D82633 MUNRO PETER WILLIA

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	CARDS PUNCHED	And I Find a Card C
D82633 MUNRO PETER		UUNFIUENIIAL.
Regt'l Number Last Name First Name	Middle Names	Unit B. Cox 121 De On The Odd Walch
208 Nationality - By Birth By Naturalization Country of Birth		1 Corps 7.4.
Lanadlan Can	50"M" Test Score SM	25 Second Most Important Occupation: Description:
Racial South 4 Language spoken in home: French		3544. Cold Job. OCleaning gasoline tanks who skill
527/2"	2 / O SM	Duration (from—to)
5 Age 74/5/20 6 Height 08 7 Weight 1.70 8 Silhouette 1 2 3 4	2	Employer's Name and Address
Eyes: 9 / Colour of State 10 Acuity 4 2 3 10 Glasses Vision 1 2 3 4	3	26 Third Most Important Occupation:
12 Hearing: Acuity 2 3 13 Speech Defects	4 /9 S. Tot.3	Estimate
TA TO THE PARTY OF	5 /9 SM	Duration (from—to)
14 Handedness L L A 15 Med Category	6 9 S. Tot/C	Employer's Name and Address
Cause Kannella Kannella	7 2 SM	
Attitude to own health . Seasonable Medical attention assorbed	8 30	Trade Union or
Health History	Tot. 147 SM Grade	Professional Society
16 Education Level: Illiterate E S 10.(17) (Grade completed)	9	Vehicles 27 Heavy Truck 28 Light Truck 29 Auto 20 Auto 30 Motorcycle 31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane
Conduct during school life	CAL OTHER MEDITION	35 Accident Prone Mo.
17 University or Years Course Teleon Course Teleon	51 OTHER MENTAL	No Farming Experience: Wide
18 Professional Course Taken Completed Degree	Test	District Type
	Score L. Grade	Job promised after discharge
19 Post Graduate Course From—To Degree	Date	Address
	52 MECHANICAL	Other provision for post-discharge occupation
		work with northern Electric & Accidental Accidental
W Specialized Training:	Test	Occupational history Ambitious
20 1 (Course)	Score Grade	Stable Erratic
At	Date	36 Material Status: M S W D Sep
21 2 (Course)	52 CLERICAL APT.	2 Marital Problems
At	Test	Wife's
22 3 (Course)	Score Grade	Age of wife Wife's attitude to Service Health
At		No. of Children No. Brothers No. Sisters Position in family 38 No. Dependents O.
	Date	
Other trades papers. Diplomas Certificates or Qualifications	53 TRADE TEST	Relationship of Dependents
<i>O</i>	1 Score G. Date	Status of home in childhood 772.
23 Languages: Spoken fluently	2. Score G Date	Hobbies: Photography M S Radio Engines
Written well	3. Score G Date	Mechanics
24 Main occupation: Description Alwaeroom Clark.	4. Score G Date	40 Sports: (1) Swaming (3)
8506 Estimate himited		3
22/12/20 12/141 3000	54 OTHER	412 Ability to Entertain: Music String (3) Tugh hacrosse Brass
Duration (from—to)	Test	41/2 Ability to Entertain: Music: String
Employer's Name and Address Monthly Clety College Lohler.	Score Grade	Woodwind Percussion Piano Vocal
montral	Date	Theatrical Other

42 Presions	Teril QC4	Armed I	Forces					47 Classification: Military Specialties and	Trades		
			the same and the same of the s	est Rank	Last Discharge (Yr.)	Special Training Re	ceived	Designation	Degree of Proficiency	Date	Authority
THE PROPERTY.											
						no Hoeal	00.	Kunner.	62		
Date From-to	Country	Corps	Unit and Sub-uni	t Rank	Principal Duty		Performance				
16/7/40-22/24/	Can	Ind	RHC Rein	Ple	Basic	Ind Itng.					
2/4/4/-1/3/4/	Sobea	1, 1	" "	ı,	1,						
13/41-1/1/41	Eng	11	12.C.1.R.U.	li	"						
13/41-1	11	"	R.H.C. B60	4 1.	Kunne		Satisfactory				
19/6/42	Hung.	DN.	Black Water	hfle			1 362	55 Type of Service Desired (1)	24.0	12)	
1/					*			55 Type of Service Desired (1)		(2)	
				-			57 Th.	Remarks re Outstanding or Limiting	Factors		
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				A		,					
45 COURSES											
ATTENDED			PLACE		Date: From—to	Qualified as	Rating				
Juni Lead	ders. Ce	nuse	· UK.		15/4/41-18/5/4		096				
								186			
		-						Seponent Co	ne	*	
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								maj many a	- Jung -		
								Attitude to Interview: Antagonistic .	Overanxious	Co-operative	Indifferent
// Crimo: Nur	nhar Court	c Martial	Convictions		Hospitalization //	4. Kickmanble Eng.		Reason for Joining Cdn. Army (if as	scertainable)		
					Minor Offender		ional Offender				
				Minor	,	ccasional Offender		48 Suggested Possibilities for Employmen	t (1)	A	
Chronic	e Major On	ender	Chrome	Millor O	mender /	ccasional Onender					
49 Psychiatric											
3											
								Tests Indicated: 2nd Mental			
								Other Apt	Pers	Trade Test as	
*								Interviewed by $\angle 7$.	EBENER 715	Doto	21 1111 1942
								Reviewed by			

Mrs. Margaret Munro,

17 David Street,

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-M-22,634 FD 185

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

September 15 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

Munro, Peter, Pte. No. D.82633

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.

