D26805
FORD
HENRY VICTOR

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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 FORD, HENRY VICTOR (b) Reg'l. No. D-26805
2. (a) Arm of service Armoured (b) Unit 22nd. Cdn.Armd.Regt.(CGG) (c) Rank Gdsm.
3. (a) Date of birth 8 Dec.1902 (b) Have you any dependents? (c) Place of residence at time of enlistment Val D'Or, P.Q.
4. (a) Place of enlistment Val D'Or, P.Q. (b) Date of enlistment 28 July 1940.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 9 (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.) 2nd. Grade Public School
7. If you attended a university, give name of university and standing or degree secured No.
8. (a) Did you ever enter upon a trade apprenticeship? No. (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

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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 Cournor Gold Mines Address Pascilas, P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Gold Mining
20. (a) Your specific occupation Gold Miner (Driller) (b) Number of years' experience at this occupation with any employer 7 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? No.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No. (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 7 yrs. (c) In what provinces did you have experience? Saskatchewan Manitoba & Ontario

Section G—MISCELLANEOUS

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

DATE 25 April 1942 SIGNATURE Henry V Ford

CONFIDENTIAL.

Soldiers Qualification Card

CARDS PUNCHED

CODED

Regt'l. Number	Last Name	First Name	Middle Names
D26805 #P	FORD	HENRY	VICTOR

2 Nationality: 08 Can. | By Birth: ✓ | By Naturalization: | Country of Birth: CANADA.

3 1 Racial Origin: BRITISH | 4 1 Language spoken in home: French ___ Other ___ English ✓

5 Age: 39 1903 | 6 Height: 5'8" | 7 Weight: 145 | 8 Silhouette: 1 2 3 4

Eyes: 9 1 Colour of: BLUE | 10 1 Acuity: ✓ 1 2 3 | 10 Glasses ___ | 11 Colour Vision: 1 2 3 4

12 Hearing: Acuity: ✓ 1 2 3 | 13 Speech Defects ___

14 Handedness: ✓ R | L | A | 15 1 Med. Category: A.

Cause ___

Attitude to own health: NORMAL | To Medical attention: NORMAL

Health History: Stomach injury at age of 13.

16 Education Level: Illiterate ___ E 2 (12) S ___ (Grade completed)

Conduct during school life: Ran away often

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. ___ (Course) At ___ From—To ___ Completed ___

21 2. ___ (Course) At ___ From—To ___ Completed ___

22 3. ___ (Course) At ___ From—To ___ Completed ___

Other trades papers, Diplomas Certificates or Qualifications ___

23 Languages: Spoken fluently ___ Written well ___

02

24 Main occupation: Description: TRUCK & TRACTOR DRIVING.

9418 Estimate of skill ___

9258 Duration (from—to): 1919 - 21 / 1927 - 32 | Weekly Wage: $25.00

Employer's Name and Address: Simmons Bedding Co., MONTREAL, P.Q.

50 "M" Test	Score	SM	
1	19		S. Tot. 51
2	16		SM
3	16		
4	21		S. Tot. 57
5	30		SM
6	10		S. Tot. 49
7	17		SM
8	22		
Tot.	157	SM	Grade

9 M. Test. 17-2-42

51 OTHER MENTAL

Test ___ Score ___ L. Grade ___ Date ___

52 MECHANICAL

Test ___ Score ___ Grade ___ Date ___

52 CLERICAL APT.

Test ___ Score ___ Grade ___ Date ___

53 TRADE TEST

1 Score ___ G. ___ Date ___
2 Score ___ G. ___ Date ___
3 Score ___ G. ___ Date ___
4 Score ___ G. ___ Date ___

54 OTHER

Test ___ Score ___ Grade ___ Date ___

Unit: 22 C.A.R. (C.G.G.) FLD

1 Corps: C.A.C.

131.

25 Second Most Important Occupation: Description: MINER (DRILLER) | Estimate of skill ___

2690 Duration (from—to): 1939-40 | Weekly Wage: $50.00

Employer's Name and Address: CORNOR GOLD MINES, PASCALIS. (Pasqualis,) Que.

26 Third Most Important Occupation: Caterpillar tractor driver. | Estimate of skill ___

disregard. Duration (from—to): 1924-25 | Weekly Wage ___

Employer's Name and Address: Cheval & Clarke, Winnipeg. Indian Lake Lumber Co. " "

Trade Union or Professional Society ___

Vehicles: 27 4 Heavy Truck W.R. | 28 4 Light Truck W.R. | 29 4 Auto W.R. | 30 Motorcycle ___

31 Farm Tractor ___ | 32 4 Tracked Vehicle W.R. | 33 Power Launch ___ | 34 Aeroplane ___

35 Accident Prone ___

Farming Experience: Wide ___ Limited ✓

District: MANITOBA & SASK. | Type: GRAIN. 1926-27

Job promised after discharge: NO. | By whom? Name ___

Address ___

Other provision for post-discharge occupation ___

Type of work desired: GAS Station Att

Occupational history: Ambitious ✓ | Accidental ✓ | Stable ___ | Erratic ___

36 Material Status: M ✓ S ___ W ___ D ___ Sep. ___

1 Marital Problems: Domestic troubles at home — (Remarks)

Age of wife: 34 | Wife's attitude to Service: BAD | Wife's Health: GOOD

37 No. of Children: 3 | No. Brothers ___ | No. Sisters: 1

Position in family: ELDEST. | 38 No. Dependents: 3

Relationship of Dependents: WIFE & CHILDREN —

Status of home in childhood: NORMAL.

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

9 Mechanics ___ Other: Philately

40 Sports: (1) Hunting (2) Fishing (3) ___

J Team Games and Position (1) ___

F (2) ___ (3) ___

41 Ability to Entertain: Music: String ___ Brass ___

Woodwind ___ Percussion ___ Piano ___ Vocal ___

Theatrical ___ Other ___

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received
C.G.G.	N.P.A.M.	2	Gdsm.	1923.	
R.M.R.	"	5	Cpl.	1932.	

