D76128
WHITE
COLIN CAREY

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Measure Up Your Letters Home

A.—THE CHEERFUL START

1. Circumstances at time of writing.
2. Thanks for gifts. (Be specific.)
3. Answers to letters. (Have them there.)
4. Greetings—Birthdays—Anniversaries, etc.

B.—NEWS

5. A word about your pals (no gossip).
6. Wisecracks and jokes. (Sterilized.)
7. Interesting places you have been—on leave.
8. Some people you have met.
9. Remarks on news from home.
10. Your entertainment lately—shows, etc.
11. The general war situation.

C.—REQUESTS

12. Information wanted of family, business, etc.
13. What the next parcel might contain.

D.—PLANS, HOPES AND AMBITIONS

14. Concerning your duties and rank.
15. The next leave.
16. When you return home.

E.—THE ENDING

17. Some praise for someone.
18. A reference to a lovely memory.
19. Love.
20. Never end without a "God bless You."

Give Cheer—Tell the Truth—Keep it Clean

Watch Security !

(P.T.O.)

Mark the Days the Letters Come and Go

CALENDAR for 1944

JANUARY						
S	–	2	9	16	23	30
M	–	3	10	17	24	31
Tu	–	4	11	18	25	..
W	–	5	12	19	26	..
Th	–	6	13	20	27	..
F	–	7	14	21	28	..
S	1	8	15	22	29	..

FEBRUARY						
S	–	6	13	20	27	
M	–	7	14	21	28	
Tu	1	8	15	22	29	
W	2	9	16	23	..	
Th	3	10	17	24	..	
F	4	11	18	25	..	
S	5	12	19	26	..	

MARCH						
S	–	5	12	19	26	
M	–	6	13	20	27	
Tu	–	7	14	21	28	
W	1	8	15	22	29	
Th	2	9	16	23	30	
F	3	10	17	24	31	
S	4	11	18	25	..	

APRIL						
S	–	2	9	16	23	30
M	–	3	10	17	24	..
Tu	–	4	11	18	25	..
W	–	5	12	19	26	..
Th	–	6	13	20	27	..
F	–	7	14	21	28	..
S	1	8	15	22	29	..

MAY						
S	-	7	14	21	28	
M	1	8	15	22	29	
Tu	2	9	16	23	30	
W	3	10	17	24	31	
Th	4	11	18	25	..	
F	5	12	19	26	..	
S	6	13	20	27	..	

JUNE						
S	–	4	11	18	25	
M	–	5	12	19	26	
Tu	–	6	13	20	27	
W	–	7	14	21	28	
Th	1	8	15	22	29	
F	2	9	16	23	30	
S	3	10	17	24	..	

JULY						
S	–	2	9	16	23	30
M	–	3	10	17	24	31
Tu	–	4	11	18	25	..
W	–	5	12	19	26	..
Th	–	6	13	20	27	..
F	–	7	14	21	28	..
S	1	8	15	22	29	..

AUGUST						
S	–	6	13	20	27	
M	–	7	14	21	28	
Tu	1	8	15	22	29	
W	2	9	16	23	30	
Th	3	10	17	24	31	
F	4	11	18	25	..	
S	5	12	19	26	..	

SEPTEMBER						
S	–	3	10	17	24	
M	–	4	11	18	25	
Tu	–	5	12	19	26	
W	–	6	13	20	27	
Th	–	7	14	21	28	
F	1	8	15	22	29	
S	2	9	16	23	30	

OCTOBER						
S	1	8	15	22	29	
M	2	9	16	23	30	
Tu	3	10	17	24	31	
W	4	11	18	25	..	
Th	5	12	19	26	..	
F	6	13	20	27	..	
S	7	14	21	28	..	

NOVEMBER						
S	–	5	12	19	26	
M	–	6	13	20	27	
Tu	–	7	14	21	28	
W	1	8	15	22	29	
Th	2	9	16	23	30	
F	3	10	17	24	..	
S	4	11	18	25	..	

DECEMBER						
S	–	3	10	17	24	31
M	–	4	11	18	25	..
Tu	–	5	12	19	26	..
W	–	6	13	20	27	..
Th	–	7	14	21	28	..
F	1	8	15	22	29	..
S	2	9	16	23	30	..

1. Keep this in your paybook.

2. Remember to pray for your loved ones. Your Chaplain is here to help you. Make yourself known to him.

G. W. Rutt

.....

Chaplain

4/22A CFA 53
40/P&S/1574(4568)

(P.T.O.)

OCCUPATIONAL HISTORY FORM COMPLETED

R.M.R. - B.I. ..... Checked ..... Card ..... Observations .....

