

D7216
MCLEAN
DONALD

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

MEMORANDUM FOR

P. 64

Mrs. Charlotte McLean,
2425 St. Antoine Street Apt. 1.
Montreal, Quebec,

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

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

and the following number quoted:—

H.Q. 405-M-17,091 FD 488

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

January 4 1943

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

McLEAN, Donald Gnr. D-7216

4th Field Regiment, R.C. A.

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

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



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree inquired for	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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	Alexander McLeau.	✓	Dead.	
4	Mother of the Deceased.....	Charlotte McLeau.	63.	2425 d'antone st. ^{montreal}	
5	Brothers of the Deceased	Full Blood	alex. mc leau. Kenneth. mc leau. Fred. mc leau.	37 31. 27.	783 Sigenus St. Montreal. 2425 d'antone st. ^{montreal} Over seas.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mary Kelly. Kay McKinnon. Margaret Hague.	39. 32. 24.	Beauport Quebec. 2425 d'antone st. 2425 d'antone st. apt. 7
		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		

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Donald M. Leau.
11	Give the month and year of his birth.	Dec ^r 29. 1908.
12	Where and when were his parents married?	Oct ^r 29. 1903. Lachine Quebec.
13	If deceased was married, state place and date of marriage. Was there a marriage contract?	No.
14	Did he leave a Will? If so, a copy should be attached hereto.	No.
15	Did he leave a bank account? If so, give full particulars.	No.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No.
17	State your own postal address in full.	24.25. St. Antoine St. Montreal Queb. ^{april 1.}

PARTICULARS OF DOMICILE

18	Where was deceased born?	Georgiville, Quebec.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Georgiville, 9 years. St. James de Belleme, 20 years. Montreal 5 years
20	What was the nature of his employment?	Houseman - Mch. Royal Hotel Montreal.
21	Did he own the premises in which he lived? If so, where?	No.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No.

OTHER PARTICULARS

23	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.
24	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. (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, 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.)	No.

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for ; and that I am the

* mother of the deceased.

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

Mrs Charlotte McLean

{Signature of Informant

CERTIFICATE

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

*See above Mrs Charlotte McLean { Name of Informant } is the * mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 9 day of January 1943

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

S. Hulin C.S.C.

Qualification.....

Address 2000 St Antoine Montreal



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 enquired after is stated in its proper place in the Statement opposite.

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

D43758

Ple. Kenneth McLean.

R.A.M.C. was on active service overseas for 17 months. Now discharged from army.

~~ORIGINAL~~
DUPLICATE
~~TRIPPLICATE~~

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 27 Bty. 1 A.T. Reg't. RCA Regimental Number D-7216

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

1. Surname..... MCLEAN
2. Christian Names..... DONALD
3. Present address..... 2327 St. Antoine Street, Montreal, Quebec, Canada.
4. Date of birth..... 29 December 1913
5. Place of birth..... Canada Quebec Magog
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... United Church of Canada
7. Trade or Calling..... Steel Worker
8. Married, Widower or Single..... Single
9. Name of next of kin..... Mrs. Charlotte McLean
10. Relationship..... Mother
11. Address of next of kin..... 2327 St. Antoine St., Montreal, Quebec, Canada.
12. Do you belong to, or have you served in the Active Militia of Canada?..... no
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force?..... no
(If Yes, Give Unit and Dates of Service) (b) Any other Naval, Military, or Air Force? no
(Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918?..... no
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, DONALD MCLEAN 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 5 July 1940.
Donald McLean (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, DONALD MCLEAN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
Donald McLean (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, Quebec this 5th day of July 19 40

W. Bates Major (Signature of Magistrate, Justice or Attesting Officer.)
COMMANDING No. 4 DISTRICT DEPOT, 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

Record of Service of **MCLEAN** **DONALD** Regimental Number **D-7216**
 (Surname) (Christian Names)

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... **nil**
 Business or Professional..... **nil**
 Trade or Civil..... **Steel Worker**
 Technical..... **nil**
 Languages..... **English & French**

High School } **no** Graduation } **no**
 or } (years completed) } or } (specify)
 Collegiate }
 *College..... **nil**
 *University..... **nil**
7 Years Public Schooling.
 *(Name of institution, courses or years completed, and degrees obtained to be shown)

