D81532
SHOWERS
JOHN

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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 SHOWERS JACK John (b) Reg'l. No. D81532
2. (a) Arm of service Army (b) Unit Q.O.R. of C. (c) Rank Pte.
3. (a) Date of birth 14/10/19 (b) Have you any dependents? No. (c) Place of residence at time of enlistment Montreal Que
4. (a) Place of enlistment Montreal Que (b) Date of enlistment 14/9/39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 years. (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.) 3 years Public School
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? None (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? None
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 J. C. Wilson & Co. 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.) Printing Paper.
20. (a) Your specific occupation Factory Hand (b) Number of years' experience at this occupation with any employer 7 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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? None
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None

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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE 22/4/41 194..... SIGNATURE J. J. Showers

Soldiers Qualification Card

D81532 ✓ | SHOWERS ✓ | JOHN ✓
Regt'l. Number | Last Name | First Name | Middle Names

CARDS PUNCHED ✓ 5

CONFIDENTIAL.

Unit 1st Bn. Q.O.R. (C coy.)

1 Corps Queens' Own. Rifles of Canada 540 CODED

2 Nationality	By Birth	By Naturalization	Country of Birth
Canadian 08	✓		Canada

3 Racial Origin British | 4 Language spoken in home: French ..... Other ..... English ✓

5 Age 25 6/12 (1917) | 6 Height 5'7" | 7 Weight 140 | 8 Silhouette 1 2 3 4

Eyes: 9 Colour of Blue | 10 Acuity 1 2 3 | 10 Glasses ..... | 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 | 13 Speech Defects .....

14 Handedness R L A | 15 Med Category A

Cause .....

Attitude to own health Reasonable | To Medical attention .....

Health History .....

16 Education Level. Illiterate ..... E 3 (9) S ..... (Grade completed)

Conduct during school life .....

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. ..... (Course)
At ..... From—To ..... Completed .....

21 2 ..... (Course)
At ..... From—To ..... Completed .....

22 3. ..... (Course)
At ..... From—To ..... Completed .....

Other trades papers. Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently English
02 Written well .....

24 Main occupation: Description Paper - Shipping Plant
6522 Estimate of skill .....
Duration (from—to) April-37 — Aug-39 Weekly Wage $16 00
Employer's Name and Address J.C. Wilson Co. Alexandria St. Montreal Quebec

50 "M" Test

Test	Score	SM	
1	17		S. Tot. 43
2	12		SM
3	14		
4	11		S. Tot. 17
5	6		SM
6	6		S. Tot. 15
7	6		SM
8	3		
Tot.	75	SM	Grade E

H

9

51 OTHER MENTAL
Test .....
Score ..... L. Grade .....
Date .....

52 MECHANICAL
Test .....
Score ..... Grade .....
Date .....

52 CLERICAL APT.
Test .....
Score ..... Grade .....
Date .....

53 TRADE TEST
1 Score .... G. .... Date ....
2. Score .... G. .... Date ....
3. Score .... G. .... Date ....
4. Score .... G. .... Date ....

54 OTHER
Test .....
Score ..... Grade .....
Date .....

25 Second Most Important Occupation: Description:
Waiter - Cafe
9610. Duration (from—to) July-34 — Dec-36 Estimate of skill ..... Weekly Wage $7 00
Employer's Name and Address Rose - Lunch Alexandria St. Montreal Quebec

26 Third Most Important Occupation:
..... Estimate of skill .....
Duration (from—to) ..... Weekly Wage .....
Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck ..... 28 Light Truck D ..... 29 Auto ..... 30 Motorcycle .....
31 Farm Tractor ..... 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....
35 Accident Prone .....

Farming Experience: Wide ..... Limited .....
District ..... Type .....

Job promised after discharge NO ..... By whom? Name .....
Address .....
Other provision for post-discharge occupation .....
..... Type of work desired Town Small Store.
Occupational history: Ambitious ..... Accidental .....
Stable ..... Erratic .....

36 Material Status: M ✓ ..... S ..... W ..... D ..... Sep. .....
Marital Problems ..... (Remarks)
Age of wife 22 ..... Wife's attitude to Service not helpful Wife's Health fair
37 No. of Children 1 ..... No. Brothers 3 ..... No. Sisters 3
Position in family 3 ..... 38 No. Dependents 2
Relationship of Dependents Wife and child
Status of home in childhood .....

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....
4 Mechanics ..... Other Collecting coins
40 Sports: (1) Fishing ..... (2) ..... (3) .....
F Team Games and Position (1) .....
(2) ..... (3) .....
41 Ability to Entertain: Music: String ..... Brass .....
Woodwind ..... Percussion ..... Piano ..... Vocal .....
Theatrical ..... Other .....

7 AUG 1942

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received
Canada Infantry	N.P. Black Watch Co	1	Pte		E

43 CURRENT SERVICE: Date Enlisted 14/Sep/39 Place Enlisted Montreal

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
14/9/39-18/6/40	Canada	Infantry	1st Bn. RHR of Can	Pte	Training duties as Rfn	Sat.
18/6/40-22/6/40	Nfld Ind	"	1st Bn RHR. Coy	Pte	"	
22/6/40-24/11/40	"	"	1st Bn Q.O.R. Coy	Rfn	" " "	
24/11/40-24/7/41	Canada	"	" " " "	"	" " "	123.
24/7/41-	England	"	" " " "	"	" Platoon Orderley room runner	362
				A	

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
BASIC EDUCATION		15 Feb - 15 Jun 43	Progressed exceptionally well - has the ability to learn and applies himself. Has become profieient in all subjects.	

46 Crime: Number Courts Martial Convictions ..... Hospitalization .....
Number Civil Convictions ..... Minor Offender 3/15 ..... Occasional Offender .....
1 Chronic Major Offender 2/33 ..... Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Rfn. (rifle & Lewis gun)	123.		
Pl. runner.	362.		

