D83138
ROWAN
NORMAN ARTHU

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

Received.....Checked.....Card.....Observations.....

FINGER — PRINTED

**ORIGINAL**
**DUPLICATE**
**TRIPLICATE**

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-83138

# ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

## ATTESTATION PAPER

WSG COMPLETED

1. Surname ROWAN
2. Christian Names Norman Arthur
3. Present address 1606 Dorchester St. West. Apt 4. Montreal Que. Canada
4. Date of birth 15 December ~~1922~~ 1923
5. Place of birth Canada (Country) Quebec (County or Province) Lachine (Town or Township)
6. Religion (state denomination) Church of England
7. Trade or Calling Factory Hand
8. Married, Widower or Single Single
9. Name of next of kin Mrs. Elizabeth TURNER
10. Relationship Sister (See Change)
11. Address of next of kin ~~1606 Dorchester St. West. Apt 4. Montreal Que. Canada~~
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? NO

(If Yes, Give Unit and Dates of Service)

13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? NO (Yes or No) (*b*) Any other Naval, Military, or Air Force? NO

(If Yes, Give Regimental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service)

14. Did you serve during the Great War 1914-1918? NO

(If Yes, specify Regimental No., Unit and Dates of Service)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Norman Arthur ROWAN, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 12 Dec 1941 N. Rowan. (Signature of recruit)

Witness L.D.C. Manning Capt

### OATH TO BE TAKEN BY MAN ON ATTESTATION

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

N. Rowan. (Signature of Recruit)

### CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at MONTREAL SOUTH this 12th day of Dec. 1941

L.R. Perreault Capt. (Signature of Magistrate, Justice or Attesting Officer.)

NO 14 DISTRICT DEPOT, A.F. (Office or Rank and Unit or appointment.)

**N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT**

Record of Service of ROWAN (Surname) Norman Arthur (Christian Names) Regimental Number D0-83138

**Qualifications**

Military: Nil

Business or Professional: Nil

Trade or Civil: Factory Hand

Technical: Nil

Languages: English

**Educational Qualifications**

High School or Collegiate: 2 Yrs. (years completed)

Graduation or Matriculation: NO (specify)

*College: Nil

*University: Nil

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

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

| Report Date | Report From whom received | Record of Promotions, Reductions, Transfers, Casualties. Reports, etc., from date taken on Strength of Canadian Army. (Active) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| | | Joined on appointment | | | | | | |
| 13-12-41 | D.R.O. | 4 District Depot, C. A. | Pte | 12-12-41 | 4DD | MTL.Sth | 4DD.PT11.NO.298 | 13-12-41 |
| 31-12-41 | 4DD | PROCEEDED ON COMMAND TO NO.13 (4-A) COY V.G.C. CA. ST HELANS IALAND QUE. | " | 30-12-41 | 4DD | MTL.STH. | 4DD PT.II.NO.312 | 30-12-41 |
| 6-1-42 | " | CEASES TO BE ON COMMAND TO NO 13 (4-A)COY V.G.C.CA. ST HELENS ISLAND.QUE. | " | 6-1-42 | " | " | " " 4 | 6-1-42 |
| JAN 9 '42 | | PROCEEDED ON COMMAND AND ATTACHED FOR ALL PURPOSES TO; C. A. (B) T. C. 41. HUNTINGDON, QUE. | | JAN 9 '42 | 4 DD | MTL. SOUTH | D.O. NO. 7 | 9 JAN 1942 |
| 12 1 42 | T C 41 | ATTACHED FOR ALL PURPOSES TC 41 | " | 10 1 42 | TC 41 | HTINGDON | TC 41 PT II NO, 5 | 12-1-42 |
| | 5500 | | | | | | | |
| 7 MAR. 42 | T.C. 41 | CEASES TO BE " ON COMMAND " AND ATTACHED FOR ALL PURPOSES FROM NO. 4 DISTRICT DEPOT AND T.O.S. OF TRANSFER AS REINFORCEMENTS THERE FROM | PTE. | 2 MAR. 42. | T.C. 41 | Hunt JACKSON | T.C. 41 29-A | 7 MAR. 42. |
| 10-3-42 | TC 41 | S.O.S. on transfer to A-12 Farnham as reenforcment | " | 11-3-42 | TC 41 | Htingdon | TC 41 Pt II-32A | 13-3-42 |
| 12-3-42 | A-12 | T.O.S. on temporary attachment from C.A.(B)T.C. No. 41 Huntingdon, Que. | " | 12-3-42 | A-12 | FARNHAM | PT. II NO. A-56 | 12-3-42 |

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

Statement of the Service of No. D-83138 Rank PTE. Sheet No. 2

Name ROWAN N.A.

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

| REPORT Date | REPORT From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| 7-4-42 | A-12 | Awarded Summary Forfeiture of ten days' pay (A.A.Sec. 46(2)). for A.W.L. from 2359 hrs. 29-3-42 to 1100 hrs. 6-4-42 (A.A. Sec. 15(1)). Automatically forfeits 8 days' pay under F.R.& I. Art. 149(1)(a). Total forfeiture 18 days' pay. | PTE. | 6-4-42 | A-12 | FARNHAM | PT. II NO. A-75 | 6-4-42 |
| 16-4-42 | " | Awarded 10 days Det. for A.W.L. from 2359 hrs. 11-4-42 to 1510 hrs. 13-4-42 (A.A. Sec. 15(1)). Aut. forfeits 2 days pay under F.R.& I. Art. 149(1)(a). Held in close arrest till admitted to Det. at 1400 hrs. 14-4-42. Total forfeiture 13 days pay. | " | 14-4-42 | " | " | " " " A-83 | 15-4-42 |
| 9-5-42 | " | Having previously, on enlistment, stated his date of Birth to be 15 Dec 1922, evidence is now produced establishing his date of Birth as 15 Dec 1923. | " | 6-5-42 | " | " | " " " A-96 | 6-5-42 |
| 23-5-42 | " | Admitted to Ste. Annes Mil. Hosp. | " | 11-5-42 | " | " | " " " A-99 | 13-5-42 |
| 1-6-42 | " | Discharged from Ste. Annes Mil. Hosp. while A.W.L. | " | 23-5-42 | " | " | " " " A-111 | 29-5-42 |
| 1-6-42 | " | Admonished for A.W.L. and placed under stoppages of pay to the amount of $1.20 for cost of transpp. from Mont. to Farn. by road, for A.W.L. from 2230 hrs. 24-5-42 to 0120 hrs. 25-5-42 (A.A. Sec. 15(1)). Total forfeiture $1.20 for transp. | " | 27-5-42 | " | " | " " " A-112 | 30-5-42 |
| 3-7-42 | " | Admonished for "AWL" from 2359 hrs. 27-6-42 to 0845 hrs. 29-6-42 (A.A. Sec. 15(1).) Absent 1 day 8 hrs. 46 min. Aut. forf. 2 days pay under F.R.&.I. 149(1)(a). Total forf. 2 days pay. | " | 28-6-42 | " | " | " " " A-135 | 30-6-42 |
| 24-7-42 | " | Granted 14 days furlough under R.O. 699, from 17-7-42 to 30-7-42. | " | 17-7-42 | " | " | " " " A-148 | 17-7-42 |

