D6878
WELLS
JOHN WALLIN

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

ORIGINAL
DUPLICATE
TRIPLICATE

Occ. History Comp.

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

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

Unit 7th Fd ~~Coy.~~ QTY RCA Regimental Number D-6878

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname WELLS
2. Christian Names JOHN WALLINGFORD
3. Present address STANSTEAD P.Q. Canada
4. Date of birth 24 Nov. 1921
5. Place of birth aCANADA (Country) STANSTEAD QUEBEC (County or Province) STANSTEAD (Town or Township)
6. Religion (state denomination) ~~PROTESTANT~~ United Church of Canada
7. Trade or Calling MACHINIST
8. Married, Widower or Single ~~SINGLE~~ MARRIED
9. Name of next of kin ~~HAROLD K. KING~~ WELLS
10. Relationship ~~FATHER~~ SEE CHANGE
11. Address of next of kin ~~STANSTEAD P.Q.~~ ~~Canada~~
12. Have you served in any Naval, Military or Air Force? no
13. If previous war service, state arm, force and regimental particulars NO
14. Do you now belong to or have you served in the Active Militia of Canada?
74th BATTERY ROCK ISLAND NPAM. from June 1938 to date
(Give unit and date of attestation)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 3 July 1946 John Wallingford Wells
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

John Wallingford Wells (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Sherbrooke Que this third day of July 1946

Lyne Bion Meyer — Signature of Magistrate, Justice or Attesting Officer.

Recruiting Officer — Office or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

FINGERPRINTED

W.E.M.

Record of Service of WELLS (Surname) JOHN WALLINGFORD (Christian Names) Regimental Number D- 6878

Qualifications

Military no

Business or Professional no

Trade or Civil Machinist

Technical no

Languages English

Educational Qualifications

High School or Collegiate 4 Yrs H S (years completed)

Graduation or Matriculation no / no (specify)

*College Stanstead Wesleyan college ~~xxxx~~. HS

*University no

7 Years Public Schooling

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

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

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
2105- 8 Jul40	D.R.O	Joined on appointment No 4 DISTRICT DEPOT C.A.S.F	Gnr	3 Jul40	4 DD	Montreal	4 DD Pt II 172	8 Jul40
11 Jul 40	4 DD	attached for all purposes to arty Sr Ctre Petawawa Ont	"	11 Jul 40	"	"	" 175	11 Jul 40
—		attached to R.Ca. T.C.	"	12-7-40	R.Ca. T.C.	Petawawa	Do 153	15-7-40
152 25-7-40		Proceeded On Command to Vimy Barracks	"	22-7-40	"	"	# 161	25-7-40
1		Returned " " from " " "	"	5-10-40	"	"	224	7-10-40
		SOS CASF (CANADA) ON EMBARKATION AT Halifax ON 13/12/40						
		TOS CASF (OVERSEAS) ON TRANSFER ON 14/12/40 AND DISEMBARKED AT Gourock ON 26/12/40						
	TOS	1 CDN. ARTILLERY HOLDING UNIT.	"	27/12/40	1 CAHU	Eng	DO 175	28/12/40
		Landing leave 12/1/41	"	7 Jan 41	"	Bdn	D/O 10	16 Jan 41
		+ SOS to 1 Sgnl H.U.	"	16 Jan 41	"	"	10	
		T.O.S. from Arty Hold Unit	Gnr	17 Jan 41	S.H.U.	Aldershot	DO 9	20 Jan 41
SoS.		SoS to 5 Fld Reg demand 1918	Gnr	27 Feb 41	S.H.U.	Bordon	26	27 Feb 41
	F.O.S.	F.O.S. on trans from 1 Sigs H.U.	"	28 Feb 41	5, Fld Regt	Field	14.	7, Mar. 41.

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

ARE YOU RECEIVING OR HAVE YOU IN THE PAST RECEIVED, DISABILITY OR COMPENSATION. IF SO GIVE DETAILS..... No

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Wells John Wallingford (A) Date June 27th 40

Part 1. Information obtained from the recruit.

1. Age 18 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	NO	j. Nasal trouble	NO
b. Tuberculosis	NO	k. Ear disease	NO
c. Bronchitis or asthma	NO	l. Eye disease	NO
d. Heart disease	NO	m. Epilepsy	NO
e. Kidney or bladder disease	NO	n. Nervous or mental disease	NO
f. Gastro-intestinal	NO	o. Syphilis	NNO
g. Rupture	NO	p. Gonorrhoea	NO
h. Varicose veins	NO	q. Have you ever worn glasses?	NO
i. Flat or deformed feet	NO		

John Wallingford Wells
(Signature of Recruit)

WORE GLASSES FOR ONE YEAR AT AGE OF 8

Examiner's remarks re above

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

1. Identification marks or scars. (If operative obtain history.)
small scar on right wrist

2. Height 5 feet 4½ inches. 3. Weight 130 pounds.

4. Complexion medium Eyes grey Hair black

5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 2½ inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right WV20 left WV20

9. Condition of mouth and teeth good

10. The abnormalities (congenital and pathological) found on examination are as follows
Right inguinal ring wide no impulse

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

Special remarks when category lower than A

H. D. Bayliss Major. Ernest Plant M.D. G. Bloomus Capt
President Member Member

YOU IN THE PAST RECEIVED, OR ARE NOW RECEIVING, PENSION, DISABILITY OR COMPENSATION? No
IF SO GIVE DETAILS

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
28V140	Re-examination urine normal Ears reflexes Cat A	22-3-41	T.a.b½c.c.
28V140 27-6-46	X-ray chest no 8091 negative	15-3-41	Y.F. 1 c.c.
		18-4-42	T.a.B.T.t 1.c.c.
10-7-40	1 T A B.	30-10-42	Vacc
7-10-40	2 T A B		
14-10-40	3 T A B.		
16-7-40	V A C P		
16-7-40	1 TETANUS TOX 1 c.c.		
7-10-40	2 TETANUS TOX 1 c.c.		

