D62198
SOMMA
JOHN

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MEMORANDUM FOR **P. 64**

Mr. Luigi Somma,
1181 Conway Street,
Montreal, Que.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-S-11081 FD.243

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

June 7, 1943.

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

SOMMA, John, Pte. (Deceased)

No. D.62198, Canadian Army.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

R. G. Phelan Lieut.
(R.G. Phelan) Lieut.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

RGP/MS

ESTATES BRANCH JUN 11 1943 H.Q. OTTAWA NATIONAL DEFENCE

M.F.W. 77
6M-4-43 (9515)
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.....		none	nil	nil
2	Children of the Deceased and dates of their Births.....		none	nil	nil
3	Father of the Deceased.....		Luigi Somma	57	1181 Conway Street Montreal P.Q. Canada
4	Mother of the Deceased.....		Angelina Di Marzo Somma	53	1181 Conway Street Montreal - P.Q. Canada
5	Brothers of the Deceased	Full Blood	(1) Giuseppe Somma (2) Diego Somma	25 14	1181 Conway street 1181 Conway street Montreal P.Q. Canada
		Half Blood	none	nil	nil
6	Sisters of the Deceased	Full Blood	(1) Teresa Somma wife common as to property of Domenico D'Olorio (2) Antonietta Somma (3) Sister Felicetta Somma of the Filipine Sisters (Nuns)	30 22 32	1181 Conway street Montreal - P.Q. Canada 1181 Conway St. Montreal P.Q. Canada Convent Villa Lucia TRENTON - STATE OF NEW-JERSEY U.S.A.
		Half Blood	none	nil	nil
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
	none		nil		nil

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	JOHN SOMMA
9	Date of his birth	March 2nd 1922.
10	Place and date of his marriage.	none
11	Place and date of his parents' marriage.	Guglionesi, province of Campobasso Italy, April 2nd 1910.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Guglionesi-prov. of Campobasso - Italy.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) From birth until Oct 6th 1926 at Guglionesi (Italy) (b) From Oct. 6-1926 until May 1st 1922 at Philipsburg, Que. (c) From May 1st 1932 until enlistment in Montreal, Que. (d)
14	Nature of employment before enlistment.	Tailor (men's)
15	State whether he owned the premises in which he lived and, if so, where situated.	Was living with the father, a tenant
16	Name place where deceased stated he intended to make his permanent home.	in Montreal.

PARTICULARS OF ESTATE

17	Did he leave a Will?	Not to my knowledge.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	none
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.	ignored
20	Amount of War Savings Certificates held by deceased.	ignored
21	Amount of Victory Loan Bonds held by deceased.	ignored
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	ignored
23	Is application for Probate or Letters of Administration necessary (see page 1)?	ignored

OTHER PARTICULARS

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

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere 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.

Luigi Somma — Signature of Informant

1181 Conway Street - Montreal P.Q. Canada — Address

CERTIFICATE

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

See above. Luigi Somma {Name of Informant} is the father ——— of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 9th day of June 1943.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: Nicola Corbo — Qualification: notary

Address: 7218 Henri-Julien Ave - Montreal - P.Q. 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

CERTIFICATE OF ALIENS.

D62198 pte. SOMMA, John.

Date of Birth - March 2nd. 1921.

Place of Birth - Campobasso, Italy.

Date, and Port of Arrival - 1926 - (does not remember Port of Arrival).

Name of father:- Mr. Louis Somma.

Name of Monther:- Mrs. Angelina (Dinarzo)Somma.

Residence prior to enlistment:-1317 Britannia, Point-St. Charles, Montreal.

- -

John Somma
.....
(D62198)pte. SOMMA, John.
Les Fusiliers Mont-Royal, CASF.

A. Bissonnette
.....
(D61454)Sgt. A. Bissonnette,
Les Fusiliers Mont-Royal, CASF.

Received.....Checked.....Card.....Observations.....

