D26830
ADAMS
JOHN RICHAR

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14-8-44

AWARDS—CANADIAN ARMY (ACTIVE) 1962 FEB.

500M—5-A-(3647)
H.Q. 1772-45-8

M

FILE NO. 405-A-9210

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
ADAMS, John Richard	D.26830	Cpl.	22nd Armd.Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal CVSM & Clasp	28- 30-9-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

~~MEDALS~~ AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mrs. Adela ADAMS (MOTHER)
123 Willibrord Ave.,
ADDRESS: VERDUN, P.Q.

(1)

MEMORIAL BAR
DATE DESP
REGN. NO 4822

(2) MEMORIAL CROSS
WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS
MOTHER Mrs. Adela Adams (ENGLISH)

(3)

1962
ADDRESS: 123 Willibrord Ave., Verdun, Que.,

DESP. JUN 8 1945
REGN No. 20200

PERIOD

From 1-FEB-43 To JUL 31 1943

VERIFIED
14·1·44 CM
DATE BY

MILITIA BOOK M. 1
PART II
40/P&S/279 (11/42)

CANADIAN ARMY

Soldier's Pay Book

(For use on Active Service)

Regt'l Number D26830

Surname (Capitals) ADAMS

Christian Names in full JOHN

RICHARD

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

PARTICULARS OF SOLDIER

Regimental Number D26830

Name in full (Surname first) ADAMS JOHN - RICHARD

Date of Attestation 5-AUG-40

State whether married, widower or single. SINGLE

If married after enlistment, state date of marriage N/A

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the soldier (see page 1—para. 6).

Mr John Adams Father
123 Willibrod Ave Verdun Que
Canada

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay: Effective date:

(a) ~~$ 20-00~~ ~~Sept 1-40~~
MFM 19 d/21 May 43

(a) $ 30.00 JUNE 1943

(c) $.....

(d) $.....

Name, address and relationship of assignee:

(a) Mrs Adela Adams Mother
123 Willibrord Ave Verdun Que

(b)

(c)

(d)

Dependents allowance, payable to: (state relationship)

N/E

CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Date effective	Particulars	Part II Order	Signature of Paymaster
14 Jul 41	Confirmed Corporal	138	FROM PREV. BOOK
1 Jan '43	Granted Indemnity Rate Pay "C" as Dvr-Opr	21 d/15.5.43	A.H. Kelly Capt.

DAILY RATE OF PAY

Rate of Pay in Issue		Date Effective	Signature of Paymaster
$	c.		
1	70	21 MAY '41	FROM PREV. BOOK.
1	95	1 Jan '43	A.H. Kelly Capt

Soldier's Signature J. R. Adams

Book opens on 1 FEB 43 Balance Cr. or Dr. $ As below

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay	Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
			Local Currency	Canad'n Currency			Debit	Credit	
1 Feb 43	Bals. Br't. Forward	77 37						77 37	Mkelly Capt
February Pay		47 60			20 00			104 97	Mkelly Capt
13 Feb	A.R. 58		16-0-0	71 52				33 45	Mkelly Capt
March Pay		52 70			20 00			66 15	Mkelly
15-3-43	AR 66		2-0-0	8 94				57 21	Mkelly
30-3-43	AR 145		3-0-6	13 52				43 69	[illegible]
apl. Pay		51 00			20 00			74 69	[illegible]
1/x/43	R.A.D.O. 12	6 03						80 72	[illegible] Capt.
15-4-43	AR 11		3-0-6	13 54				67 20	[illegible]
1-5-43									
~~30-4-43~~	AR. 67		4-1-0	18 10				49 10	[illegible]
May Pay		52 70			20 00			81 80	[illegible]
~~1-5-43~~	AR 11		3-0-0	13 41				68 39	[illegible]
	Totals	287 40		125 60	80 00			81 80	

Balances only will be carried forward

Paymaster's Signature Mkelly Capt.

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay and/or Restricted Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
	Bals. Br't. Forward	81 80						81 80	
20-5-43	Trade Pay D.O. 21/43	37 75						119 55	
	June Pay	58 50			30 00			148 05	
31-5-43	AR 15		4-1-0	18 10				129 95	
10-6-43	AR 19		20-0-0	89 40				40 55	
JULY	PAY	60 45			30 00			71 00	
7 JUL 43	7 days RA D.O. 28/43	4 69						75 69	
28-7-43	AR 28		19-2-0	85 38			9 69	—	
									Balance Transferred to new Pay Book
31-7-43	Totals	243 19		192 88	60 00		9 69	—	

Balances only will be carried forward.

If you do not wish to draw all pay due,
PLACE THE AMOUNT DESIRED
opposite date of pay day.

Feb. 15	£16	Aug. 15	
Feb. 28	—	Aug. 31	
Mar. 15	£2	Sep. 15	
Mar. 31	£3	Sep. 30	
Apr. 15	£3	Oct. 15	
Apr. 30	£4	Oct. 31	
May 15	£3	Nov. 15	
May 31	£4	Nov. 30	
Jun. 15	£20	Dec. 15	
Jun. 30	No Pay	Dec. 31	
Jul. 15	No Pay	Jan. 15	
Jul. 31	£20	Jan. 31	

Received.....Checked.....E.....Card.....✓.....Observations.....

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

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

Unit.....CANADIAN GRENADIER GUARDS C.A.S.F.....Regimental Number.....D26830 05

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

WSG COMPLETED

1. Surname.....ADAMS.....
2. Christian Names.....JOHN RICHARD.....
3. Present address.....123 Willisbrord Ave, ~~Maxx~~ Verdun P.Q. (MONTREAL)
4. Date of birth.....19 April 1917.....
5. Place of birth.....Canada (Country).....Quebec (County or Province).....Verdun (Town or Township).....
6. Religion (state denomination).....Church Of England.....
7. Trade or Calling.....Factory Supervisior.....
8. Married, Widower or Single.....Single.....
9. Name of next of kin.....~~John ADAMS~~.....See change.
10. Relationship.....~~Father~~.....See change.
11. Address of next of kin.....123 Willibrord Ave., Verdun P.Q. (MONTREAL)
12. Do you belong to, or have you served in the Active Militia of Canada?.....No.....
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force?.....No.....
(Yes or No) (*b*) Any other Naval, Military, or Air Force?.....No.....
(If Yes, Give Regimental No. and Unit)
14. Did you serve during the Great War 1914-1918?.....No.....
(Yes or No) (If Yes, specify Unit and Period of Service)
(If Yes, specify Regimental No., Unit and Dates of Service)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ...John Richard ADAMS.....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.

