D71107
COOPER
ROBERT

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. 71107. Rank and Name Cooper, R. GNR.

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

(~~Transfer or~~ Discharge) ..... to ..... on 13th October, 1944.

Reason Death. Authority: C.C.L. "A"510. d/3rd. Nov 44.

The following is a statement of the account of the above-named from 1st October, to 31st October, 1944. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	3	58
First Monthly Payment			Regimental Pay 31 days @ $1.50	46	50
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay	28	00	Allowances (give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (give particulars):					
To Balance Cr — Free	22	08			
To Balance Cr — Deferred			By Balance Dr		
Total	50	08	Total	50	08

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

Remarks

Assigned Pay $28.00 (W) Stopped eff. November, 44.

ESTATES BRANCH
MAY 22 1945
H. Q.
NATIONAL DEFENCE

Compiled by F. Gough.

Checked by M. Durham.

Date 3rd. May, 1945.

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

AR.

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

170

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-71107 Pte Cooper R. (Deceased)

RECEIVED FROM 2nd Echelon 21 Army Group

CHECKED BY C-5267 Tpr Carr J.A.
C-5591 Pte Patterson L.K. DATE 20 Jan 45

1	Wallet		
1	"I" Bracelet		
1	Cdn Legion Card		
1	6th V/L Receipt To O I/C Estates		
1	New Testament		
1	Red "I" Disc		
	Snaps		

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

TRIPLICATE — with effects.

L K Patterson Pte

for OC 1 Cdn KSD

Mrs Hannah Cooper,

White Rock, B.C.

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-C-991 FD 281

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

December 4, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

COOPER, Robert Pte

D71107 C.A. O/S

ESTATES BRANCH JAN 3 1945 H.Q. OTTAWA NATIONAL DEFENCE

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

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

Director of Estates.

-/IDS

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		Hannah Cooper	34	White Rock BC. Box 183.
2	Children of the Deceased and dates of their Births		Ronald Robert Cooper 1/3/35.	9 month	White Rock BC.
			Melvin Guy Cooper 8/10/38.	6	"
			Doris Lorena Ann. 1/1/43.	2.	"
3	Father of the Deceased		Unknowed		
4	Mother of the Deceased		Mrs. Miller		6762 Park Ave Montreal Que.
5	Brothers of the Deceased	Full Blood	No		
		Half Blood	No		
6	Sisters of the Deceased	Full Blood	No		
		Half Blood	No		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert Cooper
9	Date of his birth.	21 1909 21 Dec.
10	Place and date of his marriage.	12/5/34 Montreal Que
11	Place and date of his parents' marriage.	England

PARTICULARS OF DOMICILE

12	Place where deceased was born.	England
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal Que. (b) (c) (d)
14	Nature of employment before enlistment.	The Steel Company of Canada
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 Que.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	plans of insurance at place of employment
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

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

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

*Widow 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.

Hannah Cooper — Signature of Informant

White Rock P.O. Box 183 — Address

CERTIFICATE

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

*See above.

Hannah Cooper {Name of informant} is the* Widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at White Rock this 29 day of December 19xx

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

Address White Rock B.C.

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

Director of Estates

Regimental No. D-71107 ..... Rank Pte. .....

COOPER ..... Robert .....
Surname ..... Christian Names

Unit ..... The Black Watch (RHR) of Canada CA .....

Date of Death 13 Oct 44 ..... Place of Death OVERSEAS (France)

Next-of-Kin.. Mrs. Hannah Cooper ..... Relationship. Wife .....

Address ..... White Rock, B. C. .....

.....

.....

M.F.M. 5 ..... Copy herewith .....

Will ..... No Record of will in Record Office todate .....

Date ..... 30 Nov. 44 .....

ESTATES BRANCH DEC 1 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

JEC/SLG

COPY

M.F.M. 5
300M—1-43 (7930)
H.Q. 1772-39-1651

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 the 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 COOPER Robert
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank NP RR 2238

(3) Unit Victoria Rifles of Canada

(4) Are you married? YES (5) If married, state,

(*a*) Full name of your wife Hannah Cooper

(*b*) Present postal address of wife 5796 Eadie St. Cote St.Paul, Montreal, Que.

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

(7) Are you a widower?

(8) Have you any children? 2 Number of boys 2 Girls

Names and ages Ronald-5 yrs. Melvin-1 yr.

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

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

Name Mother

Postal Address as above

(10) Have you a common-law wife whom you have been regularly supporting and publicly representing as your wife for at least two years immediately prior to appointment or enlistment?

If so, state her full name and postal address

[SEE OTHER SIDE]

(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 Lillian Miller
6762 Park Ave., Montreal, Que.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment .....

