

UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM

INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23 150M—5-44 (4470) H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

Regimental No. D-27062	Rankub ITpro En C.E.A.S. En Chinhald and
Surname ADELMAN	
Christian names	nent unless changed subsequently by authority.
Unit or Corps22Armd.RegtDate	of Enlistment (CA)8.Mar.41
Date of Discharge11 Aug. 44	Service (CA)
Place of Discharge. Overseas	ary District No.
(Signature of Soldier)	(Plage)(PpalT)
(Signature of Witness)	DATE OF DISCHARGE
Age vearsmonths	
Height	5. I have impartially enquired into all matters concerni with Regulations, and the discharge is hereby con
Complexion Fair	(Date)
Eyes Brown	6. Reservations referred to (To be signed by the soldier. When there are none,
HairBr.own	
Intended place of residence	(Charact and NT-makes)
	(Street and Number)
(To be given as fully as practicable: i.e., mailing as	(P.O., City or Town, etc.) (Province)
(10 be given as rang as practicality in the state of the	
2. The above-named is discharged in consequence	of DECEASED "
A	
	dance with Canadian Army Routine Orders as may be published. If dis-
charged by superior authority, the number and date of the let	dance with Canadian Army Routine Orders as may be published. If dister to be quoted.)

NOM MOM. N. 23 & S.	S COPY MADE UP I	MOLUDE M.F.M. 23. THI	UNIT DOCUMENTS DID NOT I
160M.—6-44 (4470) EL.Q. 1772-39-1877	RECORD OFFICE.	MI. ELIE NO REMEMUSOR	INFORMATION ON SOLDIER'S
(a) Decorations and (Gallantry Awards awa	rded	
during previous w	ars.	EDINGS ON	HO09H4
(b) Medals and Deco present war.	orations earned during	g the /	
-X-140110-101111-1			
(To be copied by	the Commanding Officer on	to the Discharge Certificate.)	
Note:—If not at p	resent entitled to any medals	s or decorations, leave space blank, do r	not show "NIL".
4. I hereby acknowled to the present days discharge cere	lge that I received all ate, subject to the reser		scharge othing, and all just demands, up oara. 6 and that I have received:—
*War Service Bac	lge "General Service (Class" No	Place of Discharge Cyorsos s
			(Signature of Soldier)
(Date)			(Signature of Witness)
TT71 1.1' '	TOMARORIE	CRIPTION AT DATE OF	is not desirable to forward these
proceedings to returned, shoul	him for signature, a reld be attached here.	manuscript copy should be ser	nt for the man to sign, and when
with Regulation	ns, and the discharge	is hereby confirmed.	brought before me in accordance
(Place)		(Signature)	
(Date)		Commanding	Complexion Fair
	Danamakiana	referred to at Para. 4	TANDAR SOAM
).			
(To be signed by the		ere are none, it is to be stated,	and signed by the soldier.)
	(Street and Number)		
Province)	Oltyror Towns steed) (1	1,.0:9)	
		le: i.e., mailing address)	(To be given as fully as practical)
			2. The above-unraced is discharged
	A contract to the second secon		Authority for discher and M.B.—The course of discherge on charged by superior sutherity, the man

elsofitaes agradosib entrue obem ed or ai toubred or entrue (Signature of Soldier)

CERTIFICATE OF MEDICAL EXAMINATION

Place		PAR OFFICE		
			Date. Mar 6 1941	
		obtained from the rec		
1. Age	2. Hav		n any of the following diseases?	
a. Rheumai	tism	NO	k. Ear disease	NO
b. Tubercul	losis	NO	1. Eye disease	NO
c. Bronchit	is or asthma	ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO	m. Epilepsy	NO
	sease		n. Nervous or mental disease	NO
e. Kidney o	or bladder disease	NO	o. Syphilis	NO
	ntestinal		p. Gonorrhoea	NO
g. Rupture.		NO	q. Have you ever worn glasses?	
h. Varicose	veins		r Are you now or have you in the received disability pension or	com-
i. Flat or d	leformed feet	NO	pensation? If so, give details	NO
j. Nasal tro	ouble	MO	- Krehej Mu	lugar
			URINE_	monican (
11 - 1 - 1		ra GN.		45002 N
1 2 1 1 1 1 1 1 1 1 1 1 1		malA.L.Delaha	Ly. was like in the second	Ox
			examination. The recruit must be s	tripped.
4 4 4 4		s. (If operative obtain	nistory).	
T Vac	c.Left Arm.			
2. Height	feet	inches.	3. Weight	ounds.
4. Comple	xion Fair	Eyes. Brown	5. DevelopmentGood	
		Hair Brown		Poor
6. Chest m	neasurement—Girth	on full expansion	33½ inches.	
	Range	e of expansion:	inches.	
7 Winion	right 20-20	left 20-20	8. Hearing, right CV 20left	CV 20
1. VISIOII,		Fair: a fe	w caries.	
9. Condition	on of mouth and tee	ош		
9. Condition 10. The abr	on of mouth and tee		und on examination are as follows	
9. Condition 10. The abr	on of mouth and tee			
9. Condition 10. The abr	on of mouth and tee			
9. Condition 10. The abra Scars	on of mouth and technormalities (congeni-	tal and pathological) fo	und on examination are as follows	
9. Condition 10. The abra Scars Part 3.	on of mouth and technormalities (congenity right knee. We, the examine	rs, find no evidence of	the diseases mentioned in Question 2, P	art 1, except as
9. Condition 10. The abra Scars Part 3. reported in	on of mouth and technormalities (congenity right knee. We, the examine the remarks. We have the remarks.	rs, find no evidence of ave examined the Recr	und on examination are as follows	art 1, except as
9. Condition 10. The abra Scars Part 3. reported in and Instruction	on of mouth and technormalities (congenity right knee. We, the examine the remarks. We have the remarks.	rs, find no evidence of ave examined the Recruit	the diseases mentioned in Question 2, Puit in accordance with the pamphlet "Ph	art 1, except as
9. Condition 10. The abr Scars Part 3. reported in and Instruct Special remains	on of mouth and technormalities (congenity right knee. We, the examine the remarks. We have tions for the medical arks when category	rs, find no evidence of ave examined the Recruit lower than A	the diseases mentioned in Question 2, Puit in accordance with the pamphlet "Phts" and he is found fit for CategoryA.	art 1, except as
9. Condition 10. The abrascars Part 3. reported in and Instructural Special remains and Instructur	on of mouth and technormalities (congenity right knee. We, the examine the remarks. We have the medical triangle of triangle of the medical triangle of the medical triangle of triangle	rs, find no evidence of ave examined the Recruit lower than A	the diseases mentioned in Question 2, Puit in accordance with the pamphlet "Ph	art 1, except as
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9. Condition 10. The abrace Scars Part 3. reported in and Instruct Special remains the AUBR Date MAR 10 '41 19-3-4/ 27-3-4/ MAR 10 '41	on of mouth and technormalities (congenity right knee. We, the examine the remarks. We have the remarks. We have the tions for the medical arks when category Y.MAJOR. President VACCINATION	rs, find no evidence of ave examined the Recruit lower than A. W.H.SMYT	the diseases mentioned in Question 2, Puit in accordance with the pamphlet "Phots" and he is found fit for CategoryA. THAT.COL. J.M.ROD RECLASSIFICATION OF MEDICAL CATEGORY Date Brief details and signal 30-3-43 Brief details and signal	art 1, except as ysical standards SSEL. CAPT. Member Mure
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Part 3 reported in and Instruction Special remains and Instruction ALL AUBR Date MAR 10 '41	on of mouth and technormalities (congenity right knee. We, the examine the remarks. We have the remarks. We have the remarks when category vaccination brief detains a support of the medical support of the	rs, find no evidence of ave examined the Recruit lower than A. W.H.SMYT	the diseases mentioned in Question 2, Puit in accordance with the pamphlet "Phots" and he is found fit for CategoryA. THAT. COL. Memory Col. RECLASSIFICATION OF MEDICAL CATEGORY Date Brief details and signated to the color of the c	art 1, except as ysical standards SSEL. CAPT. Member LALL LOCA Member

