D46440
MANN
ORAL

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OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Oral Winston Mann (b) Reg'l. No. D 46440
2. (a) Arm of service Infantry (b) Unit Sherbrooke Fusiliers Reg't (c) Rank Pte
3. (a) Date of birth June 20, 1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment Bcebc, Que.
4. (a) Place of enlistment Sherbrooke, Que. (b) Date of enlistment Aug. 23, 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 6 years Public School.
7. If you attended a university, give name of university and standing or degree secured —
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? —

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? —
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked — (b) State how long you had worked at this trade or occupation —
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified —
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment —
15. Give details of last employer, if any: Name — Address —
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
17. (a) If your last employment was in a business of your own, state nature and address of business — (b) Date of discontinuing it —

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer W. H. Mann Address Bcebc, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Farmer
20. (a) Your specific occupation Farm hand (b) Number of years' experience at this occupation with any employer 3 years.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? Yes.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Dairy
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 10 (c) In what provinces did you have experience? Quebec.

Section G—MISCELLANEOUS

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

DATE April 5th 1941 SIGNATURE O W Mann

~~S.A.A.~~ 6600 to no 3 squadron. Camp Borden

I. Regt. No. D 46440 Rank L/Cpl Unit 27 Armd. Rgt (SFR) Date 23-2-42

Name MANN O. Age 20 Place of Birth Beabe P.Q.

Date of Enlistment Place of Enlistment Depot

Languages spoken English R. Recruit(A) Med. Cat. A Place Debert N.S.

II. M. Test Date

Test	Score	S.M.	
1	14		SUB-TOTAL
2	12		S.M.
3	16		
4	25		SUB-TOTAL
5	22		S.M.
6	10		SUB-TOTAL
7	13		S.M.
8	15		
Total	127	S.M.	GRADE D
9			

Other Tests Name or Type

Date	Place	Score	Grade

III. Military Background

18 months active service
2 months N.P.A.M.
Crime sheet -- 1 A.W.L.

IV. Educational Background

Grade 6 completed -- left to work.

V. Occupational Background

Farming with father

VI. Arm Desired

Work in Arm Desired

A.R. as driver or gunner.

VII.

No driving experience
fair rifle shot better with L.M.G.
No mechanical training.

"Q" CARD COMPLETE

M.F.M. 196
60M—1-42 (2950)
H.Q. 1772-39-1918

VIII. Summary

N.C.O. Alibity low average, 6th grade completed,
Farm worker. No driving or mechanical training,
Wishes to be driver or gunner; reliable; fair shot.

IX. Suggestions

Suitable for A.R. driver or gunner.

X. Signature of Interviewer	N.C.O.	Officer
H. Dunphy Lieut.		P. select staff.

XI. Action Taken — Date of Action

Follow-up

Re-interviewed at No. 6 District Depot 16-Jan-43
Category A1 by Medical Board 6 Jan 43. Has completed Basic
and Advanced Training with C.A.C.
Recommendation: Suitable for overseas service with C.A.C.

C.R. Dunphy, Lieut.
Army Examiner.

"Q" CARD COMPLETE 24/3/43

JEC

Soldiers Qualification Card

Regt'l. Number	Last Name	First Name	Middle Names
O-46440	MANN	Orol	Winston.

CARDS PUNCHED

CODED

Nationality	By Birth	By Naturalization	Country of Birth
208 Can	Can.		Canada.

3 Racial Origin: Brit Isles

4 Language spoken in home: French ... Other ... English ✓

5 Age: 21 9/12 (20 JUN '21) 6 Height: 6'1½" 7 Weight: 180 8 Silhouette: 1 2 3 4

Eyes: 9 Colour of: Blue. 10 Acuity: 1 2 3 10 Glasses ... 11 Colour Vision: 1 2 3 4

12 Hearing: Acuity: 1 2 3 13 Speech Defects ...

14 Handedness: R L A 15 Med. Category: C

Cause ...
Attitude to own health: normal. To Medical attention: no operation.
Health History: arthritis (1942) gone at present.

16 Education Level: Illiterate ... E 6/15. S ... (Grade completed)
Conduct during school life: fair.

17 University or 18 Professional	Course Taken	Years Completed	Degree
19 Post Graduate	**Course**	**From—To**	**Degree**

Specialized Training:

20 1. ... (Course) At ... From—To ... Completed ...
21 2. ... (Course) At ... From—To ... Completed ...
22 3. ... (Course) At ... From—To ... Completed ...

Other trades papers, Diplomas Certificates or Qualifications ...

23 Languages: Spoken fluently: English 02 Written well: English.

24 Main occupation: Description: Farmer + gen'l labour
Estimate of skill ...
3016 3544 Duration (from—to): 1935. – 1940. Weekly Wage: $8 + board.
Employer's Name and Address: father. W A Mann Beebe P.Q.

