D77484
FALKINER
HAROLD ARTHU

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 FALKINER HAROLD ARTHUR (b) Reg'l. No. D77484
2. (a) Arm of service ARMY (b) Unit ROYAL MONTREAL REGT. (c) Rank A/SPL
3. (a) Date of birth 17 NOV 1911 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTREAL
4. (a) Place of enlistment MONTREAL (b) Date of enlistment 24 JULY 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (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.) 9 YRS PUBLIC ENG.
7. If you attended a university, give name of university and standing or degree secured NO
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NO (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? NO
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 OPENSHAW Address 537 ST PAUL ST W
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) METALLIC PACKING
20. (a) Your specific occupation LABOURER (b) Number of years' experience at this occupation with any employer 1½ YRS
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
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.) NO
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE 11 July 1941 SIGNATURE H. Falkiner

MEMORANDUM FOR

P. 64

Mr. Harold A. Falkiner,
226 Carden Avenue,
Brighton 6, Sussex,
ENGLAND.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 405-F-3366 FD 390

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

August 15. 1941.

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

FALKINER, Harold Arthur, Cpl.

No. D.77484 Royal Montreal Regiment.

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 or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(L.M. Firth) Major,
Administrator of Estates.

ESTATES BRANCH
OCT 6 1941
H.Q. OTTAWA
NATIONAL DEFENCE

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

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.....		none		
2	Children of the Deceased and dates of their Births.....		none		
3	Father of the Deceased.....		Mr Harold A. Falkiner	55	226 Carden Ave Patcham Brighton Sussex
4	Mother of the Deceased.....		Gertrude E. Falkiner	53	226 carden Ave Patcham Brighton Sussex
5	Brothers of the Deceased	Full Blood	Leslie Falkiner	21	226 Carden Ave Patcham Brighton Sussex.
			Kenneth W. Falkiner	18	
		Half Blood	/		
6	Sisters of the Deceased	Full Blood	/		
		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?	
11	Give the month and year of his birth.	
12	Where and when were his parents married?	
13	Was he ever married? If so, state exact place and date of marriage.	
14	Did he leave a (later) Will? If so, it should be forwarded.	
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	

PARTICULARS OF DOMICILE

16	Where was deceased born?	Featherstone. Yorkshire. England.
17	In what Province, Country or State did he reside, and in which last?	Quebec
18	How long in each?	two & Half years
19	What was the nature of his employment?	Plasco Metallic Gland Packing
20	Did he own the house or homestead in which he lived? If so, where?	no
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Quebec Canada.
22	State your postal address in full.	226 Carden Ave Patcham Brighton & Sussex

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	army.
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	none

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

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

*Father.....of the deceased.

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

Harold Arthur Falkiner {Signature of Informant}

CERTIFICATE

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

*See above Harold A. Falkiner {Name of Informant} is the *Father 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 Brighton this 10th day of September 1941

Signature of Clergyman, Priest or Magistrate Bro John. Qualification Missions of U. Church

Address 21 St. James's St. Brighton.

THE UNIVERSAL CHURCH ONE LORD ONE PEOPLE

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

OCCUPATIONAL HISTORY FORMS COMPLETED

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

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

Unit.....The Royal Montreal regiment (M.G) CASF. Regimental Number.D.77484.....

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname.....FALKINER.....
2. Christian Names.Harold Arthur.....
3. Present address.....4287 ~~xxx~~ Dorchester St West Montreal Que.....
4. Date of birth.....Nov.17.1911.....
5. Place of birth.....England (Country) Yorkshire (County or Province) Featherstone (Town or Township).....
6. Religion (state denomination).....Church of England.....
7. Trade or Calling.....Bus Driver.....
8. Married, Widower or Single.....Single.....
9. Name of next of kin.....Harold Arthur Falkiner.....
10. Relationship.....Father.....
11. Address of next of kin.....226 Carden Ave Brighton ~~xxx~~ Sussex England.....
12. Have you served in any Naval, Military or Air Force?.....No.....
13. If previous war service, state arm, force and regimental particulars.....Nil.....

.....

14. Do you now belong to or have you served in the Active Militia of Canada?.....No.....

.....
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Harold Arthur Falkiner.....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 24th. July, 1940. .....H. Falkiner Geo Poole Witness
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

.....H. Falkiner.....(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 Westmount Que.....this.....24.....day of.....July.....1940...

.....{Signature of Magistrate, Justice or Attesting Officer.

