D72140
SLANEY
REGINALD WILLIA

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MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mr. Albert W. Slaney Father

ADDRESS: 5 Greenfield Ave.,
Greenfield Park, Que.

(2) MEMORIAL CROSS

WIDOW: (SINGLE)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: (DECEASED) MFM5

ADDRESS:

MEMORIAL B[illegible]R

(1)

DATE DESP.....

REGN. NO 193

(2)

(3)

6-6-44
(O.CL-510)

AWARDS—CANADIAN ARMY (ACTIVE)

FB

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-S-24245

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SLANEY, Reginald William Thomas	D-72140	L/Cpl.	Roy. Wpg. Rifles

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 C.V[redacted]M. & Clasp	7725 19-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

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

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: SLANEY (Block letters)

Given names: Reginald Thomas William

4. RESIDENCE

Street: Greenfield Ave. No. 5

Official name of civil municipality or township: Greenfield Park

Municipal county: Province: Quebec

5. SEX: M

6. NATIONALITY (Citizenship):

7. RACIAL ORIGIN:

8. Single, Married, Widowed or Divorced (*Write the word*): Single

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: December (Month) 22 (Day) 1920 (Year)

12. AGE OF DECEASED: Years 23 | Months | Days | If less than one day old ..... 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	SLANEY Albert	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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) ..... 19.... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 6 (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) Died of wounds due to received in action

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 ..... (State which) Date ..... 19....

Manner of injury ..... (How sustained)

Nature of injury .....

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

OVERSEAS CASUALTY CANADIAN ARMY

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

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

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

[signature] C.S.

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

JAN 22 1945

Regimental No. D-72140 Rank

Sheet No.

MFM 1 & 2
40/P & S/1 (3913)

Name SLAHEY R.W.T.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
	AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
(C62)	SOS SOS to 2 CIRU.	Pte	15 Mar 44	5 CIRU	UK	60	20 Mar 44
C103	TOS TOS from 5 CIRU	Pte	16 Mar 44	2 CIRU	UK	65	17 Mar 44
X104	SOS SOS to X4 List (RWR)	Pte	18 Apr 44	2 CIRU	UK	92	18 Apr 44
C86	am dD024 30 June 44 TOS TOS from X4 List	Rfn ~~A/L Cpl~~	27 May 44	RWR	UK	22	11 June 44
	To be A/L Cpl.	A/L Cpl	12 May 44	X List RWR	DAI.		
	X Died of wounds	Pte	6 Jun 44	RWR	CLA	456	16 June 44
C86	Reverts to Rfn	Rfn	25 May 44	XL RWR	21 a Gp.	23	28 June 44
C86	12 July 44 SOS X ~~SOS Killed in Action~~ Cancelled DO 31 d/26 Aug 44.	~~Rfn~~	~~8 June 44~~	~~RWR~~	~~21 a Gp.~~	~~24~~	~~30 June 44~~
m106	Embarked at U.K. on 3 June 44	Rfn ~~A/L Cpl~~		RWR	21 A G.	26	14 Jul 44
	Disembarked at France on 6 June 44						
	SOS died of wounds.	Rfn.	6 June 44	RWR	21 a Gp.	31	26 Aug 44

Regimental No. D 72140 Rank ..... Sheet No.....

Name SLANEY. R.W.T

MFM 1 & 2a
40/P & S/119 (3913)

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
					DO Number	Dated

Records MAY 24 1942
M. D. XI ...ved ...Observed ...Checked ...OCCUPATION/Card/STORY FORM...Observations...

MFM 196 MADE

ORIGINAL
DUPLICATE
TRIPLICATE

COMPLETED Sept. 1941

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

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

Unit Victoria Rifles of Canada, CASF. Regimental Number D 72140

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

IDENTITY CARD
MADE Sept. 1942
HANDED OUT
Oct. 1942

01 PTE

1. Surname: SLANEY
2. Christian Names: REGINALD WILLIAM THOMAS
3. Present address: 5 Greenfield Avenue, GREENFIELD PARK, QUEBEC. CANADA
4. Date of birth: 22 DECEMBER 1920
5. Place of birth: CANADA (Country) QUEBEC (County or Province) GREENFIELD PARK. (Town or Township)
6. Religion (state denomination): ROMAN CATHOLIC
7. Trade or Calling: LABOURER
8. Married, Widower or Single: SINGLE
9. Name of next of kin: MRS. ALBERT SLANEY
10. Relationship: FATHER
11. Address of next of kin: 5 GREENFIELD AVENUE. GREENFIELD PARK. QUEBEC.CANADA
12. Do you belong to, or have you served in the Active Militia of Canada? NO
13. Have you served in (*a*) The Canadian Active Service Force? (If Yes, Give Unit and Dates of Service) NO (Yes or No) (*b*) Any other Naval, Military, or Air Force? (If Yes, Give Regimental No. and Unit) NPAM 2nd BN. V.R.C. 3 Months (Yes or No)
14. Did you serve during the Great War 1914-1918? (If Yes, specify Unit and Period of Service) NO

(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Reginald William Thomas SLANEY 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 15th NOVEMBER 1940 Reggie Slaney (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Reginald William Thomas SLANEY do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Reggie Slaney (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. P.Q. this 15 th day of NOVEMBER 19 40

H. E. Stancapt {Signature of Magistrate, Justice or Attesting Officer.

VICTORIA RIFLES OF CANADA-C.A.S.F. {Office or Rank and Unit or appointment.