ORIGINAL
DUPLICATE
TRIPLICATE

White, Colin, Carey

M.F.M. 2
A.F.B. 271
168M-11-36 (3359)
H.Q. 1772-45-18

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

Unit Royal Montreal Regiment (M.G.) Regimental Number D7.6128

ACTIVE SERVICE

CANADIAN [redacted] FORCE

ATTESTATION PAPER

Award: C.E.M. (DOT 14 Feb 44)

1. Surname ..... White
2. Christian Names ..... Colin Carey
3. Present address ..... 4302 Mariette Ave Montreal, Que.
4. Date of birth 6/1/10
5. Place of birth ..... Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) ..... Protestant C of E
7. Trade or Calling ..... Time Keeper
8. Married, Widower or Single ..... ~~Single~~ Married 17-11-39 Pt. II Order #80. 27-11-39
9. Name of next of kin ..... ~~Mrs. Florence White~~ Mrs. Lillian White
10. Relationship ..... ~~Mother~~ wife
11. Address of next of kin ..... ~~4302 Mariette Ave. Montreal, Que.~~ 3509 Redpath St. Montreal
12. Have you served in any Naval, Military or Air Force? ..... Yes see change.
13. If previous war service, state arm, force and regimental particulars ..... None
14. Do you now belong to or have you served in the Active Militia of Canada? ..... Yes

4 yrs. Royal Montreal Regt.
(Give unit and date of attestation)

S.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Colin White 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 Sept. 8, 1939 Colen Carey White
(Signature of recruit)

S. E. Rayner (Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Colen White (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me, at Montreal this 8th day of Sept. 1939

[signature] {Signature of Magistrate, Justice or Attesting Officer.

Captain R.V. of L. {Office or Rank and Unit or appointment.

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

FINGERPRINTED

Qual Driver Vc (wheeled)

Record of Service of WHITE (Surname) Colin Carey (Christian Names) Regimental Number D 76128

QUALIFICATIONS Sgt Inf (MG) Cert No 25354. 11-6-39

EDUCATIONAL QUALIFICATIONS

Military 7½ years R.M.R. (N.P.AMM.) 1 year 5th Field Battery

Business or Professional None

Trade or Civil Timekeeper

Technical Chauffeur

Languages English

High School or Collegiate: Public School (years completed)

Graduation or Matriculation: Completed (specify)

*College —

*University —

*(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
1332 —		Joined on appointment	Pte.	8-9-39	RMR (MG)	Westm't	Pt. II Order 1	9-9-39
—		Promotion	A/ SGT.	8-9-39	"	"	Pt. II Order 1	9-9-39
—		Proceeded overseas		6-12-39				
—		Arrived in England		18-12-39				
1		Confirm rank Sgt	Sgt	30-5-40	" "	Aldershot England	DO 114	30-5-40
—		Granted leave	"	25-7-40 1-8-40	RMR	Field	DO 21	9-8-40
		Granted leave to 20 NN: 40	"	13 NN: 40	"	"	D.O. 56	18 NN: 40.
		Attached Adm: Pbn Corps attached						
		C.M.H.Q. Course YSY Regt'l Pro Duties	Sgt.	1 Dec	RMR	Field	Do 65	4 Dec 40.
		Leave to be attached.	Sgt.	4 Dec	RMR	Field	Do 41.	22 Dec 40
		Qual. "Good" at Regt Police Course #1 C.M.H.Q #737		2 Dec 40 14 " 40	RMR		certificate	14 Jan 41
		SOS CASF (CANADA) ON EMBARKATION AT Halifax ON 8 Dec 39				HA	6	14 Jan 41
		TOS CASF (OVERSEAS) ON TRANSFER ON 9 Dec 39 AND DISEMBARKED AT Glasgow ON 18 Dec 39						

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

Are you receiving or have you in the past received, disability pension or compensation? If so

No

R.M.R. - B.1.

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... White, Colin, Carey ..... Date ..... Sept.7th,1939.

Part 1. Information obtained from the recruit.

1. Age ..... 29 ..... 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

Colin Carey White
(Signature of Recruit)

Examiner's remarks *re* above .....

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

1. Identification marks or scars. (If operative obtain history.)
Brown mark, right shoulder

2. Height ..... 5 ..... feet ..... 9 ..... inches.
3. Weight ..... 130 ..... pounds.
4. Complexion ..... Fair ..... Eyes ..... Blue ..... Hair ..... Brown
5. Development ..... Fair ..... (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion ..... 36 ..... inches
Range of expansion ..... 2 ..... inches
7. Vision, right ..... 20-20 ..... left ..... 20-20 .....
8. Hearing, right ..... W.V. 20 ..... left ..... W.V.20 .....
9. Condition of mouth and teeth ..... Teeth Missing .....
10. The abnormalities (congenital and pathological) found on examination are as follows .....
Slightly underweight, but good physique ..... A.

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

Special remarks when category lower than A .....

No

Are you receiving or have you in the past received, disability pension or compensation? If so give details ..... No .....

A. Clerk

President Lieut-Col Member Capt Member Capt.

VACCINATIONS, INNOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
14/11/39	Re-exam Wt: 134 ~~Urine O.K.~~ ~~Ears Reflexes Gen Phys O.K.~~ Thumal Clinic, Ears + Reflexes Cat. A. Lieutenant		
15/11/39	TAB 3		
15/11/39	Vaccination		
20/11/39	Chest Xray		
24/11/39	Tetanus Toxoid — 1 cc	W.H. Mackenzie Lt.	
24 11 42	TABT 1 cc		
22 9 42	Vacc		

Regtl. No. D 76128 Rank ..... Surname WHITE ..... Christian Name Colin Carey .....

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

Statement of the Service of No. D76128 Rank Sheet No.