O'Mac Neill Lt.

Regtl. No. D- 6878 Rank Gnr Surname WELLS Christian Name JOHN WALLINGFORD

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer

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

Statement of the Service of No. D.6878. Rank Gnr. Sheet No.

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

D-6,878. Name Wells, John W.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Leave, 7 days (1st priv.)	Gnr.	15 Apl 41	5, Fld Rgt	Field	34.	12, June 41
		Priv. Leave 7 TW to 25 Aug 41	Gnr	18 Aug 41	5, Fld Rgt	UK	48	22 Aug 41
		Leave, 7 days (3rd priv.) no W.	Gnr.	10, Nov. 41	5, Fld Rgt	U.K.	64.	21, Nov. 41
		Leave, 7 days (4th priv.) F.F.W.	Gnr.	9, Feb 42	5, Fld Rgt	U.K.	8.	20, Feb. 42
		Priv. leave 5th. 7 days to 13, May 42. (F.F.W.)	Gnr.	6, May 42	5, Fld Rgt	U.K.	27.	19 June 42
		Leave, 7 days priv. M.A.	Gnr.	12 Aug 42	5, Fld Rgt	U.K.	49.	12, Nov. 42
		Priv leave M/A	Gnr	24/11/3 Dec 42	5 Fd Rgt	UK	54	10 Dec 42.
		Pay Increase to $1.50	Gnr	1 Jan 43	5 Fd Regt	UK	18	29 Mar 43
Do 52. 14 Sept 43		~~Qualified Signaller (Arty) "C"~~	~~Gnr~~	~~21 Feb 43~~	~~5 Fd Regt~~	~~UK~~	~~TT 34~~	~~23 May 43~~ 11 Jun 43
Do 38 6 Jul 43		~~Granted Trade Pay Sig Arty C~~	~~Gnr~~	~~21 Feb 43~~ 1 Jan 43	~~5 Fd Regt~~	~~UK~~	~~38~~	~~6 July 43~~
		Awd 3 days F.P. Total Ref. 4 days Pay. AA15 "C"						
		Qual. Signaller Arty. "C" Granted T Pay Sigs	Gnr	1 Jan 43	5 Fd Regt	UK	52	14 Sept 43
		Awd Good Conduct Badge	Gnr	3 Jul 42	5 Fd Regt	UK	53	22 Sept 43
		Granted Permission to Many Miss Joan Entwistle Pears. Dep. allow. not to comm. before 27 Sept 43	Gnr	12 Sept 43	5 Fd Regt	UK	53	22 Sept 43
		Qual Dr. Operator "C"	Gnr	29 Jul 43	5 Fd Regt	UK	54	30 Sept 43
		Granted Tradesmen Rate of Pay Dr. Operator "C"	Gnr	29 Jul 43	5 Fd Regt	UK	54	30 Sept 43
		Qual Dr i/c (W)	Gnr	29 Jul 43	5 Fd Regt	UK	54	30 Sept 43
M17)		Married with permission to Miss Joan Entwistle Pears	Gnr	18 Sep 43	5 FR	UK	64	8 Dec 43
M17) CHANGE NOFR AND ADDRESS		MRS JOAN ENTWISTLE WELLS (WIFE) "HOLLIES" 5 RING RD. WEST PARK, LEEDS 6, YORKS			5FR	UK	64	8 Dec 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						

Statement of the Service of No. D6878 Rank Sheet No.

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

Name

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
		Embarked at UK on 4 July 4 Disembarked at France on 6 July 4	Pte		5 Fd Regt	21 A Gp	30	18 June 4
		S.O.S. Deceased Killed in Action Dvr Gp C	Gnr	8 Oct 4	5 Fd Regt	21 A Gp	65	21 Oct 4
1939		Killed	Gnr	8 Oct 4	5 Fd Regt	A.E.F.	A502.	15 Oct 4

United Church of Canada.

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 Fd. Bty RCA Regimental Number D-6878

1. Surname WELLS
2. Christian Names John ~~Wellingford~~ Wallingford
3. *Substantive Rank and Appointment Snr.
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Stanstead, Stanstead, Quebec Canada.
5. Date of birth as declared on attestation 24 November 1921
   (A)
6. Date of enlistment 8 July 1940
7. Place of enlistment Montreal. Que. Canada.
8. Residence at time of enlistment Stanstead Que. Canada.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion United Church of Canada.
12. If married, state date ~~Single~~ 18 Sep 43
13. Trade on enlistment Machinist
14. Corps, trade and grade
15. (D) Qualifications Sig Certy C
16. (E) Miscellaneous entries Mr 1/c(W)
    Mr Op "C" ✓ T.R.P.

(17) Regiment or Corps	Unit (Battn., etc)
5TH FIELD REGT., R.C.A.	

(18) Medical

Category	Date	Authority
A.		

(19) Next of kin (entries to be made in pencil)
MRS. JOAN ENTWISTLE WELLS (wife)
"HOLLIES" 5 RING ROAD.
WEST PARK,
LEEDS, YORKS.