55 Type of Service Desired (1) M.T. driver or D.R. 170.143 (2) .....

Remarks re Outstanding or Limiting Factors. Dpmt. — Fair App. — ~~casual~~ neat.
Phys. App. — sturdy, not prepossessing, but will do. Disp. — correct (dull)
Milit. — average Map R. — Looking Mech. — Looking
Spasod Feb 1 - 6 Feb 43 - Rec Outtaken for basic Educ Cse

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ ..... Indifferent .....
Reason for Joining Cdn. Army (if ascertainable) — to stay with friends when unit mobilized

48 Suggested Possibilities for Employment (1) .....
..... (2) .....

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....
Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by J.R. McIntosh Lieut. R.C.R. Date 11/3/42
Reviewed by ..... Date .....

C.M.H.Q. 1000:115
40/P & S/1246

Mrs. Margaret A. Showers,
9921 Charton Avenue,
Montreal, Quebec.

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

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

and the following number quoted:—

H.Q. 405-S-1979 FD 13

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

April 4, 1945.

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

SHOWERS, John, Rifleman.

No. D-81532 Canadian Army.

ESTATES BRANCH
APR 17
H.Q.
OTTAWA.
NATIONAL DEFENCE

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.

E. D. Murray Esq.
Director of Estates.

EDM/AM

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.....		Marguerite Albeana Showers.	24	9921 Charlton Ave.,
2	Children of the Deceased and dates of their Births.....		Patricia Evelyn Showers. Born. Oct. 14, 1939.	5.	9921 Charlton Ave.,
3	Father of the Deceased.....		Joseph Showers.	—	
4	Mother of the Deceased.....		Mary Bathurst	—	Died. Oct. 7. 1939.
5	Brothers of the Deceased	Full Blood	Gordon Showers.	—	—
			Gerald Showers.	30.	Canadian Army Overseas.
			Robert Showers.	29.	Canadian Army Overseas.
			Truman Showers.	21	Canadian Army Overseas.
		Half Blood	Patrick Showers.	16	—
6	Sisters of the Deceased	Full Blood	May Showers.	—	—
			Rita Showers.	27	—
			Teresa Showers.	20	—
		Half Blood	Marjorie Showers.	12	—
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Stowers.
9	Date of his birth.	Oct. 12, 1917.
10	Place and date of his marriage.	Sept. 14, 1939. Montreal.
11	Place and date of his parents' marriage.	don't know.

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) Quebec. all his life (b) (c) (d)
14	Nature of employment before enlistment.	unemployed.
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.	—

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
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.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
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

*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.

Mrs. Marguerite A. Stevens } Signature of Informant

9921 Charlton Ave., Address

CERTIFICATE

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

See above. Mrs. Marguerite A. Stevens } 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 13th day of April 1945

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

Georges Sterrien Qualification Priest

Address 9860 de Martigny 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

Received AUG 15 1941 Checked "E" Card ✓ Observations

ORIGINAL
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
480 M—8-39 (1690)
H.Q. 1772-45-18

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

Unit 1st Bn. The Black Watch (RHR) of Canada C.A.S.F. Regimental Number D-81532

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

01 RFN

1. Surname Showers
2. Christian Names John
3. Present address 9935 Chertain St. Sault au Recolet, Montreal Que Canada
4. Date of birth June 24, 1917
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) R.C.
7. Trade or Calling Mechanic
8. Married, Widower or Single Married 14 Sept 1939
9. Name of next of kin Marguerite Albina Showers
10. Relationship Wife See change.
11. Address of next of kin ~~9935 Chertain St.~~ Montreal Que Canada
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars No
14. Do you now belong to or have you served in the Active Militia of Canada? 13th Bn. Black Watch Of Canada (RHR)
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Showers 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 14, 1939 J. Showers
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

J. Showers (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 14th day of Sept 39

F.H. Dowell — Signature of Magistrate, Justice or Attesting Officer.

Capt. 13th B.W. (R.H.R.) Can. — Office or Rank and Unit or appointment.

P.B.

Fingerprinted

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 **SHOWERS** (Surname) **John** (Christian Names) Regimental Number **D-81532**

QUALIFICATIONS

Military: **Black Watch (A - 13th)**

Business or Professional: nil

Trade or Civil: nil

Technical: **Machanic**

Languages: **English & French.**

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: **None.** (years completed) Graduation or Matriculation: N/A (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 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
14 Sep.39	Recruit	Joined on appointment 1st Bn. The Black Watch (RHR) of Canada C.A.S.F.	Pte.	14 Sep 39	1 RHC	Mtl.	B.O.7	14 Sep 39
15-3-40	B.O. 82	Granted 14 days Furlough 14-3-40 to 28-3-40	Pte.	14-3-40	1 RHC	Toronto	B.O. 75	15-3-40
5404-		Attached To Q O R of C.	Pte	15-8-40	I RHC	Aldershot N.S.	B.O. 169	17-8-40
		Transferred to Q O R of C	Pte	21-8-40	I RHC	Aldershot N.S.	B.O. 172	21-8-40
		T O S on Transfer	Rfn.	22-8-40	QOR	Nfld. Apt.	68	29-8-40
		"W" FORCE Newfoundland JUN 22 1940 — NOV 26 1940						
		Granted Furlough 16-3-41 to 29-3-41	"	16-3-41	"	Sussex, NB.	64	17-3-41
		SOS CA(Canada) Embarked Halifax NS	"	19-7-41	"	Halifax		
		TOS CA(Overseas)	"	20-7-41	"		170	8-8-41
		Disembarked Gourock Scotland	"	29-7-41	"	Gourock		
		1st Priv: leave (N W)	Rfn.	11 Nov to 17 Nov 41	QOR	UK	31	14 Nov 41
		Landing leave (N W)	Rfn	15 Aug 41	QOR	UK	4	25 Aug 41
		2 Priv Leave to 2 march 42 (NFTW)	Rfn	24 Feb 42	QOR	UK	13	24 March 42

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

Are you receiving or have you pension or compensation? If so give details .....

CERTIFICATE OF MEDICAL EXAMINATION

Name in full....Shamer, Jack.... Date....14/9/39....

Part 1. Information obtained from the recruit.

1. Age....22.... 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

J. Shamer
(Signature of Recruit)

Examiner's remarks re above....