Name White. G. G.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Granted Annl. leave	Sgt.	15/22 Apr 41	RMR	Hfx	44	14 May 41
		P/leave - w.w.	Sgt	4/11 Sep 41	RMR	UK	76	26 Sep 41
		Leave - PS - no pass	Sgt	20/29 Dec 41	RMR	UK	3	9 Jan 42
		Annl. leave w.w.	Sgt.	27 Mar 3 Apr 42	RMR	UK	26	3 Apr 42
		P/leave to 28 July	Sgt.	21 July 42	RMR	UK	59	2 Aug 42
		Qual. Driver & Cyclist Mech Recruit Board.	Sgt	14 Mar 40	R.M.R.	U.K.	64	25 Aug 42
		Annl. leave	Sgt.	28 Oct 16 Nov 42	RMR	UK	75	9 Nov 42
	address N-of-K	(Wife) 6004 Sherbrooke St. W. apt. 10 Montreal. Que. Canada			32 Recce	UK	3	20 Feb 43
		Gr CMHQ Case 808. Sep 20. AH. FAR to CTS.	Sgt.	3 Apr 43.	32 Recce R	UK.	10.	7 Apr 43.
		Aff'd A/SSM (A/WO II)	A/Sqn SM	4 Oct 43	32 Recce	UK	45	20 Oct 43
CY		Confirmed SSM (WO II)	Sqn SM	8 Jan 44	32 Recce	UK	3	14 Jan 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
CY S.O.S		SAS to Reinf Unit 21 Armd Regt	Sqn SM.	18 Jan 44	32 Recce	UK	15	20 Jan 44
	T.O.S	TOS from - 32. Recce Regt -	Sq. S.M.	15 Jan 44	21 Armd R	UK	14.	24 Jan 44.
C10A.		award. Can. Efficiency Medal.						
C8		Proc on W/Ops Gp of Ops att No 3 CACRU.	SSM	5/22 Jan 44	21 CAR 'C' Ry	UK	27	21 June 44
C8		Compl W/Ops Gp of Ops Qual. Q2"	SSM	22 Jan 44	21 CAR 'C' Rg	UK	27	21 June 44

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

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

Name.....

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
CGH SOS		SOS VOX4 List CAC. (C)	SSM.	14 Jun 44	21 Car "C" RG	VK	27.	21 Jun 44
	TOS							
✓		Adm To 17 CGH		19 Apr 44			Cl	
✓		Disch from 17 CGH		3 May 44			Cl.	
✓		Embarked at....U.K.....on. 17 Jul 44 Disembarked at. France ...on. 18 Jul 44	SSM.		X-List CAC Sec C	21. A. Gp.	28	28 Jul 44
✓	Ro 4410 —	Cdn Eff: Medal						
		SOS X-4 List (9 Bn) to 7 Recce Rgt.	SSM	8 Aug 44.	X List CAC B.	21 a Gp.	31	17 Aug 44
✓		TOS from X4 list CAC (B)	Syn SSM	9 Aug 44	7 Recce	21 A Gp	59	21 Aug 44
M139		Died of Wounds		1 Sept 44	7 Recce	AEF	A 489	15 Sept 44.
✓		SOS Deceased - (Died of wounds)	SSM	1 Sep 44	7 Recce R	21 A Gp	69	17 Sep 44

CANADIAN ACTIVE SERVICE FORCE

SUPPLEMENTARY DECLARATION

Name WHITE, Colin Carey ..... Rank Sergeant .....

Unit Royal Montreal Regiment (M.G.) Regimental Number D.76128

I, Colin Carey White,

having been enlisted in the Canadian Militia, and by my Declaration dated the 8th. day of September 1939, having engaged to serve in the Canadian Active Service Force as set forth in said Declaration, do further declare that I hereby engage to serve on active service in the Canadian Active Service Force anywhere in Canada, and also beyond Canada and Overseas, for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Witness W. J. Thomson ..... Colin Carey White .....
Signature of soldier.

30-10-39
Date.

Note.--This Declaration to be completed in triplicate; one copy to be attached to each original duplicate and triplicate of Attestation Paper M.F.M.2. If M.F.M. 2 has already been despatched to Records Office, N.D.H.Q., the original of this Delcaration will be forwarded thereto for attachment.

M.F.M.2(x)
120M-9.39.

OFFICER I/C RECORDS
A. G.
BRANCH
SEP 12 1940
H. Q.
OTTAWA
NATIONAL DEFENCE

Bn HQ

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
43M—11-36 (9360)
H.Q. 1772-45-18

Unit ROYAL MONTREAL REGIMENT (M.G.) Regimental Number D76128

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	WHITE,	C.A.C.	32nd Cdn. Recce Regt. (B.M.B.)
2. Christian Names	Colin Carey.	"	21 CDN ARMD REGT (GGFG)
3. *Substantive Rank and Appointment	SSM		
*Acting Temporary or Local Rank			
giving date	8 Jan 44.		

*To be entered in pencil to facilitate alteration.

