

D6628
MORNINGE
CHARLES

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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

Section A—GENERAL INFORMATION

PLEASE
LEAVE
BLANK

1. (a) Print name in full..... MORRISON, Charles..... (b) Reg'l. No. D-6628
2. (a) Arm of service..... Army..... (b) Unit..... 2nd Rld Regt. P.C.A...... (c) Rank..... Cpr.
3. (a) Date of birth..... 5 Aug. 11..... (b) Have you any dependents?..... Yes..... (c) Place of residence at time of enlistment..... Montreal Que.
4. (a) Place of enlistment..... Montreal Que...... (b) Date of enlistment..... 18 Sept 39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 18..... (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.)..... Grade 12
7. If you attended a university, give name of university and standing or degree secured..... None
8. (a) Did you ever enter upon a trade apprenticeship?..... No..... (b) If so, for what occupation?..... None..... (c) Did you finish it?..... None..... (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?..... None

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..... Royal Exchange..... Address..... Montreal Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Insurance
20. (a) Your specific occupation..... Clerk - Insurance Office..... (b) Number of years' experience at this occupation with any employer..... 11
21. (a) Did your employer promise definitely to give you employment on discharge?..... No..... (b) Did your employer refuse to promise you employment on discharge?..... No..... (c) Do you wish to return to your former employment?..... No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

(repair)

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..... Desires radio work for Officer I/c Records C.H.M.

DATE.....194.....

SIGNATURE.....

MEMORANDUM FOR

P. 64

Mrs. Margaret Morninge,
 3475 Wellington St.,
 Verdun, 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-M-25,372 FD. 486

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

October 4, 1943. 194

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

MORNINGE, Charles, Gnr.

No. D.6628, C. A.



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 com-
 plete 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 import-
 ance 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.

RGP/MS

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Mrs. Phyllis Morninggl	32	Dukes Drive Eastbourne, Eng.
2	Children of the Deceased and dates of their Births.....	Nil.		
3	Father of the Deceased.....	Charles Morninggl	-	Died Nov. 26, 1938
4	Mother of the Deceased.....	Margaret Morninggl	63	3475 Wellington St., Verdun, Que.
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood	22	3475 Wellington St., Verdun
		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	
	Frank Morninggl, 1935.			

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Charles Morninge
9	Date of his birth	August 5, 1911.
10	Place and date of his marriage.	Eastbourne, England Between May 1st & 6th. 1943.
11	Place and date of his parents' marriage.	Montreal, October 1910.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, Quebec, Canada.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Montreal, Quebec (b) _____ (c) _____ (d) _____
14	Nature of employment before enlistment.	clerk -
15	State whether he owned the premises in which he lived and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will?	Cannot say.
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?	Married overseas -
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.	No -
20	Amount of War Savings Certificates held by deceased.	No.
21	Amount of Victory Loan Bonds held by deceased.	No -
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.	Metropolitan Life Insurance Co., Amount \$400,00 - Beneficiary Mother -
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No.

OTHER PARTICULARS

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

(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

(Mrs Margaret Morningse) of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Worthies
Mrs Margaret Morningse
3475 Wellington St

Signature
of
Informant

Address

CERTIFICATE

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

*See above.

Morningse { Name of Informant } is the* mother 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 Vardun PG this 6th day of October 1943

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public

Qualification

Address

W. Willibrod, 351 Willibrod Ave
Vardun. PG.

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

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

Doit être remplie en triplicate, 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. 1772-45-18

Unité.....
Unit

Matricule.....
Regimental Number

Original
Duplicata
Triplé

ARMÉE ACTIVE DU CANADA CANADIAN ACTIVE SERVICE FORCE

Original
Duplicate
Triplé

FORMULE D'ENRÔLEMENT ATTESTATION PAPER

1. Nom.....
Surname
2. Prénoms.....
Christian Names
3. Adresse actuelle.....
Present Address
4. Date de naissance.....
Date of birth
5. Lieu de naissance.....
Place of birth (Pays)---(Country) (Comté ou province)---(County or Province) (Ville ou canton)---(Town or Twp.)
6. Religion.....
(State denomination)
7. Métier ou profession.....
Trade or Calling
8. Marié, veuf ou célibataire.....
Married, Widower or Single
9. Nom du plus proche parent.....
Name of next of kin
10. Parenté de celui-ci.....
Relationship
11. Adresse du plus proche parent.....
Address of next of kin
12. Avez-vous servi dans les forces navales, militaires ou aériennes?.....
Have you served in any Naval, Military or Air Force?
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
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?

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

Je, soussigné,....., 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.....

.....
(Signature de la recrue)

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

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

.....
(Signature de la recrue)

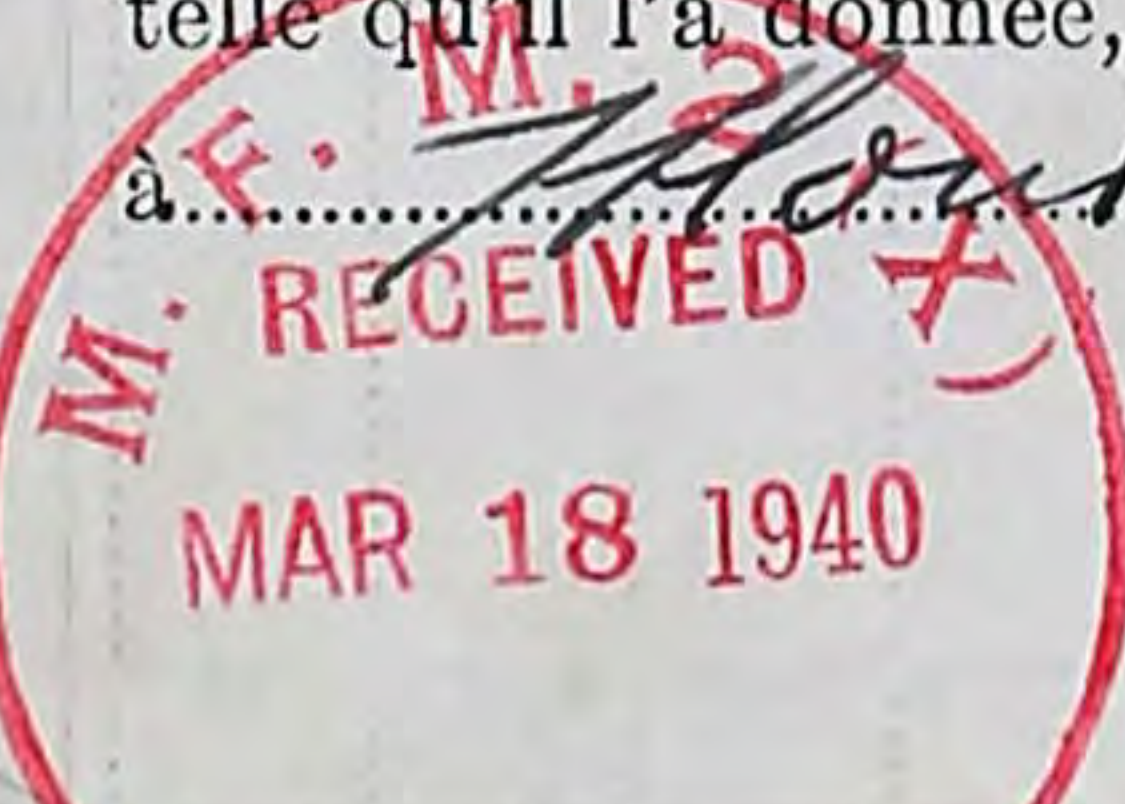
CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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..... ce..... jour de..... 19.....



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

.....
(Titre, grade et unité ou emploi)

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

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

FINGERPRINTED

État de service de
Record of Service of

MORNINGE
(Nom—Surname)

Chas
(Prénoms—Christian Names)

Matricule... 6628
Regimental Number

APTITUDES
Qualifications

Militaires
Military

Sgt Bugler

Professionnelles ou commerciales
Business or Professional

Civiles ou de métier
Trade or Civil

Office Clerk

Techniques
Technical

Langues
Languages

English

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies
High School
or Collegiate

4 yrs H.S.
(années complétées—years completed)

Graduation
ou (or)
Immatriculation
Matriculation

Graduated
(Spécifier—Specify)

*Collège

*Université
University

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

Toutes les recrues 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		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	
Date	Reçu de From whom received						N° Partie II, Ordres du jour. Liste des morts et blessés, etc. Part II D.O. No. Cas. List, etc.	Daté le Dated
2102-20 Sep 39		Affecté lors de son enrôlement Joined on enlistment	Gnr	18/9/39	7th Bty	Montreal	RD. 16	20 Sep 39
11/11/39		Appointed Lance Bombadier	L/Bdr	17-11-39	R.C.A.	S.T.C.	Pt. II D.O. No. 74	17-11-39
21 Dec 39		Inf to 7135 Bty	L/Bdr	21 Dec 39	7135 Bty	England	Reg. Pt. II No 29	21 Dec 39
10 Oct 39		On command	Gnr	10 Oct 39	72d Bty	Montreal	D.O. Pt. II No 36	10 Oct 39
5 Dec 39		Ceases to be shown on command	L/Bdr	5 Dec 39	"	"	" No 92	5 Dec 39
		Granted leave to 0600 hrs. 31/1/40	"	26/1/40	2nd Sd Regt	Washott	D.O. #27	27/1/40
		Passed Prof. test Regt & Sq. non trades	"	30.5.40	"	Field	D/O 10	10/7/40
		Leave granted 2200 hrs. 12/7/40	"	5/7/40	"	"	D/O 10	10/7/40

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
compensation pour invalidité? Si oui, donnez détails.....

Are you receiving or have you in the past received, pension
pension or compensation? If so give details.....

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier.....MORNINGER, Charles Edward.....
Name in full

Date.....Sept 18, 1939.....

PARTIE 1. Renseignements obtenus de la recrue.