Vaccination mark left arm

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

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

Scar left of neck

2. Height....5....feet....6½....inches.
3. Weight....123....pounds.
4. Complexion....Fair....Eyes....Blue....
   Hair....Brown....
5. Development....Fair.... Good / Fair / Poor
6. Chest measurement—Girth on full expansion....32½....inches.
   Range of expansion....2½....inches.
7. Vision, right....20/20....left....20/20....
8. Hearing, right....WV 12....left....WV 12....
9. Condition of mouth and teeth....Extensive caries and alveolar abscesses....
10. The abnormalities (congenital and pathological) found on examination are as follows....

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

Special remarks when category lower than A....

Capt. E.N. Cassidy, President — Lieut. Rutenberg, M.D., Member — [illegible], Member

Are you in receipt of, or in application for, a pension or compensation? If so give details ....NO....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
18 Oct. '39			
25 Oct. '39	T A B ~~Capt., R.C.A.M.C.~~		
1 Nov. '39	3		
	RE-EXAMINED; NORMAL URINE, EARS,		
NOV 15 '39	REFLEXES, CATEGORY "A"		
NOV 15 '39	VACC. SUCCESSFUL		
NOV 30 '39	CHEST X-RAY NEGATIVE		
26/1/40	TETANUS TOXOID 1 cc		
MAR 29 '40	TETANUS TOXOID 1 cc.		
15/3/41	reboard A fit		

Regtl. No. D81532 Rank Pte. Surname Showers. Christian Name John

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. D81532 Rank Rfn Sheet No.

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

Name SHOWERS

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
		3 Pair Leave to 26 May 42	Rfn	20 May 42	O.O.R	UK	31	4 July 42
		Att'd fap to H Q 3 Cdn Div.	Rfn	22/25 Jun 42	O.O.R	UK	34	23 July 42
		7 days P. leave to 16th Aug '42 F.3.	Rfn	10 Aug '42	Q.O.R	U.K	46	12 Sept '42
		P. Leave to 7 Jan 43	Rfn	31 Dec 42	Q.O.R	UK	2	13 Jan 43
SOS		SOS to 1 Educ Coy	Rfn	10 Feb 43	Q.O.R	UK	8	15 Feb 43
	TOS	TOS From Q.O.R of Can (Attd To 1CBSC (FAP) Ex Duty)	Rfn	11 Feb 43	1 Educ Coy	UK	12	12 Feb 43
		C/Attd To 1CBSC (FAP) Ex Duty	Rfn	14 Feb 43	CEC	UK	14	17 Feb 43
		Granted Daily Regimt L Rate of Pay $1.50	Rfn	1 Jan 43	C.E.C.	U.K.	22	31 Mar 43
		Attd To No. 4 Wing CTS For R.O.P. Disc + C/attd 4/W.CTS for R.O. Pay & Dis	Rfn	17 Jan 43	CEC	UK	28	19 Apr 43
S.OS		S.OS to 7/W.CTS on change of unit designation	Rfn	30 Apl 43	C.E.C.	U.K	31	1 May 43
	TOS	TOS from C.E.C.	Rfn	1 May 43	7/W.CTS	U.K	1	7 May 43
SOS		SOS to 4 CIRU	Rfn	25 June 43	7/W CTS	UK	9	2 July 43
	TOS	TOS on posting from 7 (EDUC) wing CTS.	Rfn	26 June 43	4 CIRU	UK	101	28 June 43
SOS		SOS to Q.O.R. of C.	Rfn	8 Jul 43	4 CIRU	UK	112	9 Jul 43
	TOS	TOS from 4 CIRU.	Rfn	9 July 43	Q.O.R	UK	34	14 July 43
		Awd one Good Conduct Badge	Rfn	15 July 43	Q.O.R	UK	43	15 Sept 43
Change of Address Next of Kin		Mrs. Albeana Margaret Showers (wife) 9921 Charton Ave. Montreal. P.Q. Canada.						
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						

Statement of the Service of No. D81532 Rank ..... Sheet No. .....

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

Name Shower. John.

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
7127	Amd by A-517.	~~Wounded~~ Missing	Pte	6 Jun 44	D O R.		C L A 455	15 Jun 44
		Embarked at U.K. on 3 Jun 44	Pte		D.O.R.	21 A Gp	30	15 Jul 44
		Disembarked at France on 6 Jun 44						
		- Died of Wounds	Pte.	6 June 44	D.O.R.	Cas. List	"A" 522.	10 Dec 44

Regimental No. D81532 Rank Rfn Sheet No.

M.F.M. 1 & 2 (a)
50M—3-44 (4002)
H.Q. 1772-39-1646

Name Showers, J.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
S.O.S. died of wounds.	Rfn	6 Jun 44	G.O.R.	21 A Gp.	64	29 Dec 44

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D81532 Rank Rfsmn. Surname Showers Christian Name John

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
Queen's Own Rifle									Wounded 6 June 44		A 45-5
"									Missing 6-6-44		A.517
"									Wounded 6.6.44 D.O.W. 6-6-44		A.522

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

No. D81532 Name SHOWERS, J.M. Sqn., Battery, or Company "C" D- Corps Q.O.R. of C. Date of enlistment 14 Sep 39 G.C. Badges / Service or Proficiency Pay

Date of last entry in Company Conduct Sheet | No. and date of last drunk | Period not reckoning towards freedom from extra fine | Sheet No. 1 | Signature O.C. Company, etc. | Character

M.F.M. 6
(A.F.B 122)
175M—7-41 (1219-20)
H.Q. 1772-39-1652

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Newf'd	10 Aug 40	Rfn	Nil	A.A.15(1) - AWL from 0600 hrs. 10 Aug 40 to 1440 hrs. 12 Aug 40. (absent 2 days 8 hrs 40 mins).	C.O.S.	14 dys C.B.	30 Aug 40	H.C.Mac- Kendrick, Lt.-col.	Forfeits 3 dys pay. FR&I 149(1)a
Sussex	14 Jun 41	Rfn	Nil	A.A.15(1) - AWL from 0200 hrs. 14 Jun 41 to 1715 hrs. 26 Jun 41. (absent 12 dys 15 hrs. 15 mins).	Cpl. Oddy	18 dys' Det'n	27 Jun 41	H.C.Mac- Kendrick Lt.-col.	Forfeits 31 dys pay. FR&I 149(1)a & b
Field	23 Apr 42	Rfn	Nil	A.A.15(1) - AWL from 2200 hrs. to 2300 hrs. 23 Apr 42. (absent 1 hr).	Cpl. Levely	7 dys' C.B.	24 Apr 42	Major Gianelli	
In accordance with K.R. & O. 1524, previous sheet destroyed on completion of 2 yrs. service 14 Sep 41. Above regt'l entries carried forward.									