Capt & Adjt R.M.R. (M.G) CASF Depot.....{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 PALKINER (Surname) Harold Arthur (Christian Names) Regimental Number D.77484

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Bus Driver

Technical: Nil

Languages: English

Educational Qualifications

High School or Collegiate: Nil (years completed)

Graduation or Matriculation: nil (specify)

*College: Nil

*University: Nil

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

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment T.O.S. R.M.R.(MG) CASF Depot	Pte.	24-7-40	R.M.R.(MG)	Westmn't	Part II D.O. 181	25-7-40
		S.O.S. " "	"	2-8-40	"	"	" 188	2-8-40
		T.O.S. M.G.T.C. MD 4	"	3-8-40	M.G.T.C.	Valcartier	" " 196	3-8-40
		To A/CPL with L/CPL pay	A/CPL	1-11-40	MGTC	3 Rivers	" 273	4-11-40.
		Granted furlough 1-2-41 to 15-2-41	"	1-2-41	"	"	" 28	1-2-41
		Classified as Driver Class I	"	7-3-41	"	"	" 57	7-3-41
		On Command Demonstration Compnay	"	16-3-41	"	"	" 65	17-3-41
		Returned from On Command	"	8-4-41	"	"	" 85	9-4-41
		Admitted to Normand & Cross Hospital	"	31-7-41	"	"	181	31-7-41
		DIED AT 2300 HOURS 31 JULY, 1941 at NORMAND & CROSS HOSPITAL TROIS RIVIERES, P.Q.	"	31-7-41	"	"	" 181 Supp.	31-7-41

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

ARE YOU RECEIVING OR HAVE
YOU IN THE PAST RECEIVED,
...BILITY OR COMPENSATION.

CERTIFICATE OF MEDICAL EXAMINATION

Name in full FALKINER Harold Arthur Date Jul 19th 1940

Part 1. Information obtained from the recruit.

1. Age 28 2. Have you ever suffered from any of the following diseases?

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

H. Falkiner
(Signature of Recruit)

Examiner's remarks re above
Ears, reflexes normal Col.Vis. (Ishihara) CN
A. Delahaye Capt.

URINE N
EXTRA N

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

1. Identification marks or scars. (If operative obtain history.)
Nil

2. Height 5 feet 6½ inches. 3. Weight 140 pounds.

4. Complexion Fair Eyes blue Hair Fair 5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 37 inches.
Range of expansion 3 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 Good

10. The abnormalities (congenital and pathological) found on examination are as follows
Undescended testicle nitra abdominal

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

C.A. McIntosh Capt. President — H. Glenbury Major Member — Wm B Strafford Capt. Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
3.8.40	TAB RB Taylor Major		
10.8.40	2		
17.8.40	Vaccination RBT		
3.8.40	TETANUS TOXOID RBT		
2.8.40	" " 1cc RBT		
12.9.40			
10.6.41	Re exam Cat. A RB Taylor Major		
18.6.41	RE-EXAMINATION: EARS, REFLEXES, CATEGORY A. J. Macdonell Capt. Medical Officer		

DISABILITY ..... NO
IF SO GIVE DETAILS .....

1

Regtl. No. D. 77484 Rank Private Surname FALKINER Christian Name Harold Arthur

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				

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

File No 405-F-3366.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-77484 Name FALKINER, HAROLD ARTHUR.

Rank on Discharge Cpl Date of Discharge _____

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 24-7-40.	to	31-7-41.	Died in Hosp.
	from _____	to	_____	_____
United Kingdom	from _____	to	_____	
	from _____	to	_____	_____
Italy	from _____	to	_____	_____
Northwest Europe	from _____	to	_____	_____
---------	from _____	to	_____	_____
---------	from _____	to	_____	_____

Eligible for award of:

~~1939 - 45 Star~~ _____

---------- _____

~~Italy Star~~ _____

~~France-Germany Star~~ _____

~~Defence Medal~~ _____

War Medal OK

Canadian Volunteer Service Medal OK

~~with clasp~~ _____

M

Verified by N. Lienard

Date JUL - 9 1946

Carded JUL 9 1946

HA 165 NC RIBBON DESPATCH

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

CANADA

6-F-27

This form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office.
All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis.

Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

1. Hospital HOSPITAL DR. NORMAND & CROSS 2. Date of admission July 31st 1941.

3. Surname FALKINER. 4. Christian Name Harold E 5. Age 29

6. Birthplace England 7. Next of kin Harold Falkiner - father,

8. Address Coteau Barracks, - S rivers, Que. N.Y.T.S.

9. Regimental Numbers { C.A.S.F. D-77484 / C.E.F. / Other } 10. Rank { p'te } 11. Unit { R.M.R./(MG) AF }

12. Personal address 226 Garden Ave 13. Height 6" 14. Weight

15. Present pensionable disability

16. Amount per month

17. Other disabilities not pensionable

18. Dates of last or other hospital periods

19. Authority for hospitalization 20. Class

21. Statement of present complaints in patients own language on admission to hospital "Pain - pit of stomach"

22. Date of discharge Died, 31st July/41 23. Reason for discharge

24. Condition of patient on discharge

25. Is further treatment needed at home?

26. Final Diagnosis Intest. Obst. Perf. Mesentary- Mesenteric Infection.

27. Disposal of case

28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer

J. H. Kenny

Signature of C.M.O. Signature of Patient.

P & N.H. 100 100M-4-41 Req 224 **These signatures apply only to Section 28.**

CONFIDENTIAL

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

The M.O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

At. 10 P.M. 30th July 1941- man began to have pain, pit of stomach and vomiting.
Treatment eased this until 5 A.M when he had a severe pain and in- some place.
He was admitted to this hospital at 6 a.m. Temp. 96.4 F Pulse 72.
When first seen by me, he was lying quietly in bed, only admitted slight pain epigastrium- upper half of abdomen was somewhat rigid and tender. The whole abdomen was slightly distended. Pulse was 110. - slight tenderness appendix area.
Saline enema given. No stool returned but flatus. Ice had been applied since admission.
At 6 P.M. he suddenly went into state of collapse until pulse 160. Cold sweat, etc.
Temp. 102. Restorative measures given with stimulatum. Intravenus glucose saline 10%
At 5.P.M. W.B.C. asked but unobtainable.
Prep. made for laparatomy
General condition very poor.
Cyclo anesth.
On opening abdomen many coils of almost black and greatly distended small bowels presented . There was a strangulating band apparently. The gastro lip. mesentery The damaged intest. seemed to be about 10 ft of non viable intestine. The man's condition did not allow more than release of the band and he died 15 mins. after closure of the abdomen.
Glands negative.
Respiratory system: Lungs clear.
Cardiovascular system: Pulse 110, Reg. rate and volume.
Heart sounds; clear and distinct.
G.U. System: strong trace of albumine.

Sgd:

REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit Royal Montreal Regt.(MG) attached to C.A.(A) T.C. No. A 17

Regt'l No. D.77484 Rank Corporal

Name in full Harold Arthur FALKINER

Date and place of birth 17 NOV 11 Featherstone, Yorkshire, England.

Married or single Single

Enlisted, when and where 24 JUL 40 Westmount, Quebec.

Died — Date 31 JUL 41; Place Three Rivers, Que; Cause of death Intestinal Obstruction

Buried — Date 2 AUG 41; Name of cemetery Protestant; Location of cemetery Des Forges Road Three Rivers, Quebec.

Whether he leaves a Will or not, and if so, where deposited: Yes. Forwarded to Officer i/c Records.

Statement as to existence of any personal effects: Committee of Adjustment appointed and collecting.

Latest particulars as to Next of Kin: Father- Harold Arthur FALKINER, 226 Carden Ave. Brighton, Eng. Sussex, England

I hereby certify that Next of Kin and District Headquarters have been informed.
(Strike out Next of Kin if not informed)

(W.H. Watson) ~~Officer Commanding~~ Major,
A/O.C. C.A.(A) T.C. No. A 17

Secretary, Department of National Defence.

Forwarded, please.

D.O.C., M.D. 4

Date Aug 5th, 1941

Date 2 AUG 41

M.F.W. 2570
20M—7-40 (6121-2)
H.Q. 1772-39-1356

The Administrator of Estates

Regimental No.....D.77484.....Rank.....Corporal.....

.....FALKINER.....Harold Arthur.....
Surname Christian Names

Unit.....Royal Montreal Regiment.....

Date of Death..1st August ,.1941.....Place of Death. Military District No. 4

Next-of-Kin... Mr. Harold Arthur Falkiner .....Relationship.....Father
as shown in M.F.M.2

Address.....226 Carden Avenue,.....

.....Brighton, Sussex,.....

.....England.....

M.F.M.5.....No record of M.F.M. 5 in Record Office to date,.....

Will.....No record of M.F.M. 10 in Record Office to date.....