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

(17) Are you contributing to the support of any dependents, other than those shown above? .....
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? YES If so, in what company? Group Sun Life Ass. Co. of Can.
(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.

Date Sep 13th, 39 Sgd. R. Cooper
(Signature of officer or man)

Sgd. ????????? 2/Lt.

Date 15-9-39 Officer Commanding V.R.C.

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.)

70

F

CANADIAN MILITARY HEADQUARTERS No 18376 ~~18377~~

RECORDS OFFICE

H

C A S U A L T Y R E P O R T

NAME (in full) COOPER, Robert

NO. D-71107 RANK PTE UNIT R.H. OF C. (BLACK WATCH)

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

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

CASUALTY KILLED DATE 13 OCT 44 LIST# A-510 PLACE AEF

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

PREVIOUSLY REPORTED MISSING DATE 13 OCT 44 (A-504)

for (L.S. APPLEFORD) Major
OIC - R.5 WING.CAS.SECT.

NEXT OF KIN

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

2. NAME (In full)

RELATIONSHIP ADDRESS

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

Date of Marriage, if known

WILL, EFFECTS, ETC.

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

EXECUTOR
(Name) (Address)

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

ADDRESS

3. KIT PRIVATELY STORED - NAME OF CUSTODIAN

4. Particulars of DEBTS, Remarks, etc.

Date

(B.E. WILLAN) Capt.
OIC - R.3 WING NON-EFFECTIVES
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS

ORIGINAL - With WILL, if any to
OIC ESTATES, C.M.H.Q.

DUPLICATE - To File

H.Q. 405-C-9911
R. 4 (B)

Ottawa,

13th November, 1947.

Mrs. Hannah Cooper,
2160 East 8th Ave.,
Vancouver, B.C.

Dear Mrs. Cooper:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late husband, D71107, Private Robert Cooper, the location of which is grave 9, row D, plot 2, 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

File No 405-C-9911

R E B U R I A L

NO D.71107

RANK Private

NAME COOPER, R.

NAME OF CEMETERY Bergen-op-Zoom Canadian Military Cem.

LOCATION OF CEMETERY 4 miles N.E. of Bergen-op-Zoom, Holland.

GRAVE LOCATION Grave 9, Row D, Plot 2.

AUTHORITY 54-27-88-2 Vol. 20

Reburial list.

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Robert (CHRISTIAN NAMES) COOPER (SURNAME)

REGISTER NO. D-3715
FILE NO. 405-C-9911
DATE 5-7-45
SERVICE NO. D-71107
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 13-10-44

PAYEE Mrs. Hannah COOPER,
ADDRESS White Rock, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE 13-10-44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 1858/30 EQUAL TO 61 COMPLETE PERIODS AT $7.50	457.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 911 LESS 28 INELIGIBLE DAYS, EQUAL TO 883 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	220.75
	678.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $; $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ 73.12 $ 2.44; TOTAL $ 5.19 X7 = $ 36.33; NO. OF DAYS 911/183 X$ 36.33	180.86
D. WAR SERVICE GRATUITY	859.11
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	859.11

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
JUL 13 1945
WAR SERVICE GRATUITY DIVISION
ARMY TREASURY

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
[redacted]	J

TREASURY	
CHECKED BY	DATE
J Hendy	20-F-45

SERVICE REPRESENTATIVE

FORM No. 1

Regis[redacted] No.....

Nominal Roll No.....

H.Q. File No. 405-C-9911

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-71107	PTE.	COOPER	ROBERT

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 11 SEP 39	T.O.S.	T.O.S.
S.O.S. 13 OCT 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1860	Total Days	Total Days

Total Service 1860 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	949	2	947
Overseas Service	911	—	911
Totals	1860	2	1858
Add Non-qualifying Service			2
Total Service			1860

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 7 April 42 2. Date S.O.S. Overseas 13 Oct 44

REMARKS:

KILLED IN ACTION 13 Oct 44

Computer's Signature R. Cooper

Checker's Signature

Date Computed 26 June 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.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL			26 NOV 43		2

Total 2

Overseas: T.O.S. 28 JAN 40 T.O.S. 26 JUNE 44 T.O.S.

S.O.S. 7 APRIL 42 S.O.S. 13 OCT 44 S.O.S.

Total

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

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: COOPER, (Block letters)

Given names: Robert,

Do not write in this space

4. RESIDENCE

Street: Eadie Street, No. 5796.

Official name of civil municipality or township: Cote St.-Paul, Montreal,

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

10. BIRTHPLACE (Province or Country): England.

11. DATE OF BIRTH: December (Month) 21st (Day) 1908. (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
35			....hrs. or....min.

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		Deceased.
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: (Month) (Day) (Year) 19....