(20) E.
(21) E. (PT II No 64 - 1943)
(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
			SOS CASF (CANADA) ON EMBARKATION AT Halifax ON 13/12/40				
			TOS CASF (OVERSEAS) ON TRANSFER ON 14/12/40 AND DISEMBARKED AT Gourock ON 26/12/40				
			1 CDN. ARTILLERY HOLDING UNIT.				
28/12/40	TOS			Eng	27/12/40	Gnr	DO 175
16 Jan 41		No 1 CAHU	"L" Leave FTW 7-12 Jan 41	"	7 Jan 41	"	DO 10
–			SOS to #1 CSHU	"	16 Jan 41	"	DO 10
		NO.1 SIGNALS HOLDING UNIT	B.O.S. No.1 SIGNALS HOLDING UNIT C.A.S.F	Barkon	17 Jan 41	"	9 20 Jan 41
		NO.1 SIGNALS HOLDING UNIT	B.O.S. No.1 SIGNALS HOLDING UNIT C.A.S.F 1 5 Cdn Fld Regt RCA	"	27-2-41	"	26 27-2-41
5 Mar 41	O.C.	5 Fd Regt	T.O.S. from No.1 Sigs H.U.	Eng	28 Feb 41	"	DO 14 of 7 Mar 41
10 Jun 41	O.C.	Do	Privilege Leave 7 days to 22 Apr 41 No Warrant	"	15 Apr 41	"	DO 34 of 12 Jun 41
19 Aug 41	O.C.	Do	Privilege Leave 7 days to 25 Aug 41 F.T.W.	"	18 Aug 41	"	DO 48 of 22 Aug 41
16 Nov 41	O.C.	Do	Leave P3 to 17 Nov 41 No Warrant	"	10 Nov 41	"	DO 64 of 21 Nov 41
16 Feb 42	O.C.	Do	Leave P4 to 16 Feb 42 FTW.	"	9 Feb 42	"	Do 8 of 20 Feb 42
15 Jun 42	–	–	Leave P5 to 13 May 42 –	"	6 May 42	–	DO 27 19 Mar 42
	"	"	Granted 7 days P.L. to 19 Aug 42	"	12 Aug 42	"	Pt. H No. 49 d/12 Nov 42.
			9 days P.L. to 3 Dec 42 with M.A.	"	24 Nov 42	"	DO 54 d/10 Dec 42
	"	"	Granted Daily Rates of Pay of $1.50 per diem	"	1 Jan 43	"	18-29 Mar 43
25 MAR 43		"	7 days P.L. + 48	"	15 MAR 43	"	28 14 May 43
11/6/43	TTB	"	Qual Sig Certy C	"	1 Jan 43	"	52
"	OC	"	Granted T.R.P.	"	11/1/43	"	52
25/6/43	"	"	7 days P.L.	"	17/6/43	–	38. 7/6/43
13 Sep 43		"	On 12 Sep 43 granted perm to marry Miss Joan Entwistle Pear ~~wife~~	"	18 SEP 43		53
23 JUL 43	"	–	Awarded 1 Good Conduct Badge	"	3 JUL 43	"	53
29 JUL 43	"	"	Qual Hlv Op C (W)	"	29 JUL 43	"	54
22 Sep 43	TTB	"	Qual Hlv Op C	"	"	"	54
23 "	OC	"	Granted TRP Hlv Op C (Sig C)	"	"	"	54
4 Oct 43	OC	5CFR	Married with perm to Miss Joan Entwistle at Leeds, Yorks.	Field	18 Sep 43	Gnr	64 8 Dec 43.
			Awarded Canadian Volunteer Service Medal and Clasp		JAN 15 1944		5 1944
			Disembarked U.K. 4 JUL Disembarked France 6 JUL 1944				39 JUL 1944
10 Oct 44	558	"	SOS deceased (Killed in action)	Field	8 Oct 44	Gnr	65 Oct 44

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D6878 RANK Gunner SERVICE UNIT 5th Field Regiment RCA (CA)

NAME WELLS, John Wallingford

DATE OF BIRTH DAY 24th MONTH November YEAR 1921 Date enlisted: 3-7-40

MARITAL STATUS Married Religion: Protestant

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Joan Entwistle Wells,

ADDRESS Hollies, 5 Ring Rd West, Park Lee, D.S. 6, Yorks, England ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME Mr. Harold K. Wells, (Father)

ADDRESS (IF SOLDIER MARRIED OVERSEAS) Stanstead, Quebec.

AUTHORITY CAS. SIG. NO. 2244A H.Q. 405-W-17,420

CASUALTY DETAILS Killed in action DATE 8-10-44

FRANCE

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO O/S with Trans. & Reinf RCA S/L 435

DATE 27-10-44

OFFICER I/C RECORDS

6 Lt

COPY FOR DOCUMENT FILE

8-10-44

AWARDS—CANADIAN ARMY (ACTIVE)

1808 M FB

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-W-17420

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WELLS,	John Wallingford	D-6878	Gnr.	R.C.A.

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star Defence Medal War Medal, 1939-45 CVSM & Clasp	2132 - 10 - 2 - 50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Joan E. Wells — Widow

ADDRESS: ~~Hollies, 5 Ring Road, West Park, Leeds 6, Yorkshire, England.~~ KILLORAN 6 RAMSDALE RD FURZEDOWN LONDON S.W.17. ENG.

