D77676
WHITE
WILLIAM FRANCI

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Received DEC 1 1941 Checked [illegible] Card ✓ Observations [illegible]

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

M.F.M. 2
A.F.B. 271
200M—10-40 (7370)
H.Q. 1772-39-1645

0

Unit R.M.R. (M.G.) A.F. Regimental Number D-77676.

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname W H I T E
2. Christian Names WILLIAM FRANCIS
3. Present address 574 Congregation street. Montreal. P.Q. Canada.
4. Date of birth 11 May I916
5. Place of birth Canada (Country) Quebec (County or Province) Montreal. (Town or Township)
6. Religion (state denomination) Church of England
7. Trade or Calling Wire Tinner
8. Married, Widower or Single Single
9. Name of next of kin Mr. William White
10. Relationship Father
11. Address of next of kin ~~I426 Pierce Street (Apt 202) Montreal, P.Q. Can.~~ see change.
12. Do you belong to, or have you served in the Active Militia of Canada? NO
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force? NO
(Yes or No)
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force? NO
(Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? NO
(If Yes, specify Regimental No., Unit and Dates of Service)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, William Francis 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 7 April 1941. x Wm F. White (Signature of recruit)

Witness Alf Mérette [illegible]

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

x Wm F. 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 South, P.Q. this 7 day of April 19 41.

NO. 4 DISTRICT DEPOT, A.F.

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

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—CAIB

P

Record of Service of WHITE (Surname) William Francis (Christian Names) Regimental Number D-77676.

Qualifications

Military: Nil.

Business or Professional: Nil.

Trade or Civil: Wire Tinner.

Technical: Nil.

Languages: French and English

Educational Qualifications

High School or Collegiate: Nil (years completed)

Graduation or Matriculation: Nil. (specify)

*College: Nil.

*University: Nil.

7 Years Public Schooling.

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

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

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 7 Apr 41	DRO	Joined on appointment No. 4 District Depot A.F.	Pte.	7 Apr.41	4DD	Mtl.South	4DD P t.11 No.82	7 Apr.41.
17-4-41		PROCEEDED ON COMMAND AND ATTACHED FOR ALL						
		PURPOSES TO B.T.C. NO43 SHERBROOKE QUE.	"	17-4-41	"	" "	" " " " 90	17-4-41
21 4-41		TOS BTC 43 Sherbrooke ? On command and attached for all purposes from DD 4	"	18-4-41	R M R	Sherbrooke	#43 Pt. II 68A	21-4-41
25-6-41	T.C. 43	S.O.S. on transfer to M.G.T.C.(T-Rivers)	"	25-6-41	"	"	" 110-A	25-6-41
		T.O.S.MACHINE GUN TRAINING CENTRE,M.D.4	"	26-6-41	M.G.T.C.	3 Rivers	PT.II D.O.#153	28-6-41
		TO be A/Cpl. with pay of L/Cpl.	A/Cpl.	1-9-41	"	" "	" " " " 212	5-9-41
		Was on 1710-41 reprimanded for: AWL 2215 hrs 15-10-41 to 0600 hrs 16-10-41 2. Failing to Obey Coteau Barracks Standing Orders.						
		Auto. Forf. 1 days pay FR&I 149	"	17-10-41	"	"	248	17-10-41
		Reverts to permanent grade of Private	"	17-10-41	"	"	249	18-10-41
		CEASES TO BE ATTACHED FOR ALL PURPOSES ON PROCEEDING TO PORT OF EMBARKATION	"	10 NOV 41	"	"	268	10 NOV 41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full WHITE. WILLIAM FRANCIS

Place .... Date MARCH 3Ist. I941

Part 1. Information obtained from the recruit.

1. Age 24 2. Have you ever suffered from any of the following diseases?

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

Wm F. White
Signature of Applicant

URINE ✓ C. ST. PIERRE (LT. COL)

COLOR VISION ISHIHARA (C.N.)
EARS & REFLEXES NORMAL.
A. L. DELAHAYE (CAPT)

APR 2 1941

X-RAY 74676 N

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

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

I Vaccn left arm. Hairy mole back of neck. Little finger crooked right hand.

2. Height 5 feet 7½ inches. 3. Weight I35 pounds.

4. Complexion Fair Eyes Blue 5. Development Good (Good / Fair / Poor)

Hair L-Brown

6. Chest measurement—Girth on full expansion 38½ inches.

Range of expansion 3½ inches.