43 CURRENT SERVICE: Date Enlisted July 30/40 Place Enlisted Montreal P.Q.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
1-8-40/14-3-42	CAN.	Inf	C.G.G.	Gdsm.	TRAINING (Intell.)	Normal
14-3-42/26-9-42	CAN.	CAC	22 C.A.R.(C.G.G.)	"	TRAINING.	"
26-9-42	U.K.	CAC	22 C.A.R.(C.G.G.)	"	Tk. Driving	—

45 COURSES ATTENDED

PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions N.1 Major Offences N.1 Minor Offences N.1

Civil Convictions N.1 Fines N.1 Hospitalization N.1

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority
DRIVER I.C. (W)	170 CLASS III	16 May 42	Pay Book.
DRIVER IC. (T)	090 CLASS. III	16 May 42	" "
DRIVER MECH (T)	168. GROUP "C"	16 May 42	" "
Good conduct badge	/	30 July 42.	

55 Type of Service Desired (1) R.C.O.C. (2) R.C.E.

Remarks re Outstanding or Limiting Factors Dr. Mech (Th) on W/E

Deportment	Good
Disposition	Intense
Appearance (grooming)	Neat
Physical appearance	Strong.
Map Reading	Satisfactory
Military Knowledge	Satisfactory
Mechanical Knowledge	Superior.

2 years reg. school - learned maths - etc by himself.

Serious family trouble; wife & children living with another man at Garson Ont. - has letter from her admitting this. He is compelled to support her. Case has been looked into before by Capt Stewart 22. CAR. - At present he is corresponding with another woman in Valcartier Que.

Has inferiority - complex - was original unit tank instructor - Says he was promised stripes.

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) Patriotism - father's people army men - mother's were in navy.

48 Suggested Possibilities for Employment (1) Dr Mech. (TK)

(2)

Tests Indicated: 2nd Mental ..... Mech. Apt. ✓ Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as /

Interviewed by J.A. Filshie. Lieut. Date 19 Nov. 42

Reviewed by ..... Date .....

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs Monica Ford,
6223 Beaulieu St., Ville Emard
Montreal 20,
Que.

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-F-12, 375 FD 170

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

October 17, 1944

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

FORD, Henry Victor Tpr.

D26805 C.A. O/S

ESTATES BRANCH
NOV 9 1944
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.

Director of Estates.

JMR/IDS

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Mrs H.V. Ford	about 35 yrs.	Do not know
2	Children of the Deceased and dates of their Births.....		Norma Ford Eric Ford Thelma Ford	about 15 12 11 yrs.	Do not Know Do not know Do not know.
3	Father of the Deceased.....		Dead -		
4	Mother of the Deceased.....		Mrs Monica Ford.	73	6223 Beaubien St Ville Emard Montreal
5	Brothers of the Deceased	Full Blood	No 1		
		Half Blood	No 1		
6	Sisters of the Deceased	Full Blood	No 1		
		Half Blood	No 1		
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
			No 1		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Henry Victor FORD
9	Date of his birth.	December 8th 1903.
10	Place and date of his marriage.	St Andrews Church Nelle Evans. MONTREAL Dec 1st 1928
11	Place and date of his parents' marriage.	St Georges Church - Camden Hill London England March 8th - 1909

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Rochester Kent England -
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) about 7 years in England as a boy (b) about 1 year in Quebec at Montreal (c) " 10 years in Hamilton Ontario (d) " 1.6 " " Montreal Quebec (d) " 3 " " Val d'or - Quebec.
14	Nature of employment before enlistment.	Truck drivers in Montreal - Gold Mines in Val d'or
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes - with the Grenadier Guards Overseas Pay Master.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No -
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Do not know.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Do not know
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Do not know.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Do not know
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Do not know.

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.	Do not 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

*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.

Mrs Monica Ford ..... Signature of Informant

6223 Beaulieu St - Montreal 20 ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Monica Ford {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 Verdun P. Q. this Second day of November 1944.

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

Arthur H James ..... Qualification Commissioner Superior Court District of Montreal

Address 673 Desmarchais Blvd - Verdun - P. Q.

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

Mrs Monica Ford states that when the deceased enlisted, coming from Val d'or to Montreal to enlist, his letters to his wife were not answered, and he told his mother that the Military Police had traced her and the Children to Sudbury - Ontario, where his wife was living with another man - he stated he was introducing Dworce proceedings and says in letter dated C.A.O - 1-8-44 "at present my papers suppose to be in Quebec courts"

A H James

29-8-44 AFCB 3 12.11

618942.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

ARMY M

WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
FORD. Henry Victor	D26805	~~Tpr.~~ GDSM	FILE No. C. G. G. (22 (C.A.R.)

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

Repl (Held Widows Until Applied for)

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
~~1939-45 Star~~ France & Germany Star Defence Medal CVSM with Clasp ~~War Medal 1939-45~~	6822-7-1-52 MAY MAY-7 1993 MEDALS RETD UNDELIVRD RETD TO STOCK 2403 CANCELLED

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

26/03/93

2027 de Villiers

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. T. Ford (mother) 17-12-49

ADDRESS: ~~6223 Beaubien St~~ 6412 Beaulieu, 20-6-51
Montreal, 20 P. Que.

(2) MEMORIAL CROSS

WIDOW: Mrs. Signa Ford, (MFM-5)
Garson, Ontario.

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: Mrs. Monica Ford,

ADDRESS: 6223 Beaulieu Street,
Montreal 20, Que.

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MEMORIAL [illegible]

(1) DATE DESP 24/1/52

REGN. NO 5662

(2) DESP. JUN 22 1953.
REGN No. 10587

(3) DESP. FEB. 20, 1945
REGN. NO. 14252

,eceived.....Checked.....Card.....Observations.....