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

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.	Dated
5 Jul 40	DRO	Joined on appointment No. 4 DISTRICT DEPOT CASF	Gunner	5 Jul 40	4 DD	Montreal	4 DD Pt II-170	5 Jul 40
11 Jul 40	4 DD	Attached for all purposes to Army Transport Detachment Attached to REATE	"	11 Jul 40	"	"	" " -175	11 Jul 40
		1. Antwerp ON 13.12.40						
		TOS CASF (CANADA) ON EMBARKATION AT Antwerp ON 13.12.40						
		TOS CASF (OVERSEAS) ON TRANSFER ON 13.12.40 AND DISEMBARKED AT Quebec ON 25.12.40						
		TOS 1 CDN. ARTILLERY HOLDING UNIT.	Gnr.	26.12.40	1CAHU	Eng.	D.O. 174	27 28.12.40
		✓ Landing leave 12/1/41	"	6/1/41	"	"	12	19/1/41
		✓ S.O.S. to 4th Fd Regt	"	22 Feb 41	"	"	39	24 Feb 41
		✓ S.O.S. on trans from 1, C.A.H.U.	"	23 Feb 41	4th Fld Rgt	Field	11.	7, Mar. 41.
		✓ priv. leave to 24, Apr. 41. 9 days	"	15, Apr 41	4th Fld Rgt	"	20.	18, Apr. 41.
		✓ adm. to 11th Field Amb.	Gnr.	19, July 41	4th Fld Rgt	U.K.	39.	1, Aug. 41
		✓ leave, 7 days (2nd. priv) no. W.	Gnr.	26 Aug 41	4th Fld Rgt	U.K.	44	31, Aug. 41
		✓ Disch from 11 Fld Amb.	Gnr.	23 July 41	4th Fld Rgt.	U.K.	8	25 Feb 43

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

Na
 l.
 a.
 b.
 c.
 d.
 e.
 f.
 g.
 h.
 i.
 j.
 k.
 1
 2
 4
 6
 7
 9
 10
 Sp
 an

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Recr Mclean Donald Date June 28, 1940

Part 1. Information obtained from the recruit.

1. Age 27 26 2. Have you ever suffered from any of the following diseases?
- | | | | |
|-----------------------------------|-----------|--|-----------|
| a. Rheumatism..... | <u>no</u> | k. Ear disease..... | <u>no</u> |
| b. Tuberculosis..... | <u>no</u> | l. Eye disease..... | <u>no</u> |
| c. Bronchitis or asthma..... | <u>no</u> | m. Epilepsy..... | <u>no</u> |
| d. Heart disease..... | <u>no</u> | n. Nervous or mental disease..... | <u>no</u> |
| e. Kidney or bladder disease..... | <u>no</u> | o. Syphilis..... | <u>no</u> |
| f. Gastro-intestinal..... | <u>no</u> | p. Gonorrhoea..... | <u>no</u> |
| g. Rupture..... | <u>no</u> | q. Have you ever worn glasses?..... | <u>no</u> |
| h. Varicose veins..... | <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details..... | <u>no</u> |
| i. Flat or deformed feet..... | <u>no</u> | | |
| j. Nasal trouble..... | <u>no</u> | | |

+ Donald Mclean
Signature of Applicant

Ears normal color vision (ishihara CN A. Delahaye Capt. Reflexes normal

heart lungs OK

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

1. Identification marks or scars. (If operative obtain history.)
1 NIL
2. Height 5 feet 5 1/2 inches. 3. Weight 152 pounds.
4. Complexion fair Eyes green 5. Development good Good
Fair
Poor
Hair L. brown
6. Chest measurement—Girth on full expansion 37 inches.
Range of expansion 4 inches.
7. Vision, right 20-20 left 20-20 8. Hearing, right wv20 left wv20
9. Condition of mouth and teeth bad caries f f
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.....

G. Coppens Lt President R. Ferguson Lt Member C. B. Bayin Lt Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
31-7-40	T.A.B. 1		
10-9-40	T.A.B. 2		
17-10-40	" 3		
31-7-40	Vacc Positive		
31-7-40	Tetanus Toxoid 1cc		
10-9-40	Tetanus Toxoid 1cc		
28-6-40	X-Ray chest neg.		
18-3-41	T.A.B. 1 c.c.		
18-3-41	a. 4. 1 c.c.		
30-6-41	T.A.B. 1/2 c.c.		

Regtl. No. D-7216 Rank Gunner Surname MCLEAN Christian Name DONALD

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				

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

Statement of the Service of No. D. 7216.Rank Genr.

Sheet No.