	Date of			res of				Number of	Remarks on nature of the disease; how induced; if mild or severe: if completely recovered from:	Signature
STATION	Date of Arrival at the Station	Adr into l	nission Hospital	fr	Discharge om Hospit	al	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 Medical Officer
		Day M	onth Year	Day	Month	Year			or inquiry was note. Bate or assurant particulars of artificial feetiff of surgical appliances supplied.	
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						1-2				

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

Sheet	+ No	 The state of the s
DITCC	L 140	

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D. 2706	Rank	1.P.r.	t	.Surn	ame			193	Christian Name	Trobie	
Unit	Hospt.		DMITTE			SCHARG		Hospt. Days	DISEASE OR INJURY	REMARKS	CAS. LIST No.
		Day	Mo.	Year	Day	Mo.	Year				
22 am'd Regt.									Killed 11-8-44		4-48
				•••••							
				•••••							

Records B3-49 H.Q. 1772-45-8 100M-7-44 (5202)

M.F.M. 1 & 2 (a) 250M—7-41 (1151) H.Q. 1772-39-1646

Name Adelman-Archie

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority			
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)					Part II D.O. No. Cas. List, etc.	Dated		
1 Alep 42		Franted Frades Pay Froup "b" (N. Mech	ydom.	1 apr 42	226.a.R.	Nebert	Past 2, Mo. 131	1 Aep 42		
8 Sep 42		Special Leave (18.0.699-42) 7 to 11 Ach 42		7 Sep 42			, No.134	7 Sep 42.		
2007.42		5.0.5. ladn. Army Canada		25 Del 42		14 Sea	·· Mb. 1	30 Sept 42		
		1.0.5. Colm. army Overseus		26 Sel 42	<i>,</i>			A		
		Disembarked in U.K.	84	7 00542	ч	U.K.	<i>1</i>	13 900 42		
		Admitted to "3. lo. m.lo.	gdsm.	109nn 412	226AR	u.K.	2	14 9nov 42		
		Disch from 3-le ml	Edsm	149nov42	22 A.R.	QL K	8	24 Dec 42		
		Privé leave auth m.A.	Idsm.	119Dec 42	22 A R	U.K	<u>8</u>	24 Dec 42		
		Leave to 9 mar 43 m.A		19mar 43			12	20 mar 43		
		SoSto 3 Cacker (U.m. 6') on Sterry (20)	garin	2320043	2227	wh	1.5	3 apr 43		
•••••••		To S from 22 C. A.R. on 4 CAD Spec. Crose.	<i></i>							
		Gunnery G. 1 at CAC Ishool (Dr. mach. "e")	Solsm	2 4 Mar 43	3C.A.C.RU	U.K.	74	30 Mar 43		
		completed Sunney Cise	<u></u>	27 apr 45	}		105	7 may 45		
		SOS TO 22 CAR (DIMECLE)	6	6 may 43			185	Truny 4		
••••••										
•••••••										

No D. 27062 Rank Trooper ADELMAN, Archie Name C.A.C. Unit Date of death 11th August, 1944. Died at France. Killed in action. Cause Death occurred on strength of Forces.H.Q. 405-A-9103 Mrs. Sophie Adelman RelationshipMother 1280 BERNARD AVE. W., Address 5941 Park Avenue, Montreal, P. Q. Remains buried in France Normandy M.R. 089483 sh 7F/4 cemetery on east side of road. row 1 Gr.1 Grave location

JAN 16 1947 BURIAL REPORT TO N.K. 4 1945 RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D. SEP 1 6 1944

CAN. MESSAGE DESP'D. 1-9-44

LYRI & SMV

Temp B R sent to N K Photographs

REBURIAL

Grave 5, Row H, Plot 28. Bretteville-sur-Laize Can. Mil. Cem. Bretteville-sur-Laize, France.

HI & CR Form DesponJAN 1 1941

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 Can. Grenadier Guards, AF.	Regimental Number D-27062						
1. Surname ADELMAN	(17) Regiment or Cor	ps (-644)	Unit (Battn., etc)				
6D5M							
*Acting Temporary or Local Rank							
giving date							
*To be entered in pencil to facilitate alteration.							
4. Place of birth Montreal Que Can.							
5. Date of birth as declared on attestation17. December 1919							
(A)	Category	CDate	Authority In F. m 2				
6. Date of enlistment & March 1941			Vn 7. 17 2				
7. Place of enlistment. Montreal South, Que. Can.							
8. Residence at time of enlistment 5941 Park Ave, Mont. Que.							
9. (B) Special conditions (if any) of enlistment or rate of pay							
10. (C) Any subsequent variations of conditions of service							
11. Religion. Hebrew							
12. If married, state dateN/A	(19) Next of kin (entr	ries to be ma	de in pencil). MOTHE!				
13 Trade on enlistment Motor Mechanic	1195	SOPHIE	ADELMAN				
14. Corps. trade and grade	5941	PARK	HVE				
15. (D) Qualifications							
16. (E) Miscellaneous entries			C1921 ADA				
Muner-Mech. Nork "b"	(20) E	510	30 NOV 43 V.				
······································	(21) E						
•••••••••••	(22) E						

Notes-

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

(a		(b)	(c)	(d)	(e)	(f) .	(g)
Rep	ort		Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c.				
			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,	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be
Date	From whom received	Unit	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.	Casacing	Casuarty	as at (e)	shown
	received		Volume I serebæsked in M.K.		70ct 42		
Mar42		226.0.R	70A. 22 chdy. amed Rest. (B. 4. 4)	UN	14/3/42	Wido	mom 2
5 Ach 42			20A. 22 chedre. Orned. Regt. (b. 4.4) A.D. S. betre. Orney characle		25/9/42	- Form	
6 dep 42			20 D code any alessons		52 /9/11v		
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Mar 43	6.R.	11	7 days Play 48 less pass (9dys) to 9 Mar 42	//	1 Mar 43		12-20 Max112
3 Mar 43	7	•,	A.O. It 3 S. A.S. P. U. Lawys Groceeded on				
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		J. J. P. S. L.	And burners erre G-1 at CAC				
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			900 II- 220 AND W- Mark	21	1.100		105 - 1 may 43
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Jul 43	CR	99	Retains qual Dvr-Mech (Tank)"C"		. /		
			en re-muster	f#	20J11143	17	35 - 3 Aug 43.
3 Jan 44	M	·····	Awarded Canadian Volunteer Service Medal and Clasp		15 Day ye	•	5-28 Aau 20
april	~2	*/	Proceeded on Waterproofing bourse +				////
			att to cre pundonald f.a.p	7	2 MM 44		16-10 aps 44
1 apr 44	7	•,	awarded First Hood bonduct Badge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16 Answell	,,	17-18 abs 11.1
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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. ADELMAN. Archie. (Surname first—Christian names in full—Block capitals)
(2) Regimental or Air Force Number and Rank Gdsmn. D-27062
(3) Unit Canadian Grenadier Guards. AF.
(4) Are you married?
(5) If married, state,
(a) Full name of your wife
(b) Present postal address of wifeN.A
(6) If married, have you been regularly supporting your wife? If not—state reasons
(7) Are you a widower?NO
(8) Have you any children?
Names and ages
(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regu-
larly supporting them
Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
Name
Postal Address
SEE OTHER SIDE