Statement of the Service of No. P-83138 Rank ..... Sheet No. 2

Name Rowan, Norman Arthur

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

| REPORT Date | REPORT From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| 4-9-42 | ATC A12 | On Command and attached for rations and quarters to Motordrome Barracks, Montreal, Que. from 2200 hrs. 1-9-42 to 2200 hrs. 2-9-42. | Pte. | 1-9-42 | ATC A12 | Farnham | Pt. II No. A-183 | 2-9-42 |
| 25-9-42 | A-12 | Address of next of kin (Mrs.E.Turner) (Sister) is changed from 1806 Dorchester St. Montreal Que to 20 Woodlawn Ave., Toronto, Ont | " | 24-9-42 | " | " | A-201 | 24-9-42 |
| 30-9-42 | A-12 | On Command for all purp Inc pay to No.4.Vocat'l Trag School.Mlt. Que. | " | 30-9-42 | " | " | A-207 | 1-10-42 |
| 2-10-42 | 4 VTS | TOS from TC A-12, Farnham, for all purposes incl.P. | " | 1-10-42 | 4 VTS | Mtl. | 4 VTS D.O. 32 | 2-10-42 |
| | | Grntd.5 days NY leave, 50¢P/D in lieu of rations | " | " | " | " | " " 74 | 17-12-42 |
| | | S.O.S. for all purposes to CITC A-12, Farnham, Que. | " | 18-1-43 | " | " | " " 14 | 18-1-43 |
| | | Ceases to be attch for all purp to No 4 V.T.S. Mtl Que | " | 19-1-43 | A-12 | Farnham | A-16 | 19-1-43 |
| | | Granted $1.40 per diem day under the prov of R.O.2772 | " | 1-1-43 | " | " | A-41 | 18-2-43 |
| | | Granted spec leave from 4-5-43 to 6-5-43 Autto draw ration all at the rate of $.50 per diem Artl96 Warrant A301003 | " | 4-5-43 | " | " | A/104 | 6-5-43 |
| | | change of address N of K { Address of next of kin is changed from Mrs. E.Turner(Sister) 1806 Dorchester St. Toronto Ont. to 246 Pape St., Toronto. Ont. | Pte. | 10-5-43 | A-12 | Farnham | A-107a | 10-5-4-3. |
| | | S.O.S. on proceeding to 5 C.I.R.U. Canadian Army Overseas | Pte | 12-5-43 | A-12 | Farnham | A-109A | 12-5-43 |
| | | S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 13 May 43 | | | | | | |
| | | T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 14 May 43 | | | | | | |
| | | AND DISEMBARKED ON 22 May 43, T.O.S. — 5 C.I.R.U. | Pte | 23 May 43 | 5 CIR U | U.K. | 79 | 26 May 43. |

Statement of the Service of No. D-83138. Rank- Sheet No.

Name Rowan. Norman Arthur.

| REPORT Date | REPORT From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| | | A.W.L. from 1600 hrs. | Pte. | 30 June 43 | 5 C.I.R.U. | UK. | #109 | 5 July 43. |
| | | Att fwd to 1 Sub Depot CBOD | Pte | 17 July 43 | 5 C I R U | UK | 119 | 19 July 43 |
| | | AWL 30 June/4 July 43 Awd. 21 dys F.P. off AA 15. Tot forft 26 dys pay. | Pte | 7 July 43 | 5 C I R U | UK | 115 | 12 July 43 |
| | | CTBA-Fwd to 1 Sub depot CBOD | Pte | 2 Aug 43 | 5 C I R U | U.K. | 132 | 4 Aug 43. |
| | | Forfts 1 Days pay. AA Sec. 9 (2) | Pte. | 10 Aug 43 | 5 C I R U | UK. | 139 | 13 Aug 43. |
| S.O.S. | | S.O.S to B.W. | Pte | 26 Aug 43 | 5 C I R U | UK | 150 | 27 Aug 43. |
| | T.O.S. | TOS from 5 C I R U | Pte | 27 Aug 43 | 1 B.W | UK | 54 | 4 Sept 43 |
| | | Awd. 7 days CB. Forfts 7 days pay AA 15(1) | Pte | 4 Oct 43 | 1 B.W | UK | 64 | 30 Oct 43. |
| awarded. Do 71 15 Dec 43 | | Awd. forf of 28 dys pay. AA 40 | Pte | 11 Nov 43 | 1 B.W | UK | 68 | 24 Nov 43 |
| | | ~~Forfts 7 days pay. AA Sec 40~~ (with awd. of 11 Nov 43) | ~~Pte~~ | ~~16 Nov 43~~ | ~~1 B.W~~ | ~~UK~~ | ~~69~~ | ~~30 Nov 43~~ |
| | | Awd. forfts. of 7 days pay AA 15(1) (commencement | Pte | 16 Nov 43 | 1 B K Watch | UK | 71 | 15 Dec 43 |
| | (C62) | Awd. forf of 5 days pay AA 40 | Pte | 24 Dec 43 | B Lk Watch | UK | 1 | 7 Jan 44. |
| | | AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP | | | | | | |
| | Sol | SOS to X 3 List (RHC) on adm to 13 Gen Hosp. On adm to 13 Gen Hosp. | Pte | 16 Apr 44 | B Lk Watch | UK | 20 | 19 Apr 44 |
| C29. | TOS | TOS from 1 Bn Blk Watch (RHR) of Can | Pte | 17 Apr 44 | 1 B. Watch. X List (UK) | UK | 12 | 25 Apr 44. |
| | (C62) | Awd. 6 dys F.P. & forf 17 days pay AA 15(1) | Pte | 9 June 44 | 4 C I R U | UK | 154 | 14 June 44 |

M.F.M. 1 & 2A
40/P & S/119 (12/42)

Statement of the Service of No. 783138 Rank Sheet No.