4. Place of birth	Montreal, Que.	(18) Medical	
5. Date of birth as declared on attestation	6th. Jan. 1910		
(A)		Category	Date / Authority
6. Date of enlistment	8th. Sept. 1939.	"A"	Recd/Units/1363 Records d/24 May 43
7. Place of enlistment	Montreal, Que.		
8. Residence at time of enlistment	Montreal, Que.		
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion	Protestant. Church of England		
12. If married, state date	17 Nov 39 M	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	Timekeeper.	MRS. LILLIAN WHITE (WIFE)	
14. Corps, trade and grade		6004 SHERBROOKE ST. W.	
15. (D) Qualifications	Dvr 1/c (W)	MONTREAL,	
16. (E) Miscellaneous entries		CANADA.	
		(20) E	
		(21) E	
		(22) E	

NOTES—

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
9-9-39		R.M.R	Promoted A/sgt	Westcut	9-9-39	A/sgt	Pt II - #1-39
			Proceeded Overseas 6-12-39				
			Arrived in England 18-12-39				
30.5.40		✓	Confirmation of Rank	Aldershot	30.5.40	Sgt.	Pt 11 # 114
9.8.40		✓	Privilege leave 25.7.40 to 1.8.40	England	25.7.40	Sgt.	Pt 11 # 21
18.11.40		✓	Privilege leave 13.11.40 to 20.11.40	"	13.11.40	Sgt.	Pt 11 # 56
7.12.40		✓	Att. Cdn Provost Corps Depot attending	"	1.12.40	Sgt.	Pt 11 # 65
			C.M.H.Q. Course 737 Regt'l Provost Duties	"			
22.12.40		✓	Ceases to be attached Cdn Provost Corps	"	14.12.40	Sgt.	Pt 11 # 71
7 May 41	AFW 3011	✓	Privilege leave 15 Apr 41 to 22 Apr 41	"	15 Apr 41	Sgt.	# 44 d/14 May 41
			S.O.S. CASF Canada		8 Dec 39	Sgt.	" 6 d/14 Jan 41
			T.O.S. CASF Overseas		9 Dec 39	"	"
			Disembarked United Kingdom		18 Dec 39	"	"
26 Sep 41	"	"	Privilege leave 4 Sep 41 to 11 Sep 41 (W.W.)	"	4 Sep 41	"	" 76 d/26 Sep 41
29 Dec 41	"	"	Privilege leave 20 Dec 41 to 29 Dec 41 (N.W.) P-5	"	20 Dec 41	"	" 3 d/9 Jan 42
26 Mar 42	"	"	Privilege leave 27 Mar 42 to 3 Apr 42 (W.W.) P-6	"	27 Mar 42	"	26 d/3 Apr 42
22 Jul 42	"	"	Privilege leave 21 Jul 42 to 28 Jul 42 P-7	"	21 Jul 42	"	59 d/2 Aug 42
24 Jul 42	"	"	Qualified Driver i/c wheeled - Section	"	14 MAR 40	"	64 d/28 Aug 42
28 Oct 42	"	"	Privilege leave 28 Oct 42 to 6 Nov 42 F-7	"	28 Oct 42	"	75-9 Nov 42
25 Jan 43	"	"	S.O.S. to 32nd Cdn. Recce Regt. (R.M.R.)	"	25 Jan 43	"	6-2 Feb 43
26 Jan 43	"	32 Recce	T.O.S. from R.M.R. (M.G.) on trans. to C.A.C.	"	26 Jan 43	"	1-9 Feb 43
8 Feb 43	"	"	Change of address to of K.	"	8 Feb 43	"	3-20 Feb 43
3 Mar 43	"	"	Att. C.T.S. on CMHQ Course 808, Sec. 20,	"	15 Mar 43	"	10-7 Apr 43
			3" Mortar.		to 3 Apr 43		
28 Apr 43	"	"	P.L. 7 dys	"	15 Apr 43	"	14-5 May 43
7 Oct 43	"	"	Appta A/SSM (A/WO 11)	"	7 Oct 43	A/SSM	45-20 Oct 43
11 Jan 44	"	"	Confirmed as SSM (WO 11)	"	8 Jan 44	SSM	3-17 Jan 44
21 Jan 44	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	5-31 Jan 44
16 Mar 44	"	"	SOS to Reinf Inc 21 CAR	"	18 Mar 44	"	15-20 Mar 44
"	2 Ech	Rft Inc 21 CAR	T.O.S. from 32 Recce Regt	Field	19 Mar 44	"	14-24 Mar 44
O/S RO 44 10		"	Awarded Efficiency Medal	"		"	17-14 Apr 44
12-6-44	CR	"	Proc on Wireless Gun Oper Cre. at H to 3 CACRU 22-5-44	"	5 May 44	"	27-21 Jun 44
"	"	"	Qual on above Cre: Q2.	"	22 May 44	"	"
14-6-44	"	"	SOS to X-4 List CAC(C)	"	14 Jun 44	"	"
	X412 Bn	CAC(C)	TOS from 21 CAR (GGAA)	"	15 June 44	"	23-26 June 44
	"		SOS to 7 Recce Regt		8 Aug 44		34-17 Aug 44
	CR	7 Recce	TOS from X-4 LIST CAC(B)	"	9 Aug 44	"	59/Aug 44

SERVICE AND CASUALTY FORM

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

(PART II)

Regiment or Corps CAC Regimental Number D76128

Substantive Rank WO II (SQN SM) Surname WHITE Christian Names COLIN CAREY

Acting Temporary or Local Rank

(To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry shown
	Ech	7 Recce	506 Deceased (Died of Wounds)	Field	1/Sep44	SQN SM	69/1/Sep44

Pour être fait en double exemplaire.
To be made out in duplicate.