White the state of the state of

Billies I by a distance par female and Stance and Stanc

	If so, state her full name and Postal AddressMNA
11)	Is your father alive? Yes.
	If so, state name and address, occupation Mr Ales. Adelman. (Foreman)
	5941 Park Avenue Montreal Que Canada.
12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support?
13)	If sole or partial support of father who is a widower, totally incapacitated from earning a living
	—state what amount per month you have given him prior to appointment or enlistment
	Also state reason he has no other means of support if partially supported by you, what is your
	reason for not providing full support? N.A.
14)	Is your mother alive?Yes.a.
	If so, state name and address
	5941 Park Avenue, Montreal Que Canada.
	If your mother is a widow, are you her sole or partial support? ^{NO}
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?
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 $\mathbb{N} \bullet \mathbb{A} \bullet$
	Full Name
	Postal Address
	Amount contributed monthly during the past six monthsNA
	• • • • • • • • • • • • • • • • • • • •
18)	Are you insured? Yes.
	If so, in what Company? Mutual Life Ins Co. (Give number of policy)
	Have you made arrangements for payment of your Insurance Premium?Yes
	I hereby certify that the information given by me on this form is correct in each and every particular.
	particular.
	Date 8 March 1941 (Signature of officer or man)
	(the hand

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.

M.F.M. 2 A.F.B. 271 200M—10-40 (7370) H.Q. 1772-39-1645

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

Canadian Grenadier Guards AF

Regimental Number

D+27062

CANADIAN ACTIVE SERVICE FORCE

		ATTESTATION PA	PER			11.7
1.	Surname	ADELMAN				COMPLE
2.	Christian Names	ARCHIE				
3.	Present address	5941 Park Avenue, Mo	ntreal,	P.Q. Canac	la	
4.	Date of birth	17 December, 1919.				
5.	Place of birth	(County or Province)	C		real	
6.	Religion (state denomination			(Town or Tow	nship)_	
7.	Trade or Calling	Motor Mechanic			•••••••	
8.	Married, Widower or Single.	Single				
9.	Name of next of kin	Mrs. Sophie ADELMAN				
10.	Relationship	Mother				
	Address of next of kin	5941 Park Avenue, M	ontreal,	P.Q. Cans	ada	
12.	Do you belong to, or have yo	ou served in the Active Militia	of Canada?	C. C. G.	RF. Dec	.18/40
13.	Have you served in (a) The	(If Yes, Give Unit and Dates of Canadian Active Service Force)	Service)	0	• • • • • • • • • • • • • • • • • • • •	
		······································		(Yes or No) Any other Nav	al, Military	, or Air
For	ce? No (If Yes, Give Regin	nental No. and Unit) (Yes or No) (If Yes, specify Unit and Perio	nd of Sarvice)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
	DECLARA	(If Yes, specify Regimental No., Unit an		ESTATION		•
said	war, invasion, riot or insurrements emergency ceases to exist, a	engage to serve in the Canadia ection, real or apprehended, exand in any event for a period of the Canadia with the Canadia ection, real or apprehended, exand in any event for a period of the Canadia ection, real or apprehended, exand in any event for a period of the Canadia ection, real or apprehended, exand in any event for a period of the Canadia ection, real or apprehended, exand in any event for a period of the Canadia ection, real or apprehended, exand in any event for a period of the Canadia ection, real or apprehended, exand in any event for a period of the Canadia ection, real or apprehended, exand in any event for a period of the Canadia ection in any event for a period of the Canadia ection in any event for a period of the Canadia ection in any event for a period of the Canadia ection in any event for a period of the Canadia ection in any event for a period of the Canadia ection in a period of the Ca	f not less that	the period of d n one year, pro	emobilization vided His I	on after Majesty
191	I Archie Adelman	TO BE TAKEN BY MAN of the design of the desi	ON ATTEST do sincere lajesty.	ATION ly promise and	swear (or s	olemnly
-	CERTIFICATE OF MAG	ISTRATE, JUSTICE OF TH				
	The Recruit above-named vertions he would be liable to be The above questions and ans	vas cautioned by me that if he punished as provided by law. swers were then read to the reconderstands each question, and id recruit has made and signed	e made any f	alse answers to	any of the	e above
	ontreal South, P.Q.	A STATE OF THE PARTY OF THE PAR	y of	March		.19
	0.00	DISTRICT DEPOT C.A	As S.F.	Office or R App	ank and I ointment.	r. Jnit or
N.B	ATTENTION IS DRAWN TO	THE FACT THAT ANY PERSON	N MAKING A	FALSE ANSWE	R TO ANY	OF THE

ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Reco	ord of Service of	ADELMAN (Surname)	(Christian Name	h ie			Regimental	Number	D-27062
		QUALIFICATIONS			EDUC	ATIONAL QUAL	IFICATIONS		
Military		N11.	High School	ol)			Graduation	3747	
Business or	Professional	N11.	or Collegiate	}	(years complete	d)	or Matriculation		(specify)
Trade or C	ivil	Motor Mechanic	*College.	Montres	al Tech.S	chool. (Ae	proplane	Motors.)	1 Year
Technical		N11.	*Univers	ity	11.				
Languages		English - Frenchk				chooling			
All enlisted	personnel will b	be taken on as Private soldiers, appointments and promotions to hi				e space below.			
	Report	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	D. J. TT. D. O. N.	Authority	
Date Mar 41	From whom received	Joined on appointment No.4 District Depot AF	Gdsmn	8Mar 41	4dd Mt	South	4DD Pt.1	1 No.57	B Mar 41.
7 Mar 41		POSTED TO HIS UNIT. VALCARTIER. QUE	**	17-3-41	E\$	2.5	f7 f7	No.64	17-3-41
18/3/41	046-3	T.o.s. CARADIAN CETTICER CHARDS A. F.	• •	18/3/41	644	Valcastie			14/3/41
17/9/41		Granked Lurlaugh Under R.o. 699 18 Sep 41 to 1 Och 4,				Luseu			16/9/41
27/11/41	1	Qualified Drines (1.e) h. Colum TI D. O. 1642		25/11/41		Sr. John N.B			26/13/41
29/1/42	Samuel Control of the	AMZ.	۷,	16/1/42	1 -	Susset		6/4	19/1/42.
2 Mar dy		J.O. D. 22 CDN ARMD REGT. (C.G.G.)	"	14 Mas 42	22 c.A.R.	Deliest	Pasto,	No. 26	16 moy 4
8.0eft 42		Granted leave for Jewish Passacer							
		from 1st to 3hd and 7th to 9th							
		all 42 to be deducted from fustough	7		"		Past 2	No.42	7afr 42
18 Jul 42		Qualified Muser 1.c. bl. III Gracked (Tank)	7	Jul 42	"			Mo.105	17 Jul42
1 Dep 42		Qualified Naiver Mech (Jank) Froup "b"	"	1 apr 42	**	•,	~	Mo. 120	31 aug 42.

