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ORIGINAL DUPLICATE TRIPLICATE

1. Surname

2. Christian Names

FINGER - PRINTER

M.F.M. 2 A.F.B. 271 200M-3-41 (9720) H.Q. 1772-39-1645

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

Unit B.W. (RHR) of Can (CA) Regimental Number D-82959

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

3.	Present address	3905 Gerti	rude ave., verdu	n., Que., Canada	
4.	Date of birth	29 May1922	2		
		Canada	N.Scotia (County or Province)	West-Brook (Town or Township))
6.	Religion (state denominatio	n) Baptist			
7.	Trade or Calling	Labourer			
-8.	Married, Widower or Single	single			
9.	Name of next of kin	Mrs. Jer	anie Henwood		
10	Relationship	Mother	Q.o.		
11.	Address of next of kin	3905 Ge	rtrude Ave., Ver	dun., Que., Canad	a
	Do you belong to, or have y				W 40 100
	•••••••••••••••••••••••••••••••••••••••	(If Yes,	Give Unit and Dates of Service)		NO
13.	Have you served in (a) an A	ental No. and Unit)		dian Army?(Year) (b) Any other Naval,	s or No) Military, or Air
	Force?				
14.	Did you serve during the Gr		No) (If Yes, specify Unit and Peri		NO
			· · · · · · · · · · · · · · · · · · ·		
				~	
			egimental No., Unit and Dates of		
Arn peri one	I. Arnold HENWOOD ve particulars are true, and ny so long as an emergency, od of demobilization after s year, provided His Majesty e. 29-7-41	TION TO BE	ge to serve in any Action, riot or insurrection ceases to exist, and in ire my services.	N ATTESTATION do solemnly	
Arn perione Dat	I, Arnold HENWOOD ve particulars are true, and ny so long as an emergency, od of demobilization after s year, provided His Majesty e. 29-7-11 tness: Manual OAT	I hereby engagie, war, invasional emergency should so required. Pte. H TO BE TA	ge to serve in any Action, riot or insurrection ceases to exist, and in ire my services. KEN BY MAN ON A	N ATTESTATION do solemnly ive Formation or Unit of real or apprehended, exany event for a period (Signature of recruit) ATTESTATION	xists, and for the of not less than
abo Arn peri one Dat	I, Arnold HENWOOD ve particulars are true, and my so long as an emergency, od of demobilization after syear, provided His Majesty e. 29-7-41.	I hereby engagie, war, invasiad emergency should so requested. TO BE TAIN TO BE TAIN AND	ge to serve in any Action, riot or insurrection ceases to exist, and in ire my services. KEN BY MAN ON A do slegiance to His Majesty	N ATTESTATION do solemnly ive Formation or Unit of real or apprehended, example any event for a period (Signature of recruit) ATTESTATION sincerely promise and sway.	xists, and for the of not less than
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abo Arn peri one Dat Wi	I, Arnold HENWOOD ve particulars are true, and ny so long as an emergency, od of demobilization after s year, provided His Majesty e. 29-7-41 tness: Majesty OAT	I hereby engagie, war, invasiad emergency should so request and bear true allowed be punished answers were the inderstands each	ge to serve in any Action, riot or insurrection ceases to exist, and in ire my services. KEN BY MAN ON A do so legiance to His Majesty USTICE OF THE PE by me that if he made is provided by law. In read to the recruit in the guestion, and that he	N ATTESTATION do solemnly ive Formation or Unit or apprehended, example event for a period (Signature of recruit) ATTESTATION sincerely promise and sway. (Signature of apprehended, example examp	rear (or solemnly ature of Recruit) OFFICER on has been duly
abor Arm perione Dat Minde decided and a dec	I, Arnold HENWOOD ve particulars are true, and my so long as an emergency, od of demobilization after sequences are provided His Majesty endeaded His Majesty endeaded His Majesty endeaded His Majesty endeaded Henwood are) that I will be faithful a certain above-named stions he would be liable to the above questions and and I have taken care that he used as replied to, and the second Henwood Henw	I hereby engagie, war, invasitated emergency should so request and bear true allowed be punished answers were the inderstands each id recruit has this 29th.	MADE BY MAN Or ge to serve in any Action, riot or insurrection ceases to exist, and in ire my services. KEN BY MAN ON A do selegiance to His Majesty OSTICE OF THE PE by me that if he made is provided by law. In read to the recruit in h question, and that he made and signed the day of	ATTESTATION ATTESTATION ATTESTATION (Signature of recruit) ATTESTATION sincerely promise and swy. (Signature of any sy) ACE OR ATTESTING any false answers to any presence. is answer to each questic eclaration and taken the	rear (or solemnly nature of Recruit) OFFICER ny of the above on has been duly e oath before me,
abor Arm perione Dat Minde decided and a dec	I, Arnold HENWOOD we particulars are true, and my so long as an emergency, od of demobilization after syear, provided His Majesty e. 29-711 CATE OF MACE The Recruit above-named stions he would be liable to The above questions and an I have taken care that he used as replied to, and the second stions are stions and and the second as replied to, and the second stions are stions and and the second as replied to, and the second stions are stions and and the second stions are stions and and the second as replied to, and the second stions are stions and and the second stions are stions and and the second stions are stions are stions are stions and and second stions are stions are stions are stions are stions are stions are stions.	I hereby engagie, war, invasiaid emergency should so request the should so request. The TO BE TA should be punished a newer were the inderstands each id recruit has this 29th.	MADE BY MAN Or ge to serve in any Action, riot or insurrection ceases to exist, and in ire my services. KEN BY MAN ON A do selegiance to His Majesty OSTICE OF THE PE by me that if he made is provided by law. In read to the recruit in h question, and that he made and signed the day of	N ATTESTATION do solemnly ive Formation or Unit or apprehended, example event for a period (Signature of recruit) ATTESTATION sincerely promise and sway. (Signature of apprehended, example and sway. (Signature of recruit) ATTESTATION sincerely promise and sway. (Signature of apprehended, example and sway.)	rear (or solemnly nature of Recruit) OFFICER Iny of the above on has been duly e oath before me, agistrate, Justice ing Officer. and Unit

5505-

Record of Service of	THEFT	
	TITILIAN CAMPA	(Surname)

(Christian Names)

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military	or \ mit.
Trade or Civil	
Technical III.	*UniversityIIII.
LanguagesEAGLISH	*(Name of institution, courses or years completed, and degrees obtained to be shown)