7. Vision, right 20-40 left 20-20 8. Hearing, right CV 20 left CV 20

9. Condition of mouth and teeth Good

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

NIL

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............

H. AUBRY (MAJOR) D. MACKENZIE (CAPT) J. E. MATHIEU (CAPT)

H Aubry major — President; D. Mackenzie Capt — Member; J E Mathieu capt — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
APR 7 '41	TAB H. P. Macey Capt	23.11.42	TAB1 ½cc
3-5-41	— J. E. Longpré Lieut.	21.9.42	Vacc
2-11-41	3 " "		
APR 7 '41	VACCINATION H.P.M.		
APR 7 '41	TETANUS TOX Icc H.P.M.		
2-11-41	TETANUS TOX Icc [illegible]		
24/6/41	Medical Recheck A: [illegible]		
5/11/41	RE-EXAMINATION: EARS, REFLEXES, CATEGORY A R.B. Taylor Major. Pres.		

Regtl. No. D-77676 Rank Pte. Surname WHITE Christian Name William Francis

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)

Card No 2

NAME White William Francis

REGIMENTAL NO. D 77676 RANK

ENLISTED AT PROMOTIONS, ETC. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY, $ C

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR

M. F. M. 14

50M—1-40 (3878)
H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D.O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
1 Jan. 43 - Inc. Pay to $1.50	8A	29-3-43	
S.O.S. to 1 CACRU w.e.f. 8 July 43	3011	8 July 43	Dr. Mech. Course
T.O.S. 1 C.A.C.R.U. from 32 C.R.R. w.e.f.	162	16-7-43	9-7-43 whilst attdg C.M.H.Q. Crse 1047
Ser 7 (Dr. Mech.) at 3 Tech Trg Grp			
Rtd from C.M.H.Q. Crse 1047	192	20-8-43	ceases att. f.a.p. 3 T.T. Grp wef 20-8-43
S.O.S. 1 CACRU to 32 C.R.R.	197	26-8-43	wef 26-8-43
3 days P.L. & R.A. wef.	6	[illegible].44	11-14 Jan. 44
S.O.S. to 18 Armd			Car Regt 18-3-44
T.O.S. 18th. (MAN) ARMD. CAR REGT. C.A.			MAR 19 1944
On 7 Jun 44 awd a fine of	C.R.	8 June 44	3 days pay for AWL from
0700 hrs 4 Jun 44 to 2330 hrs 4 June 44 (16 hrs, 30 mins) Total Forf. 4 days pay.			
S.O.S. to 18 ACR 11-6-44	C.R.	12-6-44	T.O.S. 18 A.C.R. 12-6-44
	C.R	21-8-44	S.O.S. Killed in action 20-8-44.

B

R.M.R. (M.G) A.F.

NAME WHITE William Francis

REGIMENTAL No. D-77676 RANK Pte. ~~A/Cpl with L/Cpl pay eff. 1-9-41 DO 212~~

ENLISTED AT Montreal South, Que. PROMOTIONS, ETC. AND DATE Reverts to Pte. 17-10-41 D.O.248 Jpr

DATE 7 April 1941

IF SERVED PREVIOUSLY, STATE UNIT, ETC. N/A

MARRIED, WIDOWER OR SINGLE Single

NEXT OF KIN William White RELATIONSHIP Father ~~C/O Jos. Guertin St. Hubert P. Que.~~

ADDRESS OF 2051 UNIVERSITY ST., (APT. 2) MONTREAL ~~6666 1426 Pierce St. Montreal (App. 202)~~ Que. Can.

* ASSIGNMENT OF PAY, $ 10 C. 00 eff. May 1941 ~~8.40 to Rec. Gen. of Canada from May 1942 Nov. 42 - April 41~~ inclusive.