50 "M" Test — Score — SM

1	14		S. Tot. 42
2	12		SM
3	16		
4	26		S. Tot. 47
5	22		SM
6	10		S. Tot. 38
7	13		SM
8	15		
Tot.	127	SM	Grade D
9			

51 OTHER MENTAL
Test ...
Score ... L. Grade ...
Date ...

52 MECHANICAL
Test ...
Score ... Grade ...
Date ...

52 CLERICAL APT.
Test ...
Score ... Grade ...
Date ...

53 TRADE TEST

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

54 OTHER
Test ...
Score ... Grade ...
Date ...

Unit: 3 CACRU

1 Corps: CAC.

25 Second Most Important Occupation: Description: ... Estimate of skill ...
Duration (from—to) ... Weekly Wage ...
Employer's Name and Address ...

26 Third Most Important Occupation: ... Estimate of skill ...
Duration (from—to) ... Weekly Wage ...
Employer's Name and Address ...

Trade Union or Professional Society ...

Vehicles: 27 Heavy Truck D. 28 Light Truck D. 29 Auto – 30 Motorcycle –
31 Farm Tractor – 32 Tracked Vehicle – 33 Power Launch – 34 Aeroplane –
35 Accident Prone no.

Farming Experience: Wide ✓ Limited ...
District: Eastern townships P.Q. Type: mixed.

Job promised after discharge: no. By whom? Name ...
Address ...
Other provision for post-discharge occupation: father has farm.
Type of work desired: farmer.
Occupational history: Ambitious ... Accidental ...
Stable ... Erratic ...

36 2 Material Status: M ... S ✓ W ... D ... Sep. ...
Marital Problems ... (Remarks)
Age of wife ... Wife's attitude to Service ... Wife's Health ...
37 No. of Children ... No. Brothers 3 No. Sisters 2.
Position in family 1st 38 No. Dependents 0
Relationship of Dependents ...
Status of home in childhood happy.

39 9 Hobbies: Photography M ... S ... Radio ... Engines ...
Mechanics ... Other Reads a little – (magazines etc).
40 W N P Sports: (1) skate (2) ski (3) swim.
Team Games and Position (1) – (2) – (3) –
41 Ability to Entertain: Music: String ... Brass ...
Woodwind ... Percussion ... Piano ... Vocal ...
Theatrical ... Other ...

CONFIDENTIAL

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received
RCA.	NRAM	2 mos.	gnr		E

43 CURRENT SERVICE: Date Enlisted 28 Aug 1940 Place Enlisted SHERBROOKE P.Q.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
-14 3/42	Can	Inf+CAC	(3br Inf)	Pte.	training.	
-28 3/42	Can	"	"	"	hospital + convalescent.	
-1 3/43	Can	CAC	#6 P.D.	"	light + excused duty.	
-8 3/43	-	CAC	Debert	"	trg.	
-15 3/43	U.K.	CAC.	3CACRU	"	Recap on Basic.	
16 3/43 -	G.B.	CAC	22nd C.A.R.	"		

A

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating
D & M. (unit)	Debert.	3 mos. (Nov 42 - Jan 43)	Driver (W).	6 Class III 832

46 Crime: Courts Martial Convictions - Major Offences - Minor Offences 1/8 day trg.

0 Civil Convictions - Fines - Hospitalization 1/7 days (arthritis)

49 Psychiatric ☐ ☐ ☐ ☐ ☐

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

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Driver 1/c (W) 170	6 Class III	Oct.	

55 Type of Service Desired (1) Driver 1/c (W) or (T) (2) 165

Remarks re Outstanding or Limiting Factors

Deportment	good
Disposition	pleasant
Appearance (grooming)	sat.
Physical appearance	sat.
Map Reading	fair
Military Knowledge	fair
Mechanical Knowledge	sat.

Was left in Canada due to arthritis. Seems steady and responsible.
Wants to go to his old unit 27CATR.

Attitude to Interview: Antagonistic ____ Overanxious ____ Co-operative ____ Indifferent ____

Reason for Joining Cdn. Army (if ascertainable) ____

48 Suggested Possibilities for Employment (1) Driver 1/c (W) or (T) 27CATR.

(2) ____

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

Other Apt. ____ Pers. ____ Trade Test as ____

Interviewed by B.H. Wiggins Lt. Date 25/3/43.

Reviewed by ____ Date ____

Mr. William Mann,
Beebe, P Q.

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-M-39,394 FD 139

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

20 Nov. 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

MANN Oral W., Tpr.

NO. D.46440 Canadian Army

ESTATES BRANCH DEC 9 1944 D.H.Q. OTTAWA DEPARTMENT OF NATIONAL DEFENCE

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

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

Director of Estates.