Part 1. Information obtained from the applicant.

1. Age 28..... 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 | <u>No</u> | j. Affection nasale.....
Nasal trouble | <u>No</u> |
| b. Tuberculose.....
Tuberculosis | <u>No</u> | k. Maladies des oreilles.....
Ear disease | <u>No</u> |
| c. Bronchite ou asthme.....
Bronchitis or asthma | <u>No</u> | l. Maladie des yeux.....
Eye disease | <u>No</u> |
| d. Affection cardiaque.....
Heart disease | <u>No</u> | m. Epilepsie.....
Epilepsy | <u>No</u> |
| e. Maladie du rein ou de la vessie.....
Kidney or bladder disease | <u>No</u> | n. Maladie nerveuse ou mentale.....
Nervous or mental disease | <u>No</u> |
| f. Gastrite intestinale.....
Gastro-intestinal | <u>No</u> | o. Syphilis..... | <u>No</u> |
| g. Hernie.....
Rupture | <u>No</u> | p. Gonorrhée.....
Gonorrhœa | <u>No</u> |
| h. Varices.....
Varicose veins | <u>No</u> | q. Avez-vous déjà porté des verres?.....
Have you ever worn glasses? | <u>No</u> |
| i. Pieds plats ou déformés.....
Flat or deformed feet | <u>No</u> | | |

Charles Morninger
(Signature de la recrue) — (Signature of recruit)

Observations des examinateurs.....
Examiners remarks re above

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).
Small scar on left side of forehead
2. Taille..... 5..... pieds..... 7..... pouces.....
Height..... feet..... inches.
3. Poids..... 132..... livres.....
Weight..... pounds
4. Teint..... Fair..... Yeux..... Grey.....
Complexion..... Eyes.....
5. Développement..... Bon.....
Development.....
6. Tour de poitrine—Circonférence, pleine expansion..... 34 1/2..... pouces..... Degré d'expansion..... 1 1/2..... pouces.....
Chest measurement—Girth on full expansion..... inches..... Range of expansion..... inches
7. Vue, œil droit..... 20/20..... œil gauche..... 20/20.....
Vision, right..... left.....
8. Ouïe, oreille droite..... O.K...... gauche..... O.K......
Hearing, right..... left.....
9. Condition de la bouche et des dents.....
Condition of mouth and teeth.....
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:

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

et il peut être classé dans la catégorie..... "A"

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

Charles Morninger..... *H. Aubrey*..... *C. Landon*
(Président) — (Président)..... (Membre) — (Membre)..... (Membre) — (Membre)

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

Date	Détails succincts et signature Brief details and signature	Date	Détails succincts et signature Brief details and signature
17-11-39	Re-examined normal urine	DEC. 16/39	VACCINATION
21-11-39	ears reflexes Cat. A. <i>Amh</i>	DEC. 16/39	ANTI-TETANUS <i>h</i>
21-11-39	Evidences of Tbc past or present absent. <i>Amh</i>	21/2/40	TETANUS T. - 2 <i>h</i>
27-11-39	T.N.B. 2.25 <i>Amh</i>	7-1-43	T.A.B.T.O.S.C.C.
4-12-39			
12-12-39			

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 une pension ou compensation pour invalidité? Si oui, donnez détails.....

Are you receiving or have you in the past received, pension or compensation? If so give details.....

Matricule.....6628.

Grade.....Gnr

Nom. MORNINGE

Prénoms CHARLES

[illegible]

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. O-6628 Rank L/Bdr.

Sheet No.

Name Morninge L.M.F.M. 1 & 2A
40/P & S/119

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Att'd. S. H. of C. for D & R to 6 July 40	L/Bdr.	2 July 40	2 nd Field Reg.	Field	19	16 Aug 40
		Loose L/Sgt.	L/Sgt.	25 Aug 40	"	"	22	31 Aug 40
		Leane to 28 Oct 40	"	21 Oct 40	"	"	37	1 Nov 40
S.O.S.		C.A.S. 4. (Can) on Emb. at Halifax 9 Dec 39	"	9 Dec 39	2 nd Field Reg.	"		
T.O.S. CASE	OVERSEAS) ON TRANSFER ON 10 Dec 39 AND DISEMBARKED AT 18 Dec 39	Loose	"	10 Dec 39	"	"	3	17 Jan 41
		Prom. A/Sgt.	A/Sgt.	25 Jan 41	"	"	5	31 Jan 41
		P/Leane to 21 Jan 41	L/Sgt.	14 Jan 41	"	"	4	24 Jan 41
Cmd. DO 10 7 Mar 41		Reverts to L/Sgt. at own request	L/Sgt.	28 Feb 41	"	"	7	14 Mar 41
		Confirmed in rank of Bdr.	Bdr.	1 Jan 41	"	"	14	31 Mar 41
		4 P/Leane	L/Sgt.	12 May 41	"	"	23	23 May 41
		On Command Sig Course 201 Ser 16 B	A/L/Sgt.	31 July 41	"	U.K.	36	8 Aug 41
		Leane 7 days w.o.w.	L/Sgt.	23 Sept 41	"	"	47	10 Oct 41
		6 P/Leane to 29 Dec 41 w.w.	"	22 Dec 41	"	"	6	6 Feb 42
		Cmd. Asst Inst. Ctr. School of Sigs	"	31 July 41 12 Sept 41	"	"	School Report	
S.O.S.		S.O.S. to 1 CSRU	L/Sgt.	8 June 42	2 nd Field Reg.	U.K.	26	12 June 42
	T.O.S.	T.O.S. 1 Cdn. Sigs. Rein. Unit from 2 C.F.R. RCA	"	9 Jan 42	1 CSRU	Cone	139	12 Jan 42
		7 P/Leane (7 days 17-24 Aug)	"	17/8/42	"	"	197	20 Aug 42
S.O.S.		S.O.S. 1 Cdn. Sigs. Rein. Unit To 2 FD. REGT. RCA	L/SGT	1-10-42	1 CSRU	UK	233	1 Oct 42
	T.O.S.	T.O.S. from 1 CSRU	L/Sgt.	2 Oct 42	2 nd Field Regt	UK	44	7 Oct 42

Statement of the Service of No. D-6628

Rank.....

Sheet No.....

M.F.M. 1 & 2A
40/P & S/119

Name.....Morninge Chas.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
	N-Kin				27th Regt.	UK	8	25 Feb 43.
	Change Address - Mrs Margaret Morninge (Mother)	3475 Wellington Avenue			27th Regt.	UK		Canada.
	Perm. granted to marry Miss Phyllis Rees		Gnr	21 May 43	27th Regt.	UK	22.	18 July 43 - 27 May 43.
	Change Address N-Kin to wife (Mrs Phyllis Morninge)	" The Pennings			27th Regt.	UK	23.	1 June 43
		S.O.S., C.A. Canada		13 June 43				
		T.O.S., C.A. Overseas		14 June 43	27th Regt	DA	30.	30 July 43.
		Disembarked		10 July 43				
		Died of Wounds.	A/Sgt.	11 Aug 43.			CL A- 325.	1 Sept 43.
		SOS to X3 List RCA See "A" (BD)	L/SGT	6.8.43	2 Fd. Regt.	NA	34	26 Aug. 43
		TOS X3 RCA See A	A/Sgt.	7.8.43	See A	NA	16A	27 Aug. 43
		Died of Wounds .CM. Force.	A/Sgt.	11.8.43	X List	NA	2A	18 Sept. 43
		Admtd. 9 Cdn. Fld Amb.	A/Sgt.	6.8.43	See A	NA	21A	18 Sept. 43
		SOS X 3 List RCA Sec. A. (Died of Wounds CMF)	A/Sgt.	11.8.43	3 RCA	NA	29A	27 Oct. 43
					X3 List			
					RCA			
		Married at Eastbourne			26 May 43			

To be made out in duplicate.

M.F.M. 5
400M-8-39 (1702)
H.Q. 1772-45-18

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the XXXXXX C.A.S.F.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and 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) Name of Officer or Soldier Morrinige - Charles
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number 6628

(3) Unit 2nd M.H. field Bty R.C.A.C.A.S.F.

(4) Are you married? No

(5) If married, state,

(a) Full name of your wife.....

(b) Present postal address of wife.....

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

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls.....

Also their names and ages.....

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name

Postal Address.....

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?..... *No*

If so, state her full name and Postal Address.....

(11) Is your father alive?..... *No*

If so, state name and address.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support?.....

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining **C.A.S.F.**.....

Also state reason he has no other means of support.....

(14) Is your mother alive?..... *Yes*

If so, state name and address..... *Mrs. Margaret Morninge*

(15) If your mother is a widow, are you her sole support?..... *Yes*

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining

C.A.S.F. *Sole support—monthly amt dependent on earnings*

Also state reason why she has no other means of support.....

Widow—only son—daughter 18 yrs.

(17) Are you insured?..... *No*

If so, in what Company?.....

Have you made arrangements for payment of your Insurance Premium?.....

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

I hereby certify that the information given by me on this form is correct in each and every particular.

Charles Morninge
(Signature of officer or man)

Date *Sept 18/39*

H. J. Macquodder
Witness

M. Anderson
Officer Commanding

Date *Sept 18/39*

(MONTREAL) FIELD BATTERY R. C. A.