Sheet No.....

W.F.M. 1 & 2 (a) 250M—7-41 (1151) H.Q. 1772-39-1646

Name Adelman- Archie

]	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	TT-24		Authority	
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Ttank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
1 Aep 42		Franted Trades Pay Froup "b" (Nr. Mech	Hdsm.	1 apr 42	226.9. R.	Nebert	Part 2, Mo. 131	1 Dep. 42.
8 Sep 42		Aprecial Leave (P.O: 699-42) 7 to 11 Aep 42		7 Ay 12			· No. 134	7 Sep 42.
201.42		5.0.5. Chn. Army Canada		25 Sel 4/2		at Sea	. 16.1	30 Sel 412
		1.0.5. ledn Army Dwersens	<i>o</i> 1	26 Sept 42			•• •••••••••••••••••••••••••••••••••••	
• • • • • • • • • • • • • • • • • • • •		Spisembarked in 4/5.	u	7 Oct 42		9/1.		132my2
		admitted to #3 6M6	Zelsm.	101/00-42	22 am R	UK	2	1790042
		Wiech. Lam 3 C.M.C.	Gdom.	146 har 42	22 A R.	UH	<u>S</u>	24 Dec 4:
••••••••••		Granted P.L. with M.A.	Golom	14 Dec42	22 AR	UK	8	24 Dec 4.
•••••••••••		leave to 9 mar 43 m.A.	Solom	1. mar 43	22 ann R.	21/1	12	20mary3
SiQ.S.		SOS 103 CACKER (Ar huch C) on framer Cise. T.O.S. Jeon 22 Armid Rent (whilst on Course	Gelsm	23 Man 43	22 Asmid K		15	3 April 43
••••••••••	1.05	1.0.5 Jum 22 Armid May (whilst on Course	Gdem	24 mar 43	3.CA.C.M.	es K.	24	30 knar. 43
		Gearled Leds. Roy Pay De Treek \$1.75	Golson.	1 Jan 43	3.CACRU	UK		14 Apr. 43
•••••••••	••••••••	off Germeny Ces at CAC Sch.	Idsm.	27 ape 43	3.cocru	UK	105	70/243
Sos	• • • • • • • • • • • • • • • • • • • •	Sos, lo 22 alus Reg	Idsn.	6 may 43	3 CACRO	UIS	105	y heay 43
•••••••••	1.05	SOS. fram. 3 caero	Yasn.	7-may 43	22 acus R.	my	20	8 may 4.3
•••••••		Having Cambleted Special Junnery Lourse Der G. 1. augl. 100%.	lydsm.	91 opn 13	22 armel 1°C	wk		26 July 45.
•••••••		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASE	Yolson.	20 July 43	22am)R	uc	35	3 Oug 43
•••••••••••••••••••••••••••••••••••••••								
.B84.		Church Fust Good Conduct Boad g.	Gobine	16 Jan 44	: Baarmol (UK	17.	1.8.apo.4.4.

	-)	
tatement of the Service of No	 Rank	

Sheet No.....

M.F.M. 1 & 2 (a) 250M—7-41 (1151) H.Q. 1772-39-1646

Name.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown Effective Date		Unit		Authority	
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)					Part II D.O. No. Cas. List, etc.	Dated
(M.85)		Proc. on Waterprofing Cree. all to CTC. Dundonald F. H. P.	Idsm.	2-APA-44	22 C.A.B.	U:15.		10-APA-44.
M./o.6		Ret waterby can. CIBA to Dund.	Idon.	20 pr.44	22.CAR.	OK.	22	23may4
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Embart 1010 21 July 4						
Do 41 d	5'Sep1-44	Disembart TRANCÉ 33 July	Idom.		22.CAR.	21.19.20	3.5	5aug.44
		Dtilled	T. pop	1.1.aug.44	22 CAR.		C 4. 4. 80	19 August
n 206	SoS,	SoS deceased Killed un action	Idsm	11. Lugyy	12 CAR	21.H.J.	40	26 ang 4
••••••••								
••••••••								
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•••••••								

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER 7-27062 Trooper RANK SERVICE UNIT 22nd Armoured Regiment C.A.C. (CA) ADELMAN, Archie 8-3-41 DATE OF ENLISTMENT DATE OF BIRTH 17th December 1919 MARITAL STATUS RELIGION Single Hobrew M.F.M. 1, 2 & 5 RELATIONSHIP NAME ADDRESS Mrs. Sophie Adelman ADDRESS 5941 Park Ares D.A.B. Montreal, D.O. ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED PARENTS NAME **ADDRESS** IF SOLDIER MARRIED OVERSEAS 11.Q. 405-A-9103 AUTHORITY CAS. SIG. NO. DATE 11-0-44 CASUALTY DETAILS Eilled in action

PRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.7

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

DATE 22-8-44

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

DIRECTOR OF RECORDS

COPY FOR C. R. FILI

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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 APONIO AGOIMAN (b) Reg'l. No. D-87068
2.	(a) Arm of service
3.	(a) Date of birth
4.	(a) Place of enlistment
5.	Section B—EDUCATION AND TRAINING (a) State age on (b) Were you attending school
6	(a) State age on (b) Were you attending school finally leaving school
٠.	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)
7.	If you attended a university, give name of university and standing or degree secured.
8.	(a) Did you ever (b) If so.
0	enter upon a trade for what (c) Did you finish it, how long apprenticeship? did you serve at it?
_	(a) What languages do you speak fluently?
10	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT
10.	(a) State whether you were WORKING or NOT WORK- (b) At time of en-
	ING at time of enlistment. (Enter here only "Work- ing" or "Not Working" Iistment of what trade union or
	my of two working,
_	lars are asked for below)
	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 (b) State how long you had worked at this
	at which you actually worked trade or occupation 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
	Give details of last employer, if any: Name Address
	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
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT
Q	UESTIONS 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
10	Name of employer
20	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) Your (b) Number of years' experience at
	(a) Your specific occupation
	definitely to give you refuse to promise you to return to your employment on discharge? former employment?
	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
	(a) State nature of business, or professional practice
23.	(a) Number of years (b) Have you made, or will you make plans to engaged in this businessreturn to the same or a similar business on discharge?
	Section F—PARTICULARS OF FARMING EXPERIENCE
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming?
25.	(a) Were you (b) How many years' actual (c) In what provinces born on a farm? farming experience have you had? did you have experience?
_	Section G—MISCELLANEOUS
26.	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27.	If so, state nature of your plans (for example, do you plan
28.	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.)
	19 Hay 42

	(1) I, ARCHIE ADELMAN , of the City (City, Town, Village, Township)
Address in civil life.	of Montreal , in the County of Hochelaga. ,
	Province of Quebec. Motor Mechanic (Civil Occupation)
	Regimental No. D=27062, Unit Canadian Grenadier, Gatherdby 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	(2) I Give, Devise and Bequeath unto My Mother Mrs Sophie Adelman residing at 5941 Park Avenue, Montreal, Que, Canada, All of my Estate Both Real and Personal.
receive.	
Relationship,	(3) I CIVE DEVISE AND REQUEATH all the rest and residue of my estate both real and personal
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
10/	
al.	aa.
	(4) 1 appoint
	(Civil Occupation), to be the Executor Executive of this my Last Will.
	IN WITNESS WHEREOF I have hereunto set my hand this. 8 day of Mach.
	19
	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. (Signature of soldier)
First witness sign here.	(5) Signature George Bryolan BG (5) Signature George Bryolan BG
	Civil Address 556 Free oche A- Manting gell
	Civil Occupation Carter
Second witness sign here.	Signature Calvin Wilson, pte.
	Signature & accord Western . 2ne. Civil Address 3817 Clauble St. Verdin . 2ne.
	· Civil Occupation & lerk.
	(Witnesses are not to be beneficiaries.)