DUPLICATE

505 19-8-42 6

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

M.F.M. 2 Fr.
A.F.B. 271
120 M—8-39 (1696)
H.Q. 1772-45-13

Unité (Unit) Les Fusiliers Mont-Royal C.A.S.F. Matricule (Regimental Number) D62198 01

~~Original~~ Duplicata ~~Triplicata~~

Original Duplicate Triplicate

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname) SOMMA
2. Prénoms (Christian Names) John
3. Adresse actuelle (Present Address) 1317 Britannia St. Montreal, P.Q. Can.
4. Date de naissance (Date of birth) March 2nd 1921
5. Lieu de naissance (Place of birth) Italy. (Pays)—(Country) (Comté ou province)—(County or Province) (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) Catholic
7. Métier ou profession (Trade or Calling) Labour
8. Marié, veuf ou célibataire (Married, Widower or Single) Single
9. Nom du plus proche parent (Name of next of kin) SOMMA Louis
10. Parenté de celui-ci (Relationship) Father
11. Adresse du plus proche parent (Address of next of kin) 1317 Britannia St. Montreal, P.Q. Can.
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?) NO
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires (If previous war service, state arm, force and regimental particulars) N.A.
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? (Do you now belong to or have you served in the Active Militia of Canada?) N.A.

(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

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

Je, soussigné, SOMMA John, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date Juin 7 1940 × John Somma
(Signature de la recrue)

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

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

× John Somma
(Signature de la recrue)

Sensons Gambolo 2/Pte

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

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

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

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

à Montreal, ce 7th jour de June 19 40

(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

Major (Les F.M.R.CASF.)
(Titre, grade et unité ou emploi)

M. F. M. RECEIVED DEC 8 1940

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

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

P

Dmt

État de service de / Record of Service of: SOMMA (Nom—Surname) JOHN (Prénoms—Christian Names)

Matricule / Regimental Number: D62198

APTITUDES
Qualifications

Militaires / Military: NO

Professionnelles ou commerciales / Business or Professional: N.A.

Civiles ou de métier / Trade or Civil: Labour

Techniques / Technical: N.A.

Langues / Languages: English.

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies / High School or Collegiate: 5 années (years completed)

Graduation ou (or) Immatriculation / Matriculation: 6 années (Spécifier—Specify)

*Collège: N.A.

*Université / University: N.A.

public school, Ste-Anne, Montreal, 6e

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

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

Rapport — Report: Date	Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Daté le — Dated
5600- 7-6-40	F.M.R.	Affecté lors de son enrôlement / Joined on enlistment — Taken on strength (Depot) Jus. M.R. CASF	Pte	7-6-40	F.M.R.	Montreal.	72/40	7-6-40
18-6-40	"	SOS Depot on transfer to Unit F.M.R.	"	18-6-40	"	"	81/40	18-6-40
19-6-40	F.M.R.	Ajouté à l'eff. par transf. du dep. reg.	sol.	19-6-40	F.M.R.	Valcartier	149-40	19-6-40
	"	Embarkation SOS CASF Canada	"	30/6/40	"	Halifax	186-40	5-8-40
1	"	Disembarkation TOSCASF Overseas	"	7/7/40	"	Iceland	186-40	5-8-40
38-19/8/2		Perte d'équipement.	"	14/8/40	"	"	195/40	14/8/40
		Déd. de 2 jours de solde						
	"	✓ Embarkation Iceland	"	26-10-40	"	Reykjavick	261-40	6-11-40
	"	✓ Disembarkation Scotland	"	3-11-40	"	Gourock	261-40	6-11-40

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

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS.....

NO

Observations
Examiner

1. A
a. P
R
b. T
T
c. B
d. A
H
e. M
K
f. C
G
g. P
R
h. V
v
i. P
F

Nom
Name

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7.
9.
10.

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) Somma John — Date May 24, 1940.

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

1. Age 19 — 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes? (Have you ever suffered from any of the following diseases?)