WITNESS

Date.....5 August 1940..... John R Adams
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

John R Adams
.....(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 P.Q.....this.....5th.....day of.....August.....19.....40

Malcolm Kelly, Capt
.....{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

P

Record of Service of ADAMS (Surname) John Richard (Christian Names) Regimental Number D26830

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Factory Supervisor (Glass)

Technical: Nil

Languages: English and French

Educational Qualifications

High School or ~~Collegiate~~: 2 Yrs. (years completed)

Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

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

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

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
5-8-40	1403 h/q	Joined on appointment T.O.S. CANADIAN GRENADIER GUARDS C.A.S.F.	Gdsm	5-8-40	C.G.G.	Montreal	Pt.2 No 43	5/8/40
3/2/41	—	Furlough R.O. 699 31 Jan 41 - 15 Feb 41	"	—	"	C. Borden	" No 26	1 Feb 41
3/3/41	—	Returned from furlough 15 FEB 41	"	—	"	"	" No 38	18/2/41
7/4/41	—	Promoted to A/L/Corporal with pay	A/L/cpl.	26/3/41	"	Valcartier	" No 68	4/4/41
26/5/41	—	Promoted to be A/Corporal with pay	A/cpl.	21/5/41	"	"	" No 104	23/5/41
20/6/41	—	Qualified Sergeant. C.A.R. # 8692	"	19/6/41	"	Hochelaga	" No 121	19/6/41
16/7/41		confirmed Corporal.	Cpl.	15/7/41	"	"	" No 138	15/7/41
9/8/41		Admit Sussex Mil Hosp	"	8/8/41	"	C Sussex	" No 149	8/8/41
22/9/41		Disc from Sussex Mil Hosp	"	19/9/41	"	"	" No 177	20/9/41
25/9/41		Stoppage of pay whilst in Hosp	"	8/8/41	"	"	" No 177	23/9/41
18/10/41		Admit to Howe Lake Mil Hosp	"	16/10/41	"	St John	" No 197	17/10/41
4/11/41		Disc from Howe Lake Mil Hosp	"	31/10/41	"	"	" No 206	31/10/41
4/11/41		Stoppage of pay whilst in Hosp	"	16/10/41	"	"	" No 208	3/11/41

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

APR 18

Name in
P
1. Age
a. Rhe
b. Tub
c. Bro
d. Hea
e. Kid
f. Gas
g. Rup
h. Vari
i. Flat
j. Nas

Ea
Re
I
1. Ide

2. Hei
4. Cor
6. Chu
7. Vis
9. Cor
10. Tho

Pa
ported
d Ins
Special

Date
6-8-4
14-8-
22-8-
6-8-
12-9-
16-8-

8-7-

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....ADAMS.....JOHN RICHARD..... Date.....23-7-40.....

Part 1. Information obtained from the recruit.

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

a. Rheumatism.....NO
b. Tuberculosis.....NO
c. Bronchitis or asthma.....NO
d. Heart disease.....NO
e. Kidney or bladder disease.....NO
f. Gastro-intestinal.....NO
g. Rupture.....YES.....OR. 1936
h. Varicose veins.....NO
i. Flat or deformed feet.....NO
j. Nasal trouble.....NO
k. Ear disease.....NO
l. Eye disease.....NO
m. Epilepsy.....NO
n. Nervous or mental disease.....NO
o. Syphilis.....NO
p. Gonorrhoea.....NO
q. Have you ever worn glasses?.....NO
r. Are you now or have you in the past received disability pension or compensation? If so, give details.....NO

John R. Adams
Signature of Applicant

Ear drums normal.

Reflexes normal. Color vision normal.

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

1. Identification marks or scars. (If operative obtain history.)
Hernia scar Right.
Vacc. scar L. arm.

URINE Neg
X RAY Neg

2. Height.....6.....feet.....3.....inches. 3. Weight.....165.....pounds.

4. Complexion.....Med.....Eyes.....Brown.....
Hair.....Dark brown

5. Development.....good..... Good / Fair / Poor

6. Chest measurement—Girth on full expansion.....35.....inches.
Range of expansion.....2½.....inches.

7. Vision, right.....20/20.....left.....20/20..... 8. Hearing, right.....W.V.....20 left.....W.V.....20

9. Condition of mouth and teeth.....Healthy.....

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

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

Special remarks when category lower than A.....

W. Tremblay Capt — President
P O Grant M.D. — Member
Dr. [illegible] — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
6-8-40	T.A.B.	15/5/42	TABT ½ cc Lieut
14-8-40		26/7/42	TABT Vaccination
22-8-40		14/5/42	TABT 0.5cc (2nd.)
6-8-40	Tetanus Tox 1cc		
12-9-40	Tetanus Tox 1cc		
6-8-40	Vacc. Succ.		
8-7-41	T.A.B.T. ½ cc Lieut		
APR 18 1942	Cat "A" Confirmed		

Regtl. No. D26830 Rank Guardsman Surname ADAMS Christian Name John Richard

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Sussex Mil Hosp. Sussex NB	8-8-41	8	8	41	19	9	41	V.D.G. (0136)	40		
Howe Lake Hosp. St. John. NB	16-10-41	16	10	41	31	10	41	VDG (0136)	FJ		