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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:

ograna			INFORMANT'S STATEMENT							
of Rela- tion- ship	RELATIVES required to be accounted for		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 De									
2	Children of the l	Deceased and								
	dates of their	Births		**************************************						
3	Father of the De	eceased			17 David St montreal East 0					
4	Mother of the D			A VICTOR OF THE PARTY OF THE PA	17 David St montred East 9					
			Gordon Hilton Munro	22	u u					
5	Brothers of the Deceased	Full Blood	Dudley Munro	13						
		Half Blood								
		Full Blood	gertrude Munro	20						
6	Sisters of the Deceased									
		Half Blood								
7	Names of brother of the full or the Deceased, who death of each.	or sisters (whether ne half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children					

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

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8	Full names of the deceased.	Peter William Munro
9	Date of his birth.	May 14th. 1921
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	St. matthews Res, Church Wellington St. Montreal Jan
	PARTICULARS OF D	
12	Place where deceased was born.	montreal, Que
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal, Que (b) (c) (d)
14	Nature of employment before enlistment.	
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	montreal, Due
	PARTICULARS OF	FESTATE
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?	
10	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?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Boughtone in 6th Nictory to in England out of his a. P.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTICI	ULARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Government authorized in the Regulations. Any amount of such expenses by the Government nor is it chargeable against the service esta	rnment will reimburse such relative to the extent of the amount in excess of those authorized in the Regulations is not payable

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc. *Insert degree of relationship for example, "Widow", "Father", etc. *Insert degree of relationship for example, "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 "Brother", etc. * ** ** ** ** ** ** ** ** *	
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. 17 David I Montreal Cast C	
CERTIFICATE I hereby certify that to the best of my knowledge and belief. Margaret Municipality.	
See above. \tag{Name of \\ informant}\tag{is the} Noother the Deceased above described. The above Declaration was made by the Informant and signed in my presence this \tag{Dated at Moother this \tag{Dated at day of \tag{October the Deceased at day of \tag{October the Deceased the Deceased at \tag{Dated at Moother this \tag{Dated at day of \tag{October the Deceased the Dece	
Dated at Monday this day of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Dated at Monday this day of Calherum & Monday Public or Commissioned Officer of any of His Majesty's Forces.	
NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of an 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 it 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	

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	signation to be shown by striking out terms not applicable.)	H.Q. 1772-39-1645	The same of
		D-82633 fumber	01
CANAD	TACH ROTCHE CERVICE	FORCE	Ougs.
	ATTESTATION PAPER		
1. Surname	MUNRO	••••••	
2. Christian Names	Peter		
3. Present address	9453 Notre Dame Street, East, Mor	ntreal P° Q. CANADA	
4. Date of birth	14th May 1920		
5. Place of birthCana		Montreal	
6. Religion (state denomination	(County or Province) Protestant,United Church	(Town or Township)	
7. Trade or Calling	Store Cle rk.		
8. Married, Widower or Single.	Single		
9. Name of next of kin	Margaret MUNRO		
10. Relationship	Mother	SEE 6	2 HA
11. Address of next of kin	9453 Notre Dame Street East, Mont	real P Q. CANADA	
Tada Cos of Hore of Kill			
	ou served in the Active Militia of Canada?	NO	
3. Have you served in (a) The (If Yes, Give Regime) Force?	(If Yes, Give Unit and Dates of Service) Canadian Active Service Force? (b) Anyontal No. and Unit)	NO (Yes or No) y other Naval, Military, or Air	
3. Have you served in (a) The (If Yes, Give Regime)	(If Yes, Give Unit and Dates of Service) Canadian Active Service Force? (b) Anyontal No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service) eat War 1914-1918?	NO (Yes or No) y other Naval, Military, or Air	
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If Yes, Give Regime Force? 4. Did you serve during the Gr DECLARA PETER MUNRO I, Darticulars are true, and I hereby e.e., war, invasion, riot or insurated emergency ceases to exist, and should so require my services. Oate OATH Peter Munro OATH Peter Munro OATH	Canadian Active Service Force? (b) Any mtal No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service) eat War 1914-1918? (If Yes, specify Regimental No., Unit and Dates of Service) TION TO BE MADE BY MAN ON ATTES do rengage to serve in the Canadian Active Service rection, real or apprehended, exists, and for the red in any event for a period of not less than or do sincerely prediction. TO BE TAKEN BY MAN ON ATTESTAT do sincerely prediction and bear true allegiance to His Majesty.	NO (Yes or No) y other Naval, Military, or Air NO STATION solemnly declare that the above Force so long as an emergency, e period of demobilization after ne year, provided His Majesty sof recruit)	Pare Construction of the C
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OATH I, Peter Munro OATH I, Peter Munro CERTIFICATE OF MAGIS The Recruit above-named vuestions he would be liable to he above questions and and I have taken care that he un I have taken	Canadian Active Service Force? (b) Any intal No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service) eat War 1914-1918? (If Yes, specify Regimental No., Unit and Dates of Service) TION TO BE MADE BY MAN ON ATTES do rengage to serve in the Canadian Active Service rection, real or apprehended, exists, and for the red in any event for a period of not less than or do in any event for a period of not less than or many do sincerely prince bear true allegiance to His Majesty. TRATE, JUSTICE OF THE PEACE OR AT was cautioned by me that if he made any false be punished as provided by law. Sewers were then read to the recruit in my present derstands each question, and that his answer the derivation of the control of th	NO (Yes or No) y other Naval, Military, or Air NO STATION solemnly declare that the above Force so long as an emergency, e period of demobilization after ne year, provided His Majesty TON comise and swear (or solemnly (Signature of Recruit) TESTING OFFICER answers to any of the above nce.	Charles Constitute of the Cons
DECLARA PETER MUNRO I, Peter Munro Baid emergency ceases to exist, and should so require my services. OATH I, Peter Munro CERTIFICATE OF MAGIS The Recruit above-named valuestions he would be liable to be above questions and and I have taken care that he unit in the content of the conten	(If Yes, Give Unit and Dates of Service) Canadian Active Service Force?	NO (Yes or No) y other Naval, Military, or Air NO STATION solemnly declare that the above Force so long as an emergency, e period of demobilization after ne year, provided His Majesty TON confrequit) (Signature of Recruit) TESTING OFFICER answers to any of the above nce. o each question has been duly and taken the oath before me,	Colons of the state of the stat
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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