(1) 6-1-50

(2) MEMORIAL CROSS

WIDOW: Mrs. Joan E. WELLS, (ENGLISH)

1808 ADDRESS: Hollies, 5 Ring Rd. West, Park Lee, D.S. 6, Yorks, England.

DESP. FEB 7 1945 (2) REGN No. 13092

(3) MEMORIAL CROSS — Replaced on Payment. —

MOTHER: Mrs. Mildred R. WELLS, (MFM5) (ENGLISH)

1808 ADDRESS: STANSTEAD PLAIN, P.Q. (7-2-46)

(3) DESP. FEB 7 1945 REGN No. 13093

MEMORIAL BAR

DATE DESP

REGN. NO 829

MEDALS RETD UNDELIVRD, RETD TO STOCK

CANCELLED 5/10/49

DESP. FEB 8 1946 REGN No. 8493

File No 405-W-17420

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

P.A.

No. D 6878 Name Wells - John Walsingford

Rank on Discharge Gnr. Date of Discharge 4-10-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	3-7-40	to 13-12-40	
	from		to	
United Kingdom	from	14-12-40	to 4-7-44.	
	from		to	
Italy	from		to	
Northwest Europe	from	5-7-44	to 8-10-44.	
---------	from		to	
-- ------	from		to	

Eligible for award of:

1939 - 45 Star 5th

---------- ----------

~~Italy Star~~ ----------

France-Germany Star 5th

Defence Medal 5th

War Medal 5th

Canadian Volunteer Service Medal ----------

with clasp 5th

M

WA

NO RIBBON DESPATCH

Verified by D Foster

Date SEP 20/1946 19-9-46.

Carded SEP 20 1946

IIA 165

CARDS PUNCHED-1

Regt'l. Number	Last Name	First Name	Middle Names
D-6878 ✓	Wells ✓	John ✓	Wallingford. ✓

2 Nationality 08 Canadian | By Birth ✓ | By Naturalization | Country of Birth

3 Racial 1 Origin Canadian 4 1 Language spoken in home: French ..... Other ..... English ✓

5 Age 20 1/12 1922 3 6 Height 5'5" 7 Weight 135 8 Silhouette 1 2 3 4 ✓

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

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

14 Handedness R L A 15 1 Med Category A ✓

Cause .....

Attitude to own health Reasonable To Medical attention Reasonable

Health History .....

16 Education Level: Illiterate ..... E ..... S 9(15) ..... (Grade completed)

Conduct during school life .....

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. Math French Latin Religious Education Cours (Course)

570 At Stanstead Wesleyan College Stanstead Que. From—To 1938 — 1939 Completed Yes

527

21 2. ..... (Course)

At ..... From—To ..... Completed .....

22 3. ..... (Course)

At ..... From—To ..... Completed .....

Other trades papers. Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently English - French

02 09 Written well English -

24 Main occupation: Description Machinist.

5250 Estimate of skill 9 mos.

Duration (from—to) Oct. 39 — July 40 Weekly Wage $12.75

Employer's Name and Address Union Twist Drill Co.

Butterfield Div. Rock Island, Que.

50 "M" Test	Score	SM	
1	15		S. Tot. 48
2	16		SM
3	17		
4	25		S. Tot. 53
5	28		SM
6	9		S. Tot. 67
7	25		SM
8	33		
Tot.	168	SM	Grade B
9			

51 OTHER MENTAL

Test .....

Score ..... L. Grade .....

Date .....

52 MECHANICAL

Test .....

Score ..... Grade .....

Date .....

52 CLERICAL APT.

Test .....

Score ..... Grade .....

Date .....

53 TRADE TEST

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

54 OTHER

Test .....

Score ..... Grade .....

Date .....

Soldiers Qualification Card

Unit 5 Fd. Reg't. 73 Fd. Bty.

1 Corps R.C.A. 255 2 Can Div. CODED

25 Second Most Important Occupation: Description: ..... Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

26 Third Most Important Occupation: ..... Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck ..... 28 Light Truck ..... 29 1 Auto D ..... 30 Motorcycle .....

31 Farm Tractor ..... 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....

35 Accident Prone .....

Farming Experience: Wide ..... Limited .....

District ..... Type .....

Job promised after discharge Yes. By whom? Name Union Twist Drill Co.

Address Butterfield Div. Rock Island Que.

Other provision for post-discharge occupation .....

..... Type of work desired .....

Occupational history: Ambitious ..... Accidental .....

Stable ..... Erratic .....

36 Material Status: M ..... S ✓ W ..... D ..... Sep. .....

2 Marital Problems ..... (Remarks)

Age of wife ..... Wife's attitude to Service ..... Wife's Health .....

37 No. of Children ..... No. Brothers 1 ..... No. Sisters .....

Position in family 2 38 No. Dependents 0

Relationship of Dependents .....

Status of home in childhood .....

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....

9 Mechanics ..... Other Sculpturing - Art - Stamp, Collecting, Handicraft Reading

40 Sports: (1) Swimming (2) Skating (3) Hunting

PWJ 1 2 Team Games and Position (1) Hockey (Goal)

(2) Rugby (Centre) (3) .....

41 Ability to Entertain: Music: String ..... Brass .....

Woodwind ..... Percussion ..... Piano ..... Vocal ✓

6 7 Theatrical School Plays Other .....

20 AUG 1942

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received
74th Bty. RCA	N.P.A.M.	2.	L/Sgt.	1939.	Signalling E

43 CURRENT SERVICE: Date Enlisted 3/7/40. Place Enlisted Sherbrooke. Que.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
3/7/40 - 13/12/40	Canada	RCA	RCATC. (Pet.).	Gnr.	Signal. Training	
13/12/40 - 16/1/41	England	RCA	H. C.A.R.U.	Gnr.	General. Training	
16/1/41 - 28/2/41	England	RCA	R.C. Sigs H.U.	Gnr.	Signal. Training	
28/2/41	England	RCA	5th Fd. Regt 13 Bty	Gnr.	R.T. Operator	475'
				A		

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
Regt Sigs Course	Kingston	19/4/40 - 11/10/40.	—	807

46 Crime: Number Courts Martial Convictions ..... Hospitalization 1/4.....

Number Civil Convictions ..... Minor Offender ..... Occasional Offender .....