(P.T.O.)

SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

Q.O.R. OF C.

Unit 1st Bn. The Black Watch (RHR) of Canada C.A.S.F. Regimental Number D 81532

1. Surname Showers
2. Christian Names John
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal PQ Canada
5. Date of birth as declared on attestation 24th June 1917
   (A)
6. Date of enlistment 14th Sept 1939
7. Place of enlistment Montreal PQ Canada
8. Residence at time of enlistment 9935 Chartain St Sault au Recolet Montreal
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date ~~21st July 1939~~ 14 Sept 1939
13. Trade on enlistment Mechanic
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps Q.O.R. OF C.

Unit (Battn., etc)

(18) Medical

Category	Date	Authority
a	14 9 39	Med Bd mtl
a	15 11 39	MMB 2

(19) Next of kin (entries to be made in pencil) Wife Mrs. Albeana Margaret Showers, 9921 Charton Ave, Montreal, P.Q., 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	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
	DO	Q.O.R.	Forfeits 3 days' pay.	Nfld Aprt	30-8-40	Rfn.	Pt 11 D.O. 69
	"	"	Granted Furlough	Sussex, NB.	16-3-41	"	64
	"	"	A.WL. 1 day 16 hrs. 5 days C.B.				
			Forfeits 2 days pay FR&I 149(1)(a)	"	2-4-41	"	80
27-6-41	DO	Q.O.R.	AWL. (12 days. 15 hrs. 15 Min.)	"	27-6-41	"	149
			Forfeits 13 days FR&I 149 (1)(a)				
			Forfeits 18 days FR&I 149 (1)(b)				
			Awarded 18 days Detention.				
27-6-41	DO	QOR	"On Command" Camp Detention Bks	Sussex	27-6-41	Rfn.	149
	DO	QOR	Ceases to be "On Command" Camp Detention Barracks	"	14/7/41	"	162
			SOS CA(Canada) Embarked Halifax NS		19-7-41	"	} 170
			TOS CA(Overseas)		20-7-41	"	
			Disembarked Gourock Scotland		29-7-41	"	
19-8-41	O.C.	Q.O.R.	Landing Leave 5 days with warrant	Field	11-8-41	"	4 d/25-8-41
12-11-41	"	"	1st P.L. with warrant	"	11-11-41	"	21 d/14-11-41
13 Mar 42	"	"	2nd P.L. (W.O.W.)	"	24 Feb 42	"	13 d/24 Mar 42
24 Jun 42	"	"	3rd P.L.	"	20 May 42	"	31 d/4 Jul 42
5 Jul 42	"	"	Att. H.Q. 3 Cdn Div. f.o.p. from 22 Jun 42 to 25 Jun 42	"	22 Jun 42	"	34 d/23 Jul 42
19 Aug 42	"	"	7 days P.L. F.3.	"	10 Aug 42	"	46 d/12 Sep 42
4 Jan 43	"	"	7 days P.L.	"	31 Dec 42	"	2 a/13 Jan 43
	"	"	S.O.S. to No. 1 Educational Coy	"	10 Feb 43	"	8 a/15 Feb 43
		TOS.	and att. to 1 CBSC f.o.p. except duty	"	11 Feb 43	"	12 12 Feb 43
		CEC	CTBA to 1 CBSC f.o.p. except duty	"	14 Feb 43	"	14 17 " 43
		"	att. to 7 C.I.R.U. for R+Q + Bk accn	"	15 " 43	"	14 17 " 43
		"	Granted Reg'l rate of pay of 1.50	"	1 Jan 43	"	22 31 Mar 43
		"	CTBA to 7 C.I.R.U. for R+Q + Bk acc	"	16 Apr 43	"	28 19 Apr 43
			att. to #4 Wing CTS for R+Q pay + disc	"	17 Apr 43	"	28 19 Apr 43
SOS		CEC	CTBA to #4 Wing CTS for RQ P+D and				
			SOS to #7 Educational Wing CTS (Adm O #66 d/30 Apr 43)	UK	30 Apr 43	RFN	31 1 May 43
	TOS	CTS/7W	TOS from Educational Coy	UK	1 May 43	RFN	1 7 May 43.
SOS		CTS/7W	SOS to #4 CIRU (Adm O #176 d/4 July 42)	UK	25 Jun 43	RFN	9 2 July 43.
	TOS	4 CIRU	TOS from 7 Wing (Educ) CTS	UK	26 Jun 43	RFN	101 28 Jun 43
		CTS/7W	Prw Leave 7 Days with MA	UK	14 Jun 43	RFN	10 9 July 43.
		4 CIRU	SOS to QOR of C	UK	8 Jul 43	RFN	112 9 Jul 43

SERVICE AND CASUALTY FORM

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

(PART II)

Regiment or Corps: Queen's Own Rifles Regimental Number: D 81532

Substantive Rank: ..... Surname: Showers Christian Names: J.

Acting Temporary or Local Rank: .....
(To be entered in pencil to facilitate alteration)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
	O.C.	Q.O.R	T.O.S. from 4 C.I.R.U.	Field	9 Jul 43	Rfn.	34-43
26 Aug 43	"	"	Awarded one Good Conduct Badge	"	15 Jul 43	"	43-Sep 43
31 Dec 43	"	"	Change of address of N-of-K	"		"	1-Jan 44
25 Jan 44	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	6-Feb 44
~~10 Jun 44~~	~~"~~	~~"~~	~~SOS to X-3 List QOR of C~~	~~"~~	~~6 Jun 44~~	~~Rfn~~	~~24-Jun 44~~
JUN 20 1944	X3 QOR		~~TOS from QOR of C. Case 75/44~~	~~"~~	~~7 Jun 44~~	~~Rfn~~	~~22-22 Jun 44~~
	O C	QOR	Pt II Order 24 d/18 Jun 44 is cancelled	"		Rfn	64-Dec 44
	"	"	SOS died of wounds	"	6 Jun 44	Rfn	64-Dec 44

No D. 81532 Rank Rifleman Name SHOWERS, John

Unit Q. O. R. of C. Date of death 6th June, 1944.