M.F.M. 5 (Fr.)
10M — 11-36 (9359)
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DES TROUPES CANADIENNES DE [redacted] SERVICE ACTIF

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN [redacted] FORCE ACTIVE SERVICE

INSTRUCTIONS

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans les troupes canadiennes de [redacted] Service Actif.
This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] C.A.S.F.

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
All questions, etc., must be completed.

(*c*) Les deux copies de la formule doivent être envoyées par le commandant de l'unité, dans le cas de chaque officier et chaque soldat, au payeur ou à l'officier agissant comme tel. Ce dernier enverra une copie par l'intermédiaire du Payeur du district ou du camp au Payeur en chef au quartier général de la Défense Nationale, Ottawa. L'autre copie sera retenue par le payeur jusqu'à ce que l'unité arrive outre-mer, alors que cette copie sera transmise au Payeur en chef à la Base Intermédiaire Canadienne Outre-mer.
Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Nom de l'officier ou du soldat ..... WHITE
Name of Officer or Soldier. (Nom de famille — noms de baptême en entier — majuscules moulées)
(Surname first — Christian names in full — Block capitals)
..... COLIN CAREY

(2) Matricule D76128
Regimental Number.

(3) Unité ..... Royal Montreal Regiment (M.G.)
Unit.

(4) Etes-vous marié? ..... Non
Are you married?

(5) Dans l'affirmative, donnez
If married, state,
(*a*) Le nom de votre épouse en entier .....
Full name of your wife.

.....

(*b*) L'adresse postale actuelle de votre épouse .....
Present Postal Address of wife.

.....

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? .....
If married, have you been regularly supporting your wife?

Si non — donnez-en les raisons .....
If not — state reasons.

.....

.....

(7) Etes-vous veuf? ..... Non
Are you a widower?

(8) Avez-vous des enfants? ..... Non
Have you any children?

Si oui, faites connaître le nombre des garçons et des filles .....
If so, give number of boys and girls

Donnez aussi leur nom et leur âge .....
Also their names and ages

(9) Si une indemnité d'absence est réclamée pour les enfants, dites si vous avez toujours pourvu à leurs besoins
If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them

.....

Donnez des détails quant au tuteur auquel une indemnité d'absence devrait être payée — s'il existe une autorisation —
Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Nom .....
Name

Adresse postale .....
Postal Address

[VOIR AU VERSO]
[SEE OTHER SIDE]

(10) Vivez-vous en union libre avec une femme — que vous avez toujours fait vivre et reconnue publiquement comme votre épouse?
Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?

No

Dans l'affirmative, donnez son nom en entier et son adresse postale
If so, state her full name and Postal Address.

—

—

(11) Est-ce que votre père vit encore? No
Is your father alive?
Si oui, donnez son nom et son adresse
If so, state name and address.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien?
If your father is a Widower and is totally incapacitated from earning a living — are you his sole support?

(13) Si vous êtes le seul soutien de votre père qui est veuf, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de [redacted] Service Actif.
If sole support of father who is a Widower — state what amount per month you have given him prior to joining the [redacted] C.A.S.F.

Dites aussi pourquoi il n'a pas d'autres moyens de subsistance
Also state reason he has no other means of support.

(14) Est-ce que votre mère vit encore? Yes
Is your mother alive?

Dans l'affirmative, donnez son nom et son adresse Mrs. Florence White
If so, state name and address.
4302 Mariette Ave. N.D.G. Montreal

(15) Si votre mère est veuve, êtes-vous son seul soutien? Yes
If your mother is a Widow, are you her sole support?

(16) Si vous êtes le seul soutien d'une mère veuve, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de [redacted]. Service Actif.
If sole support of widowed mother — state what amount per month you have given her prior to joining [redacted] C.A.S.F.
$50.00

Dites aussi pourquoi elle n'a pas d'autres moyens de subsistance
Also state reason why she has no other means of support.
No other means

(17) Etes-vous assuré? Yes
Are you insured?

Si oui, dites dans quelle compagnie? Metropolitan Ins. Co.
If so, in what company?

Avez-vous pris les dispositions nécessaires pour le payement de votre prime d'assurance? Yes
Have you made arrangements for payment of your Insurance Premium?

Si non, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.
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.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.
I hereby certify that the information given by me on this form is correct in each and every particular.

Colin Carey White
(Signature de l'officier ou de l'homme)
(Signature of officer or man)
L.E. Layne (M.T.)

Date Sept 5/1939

J.C. Stesson
Officier Commandant
Officer Commanding

SEP 27 1939
Date

THE ROYAL MONTREAL REGIMENT (M.G.)

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 WHITE, Colin Carey (b) Reg'l. No. D.76120
2. (a) Arm of service Army (b) Unit 32 RMCOR Arm'd Cps. (c) Rank Sgt.
3. (a) Date of birth 6 Jan. 10 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal Que.
4. (a) Place of enlistment Westmount Que. (b) Date of enlistment 8 Sept. 39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) 7th Grade
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Can. Car & Foundry Ltd. Address Montreal Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Foundry
20. (a) Your specific occupation Time-keeper & checker (b) Number of years' experience at this occupation with any employer 11 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

DATE 20th May 1943 SIGNATURE

For Officer i/c Records C.M.H.Q.