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. 7-6628 Rank 900 Surname Moringe Christian Name Charles

[illegible]

NAME Morninge Charles

REGIMENTAL NO. D 6628

RANK Gunner

ENLISTED AT Montreal

PROMOTIONS, ETC. AND DATE L/Bdr. 17/11/39

DATE 18/9/39

4/Sgt. 25.8.40 D.O.22

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN Morninge N. Phyllis

RELATIONSHIP

Mother

ADDRESS OF

3365 Wellington St. Verdun

ASSIGNMENT OF PAY, \$ 20

C

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

26/9/39

IN WHOSE FAVOUR

Mother

M. F. M. 14

100M-9-39 (1873)

H.Q. 17/2-39-1662

C

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
ON COMMAND. RCSS. Promoted L/Bdr.	36	9/10/39.	
	74	17/11/39	
App. L/Sgt	22	31.8.40	off 25.8.40
Pasted from 1/35 to 8	42	25.11.40	" 1.11.40
off A/Sgt.	5.	31.1.41	" 25.1.41
Reverts to L/Sgt.	7.	14.2.41	" 7.2.41
Confirmed in rank of Bdr	14	31-3.41	" 28.2.41
O.C. attending Signal Centre			" 1-4-4-1-41
#201, 16 B.	36	8.8.41	" 31.7.41
505 WICSRU			" 9/6/42
TOS, ICSRU	132	14-6-42	" 11-6-42
505 TO 2 FD. REGT.	233	1-10-42	1-10-42
TOS from No 1 CSRU Demand			
# 07425	44	7/10/42	unf. 2/10/42
TOS from 16SRU to 2 FA. Demand			
RA gap	52	9/12/42	" 18/11/42

CONTINUATION CARD M.F.M. 14

Regimental No. Name

Part II D.O.

PARTICULARS OF CASUALTY

No.

Date

10

11/3/43

RA 9 days inf 17/2/43
 Granted permission to marry Miss Phyllis Rees
 inf 21 May 43 Allowance to commence inf 18

22

27/5/43

Jul 43 with CMH 1000:110 9/15 May 43

25

11/6/43

RA 7 days inf 26/5/43

34

26/8/43

5050 X3 list RCA 7A (BO) inf 6/8/43

9-9-43
(O.C.L.-363)

AWARDS—CANADIAN ARMY (ACTIVE) (1486)

100M—10-41 (2195)
H.Q. 1772-45-8

			M	FILE NO. 405-M-25372
MORNINGE, Charles		D. 6628	Gr.	R.C.A.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	913 17/11/49
Italy Star	
Defence Medal	
War Medal 1939-45	
C.V.S.M. & 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. Phyllis McCulloch,

ADDRESS:

211 King St.,
Broughty Ferry, Dundee,
Anfees, Scotland.

(2) MEMORIAL CROSS

WIDOW

Mrs. Phyllis Morninge

ADDRESS:

The Pennings Upper Dukes Drive,
Eastbourne, England.

(3) MEMORIAL CROSS

MOTHER

Mrs. Margaret Morninge

ADDRESS:

3475 Wellington St., Verdun, Que.

MEMORIAL BAR

DATE DESP.

REGN. NO.

2928

(2)

DESP. NOV 3 1943

REGN No. 3052

(3)

DESP. NOV 3 1943

REGN No. 3053

No D.6628 Rank ^{A/SGT}~~Gunner~~ Name MORNINGE, Charles.
Unit R.C.A. Date of death 11th Aug., 1943.
Died at Sicily.
Cause Died of wounds received in action.
Death occurred on strength of Forces.HQ 405-M-25372 d13-9-43
N/K Mrs. Phyllis ^{McCulloch (Remarried)}~~Morninge~~, Relationship Widow.
Address 211 King St., Broughty Ferry, Dundee, Angus, SCOTLAND.
Dukes-Drive, -Eastbourne, -England.
Remains buried in Scordia Cemetery
CHK Scordia, Sicily. Sh. 56, MR-H-7455.
Grave location ✓

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. 30-12-43.

ROYAL MESSAGE DESP'D.

OCT 31 1943

CAN. MESSAGE DESP'D.

17-9-43.

REBURIAL

Canadian Military Cemetery,
Agira, Sicily.

Grave 436, Row D, Plot Dd

HI & CR Form Despd. JAN 2 1947

Photographs

Despatched

MAR 18 1947

BD

FEUILLE D'ATTESTATION

MILICE ACTIVE NON PERMANENTE DU CANADA

Régiment de Maisonneuve

UNITÉ..... NUMÉRO MATRICULE..... 1603

1. Quel est votre nom de famille? (en lettres moulées) MORNINGE
2. Quels sont vos noms de baptême? CHARLES M-655
3. Quelle est votre adresse actuelle? 3365 Wellington N° du tél.
4. Le nom de votre patron et son adresse { N° du tél.
5. Date de la naissance Aug 5 1911
6. Pays de naissance MONTREAL
7. Etes-vous célibataire? yes Marié? ou veuf?
8. Quelle est votre occupation? clerk
9. Dénomination religieuse R.C.
10. Avez-vous déjà servi dans la marine, la milice ou l'aviation? VICTORIA RIFLES
Si oui, faites connaître les détails, l'aptitude, etc.
2 years
11. Nom, degré de parenté et adresse du plus proche parent Father
Chas Jos Morninge 3365 Wellington

CERTIFICAT D'EXAMEN MÉDICAL

Taille 5ft 8 1/2 Poids 160 lb Développement de la poitrine max 34 in min 32 in

Marques distinctives creases front @ jawline

J'ai examiné le sujet susnommé conformément aux instructions stipulées dans les règlements régissant les services de santé canadiens et je recommande Classe A

Date 21 May, 1938 Signature Capt. E. Lecavalier

DÉCLARATION À FAIRE LORS DE L'ATTESTATION

Je, soussigné, Chas Morninge déclare sincèrement et solennellement qu'au meilleur de ma connaissance, les réponses faites aux questions ci-dessus et signées par moi, sont exactes; que je suis consentant d'être assermenté pour la période de trois années, ou jusqu'à ce que je sois licencié légalement; que je comprends la nature et la portée de cet engagement, et que je prendrai soin de tous les effets d'habillement, armes et équipement qui me seront confiés, et les retournerai sur demande; que j'aviserai mon commandant de tout changement d'adresse de mon patron, de mon plus proche parent ou de moi-même.

SERMENT À PRÊTER

Je, Chas Morninge promets sincèrement et jure (ou déclare solennellement) que je serai fidèle au serment d'allégeance prêté à Sa Majesté.

Ad. Spaulding May Signature du témoin. C. Morninge Signature du sujet.

Fait ce 21st jour de May 1938 à Montreal

CERTIFICAT DE L'OFFICIER CHARGÉ DE RECEVOIR L'ATTESTATION

J'ai averti le sujet susnommé que s'il faisait une fausse déclaration en réponse aux questions ci-dessus, il s'exposait aux rigueurs de la loi. Les questions et réponses ci-dessus ont été lues à cet homme en ma présence. Je me suis assuré qu'il comprend chaque question, et que ces réponses ont été inscrites telles que données, et la dite recrue a fait et signé la déclaration et prêté serment.

ÉTATS DE SERVICE

Promotions, réduction, permutations, blessures, etc., exercices annuels, certificat d'aptitude	Date effective	Entrées autorisées par	Signature de l'officier certifiant l'exactitude des déclarations
Accepté dans le service à partir du.....	14-6-38	PC 120 R 76 14-6-38	<i>Leon Brown</i> Commandant
.....			Unité.....
<i>Brown Hugh Sgt</i>	19-6-38	PC 110 R 67 23-6-39	<i>Leon Brown</i> <i>Captain</i>

NOTE:—Ces entrées devront être faites de temps à autre, suivant le cas, et l'officier faisant ces entrées devra les certifier.

Les attestations devront être faites en triple exemplaire, l'original devant être transmis au Q.G de district; le duplicata gardé à la salle des rapports du régiment, et le triplicata, à la batterie, l'escadron, la compagnie, etc.

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 7th (Montreal) Field Battery RCA CASE

Regimental Number D 6628

1. Surname <u>MORNINGE</u>	(17) Regiment or Corps	Unit (Battn., etc)
2. Christian Names <u>Charles</u>	<u>2nd Regt + Plt</u>	
3. *Substantive Rank and Appointment <u>Lt Sgt - 7 Feb 41</u>		
*Acting Temporary or Local Rank <u>ASgt - 2 Aug 43</u>		
giving date		
*To be entered in pencil to facilitate alteration.		
4. Place of birth <u>Canada Quebec, Montreal</u>	(18) Medical	
5. Date of birth as declared on attestation <u>Aug, 5 /11</u>		
(A)	Category	Date
6. Date of enlistment <u>Sept. 18/39</u>		Authority
7. Place of enlistment <u>Montreal</u>	<u>A</u>	
8. Residence at time of enlistment <u>3365 Wellington Verdun</u>		
9. (B) Special conditions (if any) of enlistment or rate of pay		
10. (C) Any subsequent variations of conditions of service		
11. Religion <u>R.C.</u>		
12. If married, state date <u>Single</u>	(19) Next of kin (entries to be made in pencil)	<u>(Wife)</u>
13. Trade on enlistment <u>Office Clerk</u>	<u>Mrs Margaret Morninge mother</u>	
14. Corps, trade and grade	<u>3475 Wellington Ave Verdun</u>	
15. (D) Qualifications <u>SIG</u>	<u>QUE.</u>	
16. (E) Miscellaneous entries	<u>Mrs Phyllis Morninge</u>	
	<u>The Pennings Upper Duke's Drive,</u>	
	<u>Eastbourne, England.</u>	
	(20) E	
	(21) E	
	(22) E	

