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

Company of the factor of the first transfer and the second of the second

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 Isherwood,, John
	(Surname first—Christian names in full—Block capitals)
(2)	Regimental Number D-81721
(3)	Unit 1ST BW (RHR) OF C. CASF.
(4)	Are you married? no
(5)	If married, state,
	(a) Full name of your wife N.A.
	(b) Present postal address of wife N.A.
(6)	If married, have you been regularly supporting your wife? If not—state reasons
	engree media bon of nothing at Janous out appear that majorital distant a sisting in a first
(7)	Are you a widower? //o.
(8)	Have you any children? No.
	If so, give number of boys and girls $N \cdot A$.
	Also their names and ages N.A.
(9)	If Separation Allowance is claimed in respect of children—state whether you have been regularly sup-
	porting them $N \cdot A$:
	Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—
	Name N-A
	Postal Address N.A.
	· · · · · · · · · · · · · · · · · · ·
	(SEE OTHER SIDE).

	Have you a common-law wife—whom you have been regularly supporting and publicly representing
652-	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 Alfred Isherwood
	355,, l4th. Ave' Longueil, Que.
12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole support?
	N.A.
	If sole support of father who is a widower—state what amount per month you have given him prior
10,	to joining C.A.S.F. M.A.
	Also state reason he has no other means of support M.A.
	Tribo beace reason ne mas no ounce means or support
14)	Is your mother alive? Yes
	If so, state name and address Mary Jane Isherwood
	355 14th Ave Longueil, Que.
	If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. //-A.
	Also state reason why she has no other means of support. N.A.
7)	Are you insured? yes
	If so, in what Company? Prudential Life
	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.
	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.
	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.
	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.
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	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.
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ate	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. (Signature of officer or man)

SERVICE AND CASUALTY FORM

Part I (For all ranks)

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

nit 1st Bn. The Black Watch (RMR) of Canada G.A.S.F.

Regimental Number 9-8/72/

		(17) Regiment or Corps		Unit (Battn., etc)
1.	Surname Skenwood			
2.	Christian Names			•••••••••••••
3.	*Substantive Rank and Appointment			
	*Acting Temporary or Local Rank			
	giving date	······		
	*To be entered in pencil to facilitate alteration.			
4.	Place of birth anguil 99, Canada	(18) Medical		
5.	Date of birth as declared on attestation. 3/11/2/19/2			
((A)	Category	Date	Authority
6.	Date of enlistment. Den 36th 1439			
7.	Place of enlistment montreal PO Canada	a sent	26/39	med Bd mill
8.	Residence at time of enlistment 385-14 Baue Longeuil OP	- a nov	15/39	mom 2
9.		18-111111 19	2-10-5/3	m 3m2
	(-) Decorate (to t			
10.	(C) Any subsequent variations of conditions of service			
	(
11.	Religion Probestant Orestylerran			
12.	If married, state date 1/6/40 B.O. 142	(19) Next of kin (entries t	to be made	in pencil)
13.	Trade on enlistment. Office Clerk	1//	-	
	Corps, trade and grade	Wife Mus 11002	25/7€	PW000
	(D) Qualifications		horles.	DT.6.
	(E) Miscellaneous entries			7/1/1
	(23) 2021601600000 011011000000	X	males	ul) Ohne (de
	•	(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)		(c)		(d)	(e)	(f) .	(g)
Report	The state of the s	Record of all casualties regarding promotions (acting, tempo or substantive), appointments, transfers, postings, attachme forfeiture of pay, wounds, accidents, admission to and disch Hospital, Casualty Clearing Stations, &c. Date of disembark embarkation from a theatre of war (including furlough, &c.) in with para. 2 of Note to Table I of Appendix III of Field Service R	ents &c.				
		forfeiture of pay, wounds, accidents, admission to and disch Hospital, Casualty Clearing Stations, &c. Date of disembark	arge from P kation and C	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be
Date From whom received	Unit	embarkation from a theatre of war (including furlough, &c.) in with para. 2 of Note to Table I of Appendix III of Field Service R	accordance legulations,				shown
received		Volume I				,	
-6-40 NDHQ	I RHC	EMBARKED ON " ANTONIA"	JALCARTI	ER QU	E 17-6-	40 Pte	
re GS 371	I RHC	EMBARKED ON "ANTONIA" I DISEMBARKED	BOTWOOD	NFLD	· 22-6-	40 Pte	
8-40 Mott 588	T RHC	EMBARKED ON SS DUCHESS OF	RICHMON	D	10-8-40	Pte	
Wire Defenso	r		BOTWO	OD NE	LD.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I RHC	Disembarked	Halifa	x N.S	13-8-	40 Pte	
-8-40 HC/23-3							
MD 6	I RHC	Embarked on E 62	Halifax	NS	22-8-4	10 Pte	
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		IOS CASE Overseas			23-8-4	. Ω	
		Desembarked	Genera.o.e	A	4-9-4	·····	
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gauger "		P-Leave P-6	.,		27 July		52-8 augy2
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Disembarked in UK 3-7-44
T.O.S. Reported for duty C.G.R.U

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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 COMFLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