Name ROWAN N. A.

| REPORT Date | REPORT From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| | ✓ | Disch from 13 C. G. Hosp. | | 28 apr 44 | | CL | | |
| C86 SOS | | ✓ SOS 1011 Bn 2 CBRG (BW) | Pte | 22 June 44 | 4 CIRU | UK | 162 | 23 June 44 |
| M 106 | TOS. | ✓ TOS. From X4 L. (1 RHC) | Pte. | 27 Jun 44 | 1 Bn BW | 21 AG | 34 | 7 Jul 44 |
| C86 | | ✓ Awd. from 0615 hrs. 29 May Still Awd. 0615 6 June 44 (8 dys) | Pte. | 29 May 44 | 4 CIRU. | UK | 147 | 6 June 44 |
| M 106 | | ✓ AA15 (1) 2 Forf. 13 dys. Pay. | Pte | 21 Jun 44 | 4 CIRU | UK | 164 | 26 Jun 44 |
| | | ✓ Embarked at UK on 5 Jul 44. | Pte | | 1 Blk W | 21 A Gp | 37 | 14 Jul 44 |
| | | ✓ Disembarked at France on 6 Jul 44 | | | | | | |
| | | ✓ To be L/Cpl | L/Cpl | 10 Aug 44 | Blk W | 21 A Gp | 49 | 13 Sep 44 |
| A139 | | ✓ Wounded | L/Cpl. | 13 Sept 44 | | AEF1 | A 494 | |
| M166 | ✓ | Reverts to Pte. To draw R.A. of P. $1.50 p.d. | L/Cpl. | 13 Sep 44 | RHR | 21 AG. | 59 | 26 Sep 44 |
| | | ✓ Died of wounds. | Pte. | 13 Sep 44. | RHR. | Cas List "A" 502. | | 15 Oct 44. |

## CERTIFICATE OF MEDICAL EXAMINATION

Name in full ~~XXR, XXRred~~ ROWAN, Norman Arthur. Place Montreal

Place ..... Date 10th Dec 41

**Part 1. Information obtained from the recruit.**

1. Age ~~24~~ ~~19~~ 18 2. Have you ever suffered from any of the following diseases?

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

J. Rowan.
Signature of Applicant

**Part 2. Information obtained by medical examination.** **THE RECRUIT MUST BE STRIPPED**

1. Identification marks or scars. (If operative obtain history.)
1 vac left arm. ~~Xxrxx Paralysis xx left xx leg~~.

2. Height 5 feet ~~21~~ 7 inches. 3. Weight ~~140~~ 115 pounds.

4. Complexion ~~Ruddy~~ Dark Eyes ~~Hazel~~ Grey 5. Development ~~Good~~ Fair (Good / Fair / Poor)
Hair ~~Brown~~ Black.

6. Chest measurement—Girth on full expansion ~~36~~ 32½ inches. 3
Range of expansion 2½ inches.

7. Vision, right 20/20 left 20/~~30~~ 20 8. Hearing, right CV20 left CV20
With Glasses— right ..... left .....

9. Condition of mouth and teeth ~~Good~~ 2 carious roots.

10. The abnormalities (congenital and pathological) found on examination are as follows
Ears, Nose, Throat, Neg- J.C. Calhoun, Maj.
Slightly underweight. Physique OK.
~~Reflexes normal. Left leg atrophied. Xkrophoid left limb - limitation~~
~~of xthe movements x - left knee~~.
Color Vision CN. Reflexes normal.

5710 2N
102067N

**Part 3.** We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category E A
Special remarks when category lower than A ~~disability left leg~~.

E.S. Harding, M.D. W. Tremblay, Lt.-Col. J.A. Ryan, M.D.
E.S. Harding W. Tremblay J.A. Ryan M.D.
President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

| Date | Brief details and signature | Date | Brief details and signature |
|---|---|---|---|
| DEC 13 '41 | TAB'T [illegible] Capt. | 14 APR '43 | Recheck cat "A" [illegible] |
| 17 MAR '42 | [illegible] | | |
| 4-6-42 | 3rd [illegible] | 28 APR '43 | Recommend Cat E A [illegible] |
| DEC 13 '41 | VPCC [illegible] Capt. | | |

Regtl. No..... Rank..... Surname..... Christian Name.....

| STATION | Date of Arrival at the Station | Dates of Admission into Hospital | | | Dates of Discharge from Hospital | | | DISEASE | Number of days in Hospital | Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |
| C.A (B) T.C. 41 | 10-1-42 | 4 | 2 | 42 | 1[illegible] | 2 | 42 | Bursitis over Malleolus | 8 | Huntingdon Military Hospital | W.S. Bracegirdle Capt |
| A-12, C.I.T.C. | 12-3-42 | 11 | 5 | 42 | 23 | 5 | 42 | Bursitis of right int. malleolus. | 12 | St. Anne's M.H. Discharged as A.W.L. (Improved). | [illegible] |

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

# SERVICE AND CASUALTY FORM

PART I (For all ranks)

Final 2/D

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit Black Watch (RHR) of Can CA. Regimental Number D83138

1. Surname ROWAN. ~~MOX~~
2. Christian Names Norman.
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 Lachine Que.
5. Date of birth as declared on attestation 15th Dec. ~~1922~~ 1923
   (A)
6. Date of enlistment December 12th 1941
7. Place of enlistment Montreal South. Que.
8. Residence at time of enlistment 1806 Dorchester St West Apt 4 Montreal Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C of E.
12. If married, state date Single.
13. Trade on enlistment Factory Hand.
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps — Unit (Battn., etc)

(18) Medical

| Category | Date | Authority |
|---|---|---|
| A | 10-12-41 | M.F.M. 2/5 |
| A- | 15-6-44 | MBM-1 |

(19) Next of kin (entries to be made in pencil)

Mrs Elizabeth Rowan (Wife)
815 Pennard St E
Toronto Ont.