M.F.M. 1 & 2A
40/P & S/119D. 7216.Name McLean, Donald

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		(H.R. + 8.149.2.) 4 days pay for off Dec 15.200. Genr. 8, Oct 41 4, Field Regt U.K. 55. 31, Oct. 41						
		Leave, 7 days (3rd. priv) no W. Genr. 20, Nov 41 4, Field Regt U.K. 63. 17, Dec. 41						
'S.O'S	17 Feb 42	S.O.S. to 1, Gen. A.R.U. on adm. to Genr. 31, Jan 42 4, Field Regt U.K. 8. 9, Feb. 42						
	T.O.S.	T.O.S. from 4th Fed. Ref. Genr. 1, Feb 42 1, Gen. A.R.U. U.K. 35. 13, Feb. 42						
		Adm. to 1 Gen. Hosp. Genr. 31, Jan 42						
		Removed to 1 C.M.C. Genr. 2, Feb 42						
		Removed to 1 C.D. Genr. 3, Feb 42 1, C.A.R.U. U.K. 35. 13, Feb. 42						
		Adm. to 11, Field. Amb. Genr. 29, Jan 42 4, Field Regt U.K. 8. 9, Feb. 42						
		Trans. to 5, C.C.S. Genr. 30, Jan 42 4, Field Regt U.K. 8. 9, Feb. 42						
		Trans. to 1, Gen. Hosp. Genr. 31, Jan 42 4, Field Regt U.K. 8. 9, Feb. 42						
		Dischd from 1 C.D. Genr. 13, Mch 42 1, C.A.R.U. U.K. 59. 14, Mch 42						
'S.O.S.		S.O.S. to 4th Fed. Ref. (S.9) Genr. 19, Mch 42 1, C.A.R.U. U.K. 63. 19, Mch 42						
	T.O.S.	F.O.S. from 1, Gen. A.R.U. (S. Inc.) Genr. 20, Mar 42 4, Field Regt U.K. 18. 25, Mar. 42						
'S.O'S		S.O.S. Spl. Inc. to 4th Field Regt. Genr. 29, Mar 42 4, Field Regt U.K. 21. 31, Mar. 42						
	T.O.S.	F.O.S. from Spl. Inc. (missing) Genr. 30, Mar 42 4, Field Regt U.K. 21. 31, Mar. 42						
'S.O'S		S.O.S. X List Jubilee Operation Genr. 19, Aug 42 4, Field Regt U.K. 47. 31, Aug. 42						
		Leave, 7 days H.4. Rtd 19, Aug 42 Genr. 6, Aug 42 4, Field Regt U.K. 48. 5, Sept. 42						
		Embarked for France Jubilee Opn. Genr. 18, Aug 42 4, Field Regt U.K. 48. 5, Sept 42						
		F.O.S. from 4, Field Regt. R.C.A. missing Genr. 19, Aug 42 X List U.K. 1. 5, Oct. 42						

Amended DO 3.

31 Dec 42 T.O.S.

Statement of the Service of No. D. 7216 Rank Genr.

Sheet No.

Name Mr. Cleary, Donald

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

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		<u>attd. for a. p. to R. Rpt. of 6. to 10 July 42</u>	<u>Genr.</u>	<u>21 Jun 42</u>	<u>4, 7th Div Rgt U.K.</u>	<u>U.K.</u>	<u>51.</u>	<u>28, Sept. 42</u>
		<u>Leave, 7 days priv. Rtd. 26 May 42</u>	<u>Genr.</u>	<u>19 May 42</u>	<u>4, 7th Div Rgt U.K.</u>	<u>U.K.</u>	<u>52.</u>	<u>5, Oct. 42</u>
	<u>in town</u>	<u>Los from 4 Pdr Rgt (Missing)</u>	<u>Genr</u>	<u>19 Aug 42</u>	<u>X list</u>	<u>UK</u>	<u>1</u>	<u>5 Oct 42</u>
<u>SEP. 1 1943</u>	<u>W</u>	<u>Per. reported missing ^{rep.} now killed</u>	<u>Genr</u>	<u>19 Aug 42</u>	<u>X list</u>	<u>UK</u>	<u>3</u>	<u>31 Dec 42</u>

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit 27th Bty. 1. A.T. Regt. RCA

Regimental Number D-7216

<p>1. Surname <u>MCLEAN</u></p> <p>2. Christian Names <u>Donald</u></p> <p>3. *Substantive Rank and Appointment <u>gmr.</u></p> <p>*Acting Temporary or Local Rank.....</p> <p>giving date.....</p> <p><small>*To be entered in pencil to facilitate alteration.</small></p>	<p>(17) Regiment or Corps</p> <p><u>47th Regt. R. Ca</u></p> <p><u>RCA</u></p>	<p>Unit (Battn., etc)</p> <p><u>X list</u></p>												
<p>4. Place of birth <u>Magog, Quebec, Canada.</u></p> <p>5. Date of birth as declared on attestation <u>29 December 1913</u></p> <p>(A).....</p> <p>6. Date of enlistment <u>5 July 1940</u></p> <p>7. Place of enlistment <u>Montreal, Quebec, Canada.</u></p> <p>8. Residence at time of enlistment <u>2327 St Antoine St. Montreal, Quebec, Canada.</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p>	<p>(18) Medical.....</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Date</th> <th>Authority</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Category	Date	Authority									
Category	Date	Authority												
<p>11. Religion <u>U.C. of C. United Church of Canada</u></p> <p>12. If married, state date <u>Single</u></p> <p>13. Trade on enlistment <u>Steel Worker</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(19) Next of kin (entries to be made in pencil).....</p> <p><u>Mrs Charlotte McLean</u></p> <p><u>2327 St Antoine St.</u></p> <p><u>Montreal Que. Canada.</u></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>													