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

John Somma
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) Ears reflexes normal color vision (ishihara) (CN)
A.Delahaye Capt.
I. N. N
X.RAY N

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

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

2. Taille (Height) 5 pieds (feet) 7¾ pouces (inches). — 3. Poids (Weight) 110 livres (pounds)
4. Teint (Complexion) Sallow — Yeux (Eyes) Brown — Cheveux (Hair) Brown — 5. Développement (Development) Fair { Bon —Good; Passable —Fair; Médiocre —Poor }
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 33 pouces (inches) — Degré d'expansion (Range of expansion) 1½ pouces
7. Vue, œil droit (Vision, right) 20-20 — œil gauche (left) 20-20 — 8. Ouïe, oreille droite (Hearing, right) wv20 — gauche (left) wv20
9. Condition de la bouche et des dents (Condition of mouth and teeth) Good.
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes: (The abnormalities (congenital and pathological) found on examination are as follows:)

Underweight.

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

et il peut être classé dans la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A (Special remarks when category lower than A) Underweight.

NO

(Président)—(President) (Membre)—(Membre) (Membre)—(Member)

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

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
9-10-40	1 T.A.B. Capt Galaway	4-4-41.	T.T. ICL.
15-10-40	2 Capt Galaway		
21-10-40	3 Capt Galaway		
15-10-40	VACCINATION Capt Galaway		

TAILS.....

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉ-

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

Matricule (Regtl. No.) D62198 Grade (Rank) Pte Nom (Surname) SOMMA Prénoms (Christian Name) John

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

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

Statement of the Service of No. D/62198 Rank Pte. Sheet No.

Name Somma John.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Reported for duty at Talavera Barks	Pte	4 Nov. 40	F.M.R.	Aldershot	261/40	6 Nov. 40
		Granted leave to 28 Nov. 40	Pte.	19 Nov. 40	F.M.R.	Field	2	25 Nov. 40
		Privilege leave nine days	Pte	18 April 41	F.M.R.	Field	26	25 April 41
		Privilege leave nine days	Pte	22/31 May 41	F.M.R.	Field	32	31 May 41
		C.W.L. admonished for 5 days pay F.R. 1 (a) (b)	Pte	1 July 41	F.M.R.	Field	40	11 July 41
	P.O. 66. d/30.11.41	~~Pro Leave (with warn) to 16th Sept 41~~	~~Pte~~	~~9 Sept 41~~	~~F.M.R.~~	~~UK~~	~~52~~	~~19 Sept 41~~
		1/Leave 7 days. W.W. (3d)	Pte	3 Nov to 10 Nov. 41	FMR.	UK.	66.	30 Nov. 41.
		AHD (FAP) except pay GHQ. Battle Schl as Batman.		16 Feb 42 to 4 Mar 42	FMR	UK	12	28 Feb 42
		Pl Leave F.T.W.	Pte	3/10 Feb 42	FMR	UK	9	13 Feb 42.
		Granted P. Leave (7 day) (5) July 18-25	Pte	July 18-42	FMR	UK	42	6 Aug 42
		Awd. 14 days C.B. & Forf. 14 days Pay for offence AA Sec. 15 (1) ToT. Forf. 31 days Pay F.R. 41-149 (1) (a) F.R. 41-149 (2)	Pte	12 Aug 42	FMR	UK	44	24 Aug 42
		Embarked U.K. for France (Sub. Oper)	Pte	18 Aug 42	F.M.R	U.K.	49	10 Sep 42
SOS		S.O.S. to "X" List missing	Pte	19 Aug 42	F.M.R	UK	46	30 Aug 42
	TOS	TOS from FMR	Pte	20 Aug 42	~~X list FMR~~ X list	UK	1	5 Oct 42
MAY 22 1943	SOS	SOS wef Killed in action	Pte	19 Aug 42	FMR	UK	16	22 May 43

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: LES FUSILIERS MONT ROYAL, CASF. Regimental Number: D62198

1. Surname: SOMMA
2. Christian Names: John
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank:
   giving date:
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Italy,
5. Date of birth as declared on attestation: March 2nd, 1921
   (A):
6. Date of enlistment: 7th, June 1940
7. Place of enlistment: Montreal, P.Q. Can.
8. Residence at time of enlistment: 1317 Britania St.
9. (B) Special conditions (if any) of enlistment or rate of pay:
10. (C) Any subsequent variations of conditions of service:
11. Religion: C.R.
12. If married, state date:
13. Trade on enlistment: Laborer
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: Les F.M.R.CASF.