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The state of the s

CERTIFICATE OF MEDICAL EXAMINATION

	Munro Peter 1. Information obtain			Date	July 10.1	940
	2. Have y			the following disea	ses?	
	tism			disease		-no
b. Tubercu	ılosis	no	1. Eye	disease		no
c. Bronchi	tis or asthma	no	m. Epile	psy		no
	isease	no		ous or mental dise		
	or bladder disease			ilis		CONTRACTOR OF THE PARTY OF THE
f Gastro-i	intestinal	no		orrhoea		and the same of th
	e			e you ever worn gl		and the
	e veins	70.00	r. Are	you now or have y	ou in the past	
	deformed feet		re	you now or have y ceived disability pensation? If so, gi	ension or com- ve details	no
j. Nasal ti		no	~	3/	1	
J. Itasai u	LOUDIC			Signs	ture of Applicant	
Ears,	reflexes normal.			<i>C</i>	UKINE	
Col V	is. Ishihara CN	G.E.Scharfe	Capt.		IX RA	
Dart	2. Information obtain	ed by medical e	xaminatio	n. The recruit	must be strip	red.
	cation marks or scars. (I			The Rectance	The second section	
	cation marks of scars. (1.	t operative obtain	misoury.)			
						••••••
••••••	5 foot 8	<u></u>		7 12 12		1
2. Height	teeu	inches.		ht133	poun	as. Good
4. Comple	exion Fair Ey	estazel	5. Deve	lopment	o d	Fair Poor
	Ha	ir	1			
6. Chest r	neasurement—Girth on fu	ll expansion	202	inches.		
	Range of ex	pansion	21	inches.		
7. Vision,	right 20-20 left	20-20	8. He	aring, right	r20left	WV20
9. Conditi	ion of mouth and teeth	Good				
	normalities (congenital and		nd on exar	nination are as foll	ows	
Port 3	We, the examiners find	I no evidence of t	he diseases	mentioned in Qu	estion 2. Part	L except as
eported in	the remarks. We have ex	ramined the Recru	it in accor	dance with the par	nphlet "Physics	il standards
	ctions for the medical exam					A
	arks when category lower					
opeciai icii	Tarks when caregory to wer	U110011 12				
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200				s + 11	4	15000
1.1.1.	President / O		Memb	er		Member
	VACCINATIONS, IN	OCULATIONS, BOARD	s, RECLASSIF	ICATION OF MEDICAL	CATEGORY	
Date	Brief details and sig	nature	Date .	Brief de	etails and signature	
27/3/40	TBI/	\$575				
23/40	7R13	Les 5				
27/3//10	Jet Son	1. C.C. 18679				
19-1-41	en y	c (gal)				
17.18.1.40	Inau var Nau	12K.				
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					DATES OF				Christian Name Peter	
STATION	Date of Arrival at the Station	Admission into Hospital		tal	Discharge from Hospital		ital	DISEASE	Number of days in	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.
		Day	Month	Year	Day	Month	Year		Hospital	of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.
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For additional entries use M.F.M. 1 and 2 (b)

Rank...

Sheet No......

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

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Name	1442	110	M.	00	

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	Unit	Place	Authority		
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Ttank Onown	- Directive Date			Part II D.O. No. Cas. List, etc.	Dated	
		5 do Plesal mitheussant	Ptt	19-3-41	2/0.1.4.0	withy	7.1	25-3-41	
		On com'd langs Eastersch		15-4-41	00		92		
		letal		18-5-41	&	······································	117		
		Mac Com't & Hampstrad		20-5-41	@		120		
		1st) 9 do Phuithusnant	· · · · · · · · · · · · · · · · · · ·	17-6-41	60	0 B	141	16-6-41	
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805		Sols to B watch	0.0	2-7-41	Da	>	154	2-7-41	
	7.05	Tos from 2 c 1 H U	P.6	3 Julye,	Behw	uK	43	1. July 41	
		PLeave FITW 6 5 nov 41	P.Le-	29 Oct 41	Beh w	u.K	7.3	240ec41	
		adm to 8. Frd amb Fram 6 5005	OLE-	5- Frebur	Blhw	uK	10.	1.7.600z	
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		7 days PLeave no. 7. T.W 6 4. Feb 42						2 c/aper 42	
		Wisch for 8 Gen Horps	626-	13 may vz			16/5/42		
		adm 6- 8 Fel and Trans to 5-205	CZ	30 ages UL	Blhw.	u.K	3.0	6 mayer	
••••••		Years to 8 year Horp	OSE	2 may 42	Behw	21.10	so mayer	6 mayur	
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	Tos	from BW Field Uniton adm to 8 Gen Hors	1	3,5,42	RCDIRU			14.5742	
		Dirch from 8th Gen Hosp.		135.42			114	14.5.42	
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Statement of	the Service of	No	Rank

Sheet No.....

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

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Date	From whom received	(Co	ntinuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Italik Shown	Enective Date	Omic	Trace	Part II D.O. No. Cas. List, etc.	Dated	
505		to #/PHC	B.W.F. Omt dem #2608	126	18,6,42	260/P()	NK.	144	1816,92.	
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Sheet No......

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

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	Unit	Place	Authority	
Date From whom receive	d (Continuation of Pono 2, M.F.M. 1 of M.F.M. 2)				1 1400	Part II D.O. No. Cas. List, etc.	Dated
505	SOS TO Blh. W	PL	18 June 42	2DIRU	u u	144	18 June 92
TOS	TOS from 2DIRV	Ple	19 June 42	Blhw	411	40	25 June 42
	awarder / Good Conduct Badye (auth CAO RO)	Pte	16 July 42	BUR W	UK	53	15 aug: 42
	Print Leave to 2 Sep. 42 (F. 6)	Ple	26 aug 42	Blkw	MX	600	7 Sep 42
Qual P	att: Garr. It a fap except pay Ild Sketching & Recce	Pte	18 Doc 42	Blkw	u/<	80	24 Dec 42.
	Pail Leave	Ple	10 Dec 42	Beken	ш<	8.0	24. Dec 42
	att d Lap to no 1/2 9RU (except pay) Intelligence loss	PE	119 an 43	Bekw	MK	3	16,9an 43
	Having qualified is granted T. Rates Grp-"C"	Pte	169an 43	Bet w.	uK.	6	279an 43
	beases att ment fap to 1/c GRU on roturn from less					7	319an 43.
		PG		BW	ULL	20	27 mares.
1 A 15 (1) AW Candid 5 Pago CB Forfs / Day Pag		11	BW	U4	47.	26 Jul 43
	and 10 drys CB off AA 15(1) Forth 10 drys pary An	LTPe.	27 July 3	Bekw	UIC	50	10 aug 43
				Bek w		5~9	30 Sept. 4.3
	and 5 dun C.B Fort. 2 den han AA Sec 15'(1)	P6.	5°Sell-113	Bek W	uk	5-6	30 Seht 43
Eddress Wolfin		17/20	in al	Bon	troal (Cot 17 pg	8 Hebyy
	AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	J	٠,٠٠٠,٠٠٠	7,			
ew.	AA 15(1) And 3 dus CB + 4 mlb- 3 de bar	· Pru.	30 aby	y PHP	vk.	21,	22/201/10
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tatement of the Service of No. D-82633