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		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		SOS CAS (CANADA) ON EMBARKATION AT <u>Halifax</u> ON <u>13.12.40</u>					
		TOS CAS (OVERSEAS) ON TRANSFER ON <u>1.1.42</u> AND DISSEMBARKED AT <u>Gourock</u> ON <u>25.12.40</u>					
		1 CDN. ARTILLERY HOLDING UNIT.					
28.12.40		ICAHU.	TOS	Eng	26.12.40	gnr.	D.O. 175
19.1.41		"	landing leave with FTW to 12.1.41	"	6.1.41	"	D.O. 12
24 Feb 41		"	S.O.S. to 4th F.R.	"	22 Feb 41	"	D.O. 39
28 " 41	30# 55	4TH FD	T.O.S. from #1 CAHV.	ALPERSHOT	23 " 41	"	PART II, 11, 7 MAR 41.
Apr 41	HC	"	1st Priv leave to 24 Apr 41	"	15 Apr 41	"	" " 20, 18 Apr 41.
Hosp	Return	"	admitted with 2nd Amb.	Enl.	19 Jul 41	"	" " 39, 1 Aug 41.
28 Aug 41	O.C.	"	2nd Priv leave to 2 Sep 41.	"	26 Aug 41	"	" " 44, 31 Aug 41.
13 Oct 41	"	"	7 days forfeiture pay. Sec 15 (2) AA.	"	8 Oct 41	"	" " 55, 31 Oct 41.
Hospital	Return	"	SOS to No 1 CARU on adm to 1 Cdn Gen Hosp.	"	31 Jan 42	"	" " 8, 9 Feb 42
"	"	"	Adm 5 CCA	"	19 Jan 42	"	" " 8, 9 Feb 42
13 Feb 42		ICAHU.	T.O.S. from 4th Field R.	"	1 Feb 42	"	D.O. 35
13 Feb 42		"	Admitted to #1 Gen. Hosp.	"	31 Jan 42	"	D.O. 33
13 Feb 42		"	Trans. to #1 C.M.C.	"	2 Feb 42	"	D.O. 35
13 Feb 42		"	Trans. to #1 Com. Depot.	"	3 Feb 42	"	D.O. 35
14 Mar 42		"	Dischd from hosp (#1 Com. Depot)	"	13 Mar 42	"	D.O. #59
19 Mar 42		"	S.O.S. to 4th Field R. (1 Apr 42)	"	19 Mar 42	"	D.O. 63
			T.O.S. 4th Fd Regt (S.I.) from No 1 CARU.	"	20 MAR 42	"	PT. II 18, d 25 Mar 42
	O.C.	4th R	3 Pk 20 Nov - 27 Nov 41	"	20 Nov 41	"	" " 63, 17 Dec 41
30 Mar 42	2 Ech	"	SOS spec line on posting to 4 Cdn Fd Regt.	"	29 Mar 42	"	" " 21, 31 Mar 42
"	"	"	TOS from spec line	"	30 Mar 42	"	" " 21, 31 Mar 42
1 Sep 42	2 Ech	"	Embarked for France in UK Jubilee Operation	"	18 Aug 42	"	" " 48
22 Aug 42	Ahit 185	"	Failed to return from Jubilee Operation	"	"	"	"
			SOS to X List RCA - missing	"	19 Aug 42	"	" " 47
22 Aug 42	C.R.	"	Pk 7 days F. 4 6-13 Aug 42	"	6 Aug 42	"	" " 48
20 Aug 42	"	"	Att. fap. to RRL wif 21 Jun - 10 Jul 42	"	21 Jun 42	"	" " 51, 28 Sep 42
16 Feb 42	"	"	Pk 7 days F. 3 19 May - 26 May 42	"	19 May 42	"	" " 52
22 Aug 42	Ahit 185	X List RCA	TOS X List RCA from 4th Regt, RCA	"	"	"	"
			missing	"	20 Aug 42	"	PTI No 1, 5 Oct 42
10 Dec 42	2 Ech	4th R	Amendment - SOS to X List RCA to read wif.	"	18 Aug 42	"	" No 62
9 Dec 42	Ahit 225	X List RCA	Amendment - TOS X List RCA to read wif.	"	19 Aug 42	"	" No 3
"	"	"	SOS X List RCA (now reported killed)	"	19 Aug 42	"	" No 3

9-12-42
(O.C.L.-216)

AWARDS—CANADIAN ARMY (ACTIVE)

1438

M

100M-10-41 (2195)
H.Q. 1772-45x3

				FILE NO. 405-M-17091
McLEAN, Donald		D.7216	Gnr.	R.C.A.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) No. DATE DESPATCHED:

ADDRESS:

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

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

Mrs. Charlotte McLean - Mother

ADDRESS:

2425 St. Antoine St.,
Apt. I, MONTREAL, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Charlotte McLean,

ADDRESS:

2425 St. Antoine St., Apt. 1, Montreal, P.Q.

6668-22-10-49

MEMORIAL BAR

(1)

DATE DESP

REGN. NO.

270

(2)

DESP. MAR 16 1943

REGN No.

1190

(3)

To be made out in duplicate

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

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer of Other Rank..... McLean, Donald
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank..... D-7216 Gnr

(3) Unit :..... 27 Bty 1 AT RCA

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

(5) If married, state,

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

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

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

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

(8) Have you any children?..... NO

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

Also their names and ages..... N/A

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

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

Name..... N/A

Postal Address.....