Unit (Battn., etc):

(18) Medical

Category	Date	Authority
" A "	7-6-40	Med. board Mtl.

(19) Next of kin (entries to be made in pencil)
Mr. Louis Somma Father
1317 Britannia St Mtl PQ.

(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.

(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
7-6-40	F.M.R.	F.M.R.	Taken on strength Montreal,		7-6-40	Pte.	~~186/40~~
		"	Embarkation	Halifax	30/6/40	"	186/40
		"	Disembarkation	Iceland	7/7/40	"	186/40
14/8/40	"	"	Pétite d'équipement	"	14/8/40	"	195/40
			déb. de 2 jrs. de solde.				
4/11/40		"	Embarkation Iceland	Reykjavik	26/10/40		261/40
4/11/40		"	Disembarkation Scotland	Thurso	3/11/40		261/40
30/11/40	O.C.	"	Granted landing and privilege				
			leave.	Eng.	19/11/40	"	2/25-11-40
22/4/41	"	"	Privilege Leave (9 days)	"	18/4/41	"	26/25-4-41
23/5/41	"	"	Privilege Leave (9 days)	"	22/5/41	"	32/31-5-41
3/7/41	"	"	Admitted for A.W.L. from 2230 hrs				
			29/6/41 to 1930 hrs 30/6/41. Forfeit				
			1 days Pay FR&I 149(1)(a)	"	1/7/41	"	40/11-7-41
9/9/41	"	"	Privilege Leave 7 days - cancelled	"	9/9/41	"	52/19-9-41
10/11/41	"	"	Privilege Leave 7 days (P-3)	"	3/11/41	"	66/28-11-41
3-2-42	"	"	Pass Leave P-4 7 days. W.W.	"	3-2-42	"	9-13-2-42
16-2-42	"	"	Att. to A.P. except pay 1 B.G. H.Q. Battle				
			school as Batman pam. To —		16-2-42		
					4-3-42	"	12-27-2-42
23/7/42	"	"	P.L. 5 to 25/7/42	"	18/7/42	"	42 d/6 Aug 42
			14 days (B & forf) 14 days pay for A.W.L. 16 days 4 hrs				
			Forf 17 days Pay 149(2) (a) 14 days pay 149(2)				
			Total forf 31 days pay		12 Aug 42		44 d/24-8-42
			Embarked for France (Jubilee Operation)	U.K.	18 Aug. 42	"	49/10-9-42
	(Jubilee Operation)		S.O.S. Missing	U.K.	19 Aug. 42	"	46/30-8-42
			To S X-List FMR	✓	20/8/42	✓	1/5-10-42
15 May 43	A. List 269	X List FMR	SOS. now rep. Killed in action 19 Aug 42	France	19 Aug 42	"	P+I No. 16/22 May 43
			Buried at Cimetiere des Vertus De Hautot				
			Sur-Mer. Grave No. 164				

DUPLICATE

Pour être fait en double exemplaire.
To be made out in duplicate.

M.F.M. 5 (Fr.)
100M — 8-39 (1702)
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DANS L'ARMÉE ACTIVE DU CANADA

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN ACTIVE SERVICE FORCE

INSTRUCTIONS

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada.
This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.A.S.F.

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
All questions, etc., must be completed.

(*c*) Les deux copies de la formule doivent être envoyées par le commandant de l'unité, dans le cas de chaque officier et chaque soldat, au payeur ou à l'officier agissant comme tel. Ce dernier enverra une copie par l'intermédiaire du Payeur du district ou du camp au Payeur en chef au quartier général de la Défense Nationale, Ottawa. L'autre copie sera retenue par le payeur jusqu'à ce que l'unité arrive outre-mer, alors que cette copie sera transmise au Payeur en chef à la Base Intermédiaire Canadienne Outre-mer.
Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Nom de l'officier ou du soldat ..... SOMMA JOHN .....
Name of Officer or Soldier. (Nom de famille — noms de baptême en entier — majuscules moulées)
(Surname first — Christian names in full — Block capitals)

(2) Matricule ..... D62198 .....
Regimental Number.