Rank...

Sheet No.....

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

Name Munso Peter

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
		All Command to Coln, Junior Leaders Johnson	Pt.	18 may 41	2/144	Witten	1 art II D.O. Ivo. Cas. Dist, etc.	19 man 41
		all Command to E. Hampstead Bk (Work Porty)	Oth	20 man 41	M	9	120	22 han 41
		Off Command to E. Hampotead Bk.	Bte.	13 June 41		"	141	16 June 41
		Franted 9 days Priv. Leane (1st) with warrant.	Bte.	17 June 41 26 June 41	11	l s	141	16 Ame 41
SoS.		So S. on posting to 1st Bn. B. W.	Pte	2. gerez 41	ZIHU	Nielez	154.	29 weg. 41.
	105	TOS 12 2 C.I.H.U	Plo	3. July H	BlbW	U.K.	H-3	H. Auf H.
		7/heavel 72) with wars 155 Nov. 41	D.E.	2962-41	BIK W.	UK	43	24 Dec.41
		adm 8 Fld - Trans to 5 ect	Pto	3.7el 42	Bu	uk.	1.0	11. Fel 42
		Disch 5 CCS	Ato	6.7eb 42	Bu	ux.		20 Feb 42
		7 days P.L. no FTW. To 47eb-42	CE.	28. Jan. 42.	Blk W	un	2.7	24 Bur 42
		Disch from 8th Gen Horp	Ble	15 may 42			165.47	
		Adm to 8 Fld Amb - transf to 5 CCS	Ote	30 Apr 42	Blk w	44	30	6 may 42
		Transf To 8 gen Hosp.	1 Te	2 may 42	Bellew	uu	30 7 may 42	6 may 42
505	29 may 42	303 To 2DIRV on adm To 8 gen Hosp	OSE	2 may 42	Bel w	ull	30	6 may 42
	TOS	TOS from S. W. alden 8 yen Haza	Mi	3 muy 42	2D/RU	111	11.4	14 Mayuz
		Disch & gen Hora	- 1-					14 may 42
See	- change			18 may 1/2			11.8	19 Sy ay 4/2
Charge	of add-hok	Mrs. W. Evans, 532 Le Clair ave, Maisonn	ende. 1.170	ntreal.	Quebec, Ca	nada	136	19. June 42
		Ceases to be détailed to jurelf Br	O.E.	4 June 42	2)(RV	44	1.34	6 June &

Regimental No	Rank	

Name MUNRO P

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	DO Number Dated	
78	and Talys ZB + fors 4 dyspay AG 15(1) AG 11	Ple	8749144	13 W	UM	27	29May44
	Disembarked at France, on 6 July	Pa	······································	1 Blk W	21 A 9p	37	14 Julyy
-	505 - Leceased, Billed in action	125	25 Jul 44	PN6	21 R. Go	1476	9 ang 44
				*			
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				,			

(DEATH) OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

D82633 NUMBER

RANK

Private

SERVICE UNIT 1 85 BOYAL Highland Regiment of Canada (CA)

NAME MUNIO, Poter

DATE OF BIRTH 14th 107 1920

DATE OF ENLISTMENT 1.6-7-40

MARITAL STATUS

single

RELIGION United Church

NEXT OF KIN AS SHOWN ON

M.F.M. 1, 2 & 5 RELATIONSHIP

Mother

ADDRESS D.A.B.

Mrs. Margaret Munro

ADDITIONAL PERSON

TO BE NOTIFIED

ontroal

ADDRESS

PARENTS NAME

ADDRESS IF SOLDIER MARRIED OVERSEAS

AUTHORITY CAS. SIG. NO.

CASUALTY DETAILS

Eilled in action

H.Q. 405-M-22,634
DATE 25-7-44

PRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

DATE 18-8-4

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

DIRECTOR OF RECORDS

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

REGIMENTAL DEPOTART I (For all ranks)

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

Regimental Number D-82633

2. Christian Names PETER 3. *Substantive Rank and Appointment PTE *Acting Temporary or Local Rank giving date. *To be entered in pencil to facilitate alteration. 4. Place of birth MONTREAL 5. Date of birth as declared on attestation (A) 1472 MRY 1920 Category Date Authority 6. Date of enlistment 1572 JULY 1940 7. Place of enlistment MONTREAL 8. Residence at time of enlistment 9432 NOAMEST E. MONTREAL B. 9. (B) Special conditions (if any) of enlistment or rate of pay 10. (C) Any subsequent variations of conditions of service. 11. Religion MONTREAL (19) Next of kin (entries to be made in pencil).	1	Surname MuNROS	(17) Regiment or Cor		Unit (Battn., etc)
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16. (E) Miscellaneous entries		(D) Qualifications	, , , , , , , , , , , , , , , , , , ,		
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			(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.