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

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

Unité CANADIAN GRENADIER GUARDS C.A.S.F. Matricule D 26805
Unit Regimental Number

~~Original~~ Duplicata ~~Triplicata~~

TROUPES CANADIENNES DE CAMPAGNE
CANADIAN FIELD FORCE

~~Original~~ Duplicate ~~Triplicate~~ 61

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom Surname: Ford
2. Prénoms Christian Names: Henry Victor
3. Adresse actuelle Present Address: Rouyn (Abitibi) P.Q. See page 2.
4. Date de naissance Date of birth: 6 December, 1903
5. Lieu de naissance Place of birth: England (Pays—Country) County of Kent. (Comté ou province—County or Province) (Ville ou canton—Town or Twp.)
6. Religion (state denomination): Church of England
7. Métier ou profession Trade or Calling: miner
8. Marié, veuf ou célibataire Married, Widower or Single: married
9. Nom du plus proche parent Name of next of kin: ~~Figura~~ ~~Henry~~ - ~~Ford~~
10. Parenté de celui-ci Relationship: ~~wife~~
11. Adresse du plus proche parent Address of next of kin: ~~Rouyn (Abitibi) P.Q.~~ see change.
12. Avez-vous servi dans les forces navales, militaires ou aériennes? Have you served in any Naval, Military or Air Force? 2 years Canadian Grenadier Guards. 1920-21 5 years R.M.R. (M.D. 1) 1929-34
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires If previous war service, state arm, force and regimental particulars: nil
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? Do you now belong to or have you served in the Active Militia of Canada? Yes - NPAM - See above
(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

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

Je, Henry Victor Ford, déclare solennellement que les renseignements ci-dessus sont exacts, et je m'engage par la présente à servir dans les Troupes canadiennes de campagne tel que requis, durant la guerre actuelle entre ..... et ....., et pendant la période subséquente de démobilisation et, en tous cas, pendant une période de pas moins d'un an pourvu que Sa Majesté requière mes services pendant ce temps.

Date 30 July. 40 Henry Ford
(Signature de la recrue)

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

Je, Henry Victor Ford, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Henry Ford
(Signature de la recrue)

WITNESS Adamson Lt

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

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

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

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

à VAL D'OR, QUE ce thirtieth jour de July 1940

(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)
DIST. RECRUITING OFFICER
NMD 4
(Titre, grade et unité ou emploi)

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

Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

Etat de service de FORD HENRY-VICTOR Matricule D26805
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

Militaires 3 years a corporal in R.M.R. (M.G.) Specialized in Lewis Gun
Military

Professionnelles ou commerciales nil
Business or Professional

Civiles ou de métier miner
Trade or Civil

Techniques nil
Technical

Langues ENGLISH
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies 5 yrs. Hamilton Ont.
High School or Collegiate (années complétées—years completed)

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

*Collège nil

*Université nil
University

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

Toutes les recrues enrolées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin.
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Etat des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie 11, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment						
1 Aug 1940	1122 — n/a	T.O.S. CANADIAN GRENADIER GUARDS C.A.S.F.	GDSM	1 Aug 1940	C.GG	Mtl	PT. V No 40	1/8/40
9/1/41	—	Admit to St. Johns M. Hosp.	"	1 Jan 41	"	C. Borden	PT II No 4	6 Jan 41
10/1/41	046-3	Placed under stoppages of Pay	"	1 Jan 41	"	"	PT II No 6	9 Jan 41
15/1/41	—	Disch from St Johns M. Hosp	"	13 Jan 41	"	-	PT II No 32	11 Feb 41 ~~15 Jan 41~~
15/2/41	1	Furlough Under Aut. R.O. 699 - 15/2/41	"	—	"	"	PT II No 35	14/2/41
4/3/41	—	Returned from Furlough 3 Mar 41	"	—	"	"	" No 47	4/3/41
30/7/41	address N-of-K	Change of address Vol d Or Que	"	29/7/41	"	Halifax	" No 146	29/7/41
21/2/42		Furlough R.O. 699 21/2/42 - 6/3/42 Warrant No. 110015	"	—	22 CAR (C.G.G.)	Debert	" No 11	20/2/42
23/3/42		TOS 22 CDN ARMD REGT. (C.G.G.)	-	14/3/42	-	-	- No 26	16/3/42

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

RECEVEZ-VOUS OU AVEZ VOUS DE[illegible] RECU
UNE ON OU UNE COMPENSATION POUR IN-
VALIDITE SI OUI DONNEZ DETAILS NO

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CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier ~~Henry Victor~~ Ford - HENRY·VICTOR Date July 30, 1940
Name in full

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

1. Age ~~37~~ 36 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

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

Henry Ford
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs — Examiners remarks *re* above
urine N
Reflexes normal Colour Vision N. X. RAY N

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

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)
Identification marks or scars (If operative obtain history).

2. Taille 5 pieds 8 pouces. — Height — feet — inches.
3. Poids 139 livres — Weight — pounds
4. Teint fair Yeux blue — Complexion — Eyes
Cheveux brown — Hair
5. Développement fair — Development — (Bon —Good; Passable —Fair; Médiocre—Poor)
6. Tour de poitrine—Circonférence, pleine expansion 37 pouces — Chest measurement—Girth on full expansion — inches
Degré d'expansion 3 pouces — Range of expansion — inches
7. Vue, œil droit 20-20 — Vision, right
œil gauche 20-20 — left
8. Ouïe, oreille droite wv20 — Hearing, right
gauche wv20 — left
9. Condition de la bouche et des dents fair — Condition of mouth and teeth
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:

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

et il peut être classé dans la catégorie A

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

T. S. Ritchie Lieut (Président)—(President)
T. I. Moffatt m.d (Membre)—(Member)
J. R. Purves 2nd (Membre)—(Member)

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

Date	Détails succints et signature — Brief details and signature	Date	Détails succints et signature — Brief details and signature
6-8-40	1. A B	29/4/42	Cat "A" by board R. P. Stanley Capt
14-8-40	2	29-5-42	Sched 100 hrs A.S. Haughton Lieut
22-8-40	3	30-6-42	T.A.B.T. ½ c.c. A.S. Haughton Lieut
6-8-40	Tedanus Tox 1 c.c.		
12-9-40	Tedanus Tox 1 c.c.		
6-8-40	Vacc. Smee		
2-7-41	T.A.B.T. ½ c.c.		

NOT TO BE TITLED

Matricule Regtl. No. D26805 Grade Rank GDSM Nom Surname FORD Prénoms Christian Name HENRY VICTOR

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer
St Johns Mil Hosp	1-1-41	1	1	41	13	1	41	Gonorhoea	13		

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

No D.26805 Rank Trooper Name FORD, Henry Victor

Unit C.A.O. Date of death 29th August, 1944.

Died at France.

Cause Died accidentally.

Death occurred on strength of Forces. H.Q. 405-F-12375

N/K Mrs. Monica Ford, Relationship Mother

Address 6223 Beaulieu Street, Montreal 20, Quebec.