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

P

28.8/62

Record of Service of SLANEY (Surname) REGINALD WILLIAM THOMAS (Christian Names) Regimental Number D-72140

QUALIFICATIONS

Military: 3 MONTHS NPAM V.R.C.

Business or Professional: NIL

Trade or Civil: LABOURER

Technical: NIL

Languages: ~~ENGLISH~~ ~~Nil~~ English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: NIL (years completed)

Graduation or Matriculation: NIL (specify) NIL

*College: NIL

*University: NIL

7 YRS 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
15 Nov 40	D.D. 4	Joined on appointment T.O.S. VICTORIA RIFLES OF CANADA, C.A.S.F.	RFN	15 Nov 40	V.R.C.	MTL.	PT 2 DO-81	16 Nov 40
15.12.40		Proceeded from Montreal Que	"	15.12.40	"	"	PT-2 D.O. 106	15.12.40
20-12-40		Arrived at St. Johns Nfld (Adv. Party #7)	"	20-12-40	"	St. Johns	PT. II D.O. 14	21-12-40
25.3.41		120 hrs DETENTION — Conduct to the prejudice of etc. Aut. fort 5 days pay - Detn (AA 40)	—"—	25.3.41	—"—	—"—	Pt. II D.O. 37	26.3.41
30.4.41		Admitted Lester's Field Mil. Hospital	—"—	23.4.41	—"—	—"—	Pt. II. DO. 54	30.4.41
10.5.41		Granted 14 days Furlough	—"—	16.5.41	—"—	BOTWOOD	Pt. II. DO. 58	10.5.41
13.5.41		Discharged Lester's Field Mil Hosp.	—"—	29.4.41	—"—	St. Johns	Pt. II. DO. 59	13.5.41
7-6-41		Forfeits 2 days pay - 12 days CB AWL 2359/5-6-41 0140/7-6-41	✓	7-6-41	✓	Botwood	PT II DO 72	21-6-41
16-7-41		Admitted Lester's Field Mil. Hosp.	—"—	16-7-41	—"—	—"—	Pt II. DO. 83.	28.7.41
27.7.41		Discharged —"— —"—	—"—	27.7.41	—"—	—"—	Pt. II. DO. 86.	4.8.41
30-9-41		Proceeded from Airport Nfld	—"—	29-9-41	—"—	Airport	Pt II D.O. 116	29-9-41
9-10-41		Arrived Valcartier Camp	—"—	2-10-41	—"—	Valcartier	Pt II D.O. 118	6-10-41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full SLANEY - Reginald - William Date Nov 12 1940

Part 1. Information obtained from the recruit.

1. Age 19

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

a. Rheumatism — no
b. Tuberculosis — no
c. Bronchitis or asthma — no
d. Heart disease — no
e. Kidney or bladder disease — no
f. Gastro-intestinal — no
g. Rupture — no
h. Varicose veins — no
i. Flat or deformed feet — no
j. Nasal trouble — no
k. Ear disease — no
l. Eye disease — no
m. Epilepsy — no
n. Nervous or mental disease — no
o. Syphilis — no
p. Gonorrhoea — no
q. Have you ever worn glasses? — no
r. Are you now or have you in the past received disability pension or compensation? If so, give details — no

Reginald William Slaney
Signature of Applicant

Color vision Ishihara C.N.
Ears & reflexes N A. Delahaye Capt

URINE N
X'RAY N

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

1. Identification marks or scars. (If operative obtain history.)
1 vacc left arm scar 1 crt shin

2. Height 5 feet 5½ inches. 3. Weight 123 pounds.

4. Complexion Med Eyes Gray Hair Brown 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 31½ inches.
Range of expansion 2½ inches.

7. Vision, right 20-40 left 20-30 8. Hearing, right c v 20 left c v 20

9. Condition of mouth and teeth good, a few teeth missing

10. The abnormalities (congenital and pathological) found on examination are as follows

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

W. Smyth Lt Col (President) J. Mathieu Capt (Member) W. Tremblay Lt Col (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature
19-11-40	Vacc Modified Reactn
	Tdc 19-11-40
	3 26-11-40
	3-12-40 Gastro Capt
	Tetanus Toxoid 1cc. 19-11-40
	" " 1cc. 20-1-41
25/6/41	Cat. A. Re examined no change in Category

Date	Brief details and signature
10-1-42	½cc. TABT. A. L. Gordon Capt
27-9-42	½cc. TABT. A. L. G.
21/1/43	RE-EXAMINED, Ears, Eyes and Reflexes normal. Cat. "A."
21-4-43	Schick Test: Pos.
21.4.43	½cc. T.A.B.T. D. Goldschmidt Capt.

Y.O.B.	P	U	L	H	E	M	S
20	1	1	1	1	1	1	1

Y.O.B.	P	U	L	H	E	M	S
20	1	1	1	1	1	1	1

S W 21/4/43 J. Delahaye Capt.