(20) E.
(21) E.
(22) E.

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

| (a) Report: Date | (a) Report: From whom received | (b) Unit | (c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I | (d) Place of Casualty | (e) Date of Casualty | (f) Army rank as at (e) | (g) Army Form or other authority for entry to be shown |
|---|---|---|---|---|---|---|---|
| | | | Non Tradesman | | | | |
| | | | S.O.S. C.A.(A.F.) CANADA ON | | | | |
| | | | EMBARKATION ON 13 May 43 | | | | |
| | | | T.O.S. C.A.(A.F.) OVERSEAS ON | | | | |
| | | | TRANSFER ON 14 May 43 | | | | |
| | | | AND DISEMBARKED ON 22 May | | | | |
| | | | T.O.S. — 5 C.I.R.U. | UK | 22 May 43 | Pte | 79 & 26 May 43 |
| | | 5 CIRU | AWL from 1600 hrs | UK | 30 June 43 | Pte | 109 5 July 43 |
| | | 5 CIRU | 21 dys F.P. + forf. 21 dys pay AWL 1600 | | | | |
| | | | 30 June - 2215 4 July (4 dys 6 hrs 15 m) | | | | |
| | | | TOT forf. 26 dys pay | UK | 7 July 43 | Pte | 115 12 July 43 |
| | | 5 CIRU | Att fap to 1 sub Depot CBOD | UK | 1 July 43 | Pte | 119 19 July 43 |
| | | 5 CIRU | CTBA fap to # 1 CBOD | UK | 2 Aug 43 | Pte | 132 4 Aug 43 |
| | | | awd a forf. of 1 days pay for WOAS AA | | | | |
| | | | Sec. 9(2) Disobeying a given command | | | | |
| | | | by superior officer. | UK | 10 Aug 43 | Pte | 139 13 Aug 43 |
| | 5 CIRU | S.O.S. | To RHC FY | UK | 26 Aug 43 | Pte | 150 27 Aug 43 |
| | | 1 RHC | Tot from 5 CIRU | Fld | 27 Aug 43 | Pte | 54 4 Sept 43 |
| | O.C. | ✓ | awarded 7 days C.B. + forf 6 days Pay | ✓ | 4 Oct 43 | ✓ | 64 - 30 Oct 43 |
| | | | for awl from 2300 hrs 1 Oct 43 to 0615 hrs | | | | |
| | | | 2 Oct 43, forf 6 days Pay 7 R&P 149-2. | | | | |
| | | | forf 1 days Pay 7 R&P 149-1 A. Total 7 days Pay | | | | |
| | ✓ | ✓ | on 11 Nov 43 awarded a forf of | | | | |
| | | | 28 days Pay for an off under AA 40 | ✓ | 11 Nov 43 | Pte | 68 - 24 Nov 43 |
| | | | forfs 28 days Pay under 7 R&P 149-2 | | | | |
| | ✓ | ✓ | on 16 Nov 43 awarded 7 days forf | ✓ | 16 Nov 43 | Pte | 69 - 30 Nov 43 |
| | | | of Pay for awl from 2300 hrs 26 Oct 43 | | | | |
| | | | to 2375 hrs 26 Oct 43 (Absent 25 min) | | | | |
| | | | forfs 7 days Pay 7 R&P 149-2 | | | | |
| | ✓ | ✓ | Part II order No 69 Para 9-M of 30 Nov 43 | ✓ | 7 Dec 43 | Pte | 71 - 15 Dec 43 |
| | | | is hereby cancelled | | | | |
| | ✓ | ✓ | On 16 Nov 43 awarded a forf of 7 days Pay | ✓ | 16 Nov 43 | Pte | 71 - 15 Dec 43 |
| | | | (1) for an off under AA 15-1 awl from | | | | |
| | | | 2300 hrs 26 Oct 43 to 2375 hrs 26 Oct 43. | | | | |

(absent 25 min.)

# SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)
40/P & S/412 (3006)

(PART II)

Regiment or Corps... 1RHC. Regimental Number D 83138

Substantive Rank Pte Surname Rowan Christian Names N.

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

| (a) Report: Date | (a) Report: From whom received | (b) Unit | (c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I | (d) Place of Casualty | (e) Date of Casualty | (f) Army rank as at (e) | (g) Army Form or other authority for entry shown |
|---|---|---|---|---|---|---|---|
| | OC. | 1RHC. | (2) an off under a.a. 40. forfs 7 days pay under 7R&P. 149-2. completely consumed with award of 28 days forf of pay awarded on 11 Nov 43 D.O. 68 Paras 13 & (B) of 24 Nov 43. | 7 d. | 16 Nov 43 | Pte | 71-15 Dec 43. |
| | ✓ | ✓ | on 24 Dec 43 awarded a forf of 5 days pay for an off under a.a. 40, forfs 5 days pay under 7R&P. 149-2. | ✓ | 24 Dec 43 | Pte | 1-7 Jan 43. |
| | ✓ | ✓ | Awarded Canadian Volunteer Service Medal and Clasp | ✓ | 15 Jan 44 | Pte | 4-26 Jan 44 |
| | ✓ | ✓ | adm to 18 7d amb. | ✓ | 16 apr 44 | Pte | 20-19 apr 44 |
| | ✓ | ✓ | Remd to 3 CCS | ✓ | 16 apr 44 | Pte | |
| | ✓ | ✓ | Remd to 13 cdn gen hosp | ✓ | 16 apr 44 | Pte | |
| | ✓ | ✓ | SOS to X-3 list (1RHC) on adm to 13 cdn gen hosp. | ✓ | 16 apr 44 | Pte | |
| 22 apr 44 | 2 Ech X-3 (RHC) | | T.O.S. from 1 Bn Black Watch on adm to hosp | ✓ | 17 apr 44 | ✓ | 14-25 apr 44 |
| 15 May 44 | " | " | S.O.S. to 4CIRU on dis from hosp unf | ✓ | 29 apr 44 | | 16-23 May 44 |
| | TOS | 4CIRU | TOS from RHR (Black Watch) X list on dis from Hosp | UK | 28-4-44 | Pte | 114-1-5-44 |
| | | | ~~Granted 14 Pt w MPA from 2 to~~ | | | | |
| | | | AWL from 0615 hrs 29 May 44 Stdlat 0615 hrs | | | | |
| | Co | 4CIRU | 6 Jan 44 (8 days) | UK | 29 May 44 | Pte | 147-6 Jan 44 |
| | | | AW from 0615 hrs 29 May 44 Returned at | | | | |
| | Co | 4CIRU | 2200 hrs 4 Jun 44 | UK | 4 Jun 44 | Pte | 150- |
| (Amended DO 157) | | | Charge A A Sec 15 (1) AWL (6 days 15 hrs 45 min) Awarded 6 days F.P. Forfs 6 days pay FR&I 149(2) 7 days pay FR&I 149(1)(a) 4 days FR&I 149(1)(c) Total forf | | | | |
| | Co | 4CIRU | 17 days pay | UK | 9 Jun 44 | Pte | 154-14 Jun 44 |
| | ~~SOS~~ | ~~4CIRU~~ | ~~to 11 Bn - 2CBRG~~ | ~~UK~~ | ~~17 Jun 44~~ | ~~Pte~~ | ~~158-Jun 44~~ |