GHF/BGS

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.....		William Henry Mann	48	R.M.D. No 1 Beebe. Quebec.
4	Mother of the Deceased.....		Mercedes Bell Mann	39	R.M.D. No 1 Beebe. Quebec
5	Brothers of the Deceased	Full Blood	Clifton William Mann	19	R.M.D. No 1 Beebe. Quebec.
			William Henry Mann	8	R.M.D. No 1 Beebe. Quebec
			Archibald Charles Mann	6	R.M.D. No 1 Beebe Quebec
		Half Blood			
6	Sisters of the Deceased	Full Blood	Emily Hattie Mann	14	R.M.D. No 1 Beebe. Quebec
			Doris Robina Mann	3	R.M.D. No 1 Beebe. Quebec.
		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.	Oral. Winston. Mann.
9	Date of his birth.	June 20. 1922
10	Place and date of his marriage.	Single.
11	Place and date of his parents' marriage.	Derby. Vermont 25 February 1921

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Beebe Quebec
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) County Stanstead (c) (d) Quebec.
14	Nature of employment before enlistment.	Farming
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

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?	X Savings Account M 234. The Canadian Bank of Commerce $200 Beebe, Quebec
20	Amount of War Savings Certificates held by deceased. Indicate where located.	10. $5 Certificate Beebe. Quebec
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	1. $50 Bond Reg
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
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.	
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.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

*Father of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

W. H. Mann — Signature of Informant

Beebe, R.M.D. #1 — Address

CERTIFICATE

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

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

Dated at Beebe this 7th day of December 1944

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

Address Beebe, Quebec, Canada.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

All Certificates and Bond are at my Home W. H. Mann. R.M.D. #1, Beebe. Que.
Please leave Bank account, Certificates, and Bond, where they are.
With Transfer to whom they may Concern.

Received..... Checked E Card V Observations.....

ORIGINAL
DUPLICATE
TRIPLICATE

Occupational History Form -

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 THE SHERBROOKE FUSILIER REGIMENT C.A.S.F. Regimental Number L-46440

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname MANN
2. Christian Names ORAL WINSTON
3. Present address BEEBE P.QUEBEC CANADA
4. Date of birth 21 JUNE 1921
5. Place of birth CANADA (Country) P.QUEBEC (County or Province) BEEBE (Town or Township)
6. Religion (state denomination) METHODIST
7. Trade or Calling FARMER
8. Married, Widower or Single SINGLE
9. Name of next of kin WILLIAM MANN
10. Relationship FATHER
11. Address of next of kin BEEBE P.QUEBEC CANADA
12. Do you belong to, or have you served in the Active Militia of Canada? 74th BATTERY (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? (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)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 20th AUG 1940 August 20th 1940

WITNESS William Rivard Oral Winston Mann (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, ORAL WINSTON MANN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Oral Winston Mann (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 SHERBROOKE P.QUEBEC this 20th day of AUG 19 40

C.A. Skinner Capt {Signature of Magistrate, Justice or Attesting Officer.

THE SHERBROOKE FUSILIER REGIMENT
RECRUITING OFFICER A. 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—CAIB

Record of Service of MANN (Surname) ORAL WINSTON (Christian Names) Regimental Number

Qualifications

Military: None

Business or Professional: None

Trade or Civil: Farmer

Technical: None

Languages: English

Educational Qualifications

High School or Collegiate: None (years completed)

Graduation or Matriculation: Nil (specify)

*College: None

*University: None

*(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
1403-		Joined on appointment THE SHERBROOKE FUSILIER REGIMENT C.A.S.F.	Private	28/8/40	S.F.R.	Sherbrooke	PART 2 No 22	Aug. 28/40
		~~XVXVXVXVXVXVXVXVXVXVXVXVXVXVXVXVX~~						
		Granted 14 Days furlough from 3-3-41 ~~XCXCXCXCXCXCXCXCXCXCXC~~	~~XCXCXC~~	~~XCXCXC~~	~~XCXCXC~~	~~XCXC~~	~~XCXCXCXCXC~~	~~XCXCXCXCXC XCXCXCXCX~~
		~~Granted subsistence allowance w.e.f.~~ until 16-3-41	"	~~28-8-40~~	"	"	~~No.22~~ Part 2 No 48	~~28-8-40~~ 5-3-41
		~~Ceased to draw sub. allowance w.e.f.~~	"	~~31-8-40~~	"	"	~~No.28~~	~~9-9-40~~
17=12-40		Admit to Hosp.		17-12-40	"		No.108	28-12-40
21-12-40		Disc. From Hosp.		21-12-40	"		No.4	Jan 6 41
3-3-41		Granted 14 Days Fourlough from 3-3-41 until 16-3-41		3-3-41	"		No. 48	Mar. 5 41
26-3-41		Forfeits 8 days pay for A W L 8 Days		26-3-41	"		No. 65	Mar. 26.41
16 Aug. 41	S.F.R.	Granted 48 hours embarkation leave	"	7 Aug. 41	"	Ottawa	Part 2 No. 174	16 Aug. 41
		OccupationalHistory Form	"	21 June 41.				
27 Dec. 41.	"	Entrained Ottawa 10 Aug 41 Disembark St Johns Nfld 14 Aug 41					Supp. Pt I. - 270	27Dec. 41.
6 Dec. 41	S.F.R.	Attached to the 103rd Hvy. Bty. R.C.A. for all purposes except pay	Pte.	1 Dec. 41	S.F.R.	NFLD	Part 2 No. 254	6 Dec. 41
10 Dec. 41	"	Ceases to be attached to the 103rd Hvy. Bty for rations, quarters & discipline	Fus.	8 Dec 41	"	"	Part 2 No. 257	10 Dec. 41
17 Dec. 41	"	Part II Order No. 257 delete discipline and insert duty	"		"	"	Part 2 No. 262	17 Dec. 41
#1 31 Dec. 41	"	Transportation Warrant A- 45358	"	7 Aug. 41.	"	Ottawa	Supp. Pt II-273	31 Dec. 41.