ADDRESS as above

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT N/E. AMOUNT OF AWARD

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 8 April 1941

IN WHOSE FAVOUR Father

~~* Instalment purchase one 50.00 fourth fifth Victory Loan Bond~~

M. F. M. 14

120M - 7-40 (6128-9)

H. Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11. D. O. NO.	DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
TOS DD 4 "E" Wing	82	7-4-41	eff 7-4-41
On com and attached for all purposes BTC 41 Sherbrooke	90	17-4-41	eff 17-4-41
Att. for all purposes #43 C.A.(B) T.C.	68-A	21/4/41	w.e.f. 18/4/41
Tr. MGTC 3Rivers	110	25-6-41	25-6-41
TOS MGTC Three Rivers	153	28-6-41	26-6-41
On Command 13-9-41	220	15-9-41	Jeanne Mance Camp
Ret'd from On Cmd. 14-10-41	246	15-10-41	" " "
AWL from Oct.15-16/41	248	17-10-41	Forfeits 1 days pay
Reverts to Perm Grd Pte	249	18-10-41	eff 17-10-41
SOS CA(A)TC NO.A-17	268	10-11-41	WEF Nov.10/41 Ser. 44
TOS CAO 12-11-41 Disem-	197	27-11-41	bark U.K. 24-11-41
Qtd. Land. Leave 7 to 12-12-41	TOS	10-12-41	
SOS MGRU To R.M.R.(MG) 19-3-42	38	20-3-42	
TOS from 1 CMGRU.	23	25.3.42	w.e.f. 20.3.42
9 days P/L (5-14 Jan 43)	3	19 Jan 43	With R.R.

No D.77676 Rank Trooper Name WHITE, William Francis

Unit C.A.C. Date of death 20th Aug., 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-W-16509

N/K Mr. WilliamWhite Relationship Father

Address 2051 University Street, Apt.2, Montreal, P.Q.

Remains buried in France in orchard MR 426587 sh 7F/6 Cemetery
1/50,000 GSGS 4250

Grave location

CHK

OVER-

BURIAL REPORT TO N.K. APR 24 1946

RETURN TO BUR. OF STAT. NOV 23 1945

ROYAL MESSAGE DESP'D. OCT 27 1944

CAN. MESSAGE DESP'D. SEP 13 1944

REBURIAL

Bretteville-sur-Laize Cdn. Mil. Cemetery,
Bretteville-sur-Laize, France.

Grave 9, Row B, Plot 18.

Photographs
Despatched
OCT 9 1947

20-8-44

AWARDS—CANADIAN ARMY (ACTIVE)

M

FB

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-W-16509

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
WHITE, William Francis	D-77676	Tpr.	C.A.C.

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	7967 26-10-49
~~CVSM & Clasp~~	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

REGN. NO. 2900

(1) MEDALS

PERSON ENTITLED TO William White Father

ADDRESS: 2051 University St., Apt. 2, Montreal, Que.

(2) MEMORIAL CROSS

WIDOW (SINGLE)

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER (DECEASED) MFM5

ADDRESS:

(3)

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
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. (ON ACTIVE SERVICE)

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. (ON ACTIVE SERVICE).

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

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(1) Name of Officer of Other Rank WHITE William Francis
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-77676 Pte.

(3) Unit R.M.R. (MG) A.F.

(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. Number of boys N/A Girls N/A

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 Guardians 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 2 years immediately prior to appointment or 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 William White, 1426 Pierce St., Montreal, Que. Canada. Tool Grinder

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment 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? NO

If so, state name and address N/A

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment 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.
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? Yes.

If so, in what Company? London Life Insurance Co.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes.
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.

Wm F White
(Signature of officer or man)

Date 7 April 1941.

A B Humphrey Maj
Officer Commanding

Date 7 April 1941.

No. 4 DISTRICT DEPOT, A.F.

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

Statement of the Service of No. D44646 Rank .... Sheet No. ....

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

Name White W. J.

REPORT Date	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.	Dated
		~~Qual Dvr Mech M.V. Gp C~~	~~TPR~~	~~19 Aug 43~~	~~32 Recce~~	~~UK~~	~~35~~	
		Granted T.P. Dr Mech MV "C"	TPR	24 Aug 43	32 Recce	UK	35	3 Sept 43
		Appt'd A/L/Cpl	A/L/Cpl	23 Oct 43	32 Recce	UK	44	3 Nov 43
		AA 15(1): Reduced to TPR. Forfs 4 days pay + £0-9-1 (cost of app.). To draw $1.45 fd.	TPR	6 Nov 43	32 Recce	UK	49	14 Nov 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
C 87	SOS	SOS. to Rein. Unit. 18 Armd R. (Dr. Mech. MV "C")	Tpr	18 Mar 44	32 Recce	UK	15	20 Mar 44
C 87	TOS	TOS. from 32 Recce (Dr. Mech MV "C")	Tpr	19 Mar 44	18 Armd R	UK	14	31 Mar 44
CAb		AA 15(1) Forfts 4 days pay	Tpr	7 June 44	18 ACR Inc	UK	24	21 June 44
M 106		Embarked at U.K. on 8 Jul 44	Tpr		18 ACR	21 AG	30	18 Jul 44
		Disembarked at France on ~~8 Jul 44~~ 9 Jul 44 DO# 34 7/8 Aug 44						
M 147		SOS Deceased (Killed in Action) Dvr Mech M/C	Tpr	20 Aug 44	18 Armd R.	21 A Gp	41	31 Aug 44
M 121		Killed	Tpr	20 Aug 44	18 Armd R	A.E.F.	A 483	27 Aug 44