Regtl. No. D-72140 Rank LFN Surname SLANEY Christian Name REGINALD WILLIAM THOMAS

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
St. Johns	20.12.40	23	4	41	29	4	41	Urethritis, Non-Specific	6	Discharged to Duty	For T.S. Perrett. Major
"	"	16	7	41	27	7	41		11	" " "	T.S.P. major
Esquimalt, BC	6-5-42	22	3	42	6	5	42	V.D.G.	15	Discharged to Unit	[illegible] Capt

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

5505

État de service du N° D-72140 Grade Rfn Feuille N° 2
Statement of the Service of No. Rank Sheet No.

Nom SLANEY Reginald Wm Thomas
Name

M.F.M. 1 & 2 (a) Fr.
10M-9-39 (2079)
H.Q. 1772-39-1646

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N° Partie II, Ordres du jour Liste des morts et blessés, etc. — Part II D.O. No Casualty list, etc.	Autorisation — Authority: Daté le — Dated
14-1-43		Entitled to regimental rate of pay $1.50 per diem Ar 144 FR&I	Rfn	1-1-43	VRC	Sussex	Part.II Do. 13	13-1-43
		Entitled to wear Mars Badge CARO 2754	"	1-1-43	"	"	13	13-1-43
21-1-43		Entitled to regimental rate of pay of $1.50 per diem CARO 2757 & 2772	"	1-1-43	"	"	13	13-1-43
		Granted 14 days furlough T/W A404207	"	19-5-43	"	"	Pt.II DO 136-9	15-5-43
Left Sussex, N.B.		1800 hrs. 12-9-43 ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~	"	12-9-43	"	~~Xxxxxxxxx~~ Sussex ~~Xxxxxxx~~.	" " " ~~260~~ 258	12-9-43
		Arrived at Niagara on the lake at 0800 hrs. 14-9-43	"	14-9-43	"	NOL	260	16-9-43
		Granted 7 days' privilage leave from 4 Oct. 43. to 10 Oct. 43 (CARO 3663) Granted 7 day' ration allowance (Art. 196-4 FR&I. /$0.50).	"	4-10-43	"	Allanburg Barracks.	279	5-10-43
		Granted permission to marry Miss Merion Elizabeth Sharp of Mt. Middleton, Kings Co., N.B. on or about 11 Dec. 43.	"	9-11-43	"	"	314	9-11-43
		Granted special leave under the provisions of CARO 699(4). from 0600 hrs. 10 Nov. 43. to 2359 hrs. 15 Nov. 43. Issued T/W A-519646.	"	10-11-43	"	"	315	10-11-43
		Struck off strength on posting to #2 D.D., Toronto, Ontario (DAAG MD 2 22-13-15 d/12-11-43)	"	15-11-43	"	"	D.O. Pt.11 320	15-11-43
		T. O. S. No. 2 D.D. ON TRANSFER FROM 1ST BTN. VICTORIA RIFLES OF CANADA	"	16 NOV 43	"	"	D. O. ~~273-43~~ 274-102	~~16 NOV 43~~ 17 Nov. 43
		S.O.S. ON TRANSFER TO SERIAL 599	"	22 NOV. 43	"	"	D. O. 276A	19 NOV 43
		T.O.S. C.A.(A.F.) OVERSEAS ON EMBARKATION ON 24 Nov. 43						
		T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 25 Nov. 43 AND DISEMBARKED ON 1 Dec. 43.	Pte	2 Dec. 43	50	U.K.	234	4 Dec. 43

État de se[illegible] du N° D-72140 Grade RFM. Feuille N° 1
Statement of the [illegible]ce of No. Rank Sheet No.

Nom SLANEY REGINALD Wm. THOMAS.
Name

M.F.M. 1 & 2 (a) Fr.
10M-9-39 (2079)
H.Q. 1772-39-1646

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N° Partie II, Ordres du jour Liste des morts et blessés, etc. — Part II D.O. No. Casualty list, etc.	Autorisation — Authority: Daté le — Dated
7.11.41		Proceeded from Valcartier.	RFM	17-10-41	VRC	VALCARTIER	Pt. II. Do. 127	7.11.41
7.11.41		Arrived Nanaimo. B.C.	—"—	17-10-41	—"—	NANAIMO	Pt. II. Do. 127	7.11.41
29.10.41		4 Days' Fort. Awl: 2400/15-10-41 to 1530/17-10-41 Forfeiture 6 days pay - AWL.	—"—	24.10.41	—"—	—"—	Pt. II. Do. 125	29.10.41
20-12-41		STOPPAGE 10¢ PAY. BARRACK DAMAGE.	"	20-12-41	"	"	PT. 11. DO. 145	20-12-41
24-3-42		Admitted Esquimalt Military Hospital (sick)	"	22-3-42	"	Colwood	Pt. II Do 67	24-3-42
28-3-42		Hospital Stoppage of 75 cents($0.75) per day						
		(MFD 869, Art 222-1b-ii FR&I)	"	22-3-42	"	"	PT*II DO. 70	27-3-42
22-4-42		Discharged Esquimalt Military Hospital	"	6-4-42	"	"	Pt. II Do. 77	27-4-42
22-4-42		Hospital stoppages of $0.75 per day from 22-3-42 until 6-4-42	"	6-4-42	"	"	Pt. II. Do. 77	7-4-42
8-7-42		Granted 14 days'furlough T/W A-150319	"	8-7-42	"	Esquimalt	Pt.II. Do. 160	8-7-42
5-8-42		Proceeded from Macaulay Camp, B.C.	"	3-8-42	"	"	Pt.II. Do. 186	3-8-42
10-8-42		Arrived Dartmouth, N.S., 0830 hrs.	"	9-8-42	"	Dartmouth	Pt. 11 DO 187	10-8-42
26-8-42		On 24 Aug 42 Awarded 14 days' CB for AWL from2359/21-8-42 to 2315/22-8-42 Forfeits 1days'pay FOR AWL (Art 149-1aFR&I)	"	24-8-42	"	"	Pt.II. Do. 200	26-8-42
14-9-42		Proceeded from Dartmouth, N.S.	"	7-9-42	"	"	Pt II DO 212	7-9-42
		Arrived Sussex, N.B.	"	8-9-42	"	Sussex	Pt II DO 213	9-9-42
6-12-42		Awarded St John Ambulance Certificate	"	6-12-42	"	"	Pt.II. Do. 291	6-12-42
3-1-43		Entitled to wear 1 Black Service Chevrons	"	3-1-43	"	"	Pt.II. Do. 3	3-1-43