NOTES—

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

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
18/9/39			<i>Gunner.</i>	Montreal	18/9/39	Gunner	D.O. 16
18/9/39		1 st Bd. 34, 74	L/Bombardier	Montreal	17/11/39	Gunner	D.O. 74
21 Dec 39		"	Transferred to 7135 Sld. Bty.	Evanshott	21 Dec 39	"	No. 29/39.
10 Oct 39		"	On Command	Montreal	10 Oct 39	"	" 36.
5 Dec 39		"	Returned to Unit.	Montreal	30 Nov 39	"	" 92.
10 Jul 40		2 nd Regt.	Leave 2300 hrs 5 Jul 40 to 2200 hrs 13 Jul 40	England	5 Jul 40	L/Sgt.	Pt II No 10 10 Jul 40.
10 Jul 40		"	Passed Probationary Dist. Capt. Regt.	"	30 May 40	"	Pt II No 10 10 Jul 40.
16 Aug 40		2 nd Regt.	Admitted to Desford H. 2 Jul 40 to 6 Jul 40	"	2 Jul 40	L/BOR	Pt II No 9
31 Aug 40		2 nd Regt.	Appointed L/Sgt.	"	25 Aug 40	L/Sgt.	Pt II No 22
1 Nov 40		2 nd Regt.	Leave 1200 hrs 21 Oct 40 to 28 Oct 40	"	21 Oct 40	L/Sgt.	Pt II No 37
31 Jan 41		2 nd Regt.	To be Acting Sergeant.	England	25 Jan 41	L/Sgt.	Pt II No 5
31 Jan 41		2 nd Regt.	Leave 1200 hrs 14 Jan 41 to 21 Jan 41	England	14 Jan 41	L/Sgt.	Pt II No 5
14 Feb 41		2 nd Regt.	Leave to Lance Sergeant.	England	28 Feb 41	L/Sgt.	Pt II No 7
			SOS CASE (CANADA) ON EMBARKATION AT <i>HALIFAX</i>		9 Dec 39		
			SOS CASE (OVERSEAS) ON TRANSFER ON <i>TO Dec 39</i> AND DISSEMBARKED AT <i>GOUROCK</i>		18 Dec 39		
31 Mar 41		2 nd Regt.	Composed in the Rank of Bombardier	England	1 Jan 41	L/Sgt.	Pt II No 14
23 May 41		2 nd Regt.	Leave 1200 hrs 12 May 41 to 19 May 41 70 days Pt	England	12 May 41	L/Sgt.	Pt II No 23
8 Aug 41		"	On Command - Signal Course	"	31 Jul 41	"	Pt II No 36
10 Oct 41		"	1 days leave (No F.T.W.) 23 Sep 41 to 30 Sep 41	"	23 Sep 41	"	Pt II No 47
6 Feb 42	O.C.	"	Leave (7 dys) (P6) (F.T.W.) 22-29 Dec 41	Field	22 Dec 41	"	Pt II No 6
4 Jun 42	2 Ech	2 nd Regt	SOS to 1 CSRU (ECH-2238)	"	8 Jun 42	"	Pt II 26 d/12 Jun 42
			<i>from 2 PFR, RCA</i>	U.K.	9 Jun 42	L/Sgt.	139 d/12 Jun 42
			<i>7 PFR Leave (2 days 17-24 Aug.)</i>	"	17/5/42	"	197 d/20 Aug 42
			<i>S.O.S. 10th Sigs. Rein Unit to 2 FD REGT., RCA</i>	U.K.	1-10-42	L/Sgt.	233 d/1 Oct 42.
20 Oct 42	Reinf	2 nd Regt	T.O.S. from No. 1 C.S.R.U.	Field	20 Oct 42	L/Sgt.	DO 44 7 Oct 42
30 Nov 42	O.C.	2 nd Regt	Leave 9 days to 27 Nov 42	"	18 Nov 42	"	DO 53 9 Dec 42
22 Feb 43	"	"	Change of Address N.O.H.	"	"	"	DO 8 25 Feb 43
3 Mar 43	"	"	Leave 9 days to 26 Feb 43	"	17 Feb 43	"	DO 10 11 Mar 43
24 May 43	"	"	Granted leave to marry Miss Phillips	"	18 May 43	"	DO 22 - 27 May 43
7 Jun 43	"	"	Leave 7 days to 2 Jun 43	"	26 May 43	"	DO 25 - 11 Jun 43
			<i>SOS ON EMBARKATION ON 13 Jun 43 SOS ON 14 Jun 43 AND DISSEMBARKED ON 14 Jun 43</i>		14 Jun 43	"	DO 30 - 30 Jun 43
13 Aug 43	O.C.	2 nd Regt	App'd. A/Sgt.	Field	2 Aug 43	"	DO 33 - 19 Aug 43
21 Aug 43	CasSec	2 nd Regt	SOS to X-3 List RCA "A" (BD)	Field	6 Aug 43	A/Sgt	DO 34 - 26 Aug 43
			<i>Tos X-3 List RCA See 17 Form 2 FdK</i>	"	7 Aug 43	"	16A - 27 Aug 43
			<i>Adm. 9 C.F.A. 6 Aug 43 Tfd to 176 FA 6 Aug 43</i>	"	"	"	21A - 18 Sep 43
			<i>" 4 CCS 7 Aug 43</i>	"	"	"	

M.F.M. 4 (a) (Part II)
40/P & S/412 (2640)

D6628

Substantive Rank.....Surname **MORNINGE**.....Christian Names **CHARLES**.....

(To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry shown
X-LIST	RCA SEC A	Adm 9 Cdn Fd Amb 6 Aug 43.	Tfd to Ed.	-	A/Sgt.	21-A	18 Sep 43
		3176 FA 6 Aug 43.	Adm 4CCS 7 Aug 43				
		Died of wounds w.e.f. 11 Aug 43.					
X-LIST	RCA SEC A	SOS (DIED OF WOUNDS)		FIELD	11Aug43	A/Sgt.	29-A/27 Oct43

27d

APPLICATION FOR PERMISSION TO MARRY

(one copy only to be completed)

28 April
(Date)

1943

1. I, D6628 2/Sgt. Morninge C.E.
(Number) (Rank) (Name) (Initials)
8th Bty., 2nd Ld. Regt., R.C.A. hereby apply for permission to
(Unit)
marry Phyllis Rees of
(Proposed wife's name in full)
"The Pennings" Upper Slakes Drive, Eastbourne, Sussex.
(Proposed wife's address in full)

2. I certify that the following particulars concerning myself and my proposed wife are true:

(a) PARTICULARS OF SOLDIER

- (i) Date of birth 5th August 1911.
(ii) Date of enlistment 18th Sept 1939.
(iii) Domicile (place of permanent residence) immediately prior to enlistment 3365 Wellington St. Redun, P.Q. Canada
(iv) Marital status—(Strike out words inapplicable)

Bachelor

~~Widower~~

~~Name of deceased wife~~

~~Date of death of deceased wife~~

~~Divorced~~

~~Name of former wife~~

~~Date of divorce decree~~

~~Place where divorce granted~~

- (v) Educational standing High school graduate
(Highest standing secured at school)

- (vi) Training Office clerk
(State qualifications for profession, business, trade, etc.)

- (vii) Employment at time of enlistment Office clerk

- (viii) Average weekly earnings at enlistment \$25. per week

- (ix) If unemployed on enlistment give particulars of prior employment and earnings
N.A.

- (x) If history does not disclose probable ability to maintain family after discharge from Army
state how it is proposed to do this
N.A.

(xi) Particulars of dependents in receipt of dependents allowance, if any:

(1) Name or names of dependents *Mrs Margaret Morninge*

(2) Relationship of dependents *Mother*

(3) Amount of dependents allowance ~~\$20.00~~ *\$25.00*

(4) Amount of assigned pay *\$20.00*

(5) How and by whom will dependents be supported after marriage *Myself by*

assigning an addition for camp pay.

(b) PARTICULARS OF PROPOSED WIFE

(i) Date and place of Birth *11 Sept 1911. 2 Club Row Viaduct Rd, Garndiffaith.*

(ii) Name and address of nearest relative *Leopold Owen Rees, 2 Club Row, Viaduct Road, Garndiffaith, (near) Pontypool, Monmouthshire*

(iii) How long have you known her *6 months*

3. I solemnly state that I am *Bachelor* (Bachelor, Widower or Divorced Person)

as set out in Para. 2(a) (iv) above, and that I am legally free to marry *Miss Phyllis Rees*

(Name of proposed wife)

4. "I hereby request that the sum of ten dollars (\$10.00) per month be retained from my pay until a sum of (\$200.00) has been accumulated, such sum to be paid to me following my return to Canada (or upon discharge if effected elsewhere) for the purpose of assisting in the establishment of a home for myself and my family."

C. E. Morninge
(Signature of applicant)

- (NOTE)
- (i) A certificate that the applicant is free from all venereal diseases, signed by the unit Medical Officer, must be attached to the application.
 - (ii) A certificate of the proposed wife's good character, signed by a responsible citizen, such as a clergyman, public official, school teacher or employer must be attached to the application.
 - (iii) If the proposed wife is under the age of 21 years the written consent of her parent or guardian must be attached to the application.
 - (iv) If the applicant is under the age of 19 years the written consent of his parent or guardian must be attached to the application.
 - (v) This application must be read, and the following statement signed, by the parent or guardian of the proposed wife, when she is under the age of 21 years.

The foregoing requirements are for military purposes only. The parties to the proposed marriage, particularly when either one or both of them are under the age of 21 years, should consult a local solicitor or other competent authority upon the requirements to conform to the laws of the country where the marriage takes place.

STATEMENT TO BE SIGNED BY PARENT OR GUARDIAN OF PROPOSED WIFE

..... 194...

I, the of declare that I have read
(Name in Full) (Mother, Father or Guardian) (Name of Proposed Wife)

over the above application of
(Number, Rank, Name and Initials of Applicant)

and that I am aware of and fully understand the statements therein made.

.....
(Signature)

.....
(Address)

RECOMMENDATION OF COMMANDING OFFICER

I recommend that permission be granted.
Roulin now 2475 has been completed with
Date 17 May 43.

Signature

Commanding

O.C. 2nd Field Regt. R.C.A., C.A.S.F.

DECISION OF HIGH AUTHORITY

(This will be signed by a Brigadier or an officer performing for the time being the duties of a Brigadier)

Permission to marry granted w.e.f. 21 May 43. Allowances
to commence 18 Jul 43

Date 18 May 43

Signature

(A. Bruce Matthews) Brigadier

Commanding CRA 1 Cdn Div.

X (If permission is granted, designate date, not less than two calendar months hence, after which marriage may take place.)