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ORAL WINSTON MANN Date 20th AUG 1940

Part 1. Information obtained from the recruit.

1. Age 19 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 LARGE RIGHT RING
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

Oral Mann
Signature of Applicant

(g) NO POTENTIAL HERNIA

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

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

SCAR ON LEFT FOREARM AND SMALL ~~SCAR~~ MOLE ON RIGHT HIP POSTERIORLY
SCAR ON LEFT KNEE

2. Height 6 feet ½ inches. 3. Weight 150 pounds.
4. Complexion MEDIUM Eyes BLUE Hair BROWN
5. Development GOOD (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 2 inches.
7. Vision, right 20/20 left 20/20 8. Hearing, right WV 20 left WV 20
9. Condition of mouth and teeth HEALTHY 6 CAVITIES
10. The abnormalities (congenital and pathological) found on examination are as follows
2nd TOE ON RIGHT FOOT TURNED UNDER
SNAPPING SYSTOLIC SOUND AT NEUTRAL AREA

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

H H Saylor Major — President
G Bloomer Capt — Member
C A Tomkins M.D. — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
20.8.40	RE EXAM URINE NARMAL EARS REFLEXES CAT A	Sept 12	Tab 3 T Jones
20.8.40	X RAY NO. 8776 91	" 26	Tetanus 1 cc T J W.
		" 26	Vacc T J W.
		Nov 15.	Tetanus T J W.
MAN 6 1941	CAT. A. BY BOARD	6/3/41	Morphine gr ¼ Cat. I (left) T J W.
		T T	20 41 TAB T
		1-5-42	Re Exam Cat A.

Regtl. No. D-46440 Rank Private Surname Mann Christian Name Oral Winston

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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
Sherbrooke, Que.	20-8-40	17	12	40	21	12	40	Influenza	4	Sherbrooke General Hospital	T. J. Wills Capt.
Veteran Military		14	9	42	18	8	42	Infected Arthritis		Discharged to convalescent depot	E. O. Bell

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

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 Sherbrooke Fusilier Reg't. A.F. Regimental Number D-46440

1. Surname Mann	(17) Regiment or Corps	Unit (Battn., etc)
2. Christian Names Orml Winston	C.A.C.	22 ARM'D REGT.
3. *Substantive Rank and Appointment Pte GDSM		
*Acting Temporary or Local Rank		
giving date 16 JUL 43		
*To be entered in pencil to facilitate alteration.		
4. Place of birth Beebe Que Can.	(18) Medical	
5. Date of birth as declared on attestation 21/6/~~18~~ 21		
(A)	Category	Date / Authority
6. Date of enlistment Aug. 20th 1940	"A"	20/8/40 M.F.M.2
7. Place of enlistment Sherbrooke Que.	A	1/5/42 MFMr
8. Residence at time of enlistment Beebe Que Can.		
9. (B) Special conditions (if any) of enlistment or rate of pay		
10. (C) Any subsequent variations of conditions of service		
11. Religion Methodist.		
12. If married, state date Single	(19) Next of kin (entries to be made in pencil) Father	
13. Trade on enlistment	Mr Milton Mann	
14. Corps, trade and grade	Beebe, P.Q. Can	
15. (D) Qualifications Dvr Cl II (W)		
16. (E) Miscellaneous entries	51-20 Nov 43	
	(20) E.	
	(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.