Statement of the Service of No. D77676 Rank Pte

Sheet No. ....

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

Name White W. F.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		S.F. Eldn Army Canada	Pte	11 Nov 41	1 Mg RU	UK	207	15 Dec 41
		Emb Can 11-11-41 disemb UK 24-11-41						
		Rep for duty 25-11-41 TOS C4(0)	Pte	12-11-41	1 CMGHU	Eversholt	197	27-11-41
		Landing leave w.w.	Pte	7/12 Dec 41	1 MGHU	UK	205	10 Dec 41
		Att'd F.Cop. 4 Bn. R.C.E.	Pte	19 Jan 42	1 MGRU	U.K.	6	20 Jan 42
		Ceases to be att'd	Pte	17 Feb 42	4 Bn RCE 1 MGRU	UK	21 21	18 19 Feb 42
		Priv: leave w.w. 7.1.1	Pte	4/11 Mar 42	1 MGRU	UK	32	9 Mar 42
SOS		SOS to RMR	Pte	19 Mar 42	1 MGRU	UK	38	20 Mar 42
	TOS.	TOS from 1 MGRU	Pte	20 Mar 42	RMR	UK	23	25 Mar 42
		7 days P/L to 9 June	Pte	2 June 42	RMR	UK	48	24 June 42
		Priv leave	Pte	29 Sep 42 6 Oct 42	RMR	UK	71	13 Oct 42
		Priv leave	Pte	5/14 Jan 43	RMR	UK	3	19 Jan 43
		Regtl rate of pay $1-50 per diem	Tpr.	1 Jan 43	32 Recce R.	UK	8A	29 Mar 43
change of Address	N of K.	Mr. William White (Father) to - 2051 University St., Apt 2., Montreal, Canada			32 Recce	UK.	15	12 May 43.
S.O.S.		S.O.S. to 1 CACRU on CMHQ Crse 1044 at 3 T.T. Gp	TPR	8 Jul 43	32 Recce	UK	28	16 Jul 43
	T.O.S.	T.O.S. from 32 Recce Regt (on Crse 1044)	TPR	9 Jul 43	1 CACRU	UK	162	16 Jul 43
		Qual. Dr. 1/c (W)	TPR	2 Jul 43	32 Recce	UK	29	23 Jul 43
		Retd from Crse 1047 & C.T.B. attd 3 Tech Trg Gp	Tpr	20 Aug 43	1 CACRU	UK	192	20 Aug 43
SoS		SoS to 32 Recce Regt	Tpr	26 Aug 43	1 CACRU	UK	197	26 Aug 43
	TOS	T.O.S. from 1 CACRU	TPR	27 Aug 43	32 Recce	UK	35	3 Sept 43

Mr. William White,

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-16509 FD 415.

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

16th January, 1945.

ESTATES BRANCH FEB 1 1945 H.Q. OTTAWA NATIONAL DEFENCE

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, William Francis Tpr. (Deceased)

No. D-77676 - 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.

Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		None		
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		William White		2051 University St.,#2 Montreal, P.Q.
4	Mother of the Deceased.....		Deceased		
5	Brothers of the Deceased	Full Blood	Richard White		690 Shearer St., Pt. St. Charles, Montreal, P.Q.
		Half Blood			
6	Sisters of the Deceased	Full Blood	None		
		Half Blood	None		
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
	Hugh Angus White Died Nov.8/28.		Donald George William White Born March 24/44. (10 months) Age 10 months.		690 Shearer St., Pt. St. Charles, Montreal, P.Q.