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

WILL

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

I give, devise and bequeath all my property and estate movable and immovable, real and personal unto my wife Lillian White of 3509 Redpath St. Montreal, Que Canada for her own use absolutely

Signature Colen Carey White
Rank, Regt'l Number D 76128 A/Sgt
Regiment Royal Montreal Regt (M.G.)
Date May 11th 1940

7

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Lilliam White,
6004 Sherbrooke St. W.,
Apt. 1o, Montreal 28, 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-W-924 FD 243

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

October 24 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

WHITE, Colin Carey, S.S.M.

D.76128 Canadian Army.

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

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

ESTATES BRANCH NOV 14 1944 H.Q. OTTAWA NATIONAL DEFENCE

/JL

Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

9

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.....		Lillian Louise White nee Smith	28	6004 Sherbrooke St. West, Montreal, Que.
2	Children of the Deceased and dates of their Births.....		N O N E		
3	Father of the Deceased.....		James White (deceased) Died July 1914	42	Montreal, Que.
4	Mother of the Deceased.....		Florence Caroline White nee Carey	72	996 Riverview Ave. Verdun, Que.
5	Brothers of the Deceased	Full Blood	James William Albert White	41	Address Unknown
			Robert Lawrence White	39	5780 Sherbrooke St. West, Montreal, Que.
		Half Blood	N O N E		
6	Sisters of the Deceased	Full Blood	Florence Headland Steven nee White	40	4892 Mayfair Ave., Montreal, Que.
			Helen Mary Elizabeth White	37	996 Riverview Ave., Verdun, Que.
			Dorothy Hannah Dunlop nee White	33	7282 Sherbrooke St. West, Montreal, Que.
		Half Blood	N O N E		
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
	Irene Annie Wilmot nee White March 23, 1922		Kenneth Franklin Wilmot 24 yrs.		Louiseville, Que.

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Colin Carey White
9	Date of his birth.	January 6, 1909
10	Place and date of his marriage.	Montreal, Que., November 17, 1939.
11	Place and date of his parents' marriage.	St. Albans, Vermont, July 1, 1891.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	*(a)* Montreal, Que. *(b)* *(c)* *(d)*
14	Nature of employment before enlistment.	Clerk - Time Office.
15	State whether he owned the premises in which he lived, and, if so, where situated.	- - - - - - - - - - - -
16	Name place where deceased stated he intended to make his permanent home.	Montreal, Que.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes. Copy attached.
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?	No.
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
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	See remarks
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insurance Co. $250.00 - Mother beneficiary Seeremarks
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.	----------
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)

4

DECLARATION

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

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

*.....Widow.....of the deceased.

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

.....Lillian L. White..... {Signature of Informant

6004 Sherbrooke St. W. Apt 10. Montreal 25 Que. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....Lillian L. White

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

Dated at.....Montreal.....this.....13.....day of.....November.....1944

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

.....J Hanrahan..... Qualification.....Major.....

Address.....3416 McTavish St 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 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

21. $100.00 Victory Bond purchased by deceased, October 19, 1943 in England, according to letter of that date.

22. Sun Life Assurance Company - Canadian Car & Foundry Group Policy $1,000.00 - Mother beneficiary.

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-76128 SSM White C C. ..... Dec'd .....

RECEIVED FROM ..... H Q.C K S D. .....

CHECKED BY ..... A-9762 Pte Finley E A.
E-81759 Sgt Graves J C. ..... DATE ..... 11 Dec 44 .....

I	Cotton Shirt.		
2	Scarfs.		
I	Pullover.		
I	Mirror.		
I	Brown Leather Belt.		
I	Black " " "		
I	Kit Bag Handle.		
I	Lock.		
I	Pr Nail Clippers.		
I	Leather Case.		
I	Pr Sissors.		

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

TRIPLICATE — with effects.

..... J Graves Sgt .....
for OC 1 Cdn KSD

CFA 187
40/P & S 3180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ... D-76128 ... CSM ... White ... C.C. ... (Deceased) ...

RECEIVED FROM ... 2nd Echelon 21 Army Group ...

CHECKED BY ... C-52743 Pte McDonald S.J.
C-5591 Pte Patterson L.K. ... DATE ... 9 Jan 45 ...

	Snapshots	
1	Wrist Watch (No Name)	
1	Wallet	
1	Pen Knife (Pearl Handle)	
1	Key Chain W/Ring	
1	Pen & Pencil Set (Skywriter)	
1	Red "I" Disc	

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

L K Patterson Pte
for OC 1 Cdn KSD

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: Colin Carey (CHRISTIAN NAMES) WHITE (SURNAME)

REGISTER NO. D-10622
FILE NO. 405-W-924
DATE 5-7-45
SERVICE NO. D-76128
FINAL RANK OR RATING S.S.M.
DATE OF DISCHARGE 1-9-44

PAYEE Mrs. Lillian L. WHITE,
ADDRESS 6004 Sherbrooke St. West, Apt. 10, Montreal (28) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 1-9-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1819/30 EQUAL TO 60 COMPLETE PERIODS AT $7.50	450.00	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 1729 LESS 19 INELIGIBLE DAYS, EQUAL TO 1710 DAYS @ 25c. PER DAY	427.50	
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	877.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE		363.09	
D. WAR SERVICE GRATUITY		1240.59	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY		
	OTHER DEDUCTIONS		
F. TOTAL AMOUNT PAYABLE		1240.59	