Remains buried in France Rouen M.R. 215010 Map 9E/5 Cemetery
Rouen by road side.

CWA

Grave location ✓

OVER-

Archives

BURIAL REPORT TO N.K. DEC 6 1945

RETURN[redacted] BUR. OF STAT. DEC 13 1945

ROYAL MESSAGE DESP'D. SEP 16 1944

CAN. MESSAGE DESP'D. OCT 3 1944

Temp BR sent to NK & Map

COPIED Archives OCT 18

Photographs Desp'ched OCT 15 1947

REBURIAL

Calais Canadian Military Cemetery,
St. Inglevert, France.

Grave 7, row C, plot 4.

Form Desp'd.

NOV 18 1946

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D26805 RANK ~~Trooper~~ ~~Sdn~~ SERVICE UNIT ~~25th Armoured Delivery Regiment CAC (Ld)~~ 22nd Cdn Armd Regt

NAME FORD, Henry Victor

DATE OF BIRTH
DAY 8th MONTH December YEAR 1903 Date enlisted: 30-7-40

MARITAL STATUS Married Religion: C. of Eng.

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

ADDRESS 6223 Beaulieu St., Montreal, 20, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 338A H.Q. 405-F-12,375

CASUALTY DETAILS Died Accidentally DATE 29-8-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 12-9-44

LF

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité | Ville | Village | Paroisse | Canton*

Rue | No. | Hôpital ou institution

2. SÉJOUR

(a) dans l'hôpital ou l'institution | *Années* | *Mois* | *Jours* | (b) dans la municipalité du décès | *Années* | *Mois* | *Jours* | (c) dans la province | *Années* | *Mois* | *Jours* | (d) au Canada (s'il s'agit d'un immigré) | *Années* | *Mois* | *Jours*

3. NOM DU DÉFUNT

Nom de famille.....
(*Lettres moulées*)
Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue.....No.....
Nom officiel de la municipalité civile ou du canton.....
Comté municipal.....Province.....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE.....
(jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation.....19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

(d) Date.....19.....
(jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès.....19.....
(jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a).....
dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b).....
dû à
(c).....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.
.....
.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion.....19.....
(b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral?.....

26. Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide.....Date.....19.....
(Spécifier)

Manière de la blessure.....
(Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....M.D.

Adresse.....Date.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....
Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du
de l'État civil où e
sépulture.

.....
(For E

5

REPORT ON WOUNDS OR OTHER INJURIES, EXCEPT ON WOUNDS RECEIVED IN ACTION

(Refer Overseas R.O. 2022)

PART I

No. D26805 Rank Gdsm Name FORD H.V.

Unit 22 Cdn Armd Regt (CGG) was reported on the 29th of August 19 44

suffering from GSW - stomach

The disability is of a fatal nature, and in all probability will ---- interfere with his future efficiency as a soldier.

He -- (Here insert "claims" or "does not claim") that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time the certificate below (Part II) should be signed by him.)

STATION Fd(France)

DATE ..... Unknown
Medical Officer in charge.

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PART II CERTIFICATE TO BE SIGNED BY SOLDIER

I, ... hereby declare that the injury sustained by me on the N/A DID NOT occur while I was in the performance of military duty.

..... Soldier's Signature

STATION ..... Signature of Medical Officer

DATE .....

PART III

STATEMENT OF COMMANDING OFFICER:

(a) Was the individual in the performance of military duty? Yes

(b) Nature of duty? Operational

(c) Was it incurred in a game or other form of physical recreation organized with the approval of unit commander? N/A

(d) If it was incurred on leave, was such leave with or without pay? N/A

(e) Was anyone to blame? No

Whom? N/A

(f) Did the injury occur on military premises and if so what part of such premises? Theatre of Ops

(g) Court of Inquiry (See Overseas R.O. 2022, paragraph 9).

(i) Has one been held? When? Yes, 16 Nov 44

(ii) Will one be held? When? do

(h) Disciplinary action taken (if any required) or other remarks None

W A Smith Lt-Col

Date 16 Nov 44 Comd. 22 Cdn Armd Regt (CGG)

M.F.B. 371
40/P & S/683 (2497)

See Part IV Overleaf

PART IV

STATEMENT OF INJURED PERSON:

(Short statement by injured person of the circumstances of the injury. Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached).

Statement of Witness:

On 29 Aug 44, at approx 1400 hrs, I was crew comd in tk driven by Gdsm Ford. We were on op duties and were moving in a rd convoy. The coln halted and we stopped in front of a house. Some civilians offered us a bouquet of flowers and Gdsm Ford climbed out of his compartment to accept them.
The turret Browning is so situated that when the turret is traversed front, the dvr getting in and out of his compartment must pass in front of it.
In getting back into his tk, Gdsm Ford was shot through the stomach by the turret Browning MG. The gun had been accidentally fired by the gnr-op from the turret whose arm caught in the firing mechanism of the gun.
Capt Hill who was passing in a scout car at the time, stopped and took Gdsm Ford to the RAP.

H/Sgt Seguin H.L.

D26987 L/Sgt Seguin H L
22 Cdn Armd Regt (CGG)

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Statement of the Service of No. D-26805 Rank Gds Sheet No. 2