	Section A—GENERAL INFORMATION	PLEASE LEAVE BLANK
1.	(a) Print name in full	
2.	(a) Arm of service	
3.	(a) Date of birth 1.1.7.1.2	
4.	(a) Place of enlistment	
5.	Section B—EDUCATION AND TRAINING (a) State age on (b) Were you attending school	
6.	(a) State age on finally leaving school	
	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	
7.	If you attended a university, give name of university and standing or degree secured.	
8.	(a) Did you ever (b) If so.	
•	enter upon a trade for what (c) Did you finish it, how long apprenticeship? occupation? finish it? MIL did you serve at it?	
9.	(a) What languages do you speak fluently?	
	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were WORKING or NOT WORK- (b) At time of en-	
	ING at time of enlistment. (Enter here only "Work-	
	ing" or "Not Working",	
	as case may be; particu- lars are asked for below)	
	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
	OF ENLISTMENT	
11	QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a) Had you ever been employed fairly regularly since leaving school?	
	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	
	at which you actually worked trade or occupation trade or occupation	
15.	If you had been employed after leaving school, state when you last worked fairly regularly before enlistment	
16.	employer, if any: Name	
	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	(a) If your last employment was in a business of your own, state nature and address of business continuing it	
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	+
	OF ENLISTMENT	
Q	UESTIONS 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	
10	Nature of employer's business (for instance "farmer" or "building	
20	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
21	specific occupation	
-1.	definitely to give you refuse to promise you to return to your employment on discharge? The management of the control of the c	
	employment on disonargeremployment on disonarger 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
- 1	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	
23.	(a) Number of years (b) Have you made, or will you make plans to engaged in this businessreturn to the same or a similar business on discharge?	
	Section F—PARTICULARS OF FARMING EXPERIENCE	
24.		
25	(a) Do you wish to engage (b) Do you feel competent in farming after the war? (a) Were you (b) How many years' actual (c) If so, in what (d) If so, in what (e) If so, in what (farming?	
	born on a farm?. Nofarming experience have you had?	
	Section G—MISCELLANEOUS	
	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.)	
	State any employment preference or ambition you may have, other than indicated elsewhere in this form.	
• • • • • • • • • • • • • • • • • • • •	may have, other than indicated cisewhere in this form	
	15 A. 1015	

RE Sklerwood

Name ISHERWOOD, John No D. 81721 Rank L/Sergeant Unit Royal Regt. of Canada Date of death 21st August, 1944. Died at France. Killed in action. Cause 405-J-7109 Death occurred on strength of Forces.H.Q. RelationshipWidow NK Mrs. Dora M. Isherwood, Address 2 St. Charles Street E., Longueuil, Quebec. Cemetery Remains buried in Vimoutiers, Buried by Calvary Pt. MR 240-647-462, Area. Grave Location

OUER-

REBURIAL

DESP RETURN TO BUR, ROYAL MESSAGE BURIAL - REPORT

CAN, MESSAGE DESP

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

Grave 12, row B, plot 18

CHI& CR Form Dospd. NOV 221946

Photographs
Despatched
CFD C 1947

MEDALS AND MEMORIALS—DECEASED PERSONNEL (1) MEDALS PERSON ENTITLED TO Mrs. Dora M. Isherwood, (Widow) 2 St.Charles St.W. Longueil, Que. Oct-45	DATE DESP 15/5/2 (1) REGISTRATION NO. DATE OF DESPATCH MEMORIAL BAK DATE DESP 15/5/5 Z (1) S423 REGN. NO Confidence of Despatch REGN. NO Confidence of Despat
(2) MEMORIAL CROSS WIDOW Mrs. Dora M. ISHERWOOD, (ENGLISH) 1741 ADDRESS: 2 St. Charles St. East LONGUEUIL, Que.	DESP. UEC 8 1944 REGN No. 9333
MOTHER Mrs. Mary J. ISHERWOOD, (MFM5) (ENGLISH) 1741 ADDRESS: 355 - 14th Ave., LONGUEUIL, Que.	DESP. DEC 8 1944 REGN No. 9334



500M—1-44 (3467) H.Q. 1772-45-8

ISHERWOOD, John SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	D-81721 REG. No.	RANK ON DISCHARGE	Royal Regt. of C
WAR SERVICE				
BADGE				
(CLASS) No.	DATE DES	PATCHED:		

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED						
1939-45 Star		4/11/49					
France-Germany Star		1072					
Defence Medal War Medal							
CVSM & Clasp							
	(THE REVERSI	E TO BE USED FOR ESTATE PURPOSES)					

Sheet No.....3

Name ISHERWOOD, J.

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R	EPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit -	Place	Authority	
Date	From whom received	(Commutation of Fond 2, M.F.M. 1 of M.F.M. 2)	Trank Shown	Difective Date			Part II D.O. No. Cas. List, etc.	Dated
8.43		TOS from Can Army Overseas for rec purp wef 2 Aug 43for pay purp wef 1 Aug 43			7			
		for all purp except pay	A/L/SGT A/SGT	10 Aug 43		MTL STH	195	16.8.43
23 aug	43 4 DD	Granted Disembarkation Leave from 13 aug						
		43 to 9 s p 43 inclusive (28 days) and is granted \$1.25 per diem allowance il lieu						
		of R. & Q. for the period shown	11 11		**			21 aug
		SOS to OTC (EC) Brockville Ot	11 11	10 sep	43 "		21	7 10 sep
		TOS on trans. from No. 4 D.D.	A/Sgt.	11-9-43	O.T.C.	Brockvill	D.0.#221	15-9-4
Brued	in Liver)	Posted for qualifications and att. f.a.p.	Gadet	17-12-4			308	24-12-4
NCER SE	ECIAL LEAV	E AND FURLOUGH TRANSPORT WARRANT	Bat		22 226 4		EC)BROCKVILLE	00033
Admitt	ed to Broc	kville Military Hospital.	- 11	17-1-44	O.T.C.	Brockvil	le D.0.#17	18-1-4
Discha	rged from	Brockville Military Hospital.	11	24-1-44	11	11	26	25-1-4
Grante	d 8 days f	urlough from 7 Feb 44 to 14 Feb 44 (Incl.)	51	7-2-44	\$1	11	34	1-2-44
Ewarde	dale las	adian Service Indelander CA. R. S. 3929	4	2,6 mar 41		~	19	27 Jan
auan	led the	Clasp under C.A. 20. 3929	4			~	29	27 Jan
		Class III (Wheel)	11	19-2-44	11	**	54	24-2-4
Awarded	the Canad	ian Volunteer Service Medal under C.A.R.O.	11	26-3-41	11	58	59	29-2-4
Awarded	the Clasp	under C.A.R.O. 3929.	58	••	\$1	11	59	29-2-4
Zuel	great a	wer Class III (Track)	/1	26-2-44		/,	60	1 mar
01101111	ed Driver	Class III Wheel & Track.	111	21-4-44	11		106	24-4-44