. Rep	a) port	(b)	Record of all casualties regarding promotions (acting, temporary, local	(d)	(e)		(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
	SOSCA	SF (CANADA) ON	EMBARKATION AT LANGE ON 16-2-4				
	EAS) ON TRANSE			PIL	1-3-41	77e	200 # 52
		2/6/17/0	5 days & Leave, With Harrant	1.0	19.3-41	//	26.71.25/3/41
-4.41			En femmand Cans of teaders school	27	154 41		2692
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-			+ ATT K m / CIHO Hor rations	10	20-5-91	-/,	1) 0 120
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			10.17-6-41 to rev. 26-6-41		17-6-91	c.	QU-141/16-6-41
1.4.5.6.541.			sett from Coma to Kamps.	······································	13-6-41		DU-141./.1.6-6-41
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16000 U	ι(h	Jaup P-Leave P-V W. W.		20 Oct Il	······································	n3. 200 Decui
	Cuchist		admito 8 Can 4d. amts trans to & ecs.		5 Feb 42	/•	10-112ef42
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Hanry	D.C.	6	Jacupa P - Leque no 71.w. P. 3	pd	28 Junes		27-24 aprix
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-100.13			simpled Daily Rates of Pay of \$ 1.50 per dien	N er	1 cm 4)	20-27 Man 47
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•			(PART II) Regimen		A	02632	
			Surname Surname				مکای
			or Local Rankin pencil to facilitate alteration)	• • • • •			
R	(a) eport	(b)	Record of ail casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments,	(d)	(e)	(f)	(g)
Date	From whom received	Unit	&c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry shown
	0 e	IRHC	5' clays c.B. for off web a a 15'-1 awl 2300 45. 27 Jun 43 45 1630 45. 28 Jun 43	Sielel	3 Jul 43	72-	47-2694
			weder 7 R + P. 149-1- Fall The Pay		27 hely3		50-10 aug
			1400 As 20 July 43. forts. a days 129		// 7		
			under FRY 9. 149-1-77. Total forf. 10 dest att to HQ S' C. J. B. ful wel 12-119 Sef 43	7.	12 Sel 43		19-30 Sels
	······································		2200 Hs. 4 Seff45 16 2280 45 4 leef 45 (plant 20 min) forfs 2 days i'my 7R 4 149-2	2			
			elange of address 7- of. K. on 30 off 44 awarded 3 days = 5. 4a		300fr 44	13/2	7-8 7elyy 26-22 mg
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			3ddys Par moder 7R4P. 149-2. on 8 may 44 awarded 7 days CA 7 a for of 3don Par (1) awd front 230045.		8 Jany44	PLE	27-29 hayy
			6 may 44 45 0715 45. 7 may 44 (absolute 8 45.15 min) (2) and off much a a 11				
			Forth 3 depth of much > R+1.149-2.				
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	(a) port	(b)	Record of all casualties regarding promotions (acting, temporary,	(d)	(e)	(f)	(g)
Date	From whom received	Unit	local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		luc	Embarked U.K.S. P. Disembarked F:	rance	6/44	>> /-	37 14 0.1
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			***************************************		····/·····/		
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No	Date of last		HAURE	NADA.	Sqn., Battery, Corps C. 1. C. or Company Deriod not reckoning towards	enlistment) /6/7/40 G.C. Badges Signature O.C.		ncy Pay 40/I	M.F.M. 6 (A.F.B. 122) & S/136 (2637)
	Company C	onduct She	et 5	of	last drunk freedom from extra fine	Sheet No.	Company, etc	. 1	Characte	er
	Place	Date of offence	Rank	Cases of drunken-ness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispen- sing with trial	By whom awarded	Remarks
	Rield	27/6/43	pte		A.A. 15(1) AWL from 2300 les		5 days CB.	3/7/43		For I da
	Rield	17/1/43	Pte		27/C/43 to 1830 hrs. 28/C/43 AWL from 0845 hrs. 17/7/43 to 1400 hrs. 20/7/43		10 days CB. Forf 6 days pag			Har 4day
	Rield	4/9/43	Pte		AWL from 2200 hrs 4/9/43 to 2230	***************************************	under FR81149-2 5 days CB, for 2 days pay, FR1	, ,		
	Kild	19/2/44	Øte		Q.Ce. Sec 40. Megleof to the prejudice	D-81L24	149-2 Sug G. B.	11 Heb 44	19 Hon	
					descipline in that his sifle was knind in a distribution	QCQMS Quellers H.E.W.			7 7	
						D-81816 Z/col				

Place	Date of offence	Rank	Cases of drunken- ness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispen- sing with trial	By whom awarded	Remarks
TiEld.	29 apr 4	PHE.		A.A. 15(1). W.O.A.S., A. W.L. from 2300 frs. 29 Apr 44 MUTIL OOSO his 30 Apr 44. Total absence 1 fr. 30 mins.) 82507 4/cpl.	3days CB 9	30 gpr. 44	34	Ferf 3 days pay
				29 apr 44 mutil oaso his. 30 apr 44.	DELase KP.	Joy 3 days pay		16 hours	by F.R9 1. 149(2).
				Total absence 1 hr. 30 mins.	8,534 Sg.	by F.R. 9 1. 149(2)		Sam	
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120-11		Pole		800 00 1 Wane 00/1 100 00 100/1	170-1/11	7/20/20/20/	Pala	34	19 + 2
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	44			Total abstuce 8hs. 15 mins	Do sain J.	FRY 1 149/3)		VO PRIVINOS	To 7 dans
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	44			Standens Orders did less report	Baker RH	7			
				% Sa Gleard	(DOC)				
						/			

. NoD. 82633	Rank I	rivate	Name	MUNRO,	Peter		
Unit Black W	latch (E	R.H.R.)	Date	of death_	25th	July,	1944.
Died at	France						
Cause Ki	lled in	Action	•				
Death occurr	ed on st:	rength of	Forces	H.Q. 40	5-M-22	634	
M/K Mrs. Me	argaret	Munro			Rela	ationshi	p Mother
Address 17-1	Pie 1X	Blvd.	Rosemontrea	Junt, Mo	ntreal	36,6	ue.
Remains buri	ed in_						Cemetery
MR.024602	St Mar	tin de F	ontena	y Franc	0		
Grave locati							Auth
							00580

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BURIAL REPORT TO N.K. RETURN TO BUR. OF STAT. FEB 271945 AUG 3 0 1944 ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

30-8-44

Grave 11, row E, plot 1 Deshatched Photographs SEP 1 9 1947 OMO

4 1946

retteville-sur-Laize Cdn.Mili retteville-sur-Laize, France.