(3) Unité ..... Les FUSILIERS MONT ROYAL, CASF. .....
Unit.

(4) Etes-vous marié? ..... NO .....
Are you married?

(5) Dans l'affirmative, donnez
If married, state,
(*a*) Le nom de votre épouse en entier ..... N.A. .....
Full name of your wife.

(*b*) L'adresse postale actuelle de votre épouse ..... N.A. .....
Present Postal Address of wife.

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? ..... N.A. .....
If married, have you been regularly supporting your wife?

Si non — donnez-en les raisons ..... N.A. .....
If not — state reasons.

(7) Etes-vous veuf? ..... NO .....
Are you a widower?

(8) Avez-vous des enfants? ..... N.A. .....
Have you any children?
Si oui, faites connaître le nombre des garçons et des filles ..... N.A. .....
If so, give number of boys and girls.

Donnez aussi leur nom et leur âge ..... N.A. .....
Also their names and ages.

(9) Si une indemnité d'absence est réclamée pour les enfants, dites si vous avez toujours pourvu à leurs besoins
If Separation Allowance is claimed in respect of children — state whether you have been regularly supporting them.
..... N.A. .....

Donnez des détails quant au tuteur auquel une indemnité d'absence devrait être payée — s'il existe une autorisation —
Give particulars of Guardian to whom Separation Allowance should be paid — if authorized —

Nom ..... N.A. .....
Name.

Adresse postale ..... N.A. .....
Postal Address.

[VOIR AU VERSO]
[SEE OTHER SIDE]

(10) Vivez-vous en union libre avec une femme — que vous avez toujours fait vivre et reconnue publiquement comme votre épouse?
Have you a common-law wife — whom you have been regularly supporting and publicly representing as you wife?

NO

Dans l'affirmative, donnez son nom en entier et son adresse postale N.A.
If so, state her full name and Postal Address.

(11) Est-ce que votre père vit encore? YES
Is your father alive?

Si oui, donnez son nom et son adresse SOMMA Louis
If so, state name and address.

1317 Britannia St. Montreal, P.Q. Can.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien? NO
If your father is a Widower and is totally incapacitated from earning a living — are you his sole support?

(13) Si vous êtes le seul soutien de votre père qui est veuf, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne. N.A.
If sole support of father who is a Widower — state what amount per month you have given him prior to joining the [redacted] C.A.S.F.

Dites aussi pourquoi il n'a pas d'autres moyens de subsistance N.A.
Also state reason he has no other means of support.

(14) Est-ce que votre mère vit encore? YES
Is your mother alive?

Dans l'affirmative, donnez son nom et son adresse Angeline SOMMA
If so, state name and address.

1317 Britannia St. Montreal, P.Q.

(15) Si votre mère est veuve, êtes-vous son seul soutien? NO
If your mother is a Widow, are you her sole support?

(16) Si vous êtes le seul soutien d'une mère veuve, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne.
If sole support of widowed mother — state what amount per month you have given her prior to joining [redacted] C.A.S.F.

N.A.

Dites aussi pourquoi elle n'a pas d'autres moyens de subsistance N.A.
Also state reason why she has no other means of support.

(17) Etes-vous assuré? NO
Are you insured?

Si oui, dites dans quelle compagnie? N.A.
If so, in what company?

Avez-vous pris les dispositions nécessaires pour le payement de votre prime d'assurance? N.A.
Have you made arrangements for payment of your Insurance Premium?

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.
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.
I hereby certify that the information given by me on this form is correct in each and every particular.

x John Somma.
(Signature de l'officier ou de l'homme)
(Signature of officer or man)

Date 7th June 1940

J. A. Boucher
Officier Commandant Depot Regimentaire
Officer Commanding Les F.M.R.CASF.

Date 7th June 1940

M.F. M 10a
10 M—1-40 (3574)
H.Q. 1772-39-1657

VOIR INSTRUCTIONS AU VERSO.