[SEE OTHER SIDE]

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

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

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

If so, state name and address, occupation..... **N/A**

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

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

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

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

If so, state name and address..... **Charlotte McLean, 2327 St Antoine St., Montreal, Que. Canada,**

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve)..... **\$25.00.**

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?..... **Unable to do so. Other help little.**

(17) Are you contributing to the support of any dependents, other than those shown above?..... **No.**
If so, state the following particulars:—

Relationship

Full Name.....

Postal Address.....

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

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

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

If so, in what Company?..... **N/A**
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?..... **N/A**

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 **5 July 1940.**

..... *Donald McLean*
(Signature of officer or man)

..... *W. C. Bates* Major
Officer Commanding.....

Date **5 July 1940.**

COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.

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

No D.7216 Rank Gunner Name McLEAN, Donald

Unit 4th Field Regt., R?C?A. Date of death 19th Aug., 1942.

Died at France

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-M-17091 a

N/K Mrs. Charlotte McLean Relationship Mother

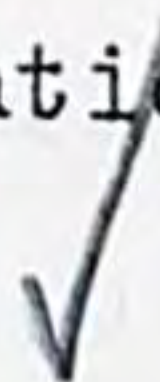
Address 2425 St. Antoine Street, Apt. 1, Montreal, P.Q.

Remains buried in Des Vertus Cemetery

Hautot-Sur-Mer, France.

Grave location Grave 331.

CHK



OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. 23-6-43.

RETURN TO BUR. OF STAT. 27-4-43

ROYAL MESSAGE DESP'D.

30-7-43
~~FEB 5 1943~~

CAN. MESSAGE DESP'D.

15-12-42.

HI & CR Form Despd.

DEC 1 0 1946

Grave 75, row J.

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

Redesignated

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

WILL

M.F.M. 10
60M-3-40 (4388)
H.Q. 1772-39-1656

(1) I, **Donald McLean**, of the **City**
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of **Montreal**, in the County of **Hochelaga**
District of

Province of **Quebec**, **Steel Worker**
(Civil Occupation)

Regimental No. **D-7216**, Unit **27 Bty 1 AT RCA**, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto **Mother "My Wife," Mrs. Charlotte McLean, residing at 2327 St Antoine St., Montreal, Quebec, Canada, all my estate.**

DMC
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 _____
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this **5** day of **July** 19**40**

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

Donald McLean
(Signature of soldier)

First witness sign here.

(5) Signature *George Roberts P.C.*

Civil Address *Y.M.C.A. Beaumont St. Montreal Que.*

Civil Occupation *Driver.*

Second witness sign here.

Signature *R. J. Griffiths Sqn.*

Civil Address *3641 St. Famille St. Montreal Que*

Civil Occupation *Office clerk*

(Witnesses are not to be beneficiaries.)

[OVER]

D7216 Gnr McClean D.

Personal Kit to be returned

- | | |
|---|--|
| 1 leather wallet with snap shots ✓ | 1 empty jewel case ✓ |
| 1 tin salve - removed ✓ | 1 tin adhesive tape ✓ |
| 1 table cigarette lighter ✓ | 4 pkgs cig papers ✓ 3 only |
| 1 pkg letters ✓ | 1 Layer's Badge (cloth) ✓ |
| 1 Canada Maple Leaf badge ✓ | 1 golf ball ✓ |
| 1 Gunner brass cap badge ✓ | 2 prs home-knit socks ✓ |
| 1 pr home-knit wristlet ✓ | 1 home-knit skull cap ✓ |
| 2 home-knit scarves ✓ | 3 home-knit civilian sweaters ✓ |
| 6 prs socks ✓ | 1 mirror ✓ |
| 2 tins shoe polish ✓ | 2 boot brushes ✓ |
| 1 polishing cloth ✓ | 1 tin tooth powder - removed ✓ |
| 1 shaving stick & container ✓ | 1 pr scissors ✓ |
| 2 handkerchiefs ✓ | 1 menu (Christmas, 1941) ✓ |
| 1 deck of playing cards ✓ | 1 tin Silvo ✓ |
| 1 Ping-pong ball ✓ | 1 jar vaseline - removed ✓ |
| 1 tin Mentholatum - removed ✓ | 1 pkg Cigarette papers ✓ |
| 1 pkg letters ✓ | |

29/4/43.