Died at France.

Cause Previously reported wounded and missing in action now died of wounds.

Death occurred on strength of Forces H.Q. 405-S-1979

N/K Mrs. Albena Margaret Showers. Relationship Widow

Address 9921 Charton Avenue, Montreal, Quebec.

Remains buried in Beny-sur-Mer Reviers Cdn Cem Cemetery
974823 7F/1

CHK ✓

Grave location FRANCE

OVER

BURIAL REPORT TO N.K. FEB 12 1946

RETURN TO BUR. OF STAT. JUL 9 1945

ROYAL MESSAGE DESP'D. DEC 22 1944

CAN. MESSAGE DESP'D. FEB 12 1945

Temp B R sent to N K

REBURIAL

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

Grave 3, row E, plot 1

HI & CR Form Desp'd. JAN 22 1947

Photgr'phs Desp'd

JUL 29 1947

5M-10-44 (M-4414)

6-6-44

AWARDS—CANADIAN ARMY (ACTIVE)

1855 M C.B.

500M—1-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SHOWERS John	D-81532	Rfmn.	Q.O.Rifles of C.

FILE NO. 405-S-1979

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star ~~France & Germany Star~~ Defence Medal War Medal C.V.S.M. & Clasp	3545-

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH
MEMORIAL BAR
DATE DESP
(1)
REGN. NO 229

(1) MEDALS
PERSON
ENTITLED TO Mrs. Marguerite A. Showers (Widow)
9645 ~~9921~~ Charton Ave.,
MONTREAL, Que.
ADDRESS:

(2) MEMORIAL CROSS
WIDOW Mrs.Albena Margaret Showers, (ENGLISH)
1855
ADDRESS: 9921 Charton Ave., MONTREAL, Que.

(2) REGD. FEB 27 1945
REGN NO. 14746

(3) MEMORIAL CROSS
MOTHER Mrs. Mary Showers, (MFM5) (ENGLISH)
(DECEASED) A2-70A
1855
ADDRESS: ~~XXXX

No 2.

To be made out in duplicate.

M.F.M. 5
88M—11-36 (9359)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

ACTIVE SERVICE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.A.S.F.

(*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 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) Name of Officer or Soldier ..... Thowers John .....
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental Number ..... J2 81532 .....

(3) Unit ..... 1st Bn. The Black Watch (RHR) of Canada C.A.S.F. .....

(4) Are you married? ..... Yes. .....

(5) If married, state,

(*a*) Full name of your wife ..... Marjurite Alicia Thowers. .....

.....

(*b*) Present postal address of wife ..... 9935 Chartrain St. Saul's au Recollet. .....

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

Yes. .....

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

(8) ~~Have you any children?~~ ..... ~~No.~~ / one expected.) Yes (14 Oct. 39) BN. O. # 68

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

Also their names and ages ..... ~~N.A.~~ Patricia Evelyn. .....

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

Give particulars of Guardian to whom Separation 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? — No

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

(11) Is your father alive? Yes.

If so, state name and address Joseph Showers 443 r Wellington St. Verdun.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support? Relief

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. S. F. N/A.

Also state reason he has no other means of support N/A.

(14) Is your mother alive? Yes.

If so, state name and address Mary Showers 443 r Wellington St. Verdun.

(15) If your mother is a widow, are you her sole support?

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. S. F.

Also state reason why she has no other means of support N.A.

(17) Are you insured? No.

If so, in what Company? N.A.

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.

J. Showers

(Signature of officer or man)

Date Feb. 14/39.

---

for S. D. Curtis Maj

Officer Commanding

1st Bn. The Black Watch (RHR) of Canada C.A.S.F.

Date SEP 28 1939

M.F.M. 10
160 M—8-39 (1706)
H. Q. 1772-45-18.

FORM OF WILL No. 1

To be used by a Soldier desirous of leaving a portion of his personal estate to one person, and the balance of his personal estate to another person

I, John Lowers (Name in full)

Number D-81532 ACTIVE SERVICE of the Canadian [redacted] Force

1st Bn. Black Watch (R.H.R.) Canada C.A.S.F.
(Unit or Corps) (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my LAST WILL. I bequeath my personal estate consisting of all my personal estate.
(Here describe fully personal estate)

unto my wife, Marguerite Albina Lowers, 9935 Chartain St. Montreal

Name and Address of person or persons to whom it is to go and **relationship.**

absolutely, and the residue of my personal estate and everything that I can give or dispose of.....

(Here describe remaining assets)

unto my wife, Marguerite Albina Lowers

Name and Address of person or persons to whom it is to go and **relationship.**

NOTE.—If Soldier owns **Real Estate,** Form 10A should be completed.

N.B.—Personal Estate includes Pay, Effects, Money in Bank, Stock Certificates, etc., in fact everything except Real Estate.

IN WITNESS WHEREOF I have hereunto set my hand this

IMPORTANT NOTE
This must be signed and dated by the soldier himself.

14th day of Sept. A.D. 1939

J. Lowers
(*Signature of Soldier*)

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.

1st witness to sign here Andrew Conroy

Address in full C.N.R. - 10 Wellington Street

2nd witness to sign here J. A. Mc. L. Bailie

Address in full 1640 Lafrahan St.

D. R. 10
JAN 21 1946

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

LAST PAY CERTIFICATE

(All Ranks)

District.....

Dispersal Area.....

Regtl No. D.81532 Rank and Name SHOWERS. J. PTE.

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

(Transfer or Discharge) Xxx on 6th June 19 44.

Reason Death Authority : C.C.L."A"522 d/10th Dec:44.

