M.F.M. 2.</u>					

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.

100 - 1 Jan 43.

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
			<i>Disembarked in U.K.</i>		<i>7 Oct 42</i>		
<i>3 Nov 42</i>		<i>22 B.O.R.</i>	<i>7.O.A. 22 Bdn. Bnwd. Regt. (644)</i>	<i>U.K.</i>	<i>14/3/42</i>	<i>U.K.</i>	<i>Mtm 2.</i>
			<i>Qualified Loader Operator Group "b"</i>		<i>15/9/42</i>		
			<i>Graded Trades Pay Group "b"</i>				
			<i>A.O.A. b. a. Canada</i>		<i>25/9/42</i>		
			<i>7.O.A. b. a. Overseas</i>		<i>26/9/42</i>		
			<i>7 days P.R. & F.I.W. to 5 Nov 42</i>		<i>30 Oct 42</i>		
<i>30 Jan 43</i>	<i>b.R.</i>	<i>"</i>	<i>7 days P.R. with money allow to 28 Jan 43</i>	<i>Field</i>	<i>22 Jan 43</i>	<i>Field</i>	<i>6 - 6 Feb 43</i>
<i>26 Mar 43</i>	<i>"</i>	<i>"</i>	<i>Daily rate of pay \$1.75 per diem</i>	<i>"</i>	<i>1 Jan 43</i>	<i>"</i>	<i>14 - 29 Mar 43.</i>
<i>14 Jun 43</i>	<i>"</i>	<i>"</i>	<i>7 days P.R. & M/A to 11 Jun 43.</i>	<i>"</i>	<i>4 Jun 43</i>	<i>"</i>	<i>28 - 26 Jun 43.</i>
<i>23 Jul 43</i>	<i>"</i>	<i>"</i>	<i>7 days P.R. & M/A to 23 Jul 43.</i>	<i>"</i>	<i>18 Jul 43</i>	<i>"</i>	<i>31 - 2 Aug 43.</i>
<i>27 Jul 43</i>	<i>"</i>	<i>"</i>	<i>Relinq Dvr-Oper "C" & is re-mustered Operator CAC "C"</i>	<i>"</i>	<i>20 Jul 43</i>	<i>"</i>	<i>35 - 3 Aug 43.</i>
			<i>Trades Pay Operator CAC "C" (Dvr-Oper "C")</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
<i>23 Jan 44</i>	<i>"</i>	<i>"</i>	<i>Awarded Canadian Volunteer Service Medal and Clasp</i>	<i>"</i>	<i>13 Jan 44</i>	<i>"</i>	<i>35 - 28 Jan 44</i>
<i>10 Jun 44</i>	<i>"</i>	<i>"</i>	<i>Awarded First Good Conduct Badge.</i>	<i>"</i>	<i>8 Mar 43</i>	<i>"</i>	<i>26 - 20 Jun 44.</i>
<i>22 Jun 44</i>	<i>"</i>	<i>"</i>	<i>No be 2/44.</i>	<i>"</i>	<i>14 Jun 44</i>	<i>2/44</i>	<i>28 - 4 Jul 44.</i>
			<i>Embarked U.K. 21 Jul 44. Disembarked France. 27 Jul 44.</i>	<i>"</i>	<i>27 Jul 44</i>	<i>"</i>	<i>35 - 5 Aug 44</i>
<i>10 Oct 44</i>	<i>"</i>	<i>"</i>	<i>Ret to 2 Apr 25 ADOR to 9 Oct 44.</i>	<i>"</i>	<i>22 Aug 44</i>	<i>"</i>	<i>48 - Oct 44</i>
<i>18 Oct 44</i>	<i>"</i>	<i>"</i>	<i>Reverts to Adm at own request. No draw tradesman's rates of \$1.75 (Op CAC "C")</i>	<i>"</i>	<i>14 Oct 44</i>	<i>"</i>	<i>49 - Oct 44</i>
	<i>CR</i>	<i>22 CAR:</i>	<i>SOS is deceased killed in action (Op CAC "C")</i>	<i>Field</i>	<i>26 FEB 45</i>	<i>Gdsm</i>	<i>26 d/MAR 45</i>

26.2.45

AWARDS—CANADIAN ARMY (ACTIVE)

M

D.W.
500M-1-44 (3467)
H.Q. 1772-45-8

McKNIGHT, Douglas Delbert		D.26661	Tpr.	FILE NO. 405-M-45563 C.A.C.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPATCHED:
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ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	4171 22/10/49
France & Germany Star	
Defence Medal	
War Medal, 1939-45	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO.	DATE OF DESPATCH
MEMORIAL BAR	
DATE DESP	(1)
REGN. NO	213

(1) MEDALS
PERSON

ENTITLED TO

Mr. Chester G. McKnight - Father

R.M.D. #3,
NORTH HATLEY,
Que.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

SINGLE

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

DECEASED (MFM5)

ADDRESS:

(2)

(3)

NO. D.26661 Rank ^{GDSMN.} Trooper Name MCKNIGHT, Douglas Delbert

Unit C.A.C. 22 ARMD. REGT (666) Date of death 26th February, 1945.

Died at WESTERN EUROPE.

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-M-45563

N/K Mr. Chester G. McKnight, Relationship Father

Address R.M.D. #3, North Hatley, Quebec. OK

Remains buried in Cemetery

CHK ✓

Grave location

GROESBEEK MEMORIAL

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. NOV 19 1946

ROYAL MESSAGE DESP'D. MAR 19 1945

CAN. MESSAGE DESP'D. MAR 23 1945