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 13th (Day) 1944. (Year)

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

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

24. CAUSE OF DEATH

I

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

due to

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

due to

(c)....

II

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

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

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

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

State findings....Was there an autopsy?

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

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

Manner of injury.... (How sustained)

Nature of injury

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

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

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

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)

OVERSEAS CASUALTY CANADIAN ARMY

MAY 12 1945

Director of Records, Dept. of National Defence.

405-C-9911

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.

A.510

REGIMENT OR CORPS: 1 RHC — Squadron, Troop Battery or Company: Ptc.

Officer's Personal No. (if known) / Soldier's Army No.: D71107 — Rank:

Surname: Cooper. — Christian Names: R.

Died — Date: 13 Oct 44 — Place: Holland.

Cause of Death*: K/A

Nature and Date of Report: A.F.W. 3014/152 31 Oct 44 (3011c/19111A)

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 628161 — Date:

By whom reported: L.C. Royle.

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, 8 Nov 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric Robert Capt for Officer i/c

29

Cdn Sec GHQ 2nd Ech 21 A Gp.

FURTHER INFORMATION AND FOLLOW-UP

Suitable for o/s service - operational duties. He has been employed as guard in the Security Guard and has been found a good worker. Qualified as a Driver, Group "C". Promoted to the rank of A/Sgt. with P.&A. Conduct has been good.

R.C.O.C. DRIVER, GROUP "C" NON TRADESMAN

H. J. Fitzpatrick, Lt.

HJF/MC Longue Pointe Ordnance Depot
Montreal, Que. 29 November '43

H.J. Fitzpatrick, Lieut.
Army Examiner.

Reinterviewed at A-21, COC-TC, Barriefield, Ont. 3-2-44.

Recommended for Transfer to R.C.A.
(Auth: C.A.R.O.-2558)

A. G. Colvin
(A. G. COLVIN) Capt.,
Army Examiner,
A-21, C.O.C.-T.C.

Above recommendation for Transfer to R.C.A. made as he wishes to rejoin R.C.A., and his age, Pulhems Profile and previous R.C.A. experience indicate suitability for this Corps.

A. G. Colvin
(A. G. COLVIN) Capt.,
Army Examiner,
A-21, C.O.C.-T.C.

A-2, C.A.T.C. "D"
D.71107 Bdr. COOPER, R. M score 124

Bdr. Cooper is in the second week of refresher training. His past experience and proven ability assure successful completion of Phase II of training. He is anxious to proceed overseas with a gun detachment. Since his Pulhems profile is adequate continued training in his present capacity would appear advisable.

Recommendation: Continue trainging.

Pet Mil Camp
31 Mar 44

H. O. Barrett
H. O. Barrett, Capt. A.E.

A-2 C.A.T.C. D
D-71107 Cooper, R. Bdr. M Score 124

Bdr. Cooper has successfully completed Advanced Training in R.C.A. (Medium). He is now available as an Overseas reinforcement.

Recommendation: R.C.A. (Med.) Gunner. Non-tradesman.

SUITABLE FOR OPERATIONAL DUTIES OVERSEAS

Pet Mil Camp
12 June 44

H.O. Barrett
H.O.Barrett, Capt. A.E.

Personnel Selection
Examination of Documents
Completed
OK JUN 17 1944
A E. H.O.B.
1st Trg Bde DEBERT

2 CARU 6 Jul 44
Returned to Canada. CAO 26 Jun 44. TOS 2 CARU 4 Jul 44. Has held rank on several occasions before and anxious to stay on gun detachment.
Rec: Gun Detach.

Lorne S. Brown
(L.S. Brown) Capt
SPO # 2 CARU

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

R.C.O.C.-L.P.O.D. — Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
D-71107	L/Sgt.	Cooper, R.	A.	34	A

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
English	French	R.C.O.C. Longue Pointe Ordnance Depot.	March 13,1943

II. Revised Examination "M"

L.P.O.D. — Place Tested; March 4/3/43. — Date Tested; K.Lachlan-White Lt. — By Whom

124 — Total; IV — Group; English — English or French

Subtests: 11 (1), 13 (2), 9 (3), 19 (4), 22 (5), 10 (6), 18 (7), 22 (8)

Subtotals: 33 (1–3), 41 (4–5), 50 (6–8)

Other Tests

Y.O.B.	P	U	L	H	E	M	S
08	1	1	1	1	1	1	1

III. Educational Background

Completed five years of public schooling in Montreal. Took on evening course in general machine shop practice at Montreal Technical School. Left school at the age of 16 when his father died.