DAILY RATES AT DISCHARGE

PAY $ 3.00
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25
ADDITIONAL PAY $
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ 37.20 $ 1.24
TOTAL $ 5.49 X7 = $ 38.43
NO. OF DAYS 1729/183 X$ 38.43

RECEIVED
JUN 13 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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	CHECKED BY
[redacted]	

TREASURY

CHECKED BY	DATE
R Grant	23/9/45

SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME COLIN CAREY WHITE (Christian Names) (Surname) — Register No D 10622

PAYEE'S NAME MRS LILLIAN L. WHITE (Christian Names) (Surname) — File No 405-W-924

ADDRESS 6004 SHERBROOKE ST. WEST — Date 29-6-45

APT 10 — MONTREAL 28 - P.Q. — Service No D 76128

DATE OF TERMINATION OF OVERSEAS SERVICE 1-9-44 — Final Rank S.S.M.

Date of Discharge 1-9-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 1819 / 30 = 60 (19) Periods @ $7.50	450	00
B. QUALIFYING OVERSEAS SERVICE No. of days 1729 less 19 Ineligible days, equal 1710 Days @ 25c per day	427	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	877	50
Daily Rate of Pay $ 2.00 ✓ Subsistence Allowance $ 1.25 ✓ Additional Pay $ ..... Dependents' Allowance 1/30 $ 37.20 ✓ $ 1.24 ✓ TOTAL $ 5.49 ✓ × 7 = $ 38.43 ✓		
No. of Days 1729 / 183 × $ 38.43 ✓	363	09
D. WAR SERVICE GRATUITY Computed By Gates ✓	1240	59
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By Noel ✓		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 1240 59 each)	1240	59

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

$ ..... × 30 = $ .....

b

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

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-76128. Rank Sgn. Surname White. Christian Name Colin C.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
					3	5	44	14.	~~Haemorrhoids int.~~		C-1380.
21 Armd Regt.	17 cdn Gen.	19	4	44					Pruritis ani.		C-1360.
Edm. Regt.	15 cdn Gen.	18	5	44					Sacro iliac. left.	slight	C-1425.
7 Recce Rgt: C.A.C.			—			—			Wounded. 1-9-44 Died of wds 19-44		A-489
"									G.S.W. abdomen.		B.295

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

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

Morphia—	A.T. Serum—
Dose. Time and date given— ½ gr 1900 hrs	Dose and date given—
Date of Wound or onset of illness	Religion—

Sulphanilamide. Dose in grammes. Time and date given.

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

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

NOTES.

2330 hrs 1 Sept 44
This Sgt-Major arrived at A.D.S. Dead on Arrival

C P Tanlow
Maj

* Strike out where inapplicable.

Army Form W3118
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

*No. D 76128 Rank S/G/M
Name WHITE C. C
Unit 7th Cdn Recce

* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

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

Diagnosis of Unit M.O.—
S.S.W (abdomen) E.A.W.R. (D)
Date seen by him— 1 Sept 44

No. of Field Ambulance— 22 Cdn
Date of admission— 1 Sept 44
Field Ambulance diagnosis—
Dead on arrival Copy

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

General or other Hospital diagnosis (alterations or additions)—

Wt. 53183/1306. 1,000m. 4/43. D.P.W. 51-6600.

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

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER: B.76128 RANK: S.S.M. SERVICE UNIT: 7 Reconnaissance Regiment (CA).

NAME: WHITE, Colin Carey

DATE OF BIRTH: 6th January 1910 DATE OF ENLISTMENT: 8-9-39

MARITAL STATUS: Married RELIGION: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP: wife NAME: Mrs. Lillian L White

ADDRESS: 6004 Sherbrooke St. W., Apt. 10, Montreal 28, Que. ADDRESS D.A.B.:

ADDITIONAL PERSON TO BE NOTIFIED: ADDRESS:

PARENTS NAME:

ADDRESS (IF SOLDIER MARRIED OVERSEAS):

AUTHORITY CAS. SIG. NO.: 605A H.Q.405-M-924

CASUALTY DETAILS: Died of wounds DATE: 1-9-44

FRANCE

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: 21-9-44

FRL

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

6

COPY FOR DOCUMENT FILE

26th September 1944.

Mrs. Lillian L. White,
6004 Sherbrooke Street W., Apt. 10,
Montreal, Quebec.

Dear Mrs. White:

It was with deep regret that I learned of the death of your husband, D76128 Staff Sergeant Major Colin Carey White, who gave his life in the service of his country in the Western European Theatre of War, on the 1st day of September, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

SEP 23 1944

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

16

DIED Date 1 Sep 44 Place France.

Cause of Death. (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.)

D of Wds.

Nature and Date of Report CFA 4 1 Sep 44

By whom made 22 FA

BURIAL. Date 12 Sep 44 Place Fresney Folney 473610

By whom reported Capt. R.M. Hickey NSR

Has the deceased left a will ?

(a) in Army Book 439 or Army Book 64 No.