387874 23-9-42

Complete
Pat Campbell
47 Feb 43
Palomero
Ad of Attachment
15th
12/6/43
W.D.C.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D.7216** RANK **Gunner** SERVICE UNIT **4th Field Regiment, R.C.A. (CA)**
 NAME **McLEAN, Donald**

DATE OF BIRTH DAY **29th** MONTH **December** YEAR **1913**

MARITAL STATUS **Single**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Mother** NAME **Mrs. Charlotte McLean**
 ADDRESS **2425 St. Antoine Street, Apartment 1, Montreal, Quebec.** ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME
 ADDRESS
 (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **SBC 276 H.Q. 405-M-17091**
 CASUALTY DETAILS **Previously reported missing in action, now reported killed in action** DATE **19-8-42**

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE **9-12-42**

5

COPY FOR C.R. FILE

OFFICER I/C RECORDS

RECORDS OFFICE OVERSEAS
CANADIAN MILITARY HEADQUARTERS
GRAVES REGISTRATION CARD

DATE

NAME McCLEAN, Donald PLACE: Magog, Quebec.
DATE OF BIRTH 29 Dec 1913
RANK GNR. REGIMENTAL NO D.7216
UNIT 4 FD. REGT. R.C.A. NEXT OF KIN ADDRESS MOTHER.
MRS. CHARLOTTE McCLEAN, 453 WARDEN AVE.
2327 St. Antoine Street
ONTARIO, Can. Montreal, Que.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION _____ NAME & LOCATION
OF HOSPITAL _____
DEAGNOSIS _____

PARTICULARS OF DEATH

DATE OF DEATH 19 Aug 42 PLACE OF DEATH _____
HRS _____
CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL Unknown CEMETERY Cimetiere des Vertus
DEATH CERTIFICATE NO _____ LOCATION OF CEMETERY Hautot-sur-Mer
PLOT NO Tombe No. 331 DATE OF REGISTRATION _____
MARKERS TEMPORARY _____ MARKERS PERMANENT _____
INSCRIPTION (IF ANY) _____
REMARKS _____
DISPOSAL OF EFFECTS Administration of Estates, OTTAWA, ONT. 8.Mar.43.
RELIGION United Church.

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

JUL 2 1943

N.B. This burial report contains
all information at present available,
but is subject to revision by this
Office.

*Noted
H*

H.F. Balsdon
(H.F. Balsdon) Lieut.
For (R.T.E. Hicks-Lyne) Lt.-Colonel
Officer i/c Records.
Canadian Military Headquarters.

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								
2. LENGTH OF STAY		(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED		Surname McLEAN (Block letters)		Given names Donald		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH						
4. RESIDENCE		Street 2327 St. Antoine St.		No.		Hospital or Institution		22. Date of death August 19th 1942 (Month) (Day) (Year)						
5. SEX M		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word) Single		23. I HEREBY CERTIFY that I attended deceased from19..... to.....19..... and last saw h.....alive on.....19.....						
9. If married give name of wife or husband of deceased		10. BIRTHPLACE (Province or Country) Quebec		11. DATE OF BIRTH December 29th 1913 (Month) (Day) (Year)		12. AGE OF DECEASED 28 15 21 Years Months Days If less than one day oldhrs. or.....min.		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 II Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to (c) III Other morbid conditions (if important) contributing to death but not causally related to immediate cause. If a communicable disease is mentioned on this certificate, give (a) Date of appearance.....19..... (b) Duration of disease.....days						
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Steel Worker		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		25. If a woman, was there a puerperal condition?.....						
17. NAME		18. BIRTHPLACE (Province or Country)		19. Place of burial, cremation or removal		20. Date of burial.....19.....		26. Was there a surgical operation?.....Date of.....19..... State findings.....Was there an autopsy?.....						
FATHER Deceased.		MOTHER (Maiden Name)		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.....		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) J. B. Radine This signature authorizes the collector to accept this form as authentic.		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. M.D. Address.....Date.....19.....						
21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church.....		(b) Civil municipality of.....		(c) Municipal county.....		(d) Date.....19..... (Month) (Day) (Year)						

for Director of Records, Dept. of National Defence. (Voir l'autre côté pour le français)

PARIS, le 10-3-43

LE SECRETAIRE GENERAL AUX ANCIENS COMBATTANTS

Service etat Civil,
139 Rue de Bercy

a Monsieur le Chef du Gouvernement
Ministre-Secretaire d'Etat aux Affaires Etrangeres
Secretariat General pour les Affaires Etrangeres

Dr A.A.7748 ETR

a V I C H Y (Allier)

OBJET:
Notification
de deces.

J'ai l'honneur de porter a votre connaissance,
a toutes fins utiles que le militaire anglais:
M.C. LEAN D.
du A.R.C.A. no Matricule D 7216

est decede le 19 Aout 1942 aux environs de Dieppe
(Seine-Inferieure) et repose au cimetiere des
Vertus de Hautot-Sur-Mer (Seine-Inferieure)
tombe No. 331

L'adresse de la famille est inconnue.

ces renseignements sont les seuls en ma
possession.

Pour le Secretaire General
et par son ordre
Pour l'Intendant General
Chef du Service de l'Etat Civil
des Successions et des Sepultures Militaires.

Identified by us as: D.7216 Gnr. McLEAN Donald. 4th Field Regt.R.C.A.