IV. Occupational Background

Did add jobs for about two years - was a delivery boy, clerk in stores etc., Got a job with the Steel Company of Canada and worked in machine shop as an apprentice for about 2½ years and was later a labourer and helper in Bolt and Nut Dept. Had 16 years service with Company when he left and can return after the war.

V. Military Background

Had 12 years with N.P.A.M.(R.C.A.) Enlisted 9 Sept'41 in R.C.A. Went overseas in Jan '40 with 7 Med.Bty and was returned to Canada on April'42 (was a L/Cpl at that time) Was returned as an instructor but was sent to L.P.O.D.when there was a shortage of Guards. Has been at L.P.O.D. since May '42 on Security Guard. Promoted Cpl in July '42 and L/Sgt. in Jan '43. Has hadextensive military training.

VI. Other Personal History and Appraisal

Married, wife and 3 children live in Montreal. Parents separated when he was young and be was placed in a Foster H ome. by his father who died shortly after. He has nothing to do with his mother. He appears to be very happily married, however. Likes singing but has not been able to get much practice. Likes sports generally, not too enthusiastic. Reads pulp magazines. His height is 5'5½ & weight 125, his category in "A" but he says be suffers from bronchites. A short wiry individual with pleasing personality . His learning ability is a bit below average but stability appears to be good. He likes his present job and feels that be has been well treated. Progress reports indicate a reliable, conscientious worker.

VII. Recommendations

Suggest he be left on Security Guard where be appears to be will placed.

(Signed) K. Lachlan-White Lt.
Army Examiner

KLW.

K.Lachlan-White,Lieut.

See reverse side for further information and follow-up

M.F.M. 196
200M--1-43 (7957)
H.Q. 1772-39-1916

DEPARTMENT OF NATIONAL DEFENCE

(ARMY)

SUPPLEMENT TO PERSONNEL SELECTION RECORD

(M.F.M. 196A)

To be attached to M.F.M. 196, and to be initiated **only** when M.F.M. 196 is completely filled.

Regtl. No.	Rank	Surname	First Name	A or R	Age	Cat.
D 71107	L/Sgt	Cooper R.		A	34	

"M" Test: Total ____ Form ____ Eng. or Fr. ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 1-3 ____ 4-5 ____ 6-8 ____

ADDITIONAL FOLLOW-UP:

12 Aug 44 2 CARU YOBPULHEMS 08-1111111

Remustered to CIC under auth 444/Remuster/1(org 1) d/ 7 Aug 44 and sos to Rocky Mountain Rangers wef 11 Aug 44.

J.E. Smith

J.E. Smith Capt.,
SPO (1) # 2 CARU

SOS to X4 list as inf rft.

M.F.M. 196A
50M—3-43 (8887)
H.Q. 1772-39-1916

(SEE REVERSE SIDE FOR FURTHER INFORMATION AND FOLLOW-UP)

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: Cooper, Robert. (b) Reg'l. No. D-71107
2. (a) Arm of service: Army (b) Unit: R.C.O.C. (LPCD) (c) Rank: L/Sgt.
3. (a) Date of birth: Dec. 31, 1900 (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: Sept. 9, 1939

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 16 years (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.): 8th. Grade Public School
7. If you attended a university, give name of university and standing or degree secured: No
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Machinist (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 8½ yrs.
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? No

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: Steel Co. of Canada Address: Notre Dame St Mtl.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Steel Plant
20. (a) Your specific occupation: Labourer (Factory) (b) Number of years' experience at this occupation with any employer: 5 years
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? Nil
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? Nil

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.): N.A.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Music (Singing)

DATE: February 18, 3 194..... SIGNATURE: R. Cooper L/Sgt

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

ORIGINAL
DUPLICATE
TRIPLICATE

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 R.C.O.C. VICTORIA RIFLES OF CANADA Regimental Number D71107

Longue Pointe Ord. Depot, C.A.

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname Cooper
2. Christian Names Robert
3. Present address 5796 Eadie St. Cote St. Paul. Montreal. Quebec. Can.
4. Date of birth 21st. Dec. 1908
5. Place of birth England (Country) Warwickshire (County or Province) Bimingham (Town or Township)
6. Religion (state denomination) Anglican
7. Trade or Calling Labourer
8. Married, Widower or Single Married
9. Name of next of kin Hannah Cooper
10. Relationship Wife
11. Address of next of kin 39 Victoria Ave Longueil Que Canada. see change 207-1886-40
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars None
14. Do you now belong to or have you served in the Active Militia of Canada? Yes

Royal Canadian D66666s Artillery
(Give unit and date of attestation)

Occupational History Forms Completed

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Robert Cooper 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 11th. Sept. 1939 Robert Cooper (Signature of recruit)

J. Robertson Witness

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Robert Cooper (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 Montreal this 11th. Sept. day of 19 39

Signature of Magistrate, Justice or Attesting Officer.