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

Statement of the Service of No. D26830 Rank CPL Sheet No. 2

Name ADAMS. John Richard

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
23/2/42		Furlough R.O.699. 21/2/42-6/3/42 Warrant No. A.110151	C/pl.	—	22 C.A.R.(C.G.)	Debert	Part II No 11	20/2/42.
22 Mar 42		T.O.S. 22 CDN ARMD REGT. (C.G.G.)	"	14 Mar 42	"	"	Part 2. No 26	16 Mar 42
21 Apr 42		Granted Special Leave (R.O.699-4(a))	"	18 Apr 42	"	"	" No. 48	18 Apr 42
30 Apr 42		Proceeded On Command and i/c Attd to C.M.H.Q. for all purposes	"	2 May 42	"	"	" No 62	11 May 42
		Embarked & S.O.S. C.A (C)	"	2-5-42	"	O.B.Ship	3 C.A.C.R.U.	
		T.O.S. C.A.(C)	"	3-5-42	"	"	#32	16-5-42
		Disembarked	"	12-5-42	"	U.K.	"	"
	✓	T.O.S. #3 C.A.C.R.U.	"	13-5-42	3 C.A.C.R.U.	"	"	"
	✓	Leave (P) F.T.W. to 22 MAY 42	Cpl	15 MAY 42	3 CACRU.	U.K	33	19 MAY 42
	✓	Att. FAP except Pay to Grenadier Guards. (Br. Army)	Cpl	24 MAY 42	3 CACRU.	U.K	36	27 MAY 42
	✓	Ceased att FAP to Brit Iron Guards	cpl	6 Jun 42	3 A.C.R.U.	U.K.	111	7 Jun 42
	✓	7 days P.L. to 13 Oct 42	cpl	5 Oct 42	3 A.C.R.U.	U.K.	136	6 Oct 42
S.O.S.	✓	I/C to 2 Armd Repl	cpl	7 Oct 42	3 A.C.R.U.	U.K	149	21 Oct 42
T.O.S.		T.O.S. from 3 C.A.C.R.U.	cpl	8 Oct 42	22 armd R	U.K	3	14 Oct 42
	✓	Qual P.I. (Wireless Instr. Crse)	cpl	13 Sep 42	3 A.C.R.U.	U.K.	152	24 Oct 42
		Passed (Short Gunnery Crse)	cpl	30 Oct 42	3 A.C.R.U.	U.K	152	24 Oct 42
Amended DOS 1/11/42		C/att to 2 C.A.C.R.U. for FAP	Cpl	9 Oct 42	22 Armd Regt	U.K	3	14 Oct 42
	✓	Qualified "P.I." Wireless Instrs Course	cpl.	22 Aug 42	22 arm R.	U.K	9	29 Oct 42
	✓	admitted to 15 St Fld. amb.	Cpl.	1 Nov 42	22 arm R	U.K	11	3 Nov 42

Statement of the Service of No. D. 26830 Rank ..... Sheet No. .....

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

Name ADAMS J.R.

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
		Disch. from #15 Fd Fld Amb.	Cpl.	11 Nov 42	22 arm R	U K	2	17 Nov 42
		Leave to 9 Mar 43 M.H.	Cpl.	17 Mar 43	22 Arm. R	U.K.	12	20 Mar 43.
S.O.S.		S.O.S. To 3 CACRU (On Course)	Cpl	23 Mar 43	22 Armd R	U.K.	15	3 April 43
	T.O.S.	T.O.S from 22 Armd Regt (Medical On Case.	Cpl.	24 Mar 43	3 CACRU	U.K.	77	30 Mar 43
S.O.S.		SOS to 22 Armd Regt.	Cpl.	22 Apl 43	3 CACRU	U.K.	95	23 Apr 43
	T.O.S.	T.O.S. from. 3 CACRU.	Cpl.	23 Apl 43	22 Arm Regt	U.K.	19.	1 May 43
		Compl. Crs. D & M. at CAC. Sch.	Cpl.	20 Apr 43	3 CACRU	U.K	95	23 Apr 43
		Qual. Dr. 1/c Cl III (T).	Cpl.	20 Apl 43	22 armd. R 3 CACRU.	U.K U.K	33 99.	26 July 43. 29 Apr 43
		Qual Dr. Opr. 'C'	Cpl	29 Apl 43	22 Armd R	U.K	21	15 May 43
		Granted Tds. Rate Pay (Dr. Opr. 'C')	Cpl.	1 Jan 43	22 Armd R	U.K.	21	15 May 43
		Relmq. Qual. Dr. Opr. 'C' remustered Qual. Opr. Cpl 'C' & Granted T. Pay.	Cpl.	20 July 43	22 Armd R	U.K.	35	3 Aug 43
		Father John Adams at Verdun PQ. Canada	Cpl.	15 Aug 43.	22 Armd R.	U.K.	HL.	13 Sept 43.
Change of Address Notif.	Notif.	Mrs Adela Adams (mother) 123 Willibroad Ave. Verdun PQ Canada.			22 Armd R.	U.K.	HL.	13 Sept 43
S.O.S		SOS to 3 CACRU: on adm 10 Gen Hosp.	Apl	5 Oct 43.	22 ARHQ	U.K.	46	18 Oct 43
	T.O.S	T.O.S from 2 B Armd Ron adm 10 Gen Hosp. Aphalite	Cpl	6 Oct 43	3 BABRU	U.K	244	20 Oct 43.
		Adm to: 15 Can Fd Amb.	Cpl.	4 Oct 43.	22 Armd R.	U.K.	46.	18 Oct 43.
		Remd from: 15 Fld Amb to: 10 Gen Hosp.	Cpl.	5 Oct 43.	22 Armd R.	U.K.	46.	18 Oct 43
		Transfd from. 10 Gen Hosp. to 2 Convl. Depot.	Cpl.	30 Oct 43.	3 CACRU.	U.K.	271	20 Nov 43.

17

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 Grenadier Guards. C.A.S.F..... Regimental Number D26830.