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	Dort II D.O. No. Con List ato	
						Part II D.O. No. Cas. List. etc.	Dated
	0/2.14 dy with w.	PE	15 may 41	Blh.W.	21.2	34	3/2may 41
	awrel 1 gold. Conduct Badge.	22			21.94	72	19 10 20 41
	7 dys. p/s. 2 Feb. 42	20	26 Jan 42	/ (21.2	27	29 aps. 43
	Tobe a/L/cpf.	a/L/cef	2 Japs 42		21.2	30	6 may #2
	P/L. 7 dy.	aless.	11 may 42	//	21.25	49	Taly 42
	A/2. 7 dys.	alaple.	27 July 3	/./	21.9	52	8 aug 42.
off at as Pes. V Certificato	attel for to C.T.C. attel C.M. H. a Creego 1 les 5	a/off.	3/ Lug 42	B.W.	21.2	6/	9 Lep 842
. //	C/alla to C 15. Reld from C. M. H. O. Crse 801.				2/9	64	30 1284
	Confrol: Cpf.		26842		21.2	68	3/60842
	P/2. 20/9 nov.		220v 42.	The second secon	21.8	7/	13200-42
	Qualf. Q.1. C.M. H. Q. Crse. 801 Sec. 5	Cel.	19: Sep 8.	B.W.	21.2	70	1/200.42
		4/19	1 Feli-43.	B. W.	21.2	12	17 Fel. 43
	applet a/1/20.		19 mas 43				9aps.43
	applet a/1/1/29. Keane 9 days.		14May 43			35	fline of
	20 le 4/597	A SA	Do June 43	~	•	43.	5 July 43
	SOSTONETO.		19 July 43			4)	20 July 4
	Tos from RHC. Bluer Water		so fuls 43	NETD		116	maly.
	Promoted to A/cgT.	A1597-10	engles,			122 BA 14	ug 43 July
	S.O.S. Cdn. Army (0/S) & No. 1 N. E. T. D	A/597-	ang Lang		•	122 B. 10	443 July 4

Sheet No......

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

Statement of the Service of No. D81721 Rank P6

Name ISHERWOOD, Chon.

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	Part II D.O. No. Cas. List, etc.	Dated
•••••••		Prix: hart, 14 days, with warrant	Plo	15 may 141	BID W	4-101	34	31 may H
Cancersea	200314/1/42	Allo 19-19 Tank Rde RQ & Training	The	10 19 Sept. 41.	BIH. W	JK.	55	26.80pt 41
		To wear ou good conduct Bedge	12/2		Beh w	0.15	7.2	19. Dec. 4.1.
•••••••		7 days P.L. no FTW. To 2 Feb-42	Ote	26 Jan 42	Blh W	4. K	27	29 Apr 42
		Folse 4/4/91	4/4/94	27 142	Behw	uu	30	6 May 42
		P/heave 7 days (P.5.)	a/cpl	11 hay 42	BlR W	UK	49	1 aug: 42
Dial:	(DIT so Per	P/ Leave 7 days (P.6.)	a/cpl	3 aug 42	BlR W	UK	52	8 aug: 42
Certy	Acate	atta FaPtoCTS. attend. CMHacourse 801 Ser. 5	a/cpl	3/ aug 42	BW	UK	61	9 Sep 42
		Ceases to be aid C.T.S. Rtd from CInHQ Crox 861.	a/cpdi	19. Sepat. 4.2.	BU 91	UIK	64:	30. Sept: 42.
•••••••	· · · · · · · · · · · · · · · · · · ·	Confirmed rank Gal	Col	26ct42	13. W	UK	68	316el ve
•••••••		Pleave 5.9Nov.	Col.	2. Nov. 4.2.	BW	ひて	71.	13/10/43
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•••••••		Conformed Sergeant	1/Soft	20 June 43.	BW	pet	43	5-9aly 43
202		SOS TO NETD	4/595	19 July 43	Bek w	uK	47	26 July 43
	Tos	TOS from Blk. W.	4/595	20 July 43	NETD	K	116A	21 Jul 4.3
		Promoted to A/Sox	4/88	1 Aug 43	NETD	~K	122 A	1. Ang 4.3.

tatement of the Service of No	Rank

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

Sheet No......

Vame.....

I	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	TT-:4	DI	Authority	
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
		Trobbe 418gt.	Usgt	20 June 43	1 Blk W	MC	43	
MAY 2	31947	S.O.S. Cdn. Army (O(S) & No. 1 M					122B	
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		ESTATION PAPER			TOUT
1 Sumama T	sherwood.			B	1201
2. Christian Nam	John	Α			
	355, 14th Ave.	Longueil Luca	Courada,		
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	Heng Canada		Que.	Longueil	•••••••••••••••••••••••••••••••••••••••
5. Place of birth	(Country)	(County or Province) yterian	(To	wn or Township)	•••••••
6. Religion (state	office Clerk	J	•••••	•••••••••••••••••••••••••••••••••••••••	
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9. Name of next of		herwoodX Mrs.	Dora Isnerw	ood.	
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11. Address of nex	t of kin 355, 14th	Ave -ongueil	mel/mus	14	
12. Have you serve	ed in any Naval, Military o	or Air Force?	10	•••••••••••••••••••••••••••••••••••••••	
13. If previous war	r service, state arm, force a	nd regimental particu	ılarspo		•••••
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	Record of Service	e of	(Christian Na	mes)		Regin	nental Number. D-81721.	
		QUALIFICATIONS			EDUCA	TIONAL QUALI	FICATIONS	
Military.	no		High So	hool) no			Graduation)	
Business	or Professional	Clerk	Collegi	······································	(years completed)		Matriculation \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(specify)
Trade or	Civilno		*College	n o				
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Language	esEn	glish	*(Name of	institution, courses or yes	ars completed and	degrees obtained to be	~	t.
All enlist	ed personnel wil	l be taken on as Private soldiers, appointments and promotions to						
	Report	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authorit	
Date	From whom received	· · · · · · · · · · · · · · · · · · ·	S.F.				Part II D.O. No. Cas. List, etc.	Dated
6 Sep 39	Recmit	Joined on appointment 1 St Bn. The Black Watch (FMR) Of Lighted U.A.					B.0.19	26 Sep 39
30-3-40	R.O. 82.	Granted 14 days furlough from 29-3-40 to	Pte.	29 -3-40	1. RHC.	Toronto	B.O. 86	3 -3-40
		11-4-40 R.O. 82			9			
	NDHQ	Himbon along a st Antiff Chart A st	Pte	17-6-40	7 DETC	W-3		
17-6-40 wire	76-6-10	Embarked "ANTONIA"						
22-6-40	Mar 588	EMBARKED ON S.S. DUCHESS OD RICHMOND	PTE	70 2 40		Botwood.		
D	ATED 3-8-40					OTWOOD NE		
WII	RE DEFENSOR	DISEMBARKED AT HALIFAX N.S PROCEEDED TO	PTE	13-8-40	RHC. I	HALIFAX N.	S	
20-8-40		ALDERSHOT N.S. MD 6 ITC.						
22-8-40	H.C./23-3	EMBARKED ON E 62	Pte	22-8-40 I	RHC	HALIFAX N	S.	
<i>iii</i>	M.D. 6.	SOS C.A.S.F.CANADA	Pte.	22-8-40	1 RHC	HALIFAX I	V.S.)	
	· · · · · · · · · · · · · · · · · · ·	TOS C.A.S.F. CANADA	····Pte	23-8-40	1RHC)B.0.177	6-9-40
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For additional entries use M.F.M. 1 and 2 (a)