Date.....August 8th, 1941.....

J.M.

ESTATES BRANCH AUG 12 1941 H.Q. OTTAWA. NATIONAL DEFENCE

W.E.L. Coleman

(W.E.L. Coleman) Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

No D.77484 Rank Corporal Name FALKINER, Harold Arthur

Unit Royal Montreal Regt. (M.G.) Date of death 1st August, 1941.

Died at Three Rivers, P.Q.

Cause Intestinal Obstruction.

Death occurred on strength of Forces.H.Q. 405-F-3366 d 1-8-41

N/K Mr. Harold Arthur Falkiner Relationship Father

Address 226 Carden Avenue, Brighton, Sussex, England.

Remains buried in ~~Protestant~~ Forest Hill Cemetery

Three Rivers, P.Q.

Grave location Section K. # 5418

CHK

CONTRACTOR'S ROLL FOR THIS SOLDIERS GRAVE DESPATCHED NOV 27 1941

[redacted]ad this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, Harold Arthur Falkiner, of the city
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Hochelaga,

Province of Quebec, Bus Driver
(Civil Occupation)

Regimental No. D.77484, Unit R.M.R.(M.G.) CASF, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto MY FATHER,

Harold Arthur Falkiner,

226 Carden Ave.,

Brighton, Suusex,

England.

" ALL MY ESTATE "

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Harold Arthur Falkiner, 226 Carden Ave., Brighton, Sussex Engladn
(Name) (Address)

Bus Driver, to be the Executor of this my Last Will.
(Civil Occupaton)

IN WITNESS WHEREOF I have hereunto set my hand this 24 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.

H. Falkiner
(Signature of soldier)

First witness sign here.

(5) Signature Geo Poole

Civil Address 4150 Claude St Verdun P.Q

Civil Occupation Bank Employee

Second witness sign here.

Signature Ewd. D. Reid

Civil Address 4005 Coot St., Verdun, Que.

Civil Occupation C.N.R.

(Witnesses are not to be beneficiaries.)

[OVER]

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** FALKINER
(Surname first—Christian names in full—Block capitals)
Harold Arthur

(2) **Regimental or Air Force Number and Rank** D.77484 Private

(3) **Unit** Royal Montreal Regiment (M.G.) CASF

(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 N/A

[SEE OTHER SIDE]

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

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

(11) Is your father alive? Yes

If so, state name and address, occupation Harold Arthur Falkiner

226 Carden Ave., Brighton, Sussex, England, Bus Driver

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

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

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

(14) Is your mother alive? Yes

If so, state name and address Gertrude Falkiner,

226 Carden Ave., Brighton, Sussex, England

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

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

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

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

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

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

(19) Are you insured? 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.

H. Falkiner

(Signature of officer or man)

Date 24th. July, 1940.

E. L. Lemon

Officer Commanding

Date 24th. July, 1940. Captain & Adjytant R.M.R. (M.G.) Dep ot

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.

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4

~~NAVY~~

ARMY

DECEASED MEMBER'S NAME: Harold Arthur (CHRISTIAN NAMES) FALKINER (SURNAME)

REGISTER NO. D-20042

FILE NO. 405-F-3366

PAYEE Director of Estates

ADDRESS

DATE 21-2-46

SERVICE NO. D-77484

FINAL RANK OR RATING L/Cpl.

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE 31-7-41

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 373/30 EQUAL TO 12 COMPLETE PERIODS AT $7.50		90.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS ___ LESS ___ INELIGIBLE DAYS, EQUAL TO ___ DAYS @ 25C. PER DAY		
			90.00
C. SUPPLEMENT FOR OVERSEAS SERVICE.	DAILY RATES AT DISCHARGE		
	PAY	$	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$	
	ADDITIONAL PAY	$	
		$	
		$	
	DEPENDENTS' ALLOWANCE 1/30 OF $ ___	$ ___	
	TOTAL	$ ×7 = $	
	NO. OF DAYS ___/183	× $	
D. WAR SERVICE GRATUITY			90.00
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES	$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
	OTHER DEDUCTIONS	$	VN
F. TOTAL AMOUNT PAYABLE			90.00

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
KRM	M/K

TREASURY	
CHECKED BY	DATE
James C. Moran	27/2/46.

SERVICE REPRESENTATIVE

ΔT

2165

MH

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name FALKINER, Harold A. No. D-77484
Surname Christian Names

Cpl. Royal Montreal Regt. 1-8-41
Rank Unit Date of Death

AMOUNT W.S.G. 90.00
L.P.C. $23.50

Date 15-5-46

Other Credits.....