		(17) Regiment or Corps	Unit (Battn., etc)
1.	Surname.....Adams		
2.	Christian Names.....John Richard.	CANADIAN GRENADIER GUARDS, C. A. S. F.	
3.	*Substantive Rank and Appointment.....CPL	2 Bde. Armd. Regt. (1944)	
	*Acting Temporary or Local Rank.....CONFIRMED		
	giving date.....15 JUL 41		
	*To be entered in pencil to facilitate alteration.		
4.	Place of birth.....Verdun, Que.	(18) Medical.....	
5.	Date of birth as declared on attestation.....19 Apr 17.		
	(A).....	Category: A.	Date: 23/7/40
6.	Date of enlistment.....5th August, 1940.		Authority: M.F.M. 2
7.	Place of enlistment.....Montreal.		
8.	Residence at time of enlistment.....Verdun, Que.		
9.	(B) Special conditions (if any) of enlistment or rate of pay.....		
10.	(C) Any subsequent variations of conditions of service.....		
11.	Religion.....Church of England.		
12.	If married, state date.....	(19) Next of kin (entries to be made in pencil).....	MOTHER.
13.	Trade on enlistment.....Factory Superintendent.		MRS ADELA ADAMS
14.	Corps, trade and grade.....		123 WILLIBROAD AVE.,
15.	(D) Qualifications.....Qualified Sergeant Instr # 8692.		VERDUN, P.Q. CAN.
16.	(E) Miscellaneous entries.....		41-13 SEP 43
	Qualified Wireless Instr		
	" [illegible] 21-15 May 43	(20) E.....	
	" Driver I.C. (Track)	(21) E.....	
	Operator CAC "C"	(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.

Oper CAC "C" - 20 Jul 43

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		22 C.A.R.	Embarked T.O.S. C.A.(C)	O.B. Ship	2-5-42	Cpl.	3 C.A.C.R.U.
		"	T.O.S. C.A.(C)	"	3-5-42	"	Pte. D.O. #32-D/16-5-42
		"	Disembarked	U.K.	12-5-42	"	" "
		3 C.A.C.R.U.	T.O.S. #3 C.A.C.R.U.	"	13-5-42	"	" "
			Att'd to Gren. Gd's (Br. Army) f.a.p. except pay.	"	24-5-42	"	D.O. #36 27-5-42
			Granted 1st P.L. with 1st T.W. 15/22/42	✓		✓	✓ #33 - 29-5-42
			C.T.B.A. To Gren. Guards	do	6-6-42	do	D.O. # 111 d/7-9-42
			1st P.L. Fr. / 3rd Battalion 5/12/10-42	"	5/10-42	"	11b / 36 #2 - 10-42
		"	S.O.S. to 22nd C.A.R. (CGG)	"	8-10-42	"	D.O. #149 d/21 Oct. 42
23 Oct 42		22 C.A.R.	T.O.S. 22 C.A.R (C & V)	"	9 Oct 42	"	Pte #3. 14 Oct 42
30 Oct 42			Qualified Wireless Instrs course P.T.	"	22 Aug 42	"	#9. 29 Oct 42.
13 Nov 42			Admit to 15 Bdn. M. Fd. Amb.	"	1 Nov 42	"	#11. 3 Nov 42
18 Nov 42			March 15 Bdn M. Fd. Amb.	Field	11 Nov 42	"	#3. 17 Nov 42
10 Mar 43	C.R.	"	7 days P.L. + 48 hrs pass (9 days) to 9 Mar 43	"	1 Mar 43	"	12 - 20 Mar 43.
23 Mar 43	"	"	SOS to 3 C.A.C.R.U. having proceeded on 4 C.A.D. Spec Duty & Pte Course at C.A.C. School, 3 C.A.C.R.U. (5 weeks)	"	23 Mar 43	"	15 - 3 Apr 43
		3 C.A.C.R.U.	T.O.S. from 22 C.A.R. whilst attdg Spec 4 C.A.D. Pte Duties at C.A.C. school (5 weeks)	U.K.	24 Mar 43	Cpl	74 - 31 Mar 43.
			completed Course at C.A.C.	"	20 Apr 43	"	95 - 23 Apr 43
			SOS to 22 C.A.R.	"	22 Apr 43	"	95 - 23 Apr 43
	3 C.A.C.R.U.	22 C.A.R.	T.O.S. from 3 C.A.C.R.U.	Field	23 Apr 43	"	19 - 1 May 43
28 Apr 43	T.T.B.R.	"	Qualified Dvr. Operator "b"	"	29 Apr 43	"	21 - 15 May 43.
11 May 43	C.R.	"	Trades Pay Dvr-Op "b"	"	1 Jun 43	"	"
18 Jun 43	"	"	7 days P.L. + M/A to 18 Jun 43	"	10 Jun 43	"	28 - 26 Jun 43.
11 Jul 43	"	"	Qual Dvr i.c. (Tank) on CAK Hennessy Dvr	"	20 Apr 43	"	33 - 26 Jul 43.
27 Jul 43	"	"	Relinq Qual Dvr-Oper "C" & is re-mustered Operator CAC "C"	"	20 Jul 43	"	35 - 3 Aug 43.
			Trades Pay Operator CAC "C" (Dvr-Oper "C")	"	"	"	"
6 Sep 43	C.R.	"	Father, John Adams, died at Verdun, P.Q.	"	15 Aug 43	"	#1 - 13 Sep 43.
7 Oct 43	Ech	22 CAR	Adm to 15 Can Fd Amb	"	4 Oct 43	"	46 d/18 Oct 43
	"	"	Rem'd to 10 Bdn Gen Hosp.	"	5 Oct 43	"	"
	"	"	SOS to 3 C.A.C.R.U. on adm to 10 Bdn Gen Hosp (Oper CAC "b")	"	"	"	"

Hospital A & D No. 4316/43

CASUALTY WING, RECORDS

A.M.D.2—1
In lieu of A.F. W.3017
40/P & S/2 (3166)

HOSPITAL DISCHARGE NOTIFICATION

To: Officer Commanding 22nd. Arm'd Regt. (Unit)

It is notified for your information that the undermentioned was discharged from .....
NO. 10 CANADIAN GENERAL HOSPITAL
..... Hospital, R.C.A.M.C., admitted on 5 Oct 43. 194.....