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Pension or compensation of so

CERTIFICATE OF MEDICAL EXAMINATION

Date...Sept...26-39

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	STATION	Date of Arrival at the	ir	Admission to Hospital	fr	Discharge om Hosp	ge ital	DISEASE	Number of days in	whether any par whether mercury	nature of the disease; how induced; if mild or severe; if completely recovered for ticular treatment was adopted. In venereal cases state nature of primary disease, what been given. If an accident, state whether it occurred on duty and whether a Cold. Date of issue and particulars of artificial teeth or surgical appliances supplied.	rom; , and. Si
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OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER DELTAL Lance Sergeant SERVICE UNIT Royal Regiment or Canada (CA) NAME TERRETORN John Date of Enlistment: 26-9-39 July DATE OF BIRTH 1912 MONTH YEAR DAY MARITAL STATUS Raligion: Prosbytorian Derried NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mrs. Dorn M. Isherwood, NAME ADDRESS ADDRESS . Charles ... D.A.B. Longueuil Jue. ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED PARENTS NAME **ADDRESS** IF SOLDIER (MARRIED OVERSEAS) 405-J-7109 AUTHORITY CAS. SIG. NO. CASUALTY DETAILS DATE mallod in action 21-0-44 PRAMOE LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? M.F.M.5. ATTACHED TO YES/NO NOTIFICATION TO A. OF E.?

OFFICER I/C RECORDS

19th September, 1944. Mrs. Dora M. Isherwood, 2 St. Charles Street East, Longueuil, Quebec. Dear Mrs. Isherwood: It was with deep regret that I learned of the death of your husband, D81721 Lance Sergeant John Isherwood, who gave his life in the Service of his Country in The Western European Theatre of War on the 21st day of August, 1944. From official information we have received, your husband 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, M. F. G. LET Major - General Adjutant - General (H.F.G. Letson), Major-General, Adjutant-General. EFE

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D. 81721, Lance Sergeant John ISHERWOOD, of the Royal Regiment of Canada, Canadian Army, was killed in action on the 21st of August, 1944.

(C. L. Laurin) Colonel, Director of Records.

Officer authorized to sign certificates of death and/or presumption of death. for the Canadian Army.

Department of National Defence, Ottawa, Canada. October 25th, 1944.

mol

FORM No. 1

Nominal Roll No.....

To: P.M.G.

H.Q. File No. 405 - 1 - 7/09

CANADIAN ARMY (ACTIVE) Computation of Service

		Compatation	or Service				
		WAR SERVICE	GRANT				
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Total Service					1792 DAYS		
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Western H			66	0	660		
Overseas S	ervice		113	200	1/32		
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00M—11-44 (6012)			6 L. L. L.	AURIN,			
H.O. 1772-45-8	Pargaelle -			Colonel,	CTOR OF RECORDS		

Details of Non-Qualifying Service

Western Hemisphere-

Forfeits for	From	То	Effective Date	Days	Total

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S.O.S	1.17.00	43s.o.	s.21/194	// T.O.S	
S.O.S	1.17.00	43s.o.	s. 21 194	// T.O.S	
S.O.S	1.17.00	43s.o.	s.21/194	// T.O.S	
S.O.S	1.17.00	#3s.o.	s.21.19.4	4. 4. T.O.S	
S.O.S	1.17.00		s.21.194	4. 4. T.O.S	
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S.O.S	1.17.00	#. 3. s.o.	s. 21 Aug 4	4. 4. T.O.S. 4. S.O.S.	
S.O.S	1.17.0.9		s.21 1909 4	4. 4. 5.0.S.	
S.O.S	1. 17. U.Q.	¥3s.o.	s. 21 Aug 4	4. 4. T.O.S. 4. S.O.S.	
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S.O.S	I A U 9	#. 3. s.o.	s.21 Aug 4	/ T.O.S. / S.O.S.	
S.O.S	1. H.u.g.	4.3.s.o.	s.21 Aug 4	/. T.O.S	
S.O.S	1. A. U. Q.		s. 21 Aug 4	/ T.O.S	
S.O.S		4.3 s.o.	s. 21 Aug 4	/ T.O.S	
S.O.S			s.21 Aug 4	/ T.O.S. / S.O.S.	
S.O.S		<i>¥3</i> . s.o.	s. 21 Aug 4	/ T.O.S	
S.O.S		#. 3 s.o.	s. 21 Aug 4	/ T.O.S	
S.O.S	1. H. U. Q.	# 3 s.o.	s. 21 Aug 4	/ T.O.S. / S.O.S.	
S.O.S	1. H. U. Q.	# 3 s.o.	s. 21 Aug 4	/ T.O.S. / S.O.S.	