$1.50 - 1 Jan 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
30 Sept	41.	S.F.R.	Embarkation	Ottawa	10-8-41.	Pte	
			Disembarkation	Nfld	14-8-41.		
		3 CACRU	S.O.S. C.A.(C) and Embarked	O.B.S.	Mar 8-43	T.P.R.	DO 67 dated Mar 22-43
		"	T.O.S. C.A.(O)	U.K.	Mar 9-43	"	" " " " "
		"	Disembarked	U.K.	Mar 17-43	"	" " " " "
		"	T.O.S. 3 C.A.C.R.U.	U.K.	Mar 18-43.	"	" " " " "
		✓	adm. to 17 Gen. Hosp.	✓	20 apr 43	✓	93 d/21 apr 43
		✓	Transf'd. to alton conv.	✓	27 May 43	✓	126 d/2 Jun 43
		✓	Disch from Alton Conv.	✓	29-6-43	✓	151 d/2-7-43
		✓	PL + MA. (9 days) to 11-7-43	✓	2-7-43	✓	153 d/5-7-43
		"	SOS to 22nd Cdn. Armd. Regt. CGG	"	15-7-43	"	163, d/16-7-43
16 JUL 43	OC	22 ARM R.	TOS FROM 3 C.A.C.R.U.	FIELD	16 JUL 43	EDSM.	32-19 JUL 43
31 JUL 43	"	"	GRANTED REGTL. RATE OF PAY $1.50 PER DIEM	"	1 JAN 43	"	36-9 AUG 43
7 Nov 43	S.R.	"	awarded one Good Conduct Badge	"	28 Aug 42	"	50-15 Nov 43
23 Jan 44	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	5-28 Jan 44
		"	Embarked U.K. 21 Jul 44 Disembarked France 27 Jul 44			"	35-5 Aug 44
		"	AOA deceased. Killed in action	"	11 Sep 44	"	44-26 Sep 44

GCB

Statement of the Service of No. D-46440 Rank Fusilier Sheet No. 2

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

Name MANN Oral Winston

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
26 Jan. 42	S.F.R.	Promoted to the rank of L/Corporal without pay while employed in Lester&s Field Branch Detetnion Barracks, on authority of his Commanding Officer	Fus.	26 Jan 42	S.F.R.	NFLD	Part 2 No. 19	26 Jan. 42
24 Jan. 42	"	Attached to the Canadian Provost Corps for duty & discipline	"	23 Jan. 42	"	"	Part 2 No. 18	24 Jan. 42
14 Feb. 42	"	Ceases to be attached to the Canadian Provost Corps for duty & discipline	"	8 Feb. 42	"	"	Part 2 No. 36	14 Feb. 42
2 Mar. 42	27 CAR	Embark St John's, Nfld. w.e.f. 16 Feb. 42 Detrain Debert, N.S. w.e.f. 19 Feb. 42	"		27 CAR	DEBERT	Part 2 No. 9	2 Mar. 42
9 Mar. 42	"	Having been granted 14 days Furlough from 9 Mar. 42 to 22 Mar. 42 is issued with Transportation Warrant A-105590	"	4 Mar. 42	"	"	Part 2 No. 13	9 Mar. 42
9 Mar. 42	"	Having ceased to be employed at Lester's Field Branch Detention Barracks, reverts to his permanent rank of Fusilier	"	8 Feb. 42	"	"	Part 2 No. 13	9 Mar. 42
14 Mar 42	27 CAR	SFR disbanded TOS 27 CAR and posted to "C" Sqn.	Tpr	14 Mar 42	"	"	Part 2 No 1 Marx42	14 Mar 42
27 May 42	"	Having been Trade Tested By Unit Testing Board id qualified as Driver Class 3 (W)	"	20 May 42	"	"	Part 2 No 57	27 May 42
11 Jun. 42	"	Attached to the 22 Cdn Armd Regt (CGG) for rations from 11 Jun. 42 to 21 Jun. 42	"	11 Jun. 42	"	"	Part 2 No. 69	11 Jun. 42
17 JUL.42	27 CAR	ADMITTED TO DEBERT MIL. HOSP.	"	14 JUL	27 CAR	"	PART 2 NO. 99	17 JUL.42
19 AUG.42	27 CAR	TRANSFERRED FROM DEBERT MILITARY HOSP: TO NO.2 CONVALESCENT DEPOT FREDERICTON N.B.	TROOPER	18 AUG.	27 CAR	DEBERT	PART 2 NO.122	19 AUG.42.
19 SEPT.42	"	TRANSFERED TO D.D. WHILE IN NO 2 CONVALESCENT DEPOT FREDIRECTON N.B.	"	19 SEPT.	"	"	PART 2 NO 146	19 SEPT. 42
		T.O.S. #6 DD from 27 CAR(In Conv. Depot)	"	20-9-42	#6 DDD	Hfx.	#231	22-9-42

Statement of the Service of No. D 46440 Rank 46 440 Sheet No.

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

Name Mann G.W.