FORMULE DE TESTAMENT

(1) Je, SOMMA John (Nom au long), de la City de Montreal, dans le Comté / District de Jac ques Cartier, Province de Quebec, Labour (Occupation civile), N° matricule D62198, Unité F.M.R.CASF., révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) Je lègue à Angeline SOMMA , Mother

I give and bequeath all the rest

1317 Britannia S t. Montreal, P.Q. Can.

Noms et adresse des bénéficiaires résiduaires

(3) Je lègue tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à

1-5-391

(4) Je nomme Angeline SOMMA (Nom)

1317 Britannia St. Montreal, (adresse) exécuteur / exécutrice de mon présent testament.

Signé et reconnu par le testateur, en présence de nous, présents en même temps, qui en sa présence et à sa demande, et en présence l'un de l'autre, avons immédiatement signé comme témoins.

(5) Signature du premier témoin

Les F.M.R.CASF.
(Adresse)
(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin

Les F.M.R.CASF.
(Adresse)

En foi de quoi j'ai signé ce 7ème jour de June A.D. 1940

x John Somma
(Signature du soldat)

(VOIR AU VERSO)

INVENTORY OF ALL EFFECTS BELONGING TO

D 62198 Pte Somma, Johnny F.M.R.

1 WOOLLEN Scarf ✓

1 Woollen Pullover ✓

1 Bundle of Pictures ✓

2 Identity Discs. ✓

Complete.
B 26364
Spr. H.E. Fulmer
4 Feb 43.
1 June 43
Lt Col Fulmer.
16/8/43

P Blakeson Sgt
38209
28/9/42

(E.O. Delomme) Capt
President Committee Of Adjustement

10-7-43
1 fwd

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

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

REGISTER NO. D-574
FILE NO. 405-S-11081
DATE 9-7-45
SERVICE NO. D-62198
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 19-8-42

PAYEE Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 19-8-42

		$ ¢
A. TOTAL QUALIFYING SERVICE 750 — NO. OF DAYS 770 / 30 EQUAL TO 25 COMPLETE PERIODS AT $7.50		187.50
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 746 LESS 20 INELIGIBLE DAYS, EQUAL TO 726 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		181.50
		369.00
C. SUPPLEMENT FOR OVERSEAS SERVICE — DAILY RATES AT DISCHARGE		
PAY	$1.30	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$1.00	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$2.30 X7 = $16.10	
NO. OF DAYS 746 / 183	X $16.10	65.63
D. WAR SERVICE GRATUITY		434.63
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		434.63

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
JUL 12 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
DMR	[illegible]

TREASURY	
CHECKED BY	DATE
J. Hendry	7.8.45

[illegible]
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOHN SOMMA (Christian Names) (Surname) — Register No. D574

PAYEE'S NAME DIRECTOR OF ESTATES (Christian Names) (Surname) — File No. 405-S-11081

Date 3-7-45

ADDRESS — Service No. D62198

Final Rank Pte

DATE OF TERMINATION OF OVERSEAS SERVICE 19-8-42 — Date of Discharge 19-8-42

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{770}{30}$ = 25 (20) Periods @ $7.50	787	50
B. QUALIFYING OVERSEAS SERVICE No. of days 746 less 20 Ineligible days, equal 726 Days @ 25c per day	181	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	369	00
Daily Rate of Pay $ 1.30 Subsistence Allowance $ 1.00 Additional Pay $ — Dependents' Allowance 1/30 $ ..... $ — TOTAL $ 2.30 × 7 = $ 16.10 No. of Days $\frac{746}{183}$ × $ 16.10	65	63
D. WAR SERVICE GRATUITY	434	63
Computed By		
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $		
Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 434.63 each)	434	63

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$..... × 30 = $.....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

Postings from O/S "A", "B", "C" & P.O.W. Casualty Lists. To be attached to M.F.M. 1 or M.F.M. 2.