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

DEPARTMENT OF NATIONAL DEFENCE



NAVY ==== ARMY ==== AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

ARMY

DET ASED ME SER'S John (CHRISTIAN NAMES) PAYEE Mrs. Dora M. ISHERWOOD, ADDRESS 2 St. Charles St. E. SERVICE NO. FINAL RANK OR RATING DATE OF TERMINATION OF OVERSEAS SERVICE TSHERWOOD (SURNAME) REGISTER NO. FILE NO. FILE NO. FINAL RANK OR RATING DATE OF DISCHARGE	D-13269 405-J-7109 17-8-45 D-81721 Cpl. 21-8-44
A. TOTAL QUALIFYING SERVICE No. of days 1792 Equal to 59 Complete Periods at \$7.50	\$42.50
B. QUALIFYING OVERSEAS SERVICE No. of Days 1132 Less 22 INELIGIBLE DAYS, EQUAL TO 1110 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	277.50
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY \$ \$ \$	720.00
DEPENDENTS' ALLOWANCE 1/30 OF \$ 37.20 \$ 1.24 TOTAL \$ 4.19 \times 7 = \$ 29.33 NO. OF DAYS 1132 \times \$ 29.33	181.43
D. WAR SERVICE GRATUITY	901.43
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS \$	
F. TOTAL AMOUNT PAYABLE	901.43

G. YOUR PORTION OF GRATUITY IS-

100%

OF \$ DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

CHECKED BY PREPARED BY

TREASURY CHECKED BY DATE SERVICE REPRESENTATIVE

al Report	
- Andrews	
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00	
102	
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Do not write in this spac

DOMINION BUREAU OF STAT	ISTICS	—QUEBEC DEATH TRANSCRIPT
PLACE Municipal civil municipal civil municipal county Municipal civil mun		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township
DEATH Street No.		Hospital or Institution
. LENGTH (a) In hospital Years Months Days (b) In municipality where tion	Months	Days Years Months Days (d) In Canada (if immigrant) Years Months Days
. NAME Surname.	Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH
OF (Block letters)	write in	
DECEASED Given names.	this space	22. Date of death
Street 17th Avenue No. 355 Civil municipali- Longueuil		23. I HEREBY CERTIFY that I attended deceased from 19
ty or township		and last saw h
Municipal county Province Province		24. CAUSE OF DEATH
5. SEX 6. NATIONALITY (Citizenship) 7. RACIAL ORIGIN 8. Single, Married, Widowed or Divorced (Write the word) 9. If married give		Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, due to asphyxia, asthenia, etc. Killed in Action (a) Killed in Action
ame of wife or hus- and of deceased O. BIRTHPLACE		Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to (c)
1. DATE OF		Other morbid conditions (if important) contributing to death but not
BIRTH (Month) J (Day)		causally related to immediate {
2. AGE OF Years Months Days If less than one day old DECEASED		cause.
hrs. ormin.		If a communicable disease is (a) Date of appearance
12 The demais of the second of		III mentioned on this certificate, (b) Duration of disease
2 13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		
kind of work, as spinner, teamster, office clerk, etc		25. If a woman, was there a puerperal condition?
business, as cotton-mill, lumbering, bank, etc		26. Was there a surgical operation? Date of
15. Date deceased last spent in this		
18. BIRTHPLACE		State findings
17. NAME (Province or Country)		
FATHER		Accident, suicide or homicide
Isherwood Alfred		Manner of injury.
MOTHER (Maiden Name)		(How sustained)
		Nature of injury
19. Place of burial, cre- mation or removal		Specify whether injury occurred in industry, in home, or in public place
20. Date of burial		Signed M.D.
(a) Name of parish or church		Address Date 19
E O E (b) Civil muni-	28. Sig	nature of person who fills in the form 29. Name of clergyman in charge of Register of Civil Status in which registration of this
cipality of	(cu	burial was made.
OF County		Janne C.D.
(d) Date	This sim	
(d) Date		nature authorizes the collector to accept this form as authentic. (Voir l'autre côté pour le français)
		Director of Records, Dept. of National Defe

FIELD SERVICE

9/3 | B Army Form B. 2090A. (5504)

RECORT 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.

REGIMENT OR CORPS Squadron, Troop Battery or Company Squadron, Troop Battery or Company Rank Soldier's Army No. Surname Tsherwood Christian Names
Died Date 21. Aug. 44
Died { Cause of Death* K/A
Nature and Date of Report
By whom made
* 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.
Burial PlaceBuried by Calvary Pt.240-647-462 Date 23 Aug 44 By whom reported C.F. 1 R.H.C.
State whether he leaves $\int (a)$ in Army Book 64
(b) as a separate document
All private documents and effects received from the front or hospital, as well as A B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office. 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. In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.
Station and Date Signature of Officer in charge of Section Adjutant-General's Office at the Base of Section Adjutant-General's Office at the Base of Section Officer i/c Cdn Sec GHQ 2 Ech 21 A Gp

Director of Estates

Regimental No.	D81721	Rank Lance Sergeant.
	ISHERWOOD Surname	JOHN Christian Names
Unit	Royal Regimen	nt of Canada (CA).
Date of Death.	21-8-44	Place of Death Overseas (France).
Next-of-kin	Mrs. Dora M.	Isherwood Relationship WIFE
Address	2 St. Charles	St. E., Longueuil, Que.
M.F.M. 5	Copy of M.F.M.	5 herewith,
7/111	Will d/26-9-39	herewith.
Date 2-10-44		THE WAS TO THE STATE OF THE STA
JEC/LH		(C.L. Laurin) Colonel, Director of Records, for Adjutant-General.

	Mrs.	Dora	M.	Isherwood,
	2.5	st. C	nar	Les St. E.,
Alipopt Control]	Longue	eil.	, Que.