Name Ford - Henry, Victor

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
12 Jun 42		Qualified Driver i.c. (W) b/class III	Gdsm.	4 Jun 42	22 A.R.	Aldershot	Part 2 No. 82	10 Jun 42
18 Jul 42		Qualified Driver i.c. bl. III Tracked (Tank)	"	1 Jul 42	"	"	" No. 105	17 Jul 42.
31 Jul 42		Awarded "Good Conduct Badge"	"	30 Jul 42	"	"	" No. 112	30 Jul 42.
4 Sep 42	address	Change of next of kin to Mrs. Thomas						
	N-of-K	Ford, 6223 Beaulieu St, Montreal, P.Q.	"	3 Sep 42	"	"	" No. 132	3 Sep 42.
9 Sep 42		Special Leave (R.O. 699-42) 7 to 11 Sep 42	"	7 Sep 42	"	"	" No. 134	7 Sep 42.
12 Sep 42		Qualified Driver-Mech (Tank) Group "b"	"	26 Aug 42	"	"	" No. 135	9 Sep 42.
"		Granted Trades Pay Group "b" (Dr. Mech)	"	"	"	"	" No. 136	10 Sep 42.
3 Oct 42		S.O.S. Cdn Army Canada	"	25 Sep 42	"	At Sea	" No 1	30 Sep 42
"		Ld. Cdn Army Overseas	"	26 Sep 42	"	"	" No 1	"
		Disembarked in U.K.	"	7 Oct 42	a	U.K.	1	13 Nov 42
		Priv. Leave to 12 Nov 42	Gdsm.	6 Nov 42	22 arm R	U.K	11	3 Nov 42
		Priv. Leave M/A to 4 Feb 43	Gdsm.	29 Jan 43	22 A.R.	U.K	7	13 Feb 43
		Granted I.P. 1/75 p.d. (Dvr. Mech. "C")	Gdsm.	1 Jan. 43	22 A.R.	U.K	14	29 Mar. 43.
Change of address:		Mrs. Monica Ford (mother) 6223 Beaulieu St. Montreal Que.					21	15 May 43
		re-mustered Retains qual. Dvr. Mech (Tank) "C" on being	Gdsm.	20 July 43	22 Armd R.	U.K	35	3 Aug. 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Embarked at U.K. on 20 Jul 44						
M-147		Disembarked at France on ~~22 Jul 44~~ 27 Jul 44	Gdsm.	/	22 Armd R.	21 A Gp.	37	9 Aug 44
Amended 00 4/d/5 Sep 44								

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Statement of the Service of No. D 26805 Rank

Sheet No.

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

Name Ford. H. J.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
	SOS							
m 106	TOS	TOS X4 (D. Sgn. 25 CADR) from 22 CAR. Dvr. mech tk "C"	Gdsm.	14 Aug 44	XL CAC(C)	21 A G	36	24 Aug 44
m147	SOS	SOS X4 list to 22 C.A. Regt. Dvr Mech TK "C"	Gdsm	26 Aug 44	XL CAC "C"	21 A Gp	41	11 Sep 44
m147	TOS	TOS from X4 list CAC "C" Dvr Mech TK "C"	Gdsm	27 Aug 44	22 CAR	21 A Gp	42	12 Sep 44
		Died on 29 Aug 44 Accidental	Gdsm	29 Aug 44			CL 1508	7 Sep 44
m147	SOS.	SOS - Killed accidentally (Dvr Mech TK "C")	Gdsm	29 Aug 44	22 CAR	21 A Gp	42	12 Sep 44

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Certified and accepted as battleworthy
by C.O. 22 Cdn Armd Regt (CGG) 24 Sep 43

E. J. Shimek
(E.J. Shimek) Lieut
for Officer i/c
CDN SECTION GHQ 2nd ECHELON

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit CANADIAN GRENADIER GUARDS Regimental Number D 26805

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1. Surname FORD
2. Christian Names HENRY VICTOR
3. *Substantive Rank and Appointment GDSM
   *Acting Temporary or Local Rank
   giving date 30 JUL 40
   *To be entered in pencil to facilitate alteration.
4. Place of birth ENGLAND COUNTY KENT
5. Date of birth as declared on attestation 8 DEC. 1903
   (A)
6. Date of enlistment 30 JULY 1940
7. Place of enlistment VAL D'OR
8. Residence at time of enlistment PASCALIS
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C OF E.
12. If married, state date 1 DEC. 1928
13. Trade on enlistment MINER
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries
    Qual: Driver i.c (W&T) bl. III
    Driver - Mech (TR) Gp "b"

(17) Regiment or Corps	Unit (Battn., etc)
CAN. GREN. GUARDS	
22 Cdn. Armd. Regt (CGG)	CASF

(18) Medical

Category	Date	Authority
A	30/7/40	M.F.M. 2

(19) Next of kin (entries to be made in pencil) MOTHER
MRS. MONICA FORD
6223 BEAULIEU ST
MONTREAL, P.Q.
CANADA

(20) E. 21-15 MAY 43
(21) E. 51-20 Nov 43
(22) E.

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

$1.50 - 1 Jan 43

(a) Report: D[illegible]	(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
			Disembarked in U.K.		7 Oct 42		
29 Oct 42		22 C.A.R.	T.O.A. 22 Cdn. Armd. Regt. (C G G)	U.K.	14 Mar 42	Gdsm.	M&M 2.
			Qualified Driver I.C (W) Class III		4 Jun 42		
			Qualified Driver I.C. Cl. III Track (Tank)		1 Jul 42		
			Qualified Driver - Mech (Tank) Gp "C"		26 Aug 42		
			Trades Pay Group "C"		"		
			S.O.A. C.A. Canada		25 Sep 42		
			T.O.A. C.A. Overseas		26 Sep 42		
5 Nov 42			7 days P.L. & F.T.W. to 12 Nov. 42	"	6 Nov 42	"	Pt. 2 # 11, 3 Nov. 42.
5 Feb 43	C.R.	"	7 days P.L. & money allce to 4 Feb 43	Field	29 ~~Feb~~ Jan 43	"	7 - 13 Feb 43.
26 Mar 43	CR	"	Daily rate of pay $1.75 per diem	"	1Jan43	"	14 - 29 Mar 43.
29 May 43	"	"	7 days P.L. & M/A to 27 May 43	"	21 May 43	"	25 - 5 Jun 43.
27 Jul 43	"	"	Retains Qual Dvr-Mech (Tank) "C" on re-muster	"	20Jul43	"	35 - 3 Aug 43.
23 Jan 44	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	5 - 28 Jan 44
		"	Embarked U.K. 20 Jul 44. Disembarked France.			"	37 - 9 Aug 44
	"	"	SOS to X4-List CAC C (DMTK "C")	"	13 Aug 44	"	39 / Aug 44
	X4 CAC(C)	D 25 CADR	TOS from 22 Cdn. Armd. Regt (D.M. TK "C")	"	14 Aug. 44	"	36 24 Aug. 44
	✓	✓	SOS to 22 Cdn. Armd. Regt (Dvr. MECH. TK "C")	"	26 Aug. 44	"	41 SEP. 44
28 Aug 44	C.R.	22 C.A.R.	TOA from X-4 List CAC(C) (Dvr-Mech & TK "C")	"	27 Aug 44	"	42 - 12 Sep 44
	"	"	SOA deceased. Killed accidentally	"	29 Aug 44	"	"

COPIED Archives COPIE

CANADIAN GRENADIER GUARDS

January 15th, 30

To whom it may concern.