Capt. VICTORIA RIFLES OF CANADA — Office or Rank and Unit or appointment.

M.F.M. 1 (A) RECEIVED MAR 27 1940

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

2502
8
4 July 44
1111111

Record of Service of Cooper (Surname) Robert (Christian Names) Regimental Number D71107

QUALIFICATIONS

Military: Nil

Business or Professional: Nil

Trade or Civil: Labourer

Technical: Nil

Languages: Can English

EDUCATIONAL QUALIFICATIONS

~~High School~~ or ~~Collegiate~~: Public School (years completed)

Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

*(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
13 Sep 39		Joined on appointment	Rfmn.	11 Sep	V.R.C.	Lachine	RO 18	13 Sept.
1 Nov 39		Mad. 7th Bt. Battery R.C.A.					RO 67	1 Nov
9 Nov 39	D.O.	Taken On Strength 7th Med. Bty R.C.A.	Gnr	1 Nov 39	7th Med. Bty R.C.A.	Montreal	D.O. 70	9 Nov 39
9 Nov 39	D.O.	to be Acting Bdr.	A/Bdr	1 Nov 39	7 Med Bty R.C.A.	Montreal	D.O. 70	9 Nov 39
27-1-40	SOS CASF (CANADA)	Embarkation for Overseas Halifax	E 19 Bdr	27 Jan 40	1 Med Dpt	Freed	"	8 March 41
28 Jan 40	TOS CDN. (ARMY) (OVERSEAS) ON TRANSFER	Disembarked N. K. on Gouvernor 8 Feb 40	"	28 Jan 40 0600	1 Med Dpt	Freed	"	8 March 41
		On Command to 5A-5B. Reep. Camp	"	31-5-40 0600	"	Aldershot	No 116	31-5-40
		Off Command " " " " "	"	7-6-40	"	Field	No 4	7-6-40
		To be A/L/Bdr. without pay	"	9 Dec 40	1 Med.	"	No 53	13 Dec 40
		on account of the space employed Relinquishes the appt. of A/L/Bdr. without pay	Gnr	24 Feb 41	1 Med.	Freed	10	7 March 41
		Appt'd L/Bdr with pay	L/Bdr	23 June 41	1 Med Dpt	Freed	29	27 June 41
		1 mo Leave 9 days with F.T.W	L/Bdr	24 May 6 June 41	1 Med Dpt	Freed	29	27 June 41

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

Are you receiving or have you
in the past received disability

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... Robert Cooper ..... Date ..... Sept. 26, 39 .....

Part 1. Information obtained from the recruit.

1. Age ..... 30 .....

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	NO
g. Rupture	NO	p. Gonorrhoea	NO
h. Varicose veins	NO	q. Have you ever worn glasses?	NO
i. Flat or deformed feet	NO		

Robert Cooper
(Signature of Recruit)

Examiner's remarks re above .....

Vaccination scar left arm

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

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

2. Height ..... 5 ..... feet ..... 4½ ..... inches.
3. Weight ..... 125 ..... pounds.
4. Complexion ..... sallow ..... Eyes ..... brown ..... Hair ..... dark
5. Development ..... fair ..... Good / Fair / Poor
6. Chest measurement—Girth on full expansion ..... 36½ ..... inches.
Range of expansion ..... 2½ ..... inches.
7. Vision, right ..... 20/20 ..... left ..... 20/20 .....
8. Hearing, right ..... WV 20 ..... left ..... WV 20 .....
9. Condition of mouth and teeth ..... Teeth good
10. The abnormalities (congenital and pathological) found on examination are as follows .....
Chancre scar on penis - suggest B.W. Test

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 ..... No history of chancre but penis shows areas of loss of pigment

Pension or compensation. If so give details. . . . . NO

President — Member — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
4-11-39	TAB 3 L	18-1-40	2nd Tetanus ICC
16-11-39	L	30-10-40	TET TO +
17-11-39	L	30-10-40	TAB
1-12-39	VACCINATION L	10 Nov 41	TABT ½ c.c.
	RE-EXAMINED NATURAL URINE EARS REFLEXES CATA.	13-3-43	TABT / annual
11-11-39	X RAY EXAMINATION OF chest negative 33160	26/7/43	Y.O.B. P U L H E M S: 08 1 1 1 1 1 1 1
8/12/39	TETANUS TOXOID ICC		
14/11/39	EXAM ANNUAL	3/12/43	Confirmed
		12.2.44	TYPHUS ICC
		19-4-44	Schick test com.
		13-5-44	TYPHUS - I.C.C.
		13-5-44	Booster I.C.C.
		4-6-44	TYPHUS - I.C.C.