The following is a statement of the account of the above-named from 1st June to 30th June 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	4	03
First Monthly Payment			Regimental Pay 30 days @ $1.50	45	00
Casual Payments			Tradesmen's Pay ....days at $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ....days at $		
Assigned Pay	25	00			
Regimental Charges			Allowances (give particulars) ....days at $		
Public Stoppages (give particulars) :					
			Cash effects SOCR.41567		32
To Balance Cr Free	24	35			
To Balance Cr Deferred			By Balance Dr		
Total	49	35	Total	49	35

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

Remarks

Assigned Pay of $25.00 (W) stopped eff: July, 1944.

Compiled by F.Gough.

Checked by D.McBurney

Date 12th April, 1945

Certified correct D. Bradley
for Chief Treasury Officer, Overseas

DS

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.81532....Rfn.....SHOWERS.....J.....(Dec'd).....

RECEIVED FROM .....HQ.....1 CKSD.....

CHECKED BY .....L.2864 Cpl. Halik, H.
B.131628 Sgt Smith, E.L..... DATE .....16 Jan 45.....

1	pr Swim Trunks		
1	pr Gloves, leather		
1	Flashlight		
1	Dress F/S Cap, with QOR Badge		
2	Handkerchiefs		
1	Song Sheet		
2	Folders		
	Personal Letters & Papers		
	Snapshots & Negatives		
1	CVS Ribbon		
2	Souvenir Coins		
2	Medallions		
1	Cloth Canada Badge		
4	3d Eng. Coins)		
2	2½d " Stamps) To C.P.M.		
	(No inventory rec'd with effects)		

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

TRIPLICATE — with effects.

E Smith Sgt
for OC 1 Cdn KSD

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOHN (Christian Names) SHOWERS (Surname) Register No. D-98223

PAYEE'S NAME MRS MARGUERITE A. SHOWERS (Christian Names) (Surname) File No. 405-5-1979

ADDRESS 9921 CHARTON AVE. Date 1-6-45

SAULT AU RECOLLET Service No. D-81532

MONTREAL — P.Q. Final Rank RFN

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

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 1728 / 30 = 57 (18) Periods @ $7.50	427	50
B. QUALIFYING OVERSEAS SERVICE No. of days 1053 less 18 Ineligible days, equal 1035 Days @ 25c per day	258	75
	686	25
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ Dependents' Allowance 1/30 $ 51.17 $ 1.70 TOTAL $ 4.45 × 7 = $ 31.15 No. of Days 1053 / 183 × $ 31.15	179	24
D. WAR SERVICE GRATUITY Computed By Gates	865	49
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By	43	
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 865 49 each)	865	49

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

$..... × 30 = $.....

REMARKS

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

FORM No. 1

Register No. D 9823

Nominal Roll No. D 207

H.Q. File No. 405-S-1979

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 81532	Rfn.	SHOWERS	JOHN

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Died of Wounds ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 14 Sep 39	T.O.S.	T.O.S.
S.O.S. 6 Jan 44 MD 0/5	S.O.S. MD	S.O.S. MD
Total Days 1728	Total Days	Total Days

Total Service ..... 1728 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	675	nil	675
Overseas Service	1053	nil	1053
Totals	1728		1728
Add Non-qualifying Service			
Total Service			1728

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 6 Jan. 44 2. Date S.O.S. Overseas Died of Wounds

REMARKS:

DIED WHILST IN SERVICE

Computer's Signature G G Wilson 6 Jan. 44

Checker's Signature R Kennedy Date T.O.S. taken from all Docs

Date Computed 24 Apr. 45

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

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total

CASUALTIES ONLY
For purposes of W.S.G.
Casualties include death subsequent to discharge.

Register No. D.9823

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa April 16 194 5

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D.81532

Name J. Showers,
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K.W. Rice
(K.W. Rice) Lieutenant,
for(A.R. Mortimore) Brigadier,
Paymaster-General

	Name	Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.	Mrs Marguerite A. Showers	$ 51.12
	wife + 1 child	
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment		
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		1

_____ 194____

MAY - 7 1945

C. Tuckham
For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/ or A.P. recovered from W.S.G. $_____

_____ 194____

_____
for C.T.O.

405-S-1979

FIELD SERVICE

Army Form B.2090A.

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I. (To be addressed to War Office (C.3 A. L.) in case of an Officer, and to War Office (Effects) for a soldier).

MBR

REGIMENT or CORPS Q.O.R. of Canada

Squadron, Troop, Battery or Company .....

Officer's Personal No. / Soldier's Army No. D 81532 Rank Rfn.

Surname SHOWERS

Christian Names J.

(*25805) Wt. 10649, 85000 - 5/44 G. B. (L) Ltd. 51-437

38

DIED Date 6 Jun 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 Letter 6 Dec 44

By whom made ADM HQ FCA

BURIAL. Date 30 Dec 44 Place Beny Sur Mer Reviers Cdn Cemetery 974823 7F/1

By whom reported Capt. F.W. Kemp 3 CGRU

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 2 Mar 45

Emery Robert Capt.

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

405-S-1979

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME SHOWERS, John

RANK Rfn

UNIT Queens Own Rifles

PLACE & DATE OF BIRTH /K Quebec. 24 Jun 1917

REGIMENTAL NO. D-81532

NEXT OF KIN & ADDRESS Wife:
Mrs. Albeana Margaret SHOWERS, 9921 Charton Ave., MONTREAL, Quebec.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 6 Jun 44

PLACE OF DEATH

HRS

CAUSE OF DEATH DIED OF WOUNDS

PARTICULARS OF BURIAL

DATE OF BURIAL 30 DEC 44

CEMETERY BENY-SUR-MER CDN REVIERS CEM 7F/1 974823

PLOT NO 1 ROW E GRAVE 3

DEATH CERT. NO

RELIGION Roman Catholic

DATE 21 SEP 45

M. BLUTEAU (CAPT)

for COLONEL
O i/c Records,
CANADIAN MILITARY HEADQUARTERS

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

File No 405-S-1979

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 815-32 Name SHOWERS · JOHN

Rank on Discharge Rfn Date of Discharge 6-6-44

Authority for Discharge or Retirement Deceased

P.A.