No. 358 Gdsmn. Henry FORD

COPIED Archives COPIE

This is to certify that the above mentioned ex-guardsman enlisted in the Canadian Grenadier Guards on the 3rd October, 1921 and was discharged on the 29th March, 1924.

There are no deficiencies outstanding against him.

J B Phelan Maj.
for Lt.Colonel
Commanding. C.G.G.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			.... Officer Commanding Unit..... ....
T.O.S R.O. Order No 6 Promote L/Cpl to be A/Cpl. SOS	30.1.30 19-5-31 19-9-32 15-4-35	BO/14/31 Bo 17/32 BO 5-35	Stmgr. Lt + A-A- 14/4/35

I, the undersigned member of the Royal Montreal Regiment, Canadian Militia hereby agree to pay into the Regimental fund of the said Royal Montreal Regiment all of the pay and allowances payable to me in respect of the annual trainings performed during my service with the said unit, and for this purpose I hereby authorize my pay and allowances being witheld from the moneys payable to me in respect of such annual trainings performed.

Dated 19

Signature of Witness

Signature of man

Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

No 1 Company

ATTESTATION

F 630

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT The Royal Montreal Regiment REGT. No. 950

1. What is your surname? (Block letters) FORD
2. What are your Christian names? Henry Victor
3. What is your present address? 2148 Jacquehertel St. Phone No.
4. Employer's name and address? Phone No.
5. Date of Birth 8/12/05 6. (a) Country of Birth Kent (b) Nationality English
7. Are you Single? No Married? Yes Widower? ------
8. What is your trade or calling? Chauffeur 9. Religious persuasion? Protestant
10. Previous Naval, Military or Air Force Service Canadian Grenadier Guard
    Give particulars, qualifications, etc.
    1920-1924 6/18942
11. Name, Relationship and Address of Next of Kin

COPIED Archives COPIE

CERTIFICATE OF MEDICAL EXAMINATION

Height 5' 8" Weight 152 Chest max. ~~38~~ 34 min. ~~36~~ 32

Descriptive marks Nil

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him fit Category A.

Date January 16th 1930 Signature T B Dolan M.D Lt.

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Henry Victor Ford do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

I, Henry Victor Ford do sincerely promise and swear (or solemnly ~~declare~~) that I will be faithful and bear true allegiance to His Majesty.

A Tower Brodeur — Signature of Witness

Henry V. Ford — Signature of Man

Dated this ~~13~~ 30th day of January 19 30 at Montreal.

CERTIFICATE OF 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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

Signature of Magistrate, Justice of Peace, or Attesting Officer

M.F.B. 235d.
100M—6-30
H.Q. 1772-39-1545

Statement of the Service of No. D-26805 Rank Gdsm. Sheet No. 2

Name Ford - Henry, Victor

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
12 Jun 42		Qualified Driver I.C. (W) Class III	Gdsm.	4 Jun 42	22 b.g. R	Aldershot	Part 2, No. 82	10 Jun 42
18 Jul 42		Qualified Driver I.C. Cl. III Tracked (Tank)	"	1 Jul 42	"	"	" No. 105	17 Jul 42.
31 Jul 42		Awarded "Good Conduct Badge"	"	30 Jul 42	"	"	" No. 112	30 Jul 42.
4 Sep 42		Change of next of kin to Mrs. Thomas Ford, 6333 Beaulieu St., Montreal, P.Q.	"	3 Sep 42	"	"	" No. 132	3 Sep 42.
9 Sep 42		Special Leave (R.O. 699-42) 7 to 11 Sep 42	"	7 Sep 42	"	"	" No. 134	7 Sep 42.
12 Sep 42		Qualified Driver-Mech (Tank) Group "B"	"	26 Aug 42	"	"	" No. 135	9 Sep 42
"		Granted Trades Pay Group "B" (Dr. Mech)	"	"	"	"	" No. 136	10 Sep 42.
3 Oct 42		S.O.S. Cdn Army Canada	"	29 Sep 42	"	Ex Lea	" No 1	30 Sep 42
"		S.O.S. Cdn Army Overseas	"	26 Sep 42	"	"	" No 1	"
5 Nov 42		7 days P.L. & T.V.W. to 12 Nov. 42.	"	6 Nov 42	"	U.K.	" No. 11	3 Nov. 42.

(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? NO

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

(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 FORD MONICA Verdun, P.Q.

(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.

(Signature of officer or man) Henry Ford

Date 1 August, 1940.

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

AUG 5 1940

Date

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.

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 FORD HENRY VICTOR
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D26805 Guardsman

CANADIAN GRENADIER GUARDS C.A.S.F.

(3) Unit

(4) Are you married? YES

(5) If married, state,

(*a*) Full name of your wife FORD SIGNA

(*b*) Present postal address of wife ~~Kaskaskisy~~ C Paskalis, (Abitibi), P.Q.

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

(7) Are you a widower? NO

(8) Have you any children? ~~YES~~ Number of boys One Girls Two

Names and ages FORD NORMA JOYCE 11 Years
" ERIC VICTOR 8 "
" THELMA 6 "

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

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

Name FORD SIGNA

Postal Address C PASKALIS (ABITIBI) P.Q.

[SEE OTHER SIDE]

ead th ole Form and Instructions
n side before commencing to
mplete.

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, Gdsm. FORD, HENRY VICTOR, of the Town
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Val D'Or, in the County District of Abitibi,

Province of Quebec, Miner
(Civil Occupation)

Regimental No. D-26805, Unit 22 C.A.R.(CGG), do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother, Mrs. T. Ford, 6223 Beaubien Street, Montreal, P.Q. all my property, real and personal.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Mrs. T. Ford 6223 Beaubien St., Montreal, P.Q.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 13 day of July

19.42.

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.

Henry V. Ford
(Signature of soldier)

First witness sign here.

(5) Signature C.E. Redding L/Cpl.

Civil Address 5895 3rd. Avenue, Rosemount, Montreal, P.Q.