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	William Francis Louis White
9	Date of his birth.	Montreal, P.Q. May 11/16
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Sept.1915 Quebec City, P.Q.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, P.Q.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) P.Q. From birth (b) (c) (d)
14	Nature of employment before enlistment.	Machine operator
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal, P.Q.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Of which share no record
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?	Domiciled in P.Q.
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?	None
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Not to my knowledge
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	One $50.00 Bearer Bond, Location not known
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life $1,000.00 Mutual Life $265.00
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.	Not to my knowledge
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

* Father ..... of the deceased.

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

William White ..... {Signature of Informant}

2051 University St., Apt.2. Montreal, P.Q. ..... Address

CERTIFICATE

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

*See above.

Dated at Montreal this 24th day of January 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. James Smith Qualification J.P. C.S.C.

Address 94 - 54th Ave. Dorval Jacques

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

WHITE W.F

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.
2. You will **always carry this book** on your person when on duty, and on active service.
3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.
4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,
5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.
6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

WHITE
Wood

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols.	Signature of Dental Officer
2/12/43		✓		Capt. A. L. Goodman
17 April 41		✓		B P Kearney Capt

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D. 77676

Surname (in capitals) WHITE

Christian Names (in full) WILLIAM FRANCIS

Date of Birth 11 MAY 1916

Place of Birth MONTREAL QUE.

Trade on Enlistment WIRE TINNER

Nationality of Father at birth ENGLISH

Nationality of Mother at birth SCOTCH

Religion C. of E.

Enlisted at MONTREAL SOUTH. QUE.

Date 7 APRIL 1941

Particulars of former service (if any) i.e. Regtl. No., Corps and period.

Signature of Soldier Wm F. White.

Signature of Officer J J Regan

Place Montreal Date 7 Apr. 41

WHITE, W. F.
Medical

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date	NOW LIVING such change and reported by O.C. Unit to the Officer i/c Records. effect as a Will (see pages 20 to 23) Latest known Address in full
1st	Wife			
	Children			
2nd	Father	WILLIAM WHITE	7.4.41	1426 PIERCE ST. APT. 117. MONTREAL. QUE
	Mother			
3rd	*Brothers and Sisters	RICHARD "		UNKNOWN.
4th	Other Relations (stating) relationship)	MRS. J. SPENCER (AUNT.)		1039 LEVIS ST. THREE RIVERS. QUE

*State whether brothers are older or younger.

WHITE. W.F.

Deceased

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
7-4-41	PTE		4 D.D. 82	F.F. Reynell Lt
1-2-43.	TPR.		1-2-43.	J.E. Thomson Lt.

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:*—*

FIELD CRAFT.

Qualified in addition as under :—

Date.....

* If no further training required, strike out words in italics and initial.

WHITE W. F.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
PASSED TRADE TEST AS DRIVER MECHANIC CLASS II AT No. 8 BRIGHTON TECHNICAL TRAINING GROUP.	18 AUG 1943	[illegible] Capt

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1941	RIFLE F	—	99 Regall St.
"	BREN 2ND	—	
"	VICKERS 1ST	—	
25 29/7/44	[illegible]		[illegible] Capt

WHITE. W.F.

Deceased

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
31-3-41	A.	Montreal Med. Bd.	F.F.R.

WHITE W.F.

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.	7-4-41	H.P.M. CAPT
	3-5-41	
3	2-11-41	
TETANUS.TOXOID 1cc	7-4-41	F.F.R.
" 1cc	2-11-41	
T.A.B.T. ½cc	23-11-42	
TABT. ½ cc	8-11-43	[illegible] Mackenzie Capt
Typhus ¼ cc	10-1-44	[illegible] Capt.
½ cc	17-1-44	
1 cc	24-1-44	
" 1cc	24-4-44	[illegible]

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
7-4-41	H.P.M. CAPT.
21-9-42	F.F.R.
5-6-44	C. H. [illegible] Capt

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
Landing L. 5 days	7-12-41	
"M" TEST + INTERVIEW	7-1-42	
P.1	4-3-42	F.F. Regall Lt.
P.2 F.1.2	2-6-42	
P.3 F.1.3 7 days	29-9-42	
P.4 F.1.4 9 "	5-1-43	
P.5 " 5 7 "	13-4-43	T.E. Ironhelme Capt
~~P.6 " 6 7 "~~	~~16-6-43~~	
GAS CHAMBER	11-9-43	Sgt Johnston [illegible]
P6 " 6 9 "	5-10-43	T.E. Ironhelme Capt
FINGERPRINTED—CAIB		
P7 F.1.7 3 days	11-1-44	F.F. Regall Capt
Awarded CVSM + Clasp 15 Jan 44	E.O.S.	[illegible] Lt
Identity Card issued	24-2-44	F.F. Regall Capt
7 Apr 44 awarded		
3 R Service Chevrons	30 May 44	[illegible] Lt