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

Report		Record of Promotions, Reductions, Transfers, Casualties. Reports, etc., from date taken	Dank Charm	Effective Date			Authority	
Date	From whom received	on Strength of Canadian Army. (Active)	Rank Shown	Elective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
29-7-41	DRO	Joined on appointment No. 4 Dist. Depot (CA)	Pic	29-7-41	ADD Mtl.	South	4DD.Pt.11 No.179	29-7-41
1-8-41		Proceeded on Comm and attd for all pur- poses to CA(B) TC41 Huntingdon, Quebec	Pte	1-8-41	4DD M	tl South	4DD PT.II No.182	1-8-41
4.8.41.	TC 41	Att. for All Purposes TC 41 Huntingdon	tt.	2.8.41.	TC 41	Htingdo	n TC 41 LT-15	0 4.8.41.
3 12 41	TC 41 9	O.S. ON TRANSFER TO A I R T C A-12 FARNHAM	9 9	3 12 41	TC 41 H	TINGDON	TC 41 PT.II, 230	4 12 41
					,			
5-12-41	ATC A-12	Attached for all purposes on reposting from C.A.(B)T.C. No.41 Huntingdon, Que.	11	4-1241	ATC A12	Farnham	" A-192	5-12-41
18-2-42	A-12 TC	Granted 14 days' furlough from 6-2-42	72	6-2-42	A-12 T	3 **	PT. II No. A-2	8 4-2-42
		to 19 Feb 42.						
3-4-42	17 17	Granted Leave (R.O. 699) from 30-3-42	**	30-3-42			n n A-73	2-4-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in	full HENWOOD AR	NOID		Place		
Place						••••••
	Part 1. Information of			Date	lly 26th 1941	
1. Age	2. Have yo	Il ever suffered from	m oner of th	- C-11		
a. Rheum	atism	Date and			es?	
	culosis or pleurisy	20		r disease		0
c. Bronch	itis or asthma					
d. Heart.	disagga	<u>no</u>			isease	
	disease				nseasen	
	or bladder disease				10	
	ch or bowel trouble			A CONTRACTOR OF THE CONTRACTOR	glasses?	
g. Kuptui	e	no		you now or have	you in the past	
h. Varicos		13.0		received disabil	lity pension or If so, give	
i. Foot t		no		details	************	
J. Nasal	trouble	110	A	motal	Henro	0(1
	Part 2. Information o	htained by modi			Signature of Applicant ECRUIT MUST BE STRI	
1. Identi	fication marks or scars.	If operative obtain	n history)	ianon.	LUNUII MUSI DE SIMI	PPED
Tank .	aoc. left a m.		ii iiistory.)			
	and the same of th	inches.	2 W.:	1.4 7 96		
	lexion Medium E	0.07 #3.0		ht125		Good
4. Comp				lopment		Fair
G CIL		air Brown	Service Country	UR	INE 46106	Poor
o. Chest	measurement—Girth on		33	finches 2 x 8 15	14 Y 8707	1 AL
		expansion				1 00
7. Vision		left 20-20		Hearing, right	20 left CV. 2	0
	Glasses— right		•			
	tion of mouth and teeth				••••••••••••••••	
10. The a	bnormalities (congenital at	nd pathological) for	ound on exa	mination are as f	follows	
103	plains of pains t lon - apparently	OILSS.L.OHE	GnIun	c.t.lonaltro	ubles-no org	anio.
	or vision Ishihar			•••••••••••••••••••••••••••••••••••••••		••••••
				•••••••••••••••••••••••••••••••••••••••		
	drums & reflexes	normal		••••••		
	H. MICHAUD M.D.	•••••••••••••••••••••••••••••••••••••••		••••••••		
reported in	3. We, the examiners, fire	nd no evidence of	the disease	s mentioned in Q	uestion 2, Part 1, ex	cept as
and Instru	n the remarks. We have exactions for the medical exa	mination of recrui	its" and he	is found fit for (Imphlet "Physical Sta	andards
Special rei	narks when category lowe	r than A			Jauegory	
	G. GERON M.D.	R. BOU	ILVA M.I)	LEVEQUE M.D.	
••••••	-C/ Warm	1	4 Boul	a 40 (eden alevas	ne sed
	President VACCINATIONS, INOC	ULATIONS, BOARDS.		ATION OF MEDICAL	CATEGORY	oer
Date	Brief details and si					
WW 20 '41	1 R / R	guature	Date	Brief	details and signature	
11-8-41	VIII. DIA	gulra LT				
25 FEB 42	3 A AN 716	de nece			•••••••••••••••••••••••••••••••••••••••	
JUL 29.41	Jacane 1	culta W.			•••••••	
3-3-47	Paccine Package Cut-A YOBPULHE	culta W.	<u></u>			
3-3-42	Paccent Packer Cut-A YOBPULHE	Sastra Muer			••••••	
3-3-47	Pecheck Col	Sestral lings M S Market				
1-7-43	Paccent YOBPULHE 22/1///	Sastraf Mayor M S Miller				

Surname. HENWOOD Christian Name..... DATES OF 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. Date of Arrival at Number of days in Hospital Signature of Medical Officer STATION Admission into Hospital Discharge from Hospital DISEASE the Station Day | Month | Year ACCOUNT AND DESCRIPTION For additional entries use M.F.M. 1 and 2 (b)

ARNODD

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY 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 COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

_		
1	(a) Print name in full HENWOOD AMOUND (b) Reg'l No.	PLEASE LEAVE BLANK
	(a) Print name in full	
	(a) Date of birth	
	(a) Place of enlistment(b) Date of enlistment	
	Section B—EDUCATION AND TRAINING	
5.	(a) State age on (b) Were you attending school	
6.	finally leaving school	
-	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	
	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 (c) Did you finish it, how long	
9.		
	do you speak fluently?	
10.	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT (a) State whether you were	
	(a) State whether you were WORKING or NOT WORK- ING at time of enlistment. (b) At time of en-	
	(Enter here only "Work-	
	as case may be; particu-	
_	lars are asked for below) were you a member? were you a member?	
	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
4	OF ENLISTMENT QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
11.	Had you ever been employed fairly regularly since leaving school?	
	(a) If answer to 11 be "Yes", (b) State how long you	
	state exact trade or occupation had worked at this at which you actually worked trade or occupation	
13.	If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
14.	If you had been employed after leaving school, state	
15.	when you last worked fairly regularly before enlistment	
16.	employer, if any: Name	
	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	•
	in a business of your own, state nature and address of business	
	Section E-PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
	OF ENLISTMENT	
Ç	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	
19.	Nature of employer's business (for instance, "farmer", or "building Main Main Main Main Main Main Main Main	
20.	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
21.	specific occupation	
	definitely to give you refuse to promise you to return to your employment on discharge? former employment?	
	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	
	(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.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war?	
25.	in farming after the war?to operate a farm?kind of farming?kind of farming?(a) Were you (b) How many years' actual (c) In what provinces	•
_	(a) Were you (b) How many years' actual (c) In what provinces born on a farm?	-
7.17	Section G—MISCELLANEOUS NO	
	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	**
	If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)	
28.	State any employment preference or ambition you may have, other than indicated elsewhere in this form	
••••		
DA	TE 104 V SIGNATURE / WYWOTO /	



Nº 48568

Certificate of Birth

Name of Person Born	Grold Harris Henwood
Sex	male
Date of Birth	May 29, 1924 Wineteen Hundred & Twenty
Place of Birth	Springhill Four
Name of Father	blearance Wilbert Lenwood
Maiden Name of Mother	Jennie may Henwood
Residence of Father	Springhill
Occupation of Father	Mining
Place of Birth of Father	West Drook
Name of Attending Physician	ms Jessie Henwood, Sr.
Name and Address of Person making Return	Mrs Bliss basey Southampton bumb 60.
Date of Return	July 17, 1924
Where Registered	Panshoro
Division or Deputy Registrar	Elizabeth Wickenson

Halifax, N. S. Sept 3 19.4!