(b) as a separate document Not Rec'd

N.B.—State definitely "Yes" or "No"

*All private documents and effects received from the front or hospital, as well as A.B.439 or A.B.64 should be examined, and if any will is found it should at once be forwarded to the War Office (Effects Branch) together with A.B.439 or A.B.64 (Part I)

*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.

*A duplicate of this report is to be sent with the deceased's A.B.64 Part II (in the case of a soldier) to the Base Paymaster.

Station Belgium

Date 3 Mar 45

Eric Rubens Capt.

Signature of Officer in charge of section
for Officer in charge G. H. Q. 2nd Echelon.

13

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: WHITE

(*Block letters*)

Given names: Colin Carey

Do not write in this space

4. RESIDENCE

Street: Mariette Ave. No. 4302

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: January (Month) 6 (Day) 1910 (Year)

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

OCCUPATION

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

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	
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: September (Month) 1 (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from

....19.... to....19....

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

24. CAUSE OF DEATH

I

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

due to

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

(b)....

due to

(c)....

II

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

....

....

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

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

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

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

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

Accident, suicide or homicide....Date....19....

(State which)

Manner of injury....

(How sustained)

Nature of injury....

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

OVERSEAS CASUALTY CANADIAN ARMY

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

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

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

C. Gunn - C.S.

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

Director of Records. Dept. Army

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)

MAR 2 - 1945

1-9-44

AWARDS—CANADIAN ARMY (ACTIVE) M 1757 (1883)

C.B.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-W-924

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
WHITE Colin Carey	D-76128	S.S.M.	Recce. Regt.

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	8012 20-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Lillian White Widow

ADDRESS: 6004 Sherbrooke St., W., Apt., IO, Montreal 28, Quebec.

(2) MEMORIAL CROSS

WIDOW Mrs. Lillian L. White, (ENGLISH)

(1883)
1757 6004 Sherbrooke St. W. Apt.10,

ADDRESS: Montreal, 28, Que.

(3) MEMORIAL CROSS

MOTHER Mrs. Florence White, (M.F.M.5.)(ENGLISH)

1757 996 Riverview Ave., VERDUN, Que. (Letter)

ADDRESS: ~~4302~~ Mariette Ave., N.D.G.Montreal, Que.

MEMORIAL BR

DATE DESP

REGN. NO 2170

(1)

DESP. MAR 2 1945
REGN No. 3422

Retd. 18-2-45

(2)

DESP. JAN 10 1945
REGN No. 10781

Retd. 18/1/45

DESP. JAN 19 1945
REGN No. 2973

DESP. JAN 10 1945
REGN No. 10982

DESP. MAR 19 1945
REGN No. 3804

No D. 76128 Rank S. S. M. Name WHITE, Colin Carey

Unit C. A. C. Date of death 1st Sept., 1944.

Died at France.

Cause Died of wounds received in action.

Death occurred on strength of Forces. H.Q. 405-W-924

N/K Mrs. Lillian L. White, Relationship Widow

Address 6004 Sherbrooke Street W., Apt. 10, Montreal 28, PQ

Remains buried in Fresney Folney 473610 Cemetery

MR.473610 Fresnay Folney France.

Grave location

OVER—

REBURIED

Calais Cdn Mil Cem.,
St. Inglevert, France.

Grave 3, row C, plot 8.

BURIAL REPORT TO N.K. JAN 27 1947

RETURN TO BUR. OF STAT. MAR 2 1945

ROYAL MESSAGE DESP'D. OCT 18 1944

CAN. MESSAGE DESP'D. OCT 7 1944

Temp BR sent to N.K.

Photographs
Despatched
OCT 22 1947

HI & CR Form Despd. JUN 28 1948

H.Q. 405-W-924 (Records C)

29 September 1944

Mrs. Lillian L. White,
6004 Sherbrooke St. W. Apt. 10,
Montreal, Que.

Dear Mrs. White:

Further to this Headquarters' telegram of the 13th of September 1944, informing you of the regretted death of your husband, D-76128 Squadron Sergeant Major Colin Carey White, in keeping with the policy of the Canadian Army of informing the next-of-kin of all details of battle casualties, the following paragraph informs you of the wounds sustained by Squadron Sergeant Major White.

According to information obtained by this Headquarters from Canadian Army Medical Authorities, your late husband died as a result of a bullet wound to the abdomen.

Please accept my sincere and heartfelt sympathy for the irreparable loss you have suffered.

Yours sincerely,

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

ND/RC

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H.Q. 405-W-924
D.R. 4 (B)

27th January, 1947.

Mrs. C.C. White,
6004 Sherbrooke St. West, Apt. 10,
Montreal 28, Que.

D.76128, S.S.M. Colin C. WHITE

Dear Mrs. White:

Further to my letter of November 30th last, information has just been received from the overseas authorities to the effect that the remains of your husband, the marginally named, have now been carefully exhumed from the original place of interment and reverently reburied in grave 3, row C, plot 8, of Calais Canadian Military Cemetery, St. Inglevert, France. Marked map is enclosed. This is a recognized military burial ground which will receive care and maintenance in perpetuity.

The grave has been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

J. B. Rading

for H.M. Jackson, Lt.-Col.,
Director of Records
for Adjutant-General.

Encl.

FBR/PIL