SoS deceased 6 Jun 44

SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)
40/P & S/412 (3006)

(PART II)

Regiment or Corps R. WINNIPEG RIFLES Regimental Number D 72140

Substantive Rank Rfn Surname SLANEY Christian Names R. W. T.

Acting Temporary or Local Rank

(To be entered in pencil to facilitate alteration)

HOSPITALIZATION ONLY

(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 shown
17 Jun 44							
17 Jun 44	3014	R.W.R.	Adm 162 FDS	Field	6 Jun 44	[illegible]	24-44 (26
"	3014	"	Discharged (DIED OF WOUNDS	"	6 Jun 44	"	35-44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

MFM 4 (Part I)
AFB 103 (Part I)
40/P&S/318 (5[illegible])

Unit THE ROYAL WINNIPEG RIFLES Regimental Number D.72140

		(17) Regiment or Corps	Unit (Battn, etc)
1.	Surname SLANEY		
2.	Christian Names Reginald William Thomas	R Wpg Rifs	1st Bn.
3.	*Substantive Rank and Appointment Rfn		
	*Acting Temporary or Local Rank		
	giving date		

*To be entered in pencil to facilitate alteration

4.	Place of birth Greenfield Park Quebec Canada	(18) Medical		
5.	Date of birth as declared on attestation 22 DEC 1920			
	(A)	Category	Date	Authority
6.	Date of enlistment 15 NOV 1940			
7.	Place of enlistment Montreal Quebec Canada	A	21 APR 43	M.B.
8.	Residence at time of enlistment Greenfield Park 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 Roman Catholic			
12.	If married, state date	(19) Next of kin (entries to be made in pencil)		
13.	Trade on enlistment Labourer			
14.	Corps, trade and grade	Albert Slaney (Father)		
15.	(D) Qualifications First Aid	South Greenfield Avenue,		
16.	(E) Miscellaneous entries			
		(20) E Greenfield Park		
		(21) E Quebec, Canada.		
		(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 1.	(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
			Awarded St. John's Ambulance Certificate	Canada	6 Dec 42	Pte	
			Increased rates of pay of $1.50 per diem	"	1 Jan 43	Pte	
		5CIRU	SoS Cdn Army (Canada) - embarkation	UK	24 Nov 43	"	
		"	ToS Cdn Army (O/S) on transfer	"	25 Nov 43	"	
		"	Disembarked in UK	"	1 Dec 43	"	
		"	ToS 5CIRU	"	2 Dec 43	"	234 - 43
		"	Awarded the Cdn Vol Serv Medal	"	15 Jan 44	"	17 - 44
		"	SoS to 2 CIRU	"	15 Mar 44	"	60 - 44
		2 CIRU	ToS from 5 CIRU	"	16 Mar 44	"	65 - 44
		"	SoS to x4 List (RWR)	"	18 Apr 44	"	92 - 44
	x4 9Bn	RWR	ToS from 2 CIRU	"	19 Apr 44	"	14 - 44
	"	"	To be A L Cpl	"	12 May 44	A/L/Cpl	18 - 44
	"	"	SoS to R. Wpg. Rifs	"	26 May 44	"	20 - 44
	CO	RWR	ToS from x4 (RWR) demand EAR 3/81 d/25 May 44	Fd	27 May 44	Rfn	22 - 44
	x4 RWR	x4	Reverts to Rfn	"	25 May 44	Rfn	23 - 44
	CO	RWR	SoS ~~to x3 (RWR)~~ killed in action	"	8 Jun 44	"	24 - 44

x4 supplement 3 Jul 44

SERVICE AND CASUALTY FORM

(PART II)

M.F.M. 4 (a) (Part II)
40/P&S/412 (11/42)

Regiment or Corps R.W.R. Regimental Number D.12140

Substantive Rank PTE. Surname SLANEY Christian Names R.W.T

Acting Temporary or Local Rank .....