ET RES

No 1 Con

ATTESTATION

2nd BTN. CANADIAN GRENATIER GUARDS (N. 1. 1. 1. OF CANADA REGTL. No. D. 3. 4. 8.99
1. Surname? (Block letters) $APELMRN$ 2. Christian names? $ARCHIE$
3. Present address? 5941 PRRX HVE. Phone No. UES
4. Date of Birth?* 17, 12, 19 5. British subject? YES 6. Occupation? Clerk WAII68 7. Religion? Hebrew 8. Next of Kin FATHER 9. Relationship?
Address 5941 PARK AVE.
10. Previous Naval, Military or Air Force Service (Give particulars, qualifications, etc.) BLACK Watch. R. H.C Acces. 15-Pec. 13
9 1940
Height 6 1 Weight 151 4 Chest max 36 min. 33
I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him Date Signature Signature
DECLARATION TO BE MADE ON ATTESTATION
I, the undersigned A. ADELMAN do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions 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, or my next of kin to my Commanding Officer.
I, A. A.D. E.L. M.A.N. do sincerely promise and swear
I, ADELMAN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
Signature of Witness Dated this
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
the oath. Simplying of Magistrate Justice of Peace or Affesting Officer
M.F.B. 235d *To be shown day, month, year—Example:—25-8-39.

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	14/1/41	7+ II No 9 23:1-141	Officer Commanding Unit
		PHIN09 23/1/41	
2-0.8 18+ Bm. C99.	10/3/41	P+1111076	#7/3/01
All clothing			
issued to the so			
other side of the	is ca	rd has be	en
returned to the). M.	Stores.	
	B	of gran	
Date MAR 1 0 1941	DESCRIPTION OF THE PROPERTY OF	Quartermast	THE PARTIES OF THE PA
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.

Orderly :

RECOLLENDATION FOR S.O.S.

To: Orderly Room
From: No. / Coy.

(Reg'l No.) (Rank) (Surname) (Initials)
The m/n O.R. is recommended for discharge.

Reason: - Tos. 18 Br. C.G.G.
(Give authority in complete detail. Letter or official papers concerning S.O.S. attached hereto)

Uniform has been returned.

Signed (Company Commander)

Approved Line L.Col. C'm'g J, 2 CGG

Remarks

Discharged (Date)

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

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.

MFM 510 40/P & \$254 (3444)

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District
Dispersal
Area

LAST PAY CERTIFICATE

(All Ranks)

Regtl No.D. 27062. Rank and Name.					
of (Unit)	.,		onon		
(Transfer or Discharge)				19.44	1.
Reason. Death.			Authority C. C. L. "A" 480. d/19th	Augus	5. 44
The following is a statement of the account of the inclusive date of transfer or discharge.	f the abov		from 1st August, to 31st August		
		Dr		Cr	
Particulars	Amou	nt	Particulars	Amou	nt
Balance Dr from last account			Balance Cr from last account	54	96
First Monthly Payment AR. 68 d/8.8.44	4	47	Regimental Pay 31 days @ \$1.50	46	50
Casual Payments			Tradesmen's Pay.31days at\$\$		75
Payments on Transfer or Discharge		-	Additional Pay (Give particulars)\$		
Assigned Pay Regimental Charges			Allowances (Give particulars) days		7
Public Stoppages (Give particulars):			αυ		
			Def. Pay Interest.		98

To Balance Cr { Free	90	00		••••••	
(Deferred			By Balance Dr	••••••	
Total	110	16	Total	110	16
BALANCE	GIVEN	IS SU	BJECT TO ANY CHARGES		
AND/OR CREDI	TS END	ORSED	ON THE REVERSE HEREOF		
Remarks:					
Assigned Pay \$25.00	(W) S	stopp	ed eff. September, 44.		
Assigned Pay \$8.40(6th V	T. 1	Cancelled. eff. May 44. The		
· · · · · · · · · · · · · · · · · · ·	25000 AND				
amount re-credited	is inc	lude	d in the Balance B/F at 1st	Aug. 4	4.
The above statement	has b	een	compiled from Treasury Recor	ds,	
the latest paybook	not be	ng	avallable.		
		1			
	• • • • • • • • • • • • • • • • • • • •				••••••
Compiled by B. McKercher.				- Sept. 1. 1.	
Checked by WB/Lewburt			Certified correct 9 Touck	less.	THE PERSON NAMED IN
Deta 14th February. 45	•		for Chief Treasury Officer, Over	seas	
Date19					

ESTATES BRANCH INVENTORY

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

	ECKED BY	DATE	••••••
ITITITI	Book Reg Notes. New Testament. History of the Jews. Book, of Jewish Thoughts. Prayer Book. Wrist Watch (Broken). Civil Nursing Pin. Belt Buckle (German), Snaps & Negatives.		

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

TRIPLICATE — with effects.

Marcs Str for OC 1 Cdn KSD THE PROPERTY OF THE VARIABLE

the boundary wind in terror you to

ESTATES BRANCH INVENTORY

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

CHEC	EKED BYB=126252.Cpla.Sisle	I.S.Sy A.	DA'	TE	, Eq
11 411111111111111111111111111111111111	Endle Letters Snapshots Negatives Postcards Military Books Note Book Shorthand Note Book Souvenir Booklet Religious Books (Jewish) Map of London and Paris Pair Sunglasses (Damaged) Souvenir German Lapel Wheel with crown (Cloth) Very Smell Camera (Coronet) Souvenir Coin Leather Small Strap Writing Pad Standing Orders in Red Folder Writing Case with Pencil Souvenir Shell Brass TX Ashtray				

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

TRIPLICATE — with effects.

for QC 1 Cdn KSD

405-0-9103 1280 Bernard Ave. W., Apt. 6, Outremont, Quebec. The state of the s Director of Records A. G. Bran JAN 1 1 1947 Director of Records, M.D.H.Q., Nat. Deteros 1 4. Ottawa, Ontario. Ottawa, - Carada Dear Sir:-On August 11th., 1944, my brother, Gdsm. Archie Adelman was, according to report, killed in action. Since then, we have had little word regarding the burial place, or of such intentions of a permenant resting place. However, the reason for this letter is, a book is being comprised, and it is necessary for me to have some information as to my brother's resting place. I sincerely hope you will be good enough to furnish me with this information as soon as possible, as it will be of great assistance to me, in completing a brief synopsis on the above . Trusting, I can look forward to an early reply, I remain, Sincerely yours, BARABRA E. ADELMAN. IS/ba

Miss Barbara E. Adelman,
1280 Bernard Ave. West, Apt. 6,
Outremont, Quebec.

D.27062, Trooper Archie ADELMAN

Dear Miss Adelman:

In reply to your recent enquiry concerning the burial place of your late brother, the marginally named, I am to advise that information has just recently become available that the remains of Trooper Adelman were carefully

In reply to your recent enquiry concerning the burial place of your late brother, the marginally named, I am to advise that information has just recently become available that the remains of Trooper Adelman were carefully exhumed from the original place of interment and reverently reburied in grave 5, row H, plot 28, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

Marked map is enclosed. This is a recognized military burial ground which will receive care and maintenance in perpetuity and the grave has been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed.