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
		Granted S.L.&F.T.W. A203706	Tpr.		6 Depot	Hfx.	#300	11-12-42
		Granted furlough from 15-12-42 to 28-12-42	Tpr.		"	"	#303	15-12-42
		S.O.S. # 6 DD on transfer to 19 T.C. Camp Borden, eff	"	1-2-43	"	"	D.O. # 28	1-2-43
		ATTACHED TO A8 CACATC FOR A/P FOR ADV. TRG.	do	2-2-43	A8 CAC	Borden	A8 CAC D.O. 30	4-2-43
		S.O.S. to No 3 C.A.C.R.U. Overseas	do	15-2-43	do	do	do D.O. 39	15-FEB-43
		S.O.S. C A (C) and Embarked	T.P.R.	Mar 8-43	3 CACRU	O.B.S.	67	Mar 22-43
		T.O.S. C A (O)	"	Mar 9-43	" "	U.K.	"	" " "
		Disembarked	"	Mar 17-43	" "	"	"	" " "
		T.O.S. 3 C.A.C.R.U.	"	Mar 18-43	" "	"	"	" " "
		adm 17 Gen Hosp.	Tpr.	20 Apr 43	3 CACRU	UK.	93	21 Apr 43
		Transf from 17 Gen Hosp to Alton Conv.	T/pr.	27 May 43	3 CACRU	UK.	126	2 Jun 43
		Desch from Alton Conval Depot	T/pr.	29 June 43	3 CACRU	UK.	151	2 July 43
SOS.		SOS to 22 Armd Regt.	T/pr.	15 July 43	3 CACRU	UK.	163	16 July 43
	TOS.	TOS from 3 CACRU	T/pr.	16 July 43	22 Armd Rgt	UK.	32	19 July 43
		Granted night rate pay $1-50 per diem	Gdsm.	1 Jan 43	22 Armd Rgt	UK.	36	9 Aug 43
		awarded one Good Conduct Badge	Gdsm.	28 Aug 42	22 Armd R	UK	50	15 Nov 43

Statement of the Service of No. D 46440 Rank Sheet No.

Name. Mann. O.W.

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
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
Amended DO	#41 d/5 Sep 44	Embarked at N.Y. on 21 Jul 44						
		Disembarked at FRANCE on 23 Jul 44 27 Jul 44	Gdsm	....	22CAR	21A.Gp	35	5 Aug 44
M139	✓	Killed	Gdsm	11 Sept 44	22 bAR	AEF	A492	23 Sept 44
M147	S.S ✓	S.S. Deceased. Killed in Action	Gdsmn	11 Sep 44	22 CAR	21 A Gp	44	26 Sep 44

11-9-44

AWARDS—CANADIAN ARMY (ACTIVE)

1784 M

FB

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-M-39394

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
MANN, Oral Winston	D-46440	Tpr.	C.A.C.

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, 1939-45 CVSM & Clasp	5502- 31.10.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. William Mann (Father)

Beebe, Que. Sep. 45

ADDRESS:

MEMORIAL BAR

DATE DESP.....

REGN. NO 4747

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. William MANN, (FMF5) (ENGLISH)

1784

ADDRESS: BEEBE, Que.

(3) DESP. JAN 23 1945
REGN No. 11532

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
30M — 3-40 (4227-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (RÉSERVE SPÉCIALE)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (Réserve spéciale).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

---

(1) Nom de l'officier, ou soldat, ou aviateur MANN ORAL WINSTON
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade Private D-46440

(3) Unité Sherbrooke Fusilier Regiment C.A.S.F

(4) Êtes-vous marié? No

(5) Si oui, donnez

(*a*) le nom entier de votre épouse N/A

(*b*) l'adresse postale actuelle de votre épouse N/A

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? N/A

Sinon, donez-en les raisons N/A

(7) Êtes-vous veuf? N/A

(8) Avez-vous des enfants? N/A

Si oui, indiquez le nombre de garçons et de filles N/A

Donnez aussi leurs noms et leurs âges N/A

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins N/A

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom N/A

Adresse postale N/A

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme — que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre enrôlement?
No

Dans l'affirmative, donnez son nom en entier et son adresse postale N/A

(11) Est-ce que votre père vit encore? Yes

Si oui, donnez son nom, son adresse et son emploi Mann William Beebe, P.Que
Farmer

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? N/A

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale) N/A

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? N/A

(14) Est-ce que votre mère vit encore? Yes

Dans l'affirmative, donnez son nom et son adresse Beebe, P.Que

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? N/A

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale). N/A Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? N/A

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? No

Si oui, donnez les détails suivants: —

Degré de parenté N/A

Nom en entier N/A

Adresse postale N/A

Montant de la contribution mensuelle au cours des six derniers mois N/A

(18) Avez-vous des frères âgés de pas plus de 16 ans ou des sœurs âgées de pas plus de 17 ans dont vous assuriez entièrement l'entretien comme faisant partie réellement de votre maison avant votre nomination ou enrôlement? No

(19) Êtes-vous assuré? No

Si oui, dites dans quelle compagnie? N/A
(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? N/A Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Isaac W Mann
(Signature de l'officier, soldat, ou aviateur)

Date August 28th 1940

Lt-Col.
Aimé Dion Major
Officier Commandant

SEP 9 1940
Date

THE SHERBROOKE FUSILIER REGIMENT
C.A.S.F.

N.B. — Dans la présente formule l'expression père comprend un père adoptif et l'expression mère comprend une mère adoptive; toutefois, l'expression juste doit être, au besoin, substituée à celle de la formule.