Y After permission to marry has been published this form will be forwarded through the usual channels to O. i/c Records, C.M.H.Q.

Deferred Pay as of 28 April 1943 \$175.00

Assigned Pay \$20.00 Per Month in favor of Mrs. Margaret Morninge (Mother)

.....Capt.
(S. Hyde) Paymaster,
2nd. Fld. Regt. R.C.A.



OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D.6628**

RANK **Gunner**

SERVICE UNIT **2nd Field
Regiment RCA**

NAME **MORNINGE, Charles**

DATE OF BIRTH

DAY **5th**

MONTH **August**

YEAR **1911**

MARITAL STATUS **Married**

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

Wife

NAME
ADDRESS
D.A.B.

Mrs. Phyllis Morninge,

ADDRESS

**Dukes Drive, Eastbourne,
England.**

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

**Mrs. Margaret Morninge, (Mother)
3475 Wellington St., Verdun, Quebec.**

AUTHORITY CAS. SIG. NO.

Canrecords 3159

H.C. 405-M-25,372

CASUALTY DETAILS

Died of Wounds

DATE **11-8-43**

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

13-9-43

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

September 20 1943

Mrs. Margaret Morninge,
3475 Wellington Street,
Verdun, Quebec.

Dear Madam:

I deeply regret to inform you that your son, D.6628 Gunner Charles Morninge, gave his life in the Service of his Country in Sicily on the 11th day of August, 1943.

From official information we have received your son died as the result of wounds received 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,

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

SEP 17 1943

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

GR/MEB

405-M-25372
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.6628, Gunner Charles MORNINGE, of the Royal Canadian Artillery, Canadian Army, died on the 11th of August, 1943, of wounds received in action.

WEH
Colonel,
Director of Records,
for Adjutant-General.

Department of National Defence,
Ottawa, Canada.
September 30th, 1943.

MR

FIELD SERVICE

405-M-25372
Army Form B. 2090A.

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

REGIMENT } 2 Fd Regt RCA Squadron, Troop, }
OR CORPS } Battery or Company }
Officer's Personal No. (if known) } D 6628 Rank. A/Sgt
Soldier's Army No. }

Surname. MORNINGE Christian Names. C

11 Aug 43 { Date. 11 Aug 43 Place. Sicily
Died { Cause of Death* Died of wounds BC

Nature and Date of Report. Teleprint #16 11 Aug 43

By whom made. 4 CCS

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

Burial { Place. Scordia Cemetery Sicily sh56 MR Date. 12 Aug 43
By whom reported. CE 4 CCS H7455

State whether he leaves { (a) in Army Book 64. Not received
a Will or not { (b) as a separate document. Not known no effects received

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

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

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

Station and } North Africa Signature of Officer in charge of Section }
Date 15 Sept 43 Adjutant-General's Office at the Base } for Officer i/c

Cdn Sec GHQ 2nd Echelon N.A.

Noted - 9

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (SICILY)			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	MORNINGE
	Given names	Charles

Do not
write in
this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death..... August 11th, 1943.
(Month) (Day) (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) Died of wounds received in action.

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

II
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.
(b) due to
(c) due to

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.....

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.

4. RESIDENCE	Street	Wellington St., No. 3369
	Official name of civil municipality or township	Verdun.
	Municipal county	Province Quebec.

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

9. If married give name of wife or husband of deceased MORNINGE, Phyllis

10. BIRTHPLACE (Province or Country) Quebec.

11. DATE OF BIRTH August 5th, 1911.
(Month) (Day) (Year)

12. AGE OF DECEASED
32
Years Months Days If less than one day old
..... hrs. or min.

13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Office Clerk.

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 Deceased.

MOTHER (Maiden Name)

19. Place of burial, cremation or removal Sicily.

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)

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME MORNINGE, Charles PLACE &
DATE OF BIRTH Montreal, Que. 5 Aug. 1911
RANK A/SGT. REGIMENTAL NO D-6628
UNIT 2nd FIELD REGT. R.C.A. NEXT OF KIN ADDRESS Wife
Phyllis Morninge, "The Pennings"
Upper Dukes Drive, Eastbourne, England

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION NAME & LOCATION
OF HOSPITAL
DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 11 AUG 43. PLACE OF DEATH Sicily
HRS
CAUSE OF DEATH DIED OF WOUNDS

PARTICULARS OF BURIAL

DATE OF BURIAL 12 August 1943 CEMETERY SCORDIA Cemetery, Sicily
SH 56 MR H7455
DEATH CERTIFICATE NO LOCATION OF CEMETERY
PLOT NO ROW NO GRAVE NO
DATE OF REGN OF DEATH CERT
DISPOSAL OF EFFECTS
RELIGION R.C.

MAY 22 1944

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

Date
B. E. Willan
(B. E. WILLAN) Capt.
For (R. T. E. Hicks-Lyne) Lt. Colonel.
Officer i/c Records.
Canadian Military Headquarters.

*Noted
js*

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN
ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

- (1) Name of Officer or Other Rank.....MORNINGE
(Surname first—Christian names in full—Block capitals)
.....Charles.....
- (2) Regimental or Official Number and Rank.....D.6628
- (3) Unit.....7th (Montreal) Field Battery R.C.A.....C.A.S.F.....
- (4) Are you married?.....NO
- (5) If married, state,
(a) Full name of your wife.....
.....
(b) Present postal address of wife.....
- (6) If married, have you been regularly supporting your wife? If not—state reasons.....
.....
- (7) Are you a widower?.....NO
- (8) Have you any children?.....NO..... Number of boys..... Girls.....
Names and ages.....
.....
- (9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them.....
.....
- Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
- Name.....
- Postal Address.....
.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....
If so, state her full name and Postal Address.....
.....NO.....
.....

(11) Is your father alive?.....NO.....
If so, state name and address, occupation.....
.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment.....
.....
Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....

(14) Is your mother alive?.....YES.....
If so, state name and address.....Mrs. Margaret Morninge.....
.....

(15) If your mother is a widow, are you her sole or partial support?.....YES.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment. Sole support - monthly amount dependent on
Also state reason why she has no other means of support, if partially supported by you what earnings is your reason for not providing full support?.....Earnings.....Widow.....Only son
Daughter 18 years

(17) Are you contributing to the support of any dependents, other than those shown above?.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.
If so, state the following particulars:—
Relationship
Full Name
Postal Address
Amount contributed monthly during the past six months.....
.....

(18) Are you insured?.....NO.....
If so, in what Company?.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.
I hereby certify that the information given by me on this form is correct in each and every particular.
.....(Sgd;).....Charles Morninge.....
(Signature of officer or man)
Date.....Sept. 18/39.....

.....(Sgd.).....J.M. Anderson Major.....
Officer Commanding.....7th (Montreal) Fld. Bty. RCA
Date.....Sept. 18/39.....

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NV

ARMY

Name:.....MORNINGE,.....Charles.....No.:.....D.6628
SurnameChristian Names
RankBar.UnitC.A. O/SDate of Death11-8-43

AMOUNT

Date:.....June 3, 1944.....

L. P. C.....\$ 281.23
Other Credits.....
Total.....281.23
Dist. herewith 140.61
This dist..... 140.62

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<u>1/2</u>	<u>Widow</u>	<u>Mrs. Phyllis Morninge,</u> <u>Dukes Drive,</u> <u>Eastbourne, England.</u> <u>(In community of property)</u> <u>TO BE FORWARDED BY REG. MAIL DIRECT.</u>	<u>£ 31/9/2</u>

P4. TO TREAS. 19/6

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
<u>9999</u>	<u>731</u>	<u>00</u>	<u>00</u>	<u>001</u>	<u>140.62</u>
CLASSIFIED BY <u>Original Signed by</u> <u>K. L. McCUAIG</u>			EXAMINED BY <u>For Chief Treasury Officer</u>		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

EXHIBIT A-6

All personal effects of D-6628 Sgt. Morninge, C.E., left with unit were destroyed by fire caused by enemy action the day he received his fatal wounds. Any Monies or effects left on his person when evacuated to 4 English C.C.S. and where death occurred, I cannot account for.



(F.W. Fullerton) Major
2 Field Regt., R.C.A.



CANADIAN ACTIVE SERVICE FORCE OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl. No. D. 6628. Rank and Name..... A/Sgt. C. Morninge, (Deceased.)

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

(Transfer or Discharge)..... to..... on..... 11th August, 1943.

Reason.....Death.....Authority: C.C.L. "A"325. d/1st Sept 43.

The following is a statement of the account of the above-named from 1st August to 31st August, 1943.
the inclusive date of transfer or discharge.

Dr.			Cr.		
Particulars	Amount		Particulars	Amount	
Balance Dr. from last account.....			Balance Cr. from last account.....	224	41
First Monthly Payment.....			1 day \$1.90	1	90
Casual Payments.....			Regimental Pay.... 30 days at \$2.20	66	00
Payments on Transfer or Discharge.....			Tradesmen's Pay.....days at.....\$.....		
Assigned Pay.....	20	00	Additional Pay (Give particulars).....		
Regimental Charges.....		days at.....\$.....		
Public Stoppages (Give particulars):			Allowances (Give particulars).....days		
.....			at.....\$.....		
.....			Def. Pay Interest.....	8	92
.....				
.....				
To Balance Cr. { Free.....✓	91	23	By Balance Dr.		
{ Deferred.....✓	190	00		
.....✓	281	23	Total.....	301	23
Total.....	301	23			

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

Remarks :

1. Assigned Pay \$20.00 Stopped eff. 1st September, 43.

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

0014



Compiled by.....B. M. Wadsworth...

Checked by.....*E. R. Clark*.....

Date 6th April, 19 44.

Certified correct.....*L. L. Munbrook*.....
for Chief Treasury Officer, Overseas.

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED
MEMBER'S
NAME

Charles MORNINGE
(CHRISTIAN NAMES) (SURNAME)

PAYEE Mrs. Phyllis MORNINGE,
ADDRESS The Pennings, Upper Duke Drive,
Eastbourne, Sussex, England

REGISTER NO.