22/6/43
Noted
"6"

**CANADIAN ACTIVE SERVICE FORCE
OVERSEAS**

District
Dispersal Area

LAST PAY CERTIFICATE

(All Ranks)

Regtl. No. D. 7216 Rank and Name McLean D. Gnr.

of (Unit) 4th Field Regt. R.C.A. on

(~~Transfer~~ Discharge) to on 19th Aug. 19 42

Reason Death Authority: C.C.L. "A" No. 225 d/9th Dec. 42.

The following is a statement of the account of the above-named from 1st Aug. to 31 Aug. 19 42. the inclusive date of transfer or discharge.

DR.		CR.	
Particulars	Amount	Particulars	Amount
Balance Dr. from last account.....		Balance Cr. from last account.....	396 59
First Monthly Payment.....		Regimental Pay <u>31</u> days at \$ <u>1.30</u>	40 30
Casual Payments.....		Technical Pay..... days at \$	
Payment on Transfer or Discharge.....		Additional Pay (Give particulars).....	
Assigned Pay.....	 days at \$	
Regimental Charges.....		Allowances (Give particulars)..... days	
Public Stoppages (Give particulars):		at \$	
<u>A.R. 26, 14 Aug. 42. U.C. 182</u>	<u>31 29</u>	<u>D.P. Int. to date.</u>	<u>10 36</u>
To Balance Cr. { Free.....	<u>20 96</u>		
{ Deferred.....	<u>395 00</u>	By Balance Dr.	
	<u>679 415 96</u>		
Total.....	<u>447 25</u>	Total.....	<u>447 25</u>

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

Remarks :



Compiled by G.M. Sharpe.

Checked by [Signature]

Date 29th January, 19 43.

Certified correct [Signature]
for Chief Treasury Officer, Overseas.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: McLEAN Don No.: D.7216
 Surname Christian Names

Gnr. 4th Field Regt. R.C.A. 19/8/42
 Rank Unit Date of Death

AMOUNT

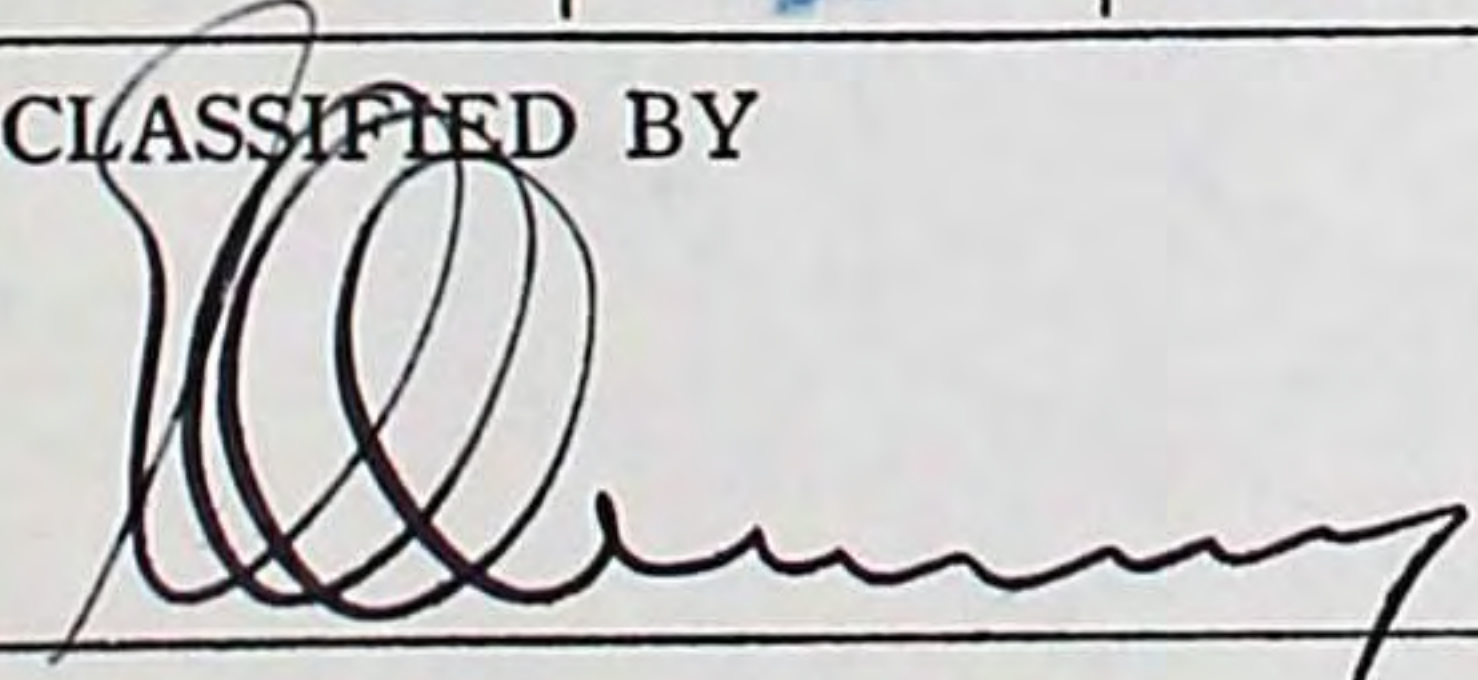
Date:.....June 4, 1943......