The permanent commemoration of all deceased members of the Canadian Forces is the responsibility of the Imperial War Graves Commission acting on behalf of the Government of Canada. We have recently received from the Commission a questionnaire form in connection with the inscription to be made on the permanent headstone and the form is enclosed herewith. Would you be kind enough, please, to have your mother fill in the form and return it direct to the Commission's Offices in England.

Yours faithfully,

Encl

FBR/PIL

J. B. Lading for H.M. Jackson, It.-Col., Director of Records,

for Adjutant-General.

Josh Josh

1280 Bernard Avenue W.,
Apt. # 6,
Outremont, Quebec.,
November 5th., 1946.

1946

Department of Estate, (Army), Ottawa, Ontario.

Dear Sirs:-

405-A-4103

On August 11th, 1944, my brother, D-27062, Gdsm. Archie Adelman, was officially reported killed in action. Since then, his personal effects, belongings, etc, have come through. However, while overseas, he purchased a Victory Bond (1943-44 Bond drive) in my name, Bernice Adelman, and there was an outstanding balance of some Eight or Ten dollars (\$8.00 or \$10.00) payable on the Bond.

To date, I have heard nothing of the Bonds, and I am writing in the hope that further information can be given to me regarding same.

If there is still an outstanding balance payable, I beleive the eleven (11) days in August pay due him, should have covered this outstanding amount, and if not so, the balance due would be gradly paid for my me If I could get the Bond originally purchased in my name.

I have written on this matter previously, but have never had any acknowlegement for same. Your immediate attention in this matter would be appreciated.

If you require the Bond number, I have the receipt which was given my brother upon purchasing same.

An early reply would be appreciated,

Yours very truly,

(Miss) Birnice Adelman.

H.Q. 405-A-9103 ESTATES BRANCH 21st November, 1946. Miss Bernice Adelman, 1280 Bernard Avenue, W., Apt. # 6, CUTREMONT, Quebec. ADELMAN, Archie, Tpr., (Deceased) No. D-27062 Canadian Army. Dear Miss Adelman: Receipt is acknowledged of your letter of the 5th instant, with regard to the Victory Loan Bond which your late brother was purchasing at the time of his death by assignments of pay. You are informed that such Victory Loan Bend subscriptions were automatically cancelled and all payments made, to the time of death, were re-credited to the pay account, and an investigation shows that this action was taken with regard to the Victory Loan Bond being purchased by your late brother, This amount was included in the balance of your brother's Service estate which was paid to his mother, Mrs. Sophie Adelman, as sole beneficiary of his estate. Yours faithfully, (H.F. Balsdon) Major, HFB: AK for Director of Estates.

Dear Lis: In view of two necessary forms required to be filled sie re claimes to Swas Dervice gratuity and having done so with no reducts to date and taking the liberty Descriping my case to your attention. My Sow D-27062 tps. Adelman A. Miciahly reported as killed hie Action ling. 11, 1945. ow who's behalf I have made application. Your Lile mo. D. 10676, 405-A-9103 W59/9. Consideration and help to-wards beleasing this estate up as soon as is possible. Dreneavie, Marking you for your Ruid attention yours Truly Mrs. Sophie Sedelman 1280 Bernierd leve. W. Moutreal. D. J-

marine I are Differed model to continue to be about the second of the se FEB 261946

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES ARMY

Name ADELMAN Archie
Surname Christian Names

Tor. C.A. O/S
Rank Unit Date of Death

AMOUNT W.S.G. 552.97
L.P.C. \$ 50.69

Date 18-2-46

Other Credits.

Total 633.66

Prev.dist. 80.69
This dist. 552.97

SHARE	RELATIONSHIP NAME AND ADDRESS		AMOUNT	
All	Mother	Mrs. Sophie Adelman, C/o Irving I. Berlin, Rehabilitation Committee, Canadian Jewish Congress, 1511 Bishop St., Montreal, Que.	552.97	
		(Sole beneficiary per will)		
		TO TREAS.		
		PA-TO 1946 MAR 8 1946		
			WSG	

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	731	00	00	001	\$552.97
CLASSIFIED BY			EXAMINED BY		
	M		For C	hief Treasur	v Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel Director of Estates

AUDITED FOR PAYMENT

ICE WH- 589 2 RCE 88 48 ARMY

OID THE WALL SELVING STATE	
DECEASED MEMBER'S NAME Archie (CHRISTIAN NAMES) PAYEE Director of Estates ADELMAN REGISTER NO. (SURNAME) FILE NO. DATE ADDRESS SERVICE NO.	D-27062
DATE OF TERMINATION OF OVERSEAS SERVICE 1787 11-8-44 FINAL RANK OR RATING DATE OF DISCHARGE	Tpr. 11-8-44
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1249 EQUAL TO 41 COMPLETE PERIODS AT \$7.50	307.50
B. QUALIFYING OVERSEAS SERVICE No. of Days INC. OF DAYS B. QUALIFYING OVERSEAS SERVICE INC. OF DAYS OF DAY	166.75
	474.25
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 \times 7 = \$21.00 \times 21.00 \times 1/30 \times 1/3	BRANCH IAN 22 1946 H. O. OTTAVA VAL DEF
D. WAR SERVICE GRATUITY	552.97
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
OTHER DEDUCTIONS \$	
F. TOTAL AMOUNT PAYABLE	552.97

G. YOUR PORTION OF GRATUITY IS-

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 CHECKED BY DATE

SERVICE REPRESENTATIVE

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES ARMY

Name:	ADELMAN	Archie		No.:	D27062
_ , , , , , , , , , , , , , , , , , , ,	Surname	Christian Names			
	Tor	C.A. 0/S			77-8-44
Rank		Unit		Date	of Death
			AMOUNT		
				L. P. C\$	80.69
	Date:	4-5-45		Other Credits	
				Total	80.69

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Sophie Adelman, 5941 Park Avenue, MONTREAL, Que.,	80.69
		(sole beneficiary under will)	
		TO BE FORWARDED BY REG. MAI	I DIRECTA
		P4. TO TREAS. 20-6-45. Q	4

AUTHORITY

H.Q. F.E. No. VOTE PRI H.Q. OBJ. AMOUNT

9999 731 00 00 001 \$80.69

CLASSIFIED BY EXAMINED BY

Original Signed by K. L. McCUAIG For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

75M—2-45 (6771) H.Q. 1772-80-2

For Chief Treasury Officer

PERIOD JUL 3 1 1943 From 1. F. E. 5 19 4. To JUL 3 1 1943
MILITIA BOOK M. 1 PART II 40/P&S/279 (11/42)
CANADIAN ARMY
Soldier's Pay Book
(For use on Active Service) 22 CDN ARMD REGT. (C.G.G.) Regt'l Number 27 0 6 2
Surname (Capitals)A.D.E.L.MAA.M
Christian Names in full

If this book is found NOT in possession of the soldier it is to be forwarded at once as indicated below:—

In Canada: To the
Paymaster-General,
Department of National Defence,
Ottawa.

ABROAD: To the
Chief Paymaster,
Canadian Army Overseas.

In the Field: To the Paymaster,
Canadian Troops.