Chronic Major Offender ..... ~~Chronic~~ Minor Offender 1 (7 days C.B.) Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Qual. 2nd year. Sigs 475'	—	8/10/41	Pay Book

55 Type of Service Desired (1) Any, at present. ..... (2) .....

Remarks re Outstanding or Limiting Factors DEPORTMENT ✓

APP. ✓ PHY. APP. ✓ DISP. ✓

MILIT. ✓ MRP R. ✓ MECH. —

Prefers his work as R/T. Operator. Likes army life very well.

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ ..... Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) Wanted to be in the army. .....

48 Suggested Possibilities for Employment (1) ..... (2) .....

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

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by D.M. Ross Lieut. R.C.A. Date 23/6/42.

Reviewed by ..... Date .....

C.M.H.Q. 1000:115
40/P & S/1246

To be made out in duplicate

M.F.M. 5
90M—3-40 (4225-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank WELLS JOHN WALLINGFORD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank Gnr D-6878

(3) Unit 7th Fd Bty RCA.

(4) Are you married? No

(5) If married, state,

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

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

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

(7) Are you a widower? N/A

(8) Have you any children? N/A

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

Also their names and ages N/A

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N/A

Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 12 months immediately prior to enlistment? No

If so, state her full name and Postal Address N/A

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Harold King Wells, Stanstead P. Q. Machinist.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? No.

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) N/A

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N/A

(14) Is your mother alive? Yes

If so, state name and address Mildred Rose Wells, Stanstead Que Canada.

(15) If your mother is a widow, are you her sole or partial support? No

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) N/A

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? N/A

(17) Are you contributing to the support of any dependents, other than those shown above? No

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment? No

(19) Are you insured? Yes

If so, in what Company? Metropolitan Insurance Co.
(Give number of policy)

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

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

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

John Wallingford Wells
(Signature of officer or man)

Date 8th, July 1940

T. A. Bates Major
Officer Commanding
COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.

Date 8th, July 1940

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

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full WELLS, John Wallingford (b) Reg'l. No. D-6075
2. (a) Arm of service Army. (b) Unit 5th Fld. Regt. R.C.A. (c) Rank Gnr.
3. (a) Date of birth 24 Nov. 1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment Stanstead, Que.
4. (a) Place of enlistment Sherbrooke, Que. (b) Date of enlistment 5 Jul. 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 Yrs. (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.) 9th Grade.
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English. French. (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 Union Twist Drill Co. Address Rock Island, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Manufacturers.
20. (a) Your specific occupation Machinist. (b) Number of years' experience at this occupation with any employer 9 Months.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes. (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Not stated.

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

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

DATE 1 Mar. 194 3 SIGNATURE A.C. Dolbeare
For Officer I/C Records C.M.H.Q.

51-7325 A.F.W3084

Number D 6878

Name HELLS J. W.

Rank GNR. Religion U. C.

Arm R. C. A. FIELD

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Officer or Soldier.

Diagnosis .....

Disposal .....

A.F.W3084

Number D 6878

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Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Officer or Soldier.

Diagnosis .....

Disposal .....

D 6878

D6878
Gnr Wells, J.W.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
14 JAN. '44		✓	~~[illegible]~~ 2 F.	Alex A. Stewart Capt.
23 MAY 44		✓	NIL.	Alex A. Stewart Capt.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D6878

Surname (in capitals) WELLS

Christian Names (in full) John Wallingford

Date of Birth 24 Nov. 1921

Place of Birth Stanstead, Que. Canada

Trade on Enlistment Machinist

Nationality of Father at birth Canadian

Nationality of Mother at birth Canadian

Religion United Church

Enlisted at Sherbrooke, Quebec

Date 3-7-40

Particulars of former service (if any) i.e. Regtl. No., Corps and period. 74th Bty Rock Is. Que NPAM from June 1938 to date 10-7-40

Signature of Soldier John W Wells

Signature of Officer W.A. Lincoln, Lieut.

Place Field Date 25-3-43

D 6878
Gnr Wells J W

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of
NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife	~~Joan Entwistle~~ Wardlaw JOAN ENTWISTLE WELLS	
	Children		
2nd	Father	Harold King Wells	3-7-40
	Mother	Mildred Rose Wells	
3rd	*Brothers and Sisters	Howard King Wells	OLDER
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a Will (see pages 20 to 23)

Latest known Address in full
"Hollies" 5 Ring Rd West Park, Leeds 6 Yorkshire.
Stanstead, Quebec, Canada
Stanstead, Quebec, Canada
~~Stanstead, Quebec, Canada~~ H.M.C.S. PRINCE DAVID, R.C.N.

D6878
Gnr Wells, J.W.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
8-7-40	Gnr.		4DD-172	P.A. [illegible], Lt.

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

Passed Recruits Course
RCATC 28-11-40 - DO 267

Qualified in addition as under :—

5-12-40 Signaller

Date 9/12/40 P.A. [illegible], Lt.

* If no further training required, strike out words in italics and initial.

D 6878
Gnr Wells, J.W.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Qualified Arty		
Sig Smaller to wear		
Cross flags at CSTC	7-10-40	P. A. Lincoln Lt
Qualified Sig. 2 yr Class	8 Oct 41	P. A. Lincoln, Lt
TOET AP 4 MG		
Rifle	Jan 43	P. A. Lincoln Lt
Gas		
Qual. Sig. 2nd year	7 Sept 42	P. A. Lincoln, Lt
REQUAL DRIV. Op "C"	Dec 43	W Brady Lt.