| (a) Report: Date | (a) Report: From whom received | (b) Unit | (c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I | (d) Place of Casualty | (e) Date of Casualty | (f) Army rank as at (e) | (g) Army Form or other authority for entry to be shown |
|---|---|---|---|---|---|---|---|
| | | | Embarked U.K. 5 Jul 44 Disembarked France | | 6 Jul 44 | | 37 - Jul 44 |
| | SOS | 4 CIRU | SOS to 11 Bn 2 CBRG | UK | 22 June 44 | Pte. | 162 - 23 June 44 |
| X4 | B Watch | 11 Bn | TOS from 4 C.I.R.U. | " | 23 June 44 | Pte | 22 - Jul 44 |
| | | | SOS to Bl Wtch | | 26 Jun | | 23 Jul 44 |
| | OC | 1 RHC | TOS from X-4 list | Fd. | 27 June | Pte | 34 - 7 July 44 |
| | ✓ | ✓ | to the L cpl | ✓ | 10 Aug 44 | L cpl | 49 Sep 44 |
| Cancel By. | ✓ | ✓ | Reverts to Pte on being SOS to X3 list | | 13 Sep 44 | Pte | |
| Do 79 Dec 44 | | | RHC. To draw Regt Rate of Pay of $1.50 | | | | 59 Sep 44 |
| | ✓ | ✓ | SOS to X3 list RHC. | | 13 Sep 44 | Pte | |
| ~~24 Sep 44~~ | ~~X3~~ | ~~BW~~ | ~~TOS from 1st Bn Black W~~ | ~~"~~ | ~~14 Sep 44~~ | ~~"~~ | ~~40/44~~ Cancel #76/44 |
| | OC | RHC. | SOS deceased Died of wounds | Fd. | 13 Sep 44 | L cpl. | 79 Dec 44. |

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

# 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*) 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 ROWAN
(Surname first—Christian names in full—Block capitals)
NORMAN ARTHUR

(2) Regimental or Official Number and Rank D-83138 Pte.

(3) Unit B.W. (R.H.R.) of Can. C.A.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys Girls
Names and ages NIL

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them NIL

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
NIL
Name

NIL
Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

If so, state her full name and Postal Address NIL

(11) Is your father alive? NO

If so, state name and address, occupation NIL

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. NIL

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? NIL

(14) Is your mother alive? NO

If so, state name and address NIL

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment NIL

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? NIL

(17) Are you contributing to the support of any dependents, other than those shown above? NO.
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship NIL

Full Name NIL

Postal Address NIL

Amount contributed monthly during the past six months NIL

(18) Are you insured? NO

If so, in what Company? NIL
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NIL
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

J. Rowan
(Signature of officer or man)

Date 12-12-41

L. J. Bernard Capt
Officer Commanding

Date 12-12-41

NO 4 DISTRICT DEPOT, A.F.

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

# FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

**PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE**

LAISSEZ EN BLANC

## Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) ROWAN NORMAN ARTHUR (b) N° matricule D-83138
2. (a) Arme ARMY (b) Unité R.W.(RHR) OF CAN. C.A. (c) Rang PTE.
3. (a) Date de naissance 15 Dec., 1923 (b) Avez-vous des personnes à votre charge? NO (c) Domicile au moment de l'enrôlement MONTREAL P.Q.
4. (a) Lieu d'enrôlement MONTREAL SOUTH P.Q. (b) Date d'enrôlement 12-12-41

## Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 16 Years (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 2 Years High School
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu No
8. (a) Êtes-vous déjà entré en apprentissage? NO (b) Si oui, dans quel métier? NONE (c) Avez-vous complété votre apprentissage? (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé?
9. (a) Quelles langues parlez-vous couramment? ENGLISH (b) Quelles langues lisez-vous facilement? ENGLISH

## Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) NOT WORKING (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? NO

## Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école? YES
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé LATHE HAND (b) Durée d'emploi dans cette occupation ou métier? 2 Months
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement 2½ Months
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom CANADIAN TUBE & STEEL CO.LTD. Adresse MONTREAL P.Q.
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.) TUBE & STEEL CO.
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

## Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Adresse
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.)
20. (a) Genre précis de votre occupation (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? (c) Désirez-vous retourner à votre ancien emploi?

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

## Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? NO (b) Vous croyez-vous apte à exploiter une ferme? NO (c) Si oui, dans quel genre de culture? NO
25. (a) Êtes-vous né sur une ferme? N (b) Nombre d'années d'expérience effective dans la culture? N (c) Dans quelles provinces avez-vous acquis votre expérience? NO

## Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? NO
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) NO
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule NONE

DATE 12-12-41 194 SIGNATURE J. Rowan

Soldiers Qualification Card

**CONFIDENTIAL**

CODED A.T. 44 503

D-83138 — Regt'l. Number | ROWAN — Last Name (Block letters) | NORMAN — First Name | ARTHUR — Middle Names

CARDS PUNCHED

Unit: 5 C.I.R.U.