(To be entered in pencil to facilitate alteration)

(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 shown
X4	RWR	9 Bn	Tos from 2 C/R4	Field	19 Jun	Pte	X4 26 Jun 44
X4	RWR	9 Bn	SOS Died of wounds at 2 FDS	~	6 Jun	~	24 Jul 44

COPY
I.E.P.

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
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*) 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..... SLANEY, Reginald William Thomas
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental or Official Number and Rank... D-72140 Rfn.

(3) Unit..... Victoria Rifles of Canada, CASF.

(4) Are you married?..... No

(5) If married, state,

(*a*) Full name of your wife..... No

.....

.....

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

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

.....

(7) Are you a widower?..... No

(8) Have you any children?..... No ..... Number of boys..... No ..... Girls..... No .....

Names and ages.....

.....

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

.....

.....

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

Name.....

Postal Address.....

.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

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

.....

.....

(11) Is your father alive? Yes

If so, state name and address, occupation Albert Slaney, Engineer

5 Greenfield Ave., Greenfield Park, P.Q. Canada.

(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 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? No

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

.....

(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? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months.....

.....

(18) Are you insured? No

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

Have you made arrangements for payment of your Insurance Premium?.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

(Sgd.) Reggie Slaney
(Signature of officer or man)

Date 15 November 1940

(Sgd.) G.E. Starke Capt.

For Officer Commanding VICTORIA RIFLES OF CANADA C.A.S.F.

Date 15 November 1940

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.

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: REGINALD William Thomas SLANEY (b) Reg'l. No. D. 72140
2. (a) Arm of service: ARMY (b) Unit: 14th Bn Victoria Rifles of C (c) Rank: Rfn
3. (a) Date of birth: 22 Dec 2 (b) Have you any dependents? NO (c) Place of residence at time of enlistment: GREENFIELD PARK P.Q.
4. (a) Place of enlistment: MONTREAL P.Q. (b) Date of enlistment: 15 Nov 40

Section B—EDUCATION AND TRAINING

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

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): NOT 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? No
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: WOODCRAFT
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment: Nil
15. Give details of last employer, if any: Name: No 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: Address:
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.):
20. (a) Your specific occupation: (b) Number of years' experience at this occupation with any employer:
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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: LEARN AERONAUTICAL ENGINEER

DATE: 11 Sept 194 / SIGNATURE: Reginald S Laney

FOR COMPLETION AND RETURN BY

Form [illegible]64

Mr. Albert W. Slaney,
5 Greenfield Ave.,
Greenfield Park,
Quebec.

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-S-24,245 FD 327

ESTATES BRANCH
AUG 2 1944
H. Q.
OTTAWA.
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

July 18, 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

SLANEY, Reginald W m. T. A/L/Cpl.,

D.72140 C.A. O/S

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.

for Director of Estates.

CS/MV

M.F.W. 77
6-44 (4878)
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.....		not applicable		
2	Children of the Deceased and dates of their Births.....		not applicable		
3	Father of the Deceased.....		Albert William Slaney	69	5 Greenfield Ave. Greenfield Park, Que.
4	Mother of the Deceased.....		Deceased		
5	Brothers of the Deceased	Full Blood	Albert Slaney Charles Slaney James Slaney Cecil Slaney Russell Slaney Adolph Slaney Victor Slaney	36 34 29 33 31 19 26	580 Green Ave. Mtl. #3 Grant St. Longueuil R.C.A.F. O/S 3429 Verdun Ave Verdun R.C.E. O/S Merchant Marine) - R.C.N.V.R.) - 5 Greenfield Ave. Greenfield Park Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Elizabeth Slaney Bray Georgina Slaney	39 37	1762 Centre St. Mtl. 1177 St. George St. Mtl.
		Half Blood			

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Reginald William Thomas
9	Date of his birth.	December 22nd. 1921
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	Sydney Mines N.S. October 7th,1903

PARTICULARS OF DOMICILE

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

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	not to my knowledge
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	not married
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
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none to my knowledge
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$ 200.00 bearer Bonds Bank of Montreal, St. Lambert
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

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.	none 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

* ~~xx~~ -- 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.

Albert William Slaney — Signature of Informant

5 Greenfield Ave., Greenfield Park, Que. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief the Albert William Slaney {Name of informant} is the* father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Greenfield Park this thirty first day of July 19 44

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

Rev. A. Trahan Qualification Pastor

Address 26 Churchill Blvd. Greenfield Park

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D72140 RANK A/L/Cpl SERVICE UNIT The Royal Winnipeg Rifles (CA).

NAME SLANEY, Reginald William Thomas

DATE OF BIRTH DAY 22nd MONTH December YEAR 1920 Enlisted: 15-11-40

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 5 Greenfield Ave., Greenfield Park, Que.

NAME ADDRESS D.A.B. Mr. Albert W. Slaney

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 6868 H.Q. 405-S-24,245

CASUALTY DETAILS Died of wounds

DATE 6-6-44

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

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

DATE 19-6-44

PAL

T. D'Orsonnens Lt
OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

FORM NO. 6B.