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
25 Aug. 43	Rifle Cl. 1	1 to 3	J. L. Field, Lt.
17 Mar. 44	Q.	Sten (1-3)	J. L. F.
20 May 44.	Rifle Cl. 2.	1 to 3.	J. L. F.

D 6878
Gnr Wells, J W

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
Grade IX	Stapleton Wesleyan	24/6/38	P. A. Lucas Lee, Lieut.
Special Arts Course	College Quet	24/6/39	P. A. Lucas Lee, Lieut.

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

D6878
Gnr Wells, J.W.

(IX) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
3 July 40		Signaller	Competent - P.A. Lavictoire Lt.

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
27-6-40	A	Montreal Medical Bd.	P.A. Lavictoire, Lieut.
6-6-41		Blood Group "O"	M Taylor Lt

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B. 3	10-7-40	P.A. Lowndes Lieut
	7-10-40	
	14-10-40	
Tetanus Toxide 1cc	16-7-40	
Tetanus Toxide 1cc	17-10-40	
T.T. 1cc	15-3-41	P.A. Lowndes, Lt
TAB ½ cc	21-3-41	P.A. Lowndes, Lt.
TABT ½ cc	17-4-42	P.A. Lowndes, Lt.
TABT ½ cc	24-5-43	J.O. Cordy Capt
Typhus Vac ½ cc	29-12-43	Jno Henry Capt
Typhus vac ½	5-1-44	Jno Henry Capt
Typhus Vac 1 cc	23-1-44	Jno Henry Capt
" " 1 cc	14.4.44	Jno Burnside Capt
TABT ½ c.c.	8-5-44	Jno Burnside Capt

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
10-7-40	P.A. Lowndes, Lt
30-10-42	P.A. Lowndes, Lt.
2-3-44 I.R.	Jno Burnside Capt

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X-Ray Chest Neg		P.A. Lowndes, Lt.
"M" Test (Rev) Completed	23 June 42	P.A. Lowndes, Lt.
"Q" Card Complete		P.A. Lowndes, Lt.
8 P.L. 1 F.T.W. 16-24	4 Mar 43	P.A. Lowndes, Lt.
FINGERPRINTED—CAIB		
Awarded E.V.S.M. and Clasp. A.O. #5.27 Jan 44	15 Jan 44.	R.A. Berry Capt
Awarded 1 Silver + 2 Red service Clasps A.O. 463	25 May 44	Jno Burnside Lt
Good Conduct Badge A.C.I. 2081 of 1943	2 June 44	D.H. Lowe Lt
M.E.F. 164 & 42		
Awarded 1 Bar Silver	3 Jul 44	[illegible] Major

D6878
Gnr Wallis

D6878
Gnr Wells, J.W.

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer
Gas Chamber CAP	14-11-41	P.A. Lincoln Lt.
Gas Chamber	26-2-42	P.A. Lincoln Lt.

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer

Solely for use on Active Service. This Will page must **NOT** be used until you have been placed under orders for Active Service.

WILL

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

Date.....

26878
Gnr Wells, J.

In lieu of CFA 187

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH

INVENTORY
Of personal effects received by Casualty
Section No. 1 C.K.S.D.

No RANK & NAME.....D.6878 Cpr. Wells, J. W. (Decd).....

RECEIVED FROM.....Can 2nd Reh. 21 A Gp.....

CHECKED BY...D.106961 Pte. Glick, I. .....DATE...1 Feb 45.....
R.131628 Sgt. Smith, E.L.

1	Note Book
	Snapshots
	Personal Letters
1	Religious Card

1 CANADIAN KIT STORAGE DEPOT
ISSUED
15 MAR 1945
CASUALTIES
SECTION

Effects shipped by Registered Post
on 15 Mar 45, Authority Est 11(a)
Serial 185

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

Triplicate — with effects

.....E Smith Sgt.....
for OC 1 Cdn KSD.

CANADIAN MILITARY
ESTATES
19MAR1945
BRANCH
HEADQUARTERS

HQ 405-W-17, 420 FD 90

QW

ESTATES BRANCH

2 Jan 46

Mrs. Joan E. Wells,
Hollies, 5 Ring Rd.,
West Park,
Leeds 6, Yorkshire,
ENGLAND.

WELLS, John W. Gnr. (Deceased)
D-6878 C.A.

Dear Mrs. Wells:

We are pleased to advise you that the final statement concerning your husband's Service estate has now been received.

The total amount available to this Branch for distribution is $236.09 which is made up as follows:

Post Office Account Overseas.....	$ .56
Balance of Pay and Allowances.....	$231.15
Redemption of War Savings Certificates	4.38

The whole amount will be paid to you as sole beneficiary named in your husband's last Will.

The Treasury Branch has been requested to forward to you a cheque payable to your order in the amount of $236.09. When the cheque has been received would you kindly sign and return to us the enclosed receipt form.

Original Mailed
3-1-46
DW GS

Yours faithfully,

VIA AIR MAIL

Receipt

CWP/DW
(ENCL)

DIRECTOR OF ESTATES.

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY TJ

Name WELLS John W. No. D6878[illegible]
Surname Christian Names

Gnr. C.A. O/S 8-10-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 231.71

Date 10 Dec 45

Other Credits 4.38

Total 236.09

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Joan E. Wells Hollies, 5 Ring Rd. West Park Leeds 6, Yorkshire, England. (Sole beneficiary under Will)	236.09

P4. TO TREAS. 5-1-46, qm.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	236.09

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

L.