REGT. NO. D62198 RANK Pte SURNAME Somma CHRISTIAN NAME John

UNIT	HOSPT.	Admt'd Day	Admt'd Mo.	Admt'd Year	Disc'd Day	Disc'd Mo.	Disc'd Year	Hospt. Days	DISEASE or INJURY	REMARKS	Cas.List No.
Lus. Int. Royal									Now reported K. I. A. Buried at Cimetiere des Vertes de Hautot-sur-Mer Grave no 164	C/W. 19-8-42	4-269

B.3.49.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.62198 RANK Private SERVICE UNIT Les Fusiliers Mont-Royal

NAME SOMMA, John

DATE OF BIRTH 2nd March 1921
DAY MONTH YEAR

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Luigi Somma.
ADDRESS D.A.B.
ADDRESS 1181 Conway Street, Montreal, Quebec.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME
ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 2666 H.Q. 405-8-11081

CASUALTY DETAILS DATE 19-8-42

Previously reported missing now officially reported killed in action. Buried in Grave 164, Dieppe Vertus Cemetery, Hautot sur Mer, France.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 18-5-43

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

H.Q. 405-S-11081
(Records-C)

REGISTERED

March 4, 1943.

Mr. Louis Somma,
1181 Conway St.,
Montreal, Quebec.

Dear Sir:

It is with deep regret that in view of the lapse of time and the absence of any further official information regarding your son, D62198 Private John Somma, since he was reported missing as a result of the action at Dieppe on the 19th day of August, 1942, it is now proposed to take action to presume his death for official purposes.

I am now directed to request that you be good enough to advise the Director of Records, National Defence Headquarters, Ottawa, Ontario, if you have received any further evidence or news concerning him which would indicate that he is still alive. The presumption of death will be completed by Canadian Military Headquarters, England, shortly after hearing from you provided there is no evidence why such action should not be taken. You will receive official notification by telegram when action has been completed.

May I extend to you my earnest sympathy in this time of your great anxiety.

An addressed envelope which will require no postage is enclosed herewith for the convenience of your reply.

Yours truly,

Colonel,
Director of Records,
for Adjutant-General.

GR/ATG

M

Montreal, March 8-43.

*

Dear Sirs:

This is about my son Pte. John Lomma D.62198 who is reported missing as a result of the action at Dieppe since August 1942.

You now propose to take action to presume his death for official purposes, provided I cannot give any news why such action should not be taken. I have some news that may help, as follows: Pte. D82292 Arthur G. of the Black Watch who is now a prisoner somewhere

in Germany, and aviator Long,
who is also a prisoner in Germany
both wrote there is a pal of theirs
from Victoria Tower, that is my
section, who is in the same camp
as they, but cannot forward his
name.

Well, Sir, here in Victoria Tower
only those three boys are missing,
the third, that is the one unknown
may be my son. I know you
will do your best to investigate

I thank you

Yours sincerely.

Luigi Somma

1181 Conway St.

Montreal, Que.

405-S-11081
Records "C"

March 14th., 1943.

Mr. Luigi Somma,
1181 Conway Street,
Montreal, Quebec.

Dear Sir:

I am directed to acknowledge with thanks receipt of your letter of the 8th instant concerning your son, D.62198 Private John Somma, officially listed as missing in action since the 19th day of August, 1942.

In replying thereto, please be advised that a copy of your letter is being forwarded to Canadian Military Headquarters, England, who will institute further inquiries through the International Red Cross Committee, at Geneva in your behalf.

You may rest assured that no action will be taken to presume the death of your son should there be the slightest evidence indicating that he may be still alive.

Yours truly,

GR/ED

Colonel,
Director of Records,
for Adjutant-General.

H.Q. 405-S-11081
(Records-C)

May 21, 1943

Mr. Luigi Somma,
1181 Conway Street,
Montreal, Quebec.

Dear Sir:

I deeply regret to inform you that your son, D.62198 Private John Somma, gave his life in the Service of his Country in France on the 19th day of August, 1942.