A soldier who has made a Will is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with
at

Signature of Officer.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

Certificate

M.F.M. 10 received and forwarded to the Officer i/c Records at

Ottawa

J. M. Ralph Lt.
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....
Signature of Officer.....
Dept.....
To whom sent.....

Date Certificate or Will extracted.....
Signature of Officer.....
Dept.....
To whom sent.....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person :—

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

The following is a specimen of a Will leaving legacies to more than one person :—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

14th September 1944

Mr. William White,
2051 University Street,
Apt 2.,
Montreal, Quebec.

Dear Mr. White:

It was with deep regret that I learned of the death of your son, D77676 Trooper William Francis White, who gave his life in the Service of his Country in the Western European Theatre of War on the 20th day of August, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

SEP 12 1944

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

/EMA

7

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D77676 RANK Trooper SERVICE UNIT 18th Armoured Car Regiment C.A.C. (CA)

NAME WHITE, William Francis

DATE OF BIRTH DAY 11th MONTH May YEAR 1916 Date of Enlistment: 7-4-41

MARITAL STATUS Single Religion: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father, NAME ADDRESS D.A.B. Mr. William White

ADDRESS 3051 University St., Apt 2, Montreal, Que.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9780 H.Q. 405-W-16,509

CASUALTY DETAILS Killed in Action DATE 20-8-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NAS YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 31-8-44

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

FORM NO. 1

Register No. D-1751

Nominal Roll No.

H.Q. File No. 405-W-16509

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
D77676	TPR	WHITE	WILLIAM FRANCIS

REASON FOR TERMINATION OF SERVICE:

1st Enlistment Killed in Action CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 7 Apr 41	T.O.S.	T.O.S.
S.O.S. 20 Aug 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1232	Total Days	Total Days

Total Service 1232 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	219	1	218
Overseas Service	1013	8	1005
Totals	1232	9	1223
Add Non-qualifying Service			9
Total Service			1232

EMBARKATION DETAILS: TOS. O/S. 12 Nov 41

1. Date S.O.S. Overseas 20 Aug 44

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 20 Aug 44

Computer's Signature O W Mee Sgt

Checker's Signature

Date Computed 17 July 45

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

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

20

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL.	15 Oct 41	16 Oct 41			1
				Total	1

Overseas: T.O.S. 12 Nov 41 T.O.S. — T.O.S.

S.O.S. 20 Aug 44. S.O.S. — S.O.S.

Forf.			6 Nov 43.		4
Forf.			7 June 44.		4
				Total	8

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

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, William Francis White (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of H chelaga,

Province of Quebec, Wire Tinner (Civil Occupation)

Regimental No. D-77676, Unit R.M.R. (MG)A.F., 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,"William White," residing at 1426 Pieree St., Montreal, Que.Canada, all my estate.

W. F. W.

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

W. F. W.

(4) I appoint ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 1 day of April 1941

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.

Wm F White (Signature of soldier)

First witness sign here.

(5) Signature George Boyston Pte

Civil Address 356 Atwater St. Montreal Que

Civil Occupation Actor

Second witness sign here.

Signature L Troy Foley Jr.

Civil Address 1333 Beaubien Montreal P.Q.

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

WS 45175 3197 2 ARMY

DECEASED MEMBER'S NAME: William Francis (CHRISTIAN NAMES) WHITE (SURNAME)

REGISTER NO. D-1751
FILE NO. 405-W-16509
DATE 2-8-45
SERVICE NO. D-77676
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 20-8-44

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 20-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1223/30 EQUAL TO 40 COMPLETE PERIODS AT $7.50	300.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 1005 LESS 23 INELIGIBLE DAYS, EQUAL TO 982 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	245.50
	545.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	

DAILY RATES AT DISCHARGE

PAY	$ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25		
ADDITIONAL PAY	$ .25		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $	$		
TOTAL	$ 3.00	X7 = $	21.00
NO. OF DAYS 1005/183		X$	21.00