DEC 13 1943

Y.O.B.	P	U	L	H	E	M	S
08	1	1	1	1	1	1	1

GRADE CONFIRMED

Regtl. No. 71107 Rank Rfmn Surname Cooper Christian Name Robert

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
U.K. Overseas. 7th Med. Bty.	3-8-41	24	2	42	26	2	42	Scabies.	3	No. 1 Canadian General Hospital. Mild Scabies Treated with benzyl Benzoate.	

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

1st. MEDIUM REGIMENT.

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

PART I (For all ranks)

7th. MEDIUM BATTERY, R.C.A., C.A.S.F,

Unit ..... Regimental Number D-71107.

1. Surname COOPER
2. Christian Names ROBERT
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date 9-12-43

   *To be entered in pencil to facilitate alteration.
4. Place of birth Birmingham, Warwickshire, England
5. Date of birth as declared on attestation 21Dec08.
   (A)
6. Date of enlistment 11 Sept 39
7. Place of enlistment Montreal.
8. Residence at time of enlistment 5796, Eadie, Montreal Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C. of E.
12. If married, state date X
13. Trade on enlistment Labourer.
14. Corps, trade and grade
15. (D) Qualifications Nil
16. (E) Miscellaneous entries

(17) Regiment or Corps 7th. MEDIUM BATTERY, R.C.A., C.A.S.F, Unit (Battn., etc)
~~RCOC Lgue Pte (CA)~~ C.I.C. 1 Bn. Rocky Mountain Rangers, C. A. Black Watch

(18) Medical

Category	Date	Authority
A	26 Sept 39	~~Major Kemp~~ M.F.M 2.

(19) Next of kin (entries to be made in pencil) (WIFE)
Mrs. Hannah Cooper
WHITE ROCK ~~B.C. CANADA~~
P.O.
B.C.
Canada

(20) E.
(21) E.
(22) E.

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
9 Nov 39	D.O	7 Med Bty	Transfer from Victoria Rifles of Canada			~~A/~~ Gnr	DO
			T.O.S ~~to BDR~~	Montreal	~~A~~/11/39	~~A/BDR~~	Part II # 70/39
9 Nov 39	D.O.	—	Promotion to Lc A/Bdr	"	12/11/39	A/Bdr	D.O. II 70/39
27-1-40		7 MED. BTY	Embarked for Overseas Halifax E19				
8-2-40		—	Disembarked U.K.				
10/6/40	C.R.	"	Reverts to Gunner. Forfeits 1 day's pay. (A.W.O.L.)	Ash Vale	4 Jun 40	a/Bdr	Pt. II Order No. 3 d/10 Jun 40
9.12.40	O.C	1 Med	Appointed a/L/Bdr. w/o pay, on taking specially employed	Eng.	9.12.40	Gnr.	No. 5 d/9.12.40
			SOS CASF (CANADA) ON EMBARKATION AT HALIFAX ON 27 Jan 40				
			TOS CASF (OVERSEAS) ON TRANSFER ON 28 Jan 40 AND DISEMBARKED AT GOUROCK ON 8 Feb 40				No 11 d/8 Mar 41.
6 Mar 41	O.C.	1 Med	Reverts to perm grade of Gunner	Eng	24 Feb 41	a/L/Bdr.	No. 10 d/5 Mar 41.
27 Jun 41	O.C.	1 Med	To be L/Bdr. a.p.	"	23 Jun 41	Gnr.	No. 29 d/27 Jun 41
27 Jun 41	O.C.	1 Med.	9 days P.L. with F.T.W.	"	27 May 41	a/L/Bdr.	No. 29 d/27 Jun 41.
6 Aug 41	"	"	SOS to 7 Med Bty. 5 Med Regt.	"	28 Aug 41	"	37 d/8 Aug 41
7 Aug 41	"7 Med Bty		TOS from 1 Med Regt.	"	9 Aug 41	"	No. 1 d/ 8 Aug 41
2 Sep 41	"	"	7 days P.L. without F.T.W.	"	2 Sep 41	"	No. 7 d/2 Sep 41.
6 Jan 42	"	5 Med	To be L/Bdr	"	22Dec42	L/Bdr	No 2/16 Jan 42
3 Mar 42	"	5 Med.	S.O.S. - 2CARU adm 1 Gen Hosp	"	24Feb42	"	No. 11/6 Mar 42.
3 Mar 42	"	5 Med.	adm 4CCS trans'd 1 Gen Hosp	"	24Feb42	"	No. 11/6 Mar 42.
27 Feb 42		2CARU	Discharged from 1 Gen Hosp.	U.K.	26 Feb 42	L/Bdr.	52
27 Feb 42		2CARU	Att. f.a.p. (Pending TOS.)	U.K.	26 Feb 42	L/Bdr.	52
4 Mar 42		2CARU	T.O.S (leaves to be att.)	U.K	25 Feb 42	L/Bdr.	56
5 Mar 42		2CARU	S.O.S. to 5 bdr. Med. Regt.	U.K.	5 Mar 42	L/Bdr.	57
7 Mar 42.	C.O.	5 Med.	T.O.S. from 2 C.A.R.U.	"	6Mar42	"	No. 12/13 Mar 42.
20 Mar 42		5 Med.	S.O.S. - N.E.T.D.	"	29Mar 42.	"	No. 15/31 Mar 42.
		"	T.O.S. from 5 Med Regt R.C.A.	"	30-3-42		43 31-3-42
10 May 42		1 NETD	SOS Can Army OS	"	7 Apr 42	L/Bdr	61
			SOS - CANADIAN ARMY (CANADA) ON EMBARKATION AT ..... ON 25 Jun 44				
			TOS - CANADIAN ARMY (OVERSEAS) ON TRANSFER ON 26 Jun 44 AND DISEMBARKED AT UK 3 Jul 44				
5 Jul 44		2CARU	TO 52 CANADIAN ARTILLERY HOLDING UNIT	UK	4 July 44	Gnr	144
5/7/44		--	N of K Verified	UK	5/7/44	--	144