Civil Occupation Bookkeeper;

Second witness sign here.

Signature

Civil Address 58 Selby St., Westmount, P.Q.

Civil Occupation Clerk

(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
APR 2 1946
WILL SEC.
N.D.H.Q.

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

4

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-26805 ..... Tpr. ..Ford H.V. ..... ~~KIA~~ ... Dec'd

RECEIVED FROM ..... H.Q. 1 C.K.S.D. .....

CHECKED BY ..... M-16018 Pte. Murdoch W.J.
B-73775 Pte. Todd F.A. ..... DATE ..... 13 Dec 44 .....

1	Kit Bag & Handle		
1	Beret - G.I. R.T.S. R.S.D.		
4	Prs. Socks		
1	Sweater(Cardigan) G.I. R.T.S. R.S.D.		
1	Pr. Summer Shorts " " " " "		
1	Summer Vest " " " " "		
1	Swimming Suit		
2	War Maps		
	Songs		
1	Regimental Notes		
1	M.T. Standing Orders in Case		
1	Package Coloured Pencils		
1	Cross		
1	Pillow Case		
5	Strips Mica		
2	Summer Shirts		

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

F.A. Todd

.....
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS No. 13476

RECORDS OFFICE

C A S U A L T Y R E P O R T

NAME (in full) FORD Henry Victor

NO. D-26805 RANK Tpr UNIT 25 CDN. ARM'D DELIVERY REGIMENT. C.A.C.

HOSPITAL (U.K. only) In which death took place, if applicable _____

R.U. (U.K. only) to which posted on admission to Hospital _____

CASUALTY DIED ACC. DATE 29 AUG 44 LIST# "C"1505 PLACE A.E.F.

If P.O.W. or INTERNED, NUMBER & ADDRESS _____

PREVIOUSLY REPORTED _____ DATE _____

(L.S.APPLEFORD) Major
Officer i/c R.5 Wing.CAS. SECT.

NEXT OF KIN

1. CANADA or U.S.A. - YES/~~NO~~ (If NO, Complete #2)
2. NAME (In full) _____

   RELATIONSHIP _____ ADDRESS _____

3. ANY RELATIVES IN U.K. from M.F.M.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)

   _____ EXECUTOR _____
   (Name) (Address)
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 OCT 25 1944

(B.E. WILLAN) Capt.
Officer i/c R.3 Wing Non-Effectives
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS

ORIGINAL - With WILL, if any to
O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

NF

H.Q. 405-F-12375
D.R. 2 (C)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.26805, Trooper Henry Victor FORD, of the Royal Canadian Armoured Corps, Canadian Army, died on the 29th of August, 1944, as the result of an accidental gunshot wound.

(C.L. Laurin) Colonel,
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.
December 4th, 1946.

MILITIA BOOK M. 1

40/P & S/2/9

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

FORD H.U.
D-26805

DATE HANDLED AND FIRED

Officer Commanding,

Sir, I arrived at _____ Regt

on _____ (date) and expect to be here until _____ hosp

_____ (date)

Regt No. _____ Rank _____ Name _____

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

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

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

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

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

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

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

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

FORD H.V.
D-26805

DATE HANDLED AND FILED

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-26805

Surname (in capitals) FORD

Christian Names (in full) HENRY VICTOR

Date of Birth 8 DECEMBER 1903

Place of Birth ENGLAND COUNTY OF KENT.

Trade on Enlistment MINER

Nationality of Father at birth ENGLISH

Nationality of Mother at birth ENGLISH

Religion C. OF E.

Enlisted at MONTREAL, P.Q. CAN.

Date 30 JULY 1940

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

Signature of Soldier H V Ford

Signature of Officer C E Parish Maj.

Place IN THE FIELD Date 3 MAY 43

FORD H.
D-26805

DATE HANDLED AND FILED

(II) 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		
	Mother	MRS. ~~THOMAS~~ FORD MONICA	9/5/43
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
6223 BEAULIEU ST., MONTREAL, P.Q. CAN.

FORD H.U.
D-26805

DATE HANDLED AND FIRED

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
30/7/40	GDSM.		No. 40	C E Parish Maj

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

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

QUAL. BASIC TRNG. (INFANTRY)

Qualified in addition as under :—

DRIVER i/c (W) CLASS III
DRIVER i/c CL. III TRACKED (TANK)
DR. MECH. (TANK) GROUP "C"
FIRST AID.

C.N. Smith, Lt.

Date 7 MAY 43

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

FORD H.U.
D-26805

DATE HANDLED AND FIRED

(IX) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
10/9/42		DR. MECH. (TANK)	G. E. Parish Maj

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

12

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
30/7/40	"A"	MED. BOARD, MONTREAL, P.Q.	True Copy C. N. Smith, Lt.
29/4/42	A - CONFIRMED	DEBERT MED. BOARD.	

13

FORD H.U. D-2680

DATE HANDLED AND FILED

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.	6/8/40	
3	14/8/40	
	22/8/40	
TETANUS TOX 1cc	6/8/40	
TETANUS TOX 1cc	12/9/40	
T.A.B.T. 1/2	2/7/41	
SCHICK POS N.S.	29/5/42	
T.A.B.T. 1/2 cc	30/6/42	
TABT ½	20/11/43	
TPYH 1/4	8/1/44	
1/2	12-1-44	
Typhus 1cc	25-1-44	
TYPHUS 1CC	11-4-44	

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
6/8/40	
14-3-44. Trimmed	

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
P.L.(1) F.W.(1)	6/11/42	
"M" TEST. (REV) COMP.	19/11/42	
"Q" CARD COMPLETE		
P.L.(2) F.W.(2)	29/1/43	
P.L.(3) F.W.(3)	21/5/43	
P.L.(4) F.W.(4)	23/7/43	
FINGERPRINTED—CAIB		
DM.		
MUSTARD	3/9/43	
PH(5) FTW(5)	1/12/43	
AWARDED THE CDN. VOLUNTEER SERVICE MEDAL & CLASP. W.E.F. 15 JAN 44.	PT II ORDER NO. 5 28 JAN 44	
issued PT III (C & E)	JAN 44	
Pth.(6) F.T.W.(6)	1/3/44	
Issued with MF-M183 Or 30 Jul 43, entitled to 1 Silver 3 Red Service Bars.	12/6/44	
	12/6/44	

FORD H.U.
D-26800

DATE HANDLED AND FILED

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

Particulars	Date	Signature of Officer
On 30 July, 44, entitled to another Red Service Chev.	10 Jul. 44	[signature]

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

Particulars	Date	Signature of Officer

FORD H.U.
D-26805

DATE HANDLED AND FILED

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

WILL

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

Signature.....