D-7541

FILE NO.

405-M-25372

DATE

13-4-45

SERVICE NO.

D-6628

FINAL RANK OR RATING

A/Sgt.

DATE OF DISCHARGE

11-8-43

DATE OF TERMINATION OF OVERSEAS SERVICE

11-8-43

A. TOTAL QUALIFYING SERVICE

1410

NO. OF DAYS

1424

EQUAL TO

47

COMPLETE PERIODS AT \$7.50

\$ 352.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

1341

LESS

14

INELIGIBLE DAYS, EQUAL TO

1327

DAYS @ 25c. PER DAY

331.75

SEE PAR. 2 OVERLEAF FOR EXPLANATION

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

RECEIVED

MAY 3 1945

WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

PAY
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE
ADDITIONAL PAY

\$ 2.20

\$ 1.25

\$

\$

\$

\$ 2.00

TOTAL \$ 5.45

X7 = \$ 38.15

NO. OF DAYS 1341

183

X\$ 38.15

279.56

D. WAR SERVICE GRATUITY

963.81

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$

F. TOTAL AMOUNT PAYABLE

963.81

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ 35.00 OF \$ 963.81 = \$ 562.22

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ 60.00

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

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED
MEMBER'S
NAME

Charles
(CHRISTIAN NAMES)

MORNINGE
(SURNAME)

REGISTER NO. D-7541
FILE NO. 405-M-25372
DATE 13-4-45
SERVICE NO. D-6628
FINAL RANK OR RATING A/Sgt.
DATE OF DISCHARGE 11-8-43

PAYEE Mrs. Margaret MORNINGE,
ADDRESS 3475 Wellington St.,
Verdun P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 11-8-43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1410 EQUAL TO 47 COMPLETE PERIODS AT \$7.50

\$ 352.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1341 LESS 14 INELIGIBLE DAYS, EQUAL TO 1327 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

331.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 2.20
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ 60.00 \$ 2.00

TOTAL \$ 5.45 X 7 = \$ 38.15
NO. OF DAYS 1341 X \$ 38.15
183

684.25

279.56

D. WAR SERVICE GRATUITY

963.81

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

963.81

G. YOUR PORTION OF GRATUITY IS—

401.59
562.22
963.81
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ 25.00 OF \$ 963.81 = \$ 401.59
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ 60.00

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
KRM

CHECKED BY
J. Jagan

TREASURY
CHECKED BY
DATE
4.5.45

SERVICE REPRESENTATIVE

Form No. 1

Register No.

D-7541

Nominal Roll No.

2732

D-158

H.Q. File No.

405-M-25372

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Rank
When
Regt. No. S.O.S. Surname Christian Name in Full

D-6628 A/Sgt. MORNINGE, CHARLES

Reason for Termination of Service:

1st Enlistment CARO ()
2nd Enlistment CARO ()
3rd Enlistment CARO ()

TOTAL SERVICE

1st Enlistment 2nd Enlistment 3rd Enlistment
T.O.S. 18 SEPT 39 T.O.S. T.O.S.
S.O.S. 11 AUG 43 MD 0/5 S.O.S. MD S.O.S. MD
Total Days 1424 Total Days Total Days
TOTAL SERVICE 1424 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	83	-	83
OVERSEAS SERVICE	1341	-	1341
Totals	1424	-	1424
Add Non-qualifying Service			
TOTAL SERVICE			1424

EMBARKATION DETAILS:

1. 405 0/5 10 DEC 39

2. Date S.O.S. Overseas 11 Aug 43

3. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE

11 Aug 43

Computer's Signature

Checker's Signature

Date Computed

27 March 45

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

(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING
SERVICE

WESTERN HEMISPHERE

[illegible]

TOTAL

OVERSEAS

T. Q. S.

T. O. S.

T. O. S.

S. O. S.

. S . O . S .

S. O. S.

[illegible]

TOTAL

File No. 405-M-25372

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 6628 Name Morning, Charles
 Rank on Discharge A/Sgt Date of Discharge 11-8-43
 Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying
service

Canada from 18-9-39 to 18-12-39
 from _____ to _____

United Kingdom from 10-12-39 to 13-6-43
 from _____ to _____

Italy from 14-6-43 to 11-8-43 Did not Wound

Northwest Europe from _____ to _____

-----from _____ to _____

-----from _____ to _____

Eligible for award of:

1939 - 45 Star OK

Italy Star OK

~~France-Germany~~ Star _____

Defence Medal OK

War Medal 1939-45 OK

Canadian Volunteer Service Medal OK

with clasp OK



CH

NO RIBBON DESPATCH

Verified by Edna Lauer

Date OCT 16 1946

Carded OCT 16 1946

File No 405-M-25372

REBURIAL

NO D.6628

RANK Sergeant

NAME MORNINGE, C.

NAME OF CEMETERY Canadian Military Cemetery

LOCATION OF CEMETERY Agira Sicily.

GRAVE LOCATION Plot D, Row D, Grave 436.

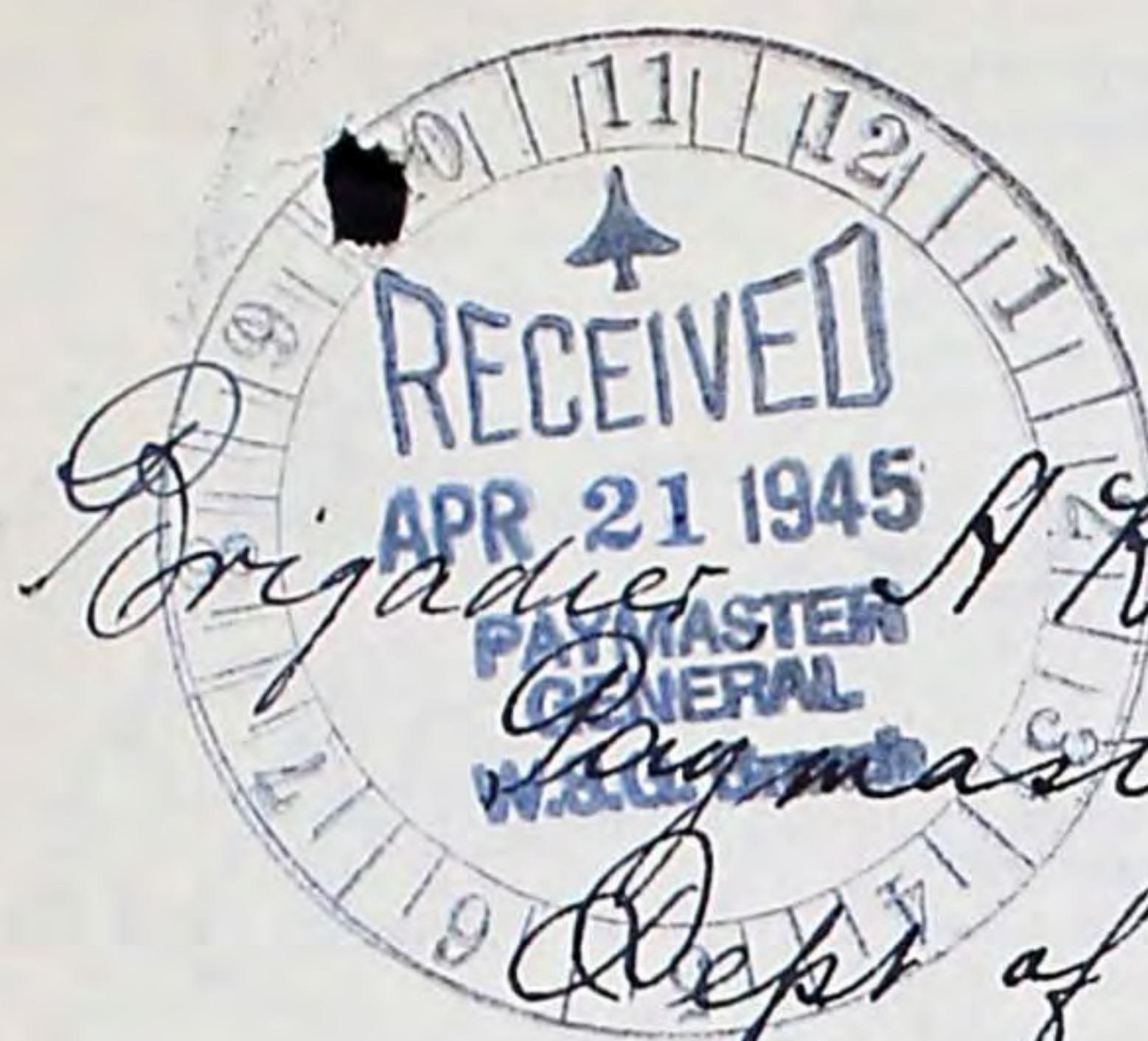
AUTHORITY 54-27-88-2 Vol.12.

Reburial list.