Disch/~~Trans~~ to #2 Cdn. Conv. Depot ..... on 30 Oct 43. 194.....
He shall attend the first Unit Sick Parade after reporting to his Unit. This document must be passed to the Medical Officer of the Unit immediately.

Name ADAMS, John Richard No. D-26830 Rank Cpl.

Diagnosis Lt. Indirect Inguinal Hernia (code) M.O. i/c Case B.C. Hardy Capt.

(0924) (code)

(code)

25

Precis Case History:

Developed lump in left groin 3 weeks prior to admission. No isolated history of trauma. Repair of Rt. Inguinal Hernia 1936. Examination - large ~~indirect~~ indirect inguinal hernia on left side. No femoral or rt. ing. Hernia.
8 Oct 43. Herniotomy Lt. Inguinal. Spinal anaesthesia. Dissection of 3" broad sac transfixion legation and amputation of sac. Repair to post-canal wall by fascia from ext. oblique aponeurosis. Sutures - black silk.
Bed 18 days. No complications. No complaints. Solid healing of wound and repair.

Recommendation:

Discharge to #2 Cdn. Conv. Depot.

ENTERED ON
CAS. CARD. 29

Major
Registrar No. 10 Can. Gen. Hosp.
For Officer Commanding 1/18

PART II D.O. NO.	DATE	
197	17-10-41	Admit Howe Lake Mil Hosp w.e.f. 16-10-41
199	20-10-41	Liable stpge pay in Hosp. w.e.f. 16-10-41
206	31-10-41	Disch Howe Lake Mil Hosp w.e.f. 31-10-41
208	3-11-41	Placed under stpge pay 16-10-41 to 31-10-41 16 days' @ .75¢ = $12.00
11	20-2-42	Granted Furlough 21-2-42 to 6-3-42 (Wrnt. A-110,151)
21	10-3-42	Ret.Furlough W.E.F.6-3-42 2200 hrs
26	16-3-42	T.O.S. 22 CAR(CGG) W.E.F. 14-3-42
48	18-4-42	Spec lve under RO 699 (4)(a) eff 18-4-42
62	11-5-42	On Comm. C.M.H.Q. for all purp eff 30-4-42
3 ✓	16-5-42	T.O.S. C.I.A.O. eff 3-5-42. T.O.S. #03 CACRU eff 13-5-42
36	21.5.42	ATT. F.A.R. except Pfty Gren. Guards. Br. Army W.E. 24.5.42
136.	6-10-42	Prov. leave 5-10-42 to 12-10-42 Rat all
149	21-10-42	Los 3 cadets to 22 Cdn eff 8-10-42
3	11-10-42	Ceases att #2 CACRU f.a.p. eff 9-10-42
9	29-10-42	Qualif Wireless Instr.Course 22 Aug 42 "P.1"
11	3-11-42	Admit 15 Cdn Lt Fd Amb Hosp eff 1-11-42
2	17-11-42	Disch " " " " eff 11-11-42

M. F. M. 14
48ONT-10 30 (7443-1)
H. Q. 1772-29-1062

REG. B HQ Sqn "C"

No. D-26830 RANK Cpl. NAME ADAMS, John Richard

Card No. 2

*~~MARRIED~~ PLACE OF ENLISTMENT
*WIDOWER AND DATE
*SINGLE 5-8-40

RATE OF PAY Opr CAC C D-26830

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
101	23-5-41	Cpl.		A.S.	1.70		eff 21-5-41
138	15-7-41	Cpl.		A.S.	1.70	Confirmed	eff 14-7-41
21	15-5-43	Cpl	"C"	A.S.	1.95		eff 1 Jan 43
35'	3-8-43	Cpl	"C"	A.S.	1.95'	eff 20-7-43	~~Dvr-Op~~ Operator CAC

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

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
ADAMS, Mrs. Adela (Mother)			
123 Willibrod Ave,			
VERDUN, P.Q.	~~1-9-40~~	--	~~20.00~~
	JUNE '43		30.00

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
	~~N/E~~		
24-8-43	mother		
MFM 19	d/21May	43	

OUTFIT ALLOWANCE $ PAID ON (OHF)
*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT. (1910) $ P. A.

CRU : CAC 6-0-7 701

PRE-OCTU No.:

Withdrawn ref E-A7/HH35 d/22 may 44 Ltr 6/OCTU/3/141 30 may 44

Rec

O C T U

Application Form for Officer Cadet Training

(Above this line to be completed by CMHQ)

ARM OR SERVICE (and classification)

TRAINING
Basic—CTS
British Pre-OCTU
British OCTU
Canada
(Strike out whichever is NOT applicable and initial)

"M" Test Score :

Selection Board Grading :

Pre-OCTU Grading :

OCTU Grading :

PART A. Particulars of Candidate. (To be completed by the Candidate in his own handwriting.)

I hereby make application to be considered for OCTU training and desire to be commissioned in The Edm. Armd Corps. (Arm, Corps or Service) I am willing to serve in commissioned rank in any Arm, Corps or Service.

Signature J. R. Adams

22 Armd Reg't.

1. Surname Adams
2. Christian Names John Richard
3. Unit ~~22 Edm. Armd Regt~~ 3 PRR (6 9 9)
4. Regimental Number D26830 5. Date of Joining Unit 5 Aug. 40.
6. Present Rank Corporal 7. Date of Last Promotion 15 July 41.
8. Medical Category A 9. Age 26 10. Date of Birth 19 April 17.
11. Place of Birth Verdun, P.Q. Canada. (Town or township—County or Province—Country)
12. Date and place of Enlistment 5 Aug. 40. Montreal Que. Can.
13. Religion (State denomination) Church of England
14. Nationality Canadian 15. Nationality at Birth Canadian
16. Second Nationality (if any) nil
17. Name and Nationality at Birth of Father John Adams English
18. Name and Nationality at Birth of Mother Adela Adams citizen of U.S.A.
19. Married or Single Single
20. Nationality at Birth of Wife n/a
21. Number of Children and Ages n/a
22. Name of Next of Kin Adela Adams
23. Relationship Mother
24. Address of Next of Kin 123 Willibrord Ave, Verdun, P.Q. Canada.
25. Educational Qualifications:
    (a) High School 2 years. Verdun High School.
    Preparatory nil
    Collegiate nil
    (Name, location and number of years)
    Matriculation (Middle School) nil
    or (Upper School) nil
    High School Leaving Certificate nil

RECEIVED 18 FEB 1944 P. & S. SERVICES C.M.H.Q.