I Certify, that the above is a true and correct extract respecting the Birth therein referred to, taken from the Official Record Books of Births for the County of Certification Province of Nova Scotia, in the custody of the Office of the Registrar-General and registered under the Provisions of the Vital Statistics Act.

Yw.D.
Clerk

Deputy Registrat General

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 B.W. (RHR) of Canada CA

A

egimental Number. D-82959

		(17) Regiment or Co	rps	Unit (Battn., etc)
1.	Surname HENWOOD Christian Names Arnold			
2.	Christian Names			
3.	*Substantive Rank and Appointment			
	*Acting Temporary or Local Rank			
	giving date 29 - / T	· · · · · · · · · · · · · · · · · · ·		
	*To be entered in pencil to facilitate alteration.			
4.	Place of birth West-Brook, Nova Scotia., Canada.	(18) Medical		
5.	Date of birth as declared on attestation29 May 1922			••••••
*	(A)	Category	Date	Authority
6.	(A) Date of enlistment. 29=7=41	••••••		
7	Diametrical Marie Marie Marie Marie	II A II	26-7-41	M.F.M. 2
8.	Residence at time of enlistment. 3905 Gertrude Ave., Ve	raun, Que.		
	(B) Special conditions (if any) of enlistment or rate of pay			
10.	(C) Any subsequent variations of conditions of service			
11.	Religion Baptist If married, state date Single			
12.	If married, state dateSingle	(19) Next of kin (ent	ries to be made	in pencil)
13.	Trade on enlistment. Labourer	27/10	Jacan maria	Henryon
14.	Corps, trade and grade		The state of the	
15.	(T) 0 110	7.21.4	y galer	CARIN.
16.	(E) Miscellaneous entries		/./	
			Veralla	All Alle
		(20) E		
		(21) E		
	•••••••••••••••••••••••••••••••	(22) E		
		· · · · · · · · · · · · · · · · · · ·		
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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) Repo	rt	(b)	December of all accordance in the second of	(d)	(e)	(f)	(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
			Non tradesman Daily Rates of 1.50.				
	••••••		EMBARKATION ON /3 & FOR				
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	T.O.S. C.A.(A.F.) OVERSEAS ON				
						• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •		.U.S 5 C.I.R.U.	112	20 Susy		
	1) C	S. C. JKU	A.V. S. TO IRAC.		26 Jan 44	PLE	17-21 Jan 44
		s.K.H.e	anodkel one good conduct hadge		28 Jul 43	PLE	5-28 Jan 44.
			Sol Deceased Killed in action	- + -d.	26 july 44	جد الم	77/ Seff 44
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •					
		• • • • • • • • • • • • • • • • • • • •					
•••••••••••••••••••••••••••••••••••••••	••••••						

PTE.

Sheet No.

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

	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	David Ci	Titor	***		Authority	
Date	From whom received		Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
9-5-42	A-12	Address of next of Kin is changed to: 509 Galt Ave., Verdun, que.	PTE.	6-5-42	A-12	FARN	PT. II NO. A-96	6-5-4
		Was admonished for AWL from 2359 18-10-42 to 1045 hrs 19-10-42 (A.A.Sec.15(1) Aut. forf one days' pay under art 149(1)(a)F.F	. & I.	19-10-42				20-10-
	Granted 14	Qual R.O. 2772, served for 6 months or over granted daily rates of pay of \$1.50 days furlough under the prov of R.O.699 to 15-3-43 inc and auth to draw ration	er	1-1-43			A-22a	27-1
	allowance 196(4) F.	at the rate of \$0.50 per diem under art		2-3-43	***	32	A-51	2-3-43
	s.	O.S. H.W.E. A-12 C.I.T.C. on trans. to inforcements A.12	60	16-8-43	EB		A-193	18-8-43
	f	O.S. Reinforcements A-12 C.I.T.C. on tra	ns.	17-8-43				18-8-43
	S	pec leave from 18-8-43 to 22-8-43 inclith 50¢ per diem ration allowance. T.W.		18-8-43		88	A-195	20-8-43
		S.O.S. to No.1 Transit Camp, Windsor, N.S.		24-8-43	013	68	A-199	25-8-4
		ATT. NO I TRANS IT CAMP		2.6.8.43	#1.TRANCIT	WINDSOR, N.	S. 221 2.88.4	3
		SE NO.I TRANSIT CAM		1, 39, 43	#1 TRANS	IT WINDSOR	N.S. 237 1.3	9.43

Statement of the Serv	rice of No	Rank

Name.....

REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)					Authority		
Date From whom received		Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated	
	S.O.S. C.A.(A.F.) CANADA ON							
	EMBARKATION ON. 13. Dep 43							
	T.O.S. C.A.(A.F.) OVERSEAS ON							
	TRANSFER ON 14 Deb 43							
	AND DISEMBARKED ON 19 Weber 3							
		771-	01				0.01	
	T.O.S. — 5 C.I.R.U.	I. Le	20 Lep 4		U.I.T		21 Dep 4	
		• • • • • • • • • • • • • • • • • • • •						

	(1) I, Arnold Henwood , of the City (City, Town,	Village, Township)
Address in	of Verdun , in the County District of Jacques Cartier	
civil life.	Province of Quebec, Can. Laborer	
	Regimental No. D-82959 , Unit B.W. (RHR) (CA), do h	ereby revoke
	all former Wills by me made and declare this to be my LAST WILL.	
Relationship, names and address of	(2) I Give, Devise and Bequeath unto: "My Mother" Mrs. Jennie	
beneficiaries, and what each is to receive.	Residing at: 3905 Gertrude Ave., Verdun, Que., Ca	an. All
	My estate both real and permonal.	
A.H.		
Relationship, names and address of	(3) I Give, Devise and Bequeath all the rest and residue of my estate, both real of whatsoever kind and wheresoever situate unto	and personal,
residuary beneficiaries.		
A.H.		
	(1) T appoint	
	(4) I appoint	••••••
	(Civil Occupation), to be the Executor Executrix of this my Las	
	IN WITNESS WHEREOF I have hereunto set my hand this 2day of	elly
	19.4./ Signed and acknowledged by the Tes-)	
	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 and the learning	00
	our names as witnesses.	
First witness sign here.	(5) Signature W. Market Civil Address Will Address	
	Civil Occupation Civil Occupation	
Cocond witness	Deres Siden 6	
Second witness sign here.	Signature Civil Address Civil Address	
	Civil Occupation Cecter	
	(Witnesses are not to be beneficiaries.)	

Mrs.	Tennie He	enwood.		
			# 1 Mal 13 0	4.77
north de bass	THE PERSON NAMED IN COLUMN TWO			ALCOHOL: ALCOHOL:

TOVA FITTING THE THE SHALL SHALL SHE TIS 30

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:-

1405-H-20,084 FD.233

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

September	26	1011
DC DOCTIOGI	.60	194 =

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

HENWOOD, Arnold, Private,
D.82959, (C.A.)

it is necessary that certain information regarding the deceased and his relatives should TAWA 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 A 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.