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

N.R-212

Mr. Harold K. Wells
Stanstead, Que.

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

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

and the following number quoted:—

H.Q. 405-W-17,420 FD-90

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Dec. 8 1944

ESTATES BRANCH DEC 21 1944 H.Q. OTTAWA DEPARTMENT OF NATIONAL DEFENCE

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

WELLS John Wallingford Gnr.

D-6878 Can. Army

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

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

CWP/HS

for C.W. Pybus Capt.
Director of Estates.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Joan E. (Pears) Wells	19	5 Ring Rd., West Park Leeds, England
2	Children of the Deceased and dates of their Births		None		
3	Father of the Deceased		Harold K Wells	59	Stanstead Que
4	Mother of the Deceased		Mildred (Hoyt) Wells	46	Stanstead Que
5	Brothers of the Deceased	Full Blood	Howard K Wells	27	R.C.N.V.R.
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	None		
		Half Blood	None		

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	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Wallingford Wells
9	Date of his birth.	Nov. 24th 1921
10	Place and date of his marriage.	Sept. 18th. 1943 at Leeds, Eng.
11	Place and date of his parents' marriage.	Sept. 2nd 1915 at Derby, Vt.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Stanstead Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec Prov. (b) Stanstead Co. (c) (d)
14	Nature of employment before enlistment.	Machinist
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.	Stanstead Que

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	If any, made overseas
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?	Not to my knowledge
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No deposit in Canada
20	Amount of War Savings Certificates held by deceased. Indicate where located.	One ~~$5.00~~ certificate at Can. ~~None in Canada~~ Bank of Commerce, Rock Island Que
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None in Canada
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	$188.50 with Metropolitan payable to Mildred Wells $313.71 payable to Harold Wells (~~Metropolitan~~)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None in Canada

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.	Not to my knowledge
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

(PLEASE TURN OVER)

DECLARATION

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

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

*Father of the deceased.

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

Harold H Wells ..... Signature of Informant

Stanstead Que ..... Address

CERTIFICATE

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

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

Dated at Stanstead. Que this eighteenth day of December 1944

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

C M Stewart

Qualification Minister, United Church Centenary Church, Stanstead. Que

Address Stanstead Que.

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

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

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

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

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-165 6

(1) I, John Wallingford Wells (Name in Full), of the Village (City, Town, Village, Township)

Address in civil life.

of Stanstead, in the County District of Stanstead,

Province of Quebec, Machinist (Civil Occupation)

Regimental No. D6878, Unit 73 Bty 5th Coy 3rd Regt RCA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

UK

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

(2) I GIVE, DEVISE AND BEQUEATH unto my wife, Joan Entwistle Wells of "Hollies", 5 Ring Road, West Park, LEEDS 6, Yorks. Eng. all collateral and negotiable securities now in my possession or that may come into my possession from this date hence. Also all goods that may be of any value to her. Also any personal effects she desires.

All my collection and hobbies are to be divided equally between my niece Miss Judith Wells, Stanstead, Quebec. and Miss Betty Ann Colt of Stanstead Quebec.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Mr Harold King Wells (Name) Stanstead, Quebec (Address)

Toolmaker (Civil Occupation), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 1 day of December 19 43

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

John W Wells. (Signature of soldier)

First witness sign here.

(5) Signature L. N. Malcolm.

Civil Address 6 Bullard St. Magog. Que. Canada.

Civil Occupation Laboratory Assistant.

Second witness sign here.

Signature J. L. Field

Civil Address 147 Faraday St., Ottawa, Ont.

Civil Occupation School teacher.

(Witnesses are not to be beneficiaries.)

OVER

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

W.K.

RECEIVED
D OF RECORDS
MAY 29 1946
WILL SEC.
N. D. H. Q.

D. R. 10

WILL RECEIVED IN
DOCUMENT SECTION
JAN 27 1944
RECORD OFFICE
NAT. DEF. H. Q.

OFFICER I/C RECORDS
R. C. A. F.
BRANCH
JAN 26 1944
R. C. A. F.
OTTAWA
NATIONAL DEFENCE

APPLICATION FOR WAR SERVICE GRATUITY BY
DEPENDENTS OF DECEASED PERSONNEL RESIDENT IN U.K.

(Canadian Army) D12582

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the under-mentioned deceased member of the Canadian Army.

(a) Surname Wells,

(b) Christian names John Wallingford,

(c) Regimental No. D-6878,

(d) Paid rank at time of decease Gnr.

2. I hereby submit the following particulars in support of my application:-

(a) Surname Wells

(b) Christian names Joan Entwistle

(c) Relationship to deceased Wife

(d) Address in full "Hollies" 5 Ring Road
West Park
Leeds 6.
Yorkshire. ENGLAND.

Yours truly,

Date 22/2/1945

Joan E. Wells.
(Signature of Applicant)

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.6878. Rank and Name Wells. J.W. Gnr.

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

(~~Transfer or~~ Discharge) to.....on 8th. Oct. 19 44.

Reason Death. Authority : C.C.L. "A" 502 d/15th. Oct. 44.

The following is a statement of the account of the above-named from 1st. Oct. to 31st. Oct. 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	198	27
First Monthly Payment AR76 d/7.10.44.	5	07	Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at $ .25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at $		
Assigned Pay	25	00			
Regimental Charges			Allowances (give particulars) ..... days at $		
Public Stoppages (give particulars) :					
			Def. Pay Interest.	8	70
			OR 143005GPO a/c Chichester		
			35844		56
To Balance Cr Free	31	71			
To Balance Cr Deferred	200	00	By Balance Dr		
Total	261	78	Total	261	78

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

Remarks

Assnd. Pay of $25.00 (W) stopped off. Nov. 44.