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-J-7109 FD.20

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

October 10 104

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

ISHERWOOD, John, Lance Sergeant,

D.81721, 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.

Merron Copto

Director of Estates.

GC/

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 RELATIVES INFORMANT'S STATEMENT				ENT	
grees of Rela- ion- hip	required to be	No. of the last of	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 D	eceased	DORA MAY ISHER WOOD	27	2-ST. CHARLES ST. E.
2	Children of the dates of their	Births	EXPECTING CHILD IN NOVEMBER		
3 Father of the Deceased		eceased	ALFRED ISHER WOOD	6/	807. GARDENVILLE LONGUEUIL, OUR
4	Mother of the D	eceased	MARY JANE ISHERWOOD		807- GARDEN VILLI. LONGVEUIL, QUE
5	Brothers of the Deceased	Full Blood	No NE.		
		Half Blood	NONE.		
6	Sisters of the Deceased	Full Blood	LILLY FLEMMINGS	30	473 - DOLLARD, MONTREAL SOUTH QUE.
		Half Blood	NONE.		
7	Names of brothers of the full or the Deceased, who are death of each.	or sisters (whether e half blood) of the re dead, and date of	Names and ages of their children (if any)	Address of their children	
			Norg.		

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	JOHN JSHERWOOD.
9	Date of his birth.	31 st. July, 1912.
10	Place and date of his marriage.	ST. ANTHONY PRES BYTERY, LOIVGUEUIL, QUE. MAY 3 1 ST. 1940.
11	Place and date of his parents' marriage.	ST. THOMAS (HURCH. DELORMIER & MOINTREAL, QUE. MAY 20TH, 1911.
	PARTICULARS OF D	
12	Place where deceased was born.	LONGUEUIL, QUE.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) QUEBEC PROVINCE. (b) CHAMBLY COUNTY. (c) LONGUEUIL. (d)
14	Nature of employment before enlistment.	OFFICE WORK.
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.	LONGUEUIL, QUE.
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	NO. IF ONE IN DIRECTOR OF ESTATES BUREAU
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.	No.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	No.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	THE LONDON LIFE INSURANCE (6 LONDON, CANADI WIDDIN - 5,000.00 THE PRUDENTIAL INSURANCE (6. Of AMERICA NEWARK- NEW JERSEY. MOTHER- 215.00
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTICU	JLARS
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.

DECLARATION

*Insert degree	DECLARATION
of relationship	ilars shown on this form are correct, and a true and complete
"Widow", "Father", etc. statement of all the relatives that the desired the relatives that the relatives the relatives that the relatives the relatives the relatives the relatives that the relatives the relative the relativ	lars shown on this form are correct, and a true and complete leceased ever had in the degrees specified; and that I am the
Brother', etc.	
*	of the deceased.
	(Signature
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	Colerwood Signature of
Magistrate, Commissioner or Notary Public or Commissioned Officer of any	Informant
of His Majesty's Forces.	les C. Longueuil. P. D. Address
	CERTIFICATE
	my knowledge and belief Dora H. Leswood
I hereby certify that to the best of	my knowledge and belief
(Name of	
*See above. \tag{ Name of informant}	is the*of the Deceased
above described. The above Declarati	on was made by the Informant and signed in my presence.
Dated of The	205 down (Lobes)
Dated at	S
Signature of Clergyman, Priest, Magistrate,	id . Desir Land Room
Notary Public or Com	Quantication
missioned Officer of any of His Majesty's Forces.	197 +. 1/1.1 7
Address. 7	mountain I Upt 6 montreal me
NOTE.—Before granting the above Certificate, care should be	taken to see that the informant gives particulars concerning the death of any name and address and age of each surviving Relative specified is stated in its
proper place in the Statement opposite.	lame and address and age of each surviving Relative specified is stated in its
(If the deceased has no living relatives of the	he degrees shown on page 2, the names and addresses and
relationship of other relatives should be s	et out below.)
TICE CDACE DELOW EOD ANIX ADDICE	TONIAL DENIADIZE MOLL NAME WITCH TOO NAMED
USE SPACE BELOW FOR ANY ADDIT	IONAL REMARKS YOU MAY WISH TO MAKE
L AM EXPECTING	A CHILD IN NOVEMBER
AND ANY FINANCIAL	AID YOU COULD GIVE
WOULD BE KINDLY	APPRE CIATED.

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CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

1	No., RANK and NAME	D-8172I L/Sgt	Isherwood	J		c. !.d
	RECEIVED FROM	Cdn Sec GHQ2nd	Echelon 2	2I Army Gr	ADMINISTRAÇÃO DE CAMBRIO DE CAMBR	
	CHECKED BY	A-II7006 Gnr S B-8I759, Sgt. Gr.	chwartz M aves.J.G	DATE		. 4.5
ITIII	Wallet. Hackle. Gold Ring (English Leatherette Calletters. Red "I" Disc. Lighter (Dunh: Snapshots.					

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

TRIPLICATE — with effects.

James Ar for OC 1 Cdn KSD

1

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.)

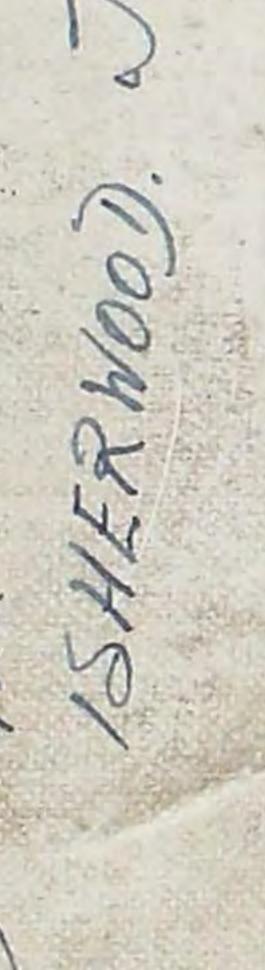
Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

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.