A TOTAL

contilled result to ensult -

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			INFORMANT'S STATEMENT					
of Rela- tion- ship	required to l	ATIVES oe 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 Deceased								
2	Children of the dates of their	Deceased and Births						
3	Father of the I	Deceased	CLARENCE HENWOOD - adds Supported family for 2	ress	unknown has not			
4	Mother of the	Deceased	MRS JENNIE HENWOOD					
5	Brothers of the Deceased	Full Blood		34	No. 2. DRILLING CORPS R. C. E Can. anny OVERSON MONTREAL			
		Half Biood	none					
6	Sisters of the Deceased	Full Blood	ETTA HENWOOD	26	509 GALT AVE VERDUN P.Q.			
		Half Blood	none					
7	Names of brothers of the full or the Deceased, who a 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			
	EARL H FREEMAN		Single age 11 yrs.		none			

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

ver

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RPS

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AL

SON ST.

8	Full names of the deceased.	D-82959 PVT. ARNOLD HARRIS - NWOOD
9	Date of his birth.	29. MAY 1924
10	Place and date of his marriage.	single.
11	Place and date of his parents' marriage.	AMHERST N.S. 27 AUGUST
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	WESTBROOK N.S.
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, Canada (b) (c) (d)
14	Nature of employment before enlistment.	BOTTLER of Soft drinks STEWART BOTTLING G., MONTREA
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.	VERDUN P.Q.
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	Not to my knowledge
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?	Single
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	NONE
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None
	OTHER PARTICU	ILARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	Not tomy knowledge
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and I zone, and if a relative has already paid those expenses the Governauthorized in the Regulations. Any amount of such expenses is by the Government nor is it chargeable against the service estates	ment will reimburse such relative to the extent of the amo

"Father", etc. statement of all to Brother", etc.	lare that all the particulars so the relatives that the decease other	CLARATION hown on this form a ded ever had in the deceasedof the deceased	degrees specified; and	e and complete that I am the
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.	mus Jenn 509 G	is Herry SLTAVE, I	wood. VERDUN P. Q	Signature of Informant Address
I hereby cert	CE tify that to the best of my k	RTIFICATE	mis JENNIE	

See above.		····· info	rmant } is the	m077	767 of	the Deceased
	above described.	The above Declar	aration was mad	de by the Inf	formant and signed in	n my presence.
Date	d at VERDU	N P.Q.	this2	d day of	OCTOBER	1944
Priest, Mag Commission Notary Pu		46)m	jes	Qualificati	Justice of the Peace	- Dist. of Montrea. Dist. de Montréal,
	esty's Forces.	dress C174	FALL, VER			

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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WHITE THE PROPERTY CONTRACT STATE OF THE PARTY OF THE PAR

Transport with the structure of the story and their story and

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.

The state of the s

(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) N	Name of Officer or Other Rank HENWOOD
(2) F	Regimental or Official Number and Rank. D-82959 Pte.
(3) L	Unit B.W. (RHR) (CA)
	Are you married?
	If married, state,
3 have	(a) Full name of your wife
	(b) Present postal address of wifeNII
	If married, have you been regularly supporting your wife? If not—state reasons
	NIL
	Are you a widower?
	Have you any children?NII Number of boys
ľ	Names and ages
(9) I	If Dependents' Allowance is claimed in respect of children-state whether you have been
r	egularly supporting them
Dielec	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
VOTE	Name
- 1	Postal Address
n+ +×-	[SEE OTHER SIDE]

oldstilligen an barrengs bus braula at flight words wild and market had a sold at the school are from

	Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? N.O
	If so, state her full name and Postal Address
(11)	Is your father alive? <u>YES</u>
	If so, state name and address, occupation Mr. Clarence Henwood, Address Unkown
MINNE	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support?
	—state what amount per month you have given that prior to appointment or emistment
	Also state reason he has no other means of support if partially supported by you, what is you
	reason for not providing full support?
(14)	Is your mother alive? YES
	If so, state name and addressMrsJemie Henwood
-	3905 Gertrude Ave., Verdun, Que., Can.
	If your mother is a widow, are you her sole or partial support?
	Also state reason why she has no other means of support, if partially supported by you what
The real Party of	is your reason for not providing full support? Sister is working
(17)	Are you contributing to the support of any dependents, other than those shown above?NO
process.	Relationship
	Full Name NIL
	Postal Address
	Amount contributed monthly during the past six months
	NIL
(18)	Are you insured?
	If so, in what Company? NII. (Give number of policy)
Dig "	Have you made arrangements for payment of your Insurance Premium?
	I hereby certify that the information given by me on this form is correct in each and ever particular. Amold Menwood (Signature of officer or man)
	Date29=7=41
AT ALS	Tuen Guerran Cosse
	Officer Commanding
	Date29-7-41.

CANADIAN ACTIVE SERVICE FORCE District....

OVERSEAS

Dispersal Area....

LAST PAY CERTIFICATE

(All Ranks)

Regtl NoD. 82.959 Rank and Name]	Henw	ood A. Pte.		
of (Unit)			onon		••••••
TXXXXX Discharge)	to		on 25th. July	:19	44.
ReasonDeath			Authority: C.C.L. "A" 483 d/27th	. Aug	. 44
The following is a statement of the account of the inclusive date of transfer or discharge.		e-named	from lst. July to 31st. July	194 Cr	4.
Particulars	Amou	ınt	Particulars	Amou	int
Balance Dr from last account			Balance Cr from last account	5	0.0
First Monthly Payment AR. d/1.7.44.	4	47	Regimental Pay. 31 days @s. 1.50	46	50
asual Payments			Technical Paydays at\$		
Payments on Transfer or Discharge			Additional Pay (Give particulars)		
assigned ray		U.U	Allowances (Give particulars)days		
Regimental Charges	••••••		at\$	•••••	
Public Stoppages (Give particulars):	•••••••••••••••••••••••••••••••••••••••		Cash Credit. OR 136933 *	9	83
•					
•••••••••••••••••••••••••••••••					
To Balance Cr {Free	33	86			
(Deferred	••••••		By Balance Dr		
Total			Total		
	61	133		61	33
			BJECT TO ANY CHARGES ON THE REVERSE HEREOF		
Remarks:					
District Bank Ltd. C	heque	No.	ped eff Aug.44. 90266.		
			BRANCH FEB 14 1945		
Compiled by B. McKercher. Checked by Soldlard Date 2nd February 1945.			Certified correct. Red Comments of Chief Treasury Officer, Overse	as	

MILITIA BOOK M. 1

PART I

250M-10-42 (5040-2 & 5232) H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

use on Active Service)

Reg. No.