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

Instructions.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1)	Name of Officer or Other Rank Munko PETER (Surname first—Christian names in full—Block capitals)
	•••••••••••••••••••••••••••••••••••••••
(2)	Regimental or Air Force Number and Rank D-82633
(3)	Unit Ist Rn, The Rlack Watch (RHR) of Canada CASE,
(4)	Are you married? SINGLE
(5)	If married, state,
	(a) Full name of your wife
	(b) Present postal address of wife MA
(6)	If married, have you been regularly supporting your wife? If not—state reasons
(7)	Are you a widower?
(8)	Have you any children?
	If so, give number of boys and girls AA
	Also their names and ages.
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regu-
(0)	
	larly supporting them ///
	Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.
	Name M/A
	Postal Address N/A
	[SEE OTHER SIDE]

If so, state name and address, occupation WILLIAM MUNROE - 47th BN.	
If so, state name and address, occupation WILLIAM MUNROE - 47th BN	
If so, state name and address, occupation WILLIAM MUNROE - 47th BN	•••••••
If so, state name and address, occupation WILLIAM MUNROE - 47th BN.	••••••
If so, state name and address, occupation WILLIAM MUNROE - 47th BN.	
ROYAL CANADIAN ENGINEERS - C.A.S. 7.	
12) If your father is a widower and is totally incapacitated from earning a living—are you his	s sole
or partial support?	
13) If sole or partial support of father who is a widower, totally incapacitated from earning a —state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special contents)	living pecial
Reserve) Also state reason he has no other means of support if partially supported by supported by	
Also state reason he has no other means of support if partially supported by you, what is reason for not providing full support?	
4) Is your mother elive?	
If so, state name and address. MARGARET MUNROE - 9453 NOTRE 3	
ST. EAST, MONTREAL, QUE	
 If your mother is a widow, are you her sole or partial support? If sole or partial support of widowed mother—state what amount per month you have give 	en her
prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) Also state reason why she has no other means of support, if partially supported by you	what
is your reason for not providing full support?	
7) Are you contributing to the support of any dependents, other than those shown above?	5
Relationship	
Full Name	
Postal Address	
Amount contributed monthly during the past six months	•••••••
O) Horre were Double at 10	••••••
8) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely ported and maintained by yourself as Bona Fide members of your household before your e	sup- enlist-
ment or appointment?	••••••
9) Are you insured?	
If so, in what Company? (Give number of policy)	••••••
Have you made arrangements for payment of your Insurance Premium? If not, and it is a monthly premium, you may assign the amount in addition to any assignment you wish to make, provided the total assignment is not in excess of the maximonthly amount which may be assigned. I hereby certify that the information given by me on this form is correct in each and	other imum
particular.	J
Date 16 July 40 (Signature of officer or man)	••••••
Ist Bn. The Black Watch (RHR) of Canada G.	A.S.F
Officer Commanding	ra

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

29th August, 1944.

Mrs. Margaret Munro, 17 David Street, Montreal, Quebec.

Dear Mrs. Munro:

It was with deep regret that I learned of the death of your son, D82633 Frivate Peter Munro, who gave his life in the Service of his Country in France on the 25th day of July, 1944.

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

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

he so bravely made. We pay tribute to the sacrifice

Yours sincerely,
Major - General

AUG 25 1944

Adjutant - General

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

n/4/

TO

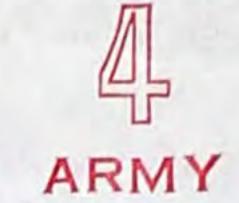
1945

DOMINION DONELAG ON SIA			
OF Minis THE FIELD (FRANCE) Official na civil munit ty or toy	cipali-		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	
2. LENGTH (a) In hospital Years Months Days (b) In municipality where tion death occurred	irs Months	Days Years Months Days	(d) In Canada (if immigrant) Years Months Days
3. NAME MUNHO		CONFIDENTIAL MEDICAL CE	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O
OF Surname	Do not write in		THE TOT DEATH
DECEASED Given names Peter	this space	I was I was	25 144
	2	(Month)	(Day) (Year)
Street Notre Dame St. L.	2	23. I HEREBY CERTIFY that I attended deceased	d from
4. G Official name of civil municipali- Montreal			. to
ty or township			
Municipal county Province Que		and last saw halive onalive on	19
		24. CAUSE OF	DEATH
5. SEX 6. NATIONALITY (Citizenship) 7. RACIAL ORIGIN Widowed or Divorce (Write the word)	ed	Immediate cause	lled in action
Single		tion which caused death, not the	
9. If married give		mode of dying, such as heart failure, due to asphyxia, asthenia, etc.	
name of wife or hus- band of deceased		Morbid conditions, if any, giving (b)	
		rise to immediate cause (stated in order proceeding backwards from due to	
10. BIRTHPLACE Quebec (Province or Country)		immediate cause).	
		II (C)	
11. DATE OF 1920 BIRTH 1920		Other morbid conditions (if important) contributing to death but not	
(Month) (Day) (Year 12. AGE OF Years Months Days If less than one day old		causally related to immediate cause.	
DECEASED			
hrs. ormir	1.	III mentioned on this certificate, { (a) Date of appe	arance19
2 13. Trade, profession or		give (b) Duration of	diseasedays
2 kind of work, as spinner, Store Clerk teamster, office clerk, etc.			V
		25. If a woman, was there a puerperal condition?	<u></u>
business, as cotton-mill,		26. Was there a surgical operation?Date of	10
15. Date deceased last spent in this		20. Was there a surgical operationDated	/11919
worked at this occupation occupation		State findings.	
17. NAME 18. BIRTHPLAC (Province or	E	27. If death was due to external causes (violence) fill	in also the following:—
Country)		Accident, suicide or homicide	Date
FATHER MUNRO William		(State which)	
		Manner of injury(Ho	ow sustained)
MOTHER (Maiden Name)			ow sustained)
		Nature of injury	••••••••
19. Place of burial, cremation or removal Prance		Specify whether injury occurred in industry, in home, or in public place	
20. Date of burial19		Signed	M.D.
(a) Name of parish		Address	Date 19
ZZZ Or enuren	20 0:		
Cipality of	(cu	nature of person who fills in the form 29. No rate, coroner, hospital authority, etc.)	ame of clergyman in charge of Register of ivil Status in which registration of this
E A Municipal	6	bi bi	irial was made.
Z Z H county		Cip.	
(d) Date	This sig	nature authorizes the collector to accept	•••••••••••••••••••••••••••••••••••••••
(d) Date(Month) (Day) (Year	Direct	or of Records, Dept. of	National entre côté pour le français)