115.33

D. WAR SERVICE GRATUITY	660.83
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	660.83

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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
KPM	[signature]

TREASURY	
CHECKED BY	DATE
[signature]	9/8/45

[signature]
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HG

Name: WHITE William F. No.: D.77676
Surname Christian Names

Tpr. C.A.O/S 20-8-44
Rank Unit Date of Death

AMOUNT W.S.G. 660.83
L.P.C. $ 321.49

Date: 18-8-45 Other Credits

Total 982.32

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	William White, 2051 University St., Apt. 2 MONTREAL, Que. (Sole beneficiary under will)	$982.32

P4. TO TREAS. 25-9-45, aw

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$982.32

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

75M--2-45 (6771)
H.Q. 1772-80-2

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county

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 IN THE FIELD (FRANCE) 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 William Francis

4. RESIDENCE

Street Congregation No. 574

Official name of civil municipality or township Montreal

Municipal county Province Quebec

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

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

10. BIRTHPLACE (Province or Country) Quebec

11. DATE OF BIRTH May (Month) 11th (Day) 1916 (Year)

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

OCCUPATION

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

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)	WHITE William	

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 IN THE FIELD (FRANCE)

(d) Date ....19.... (Month) (Day) (Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death August (Month) 20th (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) Killed in action

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease ....days

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

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

State findings Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

Signed ....M.D.

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

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

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

NOV 23 1945

Director of Records, Dept. of National Defence

H. Q. 405-W-16509.
D. R. 2 (C).

April 24th, 1946.

Mr. William White,
Apartment 2,
2051 University Street,
Montreal, Quebec.

Dear Mr. White:

Information has just been received from overseas that the remains of your son, D. 77676, Trooper William Francis White, have been carefully exhumed from the original place of interment and reverently reburied in grave 9, row B, plot 18, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have 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,

Encl.

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

File No. 405-W-165-09

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 77676 Name WHITE WILLIAM FRANCIS

Rank on Discharge Cpl. Date of Discharge 20-8-44

Authority for Discharge or Retirement **Deceased**

Served in:

					Non-qualifying service
Canada	from	7-4-41	to	11-11-41	
	from		to		
United Kingdom	from	12-11-41	to	8-7-44	
	from		to		
Italy	from		to		
Northwest Europe	from	9-7-44	to	20-8-44	KIA
---------	from		to		
---------	from		to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

M

V

Verified by Eileen [signature]

Date 21-9-46

Carded SEP 24 1946

HA 165

& RIBBON DESPATCH

CFA 187
4C/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-77676 Tpr. White W. F. (Deceased).....

RECEIVED FROM .....Cdn Sec GHQ 2nd Echelon 21 Army Group.....
C-5591 Pte. Patterson L.K.

CHECKED BY .....B-126252 ~~SGT.~~ Pte. Sislofsky A. DATE .....24 Nov 44.....

1	Red Identification Disc		
1	Receipt 5th Victory Loan $50.00 to Officer i/c Estates		
1	Employees Card		
1	National Registration Card		
1	A.F.A. 2038		
1	Leather Money Belt		
1	Snapshot Album		
1	Leather Wallet		
1	Prayer Book		
1	Regimental Cap Badge		
2	Shoulder Flashes		
	Snapshots		
1	Postcard		

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

A. Sislofsky Capt
for OC 1 Cdn KSD

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District..........
Dispersal Area..........

Regtl No. D.77676 Rank and Name White. W.F. Tpr.

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

~~(Transfer or Discharge)~~.......... to.......... on 20th Aug 19 44.

Reason Death Authority : C.C.L. "A" 483 d/ 27th Aug 44.

The following is a statement of the account of the above-named from 1st Aug to 31st Aug 19 44 the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	265	40
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Technical Pay 31 days at $ 25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give particulars) .... days at $		
Assigned Pay	10	00	Allowances (Give particulars) .... days at $		
Regimental Charges					
Public Stoppages (Give particulars) :			Def. Pay Interest	11	84
To Balance Cr — Free	49	49			
To Balance Cr — Deferred	272	00	By Balance Dr		
Total	331	49	Total	331	49

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

Remarks :

Assigned Pay $ 10.00 (F) stopped eff. Sept 44.

Compiled by M.Durham

Checked by Ewright

Date 22nd February 19 45.

Certified correct D. Rowley
for Chief Treasury Officer, Overseas

M.L.