Served in:

			Non-qualifying service
Canada	from 14-9-39	to 19-7-41	
	from	to	
United Kingdom	from 20-7-41	to 5-6-44	
	from	to	
Italy	from	to	
Northwest Europe	from 6-6-44	to 6-6-44	D/W
---------	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

Verified by H. G. Palen

Date 16-8-46

Carded AUG 17 1946.

NO RIBBON DESPATCH

IIA 165

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

1. To be completed in triplicate of which one copy will be retained by the unit.
2. Parts marked * which are not applicable will be ruled out and initialled.
3. All blanks marked † will be filled in with "NIL" where appropriate.
4. In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
5. In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the CO, the exigencies of the Service make it desirable to do so.
6. Unit Committee of Adjustment may pay, in the case of deceased personnel,
   (a) preferential charges owing within the unit and the unit area, and
   (b) ordinary debts similarly owing ONLY if after making provision for *all* preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
7. The following will be forwarded in the manner shown,
   In UK—to Officer i/c Estates, CMHQ.
   Ex UK—to Officer i/c Cdn Sec, GHQ, 2nd Echelon.
   (a) Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM 1, Pts I and II—by post, rail or road.
   (b) Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
   (c) Cheques, drafts, money orders, personal papers and documents, effects of sentimental value *and* an inventory of *all* personal effects forwarded—by registered post.

REPORT

No. D81532 Rank RFN Name in full SHOWERS, J

DECEASED

*Deceased, *Missing, *Prisoner of War, *Interned. Date of Casualty 6 Jun 44

Unit 1ST BN THE QUEEN'S O'N RIFLES OF CANADA (O) B " E F

Medical installation in which death took place (if applicable) N/A

Reinforcement Unit to which posted at time of death (if applicable) N/A

Name of Officer furnishing report CAPT F H MEDCALF (QOR OF C)

(BLOCK CAPITALS)

A. PERSONAL EFFECTS

1. *Separate inventories are attached, as applicable, showing:—

N/A (a)*Articles privately owned, suitable for service requirements, turned into QM Stores—Exhibit "A1".

N/A (b)*Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2".

N/A (c)*Articles additionally sold under COs authority showing the purchaser of, and the price paid for each article, and the written authority of CO for such sale,—Exhibit "A3".

N/A (d)*Bulky articles disposed of under authority of Officer i/c Estates CMHQ, showing the disposition and, if sold, the purchaser of, and the price paid for each article,—Exhibit "A4".

(e)*Personal Effects, forwarded to (*Officer i/c Estates), (*Officer i/c 2nd Echelon),—Exhibit "A5".

2. *No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6".

B. WILL

N/A (a)*Original Will or testamentary document was forwarded on ..... (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1".

(b)*No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

(a)*Was turned in to QM Stores.

(b)*There were no deficiencies.

N/A (c)*There were deficiencies amounting to £ and cash debit voucher duly certified by the DADOS, or Senior Ordnance Representative of the formation is attached as Exhibit "C1".

CFA 151
40/P & S/1988 (6185)

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) *Name and Address of Creditor*	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† N/A			

*Itemised accounts are attached as Exhibit "D1", those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b) *Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2".

E. ORDINARY DEBTS

(a) *Name and Address of Creditor*	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† N/A			

*Itemised accounts are attached as Exhibit "E1", those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b) *Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2".

F. CREDITS

(a) *Public Claims owing to the Casualty.*

Nature of Claim	*Amount*
† N/A	

(i) *Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1".

(ii) *Statement of valuation of, and receipt for, articles suitable for service requirements turned into QM Stores (para A1 (a) above) attached as Exhibit "F2".

(b) *Private Claims Owing to the Casualty.*

Name and Address of Debtor	*Particulars of Claim*	*Amount*	*Paid or Unpaid*
† N/A			

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3".

G. CASH RECEIVED AND PAID

		Paid	*Received*
Cr.	Cash found on person or in effects		†
	Cash realized from sale of effects as per para A.	N/A	† N/A
	Cash collected re private claims as per para F.		†
Dr.	Paid re preferential charges as per para D.	†	
	Paid re ordinary debts as per para E.	†	
	Paid (*balance) to unit Paymaster	†	
		†	†

H. SERVICE AND PAY BOOK

~~Officers' Record of Service Book~~ (*Soldiers' Service and Pay Book MBM I, Parts I and II) is (*~~forwarded with this report~~)

(*not forwarded by reason that this man was wounded when evacuated and it is assumed that his book went with him

Signature of Committee or President

6 Jan 45
Date

1ST BN THE Q O R OF C (O) B'TY
Unit

CANADIAN ACTIVE SERVICE FORCE

SUPPLEMENTARY DECLARATION

Name SHOWERS JOHN Rank PTE

Unit 1st Bn. The Black Watch (RHR) of Canada C.A.S.F. Regtl No. B81532

I, John Showers,

having been enlisted in the Canadian Militia, and by my Declaration dated the 14th 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 M. Love

J. Showers
Signature of soldier.

Oct-20th/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 Declaration will be forwarded thereto for attachment.

M.F.M. 2 (x)

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: SHOWERS (Block letters)

Given names: John

Do not write in this space

4. RESIDENCE

Street: Charton Ave., No. 9935

Official name of civil municipality or township: Montreal

Municipal county: Sault a Reccollet 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): Que.

11. DATE OF BIRTH: June (Month) 24th, (Day) 1917 (Year)

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

OCCUPATION

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

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: 40 (Month) (Day) (Year) 19....

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 6th (Day) 19.... (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 rec'd 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**....

OVERSEAS CASUALTY CANADIAN ARMY

Signed....M.D.

Address....Date....

JUN 9 1945

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

[signature] C.S.

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of Natl. Defence

30th December, 1944.

Mrs. Albena Margaret Showers,
9921 Charton Avenue,
Montreal, Quebec.

Dear Mrs. Showers:

It was with deep regret that I learned of the death of your husband, D81532 Rifleman John Showers, who gave his life in the Service of his Country in the Western European Theatre of War on the 6th day of June, 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,

A. E. WALFORD
Major - General
Adjutant - General

DEC 30 1944

(A.E. Walford),
Major-General,
Adjutant-General.