UNDER NO CIRCUMSTANCES WILL REFERENCE BE MADE IN THIS PAY BOOK TO THE SOLDIER'S UNIT.

SOLDIER'S PAY BOOK-INSTRUCTIONS

- 1. This book will be produced whenever an advance of pay is required.
- 2. The soldier will give a receipt on an Acquittance Roll for all cash advances. The officer making the payment will sign the corresponding entry in this book on the page for Cash Payments.
- 3. This book is the property of the Canadian Government, and a soldier who loses it by neglect, or alters any official entry in same, or makes unauthorized entries therein, may be charged with a serious offence under the Army Act.
- 4. If this Pay Book is lost, the soldier will report the loss immediately to his Paymaster who will issue a new Pay Book in accordance with the provisions of C.M.H.Q. Pay Instruction 114 (2).
- 5. If a soldier desires any information in connection with his pay or particulars of any entry shown in his Pay Book he should make reference in all cases to his Paymaster.
- 6. If the address of next-of-kin, i.e., wife, father, mother, etc., has been changed, since he enlisted, the soldier should immediately notify such change to his Paymaster, and have the new particulars noted by that Officer on page 2 of this Book. In the same way any change of assignment should be notified on page 3 of this Book.
- 7. This Pay Book must be in possession of the soldier when reporting on sick parade, admitted to hospital, and on all other occasions when leaving unit.

PARTICULARS OF SOLDIER

Regimental Number D. 2.7.0.62
Name in full (Surname first) A.D.E.L.MAN
ARCHIE
Date of Attestation . 8 M.A.R
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 rela-
tionship to the soldier (see page 1—para. 6).
Mrs Sophie adelman Mother
5941 Park ave Mtl. Que
Canada
•••••••••••••••••••••••••••••••••••••••

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of	pay: MFM 19 d	Effective da	te:
(a) \$	-00		7
(2) s.25	.00	JUNE	'43
(c) \$			
(d) \$			
Name, address	and relationshi	p of assignee:	
in Mas	Supplie ad	elmana	Mother
5.9.	41 Park av	e Mtl. C	(ee
(b)			
(c)			
Dependents all	lowance, payable	to: (state rela	ationship)

CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Particulars	Part II Order	Signature of Paymaster
T/Pay "C" DR-MECH	131	Firom prev book
ated inc tosmen's rates i.e. \$1.75 per diem	17 d/ 17 APR 43	Quelly Copy.
	T/Pay "C" DR-MECH Gted inc tdsmen's rates i.e. \$1.75 per diem	Order T/Pay "C" DR-MECH /3 / Gted inc tdsmen's rates 17 d/ i.e. \$1.75 per diem 17APR 43

DAILY RATE OF PAY

Rate of Pay in Issue		Date Effective	Signature of Paymaster
\$ c	85		
15	5	1APR 42	From prev. book.
17	5	1 JAN 43	Alkelly Casel
	-24		
	0		

Soldier's Signature La : Alleleccece

Book opens on 1 Fiels . 43 Balance Cr. or Dr. \$ as below

Date	Particulars	Credits	Cash Pay and Ot Charge	her	As-
	Taruculars	Creditis	Local Cur- rency	Canad'n Cur- rency	signed Pay
1 Feb 43	Bals. Br't. Forward	33 50			
	nary Pay	43 40			2000
13 Feels	A.R. 58		12-10-0	55 88	
	MFM 513			040	
The second second second	han	4805			2000
	ARGG		1-0-0	447	
30.3.43	aR 145		1/0/6	458	
agor	***************************************	4650	// /		20-
1/4/43	P90012	603			
	AR.		3-0-6	1352	
28-4-43	AR16		3-0-6	1352	<i>J</i>
May	Pay	48 05			20-
	Totals	12553	e carried for	9238	80 -

Balances only will be carried forward

Paymaster's Signature

Mikell Capil.

Deferred Pay and/or	BAL	ANCE	Signature of Paymaster or Officer Making
Restricted Pay	Debit	Credit	Award
		33 50	Mikully Cog
0.2.4		5690	Attelly Car
		102	Mikull ba
		061	Mikell Caf
	1 1	2866	Mikelle
		2419	Hitall!
		161	Jewils.
		46/1	Brungs
		201-	yours.
		5867	Different
		2310	X Divising
		22/2	Kuunn

Date	Particulars	Credits	Cash Pa and C Char	ther	As-
	Larviculars	Credits	Local Cur- rency	Canad'n Cur- rency	signed Pay
	Bals. Br't. Forward	5315			101.5-
7-5-43	Inc Pay Do. 17/43	30 20			
14-5-43	ARIO		4-0-0	17.88	
	e Cans	AND DESCRIPTION OF THE PARTY OF		10.00	2500
	743 RA 743 RA D.O. 26 43	Particular and the second	13-2-0	2401	
15-6-43		111	2-10-0	1118	
	AR 25		1-1-0		1
JULY	PAY	5425			2500
11 JUL 43	MFM 513.	JULY	4.3	0 25	
15-7-43			2-0-0		
28-7-43	AR31		8-11-0	38 22	
······································		19479	e carried for	135 25	50 00

Deferred Pay and/or	BAL	ANCE	Signature of Paymaster or Officer Making Award
Restricted Pay	Debit	Credit	Award
		5315	Rulifm Caps
2000		63 35	Althely bast
		4547	Altiell
		7297	aukeelly 1
		1888	Mikall
		23 57	Jethenff Cafet
		1239	stapf Ch
		7 70	50 Juff Capo
		3.6 95	Stoff Cals
		3670	AHaff Capt
		7116	2 Apflost
	1046		Huffless.
2000	100	<u></u>	
0,000	10110		

If you do not wish to draw all pay due, PLACE THE AMOUNT DESIRED

opposite date of pay day.

Feb. 15 . F. V. L	Aug. 15 M.L. P.A.Y.
Feb. 28	Aug. 31
Mar. 15	Sep. 15
Mar. 31	Sep. 30
Apr. 15	Oct. 15
Apr. 30 3-0-0	Oct. 31
May 15	Nov. 15
May 31 . full Pay	Nov. 30
Jun. 15 Full. Pay	Dec. 15
Jun. 30	Dec. 31
The state of the	Jan. 15
Jul. 31	Jan. 31



Mrs.	Sophie Adleman	
•••••	5941 Park Ave;	
	Montreal, 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-A-9103 FD-253

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

September 29, 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

ADLEMAN Archie

D. 27062

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.

CS/HS

Levenson Capt

Por Director of Estates.