No D.46440 Rank Trooper Name MANN, Oral Winston

Unit C.A.C. Date of death 11th Sept., 1944.

Died at ~~France~~. Belgium

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-M-39394

N/K Mr. William Mann, Relationship Father

Address Beebe, Quebec.

Remains buried in Belgium(Flanders) MR 911934 map 21 & Cemetery 31 Bruges by roadside.

Grave location

CHK

OVER

BURIAL REPORT TO N.K. JAN 2 1946

RETURN TO BUR. OF STAT. SFP 5 1945

ROYAL MESSAGE DESP'D. OCT 30 1944

CAN. MESSAGE DESP'D. OCT 12 1944

Temp BR sent to NK & Ma...

H & C

Photographs

Despatched OCT 31 1947

REBURIAL

Adegem Canadian Military Cemetary ...
Adegem, Belgium.

Grave 8, row C, plot 4.

CR Form Despd. JAN 2 1947

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Oral Winston Mann, of the Village
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Beeche, in the County / District of ——
Province of Ontario, Labourer
(Civil Occupation)
Regimental No D-46440, Unit A.8 CAC., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my Father William Mann of Beeche Ontario all my property real and personal

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint William Mann Beeche Ontario
(Name) (Address)
Retired, to be the Executor / ~~Executrix~~ of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 15 day of Feb 1943

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.

Oral W Mann
(Signature of soldier)

First witness sign here.

(5) Signature [illegible]
Civil Address 20 Hannah E. Toronto
Civil Occupation Clerk

Second witness sign here.

Signature F W Livingstone
Civil Address 66 Ashdale Ave., Toronto
Civil Occupation clerk

(Witnesses are not to be beneficiaries.)

[OVER]

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ....D-46440 Tpr Mann O W.... Dec'd....

RECEIVED FROM .... Cdn Sec GHQ 2nd Echelon 2I Army Group
A-II7006 Gnr Schwartz M

CHECKED BY ....B-81759 Sgt Graves J G.... DATE ....2 Jan 45....

2	Wallets.		
I	Camera Brownie No 2.		
	Personal Papers.		
2	Souvenier Coins.		

143/

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

TRIPLICATE — with effects.

J B Graves Sgt
....
for OC 1 Cdn KSD

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

[redacted]MBER D.46440 RANK Trooper SERVICE UNIT 22nd Armoured Regiment C.A.C. (C.A.).

NAME MANN, Oral Winston

DATE OF BIRTH DAY 21st MONTH June YEAR 1921 Enlisted: 28-8-40

MARITAL STATUS Single RELIGION--Methodist

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. William Mann,

ADDRESS Beebe, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Cenrecords 1020 A H.Q. 405-M-39,394

CASUALTY DETAILS Killed in action DATE 11-9-44

France

O/S with C.A.C.
S/L 2342

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 29-9-44

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

CANADIAN MILITARY HEADQUARTERS

No. 14006

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) MANN Oral Winston

NO. D-46440 RANK Tpr UNIT 22 Cdn. Arm'd Regt., C.A.C.

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

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

CASUALTY Killed DATE 11 Sept 44 LIST # "A" 492 PLACE AEF

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

PREVIOUSLY REPORTED DATE

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

NEXT OF KIN

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

2. NAME (In full)

   RELATIONSHIP ADDRESS

3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born overseas. If NONE so state

Date of Marriage, if known

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) ~~WILL HEREWITH DATED~~ BENEFICIARY (Relationship)

EXECUTOR
(Name (Address)

2. BANK ACCOUNT - NAME OF BANK, etc. A/C.No.

   ADDRESS

3. KIT PRIVATELY STORED - NAME OF CUSTODIAN

4. Particulars of DEBTS, Remarks, etc.

Date OCT 27 1944

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

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

DUPLICATE - To File

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (BELGIUM) — 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: MANN (*Block letters*)

Given names: Oral Winston

RESIDENCE

4. Street: — No.

Official name of civil municipality or township: Beebe,

Municipal county: — Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M			Single

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: June (Month) 21st, (Day) 1921. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	23			....hrs. or....min.

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

17. NAME	18. BIRTHPLACE (Province or Country)
FATHER: MANN, William	
MOTHER (Maiden Name):	

19. Place of burial, cremation or removal: Belgium

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: September (Month) 11th, (Day) 19 44. (Year)

23. I HEREBY CERTIFY that I attended deceased from

....19.... to....19....

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action.

due to

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

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19....

(b) Duration of disease....days

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

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

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

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

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

Manner of injury....
(How sustained)

Nature of injury....

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

Signed....M.D.

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

OVERSEAS CASUALTY CANADIAN ARMY

SEP 5 1945

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

L.S.

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le francais)

Director of Records, Dept. of National Defence.

105-Q-33944

405-M-39394

RECORDS OFFICE OVERSEAS.
CANADIAN MILITARY HEADQUARTERS.
P.A.

GRAVES REGISTRATION CARD.