Surname (Capitals) # ENW 000

Christian Names in full

/ ENWIOSC

	(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION
	Regtl. No. 1982959
	LENIMA
	Christian Names (in full) HRNOLD
	Date of Birth
	Place of Birth Resh Suook. N.S. Caen.
	Citizenship. Canadlan
	Trade on Enlistment 120 Cocille
	Trulle Deriver (Consorre ochon)
	1 out of sive
	Nationality of Father at Birth Commence
	Nationality of Mother at Birth
	63
	Religion
	Enlisted at / oxule Coco Com Occes
	Date 29-7-41 (am)
	Particulars of former
	service (if any) i.e. Regtl. No., Corps or
Ma	Regiment and per-
	iod.
	Signature of Soldier a lenwood
	Signature of Soldier
*	Signature of Officer.
	Place Cerukian Date 21/-4/-43
1	02.7

China salar

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

Near	est degree of elationship	Names	Date
	Wife		
1st	Children		
Acres 1	Father		
2nd	Mother ·	Renevood	
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

	Latest known Address in full	
••••••		
		1

11111		
2098	ach ave Fiele	n
		Y COLOR
	Olcee) a ten	•••••
		•••••

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

		3	6	
	Signature of Officer	O E Consum of		
INTMENT	Authority of Part II Orders	8 - 1 1 M		
RANK and APPO	Substantive, Tem- porary, Acting or Local (with or without pay)			
(V)	Rank and Appointment			
	Date.	29-7-41		

7
(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas
TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) except that he requires further training in:—*
Dasie Tearning completed
the according to his
11. in :-
July Zun
6 who Besig Tragampleted SC, iR. W 4 Da 43
Tools with the
Completed Advanced Training 5.C.I.R.U 1943
adroner Tean Tring
completed in accordance
to Standard Theres
IN 7- "R"
N. V.
Date AN J. V.
*If no further training required, strike out words in italics and initial
mulested IsOET at 5 CIRU 23 Sep 43
Attaber, Lieut

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
B)		
		-1
•		

TII) SMALL ARMS RANGE COURSES

Signature of Officer	IN COME SA	Sen and	Jan 2	Jan H	Den K			*
If Table not completed, state parts fired	1-5	100	6-13		26893			
Type of Weapon	Ryle	A SEE	M.G.	MACHINE CARBIN	A sure of			
Classification	I	The	But	STEN				
Year	1943	1943	26 mos 43	3200 43	8 may 42			

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Years' Public		1938	PHTaber Leent
			10
			······································

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
	<u>/</u>				
	1				
			J		

(XI) EMPLOYMENT WHILST SERVING

. Period		Nature of Employment	Remarks and Signature of		
From	То	Tracult of Employment	Remarks and Signature of O.C. Coy., etc.		
27 Jul 141		INF. GENERAL DUTY	Lugha		
			Cayor.		
*					
	3:				

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

(XII) MEDICAL CLASSIFICATION.

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Exam- ination	Signature of Medical Officer
26-7-41	A	Houtreal mi	3.	July 1
16-8-43	A	Recheck Lamba	241	& Refueld
	1			

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
2						Frame No. (or measurements):	Date of Issue:
1							

Signature of M.O.....

14

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

-		₹ P	
		- JAN-44	Date
		1 1	Re- quired
			Complet-
		2-F	Use authorized Abbreviations and Symbols
		Believe !	1 20

(XIV) PARTICULARS OF DENTAL TREATMENT

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
TABT 1/2 ec /	3/6/44	R. Ohlhe Copt. R. Ohlhe Copt. R. Ohlhe Copt. TIONS
Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
THB 13	3-9-	41 1/1/
Tophus.	16-8-	43 PRofest Capt
VIII)	ACCINATION	
Date Vaccinated	Signa	ture of Medical Officer
2/2/94 Secondary	Reaction	P.O.L. Frit

(XVIII) 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
XX 87074 N.		Il Selle
D. M. EXP.	20-9- K3	1 isp
RESP. CHK.	25 Jept 43	WM Yeart Let.
ALASTA BARANTAL ETE.	29.8.43	6- R. Donepleylage
Blood Denor 2200-2/4		Group // //
PRIVITEGE LEAVE & FREE WARRANT	7-16 MAP	PRopular XX
	5 C/RU 30 14	Copl
TUD RED SERVICE CHEURONS	30 144	Leylog
CAP Chambon	JOUN	The many and

1. The particulars of the next-of-kin should always by 2 carefully inserted in the Form on pages 4 and 5 of thi 3 Book, but the Soldier must understand that the entrie made there have no legal effect in respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Wil % Unless a Soldier duly makes a Will, his estate is deal o with in the same manner as that of any other perso who dies without leaving a Will, and not only may the relative or person desired or intended to be benefite receive little or no share of the estate but the distributio thereof is delayed until such of the next-of-kin as may b legally entitled can be located. Therefore, though him estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he had on his person or in camp, it is urgent that he make a Wi which, when completed, is left with his Commandin Officer for the mission to the Record Office for said custody a stee went of his death is forwarded firstly anch, Department of National Defence to the Ester inistration and distribution of the Ottawa, fo ed secondly, if other assets (includin Service estait necessary, to the Executor named i real estate) I the Will.

Will should preferably be made ou ?. 2. The Solo on the Will F. M.F.M. 10 (English) or M.F.M. 10 (French)—product of that purpose and on which are also printed a number of helpful instructions. These of each Unit. See are the sheet of paper may be used the commanding of the Will as shown in the commanding of the will be commanded to the commanding of the will be commanded to the but in such case the general form of the Will as shown in the Form M.F.M. 10 or 10a should be carefully followed: The Soldier will date the Will and at the bottom of i sign his name in the presence of two witnesses who a the same time in the presence of each other and of the Soldier will also sign their respective names. If the Soldier cannot write, he will make his mark in the place Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to

receive is of no legal value. of a Will leaving all to

one person:—

all my estate to sh Street, Toronto. In the event of my death my mother, Mrs. Mary Bull, 9

GEOR BULL, (Signature) No. 30000,

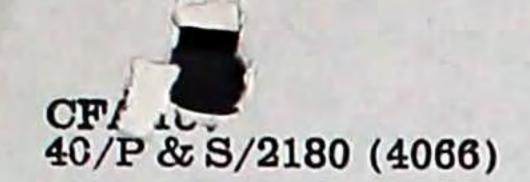
n Highlanders. Date 5th August, 1936.

The following is a specin hen of Will leaving legacies to more than one person:

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

GEORGE BULL, (Signature)

Private No. 30000, Date 5th August, 1936. Cameron Highlanders.



CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

Kit Bag Handle			
Padlock			
Khaki Dress 3	airts		
Pair Socks Package Lette:			
"collen Sweate	91"		
Woollen Muffle	02763		
Pillow Case Leather Writin	ac Case		
Snapshots			
Address Book			
Greeting Cards	selonging to D-633	40	
Pte. Lavoie (d. H. to Officer i	4	
Estates			
C1578			
14-3-45			
23-3-45-1			
	Charles Charles Charles		•

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

TRIPLICATE — with effects.

assisted for OC 1 Cdn KSD

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH) SERVICE UNITLATE ROYAL RANK Private NUMBER 1082959 Highland Regiment of Canada (Ca) NAME HINESOD, Arnold DATE OF ENLISTMENT 29-7-41 DATE OF BIRTH 2900 1922 RELIGION 30 C1 80 MARITAL STATUS single NEXT OF KIN AS SHOWN ON Ers. Jennie Henwood Mother M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS D.A.B. ADDRESS ADDITIONAL PERSON ADDRESS TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS H.4. 405-H-20,084 AUTHORITY CAS. SIG. NO. DATE 25-7-44 Rilled in action CASUALTY DETAILS 定因其實的選 M.F.M.5. ATTACHED TO LAST WILL ATTACHED TO YES/NO NOTIFICATION TO A. OF E.? YES/NO NOTIFICATION TO A. OF E.? FORM NO. CAS. 6 25M-4-44 (4184) H.Q. 1772-39-1989-1990 DIRECTOR OF RECORDS

COPY FOR DOCUMENT FILE

Statement of the Service of No. D-82959. Rank PL

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

Sheet No.....