Compiled by F. Gough.

Checked by J. Ledwell

Date 7th. May 19 45.

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

PH.

No D.6878 Rank Gunner Name WELLS, John Wallingford

Unit R.C.A. Date of death 8th Oct., 1944.

Died at ~~-France-~~ Holland

Cause Killed in action

Death occurred on strength of Forces.H.Q. 405-W-17,420

N/K Mrs. Joan Entwistle Wells, Relationship Wife

Address Hollies, 5 Ring Road, ~~West,-Park-Lee,-D.S.-6,~~ West Park, Leeds 6, Yorks, ENGLAND.

Remains buried in Holland Ossendrecht 625161 (sheet 23 NE) Huijbergen. Cemetery

Grave location

CHK

OVER

BURIAL REPORT TO N.K. ———————————

RETURN TO BUR. OF STAT. AUG 4 1945

ROYAL MESSAGE DESP'D. NOV 14 1944

CAN. MESSAGE DESP'D. DEC 11 1944

REBURIAL

Bergen-op-Zoom Cdn. Military Cemetery
4 miles N.E. of Bergen-op-Zoom, Holland.

Grave 4, row D, plot 3.

HI & CR Form Dspd. FEB 3 1947

Photographs Despatched NOV 24 1947

5M-10-44 (M-4414)

M.F.M. 268
0M-4-44(4186)
.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☐

JC

H.Q. 405-W-17,420.

CASUALTY (REPORT DELIVERY)

OTTAWA 16TH OCTOBER 1944

TO:- MR HAROLD K WELLS
STANSTEAD QUE

3457 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D6878 GUNNER JOHN WALLINGFORD WELLS HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION EIGHTH OCTOBER 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

11

3

PREPAID

DIRECTOR OF RECORDS

3rd November, 1944.

Mr. Harold K. Wells,
Stanstead, Quebec.

Dear Mr. Wells:

It was with deep regret that I learned of the death of your son, D6878 Gunner John Wallingford Wells, who gave his life in the Service of his Country in the Western European Theatre of War, on the 8th day of October, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

EFH

Memo re Widow
16/11/44 H.A.2

6

405-W-17420
(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.6878, Gunner John Wallingford WELLS, of the Royal Canadian Artillery, Canadian Army, was killed in action on the 8th of October, 1944.

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

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
December 8th, 1944.

15

H.Q. 405-W-17420
R. 4 (B)

Ottawa,

24th November, 1947.

Mrs. Mildred Wells,
Stanstead, Que.

Dear Mrs. Wells:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D6878, Gunner John Wallingford Wells, the location of which is grave 4, row D, plot 3, Bergen-op-Zoom Canadian Military Cemetery, 4 miles North-East of Bergen-op-Zoom, Holland.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

for A/Director,
War Service Records.

Encl.

JJ
MB

405-W-17,420

FIELD SERVICE

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

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 OR CORPS: 5th RCA 73th Bty — Squadron, Troop Battery or Company: .....

Officer's Personal No. (if known) Soldier's Army No.: D6878 — Rank: Gnr

Surname: Wells. — Christian Names: J.W.

Died — Date: K/A — Place: Holland.

Cause of Death*: K/A

Nature and Date of Report: A.F.W. 3014/138 14 Oct 44

By whom made: Cdn Sec GHQ 2nd Ech 21 A Gp.

* 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: Holland Ossendrecht 625161 (sheet 23 MT) — Date: 10 Oct 44

By whom reported: Huijbergen H/Capt. G. Marchand Regt de Mais.

State whether he leaves a Will or not — (a) in Army Book 64: No.

(b) as a separate document: Not 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 Date: Belguim 7 Nov 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric G Robert Capt.

for Officer i/c

Cdn Sec GHQ 2nd Ech 21 A Gp.

noted
DK. [illegible]

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (HOLLAND) | 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: WELLS (*Block letters*)

Given names: John Ellingford

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Stanstead

Municipal county: Province: Que.

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:

10. BIRTHPLACE (Province or Country): Que.

11. DATE OF BIRTH: Nov. (Month) 24th (Day) 1921 (Year)

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

OCCUPATION

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

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	WELLS, Harold K.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Holland

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: Oct. (Month) 8th (Day) 19 44 (Year)

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

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

24. CAUSE OF DEATH

I

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

due to

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

due to

(c)....

II

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

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

(b) Duration of disease....days

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

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

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

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

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

Manner of injury....
(How sustained)

Nature of injury....

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

OVERSEAS CASUALTY CANADIAN ARMY

AUG 4 1945

Signed....**M.D.**

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

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

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of Natl. Defence

CEG

405-W-17420

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

P.A.

GRAVES REGISTRATION CARD.

NAME WELLS, John Wallingford

RANK GNR

UNIT 5 FD REGT RCA (AEF)

PLACE & DATE OF BIRTH STANSTEAD, QUEBEC, CANAD. 24 NOV 1921

REGIMENTAL NO D.6878

NEXT OF KIN & ADDRESS WIFE:
Mrs Joan Entwistle WELLS - "HOLLIES"
5 RING RD, WEST PARK, LEEDS, YORKS, ENG.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 8 OCT 44

PLACE OF DEATH HOLLAND

HRS

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 10 Oct 44

CEMETERY Holland Ossendrecht R.C. Civil Cem. 625161 SH 23 MR. Huijbergen.

PLOT NO 1 ROW 1 GRAVE 11

DEATH CERT.NO

RELIGION United Church

DATE 20 Oct 45

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

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