NAME MANN, Orâl.Winston
RANK Tpr.
UNIT 22 A.m'd Regt.

PLACE & DATE OF BIRTH P.Quebec. CANADA. 21 Jun 1921
REGIMENTAL NO. D-46440
NEXT OF KIN & ADDRESS FATHER.
Mr William MANN
Beebe, Quebec. CANADA.

PARTICULARS OF HOSPITALISATION.

DATE OF ADMISSION
DIAGNOSIS
NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH.

DATE OF DEATH 11 Sep. 44.
HRS
CAUSE OF DEATH KILLED.
PLACE OF DEATH BELGIUM

PARTICULARS OF BURIAL.

DATE OF BURIAL 11 SEP 44
PLOT NO ROW GRAVE
DEATH CERT NO.
CEMETERY BELGIUM (FLANDERS) M.R.911934 MAP 21 & ~~31 BRUGES BY ROADSIDE.~~

RELIGION Methodist.

DATE 15 OCT 45

M.BLUTEAU.(Capt.)
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

M[redacted] 510
40/1 & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. D.46440. Rank and Name Mann, O.W. Pte.

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

(Transfer or Discharge).....to.....on 11th September, 1944.

Reason Death Authority: C.C.L. "A"492. d/23rd. Sept 44.

The following is a statement of the account of the above-named from 1st Sept to 30th Sept 1944. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	50	59
First Monthly Payment			Regimental Pay 30 days @ $ 1.50	45	00
Casual Payments			Technical Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at .....$		
Assigned Pay $25.00 & $1.00	26	00			
Regimental Charges			Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars):					
To Balance Cr Free	69	59	By Balance Dr		
To Balance Cr Deferred					
Total	95	59	Total	95	59

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

Remarks:

Assigned Pay $1.00 (W.S.C.) Stopped eff. October, 44.

Assigned Pay $25.00 (M) Stopped eff. October, 44.

The above statement has been compiled from Treasury Records, the latest paybook not being available.

May it be noted that the last payment received by Treasury is dated 19th July 44.

PAY ACCTS BRANCH
MAR 27 1945
H. Q.
OTTAWA.
DEPARTMENT OF NATIONAL DEFENCE

Compiled by M. Durham.

Checked by E.Wright

Date 22nd. February, 1945

Certified correct O. Fawley
for Chief Treasury Officer Overseas

AR.

DISTRIBUTION OF SERVICE ESTATES

XM

Estates Form "P. 4"

ARMY

Name: MANN Orval W. No.: D-46440
Surname Christian Names

Tpr. C.A. C/S. 11-9-44
Rank Unit Date of Death

AMOUNT

L.P.C. ..... $ 69.59

Date: 24-7-45 Other Credits 299.39

Total 368.98

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	William Mann, BEEBE, P.Q. (Sole beneficiary under will)	368.98

P4. TO TREAS. 5-9-45, p.m.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	368.98

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

5M-1-46 (8548)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Oral Winston (CHRISTIAN NAMES) MANN (SURNAME)

REGISTER NO. D-15890
FILE NO. 405-M-39394
DATE 4-3-46
SERVICE NO. D-46440
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 11-9-44

PAYEE Mrs. Mercedes MANN,
ADDRESS R.M.D. No. 1, Beebe - P.Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 11-9-44

		$
A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 1468/30 EQUAL TO 48 COMPLETE PERIODS AT $7.50		360.00
B. QUALIFYING OVERSEAS SERVICE		
No. of Days 553 LESS 28 INELIGIBLE DAYS, EQUAL TO 525 DAYS @ 25c. PER DAY		131.25
		491.25
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 2.75 X7 = $ 19.25	
NO. OF DAYS 553/183	X$ 19.25	58.17
D. WAR SERVICE GRATUITY		549.42
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		549.42

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
[illegible]	[illegible]

TREASURY	
CHECKED BY	DATE
S Bergin	7.3.46

SERVICE REPRESENTATIVE

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☐

LL H.Q. 405-M-39,394

CASUALTY (REPORT DELIVERY)

OTTAWA 21ST SEPTEMBER 1944

TO:- MR WILLIAM MANN
BEEBE P QUE

5829 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D 46440 TROOPER ORAL WINSTON MANN HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION ELEVENTH SEPTEMBER 1944 STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

3

Mr. William Mann,
Beebe, Quebec.

Dear Mr. Mann:

It was with deep regret that I learned of the death of your son, D46440 Trooper Oral Winston Mann, who gave his life in the Service of his Country in the Western European Theatre of War, on the 11th day of September, 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,

acs

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

mr KMH

6

H.Q. 405-M-39,394 D.R. 2(D)

2nd January, 1946.

Mr. William Mann,
Beebe, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, D46440 Trooper Oral Winston Mann, have been carefully exhumed from the original place of interment and reverently reburied in grave 8, row C, plot 4, of Adegem Canadian Military Cemetery, Adegem, Belgium. 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.

9.8.

/EEH