Name Herwood al

REPORT Authority Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) Unit Rank Shown Effective Date Place From whom received Part II D.O. No. Cas. List, etc. Dated S.O.S. C.A.(A.F.) CANADA ON T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON: 14 Left 43 AND DISEMBARKED ON 19 643 T.O.S. - 5 C.I.R.U. - J " PL 20Dep 43 5 CIRU UK 172 21 De AWARDED THE CANADIAN YOLUSTEER SERVICE MEDAL AND CLASP 9th 20gan 44 5°CIRU LIK 17 21 gan +4 96 21gan 44 Bek W. UK (cas)

State	the Service of No	D-82959
Deal Chief	THE NOTATION OF TAKE	Jonanna Manara Miller

Rank P1

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

fame HENWOOD

	RE	PORT	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	Diago	Authority	
	Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Ttank Shown	Directive Date	Unit	Place	Part II D.O. No. Cas. List, etc	Dated
文章 9-	-5-42	A-12	Address of next of Kin is changed to: 509 Galt Ave., Verdun, Que.	PTE	6-5-42	A-12	FARN	PT. II NO. A-9	6-5-42
			Was admonished for AWL from 2359 18-10-42 to 1045 hrs 19-10-42 (A.A.Sec.15(I) Aut. forf one days' pay under art 149(1)(a)F.F	· · · · · · · · · · · · · · · · · · ·	19-10-42			A-22	20-10-42
	•••••••		Qual R.O. 2772, served for 6 months or over granted daily rates of pay of \$1.50		1-1-43		tt		
	G f	rom 2-3-4	days furlough under the prov of R.O.699 3 to 15-3-43 inc and auth to draw ration						·····
		allowanc 196(4) F.	e at the rate of \$0.50 per diem under art		2-3-43	\$ P		A-51	2-3-43
•••••	• • • • • • • • • • • • • • • • • • • •					•••••••••••			
• • • • •									
			O.S. H.W.E. A-12 C.I.T.C. on trans. to inforcements A.12	81	16-8-43	89		A-193	18-8-43
		T	O.S. Reinforcements A-12 C.I.T.C. on tracom H.W.E. A-12	ns."	17-8-43	(1)	20	A-193	18-8-43
			pec leave from 18-8-43 to 22-8-43 inclith 50¢ per diem ration allowance. T.W.	100	18-8-43			A-195	20-8-43
	••••••		S.O.S. to No.1 Transit Camp, Windsor, N.S.		24-8-43			A-199	25-8-43.
			OST NOI TRANSIT CAMP		61 /1	8: 43 #1 #1 TRANSIT	TRANSIT WANDSOR.	INDSOR, N. S. 221 N. S. 237 1.39	2. 88.43

Name:	HENWOOD	Arnold		No. D	_g2959
	Surname	Christian Names		IVO. i	
•••••	Pto.	G.A. 0/S		2	5_7_114
Rank		Unit		Date o	f Death
			AMOUNT		
				L.P.C\$	33.86
	Dat	te:12 May 45		Other Credits	
				Total	33.86

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Jennie Henwood, 509 Galt Ave., Verdun, P.Q.	\$33.86
		(Sole benificiary under will)	
		TY) BU EVODULADIDED SEE DES SEE	
		TO BE FORWARDED BY REG. MAIL DIRECT.	

AUTHORITY H.Q. F.E. No. H.Q. SUB. VOTE PRI OBJ. AMOUNT \$33.86 9999 001 731 00 00 CLASSIFIED BY EXAMINED BY Original Signed by K. L. McCUAIG For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Griginal signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

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

For Chief Treasury Officer

marriage after the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was

under the age of 21 years.

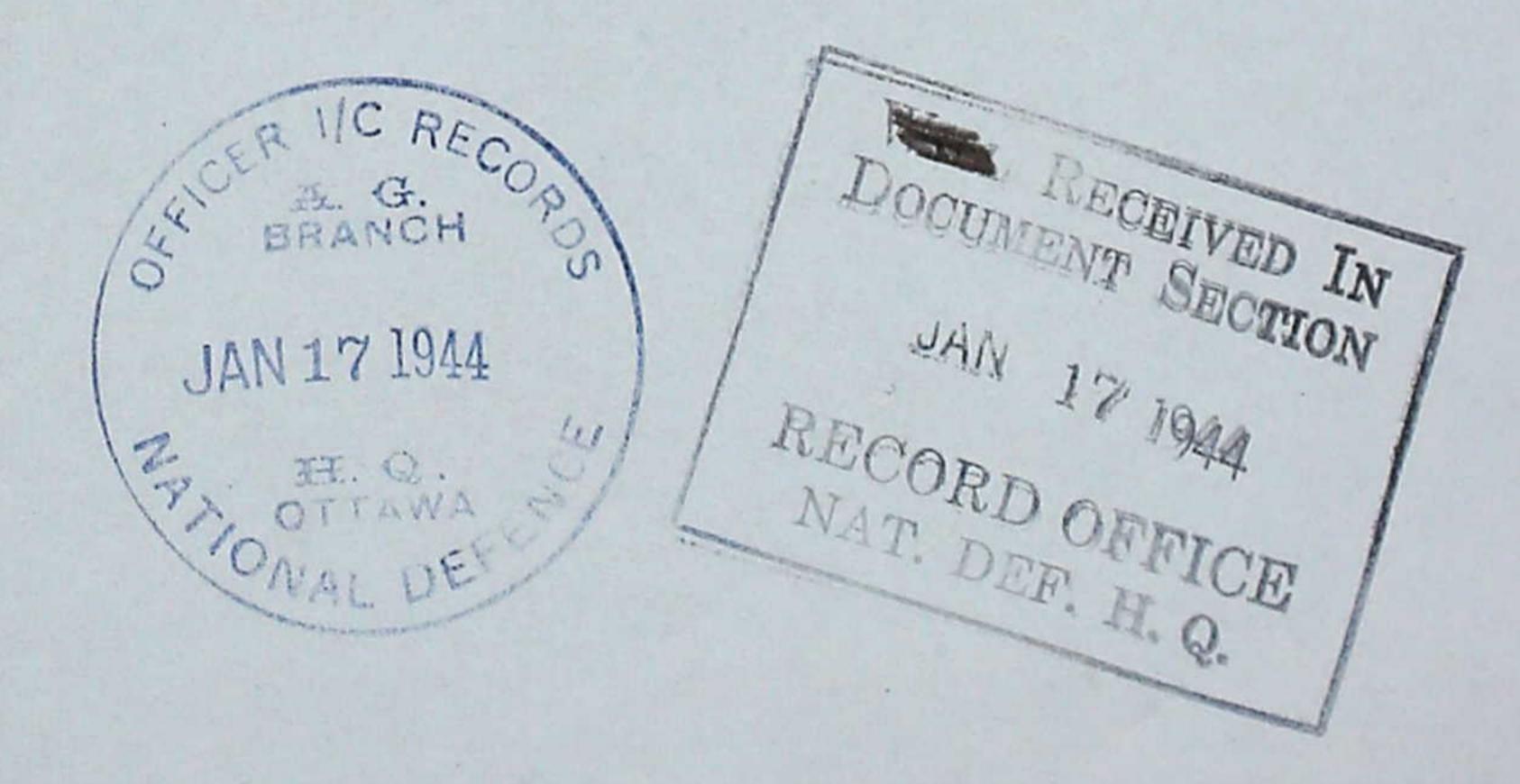
A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Description of such information of the same in the Date 29-7-42 Right of Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the

following certificate:— Certificate M.F.M. received and forwarded to the Officer i/c Records at Signature of Officer.



PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

Instructions

(a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

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

(c) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

	for Air, Ottawa.		
(1)) Name of Officer or Other Rank	HENWOOD,	ARNOLD
) Regimental or Official Number and Rank	(Surname first—Christian name D82959 Pte.	
(3)) Unit	B.W. (RHR) (CA)	
(4)) Are you married? ^{NO}	(5) If married, state,	
INE	(a) Full name of your wife		•••••••••••••••••••••••••••••••••••••••
	(b) Present postal address of wife	••••••	
(6)) If married, have you been regularly supp		
	•••••••••••••••••••••••••••••••••••••••		
(7)	Are you a widower?		
	Have you any children?		
	Names and ages		
	If Dependents' Allowance is claimed i supporting them		
	Give particulars of Guardians to whom		
	Name		
	Postal Address		• • • • • • • • • • • • • • • • • • • •
10)	Have you a common-law wife whom you	have been regularly supporting	ng and publicly representing as your
	wife for at least two years immediately p	rior to appointment or enlistm	nent?
	If so, state her full name and postal addi	ess	

ESTATES BRANCH INVENTORY

120

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

N	o., RANK and NAME D=82959P.te. Henwoo	(Dec	eased).	••••••	•••••••••••	
	ECEIVED FROM H.Q. No. 1 C.K.S.D. C-5591 Pte. Patterso HECKED BY B-126252 Cpl. islof			23.	Oct.44	
111321131	Kit Bag Kit Bag Handle Padlock Khaki Dress Shirts Pair Socks Package Letters "collen Sweater Woollen Mufflers Pillow Case					
1	Leather Writing Case Snapshots Address Book Greeting Cards MBM 1 Part 1 Belonging to D-63340 Pte. Lavoie C. H. to Officer i/c Estates					

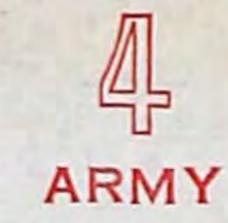
ORIGINAL To Officer i/c Estates with DUPLICATE original inventory, if any.

TRIPLICATE — with effects.

assistably Golden KSD

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

DEPARTMENT OF NATIONAL DEFENCE NAVY ====== ARMY ====== AIR FORCE STATEMENT OF WAR SERVICE GRATUITY



DECEASED MEMBER'S NAME REGISTER NO. CHRISTIAN NAMES) (SURNAME) FILE NO. PAYEE ADDRESS SERVICE NO. FINAL RANK OR RATING DATE OF DISCHARGE A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1092 EQUAL TO 36 COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE 76.00 INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE RECEIVS ENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY 1945 MAY 2 WAR SEEPHNEETS ALLOWANCE 1/30 OF \$ 25.00 GRATUITY DIVISION, ARMY TREASURY NO. OF DAYS_ D. WAR SERVICE GRATUITY E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS-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.

PREPARED BY CHECKED BY

CHECKED BY DATE

PS Forest. 2 may 45-

SERVICE REPRESENTATIVE

4

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

Register No. D612

File No. H.Q. 405-H-20084

WAR SERVICE GRANTS ACT 1944

OTTAWA, December 4th 1944

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

Service No. D82959

Name A HENWOOD

Christian Name Surname

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

(K.W.Rice) Lieutenant, for(A.R.Mortimore) Brigadier, PAYMASTER-GENERAL.

Names of persons in receipt of D.A. and amount of monthly award	Name Thus Jennie Venward \$ 25.00
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.	
Names of persons to whom assigned pay was continued by supplementary award after death.	
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid JAN 9 = 1945 194	6. me blue. For Chief Treasury Officer,
	D.A. & A.P. Branch
C.T.O., D.A. & A.P.	
Overpayments of D.A. and/or A.P. re	covered from W.S.G. \$
194	
	for C.T.O.

COMPUTATION OF WAR SERVICE GRATU	JITY	
MEMBER'S NAME ARNOLL HENWOOD Register No. Z	5.6.12	
PAYEE'S NAME MRS JENNIE HENWOOD (Christian Names) (Christian Names) (Surname) File No. 405- (Christian Names) Date 28-		
ADDRESS. 509 GALT AVE Service No.D. VERDUN — P.Q. Final Rank P.		
DATE OF TERMINATION OF OVERSEAS SERVICE. 25-7-44 Date of Discharge	se -25-7	-44
	AMOU \$	NT c
A. TOTAL QUALIFYING SERVICE No. of day / 092 =	270	00
B. QUALIFYING OVERSEAS SERVICE		
No. of days		
equal3o. H Days @ 25c per day	76	00
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay \$	346	00
Additional Pay \$		
No. of Days $\frac{3/6}{183} \times \$$	+3	27
D. WAR SERVICE GRATUITY Computed By	389	27
E. DEDUCTIONS Overpayment of (1) Pay & Allowance \$		
(2) D.A. & A.P. \$	The state of the s	
Entered By S		
F. AMOUNT PAYABLE (This amount is payable in monthly instalments of \$	389	21

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

 $\$....\times 30 = \$.....$

REMARKS

Register No			O. File No	405-420	084,
To: P.M.G.		CANADIAN ARMY (A			
		Computation of S			
		WAR SERVICE GR	ANT		
Regt. No.	Rank when S.O.S.	Surname		Christian Name	in Full
8.2.9.5.9.	PTE	HENWOOD.		RNOLD	
REASON FOR T	ERMINATION OF SE	1/ 1			
1st Enlistn	nent	Welled en Acte	on	CARO	(
2nd Enlists				CARO	(
3rd Enlists	ment	Total Service		CARO	(
1st	ENLISTMENT	2ND ENLISTME	ENT	3RD ENLIS	TMENT
90	9.00			T	
T.O.S. 25	My MATO ()	S.O.S. Total Days.	TATES	2.0.5	IV/ID
S.O.S. A	1602	7.4-1 D		Total Davis	,
Total Service				//	293. DAY
			Total Service	Less Non-qualifying Service	Net Service
Western	Hemisphere		747		776:
Overseas			316.	Ril	3/6
			1093	1	1092
	Cotals				,
. A	Add Non-qualifying	Service			
	Total Service				1093
EMBARKATION	01	- 01. / / /			
1. Date S. REMARKS:	O.S. Overseas.	ED	Date S.O.S. O	verseas	
Computer	's Signature	mel Soft		25 Jul	44
Checker's	Signature	12 1 = 5 - 7	1		
Date Com	puted 26 Up	244			
		CERTIFI	ED that entit	lement to benefits , 1944, has been es	under the W
			vice shown he		
				- 1 // 1/	

500M—11-44 (6012) H.Q. 1772-45-8

C. L. LAURIN,

Colonel,

DIRECTOR OF RECORDS.