Statement of the Service of No. D. 71107 Rank ..... Sheet No. 1

Name COOPER. ROBERT.

M.F.M. 1 & 2 (a)
700 M—8-39 (1897)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
S.O.S.		S.O.S. TO 7 MED. BTY.	L/BDR.	2 AUG. 41	1 MED. REGT	U.K	37	8 AUG. 41
	T.O.S.	T.O.S. FROM 1 MED. REGT	L/BDR.	3 AUG. 41	7 MED. BTY.	U.K	1	8 AUG. 41
		PRIV. LEAVE TO 9 SEP 41 NO. F.TW.	L/BDR.	2 SEP 41	7 MED BTY	U.K.	7	12 SEP 41
		TO BE L/BDR.	L/BDR	22 DEC. 41	5 MED. REGT	U.K	3	16 JAN. 42
		ADM. #1 GEN. HOSP. FROM 4 C.C.S.	L/BDR.	24 FEB 42	5 MED. REGT	U.K.	11 C.L.	6 MAR 42
S.O.S.		S.O.S. TO 2 C.A.R.U.	L/BDR.	24 FEB 42	5 MED REGT	U.K	11	6 MAR 42
		ATT'D F.A.P. FROM 5 MED. REGT (PENDING T.O.S.)	L/BDR.	26 FEB. 42	2 C.A.R.U.	U.K	52.	27 FEB. 42
	T.O.S.	T.O.S. FROM 5 MED. REGT.	L/BDR.	25 FEB 42	2 C.A.R.U.	U.K	56	4 MAR. 42
		DISCH. #1 GEN. HOSP.	L/BDR.	26 FEB 42	2 C.A.R.U.	U.K.	52 C.L.	27 FEB. 42
S.O.S.		S.O.S. TO 5 MED. REGT.	L/BDR.	5 MAR 42	2 C.A.R.U.	U.K	57	5 MAR. 42
	T.O.S	T.O.S. FROM 2 C.A.R.U.	L/BDR.	6 MAR 42	5 MED REGT	U.K.	12	13 MAR 42
		S.O.S. NETD	"	29-3-42	"	UK	15	31-3-42
	NETD	T.O.S. from 5 Med Regt R.C.A.	"	30-3-42	"	"	4/3	31-3-42
21-4-42	4DD	TOS ON T.A. ON POSTING FROM CDN ARMY O/S FOR RECORDS PURPOSES W.E.F.....	A/L/BDR	7-4-42	4DD	MTL SOUTH	4DD PT II NO 94	21-4-42
21-4-42	"	FOR ALL PURPOSES W.E.F.....	"	18-4-42	"	" "	" " " " 94	21-4-42
8-5-42	"	**PT II ORDER NO 94, DATED 21-4-42, PARA 1, SHEET 8, "STRENGTH INCREASE" IS AMENDED TO READ "FOR RATIONS QUARTERS AND DUTY, WEF 18-4-42, FOR PAY PIRPOSES, WEF1-5-42**	"		"	"	" " 106	~~5-5-42~~ 5-5-42
18-5-42	4 D.D.	PROC.ON COM.TO LONGUE POINTE ORD.DEPOT CA, TARTE PIER,MONTREAL,QUE.	A/L/BDR.	16-5-42	"	"	" " " 116	16-5-42
3-6-42	4 D.D.	Granted subs.allow.of $1.00 per day while on com.to Longue Pointe Ord.Depot Montreal	A/L/Bdr.	16-5-42	"	"	" " " 131	2-6-42

Statement of the Service of No. D-71107 Rank Rfn. Sheet No. 2

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

Name Cooper Robert.