1 Corps: INFANTRY (B.W.)

2 Nationality: 08 Can. — By Birth ✓ — By Naturalization — Country of Birth: Canada

3 Racial Origin: Father: British - English; Mother: " - "

4 Language spoken in home: French ..... English ✓ Other .....

5 Age: 19/5 (15-12-23) 6 Height: 5 ft. 8 in. 7 Weight: 135 8 Silhouette: 1 | 2 | 3 ✓

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

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

14 Handedness: R ✓ | L | A 15 Med. Category: A

Cause .....

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

Health History .....

16 Education Level: Illiterate ..... El. ..... ( Sec. 9 (15) (Grade completed)

Conduct during school life .....

| 17 University or Institution / 18 Professional | Course Taken | Years completed | Degree | Year |
|---|---|---|---|---|
| | | | | |

| 19 Post Graduate | Course | From—To | Degree | Year |
|---|---|---|---|---|
| | | | | |

20 Specialized Training:

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

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

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

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

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

24 Main occupation: Description: Apprentice - Machinist 1½ yrs.
Lathe Hand 5 Months
Estimate of skill: Limited.
5252 Duration (from—to): 1939 to 1941 Weekly Wage: 15 & 35.
4806 Employer's Name and Address: Anglo Wire-Rope Co - Montreal, Que.
Can. Tube & Steel Co. " "

50 "M" Test — CANADA — Score P — S.M. — Test 9 Score ENGLISH

| | Score | S.M. | |
|---|---|---|---|
| 1 | 17 | | Sub-total 48 |
| 2 | 16 | | S.M. |
| 3 | 15 | | |
| 4 | 19 | | Sub-total 35 |
| 5 | 16 | | S.M. |
| 6 | 10 | | Sub-total 48 |
| 7 | 12 | | S.M. |
| 8 | 26 | | |
| Tot. | 131 | S.M. | Grade C |

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

52a MECHANICAL APT.
Test .....
Score ..... Grade .....
Date .....

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

53 TRADE TESTS

| Trade and Grading | Date |
|---|---|
| | |

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

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

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

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck ..... 28 Light Truck — 29 Auto — 30 Motorcycle —
31 Farm Tractor ? 32 Tracked Vehicle — 33 Power Launch — 34 Aeroplane —
35 Accident Prone No.

Farming Experience: Wide ..... Limited ..... None ✓
District ..... Type .....

Job promised after discharge? No. By whom? Name .....
Job ..... Address: .....
Other provision for post-discharge occupation .....
Type of work desired Machinist.
Occupational history: Ambitious ..... Stable ✓ Accidental ..... Erratic .....

36 Marital Status: M ..... S ✓ W ..... D ..... Sep .....
2 Marital Problems .....
Age of wife ..... Wife's attitude to Service ..... Wife's Health .....

37 No. of Children 0 38 No. of Dependents 0
Relationship of Dependents .....
No. of Brothers 1 No. of Sisters 3 Position in family 4.
Status of home in childhood: BROKEN - Mother died when he was 5 and 13 when father died.
RELIGION — C. of E.

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....
5 Mechanics ✓ Other .....
40 Sports: (1) Golf. (2) Skating (3) Riding.
HWB Team Games and Position (1) Basket Ball - forward - Goal.
3 (2) (3)
41 Ability to Entertain: Music: String ..... Brass .....
Woodwind ..... Percussion ..... Piano ..... Vocal .....
Theatrical ..... Other .....

42 Previous Experience in Armed Forces

| ARM or CORPS | Type (C.E.F., N.P., etc.) | Years | Highest Rank | Last Discharge (Yr.) | Special Training Received |
|---|---|---|---|---|---|
| | | | | | |

43 CURRENT SERVICE: Date Enlisted 12 Dec '41 Place Enlisted Montreal, Que. D.D. #4.

| Date From—to | Country | Corps | Unit and Sub-unit | Rank 44 | Principal Duty | Performance |
|---|---|---|---|---|---|---|
| 12.12.41—9.1.42 | CAN. | " | D.D. #4. | Pte. | Recruit Trg. | |
| 10.1.42—9.3.42 | " | " | #41 B.T.C. | " | Basic " | |
| 10.3.42—13.5.43 | " | " | A12 C.I.T.C. | " | Adv. Trg. + Gen Duty. (C) | |
| 14.5.43— | ENG | " | 5 C.I.R.U. | " | REINF. | |
| | | | | A | | |

45 COURSES ATTENDED

| | PLACE | Date: From—to | Qualified as | Rating |
|---|---|---|---|---|
| Machinists' Course | Motordrome Montreal, Que. | 4-10-42 to 3.1.43 | | 871 "Q" |

46 Crime: Courts Martial Convictions — Major Offences — Minor Offences 1/10 Det. 7/30 C.B.

Civil Convictions — Fines — Hospitalization 2/22 days (scissors on Rt. ankle)

49 Psychiatric ☑ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

| Designation | Degree of Proficiency | Date | Authority |
|---|---|---|---|
| Machinist (Metal) | 303 | | |

55 Type of Service Desired (1) Sniper 478 (2) Bren Gunner 078

Remarks re Outstanding or Limiting Factors

| | |
|---|---|
| Deportment | Good |
| Disposition | Reserved. |
| Appearance (grooming) | Average |
| Physical appearance | Healthy |
| Map Reading | Fair |
| Military Knowledge | Fair |
| Mechanical Knowledge | — |

athletic young lad who enlisted when under age. Took machinist course against his wishes but did not take trade test in order to get on draft. Is somewhat fed-up as he spent the last year mainly on fatigues. However, he is a capable lad and he would like to fight. His attitude should soon improve and he should progress well with training.

Attitude to Interview: Antagonistic ____ Overanxious ____ Co-operative ✓ Indifferent ____

Reason for Joining Cdn. Army (if ascertainable) Love of adventure. Joined with friends.