DOLLER E. Ved

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

ograci	PRINCE	THE PROPERTY	INFORMANT'S ST	[ATEM]	ENT
egrees of Rela- tion- ship	required to be	rives accounted for	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 D	eceased	None		
			QS. AradmetreE		
2	Children of the dates of their	Deceased and Births	Mone	purp	adt volt.
		AD	\$3075.		
3	Father of the D	eceased	Alex Adelman	56	
4	Therefore in	Deceased	me may and an	54	
5	Brothers of the Deceased	Full Blood	Horry adelman (Oversegs)	28	
		Half Blood			
6	Sisters of the Deceased	Full Blood	Hune Adelman Bernice Adelman Exhel Adelman	30	Yrs. Peter Eteavi
		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
	Non	re	Wone	,	None

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	brelie Adelman
9	Date of his birth.	Dec. 17th 1919
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Noutre af 1.2.
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Montreal P.Z.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. Provence of Lubec.	(a) (b) (c) (d)
14	Nature of employment before enlistment.	6 lerk
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 12.
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	
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?	
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?	none
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	50 Victory Bond bought for
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Voues
	OTHER PARTICU	LARS
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.	
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.	None
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and I zone, and if a relative has already paid those expenses the Govern authorized in the Regulations. Any amount of such expenses is by the Government nor is it chargeable against the service estates.	nment will reimburse such relative to the extent of the amount n excess of those authorized in the Regulations is not payable

DECLARATION

*Insert degree
of relationship for example, "Widow", "Father", etc. I hereby declare that all the particulars shown on this form are correct, and a true and complete "Widow", "Father", etc. I hereby declare that all the particulars shown on this form are correct, and a true and complete "Widow", "Father", etc.
* brother in law of the deceased.
N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Signature Of Informant
Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. H895 Cole St. Catherine td. Address
CERTIFICATE
I hereby certify that to the best of my knowledge and belief
*See above.
above described. The above Declaration was made by the Informant and signed in my presence.
Dated at huntral this 11 day of October 1944
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any Qualification Commissioner of Month
of His Majesty's Forces. Address 5315 Laune manne
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.)
The state of the s

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

from unit representative 840 per month Bond to be delivered to Bernice adelman 594 Park low Montreal ??. Archie Adelman also treasured a revolves which we would very week like to have

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N 1

RECORDS OFFICE OVERSEAS. CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD. PLACE & DATE OF BIRTH 17 Dec. 1919 ADELMAN, Archie NAME 22 Armid Regt. Jin. REGIMENTAL NO. D-27062 RANK NEXT OF KIN & ADDRESS MOTHER. 22 Arm'd Regt. UNIT Mrs. Sophie ADELMAN, 5941 Park Ave., Montreal, P.Q. CAN. PARTICULARS OF HOSPITALISATION NAME & LOCATION OF DATE OF ADMISSION_ HOSPITAL DIAGNOSIS PARTICULARS OF DEATH. DATE OF DEATH 11 Aug. 44. PLACE OF DEATH France. HRS KILLED. CAUSE OF DEATH_ PARTICULARS OF BURIAL DATE OF BURIAL 18 Aug. 45. CEMETERY On east side of road NORMANDY FRANCE 7F/4 089483 PLOT NO - ROW 1 GRAVE 5 DEATH CERT.NO_ RELIGION Hebrew. DATE B.E.WILLAN) Capt

extracted from Eurial Records, RECORDS OFFICE OVERSEAS, ACTON, LONDON W.3.

20/1/45

for COLONEL,

CANADIAN MILITARY HEADQUARTERS.

FO	RM	6
100		

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do n	ot
write	ir
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A STATE OF THE PARTY OF THE PAR							The Atlanta of the State of the					
cipal de la desta de la desta de la civil				Official nam	oali-					applies to this m	ver the word which unicipality or thi	s ter
DEATH	Street			No.	snip	Hospit	tal or			City Town Vi	llage Parish To	wnsh
2. LENGTH OF STAY	(a) In hospital	Years Months Days	7 7 5	ici- Years	Months	Days	(c) In Province	Years Me	onths Days	(d) In Canada (if immigrant)	Years Months	Days
3. NAME	Surname. AI	DELMAN .			Do not		CONFIDEN	NTIAL M	EDICAL C	ERTIFICATE	OF DEATH	
DECEASED	Given names	rch1e (Block	k letters)		write in this space	22. Da	te of death	Augi	18t Month)	111 (Day)	h	19
Street	For	k Ave.		5941 No.		23. I I	HEREBY CERTI	FY that I at	tended decease			
4. Official na	ame of icipali-	iontreal				•			19	to		19
Municipal county				02200_		and	l last saw h	al	live on			19
county	NATIONALITY	7. RACIAL ORIGI	N 8 Single	e, Married,				24.	CAUSE OF	DEATH		
	(Citizenship)		Widowed	or Divorced the word)		Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, due to						
9. If married a name of wife or h	ius-					asphyx	ia, asthenia, etc.					
band of deceased						order	d conditions, if immediate car proceeding bac	use (stated ekwards fr	in due to	••••••••••••		
10. BIRTHPLA (Province or Con	CE QUO.					immedi	ate cause).	4 4	(c)			
11. DATE OF BIRTH	De	C.	17th	1919		Other tant)	morbid condition	ons (if imp	oor-			
12. AGE OF	Years Mon	th) (Donths Days	ay) If less than o	(Year) one day old		causall cause.	y related to	immedi	ate			
DECEASED	24					If a	a communicable di	sease is ((a) Date of appe	earance	***************************************	10
13 Tr	rada profession or		nrs. or	min.		III men	ntioned on this cer	tilicate, { -		disease		lavs
kind of teamste	rade, profession or work, as spinner, er, office clerk, etc	Motor Mec	hanic			1 72			Ch	-4 1/2 mg		1
	ind of industry or as cotton-mill,					25. If a	woman, was there	a puerperal	bondition?	D. F. J.		
O lumberi	ing, bank, etc	16. T	otal years ent in this			26. Wa	s there a surgical o	peration?	Date	of		19
worked a	te deceased last at this occupation	sp oc	cupation				te findings	The state of the s		Was th	ere an autopsy?	
	17. NAM	E	(Pr	RTHPLACE covince or country)		T. a. th.				in also the followin	g:—	
FATHER						Acc	eident, suicide or ho	omicide	(State which)	Date		.19
MOTHER						Ma	nner of injury		(H	ow sustained)		- Manager
(Maiden Name)	TO and					Na	ture of injury					
19. Place of bur mation or		ance				Spe	cify whether injury lustry, in home,	y occurred in or in public	place			
20. Date of buris	01			19								CC
	Name of parish					Sign	ed		•••••			M.D.
Z T	or church				28 Sim	Add	A STATE OF THE PERSON OF THE P	in the for	rm 20 N	Date	in charge of De-	19
	Civil muni- cipality of				. (cu	rate, coro	person who fills ner, hospital author	ority, etc.)	C b	ame of clergyman ivil Status in wh urial was made.	ich registration	of this
STR IIS I	Municipal County					11/1	of the despos	. 0.	0			
EGI (4)	Date			19	This sign	ature au	thorizes the collect	ctor to acce	ept			
80 PH (C)	(M	onth)	(Day)	(Year)	7)4 22	this	form as authentic.	nande T	Lara node an	(Voir l'autre	ôté pour le fran	cais)

Information has now been received from the overseas military authorities that your son, D27062, Trooper Archie Adelman, was buried with religious rites in a temporary grave located at a point approximately eight miles North-West of Falaise, in the Department of Calvados, (Normandy), France.

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

Yours faithfully,

for C.L. Laurin, Colonel, Director of Records,

J. B. Rading

for Adjutant-General.

MOGI/ET

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(Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada, 22nd August 1944

Commissioner of Income Tax, Department of National Revenue, Ottawa, Ontario.

National Registration Division, Department of Labour, Ottawa, Ontario.

forwarded for your information, please	rmentioned Canadian Army Casualty is
Regimental No. p-27062	Tor
Surname	ADELMAN
Christian Names	Archle
Nature of Casualty	Killed in action
Date of Casualty	11-8-44
Address at time of enlistment	Montreal Proc
Date enlisted:	8-3-41
Date of Birth	17-12-19
Marital Status (On enlistment)	Bingle
Marital Status (Present)	
Occupation	
Name and address of Next-of-Kin	

MOL

JM

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

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