(b) Technical ..... Montreal Tech. School - Electrical Theory.
Commercial ..... nil
Vocational ..... nil

Industrial High School ..... nil
(Name, location and number of years)

Completed Fourth Form or Grade? ..... yes

(c) College or University ..... n/a
(Name of Institution, courses or years completed and degrees)

.....

.....

(d) Foreign Languages (State if written or spoken) ..... French conversational only.

26. Previous War Service (State Arm, Force, and regimental particulars) ..... n/a

.....

.....

27. Previous service in PF or NPAM (State unit and particulars of service) ..... n/a

.....

.....

28. Courses attended and results PF or NPAM (State details and dates) ..... n/a

.....

.....

29. Civil occupation ..... Factory Supervision

30. Name of last employer and dates of employment ..... The Sicks Co. Ltd.

Sept. 1936 - Aug. 1940.

.....

31. Have you ever been convicted by the Civil Power or by Court Martial? If so, state date and circumstances.

..... no

.....

.....

32. Have you previously been admitted to an Officer Training Unit? If so, give particulars.

..... no

33. Have you at any time held a commission in any branch of HM Forces? If so, give particulars.

..... no

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE PARTICULARS ARE CORRECT AND COMPLETE.

Date 3 Feb 44. SIGNATURE J. R. Adams

(Above this line to be completed by the Candidate in his own handwriting).

PART B. Estimates of personal characteristics and particulars of military service. Unit Commanders will initial in appropriate space opposite each heading.

(1) Leadership.	Unknown.	Needs urging and constant supervision; always follows others.	Does only what he is told; avoids responsibility; dislikes taking lead.	Carries out ordinary assignments satisfactorily; prefers to follow.	Ready to take initiative when course is clear; needs a little assistance.	Quick to grasp a situation and take initiative in acting promptly. GWH
(2) Sense of Responsibility.	Unknown.	Unreliable, irresponsible.	Indifferent; apt to leave things to others (passes the buck).	Moderate sense of responsibility: has to be checked periodically when given a job.	Responsible and conscientious; has common sense; can be relied upon. GWH	Very responsible and dependable; strong sense of responsibility; has abundant common sense.
(3) Alertness.	Unknown.	Dull; slow; unadaptable.	Learns slowly; stodgy; needs everything clearly explained.	Fairly alert; average learner; grasp of new ideas sometimes slow or incomplete.	Learns quickly; quick at grasping new ideas. GWH	Exceptionally quick and keen to understand, learn and solve difficulties; quick and decisive in action.
(4) Administrative Ability.	Unknown.	Repeats same mistakes; does not improve.	Learns procedures slowly; needs direction always.	Accepts limited responsibility; can handle familiar situations.	Can make decisions and handle new situations: good sense of proportion. GWH	Initiates organization; clear thinker; quickly sees relative importance of factors.
(5) Energy and Persistence.	Unknown	Inert; puts little effort into work; easily discouraged; lazy.	Slack; half-hearted effort, loses interest.	Moderately persistent; average application; gets things done.	Active; industrious; persevering. GWH	Vigorous; enthusiastic in what he undertakes; never discouraged by difficulties.
(6) Group Value.	Unknown.	Discourteous; little regard for feelings of others; un-cooperative, prejudiced, generally not liked.	Inconsiderate; no tact; thoughtless; off-hand; individualistic; difficult to work with or change attitudes; few friends.	Respectful; moderately helpful, considerate and co-operative; can be converted to new ways; liked by some.	Polite; conscientious in fulfilling obligations; helpful and considerate of others; generally liked. GWH	Very courteous; thoughtful; very considerate of others; co-operative, gives his best and gets the best out of others; liked and admired.
(7) Appearance.	—	Unprepossessing.	Not a very favourable impression. Untidy.	Moderately favourable.	Distinctly favourable impression; neat. GWH	Impressive; smart.
(8) Speech.	—	Sloven; indistinct; ungrammatical; poor vocabulary.	Lazy; hesitant; limited vocabulary.	Average articulation; average vocabulary.	Clear articulation; expresses ideas clearly; good vocabulary. GWH	Well-articulated; precise; distinct; fluent; exceptionally good use of words.
(9) Basic knowledge of Arm.	Unknown.	Very poor.	Poor.	Fair.	Good. GWH	Excellent.
(10) Instructional Ability.	Unknown.	Very poor.	Poor.	Fair.	Good.	Excellent. GWH

11. Remarks: Particulars of the candidate's employment in the unit and other details, including special qualifications for his present arm, which have influenced the Commanding Officer in recommending the candidate or in withholding his recommendation, will be included.

In 3 CAC Rm very short time following 5 over 6 months hospitalization and convalescence following hernia op Excellent reputation in own unit

12. If commission is desired in Arm other than that in which the candidate is now serving, remarks as to the suitability of the candidate and technical qualifications, if any.

13. Training standards attained in Canadian Army (AF). (State details).

Basic Trng & all Range practices Complete
Adv Trng Complete

14. Courses attended and results, Canadian Army (AF). (State details and dates).

Sergts Cse Valcartier qual Cert # 8692
CAC School Wireless Instr Cse Pl 29/10/42 (10 wks Wireless 3 wks D/M 3 wks Gunnery)
Dr T-C (T) qual CAC School 20/4/43

15. Military Character Exemplary

(Certified true copy of MF M 6 to be attached)

(Above this line to be completed by the Unit Commander)

PART C. Recommendations

1. I certify that No. D26830 Rank Gde Name J R Adams
was interviewed by me on 17 Feb 194 4 and is in my opinion suitable for training for a commission in G.A.C (Arm, Corps or Service) I therefore recommend this applicant for consideration by the OCTU Selection Board.