Total.....113.50

Prev.dist. 23.50
This dist. 90.00

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Harold A. Falkiner, 226 Carden Ave., Brighton 6, Sussex, England. (Sole beneficiary per will)	90.00

P4. TO TREAS.

MAY 16 1946

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$90.00

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

CANADIAN ARMY (A.F.) AND R.C.A.F. ON ACTIVE SERVICE
CANADA

LAST PAY CERTIFICATE

M. F. D. 930A
300M—3-41 (9813-4)
H.Q. 1772-39-1548

Regtl. or Official No. D-77484 Rank and Name A/L/Cpl. FALKINER Harold Arthur

of ..... Company, etc. C.A.(A) Training Centre No.A-17 Regiment, etc., on .....

(Transfer, Posting or Discharge) to ..... on July 31st. 1941
(Unit and Station)

Reason for discharge DECEASED Authority: Pt.11 Order No.181

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ ..... has been paid by the Treasury Officer, Military District No. ..... or ..... Air Command.

REMARKS:

State (1) Date of appointment or enlistment July 24th.1940

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? No.

(3) Has assignment of pay been made? No. Yes If so, amount ~~X/X~~ 2.00 effective date April 1941 War Sav.Cert. (Cancelled Aug.1/41)

(4) In the case of Officers in receipt of a Service (P. F.) Pension state monthly deduction $ .....

The following is a statement of the account of the above named from July 1st. to July 31st. 1941 the inclusive date of transfer, posting or discharge.

DR. PARTICULARS	AMOUNT	CR. PARTICULARS	AMOUNT
Balance Dr. from last account		Balance Cr. from last account	
First Monthly Payment	21.00	Regimental Pay 31 days at 1.50 $	46.50
Casual Payments		Tradesmen's Pay ..... days at ..... $	
Payment on Transfer, Posting or Discharge		Additional Pay (Give particulars)	
Assigned Pay WSC for July	2.00	days at ..... $	
Regimental Charges		Allowances (Give particulars) ..... days	
Public Stoppages (Give particulars):		at ..... $	
To Balance Cr. (To be paid by new unit)	23.50	By Balance Dr. (To be deducted by new unit)	
Total	46.50	Total	46.50

ESTATES BRANCH AUG 21 1941 H.Q. OTTAWA. NATIONAL DEFENCE

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Three Rivers, Que.
(Place)

August 7th.1941.
(Date)

L C Miller Capt.
Paymaster or Accountant Officer.

FORM No. 1

Register No. C.D. 1715 — Nominal Roll No. D 287

H.Q. File No. 405 F 3366

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D 77484	A/CPL	FALKINER	HAROLD ARTHUR

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... DECEASED ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 24 JUL 40	T.O.S.	T.O.S.
S.O.S. 31 JUL 41 MD H	S.O.S. MD	S.O.S. MD
Total Days 373	Total Days	Total Days

Total Service ..... 373 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	373	N	373
Overseas Service			
Totals	373		373
Add Non-qualifying Service			
Total Service			373

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 2. Date S.O.S. Overseas .....

DIED WHILST IN SERVICE 31 JUL 41

REMARKS:

Computer's Signature .....

Checker's Signature .....

Date Computed 8 Feb 46.

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Inventory of Personnel Effects of Late

D.77484 A/Cpl. H.Falkiner, Royal Montreal Regt (M.G.)
A.F.

Address Book. 1
Lanyard. 1
Kodak (Junior 616) Camera & Leather Case. 1
Leather Pocket Book. 1
Leather Case. 1
Photo Album. 1
White sweat shirt. 1
Khaki slacks. 1
Sleeveless sweater. 1
Woolem scarf 1
8 pkd. razor blades. 1
Bathing trunks. 1
Pr. running shoes. 1
Brush- toilet set. 1
Hair brush. 1
Tie. 1
Belt. 1
Kit bag. 1
R.M.R. sweater. 1
Wallet. 1
2 Keys. 1
Medal. 1
Pocket watch. 1
Comb. 1
Pocket knife. 1
Identy disks. 1

Ile Rivers, Que. 6 Aug. 41.

Committee of Adjustment.

B McGrory Lieut
Edward H. Boothroyd Lieut
W.H. Gardiner Lieut.

ESTATES BRANCH AUG 21 1941 H.Q. OTTAWA NATIONAL DEFENCE

F. Bearns