A 70
S 70

WESTERN UNION

(THE WESTERN UNION TELEGRAPH COMPANY)

(INCORPORATED IN THE STATE OF NEW YORK, U.S.A., WITH LIMITED LIABILITY.)

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ANGLO-AMERICAN TELEGRAPH CO., LD. CANADIAN NATIONAL TELEGRAPHS.

RECEIVED AT 22 GREAT WINCHESTER STREET, LONDON, E.C.2. (TEL. LONDON WALL 1234.)

DEC 24 A 4 05

MO371 MONCTONNB 20/19 GLT 23

D72140 PTE R SLANEY

NO5 CIRU CANRECORDS LDN=

3670.

PASSED BY CENSOR No. T 63

=HAPPY BIRTHDAY DEAR AND A VERY MERRY XMAS LOVE=

=MARION SHARP.

1366

Please send your Reply - ***"Via WESTERN UNION"*** *You may telephone us for a messenger*

No D.72140 Rank L/Corporal Name SLANEY, Reginald Thomas William

Unit Royal Winnipeg Rifles Date of death 6th June, 1944.

Died at France

Cause Died of wounds received in action.

Death occurred on strength of Forces. HQ 405-S-24245 d 19-6-44

N/K Mr. Albert W. Slaney Relationship Father

Address 5 Green field Avenue, Greenfield Park, P.Q.

Remains buried in Cemetery

MR.960848 sheet 7F/5. Orchard of Mr. Guddeville Graye-sur-Mer, France.

Grave location

CHK

OVER

DEATH CERT. TO N.K. FEB 20 1946

BURIAL REPORT TO N.K. JAN 22 1945

RETURN TO BUR. OF STAT. JAN 22 1945

ROYAL MESSAGE DESP'D. JUL 15 1944

CAN. MESSAGE DESP'D. 28/6/44

REBURIAL

Beny-sur-Mer Canadian Military Cem.
Beny-sur-Mer, France.

Grave 11, row C, plot 5.

HI & CR Form Despd. JAN 22 1947

Photographs
Despatched
JUL 29 1947

VICTORIA RIFLES OF CANADA ATTESTATION

Taken on Strength	Authority	Reg. No.
AUG 14 '40	R07	~~D-3029~~ ~~D-502655.~~ S-450
Approved		Company D

1. What is your name? (Surname, Block Letters) Slaney
   (Christian Names) Reginald William Thomas
2. What is your address? 5 Greenfield Ave. Greenfield Park
3. Employer's name? —
4. Employer's address? —
5. Date of birth? 22/12/21 6. Country of birth? Canada 7. Religion? R. C.
8. Trade? Service Station Attendant 9. Married or single? Single
10. Next of kin? Father 11. Name of next of kin? Albert Slaney
12. Address of next of kin? 5 Greenfield Ave. Greenfield Park
13. Have you ever served in any military forces? no.

If so, give particulars:

MEDICAL EXAMINATION

Height 5' 6" Weight 119 Chest 35/32 Hernia

Heart Lungs Sight Hearing

Marks Scar left shin

Date Aug 14/40 Med. Category A Signature [illegible] M.O.

DECLARATION ON ATTESTATION

I, the undersigned Reginald W.T. Slaney do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested and serve in the Victoria Rifles of Canada for a term of three years or until I am legally discharged, and do understand the terms and nature of this engagement; that I will safeguard all clothing, arms and equipment issued to me and will return same when required; that I will report all changes in address of myself, my employer or my next of kin to my Commanding Officer. Furthermore, I understand and agree that all ordinary regimental pay that may be credited to this regiment in my name shall be devoted to such regimental purposes as may be deemed requisite from time to time by the Commanding Officer.

Witness [illegible] Rank 2/Lieut Date 14/8/40 Signature of Recruit Reginald Slaney

OATH TO BE TAKEN

I, Reginald W.T. Slaney do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witnessed [illegible] Signed Reginald Slaney

Oath administered at MONTREAL, QUE. by [illegible]

AUG 14 '40

Date 19

EXAMINED FOR RE-ENGAGEMENT			RE-ENGAGED	
Date	Med. Cat.	Signature M.O.	Date	Authority

TRANSFER - PROMOTION - REDUCTION		
Date	Detail	Authy.

CERTIFICATES - QUALIFICATION.		
Date	Detail	Number

MEDALS and DECORATIONS	Authy.

DECLARATION ON RE-ENGAGEMENT

I, No....., ...do hereby agree to re-engage for a further period of three years in this regiment from .....19....., under the same terms and conditions as on my original enlistment, and do solemnly promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

....
Witness *Signature*

The above oath was administered by me at.....

this.....day of.....19.....

.....
(*Rank and name of Attesting Officer.*)

DECLARATION ON RE-ENGAGEMENT

I, No....., ...do hereby agree to re-engage for a further period of three years in this regiment from .....19....., under the same terms and conditions as on my original enlistment, and do solemnly promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

....
Witness *Signature*

The above oath was administered by me at.....

this.....day of.....19.....

.....
(*Rank and name of Attesting Officer.*)

DECLARATION ON RE-ENGAGEMENT

I, No....., ...do hereby agree to re-engage for a further period of three years in this regiment from .....19....., under the same terms and conditions as on my original enlistment, and do solemnly promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

....
Witness *Signature*

Rank				
Initials				
AWARD				
CHARGE				

APPLICATION FOR PERMISSION TO MARRY

(One copy only to be completed)

NOTE: Study the notes on page 2 before completing this application.