Mem x-wife-mother
5-1-45

/EMA

32

H.Q. 405-S-1979 D.R. 2(C)

12th February, 1946.

Mrs. Albena Margaret Showers,
9921 Charton Avenue,
Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D81532 Rifleman John Showers, have been carefully exhumed from the original place of interment and reverently reburied in grave 3, row E, plot 1, of Beny-sur-Mer Canadian Military Cemetery, Beny-sur-Mer, 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.

K.J.D.

Yours faithfully,

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

/EFH

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-81532 RANK Rifleman SERVICE UNIT The Queen's Own Rifles of Canada (CA)

NAME SHOWERS, John

DATE OF BIRTH DAY 24th MONTH June YEAR 1917 ~~Date Enlisted: 14-9-39~~

MARITAL STATUS Married Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Albena Margaret Showers,

ADDRESS 9921 Charton Avenue, Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 4351A H.Q. 405-S-1979

CASUALTY DETAILS Previously reported wounded and missing in action now Died of Wounds DATE 6-6-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NIL YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 30-12-44

O/S with Q.O.R. of C.
S/L 775

31

OFFICER I/C RECORDS

Gn 5

COPY FOR C.R. FILE

File No 405-S-1979

R E B U R I A L

NO D81532

RANK RFN

NAME SHOWERS, J.

NAME OF CEMETERY Beny-sur-Mer Canadian Military Cemetery

LOCATION OF CEMETERY Beny-sur-Mer, France.

GRAVE LOCATION Plot 1, Row E, Grave 3.

AUTHORITY 54-27-88-2 Vol. 19
Reburial list.

MILITIA BOOK M. 1.
40/P&S/279

CANADIAN MILITIA

SOLDIER'S SERVICE
AND
PAY BOOK

HOWER

A.F.W3084

Number .....

Name .....

Rank ..... Religion .....

Arm .....

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Officer or Soldier.

Diagnosis .....

Disposal .....

51-7325 A.F.W3084

Number .....

Name .....

Rank ..... Religion .....

Arm .....

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Officer or Soldier.

Diagnosis .....

Disposal .....

A.F.W3084

Number .....

Name .....

Rank ..... Religion .....

Arm .....

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Officer or Soldier.

Diagnosis .....

Disposal .....

A.F W3084

Number .....

Name .....

Rank ..... Religion .....

Arm .....

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Officer or Soldier.

Diagnosis .....

Disposal .....

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 81532

Surname (in capitals) SHOWERS

Christian Names (in full) JOHN

Date of Birth 24 JUNE 1917

Place of Birth MONTREAL, CANADA

Trade on Enlistment MECHANIC

Nationality of Father at birth BRITISH

Nationality of Mother at birth BRITISH

Religion R.C.

Enlisted at MONTREAL, CANADA

Date 14 Sept 1939

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

Signature of Soldier J. Showers.

Signature of Officer J P Z Howell

Place IN THE FIELD Date 5 Jul 43

(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
1st	Wife	MARGUERITE ALBERNIA SHOWERS.	4 JAN 44
	Children	EVELYN SHOWERS	
2nd	Father	JOE SHOWERS	
	Mother	(DECEASED)	
3rd	*Brothers and Sisters	GERALD SHOWERS	
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

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
~~9935~~ CHARTON ~~St~~ AVE
9921 MONTREAL, CAN
— do —
4432 WELLINGTON ST.
VERDUN, P.Q., CAN.
827 2ND AVE.
VERDUN, P.Q., CAN.

HOWER

(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
14-9-39	PTE		B.O. #7/15	[illegible]
22-8-40	RFN		68	[illegible]

(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:—**

Qualified in addition as under :—

Date.....

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
~~C.T.S.~~ Education Course	6/7/43	C A Gibson Lt
Unit Snipers Course (Completed) Q.	11-43	R Fleming Lt.

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1943	Rifle 1st	1-2-3-5-6-7	J M Symonds Lt
1943	Brew - F.	1-2-3.	B McSawyer Capt
1944	RIFLE I	12345	R.T. Marks Lt
1944			

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
P.S.	MONTREAL	1924	Courtney Lt.

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
14.9.39.		General Duty	C.D. Gibson Lt.

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
14-9-39	A.	MED BOARD MONTREAL	Connolly Lt.

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.		Date	Signature of Medical Officer
	1	18-10-39	
TAB.	2	25-10-39	Cmty Lt.
	3	1-11-39	
TETANUS TOXOID 1cc	1	26-1-40	Cmty Lt.
	2	29-3-40	
TABT. ½ cc.		18-8-41	Cmty Lt.
TABT. ½ cc.		24-9-42	A. Kirsch Capt
T.A.B.T. ½ cc		19-8-43	A. Kirsch Capt
TYPHUS T ¼ cc	1	21-12-43	A. Kirsch Capt
" " ½ cc	2	29-12-43	A. Kirsch Capt
" " 1 cc	3	5-1-44	A. Kirsch Capt
TYPHOS 1 cc		23-5-44	A. Kirsch Capt

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
15TH NOV 1939	Cmty Lt.
15-2-44 Imm.	A Kirsch 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
FURLOUGH	16-3-41	
LANDING LEAVE	11-8-41	
1st PRIV LEAVE	10-11-41	
2ND " "	24-2-42	
"M" TEST (REV.) COMPLETE		Cmty Lt.
"Q" CARD COMPLETE	11-3-42	
3RD PRIV. LEAVE	20-5-42	
4th " "	12-8-42	
5TH " "	30-12-42	
D.M. GAS CHAMBER	23-1-43	
D.M. " "	12-1-43	
1st Priv Leave '43	14 Jun 43	J.H. Nicholson Capt
Good Conduct Badge PTE	#82 24 Aug 43	Officer in Charge
6- Priv. Leave	1-11-43	J.N. Gordon Capt.
Lead Aggleded CAP	9 Dec 43	R.B. Lawyer Capt
C.V.S.M. & Clasp	15 Jan 44	C.V.S.M. Sect
7 DAY PRIV LEAVE	18 FEB 44	R.B. Lawyer Capt

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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 H.Q. M.D.2

P. F. Howe Lt.
Signature of Officer.
Rank or Appointment.

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

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.

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