Date 17 Feb 44 Signature G W Lette Lt
Commanding 2 Coy Rm

2. I certify that No. ..... Rank ..... Name .....
was interviewed by me on ..... 194..... I request that this application be deferred for ..... months, at which time I will reconsider it.

Date ..... Signature .....
Commanding .....

3. I certify that No. ..... Rank ..... Name .....
was interviewed by me on ..... 194..... and is in my opinion not suitable for training for a commission. I therefore do not recommend this application for consideration by the OCTU Selection Board.

Date ..... Signature .....
Commanding .....

(Above this line to be completed by Unit Commander)

PART D. Decision of OCTU Selection Board:

REMARKS:

Recommended (1) .....
(2) .....
(3) .....
Grade .....

Date ..... Commanding .....
(President OCTU Selection Board)

PART E. Acceptance for Other Arms.

(To be completed by the designated representative of the Arm, Corps or Service for which candidate is recommended where this differs from the one in which he is serving.)

I certify that No. ..... Rank ..... Name .....
is acceptable for training for a commission in .....
Date ..... Signature .....
Rank .....

I certify that No. ..... Rank ..... Name .....
is acceptable for training for a commission in .....
Date ..... Signature .....
Rank .....

I certify that No. ..... Rank ..... Name .....
is acceptable for training for a commission in .....
Date ..... Signature .....
Rank .....

(Above this line to be completed by CMHQ)

PART F. Postings and attachments.

From ..... To ..... Auth ..... Date .....
From ..... To ..... Auth ..... Date .....
From ..... To ..... Auth ..... Date .....

CMHQ 1000:11b
40/P & S/48 (3481)

22nd May, 1945.

Mrs. Adela Adams,
123 Willibrord Avenue,
Verdun, Que.

Dear Mrs. Adams:

It was with deep regret that I learned of the death of your son, D26830 Corporal John Richard Adams, who gave his life in the Service of his Country in the Western European Theatre of War on the 14th day of August, 1944.

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.

/GLD

Mrs. + Mrs
23-5-45

20

H.Q. 405-A-9210
D.R. 2(b)

4th October, 1945.

Mrs. Adela Adams,
123 Willibrord Ave.,
Verdun, Quebec.

Dear Mrs. Adams:

Your recent letter, addressed to the Director of Estates, has been referred to this Directorate for reply to you insofar as it refers to the death and burial of your son, D.26830 Corporal John Richard Adams.

Your son, John, was killed in action on the 14th of August, 1944, in a wheat field near Bu-sur-Ranvas, France, during an attack against the enemy by the 22nd Armoured Regiment.

The burial return has not yet been received from Overseas, however, a letter has been forwarded to Canadian Military Headquarters, London requesting full particulars concerning the burial of your late son, and I wish to assure you that on receipt of a reply all information will be communicated to you in this regard.

Yours truly,

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

GR/RC
7700

33

H.Q. 405-A-9210
(D.R. 2(D))

11th January, 1946.

Mrs. Adela Adams,
123 Willibrord Avenue,
Verdun, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D26830 Corporal John Richard Adams, have been buried in grave 1, row F, plot 6, of Bretteville-sur-Laize Military Cemetery, Bretteville-sur-Laize, 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

42

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D-26830 RANK Corporal SERVICE UNIT 22nd Armoured Regiment C.A.C. (C.A.)

NAME ADAMS, John Richard

DATE OF BIRTH 19-4-17 DATE OF ENLISTMENT 5-8-40

MARITAL STATUS Single RELIGION Church of England

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

ADDRESS 123 Willibrord Avenue, Verdun, Que.

NAME ADDRESS D.A.B. Mrs. Adela Adams,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 9339A H.Q.405-A-9210

CASUALTY DETAILS Previously reported missing in action 14-8-44 now officially reported killed in action.

DATE 14-8-44

WESTERN EUROPEAN THEATRE OF WAR

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 21-5-45

O/S with 22 Armd Regt S/L1458

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

6

COPY FOR DOCUMENT FILE

23964

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: ADAMS (Block letters)

Given names: John Richard

Do not write in this space

4. RESIDENCE

Street: Willibrord No. 123

Official name of civil municipality or township: Verdun

Municipal county: Province: Que.

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): Que.

11. DATE OF BIRTH: April (Month) 19th (Day) 1917 (Year)

12. AGE OF DECEASED

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

OCCUPATION

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

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	ADAMS, John	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 14th, (Day) 1944 (Year) 19....

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action.

due to

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

(b)

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

OVERSEAS CASUALTY CANADIAN ARMY

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

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

State findings.... Was there an autopsy?

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

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

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)

JAN 15 1946

Director of Records, Dept. of Natl. Defence

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Adela Adams,
123 Willibrord Ave.,
Verdun, Quebec.

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-A-9210 FD 490

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

5th June 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

ADAMS, John Richard Corporal

D-26830 C.A. Overseas

ESTATES BRANCH JUN 11 1945 H.Q. OTTAWA 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.

insurance policy not settled yet
being an endowment. I'm not sure what
the amount will be.

E.D. Smith Col.