BAYONET NO BA / MORAL UNDEARWEAR 36 c 32 W. TUMIC PANTS 9REAT COAT RESPIRATORS ANK /ETS BOOT 5



2

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re- quired	Com- plet- ed	SPECIFICATION Use authorized Abbrevi- ations and Symbols	Signature of Dental Officer
July 44		_	eQ.	Rouse Mu
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LCB. ONT. 1943-4

3

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. 2-81721
Surname (in capitals)
Christian Names (in full)
Date of Birth. 00/x 3/ 19/2
Place of Birth LONGOL OIL QUE.
Trade on Enlistment.
Nationality of Father at birth
Nationality of Mother at birth
Religion PRESBYTERIAM
Enlisted at Montreal Post
Date
Particulars of former service (if any) i.e. Regtl. No., Corps and period.
Signature of Soldier.
Signature of Officer
Place Tououto Out. Date 16 7940

Near	est degree of ationship Names		Date	
1.4	Wife	DORA MAY ISHURWOOD	MAY 31/4	
1st	Children			
	Father	ALFRED ISHERWOOD	SE17 26/3	
2nd	Mother	MARY JANE ISHERWOOD	~	
3rd	*Brothers and Sisters	MRS. T.L. FIEMING		
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
2 St. CHARIES ST. EAST. LONGUEUN QUE
350° 14th Aye. Longovoil Duis
30'0' 14th AVE. LONGUEUM POE
1457 DINGOL ST. THREE RIVERS DOC 473 DOMARD ST. MATI SOUTH PUE

(II) NEXT OF KIN duly noted with date of pages has any legal

10 MM

SHER WOOD.

D. 81721 ISHERWOOD. JOHN

是一种企业,但是一种企业,是一种企业,是一种企业,是一种企业,是一种企业,是一种企业,是一种企业,是一种企业,是一种企业,是一种企业,是一种企业,是一种企业,是 1987年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1988年,1

(III) RANK and APPOINTMENT

Date	Rank and Appoint- ment	Substantive, Tem- porary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
26-9-39	PTE		B.o. # 19/1	419 300
	1/cp/			11. 128 p
1/7/42	A/col	W/PAY	B.g. 46/42	' AK
	upl	4	150	Jan Smr
0/3/43.	H/4/59t.	••	150.	J. Jeroso
0/6/43	4586.	••	60 43/5a	W.

Date.		ing.			
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TRAINED (passed Recruit's Course as laid down for his arm of the Service) except that he requires further training in:-* Certificate Applicable to all Arms, signed by the C.O. Bn., etc., before a Overseas to be completed Soldier proceeds and

Year	Classification	If Table not completed, state parts fired	Signature of Officer
14 June	Rifle- 24d	Appendix	CHC Dewet
1943	C/q58	3	Capt

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M. H. Q. Course So! En 3 (c) Barris Dail! 19/9/92 LY. TEST GOOD One of the course	Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date Signature of Officer
	PA 2 (C) BATTLE DAIL	19/9/12 DB Benuell

D. 81721 1SHERWOOD. JOHN

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
Lower School	Lovenenil	1926	
Mark. Jak.			A I BOOK OF
Must School	Alfatreal	1929	1 de Ha.
			Tankaus
I. do S. borene			AKI-
Book Hooping	Martreal	1931	
	•••••		

(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
					• • • • • • • • • • • • • • • • • • • •

D. 81721 1SHERWOOD. JOHN

(IX) EMPLOYMENT WHILST SERVING

Per	riod		Remarks and Signature of O.C. Coy., etc.
From	То	Nature of Employment	O.C. Coy., etc.

12

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 Medi- cal Officer
P7 26/29	·A-	Medical Board What	BUB.
July	4	601/	Bery

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
	18/10/39	
1 /3 2	20/10/39	
3	1./11/39	
T	26/1/160	W y
TETANOS TOROLO CC. 1	29/3/40	13 0B)
T. A.B. 4	30/10/40	1301
Tax Tox 3	1/3/41	JA GIV
T.A.3. 1-	8710141	2
· 1/2	18/2/43)\S
TABTyce	19-6-44	JAG Campo
Jyphus 12cc	18-6-44	1/2 Cappe
-1146/ 11	VI made of A	CATTO COME
(XV) VA	CINATION	
Date Vaccinated	Signature	of Medical Officer
12/1/39	app	. A
26/10/42	Jan	1
16-7-44 €	7/2	reality of

The second of the second secon

(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
LAND. LEAVE	Oct 9/40	
W WARRANT	- 14/40	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
	MAY 18 /41	
WARRANT	7 29 /41	
		1.0%
PRIV LEAVE 1 DAY	5. 13-10-41	X-/2
W/ WARRANT		
PRIV. LEAVE 7 DAYS	26 11/2	The state of the s
No WARRANT		18-Wh
	***	7
M. TEST (REV) Comp.		020
O. CAROGOMP. 1	UNE 26/42	B. El
		12.
PPIN-LEAVE 7 DAYS	The state of the s	AND A THEOREM AND A STATE OF THE PARTY OF TH
W/ WAREAUT		
D /		
PRIX LEAVE 7-DAY	THE RESIDENCE AND ADDRESS OF THE PERSON	

FINGERPRINTED-CATE

- Particulars	Date	Signature of Officer
PRIV. LEAVE 7 DAYS. W. WARRANT.		
PRIV LEAYO TOAYS	1-2-43	
 Siriless Lears. ~	11178/5/1/2	Man 1
 Fre Warraces.		A //
 MFM 182 issued	2.12.43	& Hennedey
 		,

The same of the sa

No entry is made on this page without special instructions being iss	issued
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Particulars	Date	Signature of Officer
C.A.P. CHAMBURS	JUNE 30/42	ers.

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***************************************	**********	***************************************

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ng HiVi and mi dalah same	onem mod	

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

WILL

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

Rank, Regt'l Number..... Date.....