48 Suggested Possibilities for Employment (1) Poss Sniper

(2) Poss Bren Gunner

Tests Indicated: 2nd Mental ____ Mech. Apt. ____ Clerical Apt. ____

Other Apt. ____ Pers. ____ Trade Test as ____

Interviewed by G H Turner Capt Date 27 May 43

Reviewed by ____ Date ____

**...ns whole Form and Instructions ...n other side before commencing to complete.**

# -WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Norman Arthur ROWAN (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Hochelaga

Province of Quebec, Factory Hand (Civil Occupation) B.W. (RHR) of Can. C.A.

Regimental No D-83138, Unit, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "My Sister" Mrs. Elizabeth Turner, residing at: 1806 Dorchester Street, West, Apt. 4- Montreal, Quebec, Canada.

All my estate both real and personal.

N.R.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

N.R.

(4) I appoint (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 13th day of December 19 41

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.

N. Rowan.
(Signature of soldier)

First witness sign here.

(5) Signature W. V. Whitt Pte.

Civil Address Ville St Laurent Que.

Civil Occupation Student.

Second witness sign here.

Signature Louis W. Hetek. Pte

Civil Address 4300 Chambord St. Montreal. P.Q.

Civil Occupation Salesman.

(Witnesses are not to be beneficiaries.)

[OVER]

FOR COMPLETION AND RETURN BY



Form P. 64

Mrs. Elizabeth Turner,
815 Gerrard St., E.,
Toronto 8, Ont.

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.05-r-15, 744 ED125

ESTATES BRANCH
FEB 6 1945
H.Q. OTTAWA
NAL DEFENCE

# DEPARTMENT OF NATIONAL DEFENCE
## ESTATES BRANCH
### OTTAWA, ONT.

25 January 1945

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

ROWAN Norman Arthur, L/Cpl.,

D-83138- 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.

G. H. Ford, Capt.
for Director of Estates.

GHF/AK

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

## ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|---|
| 1 | Widow of the Deceased..... | | Not Married | | |
| 2 | Children of the Deceased and dates of their Births..... | | | | |
| 3 | Father of the Deceased..... | | Melville Rowan. | 52 | Jan 3/1937 |
| 4 | Mother of the Deceased..... | | Elizabeth Brown | 37 | Oct 7/1929 |
| 5 | Brothers of the Deceased | Full Blood | Melville Thomas | 33 | R.C.A.F. Overseas. |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | Mildred Ethel<br>Phyllis John<br>Elizabeth Mary<br>(Turner) | 24<br>18<br>30 | 815 Gerrard St E.<br>815 Gerrard St E.<br>815 Gerrard St E. |
| | | Half Blood | | | |
| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each. | | Names and ages of their children (if any) | | Address of their children |
| | Edith May. Sept 15/1932. | | | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased. | Norman Arthur Rowan. |
| 9 | Date of his birth. | Dec. 15 / 1923 |
| 10 | Place and date of his marriage. | X |
| 11 | Place and date of his parents' marriage. | Montreal June 10/1912 |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Montreal. |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a)<br>(b) Montreal<br>(c)<br>(d) Quebec all his life before going overseas. |
| 14 | Nature of employment before enlistment. | Joining year when I / did not have steady employment. |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | X |
| 16 | Name place where deceased stated he intended to make his permanent home. | Home. |

## PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did he leave a Will? If in your custody, please forward. | None only w hen w as made who joined army. |
| 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? | X |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? | No. |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | None. |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | None. |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | None |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | None |

## OTHER PARTICULARS

| | | |
|---|---|---|
| 24 | Did the deceased after enlistment incur any debts for:—<br>*(a)* His own separate board and lodging while on service.<br>*(b)* Service clothing and equipment.<br>An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | No |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. | No |
| | (NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.) | |

(PLEASE TURN OVER)

## DECLARATION

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

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

*.....of the deceased.

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

.....{Signature of Informant}

.....Address

---

## CERTIFICATE

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

*See above. .....{Name of informant} is the*.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at.....this.....day of.....19.....

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

Address.....

---

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

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

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

"

To Whom it may concern".

I have filled out this form of which I cannot see much sense, as my brother Norman was only 17, nothing but a lad when, because he could not get work he had to go to war. If you or any one can tell me how he could have such a thing as you call an estate because he was killed when twenty I would be most happy to see or hear from them. We are a family of children now men & women who at a very early time were left without parents. Norman was five when his Mother died and twelve when his father died. He did not even have time to ~~take~~ live never mind getting an estate together I am writing this because it seems to me such a pity that we people that are the next of kin keep being reminded that he is no more. Elizabeth Turner.

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH
# INVENTORY

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

No., RANK and NAME D-83138 L/Cpl Rowan N A Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Group

CHECKED BY A-117006 Gnr Schwartz M
B-1759 Sgt Graves J G DATE 9 Jan 45

| | | | |
|---|---|---|---|
| I | Wris t Watch(No Name). | | |
| I | Hackle. | | |
| I | Wallet. | | |
| | Photos. | | |

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

TRIPLICATE — with effects.

.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
22 JAN 1945
BRANCH
HEADQUARTERS

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH
# INVENTORY

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

No., RANK and NAME D-83136 L/Cpl Rowan N.A. (Deceased)

RECEIVED FROM 2nd Echelon 21 Army Group

CHECKED BY C-52743 Gnr McDonald S.J.
C-5591 Pte Patterson L.K. DATE 3 Feb 45

| | |
|---|---|
| Letters<br>Snaps | |

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

L K Patterson Pte

for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
FEB 1945
BRANCH
HEADQU'RTE.S

Sheet No.

# POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D-83138 Rank L/Cpl Surname Rowan Christian Name Norman A.

| Unit | Hospt. | Admitted Day | Admitted Mo. | Admitted Year | Discharged Day | Discharged Mo. | Discharged Year | Hospt. Days | Disease or Injury | Remarks | Cas. List No. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 28 | 4 | 44 | 12 | Subcutaneous cyst. lt. ankle. | | C-1373. |
| Reg. H. of Can. (Blk. W) | 13 Cdn. Gen. | 16 | 4 | 44 | | | | | Bursitis lt. medial malleolus. | | C-1355. |
| " | | | | | | | | | Wounded 13-9-44 | | A 494 |
| " | — | | | | | | | | D.O.W. 13-9-44 | Pre Re. Unit A 494 | A 502 |

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

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-93138 RANK Lance Corporal SERVICE UNIT Black Watch (RHR) of Canada (CA)

NAME ROWAN, Norman Arthur

DATE OF BIRTH DAY 15th MONTH December YEAR 1922 Date enlisted: 12-12-4

MARITAL STATUS Single Religion: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Sister NAME Mrs. Elizabeth Turner

ADDRESS 815 Gerrard St. E. Toronto 8, Ont. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 2230A H.Q.405-R-15744

CASUALTY DETAILS Died of wounds DATE 13-9-44

FRANCE

S/L 2645

O/C #5 CIRU

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NIL YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 23-10-44

OFFICER I/C RECORDS

E.I. 6 BD

COPY FOR DOCUMENT FILE

242

1st November, 1944.