From official information we have received, your son was killed in action against the enemy at Dieppe, and was buried in Grave 164, Des Vertus Cemetery, Hautot sur Mer, France. 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 smypathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON
Major - General
Adjutant - General

MAY 19 1943

GR/SJR

(H.F.G. Letson),
Major-General,
Adjutant-General.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

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

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: SOMMA
Given names: John.
(*Block letters*)

Do not write in this space

4. RESIDENCE

Street: Britannia St., No. 1317
Official name of civil municipality or township: Montreal,
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) Italy.

11. DATE OF BIRTH March (Month) 2nd, (Day) 1921. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	21	5	18	....hrs. or....min.

OCCUPATION

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

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	SOMMA, Luigi.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal

20. Date of burial....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church
(b) Civil municipality of
(c) Municipal county
(d) Date....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death August (Month) 19th, (Day) 19 42. (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

OVERSEAS CASUALTY
CANADIAN ARMY

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

26. Was there a surgical operation?....Date of....19....
State findings....Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide....Date....19....
(State which)
Manner of injury....
(How sustained)
Nature of injury....
Specify whether injury occurred in **industry, in home, or in public place**

Signed....M.D.

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

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

J. B. Radine

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

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

(Voir l'autre côté pour le français)

for Director of Records, Dept. of National Defence.

COPIE

H.S

Paris, le 13 MARS 1943

LE SECRETAIRE GENERAL AUX ANCIENS COMBATTANTS

à Monsieur le Chef du Gouvernement - Ministre
SECRETAIRE d'Etat aux Affaires Etrangères
Secrétariat Général pour les Affaires Etrangères
à VICHY (Allier)

-:-:-:-:-:-:-:-:-
N° A.A. 7628 ETR
-:-:-:-:-:-:-:-
Objet:
Notification de décès
-:-:-:-:-:-:-:-:-

J'ai l'honneur de porter à votre connaissance, à toutes fins utiles, que le militaire anglais:
SOMMA C.D.,
N° Matricule 52.198 est décédé le 19 Août 1942 aux environs de Dieppe (Seine-Inférieure) et repose au cimetière des Vertus de HAUTOT-sur-MER (Seine-Inférieure) Tombe N° 164.

L'adresse de la famille est inconnue.

Ces renseignements sont les seuls en ma possession.

CHEF du GOUVERNEMENT - ÉTAT FRANÇAIS - SECRÉTARIAT GÉNÉRAL des A.C.

Pour le Secrétaire Général
et par son ordre
Pour l'Intendant Général
Chef du Service de l'État Civil
des Successions et des Sépultures Militaires

17-5-43
(O.C.L.-305)

AWARDS—CANADIAN ARMY (ACTIVE) 1465

M

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-S-11081

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SOMMA,	John	D.62198	Pte.	Regt.de Quebec

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Defence Medal	
War Medal, 1939-45	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Angelina Somma Mother

ADDRESS: II8I Conway St.,Montreal, Que.

MEMORIAL B R

(1) DATE DESP

REGN. NO 2786

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Angelina Somma,

ADDRESS: 1181 Conway St., Montreal, P.Q.

(3) DESP. AUG 2 1943
REGN No. 2430

360 25.1.50

No D.62198 Rank Private Name SOMMA, John

Unit Les Fus. Mont-Royal Date of death 19th August, 1942.

Died at France

Cause Killed in action

Death occurred on strength of Forces. HQ 405-S-11081 d 18-5-43

N/K Mr. Luigi Somma Relationship father

Address 1181 Conway Street, Montreal, P.Q.

Remains buried in Cimetiere des Vertus Cemetery

Hautot sur Mer, France

Grave location Grave 164

CHK

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. 21-5-43.

RETURN TO BUR. OF STAT. 7-6-43

ROYAL MESSAGE DESP'D. MAY 31 1943

CAN. MESSAGE DESP'D. 20-5-43

H & CR

Redesignated

Hautot-sur-Mer Cdn Mil Cem.
Hautot-sur-Mer, France.

Grave 61, Row E.

Form Dep'd JAN 25 1944