Date 2 November 1943

1. I, D72140 Rfn Slaney R.W.T.
(Number) (Rank) (Surname) (Initials)

1st Bn Victoria Rifles C.A. hereby apply for permission to
(Unit)

marry Marion Elizabeth Sharp. of
(Proposed wife's name in full)

Mt. Middleton, Kings Co. N.B.
(Proposed wife's address in full)

---

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

(a) PARTICULARS OF SOLDIER:

(i) Date of birth 22 December 1920

(ii) Date of enlistment 15 November 1940

(iii) In receipt of tradesmen's rates, Class n/a.

(iv) Marital Status (Strike out words inapplicable)—Soldier to initial:

Bachelor.
~~Widower.~~ — R W J

Name of deceased wife.....

Date of death of deceased wife.....

~~Divorced.~~ R W J

(*See* para. (5) of Routine Order and note on page 2 of this application, number (vi).)

Name of former wife.....

Date of divorce decree.....

Place where divorce granted.....

(v) Particulars of dependents in receipt of Dependents' Allowance, if any:

Name (or names) of dependents.....

.....

Relationship of dependents.....

.....

Amount of Dependents' Allowance.....

Amount of assigned pay $23.00 to Father —

How, and by whom, dependents will be supported after marriage Father is independent. Pay assigned for savings.

(b) PARTICULARS OF PROPOSED WIFE:

(i) Date and place of birth 12 January 1925. Middleton N.B.

(ii) How long you have known her Thirteen months

(iii) Present nationality Canadian

(iv) Name and address of nearest relative Charles Z. A. Sharp (Father)
M.T. Middleton - Kings Co N.B.

M.F.M. 228
50M—11-42 (7246)
H.Q. 1772-39-1950

Date of marriage
11 Dec.

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

as set out in para. 2 *(a)* of this application, and that I am legally free to marry Marion Elizabeth Sharp.
(Name of proposed wife)

R Slaney.
(Signature of applicant)

NOTES: (i) A certificate of the proposed wife's good character, signed by a responsible citizen, such as a clergyman, public official, school teacher or employer, must be attached to the application.

(ii) If the proposed wife is under the age of 18 years, the written consent of her parent or guardian must be attached to the application.

(iii) If the applicant is under the age of 19 years, the written consent of his parent or guardian must be attached to the application.

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4. DECISION OF COMMANDING OFFICER

approved.
(See note at para. (vii) below)

Date 5 Nov at 3 Signature [illegible]

Commanding 12th Bn RRC Coy.

NOTES FOR ATTENTION OF COMMANDING OFFICERS

5. (i) After permission to marry has been published, this form will be forwarded, through the usual channels, to the Officer i/c Records, National Defence Headquarters, Ottawa, Ontario.

(ii) Attention is drawn to the Routine Order covering the subject of "Permission to Marry"; viz.: No. 2242.

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

(iv) Where permission to marry is granted, such permission will not apply to a marriage to any person other than the woman whose name is given in para. 1 of this application.

(v) In the case of personnel declaring they have been divorced, the Commanding Officer will require them to produce the original divorce judgment, or a certified court copy thereof, before permission to marry may be granted.

(vi) The Part II Order showing that permission has been granted will include the name of the proposed wife.

(vii) In case of refusal for permission to marry, reasons will be stated by the Commanding Officer, in his own handwriting, in para. 4 above.

TO BE COMPLETED IN DUPLICATE

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

M.F. M.10
40/P & S/423 (3311)

WILL

(1) I, Reginald William Thomas Slaney (Names in Full), of the Town (City, Town Village, Township)

Address in civil life.

of Greenfield Park, in the District / County of .....

Province of Quebec, Labourer (Civil Occupation)

Regimental No. D-72140, Unit C.I.C., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

My Father.
Albert Slaney
5 Greenfield Ave
Greenfield Park Que.

6

All my estate

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 Albert Slaney (Name) 5 Greenfield Ave (Address) Greenfield Park P.Q.

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

IN WITNESS WHEREOF I have hereunto set my hand this 4th day of Dec. 19...43

Signed and acknowledged by the Testator as and for his last will 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.

R Slaney
(Signature of soldier)

First witness sign here.

(5) Signature Victor Lavoie

Civil Address 32 Stayner Avenue, Westmount, Que.

Civil Occupation Salesman

Second witness sign here.

Signature C. Powell.

Civil Address 420 Walmer Rd. Toronto, Ont.

Civil Occupation Stock Broker

(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 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 (both copies) with Commanding Officer for transmission to the Records Office for safe custody.

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

OFFICER I/C RECORDS
A. G.
BRANCH
JAN 26 1944
H. Q.
OTTAWA
NATIONAL DEFENCE

405-S-24245

FIELD SERVICE MBR 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: Royal Winnipeg Rifles — Squadron, Troop Battery or Company: .....

Officer's Personal No. (if known) Soldier's Army No.: D-72140 — Rank: Rfn

Surname: SLANEY, — Christian Names: R.