Mrs. Elizabeth Turner,
815 Gerrard Street E.,
Toronto 8, Ontario.

Dear Mrs. Turner:

It was with deep regret that I learned of the death of your brother, D83138 Lance Corporal Norman Arthur Rowan, who gave his life in the Service of his Country in the Western European Theatre of War on the 13th day of September, 1944.

From official information we have received, your brother died as the result of wounds received in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. C. SPENCER
BRIGADIER
Acting Adjutant-General

OCT 27 1944

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

/IAP

Mem X. Nil
7. 11. 44

9

405-R-15744

# FIELD SERVICE MBR

Army Form B. 2090A.

**ORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.**

---

REGIMENT OR CORPS: Calg Highrs — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-83183 38 — Rank: Pte

Surname: ROWAN — Christian Names: N.A.

Died — Date: ~~12 Sep 44~~ 13 Sept 44 — Place: France

Cause of Death*: Died of Wounds

Nature and Date of Report: A.F.W. 3014/139 15 Oct 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: Bourbourg, MR09697497 Sheet 39/28 1/50,000 — Date: 16 Sep 44

By whom reported: C.F.

**State whether he leaves a Will or not** — (a) in Army Book 64: No

(b) as a separate document: Not received

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: Belgium 16 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric G Roberts Capt. for Officer i/c Cdn Sec GHQ 2 Ech 21 A Gp

14

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

**1. PLACE OF DEATH**

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

*Place an X over the word which applies to this municipality or this territory*: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

**2. LENGTH OF STAY**

| (a) In hospital or institution | Years | Months | Days | (b) In municipality where death occurred | Years | Months | Days | (c) In Province | Years | Months | Days | (d) In Canada (if immigrant) | Years | Months | Days |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

**3. NAME OF DECEASED**

Surname: ROWAN (Block letters)

Given names: Norman Arthur

**4. RESIDENCE**

Street: Dorchester W. No. 1806

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Que.

11. DATE OF BIRTH: Dec. (Month) 15th, (Day) 1922 (Year)

| 12. AGE OF DECEASED | Years | Months | Days | If less than one day old |
|---|---|---|---|---|
| | 21 | | | ....hrs. or....min. |

**OCCUPATION**

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

| | 17. NAME | 18. BIRTHPLACE (Province or Country) |
|---|---|---|
| FATHER | | |
| MOTHER (Maiden Name) | | |

19. Place of burial, cremation or removal: France

20. Date of burial: ....19....

**21. PLACE OF REGISTRATION OF THIS BURIAL**

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: Sept. (Month) 13th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h....alive on....19....

## 24. CAUSE OF DEATH

**I**

**Immediate cause**
Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Died of wounds due to rec'd in action

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

(b)....
due to
(c)....

**II**

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

**III** If a communicable disease is mentioned on this certificate, give
(a) Date of appearance....19....
(b) Duration of disease....days

OVERSEAS CASUALTY
CANADIAN ARMY

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

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

State findings....Was there an autopsy?....

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

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

Manner of injury....
(How sustained)

Nature of injury....

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

AUG 1 1945

**Signed**....M.D.

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

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

[signature] C.S.

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

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

16

**(Voir l'autre côté pour le français)**

Director of Records, Dept. of Natl. Defence

No D.83168 Rank L/Corporal Name ROWAN, Norman Arthur

Unit Black Watch(R.H.R.)of Can. Date of death 15th Sept., 1944.

Died at France

Cause Died of wounds received in action.

Death occurred on strength of Forces.H.Q. 405-R-15744

N/K Mrs. Elizabeth Turner Relationship Sister

Address 815 Gerrard St. E., Toronto 8, Ontario.

Remains buried in Bourbourg,MR09697497 Sheet 39/28 Cemetery

1/50,000 France

CHK

Grave location

OVER-

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

DEC 11 1945

AUG 1 1945

NOV 14 1944

NOV 2 1944

Temp BR sent to NK.

REBURIAL

Calais Canadian Military Cem.
St. Inglevert, France.
Grave 6, row C, plot 7.
CR Form Despd. JAN 20 1947

H & I

Photogr'phs

Despatched

OCT 21 1947

5M-10-44 (M-4414)

13-9-44

# AWARDS—CANADIAN ARMY (ACTIVE)

M

FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No 405-R-15744

| SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES | REG. No. | RANK ON DISCHARGE | C.A.S.F. UNIT |
|---|---|---|---|
| ROWAN, Norman Arthur | D.83138 | L/Cpl. | Black Watch of Can. |

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|---|---|
| 1939-45 Star<br>France & Germany Star<br>Defence Medal<br>War Medal<br>CVSM & Clasp | |
| | 1367 |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

REGN. NO A3907

(1) MEDALS

PERSON ENTITLED TO Mrs. E. Turner Sister

ADDRESS: 815 Gerrard St. East , Toronto, Ont.

(2) MEMORIAL CROSS

WIDOW (SINGLE)

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER (DECEASED) (MEMS.)

(3)

ADDRESS:

H.Q. 405-R-15744 D.R.2(D)

11th December, 1945.

Mrs. Elizabeth Turner,
815 Gerrard St. E.,
Toronto 8, Ontario.

Dear Madam:

Information has just been received from overseas that the remains of your brother, D83138 Lance Corporal Norman Arthur Rowan, have been carefully exhumed from the original place of interment and reverently reburied in grave 6, row C, plot 7, of Calais Canadian Military Cemetery, St. Inglevert, 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.

JJJ

24