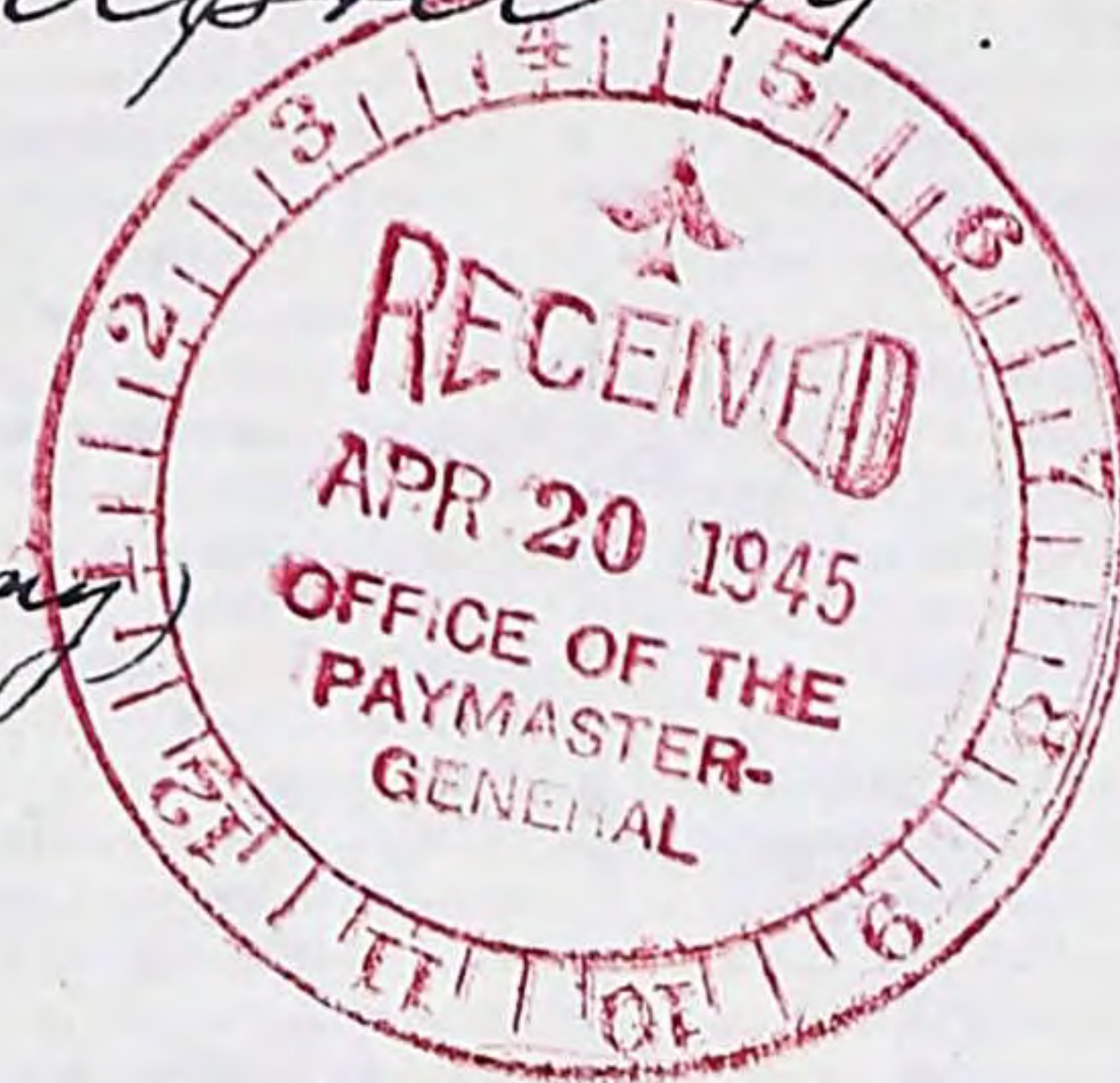
*Based
on*

3475 Wellington Street
Verdun P.Q.

April 19th 1945.



Brigadier H. H. Mortimore
Paymaster General
Dept of National Defence Army
Ottawa Ont



Dear Sir,

Referring to your letter of April 16th
Reference No. H Q 405-M-25,372
(W.S.G.-G)

relating to share of Gratuity of
my son, the late, Sgt Chas Morninge.
Your letter refers to certain forms being
attached for completion, by me, but
unfortunately, these forms were not
enclosed with your letter.

Will you kindly forward these blank
forms now, & I will have them
completed & returned promptly.

Moreover I am not familiar with
the necessary procedure in these matters
& will be glad of any help & instruction
you can furnish me with in this
connection.

Yours Very Sincerely
Mr Margaret Morninge —

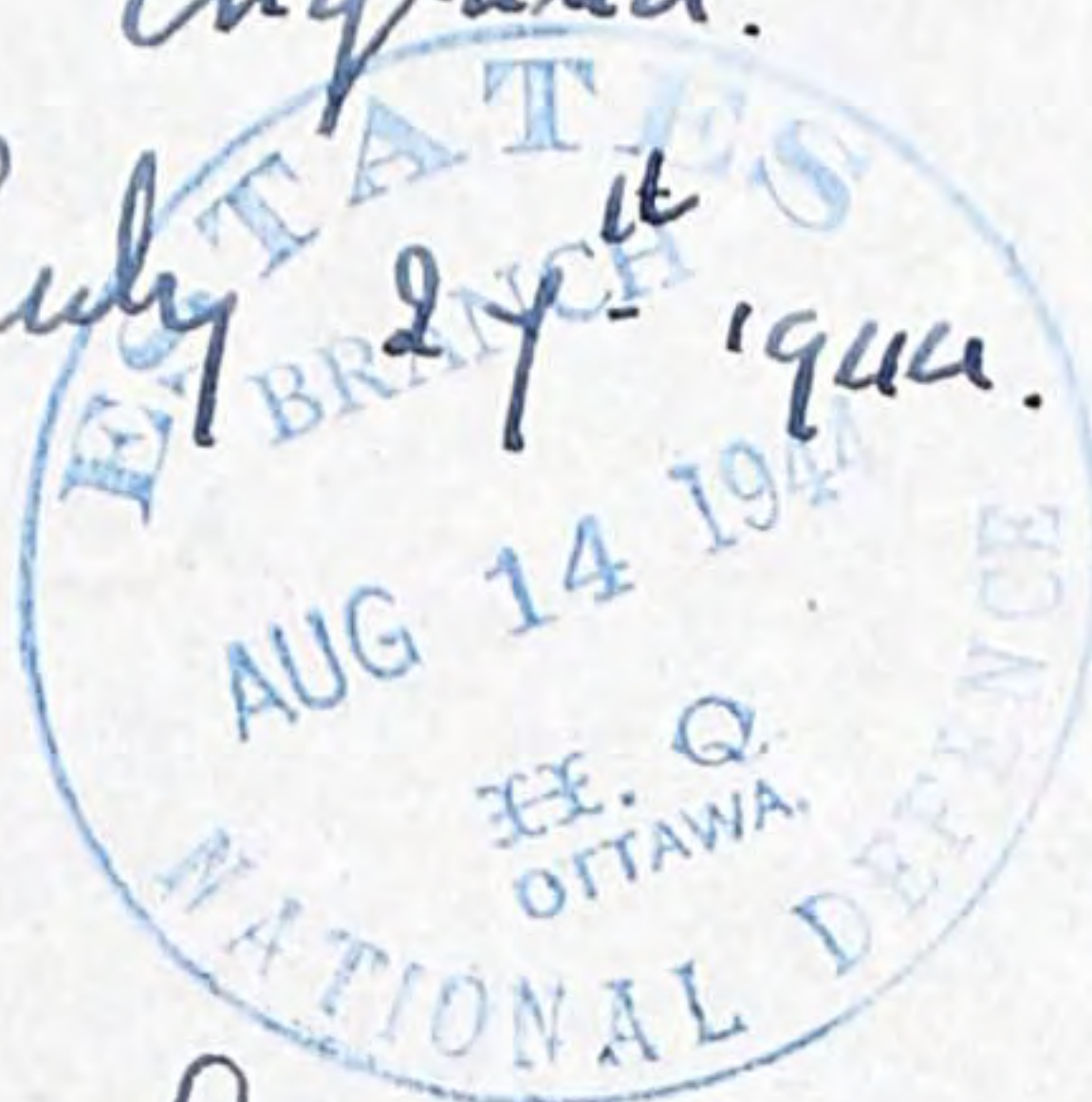
The Pennings
Upper Dukes Drive
Eastbourne

Department of
National Defence.

Sussex

England.

July 24th 1944.



Dear Sir,

Thank you for your
Cheque. No. 22719. dated June 22nd 1944
for the sum of. £31-9.2. also
find enclosed acknowledgment
form duly signed.

Yours Truly
Phyllis Morninge

10/Morninge, C.
(Est 1)
Quote No.....