DEPARTMENT OF NATIONAL DEFENCE ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

(SURNAME)



DECEASE MEMBE NAME

Peter

(CHRISTIAN NAMES)

REGISTER NO.

FILE NO.

D-82633 -

PAYEE Director of Estates

A. TOTAL QUALIFYING SERVICE

ADDRESS

SERVICE NO. FINAL RANK OR RATING

DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE

NO. OF DAYS 1451 EQUAL TO

360.00

B. QUALIFYING OVERSEAS SERVICE

No. of Days 1235 LESS 11 INELIGIBLE DAYS, EQUAL TO 1224 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION

666.00

306.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE

ADDITIONAL PAY

DEPENDENTS' ALLOWANCE 1

TOTAL

129.91

D. WAR SERVICE GRATUIT

E. DEDUCTIONS

OVERPAYMENT OF

OTHER DEDUCTIONS

PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ 12.00

795.91

F. TOTAL AMOUNT PAYABLE

783.91

G. YOUR PORTION OF GRATUITY IS-

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_ ____OF \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

CHECKED BY PREPARED BY

TREASURY

SERVICE REPRESENTATIVE

	(1) I, PETER MUNRO (Name in Full)	of the
Address in civil life.	of MONTREAL, in the County of District of	
		STORE CLERIK
	Regimental No. D82633, Unit St. Bn. The all former Wills by me made and declare this to be my L.	REGIMENTAL DEPOT Black Watch (RHR) ed b Ganada G. A. S. AST WILL.
Relationship,	(2) I GIVE, DEVISE AND BEQUEATH unto My MOTHER -	- MRS. MARGARET MUNK
names and address of beneficiaries, and what each is to	9453 NOTRE DAME ST. EAST, MTL. QU	E., ALL MY ESTATE
receive.		
M		
Relationship, names and address of residuary beneficiaries.	(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of of whatsoever kind and wheresoever situate unto	my estate, both real and personal,
beneficiaries.		
	14) Tappoint MRS. MARGARET MUNRO	alle NoTOE DAME CTE
	(Name)	9453 NOTRE DAME ST.E. (Address) MTL. QUE.
	\mathcal{H} ous \mathcal{E} wife \mathcal{E}_{x} (Civil Occupaton), to be the \mathcal{E}_{x}	ecutor of this my Last Will.
	IN WITNESS WHEREOF I have hereunto set my hand	this 16 day of July
	19	
	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.	(Signature of soldier)
First witness sign here.	(5) Signature S. C. Jarris	
	Civil Address 3400 Vendonne ane.	MTL. P. Q. Can
	Civil Occupation accountant.	
Second witness sign here.	Signature J. l. Shand	
	Civil Address 5/36 Decarie Blud montreal	P.a. banada
	Civil Occupation Chartered Accountant	
	(Witnesses are not to be beneficiaries.)	

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.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re- quired	Com- plet- ed	Use authorized Abbrevi- ations and Symbols	Signature of Dental Officer
11-43		-		HRBrown
*				
	,			

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION
Regtl. No
Surname (in capitals)
Christian Names (in full)
Date of Birth 14/5/20
Place of Birth Montreal P. 9 Can.
Trade on Enlistment. Store clerk
Notice of the state of the stat
Nationality of Father at birth Nationality of Mother at birth Canadian
Mustod Church
Minton Pan.
Enlisted at
Date 16/7/40
Particulars of former service (if any) i.e. Regtl. No., Corps and period.
Signature of Soldier
Signature of Officer. M. Ashworth Lucuk
Place In the Field Date 23 March 1943

Any change becoming known is to be duly noted with date of NOTE.—No entry in these pages has any legal

Neare rela	st degree of tionship	Names	Date
	Wife		
1st	Children		
	Father		
2nd	Mother	Mrs Margaret Munro	
3rd	*Brothers and Sisters		
4th	Other Relations (stating) relationship)		

^{*}State whether brothers are older or younger.

NO	W	LIVING
110		ALA I ALIV

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					
		•	······································		
532 Sech	air au	Mars	ienem	re	
	0.	Mont	repel	Can.	
1 Journa	21	Maria	Casi	1-W.	
	•••••		••••••	•	
				•••••	
		\			

	Signature of Officer	We Chust heech	6		
OINTMENT	Authority of Part II Orders	711#			
RANK and APP	Substantive, Tem- porary, Acting or Local (with or without pay)				
	Rank and Appointment	7 te			
	Date	16/1/40			

Ove	erseas
TRAINED (passed Recruit's Cou Service) except that he	rse as laid down for his arm of the requires further training in:—*
= 41	
Qualified in addition as under :—	
•••••••••••••••••••••••••••••••••••••••	*
[2] 2017 [2] 2018 [2	

^{*} 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
Fd Sketching Course Qual A1	16 Jan 43	- Weight
Intelligence Course.	23 gan 43	M Maria
BO7/9 (Intil Coy)		NOV.
,		A A

(VI) SMALL ARMS RANGE COURSES

Year	Classification	completed, state parts fired	Signature of Officer
1940			
1940	qual Stoundard	A Tava II PTI	All hourth her

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
2 yrs Hegh	Montreal	1937	18 Ashworth Lieu
		1 1 1 1 1 1	
	The state of the s		

(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
					•
				1	
				-	
			·····		
				*	

(IX) EMPLOYMENT WHILST SERVING

Period | Remarks and Signature of O.C. Coy., etc.