Rank, Regt'l Number.....

Date.....

Received

3/45A MFM 510
45/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D26805 Rank and Name FORD H.V. Gdsm.

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

(Transfer or Discharge).....to.....on 29th.August. 19 44.

Reason Death Authority: C.C.L."C" 1505 d/7th Sept.44.

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

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	193	30
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at $ .25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at $		
Assigned Pay	23	00			
Regimental Charges			Allowances (give particulars) ..... days at $		
Public Stoppages (give particulars):					
			Def.Pay Interest	4	70
			Cash Effects SOCR 17732	8	27
To Balance Cr Free	52	52			
To Balance Cr Deferred	185	00	By Balance Dr		
Total	260	52	Total	260	52

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

Remarks

Assnd Pay $23.00 (M) Stopped effective September.1944.

237.52
8.27
229.25

ESTATES BRANCH MAY 4 1945 E.Q. OTTAWA NATIONAL DEFENCE

Compiled by M.Durham.

Checked by J.Ireland

Date 6th.April. 19 45.

MW.

Certified correct [signature]
for Chief Treasury Officer, Overseas

ENDORSEMENTS

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L P C

Prior to compilation of statement below

Date	Unit	Payments	Amount Dr		Amount Cr		Paymaster's Signature
		Balance from L P C.....					

Explanation of Debit Balance :-

STATEMENT OF ACCOUNT

Date		Particulars	Dr		Cr	
		Balance as shown above.....				
		Pay and Allowances from.....to.....				
		Assigned Pay months of.....				
		Civilian Clothing Allowance.....				
		Boat Expense Money.....				
		Train Expense Money.....				
		Miscellaneous Debits (give details).....				
		Miscellaneous Credits (give details).....				
		TOTAL				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

Date	Unit	Particulars	Dr		Cr		Signature of Paying Officer

Place of Embarkation.....

Date of Embarkation.....

Place of Disembarkation..... HM Transport.....

Date of Disembarkation.....

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

CEASED MB[illegible] NA[illegible]E

Henry Victor (CHRISTIAN NAMES) FORD (SURNAME)

REGISTER NO. D-7997
FILE NO. 405-F-12375
DATE 31-7-45
SERVICE NO. D-26805
FINAL RANK OR RATING Tpr
DATE OF DISCHARGE 29-8-44

PAYEE Mrs. Monica FORD
ADDRESS 6223 Beaulieu Street
Ville Emard, Montreal, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 29-8-44

		$	¢
A. TOTAL QUALIFYING SERVICE 1470	NO. OF DAYS 1490/30 EQUAL TO 49 COMPLETE PERIODS AT $7.50	367	50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 704 LESS 20 INELIGIBLE DAYS, EQUAL TO 684 DAYS @ 25c. PER DAY	171	00
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	538	50

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 704/183		X$ 21.00

80.79

RECEIVED
AUG 4 1945
SERVICE
GRATUITY DIVISION,
ARMY TREASURY

D. WAR SERVICE GRATUITY		619.29
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		619.29

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
SS	[illegible]

TREASURY

CHECKED BY	DATE
[illegible]	6/8/45

[illegible]
SERVICE REPRESENTATIVE

H.Q. 405-F-12375
(D.R. 2(D))

6th December, 1945.

Mrs. Monica Ford,
6223 Beaulieu Street,
Montreal 20, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D26805 Trooper Henry Victor Ford, have been carefully exhumed from the original place of interment and reverently reburied in grave 7, row C, plot 4, of Calais Canadian Military Cemetery, St. Inglevert, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

/EMA

File No 403-F-12375

R E B U R I A L

NO D.26805

RANK Guardsman

NAME FORD, H. V.

NAME OF CEMETERY Calais Canadian Military Cemetery

LOCATION OF CEMETERY St. Inglevert, France.

GRAVE LOCATION Plot 4, Row C, Grave 7

AUTHORITY 54-27-88-2 Vol. 18

Reburial list.

CANADIAN MILITARY HEADQUARTERS 405-F-12375

OVERSEAS CDN RECORDS OFFICE

GRAVES REGISTRATION FORM

Name FORD, Henry Victor. Place and Date of Birth Kent. ENGLAND. 8 Dec. 1903.

Rank Tpr. Regtl No. D-26805

Unit 25 Armd Del Regt. Next of Kin MOTHER.

Address Mrs Monica FORD.
6223 Beaulieu Street.
Montreal. QUEBEC. Canada

PARTICULARS OF HOSPITALISATION

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

Diagnosis .....

PARTICULARS OF DEATH

Date of Death 29 Aug 44 Place of Death FRANCE.

Hrs .....

Cause of Death Died (Accidental)

.....

.....

.....

PARTICULARS OF BURIAL

Date of Burial 29 Aug 1944 Cemetery On S. side of road 9E/5.215010 ROUEN by Road side.

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

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

Religion Church of England.

Date 1 October 1945

A R Bluteau Capt.
(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)

405-7-12375

FIELD SERVICE

MBR

Army Form B. 2090A.

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

REGIMENT OR CORPS: 22 C.A.R.(C.G.G.) — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-26805 — Rank: Gdsm

Surname: Ford — Christian Names: H.V.

Died — Date: 29 Aug 44 — Place: France

Cause of Death*: Died Acc.

Nature and Date of Report: A.F.W.3014/106 d.8 Sep 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

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

Burial — Place: France Rouen M.R.215010 Map 9E/5 Rouen by Road side. — Date: 29 Aug 44

By whom reported: C.F. 22 C.A.R.

State whether he leaves a Will or not

(a) in Army Book 64: No

(b) as a separate document: Not Received.

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

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

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

Station and Date: Belgium 10 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W Rannie Lieut

for Officer i/c

Cdn Sec GHQ 2 Ech 21 A Gp

26

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