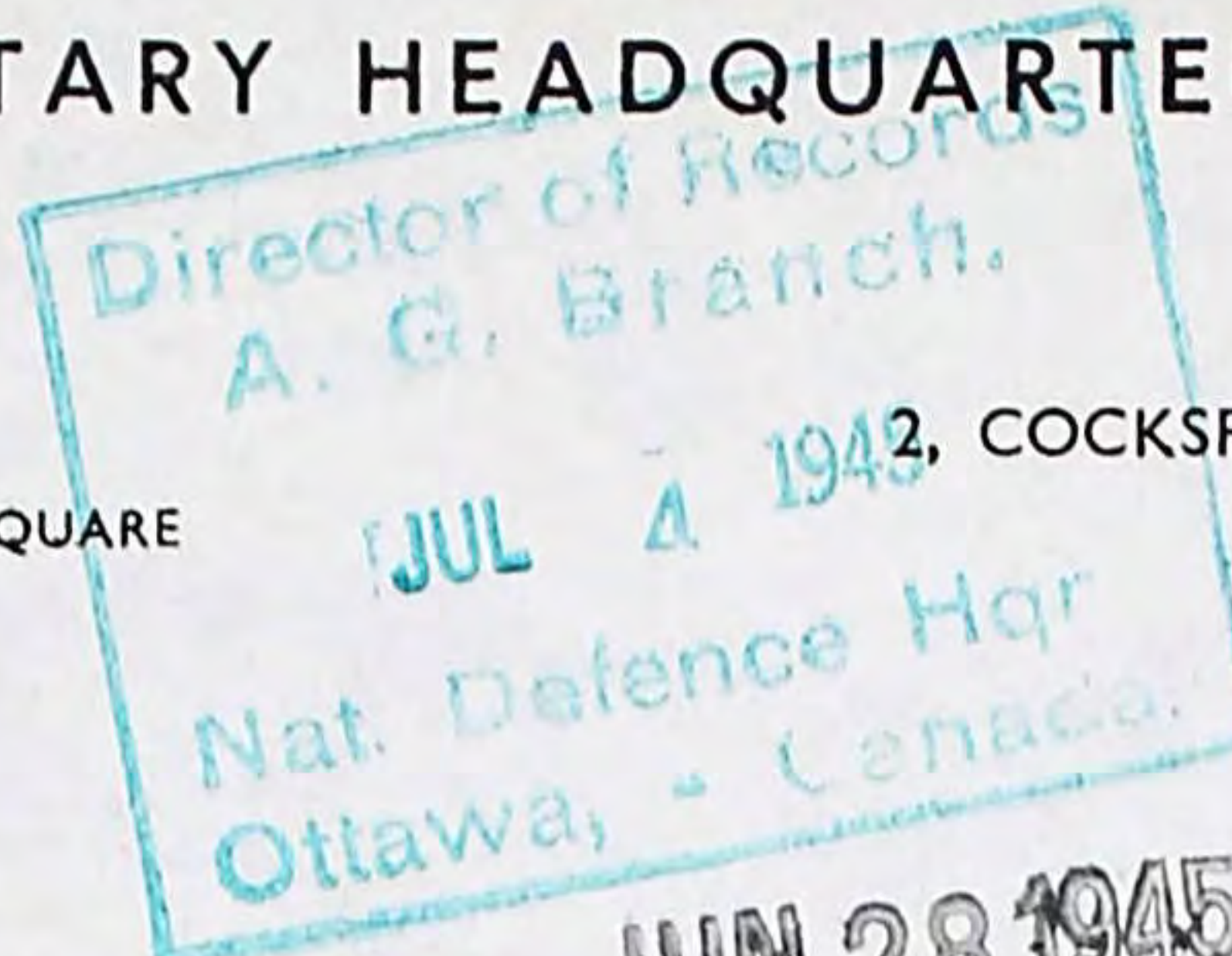


CANADIAN MILITARY HEADQUARTERS

TELEPHONE: ABBEY 9090

TELEGRAPHIC ADDRESS: "CANMILITRY," LESQUARE

CABLE ADDRESS: "CANMILITRY" LONDON



1942, COCKSPUR STREET
(TRAFALGAR SQUARE)
LONDON, S.W. 1

Director of Estates,
Department of National Defence,
Estates Branch,
OTTAWA - Canada.

JUN 28 1945

19 Jun 45.



HQ-405-M-25372 FD486

D-6628, Gnr. MORNINGE, C. (Dec'd).

1. Further to Est.7 d/ 13 Apr 44, forwarding all documents of the m/n deceased soldier, enclosed herewith are CFsA.187-covering kit at H.Q., #1 C.K.S.D., which was overlooked at the time of his death.
2. These personal effects were forwarded to his widow in the U.K. and her receipt is also included herewith.
3. For your information, please.

H.F. Balsdon
(H.F. Balsdon) Major.
for Officer i/c Estates,
Canadian Military Headquarters.

(Encls - 3).

/MB.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given—	A.T. Serum— Dose and date given—
Date of Wound or } onset of illness }	Religion—

Disease*	Microscopic Diagnosis*				Malaria Treatment							
	B.T.	M.T.	Q.	Clin.	Days	1	2	3	4	5	6	7
Malaria					Ateb. grms							
Dysentery	B.Ex	Ehyst	Indef. Ex.		Quin. grs.							

NOTES.

* Strike out where inapplicable.

Case 2.

Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

No. *D. 6628* Rank *SGT*

Name *MORNINGE, C.E.*

Unit *2/12 REGT R.C.A*

Battle Casualty. Accidentally Wounded. "Sick."
(Strike out description which does not apply.)

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance—

Date of admission—

Field Ambulance diagnosis—

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

10 Aug. 43 Limson Puncture -

Fluid clear, not under pressure.
No xanthochromia.

I.v. drip glucose saline 30 drops
per hour (continuous).

To have Ryles Tube passed three
times daily, & 20 ounces of water
instilled into stomach.

Is still comatose, & looks rather
waxen. J. D. Gwynne, J. M. J.

Died 11 Aug. 43

1645 hours Still in Coma.

J. D. Gwynne, J. M. J.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—

Dose. Time and date given—

$\frac{1}{2}$ NI $\frac{1}{2}$ M
1910. 0410

Date of Wound or onset of illness } 6 Aug 43

A.T. Serum—

Dose and date given—

Religion—RC.

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentery	B.Ex.	Ehyst	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

6 Aug. 3rd deg. petriab burn
(plane crash) back arm &
face.
To be cleaned. ~~that~~
cleaned under 1.5 gms
pentothal — brief dressings
Vaseline 1000 cc plasma
Im. Insulin
EVACUATE IN A.M.
1767. A.

* Strike out where inapplicable.

Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

No. D6628 Rank Sgt

Name MORNINGE C.F.

Unit 2 Fd Regt. R.C.A.

Battle Casualty. Accidentally Wounded. "Sick."
(Strike out description which does not apply.)

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance—9cdn.

Date of admission—6 Aug 43

Field Ambulance diagnosis—3rd deg burn
back arm & face
P.K. 2 in back mo.

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

9th Aug 43 To have
morphine 1/4 gr 3h pm
Lm. Ducker
Capt

7 Aug 43 To resuscitation

ASR
Cpt

General condition good. Sleeping. Sple.

Lower respiratory system good.

Examination of abdomen negative.

7-8-43 - 4 C.S.S.

Condition on arrival very poor

To Resusc.

M. gr 1/4 given at 1830 hrs 7-8-43

M. gr 1/4 given at 2100 hrs 7-8-43

M. gr 1/4 d. 0815 hrs 8/8/43

0.3% Plasma given - Patient G.C. improved. Mentality comatose. Cannot be roused - periods of delirium and excitability.

Cranial Nerves. Intact. CNS

limbs flaccid all jerks present & equal. Plantars doubtful?

Extensor 34. more quiet today 8.8.43

CNS. as above. Mentality a little less comatose.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ...D-6628...A/SGT...MORNINGE...C...(DECEASED).....

RECEIVED FROM ...HQ C.K.S.D.....

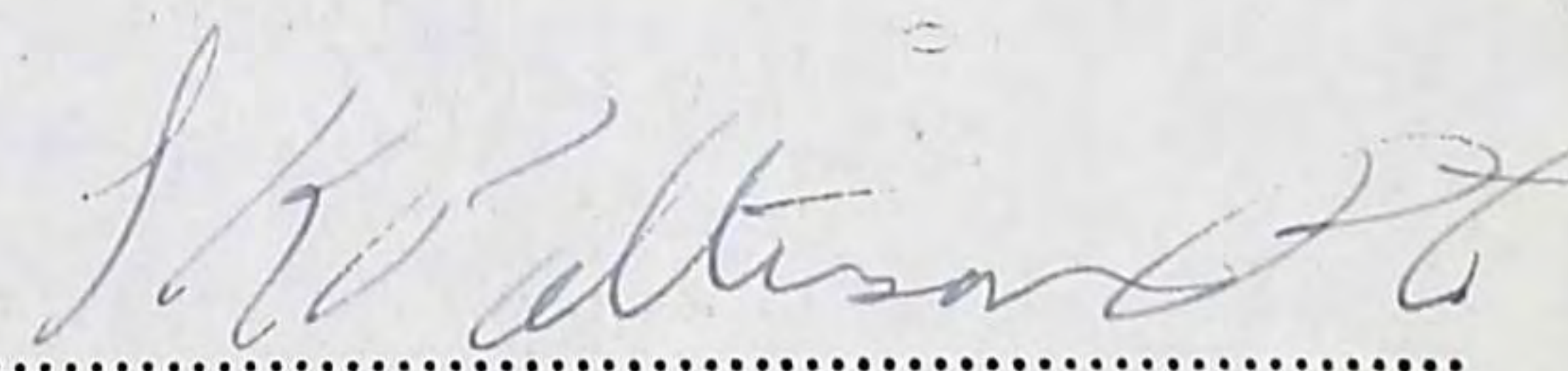
CHECKED BY ...C-5591 Pte. Petterson L.E..... DATE ...2 May 45.....

AND ...K-69603 Gnr MacKenzie W.....

1	Kit Bag		
1	Towel		
1	White Jacket		
2	Hand-ks		
1	Pr Fingerless Gloves		
1	Loose Leaf Note Book		
5	Note Hooks		
1	3 Bar Chevrons		
2	Red Patches		
2	Canada Badges		
	Letters & Greeting Cards		
	Snaps & Photos		
	Postcards		
2	Photos In Folder		
3	Maps		
2	Writing Pads		
1	Book Basic Wireless		
1	Army Pamphlet		
2	Sets Papers On Wireless		
1	Tin Of Sterilizing Outfit RE-DIST		
1	F.F.D. RE-DIST		
1	B.D. Tunic GI RTS (RSD)		
L	Winter Underwear Bottoms GI RTS (RSD)		
	NO INVENTORN RECEIVED W/EFFECTS		

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

QUADRUPLICATE—with effects.


.....
for OC 1 Cdn KSD

A circular blue ink stamp. The outer ring contains the text "CANADIAN MILITARY" at the top and "HEADQUARTERS" at the bottom. The center of the stamp contains the text "ESTATES" at the top, "4 MAY 1945" in the middle, and "BRANCH" at the bottom.

**CANADIAN PACIFIC
TELEGRAPHS**

DAY LETTER ☐

NIGHT LETTER ☒

CASUALTY (REPORT DELIVERY)

OTTAWA

AUGUST 30 1943

TO:- MRS MARGARET MORNINGE
3475 WELLINGTON STREET
VERDUN QUE

4274 REGRET DEEPLY D6628 GUNNER CHARLES MORNINGE NOW OFFICIALLY
REPORTED DIED OF WOUNDS ELEVENTH AUGUST 1943 STOP FURTHER
INFORMATION FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

PREPAID

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

~~OFFICER I/C RECORDS~~ X