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
23-6-42	4 D.D.	Reverted to his permanent rank of Rfn. under the prov.of R.O. 1340.	Rfn.	1-5-42	4 D.D.	Mtl.South	4 DD Pt.2 No.149	22-6-42
27-7-42	4 DD	Trans. at his own reques t to RCOC Long pointe Ord. CA and is mustered a Pte	Pte	23-7-42	4 DD	"	179	25-7-42
		SOS on trans to his unit RCOC Long Pointe Ord Depot Long.Pointe while on command to the aforementioned	"	23-7-42	"	"	179	25-7-42
		Ceases to draw Subs all of $1.00 p/d	"	23-7-42	"	"	179	25-7-42
~~xx~~ 6-7-42		T.O.S. Longue Pointe Ord.Depot. on transfer from No.4 District Depot.	Pte.	24-7-42	R.C.O.C.	Montreal	Pt.11 Order No.54	27-7-42
6-7-42		Ceases to~~XXXXXX~~ be attached to Longue Pointe Ord.	Pte.	23-7-42	R.C.O.C.	Montreal	Pt.11 Orde No.54	27-7-42
6-7-42		Draw Subsistence allowance of $1.00 per diem.	Pte.	24-7-42	R.C.O.C.	Montreal	Pt.11 Order No.54	27-7-42
13-8-42		To be A/Cpl. with Pay	A/Cpl	24-7-42	"	"	" " " " 62	10-8-42
26-8-42		Classified as Trades Rates of pay as Driver ~~Gren~~ IC Class III	A/Cpl	17-8-42	"	"	" " " " 72	23-8-42
29-12-42		Granted furlough from 29 Dec 42 until 11 Jan 42	A/Cpl	29-12-42	"	"	" " " " 156	29-12-42
30-1-43		To be A/L/Sgt. with pay	A/L/Sgt.	15-1-43	"	"	" " " " 15	25-1-43 L
17-2-43.		Has produced certificate of birth showing birth as follows: Daughter: Doris Lorena Anne, Cooper. Longueuil, Quebec.	"	19-1-43.	"	"	" " " " 31.	15-2-43.
31-3-43		Confirmed in the rank of Cpl.	"	24-7-42	"	"	" " " " 64	30-3-43 L
15-4-43		Pt. 11 Order #64 d/30-3-43 "Re-Confirmation of rank" is cancelled in its entirety.	"	24-7-42	"	"	" " " " 73	12-4-43 L

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 [redacted] FORCE
ACTIVE SERVICE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] 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.

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(1) Name of Officer or Soldier COOPER ROBERT
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number NP VR 2238

(3) Unit Victoria Rifles of Canada

(4) Are you married? YES

(5) If married, state,

(*a*) Full name of your wife COOPER Hannah

(*b*) Present postal address of wife 5796 Eadie St. Ecre St Paul Montreal Que

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

(7) Are you a widower? No

(8) Have you any children? 2
If so, give number of boys and girls 2 BOYS
Also their names and ages RONALD 5 Yrs MELVIN 1 yr.

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

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

Name Mother

Postal Address as above

(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 No

(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 [redacted] 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 MILLER LILLIAN
6762 PARK AVE MONTREAL QUE Canada

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining [redacted] C.A.S.F. ✓

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

(17) Are you insured? YES

If so, in what Company? Group Sun Life Assurance of Canada

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.

R Cooper
(Signature of officer or man)

Date Sept. 15th 39

Officer Commanding [illegible]

Date 15/9/39

13-10-44

FB

AWARDS—CANADIAN ARMY (ACTIVE)

1821

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-C-9911

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
COOPER,	Robert	D-71107	Pte.	Black Watch (RHR)

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Hannah COOPER (WIDOW)

ADDRESS: ~~WHITE ROCK, B.C.~~ 2160 - E. 8th Ave Vancouver, B.C.

MEMORIAL B R

(1) DATE DESP.

REGN. NO. 15-16

(2) MEMORIAL CROSS

WIDOW Mrs. Hannah COOPER, (ENGLISH)

1821

ADDRESS: WHITE ROCK, B.C.

(2) FEB 9 1945 REGN No. 13346

(3) MEMORIAL CROSS

MOTHER Mrs. Lillian MILLER, (MFM5) (ENGLISH)

1821

ADDRESS: 6762 Park Ave., MONTREAL, Que.

(3) FEB 9 1945 REGN No. 13347