EDM/MM

Director of Estates.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		John Adams. deceased, Aug. 14. 1943		
4	Mother of the Deceased.....		Mrs. Adela. Adams.		123 Killibrord Ave Verdun. Montreal Que
5	Brothers of the Deceased	Full Blood	Victor George. Adams P.O. A. 2656 R.C.A.F. c/o D.E.M.S. (A.O.I.C) Yorville Sq. Montreal		
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Cpl. John. Richard Adams
9	Date of his birth.	April 19. 1917
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Verdun. July 17th 1916

PARTICULARS OF DOMICILE

12	Place where deceased was born.	1st Ave. Verdun 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) Montreal Que (b) (c) (d)
14	Nature of employment before enlistment.	Factory Supervisor
15	State whether he owned the premises in which he lived, and, if so, where situated.	~~Rent~~
16	Name place where deceased stated he intended to make his permanent home.	Verdun Que

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	~~Re~~ No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	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?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
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.	Metropolitan. 1.000. Over Father since deceased
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*Mother of ..... 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. A. Adams ..... Signature of Informant

123 Willibrord Ave Verdun Que ..... Address

CERTIFICATE

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

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

Dated at Verdun ..... this ninth ..... day of June 1945

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

F. F. Norman ..... Qualification Clergyman .....

Address 33 First Ave. Verdun, Quebec

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

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, John Richard Adams (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal., in the County District of Verdun,

Province of Quebec, Factory Supt (Civil Occupation)

Regimental No. D-26830, Unit Can Gren Guards, 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

Adele Adams. Mother, 123 Willibrord Ave., Verdun Montreal. 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 Adele Adams. (Name) 123 Willibrord Ave. Montreal. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 18th day of September 19.....40

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

John. R. Adams. (Signature of soldier)

First witness sign here.

(5) Signature A A Lawson

Civil Address 767 Laporte Ave, Montreal.

Civil Occupation Clerk

Second witness sign here.

Signature Robert Crawford

Civil Address 4915 Lafontaine, St Montreal,

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

To be made out in duplicate

M.F.M. 5
90M—3-40 (4225-6)
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. (SPECIAL RESERVE)

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. (Special Reserve.)

(*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 ADAMS JOHN RICHARD
(Surname first—Christian names in full—Block capitals)

D-26830 GUARDSMAN

(2) Regimental or Air Force Number and Rank

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

(4) Are you married? NO

(5) If married, state,

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

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

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

N/A

(7) Are you a widower? NO

(8) Have you any children? NO

If so, give number of boys and girls N/A

Also their 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 12 months immediately prior to 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 ADAMS JOHN
123 WILLIBRORD AVE. VERDUN. MONTREAL. QUE
HARNESS MAKER

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) 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 ADAMS ADELA
123WILLIBRORD AVE VERDUN MONTREAL. QUE. MONTREAL.

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) 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
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) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment? N/A

(19) Are you insured? ~~xyes~~ YES

If so, in what Company? METROPOLITAN 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.

Date 5 AUGUST 1940

John R. Adams
(Signature of officer or man)

AUG 5 1940

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

Date

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: John Richard (CHRISTIAN NAMES) ADAMS (SURNAME)

REGISTER NO. D-13713
FILE NO. 405-A-9210
DATE 19-9-45

PAYEE Mrs. Adela ADAMS,
ADDRESS 123 Willibrord Ave., Verdun, Montreal, P.Q.

SERVICE NO. D-26830
FINAL RANK OR RATING Cpl.
DATE OF TERMINATION OF OVERSEAS SERVICE 14-8-44
DATE OF DISCHARGE 14-8-44

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1471 (1470) / 30 EQUAL TO 49 COMPLETE PERIODS AT $7.50	367.50	
B. QUALIFYING OVERSEAS SERVICE No. OF DAYS 835 LESS 1 INELIGIBLE DAYS, EQUAL TO 834 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	208.50	
	576.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE PAY $ 1.70 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ .25 DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00 $ .83 TOTAL $ 4.03 X7 = $ 28.21 NO. OF DAYS 835 / 183 X $ 28.21	128.72	
D. WAR SERVICE GRATUITY	704.72	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	704.72	

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	CHECKED BY
KIRK	

TREASURY	
CHECKED BY	DATE

SERVICE REPRESENTATIVE

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..D-25830 (6) Cpl. Adams J. R. (Deceased).....

RECEIVED FROM .....No. 1 C.K.S.D. (H.Q.).....

C-5591 Pte. Patterson L.K.

CHECKED BY .....B-126252 Cpl. Sislofsky A..... DATE ...20 Oct 44.....

1	Kit Bag		
1	Pair Woollen Gloves		
1	Khaki Dress Shirt		
3	Woollen Sweaters		
1	Leather Waist Belt		
1	Book "Combined Operations"		
1	Book "The Conquest of Notth Africa"		
1	Regiment Book		
1	Photograph		
	Negatives		
	Miscellaneous Papers		
1	Pair Trouser Weights		
1	Pair Puttees		

118

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

TRIPLICATE — with effects.

A. Sislofsky Capt
for OC 1 Cdn KSD

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

Ser 118

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME .....D-26830...Cpl...Adams...J...R.....(Deceased).....

RECEIVED FROM .....144 Regiment...R.A.C.....(BR).....
C-5591 Pte. Patterson L.K.

CHECKED BY .....B-126252..Cpl...Sislofsky...A..... DATE ....28..Oct..44.....

1	MBM 1 Parts 1 and 11 to Officer i/c Estates		
1	Identification Card MFM 182		
2	Identification Discs		
3	Photos		

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

TRIPLICATE — with effects.

.....A. Sislofsky Sgt.....
for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY JG

Name: ADAMS, John R. No.: D26830
Surname Christian Names

Cpl. C.A. O/S 14-8-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 64.19

Date: 6-9-45

Other Credits

Total 64.19

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Adela Adams, 123 Willibrord Ave., Verdun, Que. (Sole beneficiary under will)	64.19

P4. TO TREAS. 28-9-45, am

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	64.19

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

Dec. 1234

4

FORM No. 1

Register No..... Nominal Roll No.....

H.Q. File No.....

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D 26830	CPL	ADAMS	JOHN RICHARD

REASON FOR TERMINATION OF SERVICE:

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

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 5 AUG 40	T.O.S.	T.O.S.
S.O.S. 14 AUG 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1471	Total Days	Total Days

Total Service 1471 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	636	nil	636
Overseas Service	835	nil	835
Totals	1471	—	
Add Non-qualifying Service			—
Total Service			1471

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 14 AUG 44 ..... 2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION 14 Aug 44

Computer's Signature ..... Peter North (CPL)

Checker's Signature ..... 6 AUG 45

Date Computed .....

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	

Overseas: T.O.S. 3 MAY 42 T.O.S. T.O.S.

S.O.S. 14 AUG 44 S.O.S. S.O.S.