Died — Date: 6 JUN 44 — Place: FRANCE

Cause of Death*: Died of Wounds

Nature and Date of Report: AFW 3014/26 15 JUN 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: Orchard of Mr Guddeville, France, Graye-Sur-Mer 7F/5 960848 — Date: .....

By whom reported: K Stuart C.F. V Johns C.F.

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

(b) as a separate document: Not Received

12

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: England, 25 JULY 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W Maxine Lieut

Officer IC Effects Section
for Officer IC
Cdn Sec GHQ 2nd Ech 21 A Gp

MILITIA BOOK M. 1

250M—10-42 (5040-2 & 5282)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE AND PAY BOOK

D-72140, PTE, R.W.T. SLANEY

A of H

For
Honour
and
for
Her!

D-72140, PTE. R.W.T. SLANEY

For Honour and for Her?

SOMEWHERE, a woman, thrusting fear away,
Faces the future bravely for your sake;
Toils on from dawn till dark; from day to day;
Fights back her tears, nor heeds the bitter ache;
She loves you, trusts you, breathes in prayer your name;
Soil not her faith in you, by sin or shame.

Somewhere a woman—mother, sweetheart wife—
Waits betwixt hopes and fears for your return;
Her kiss, her words, will cheer you in the strife,
When death itself confronts you, grim and stern;
But let her image all your reverence claim,
When base temptations scorch you with their flame.

Somewhere a woman watches—filled with pride;
Shrined in her heart, you share a place with none,
She toils, she waits, she prays, till side by side
You stand together when the battle's done.
O keep for her dear sake a stainless name.
Bring back to her a manhood free from shame.

MARGARET SCRUTON

LONDON : THE ALLIANCE OF HONOUR,
Leysion Chambers, 112-114 City Road, E.C.1.

December 2/43 Thurs-day

25th June, 1944

Mr. Albert W. Slaney,
5 Greenfield Ave.,
Greenfield Park, Que.

Dear Mr. Slaney:

It is with deep regret that I learned of the death of your son, D-72140 Acting Lance Corporal Reginald William Thomas Slaney, who gave his life in the Service of his Country in France on the 6th day of June, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,
H. F. G. LETSON
Major - General
Adjutant - General

JUN 23 1944

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

1116

7

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D.42140 Rank a/L/Cpl. Surname Slaney Christian Name Reginald W.T.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
Royal Winn. Rifles.									Died of Wounds 6-6-44 Wounded 6-6-44		A435

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Reginald William Thomas SLATTERY (Christian Names) (Surname) Register No. D-5-965

PAYEE'S NAME DIRECTOR OF ESTATES (Christian Names) (Surname) File No. 405-5-24245

Date 16-10-45

ADDRESS ..... Service No. D 72140

..... Final Rank RFN

DATE OF TERMINATION OF OVERSEAS SERVICE 6-6-44 Date of Discharge 6-6-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1286}{30}$ = 42 (26) Periods @ $7.50	315	00
B. QUALIFYING OVERSEAS SERVICE No. of days 195 less 26 Ineligible days, equal 169 Days @ 25c. per day	42	25
	357	25
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 ✓ Additional Pay $ ✓ Dependents' Allowance 1/30 $ ✓ $ ✓ TOTAL $ 2.75 × 7 = $ 19.25 No. of Days $\frac{195}{183}$ × $ 19.25	20	51
D. WAR SERVICE GRATUITY Computed By [signature] ✓	377	76
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By [signature] ✓		
F. AMOUNT PAYABLE (This amount is payable in .....monthly instalments of $.....each)	377	76

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

$..... × 30 = $.....

REMARKS

50M—8-45 (7827)
H.Q. 1764-81-3

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Reginald William Thomas (CHRISTIAN NAMES) SLANEY (SURNAME)

REGISTER NO. D-5968
FILE NO. 405-8-24245
DATE 16-10-45
SERVICE NO. D-72140
FINAL RANK OR RATING Rfn.
DATE OF DISCHARGE 6-6-44

PAYEE Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 6-6-44

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1286/30 EQUAL TO 42 COMPLETE PERIODS AT $7.50	315.00	
B. QUALIFYING OVERSEAS SERVICE No. OF DAYS 195 LESS 26 INELIGIBLE DAYS, EQUAL TO 169 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	42.25	
	357.25	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY $1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.25		
ADDITIONAL PAY $		
$		
$		
DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $		
TOTAL $2.75 X7 = $ 19.25		
NO. OF DAYS 195/183 X$ 19.25	20.51	
D. WAR SERVICE GRATUITY	377.76	
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	377.76	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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
KDM	

TREASURY	
CHECKED BY	DATE

SERVICE REPRESE

CFA 187
40/P & S/[illegible]0 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-72140 A/L/Cpl. Slaney R. W. T. (Deceased)

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon 21 Army Group

CHECKED BY ..... C-5591 Pte. Patterson L.K.
B-126252 Cpl. Sislofsky A. DATE 23 Nov 44

1	C.V.S.M. and Clasp		
1	Black Leather Wallet		
	Snapshots		
1	Newspaper Clipping in Case		

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

TRIPLICATE — with effects.

A Sislofsky Cpl
for OC 1 Cdn KSD