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FING RPRINTION PHOT DGRAPHED

AUG 1 3 1943

REBURIAL

NO D- 8/72	
RANK 4/567	
NAME ISHERW	000
NAME OF CENTERY Brette	eville-sur-Laize Canadian Military Cemetery
LOCATION OF CENETERY_	Bretteville-sur-Laize, France.
GRAVE LOCATION	Grave 12 Row B Plot 1
AUTHORITY	54-27-88-2 Vol. 20
	Reburial list

Information has just been received from overseas that the remains of your husband, D81721 Lance-Sergeant John Isherwood, have been carefully exhumed from the original place of interment and reverently reburied in grave 12, 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,

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

/EFH

Kg0.



VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

110. <u>38/</u>	72/ Name	Mahere	wood Joh	22.
Rank on Discha	rge	Date	of Discharge	
Authority for	Discharge or Ret	irement	Deceased	
Served in:			Non-	-qualifying service
Canada from		9 to	17-6-40 22-8-40 10-8-40.	I from 2-8-43Ta24-6-44
United from Kingdom from			1-8-43.	
Italy fro	m.	to		
Northwest Europe fr	om 25-2-	// to	21-8-44((K/a)
	om	to		
fr	om	to		
Eligible for	award of:			
1939 -	45 Star	0/4/		
Italy	Star			
France	-Germany Star	01		
Defenc	e Medal	OKY		
War Me	dal	OKU		
Canadi	an Volunteer Ser	vice Medal with clasp		
			Verified by	and Ruther
			Date	JUL 201946
			Carded JUL	23 1946
HA 165	NO	RIBBON	DESPATCH	

NO

CANADIAN MILITARY HEADQUARTERS

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) ISHERWOOD, John
NO. D-81721 RANK L/Sgt UNIT ROYAL REGT. OF CAN.
HOSPITAL (U.K. only) In which death took place, if applicable
R.U. (U.K. only) to which posted on admission to Hospital
CASUALTY KILIED DATE 21 AUG 44 LIST# A485 PLACE AEF
If PO.W. or INTERNED, NUMBER & ADDRESS
PREVIOUSLY REPORTED DATE
PREVIOUSLY REPORTED DATE
(L.S.APPLEFORD) Major Officer i/c R.5 Wing.CAS. SECT.
NEXT OF KIN
NEXT OF KIN 1. CANADA or U.S.A YES/NO (If NO, Complete #2)
2. NAME (In full)
RELATIONSHIP ADDRESS
3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born Overseas. If NONE so state
Date of Marriage, if known
WILL, EFFECTS, ETC.
1. NO WILL HERE (or) WILL HEREWITH DATED BENEFICIARY (Relationship)
EXECUTOR
(Name) (Address) 2. BANK ACCOUNT - NAME OF BANK, etc. A/C NO
ADDRESS_
3. KIT PRIVATELY STORED - NAME OF CUSTODIAN
4. Particulars of DEBTS, Remarks, etc.
Date OCT 191944.
ORIGINAL - With WILL, if any to O. i/c ESTATES, C.M.H.Q. ORIGINAL - With WILL, if any to CANADIAN MILITARY HEADQUARTERS
DUPLICATE - To File

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

N	o., RANK and NAME D-81721 1/Set I	sherwood J	Dec. ta
F	ECEIVED FROM Cdn Sec GHQ2nd	Chelon 2I Army Group	
C	A-II7006 Gnr Sel HECKED BY B-81759, Sgt. Gr.a.	hwartz M ves.J.G DATE	I2. Jan. 45
ITITI	Wallet. Hackle. Gold Ring (Engraved Inside). Leatherette Case. Letters. Red "I" Disc. Lighter (Dunhill). Snapshots.		

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

TRIPLICATE — with effects.

for OC 1 Cdn KSD

OVERSEAS

Dispersal Area....

LAST PAY CERTIFICATE

(All Ranks)

or Discharge)			on 21st.August.	19.	44.
eason Death	•••••••••••••••••••••••••••••••••••••••		Authority: C3C.L. "A"485 d/2nd S	ept.	44.
The following is a statement of the account of	of the above-nam	ned from.	1st.August. to 31st.August	•19.	44.
ne inclusive date of transfer or discharge.		Dr		•	7
Particulars	Amo	unt	Particulars	Am	ount
alance Dr from last account			Balance Cr from last account	12	63
irst Monthly Payment			Regimental Pay 31 days at \$1.70	52	70
asual Payments			Tradesmen's Paydays at\$		
ayments on Transfer or Discharge			Additional Pay (Give Particulars)		
ssigned Pay	35	00	Allowanees (sive particulars)		
egimental Charges			Allowances (give particulars)days		
ublic Stoppages (give particulars):					
			Cash Effects SOCR 14719	6	26
o Balance Cr {Free	36	59			
Deferred			By Balance Dr		
Total			Total		
	71	59		71	58
			JECT TO ANY CHARGES ON THE REVERSE HEREOF		
			JECT TO ANY CHARGES ON THE REVERSE HEREOF		
			ON THE REVERSE HEREOF		
Remarks	CREDITS ENI	DORSEI	ON THE REVERSE HEREOF		
Remarks	CREDITS ENI	DORSEI	ON THE REVERSE HEREOF		
Remarks Asad Pay \$35.00	(W) Stop	ped	ON THE REVERSE HEREOF		
Remarks Asad Pay \$35.00	(W) Stop	ped	off September.1944.		
Remarks Asad Pay \$35.00	(W) Stop	ped	on the Reverse Hereof eff September.1944.		
Remarks Assd Pay \$35.00	(W) Stop	ped	off September.1944.		
Remarks Asad Pay \$35.00	(W) Stop	ped	off September.1944.		
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Remarks Asad Pay \$35.00	(W) Stop	ped	off September.1944.		
Remarks Assd Pay \$35.00	(W) Stop	ped	off September. 1944.		
Remarks Assd Pay \$35.00	(W) Stop	ped	off September.1944.		
Remarks Assd Pay \$35.00	(W) Stop	ped	eff September.1944.		
Remarks Assd Pay \$35.00	(W) Stop	ped	off September.1944.		
Remarks Assd Pay \$35.00 Compiled byC., Sanderson.	(W) Stop	ped	off September.1944.		
Remarks Assd Pay \$35.00	(W) Stop	ped	eff September.1944.		