L.P.C.....\$ 415.96

Other Credits.....

Total..... 415.96

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p>Mrs. Charlotte McLean 2425 St. Antoine St. Apt. 1, Montreal, P.Q.</p> <p>(Sole beneficiary under Will)</p>	415.96 <i>R</i>

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<u>831</u>	<u>00</u>	<u>00</u>	<u>001</u>	<u>415.96</u>
CLASSIFIED BY 			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
N. O. SEAGRAM

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

AUDITED FOR PAYMENT


 For Chief Treasury Officer

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

4
ARMY

DECEASED
MEMBER'S
NAME

Donald
(CHRISTIAN NAMES)

MCLEAN
(SURNAME)

REGISTER NO. D-17880

FILE NO. 405-M-17091

DATE 21-11-45

SERVICE NO. D-7216

FINAL RANK OR RATING Gnr.

DATE OF DISCHARGE 19-8-42

PAYEE Mrs. Charlotte McLean
ADDRESS 2425 St. Antoine St.
Montreal P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 19-8-42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 750 769 EQUAL TO 25 COMPLETE PERIODS AT \$7.50

\$ 187.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 607 LESS 19 INELIGIBLE DAYS, EQUAL TO 588 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

147.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.30
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.00

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.30 X 7 = \$ 16.10
NO. OF DAYS 607 X \$ 16.10

53.40

D. WAR SERVICE GRATUITY

387.90

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

F. TOTAL AMOUNT PAYABLE

387.90

G. YOUR PORTION OF GRATUITY IS—

100%

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

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
OMH

TREASURY
CHECKED BY
DATE

SERVICE REPRESENTATIVE



CLASS OF SERVICE	
Full Rate	
Day Letter	
Night Message	
Night Letter	X
Evening and Sunday Messages	
Please mark an X opposite the class of service desired.	

CANADIAN PACIFIC TELEGRAPHS



World Wide Communications

W.D. NEIL, GENERAL MANAGER OF COMMUNICATIONS, MONTREAL

CHECK

TIME FILED

Send the following message, subject to the conditions on the back thereof, which are hereby agreed to.

CASUALTY

OTTAWA AUGUST 22 1942

MRS CHARLOTTE MCLEAN
2327 ST ANTOINE STREET
MONTREAL QUEBEC

4591 SINCERELY REGRET INFORM YOU D7216 GUNNER DONALD MCLEAN
OFFICIALLY REPORTED MISSING IN ACTION STOP FURTHER INFORMATION
FOLLOWS WHEN RECEIVED

Officer i/c Records

PREPAID

(W.E.L. Coleman) Lt.-Col.
(Cas.)



CLASS OF SERVICE	
Full Rate	
Day Letter	
Night Message	
Night Letter	X
Evening and Sunday Messages	
Please mark an X opposite the class of service desired.	

CANADIAN PACIFIC TELEGRAPHS



World Wide Communications

W.D. NEIL, GENERAL MANAGER OF COMMUNICATIONS MONTREAL

CHECK
TIME FILED
STANDARD TIME

Send the following message, subject to the conditions on the back thereof, which are hereby agreed to.

CASUALTY

OTTAWA DECEMBER 5 1942

MRS CHARLOTTE MCLEAN
2324 ST ANTOINE ST EET
APT 1 MONTREAL QUEBEC

11980 REGRET DEEPLY D7216 GUNNER DONALD MCLEAN PREVIOUSLY REPORTED
MISSING IN ACTION NOW REPORTED BY BERLIN THROUGH INTERNATIONAL RED CROSS
GENEVA KILLED IN ACTION NINETEENTH AUGUST 1942 STOP FURTHER INFORMATION
FOLLOWS WHEN RECEIVED

Officer i/c Records

PREPAID
(W.E.L. Coleman), Lt.-C 1.,
(Cas.)

525

December 9, 1942.

Mrs. Charlotte McLean,
2425 St. Antoine St.,
Apartment 1,
Montreal, Quebec.

Dear Madam:

I deeply regret to inform you that your son D7216 Gunner Donald McLean gave his life in the Service of his Country at Dieppe, France, on the 19th day of August, 1942. From information we have received your son was killed in action against the enemy.

You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

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

DEC 10 1942

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

GR/NEB

405-M-17091
(Records G)

June 23rd, 1943.

Mrs. Charlotte McLean,
2425 St. Antoine Street,
Apartment 1,
Montreal, P.Q.

No. D.7216, Gunner Donald McLEAN

Dear Madam:-

Further to this Department's letter of December 9th last concerning the regretted death of your son, the marginally named, I am to advise that information has now come to hand through the overseas military authorities that the remains of Gunner McLean have been interred in grave 331, Des Vertus Cemetery, Hautot-Sur-Mer, France.

Yours truly,

J. B. Radin

for W.E.L. Coleman, Colonel,
Director of Records,
for Adjutant-General.

FBR/EPH