Details of Non-Qualifying Service

Western Hemisphere-

Forfeits for	From	То	Effective Date	Days	Total
awd.			19-6ct 42.		
••••••					
•••••••••					

		The same of the sa		the second secon	
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······································					
				Total	/
Overseas: T.O.S	14 Sept	43 TO		TOG	
	25 July	44	~		
			5	S.O.S	
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MALLON BUTTON					
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	Parow Ellin				
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		•••••••••			
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Construction of the little				Total	

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D82959

RANK Private

SERVICE UNITLAT ROYAL Highland Regiment of Canada (CA)

NAME HINWOOD, Arnold

DATE OF BIRTH 29th Lay 1922

DATE OF ENLISTMENT 29-7-41

MARITAL STATUS

Bingle

Wordun.

RELIGION Ba tist

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP

Mother

ADDRESS

D.A.B.

NAME Mrs. Jennie Henwood

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS IF SOLDIER MARRIED OVERSEAS /

AUTHORITY CAS. SIG. NO. CASUALTY DETAILS Milled in action H.Q. 405-H-20,084

DATE 25-7-44

FRANCE

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

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.7

YES/NO

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

DIRECTOR OF RECORDS

8th September, 1944.

Mrs. Jennie Henwood, 500 Galt Avenue, Verdun, Quebec.

Dear Mrs. Henwood:

It was with deep regret that I learned of the death of your son, D82959 Private Arnold Henwood, 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

Major - General

Adjutant - General

SEP 1 - 1944

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

1

/ma

No D.82959 Rank Private Name HENWOOD, Arnold	
Unit Black Watch (R.H.R.) Date of death 25th July,	1944.
Died at France.	
Cause Killed in action.	
Death occurred on strength of Forces.H.Q. 405-H-20084	
N/K Mrs. Jennie Henwood, Relationsh	ip Mother
Address 509 Galt Avenue, Verdun, P.Q.	
Remains buried in	Cemetery
MR 024602 St. Martin de Fontenay, France	
location	MILE

-918

REBURIAL

DESP MESSAGE REPORT

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

Grave 16, row D, plot 2.

HI & CR Form Despd. NOV 4 1946

Photographs
Despatched

SEP 3 1947

. MESSAGE DESP

	The state of the s
3831 Ethel St. 509 Galt Ave.,	MEMORIAL B R DATE DESP REGN. NO. 149
(2) MEMORIAL CROSS	
WIDOW	(2)
ADDRESS:	
(3) MEMORIAL CROSS	DECD COM
Mother Mrs. Jennie Henwood, (ENGLISH)) REGN No. 3822
(1680)	
ADDRESS: 509 Galt Ave., VERDUN, P.Q. Corres d/31/8/62 file 95-4-5	
REPIACEMENT MEMORIAL CROSS requested to forward to mother Mrs. Jennie Henwood, c/o Mrs. Lloyd Henwood, 32 Fletcher Glace Bay, N.S.	st. DESP. SEP 17 1962 REGN No. 4484
Grace Day , Mens	

2	5-7-44
	DECEASEI

AWARDS—CANADIAN ARMY (ACTIVE)



MJA 500M-1-44 (3467) H.Q. 1772-45-8

(1680)

FILE NO. 405-H-20084

HENWOOD, Arnold		D.82959	Pte.	lst.Rl.Highld.R.	C
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	•

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED			
1939-45 Star	18/11/4			
France-Germany Star	2968			
Defence Medal War Medal				
CVSM & Clasp				
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)			

-	2		
	OR	·IV	6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

t	LWI	•

. PLACE OF	Muni- cipal county	THETTO	PTPTD	/ TPD AT	civil	cial name municipa or townsh	ıli-				Place an X over applies to this muni		
DEATH	Street	4444	2 20 13 13 13		No.		1	Hospital or Institution					
. LENGTH OF STAY	(a) In hospi		Months D	palit	In munici- ty where h occurred	Years	Months	Days (c) In Province	Years M	Ionths Days	(d) In Canada (if immigrant)	Years Months	Days
. NAME	Surname		A.A.T.				Do not	CONFIDER	NTIAL N	MEDICAL C	ERTIFICATE OF	DEATH	
OF DECEASED							write in this space	22. Date of death		July (Month)	25th (Day)	1	9.44 (Year)
Street	ame of icipali- nship	Gerti	ude ve	nold Ave.	N	390)5	23. I HEREBY CERTI		19	ed from to		9
Municipal county	1			Provi	nce	bec		and last saw h		CAUSE O	F DEATH		9
5. SEX 6.	NATIONALI' (Citizenship)	The second secon	ACIAL ORI	GIN 8.	Single, Ma Vidowed or I (Write the a	word)		Immediate cause Give disease, injury tion which caused des mode of dying, such as asphyxia, asthenia, etc.	or com	olica- (a)	Killed in	Action.	
9. If married game of wife or hand of deceased 0. BIRTHPLA	ce CE							Morbid conditions, if	any, gi use (state ckwards	ving (b)			
Province or Cou 1. DATE OF BIRTH	intry)	Morths	Scoti 2 Days	(Del)	s than one da	The second secon		Other morbid condition tant) contributing to causally related to cause.	ons (if in leath but immed	not diate			
DECEASED					hrs. or			If a communicable di III mentioned on this cer	isease is	(a) Date of app	pearance	1	9
kind of teamste	rade, profession work, as spinner, office clerk, ind of industry	etc	abour					25. If a woman, was ther			f disease.	da	ys
	ind of industry , as cotton-m ing, bank, etc te deceased l		16	6. Total ye spent in t	ars			26. Was there a surgical	operation?	Date	oł	1	9
worked a	at this occupation	NAME		occupation	n 18. BIRTH (Province			27. If death was due to e	xternal cau	ses (violence) fi		an autopsy?	
FATHER					Count	ry)		Accident, suicide or h	omicide.	(State which)	Date	1	9
MOTHER	HEN	COOD	Clar	ence				Manner of injury		(I	Iow sustained)		
9. Place of but								Specify whether injur	y occurred	in lic place			
mation or	ial	Fra	nce			19							
	Name of parish or church							Address			Date		19
ATT	Civil muni- cipality of						28. Sig (cu	nature of person who fill rate, coroner, hospital auth	s in the introduction in t	form 29.	Name of clergyman in Civil Status in which burial was made.	charge of Registration o	ster of f this
PLAC GISTR THIS	Municipal county							all and					
(p) RE 21.	Date	(Month)		(Day)		19 (Year)		this form as authentic			(Voir l'autre côt	é pour le franç	ais) efen

namatam of Donnada