Place | Prom | To | Prom | Prom

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 Signature of Medical Authority cal Officer	i-
1/1/40	A	Montreal - Med Board A. E.	14
		•	
		•	
Tardely .			*****

(XIV) PROTECTIVE INOCULATIONS Nature of Vaccine, "T.A.B." Cholera, Plague, etc. Signature of Medical Officer Date

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
Smallson vac	17/8/40 Cey Dura
17 dps. 44 Uc	remis Robber Gat
······································	

FINGERPRIMED—CAIB OUT 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
ending leave (war	2) 0071/81	
Poque 15t	17-26/6/4	
Jour 356612	DO 141/101	
ur slave	29 oct 4	
ath War	5 NOV 4	
i have	28 gan 4	2 SIK Whenth her
no war.	4 9 264	5 W MI
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Jeth War	2 7/114	4 45/07
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No entry is made on this page without special	instructions being issu	ied
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Particulars	Date	Signature of Officer
with warrant.	30 Mer 1/2	162 hours
Elizible to mear Olive Silver and Zuro Red Service	16.7.43	Duffeld 1
Blood Gray "0"	2 June 4	16 June 19/10
CAP Chamber	8 Jun 44	essiffication.
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No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer
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DISTRIBUTION OF SERVICE ESTATES

Name: MUNRO, Peter No.: D-82633

Surname Christian Names

PTE. C.A. O/S 25-7-44

Rank Unit Date of Death

AMOUNT M.S.G. 783.91
L.P.C. \$ 45.44

Date: 6-9-45 Other Credits

Total 829.35

Prev. dist. 45.44
This dist. 783.91

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All Mother		Mother Mrs. Margaret Munroe, 5434, Pie lx Blvd., Rosemount, Montreal, P.Q.	
		(Sole beneficiary per will)	
		E4. TO TREAS.	
		SEP 2 41945	
			WSG

For Chief Treasury Officer

AUTHORITY

H.Q. VOTE PRI H.Q. OBJ. AMOUNT

9999 731 00 00 001 783.91

CLASSIFIED BY EXAMINED BY

DISTRIBUTION APPROVED AND AUTHORIZED

L/M. FIRTH) Colonel Director of Estates

AUDITED FOR PAYMENT

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME MUNRO, Peter		PLACE & DATE OF BIRTH 14 May 1920
RANK Pte.		REGIMENTAL NO D-82633
UNIT Black Watch.		NEXT OF KIN & ADDRESS MOTHER.
		Mrs. William MUNRO,
		17 David St., Montreal, East. P.Q.
	PARTICULARS	OF HOSPITALISATION CANADA.
DATE OF ADMISSION		NAME & LOCATION OF HOSPITAL
D THUINOD TO		
	PARTICULARS	OF DEATH
DATE OF DEATH 25	Jul 44.	PLACE OF DEATH FRANCE
HRS		
CAUSE OF DEATH_	KILLED.	
DATE OF BURIAL 14	PARTICULARS Aug 44.	St. Martin de Fontenay.Cdn. CEMETERY Dem. 7F/1. MR. 024602
PLOT NO 2 ROW 2	GRAVE 4	
DEATH CERTIFICATE NO.		
RELIGION United Chur	ch	
		DATE 24 Sep 45.
		(M. BLUTEAU) Capt., Cr For COLONEL
Extracted from Burial R	00000	Officer i/c Records, CANADIAN MILITARY HEADQUARTERS.

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

4th April, 1946.

Mrs. Margaret Munro, 5434 Pie IX Boulevard, Rosemount, Montreal 36, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D82633 Private Peter Munro, have been carefully exhumed from the original place of interment and reverently reburied in grave 11, row E, plot 1, 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.

W. D. /EMA

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. 18	2633 Name /	MUNK	1- (Le le s	
Rank on Di	scharge Ze	Date	of Dischar	ge 25.7.4	14
Authority	for Discharge or Retirem	ent	Deceis		
Served in:			1	Jon-qualifying	
Canada	from 16,7,40	to 161	2,41		
	from	to			
United Kingdom	from 17-2141 from	to <u>51</u>	244		
Italy	from	to			
Northwes	t from 6/7, 4/4 to	. 25	7,44	1/1	
	fromt	0			
	fromt	0			
Eligibl	e for award of:				
	939 - 45 Star	A Company of the Comp			
I	taly Star_				
F	ranco-Germany Star				
D	efence Medal				
W	ar Medal 1939-45	4/1			9/
C	anadian Volunteer Servic	e Medal			c17
	wit	h clasp			
		Ver	rified by	2 Zel	
RIA		Dat	te OCT 17	1946	
700		Ca	rded	OCT 18 1946	
HA 165	ASS .				

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

CE	IECKED BY	G-52743 Pte McDomald S.J. G-5591 Pte Patterson L.K.	DATE	Dec 44
	COINE			

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

TRIPLICATE — with effects.

La Retterson Pto for OC 1 Cdn KSD

BRANCH: SURVESTANTES AND AN 1915

CANADIAN ACTIVE SERVICE FORCE District.

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Transfer or Discharge)	25		on 25th July	194	4
Reason			Authority: C.C.L. "A"476 d/6th A	ug:44.	••••••
The following is a statement of the account of the inclusive date of transfer or discharge.		ve-named Dr	from lst July to 31st July	19.44 Cr	
Particulars	Amo	unt	Particulars	Amount	
	1.2	47	Allowances (Give particulars)days		1
$egin{aligned} ext{bound} & ext{Free}. & ext{Deferred}. \end{aligned}$	24	00	By Balance Dr	•••••••••••••••••••••••••••••••••••••••	
Total	66	20	Total		
•••••••••••••••••••••••••••••••••••••••	(6th	v.Loa	n) cancelled eff: May/44.		
2) The above statement had latest Paybook not bei	ng ave	llab	piled from Treasury Records,	the	
Checked by M. Durham. Checked by M. Blankur.			Certified correct On Capalick for Chief Treasury Officer, Overs		