DYNES
FREDERICK JAMES
257
D 83164

MFM 279 ISSUED MAY 44

OCCUPATIONAL HISTORY FORMS COMPLETED

S. 17 C. S. of I.

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

FINGER — PRINTED

ORIGINAL
DUPLICATE
~~TRIPLICATE~~

FINGERPRINTED & PHOTOGRAPHED

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

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

Unit ~~BLACK WATCH (RHR) CA~~ Inf. R ..... Regimental Number ~~D-83164~~ Lieut

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

WSG COMPLETED

1. Surname ..... DYNES
2. Christian Names ..... FREDERICK JAMES
3. Present address ..... 1170 ST.MARK ST APT 39 MONTREAL QUEBEC CANADA
4. Date of birth ..... 25 SEPTEMBER 1920
5. Place of birth ..... IRELAND (Country) ARMAGH (County or Province) ULSTER (Town or Township)
6. Religion (state denomination) ..... CHURCH OF ENGLAND
7. Trade or Calling ..... RADIO - GENERAL
8. Married, Widower or Single ..... ~~SINGLE~~ - MARRIED 26 Apr 44
9. Name of next of kin ..... MRS. ISOBELL DYNES SEE CHANGE See Change
10. Relationship MOTHER - ~~1170 ST MARK ST APT 39 MONTREAL QUEBEC CANADA~~ See change inside
11. Address of next of kin ..... ~~1170 ST MARK ST APT 39 MONTREAL QUEBEC CANADA~~
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? YES
BW 3RD BN FROM AUGUST 1940 To Date. (815-125) R.C.A from 1938 to 1940
(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)
..... (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? ..... NO (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, Frederick James DYNES, 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 24th Jany, 1942 ..... F. Dynes. (Signature of recruit)

Witness G. T. Kavanagh Sgt

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

F. Dynes (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 24th day of Jany, 1942 19

L. B. Pennell Capt. (Signature of Magistrate, Justice or Attesting Officer.)

NO. 4 DISTRICT DEPOT, A.F. (Officer 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 D Y H E S (Surname) Frederick James (Christian Names) Regimental Number D-83164

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Student & General Radio Man

Technical: Nil

Languages: English, ~~xxxxx~~ College French

Educational Qualifications

High School or Collegiate: 3 Yrs. (years completed)

Graduation or Matriculation: Sr Matr. (McGill) (specify)

*College: Nil

*University: 1 Yr (Senior Matr.)

7 Yrs, Montreal, P.Q. Can

*(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 on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
24-1-42	D.R.O.	Joined on appointment No. 4 District Depot, CA:	Pte.	24-1-42	4DD.	Mtl.Sth	4DD.Ptll.No.20	24-1-42
27-1-42	4 DD.	PROCEEDED ON COMMAND AND ATTACHED FOR ALL PURPOSES TO C.A.(A)T.C. A-12 FARNHAM.QUE	PTE.	27-1-42	"	"	" " 22	27-1-42
28-1-42	A-12	On Command and attached for all purposes from No. 4 District Depot	"	28-1-42	A-12	FARN	PT. II NO. A-22	28-1-42
9-5-42	"	On Command and attached for all purposes to No. 4 District Depot, Mont. South, Que.	"	~~10~~ 8-5-42	"	"	" " "A-98	11-5-42
26-5-42	4 D.D.	Address of next of kin is chg.to51St.PaulSt.Farnham.Que.			"	"	" " " A-98	11-5-42
9-5-42		Appointed A/L/CPLS to complete Est.	A/L/CPL	1-5-42	"	"	" " "A-95	4-5-42
12-5-42	4 D.D.	~~ATTACHED FOR ALL PURPOSES TO MOTORDROME BARRACKS FOR TRADE COURSE FROM CATC A-12 FARNHAM, QUE~~ TOS from A-12 Farnham	A/L/CPL	2-5-42	"	" "	" " " 112	12-5-42
		+ Posted to V.T. Wing						
13-5-42	4 D.D.	REVERTED TO HIS PERMANENT RANK OF PE. UNDER THE PROVS.OF R.O. 1340.	PTE.	2-5-42	"	" "	" " " 112	12-5-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full DYNES, Frederick James Place Montreal

Place Date 17 Jan 42

Part 1. Information obtained from the recruit.

1. Age 21 2. Have you ever suffered from any of the following diseases?

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

F Dynes
Signature of Applicant.

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

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

a vac left arm.

2. Height 5 feet 6¼ inches. 3. Weight 136 pounds.

4. Complexion Med Eyes Blue Hair Fair

5. Development Good (Good / Fair / Poor)

URINE 6527 N
JAN 2 1942
X-RAY 106968 N

6. Chest measurement—Girth on full expansion 34 inches.
Range of expansion 3 inches.

7. Vision, right 20-30 left 20-30
With Glasses— right left

8. Hearing, right CV20 left CV20

9. Condition of mouth and teeth Fair

10. The abnormalities (congenital and pathological) found on examination are as follows

Ears, Nose, Throat normal-W G Dalpe, MD.
Color Vision CN. Reflexes normal.

Soft systolic murmur apex- pulse 64- functional.

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

Special remarks when category lower than A

H AUBRY MAJOR — President
W TREMBLAY LT COL — Member
L FOURNIER LT — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
JAN 24 '42	Tab-1- M. S. Cohen, Lieut.	21-7-43	
28 APR '42	A K Macpherson		
7-8-42	3 Gilfillan Lieut		
JAN 24 '42	VACC M.S.C.	1-11-43	Cat confirmed.
19.2.44	TABd 1/2cc Major Capt	4.5.43	Pulhem confirmed.
Mar 44	14,11,31 3 Dose TYPHUS Major Capt		
15 Apr 44	Typhoid neg. Cavalry Capt		
2.8-44	Vacc MH Brione Capt.		

Y.O.B.	P	U	L	H	E	M	S
20	1	1	1	1	1	1	1

Regtl. No. D-83164 Rank Pte. Surname D Y H E S Christian Name Frederick James

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				
Brockville, Ont.	11-12-42	16	2	43	23	2	43	Influenza	8	Cured. R.T.U.	[illegible] Capt.

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

Statement of the Service of No. D-83164 Rank [illegible] Sheet No. 2

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

Name DYNES. FREDERICK JAMES.

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
13-8-42	ATC A12	Pt. II Orders No. A-165(para 2) dated 10-8-42 is amended to read:-from 4-8-42 to 17-8-42 and not from 12-8-42 to 25-8-42.	A/Cpl.	12-8-42	ATC A12	Farnham	Pt. II No. A-167	12-8-42
20-9-42	A-12	Attended Course No. 38 at A-12 C.I.T.C. FARNHAM QUE. is Qual "Q-1"	"	11-9-42	"	"	A-197	19-9-42
SEE	FURTHER CHANGE	Address next of Kin(Mrs. I.Dynes Mother) is changed from 51 St. Paul St. Farnham Que. to 19 Kirk St. Farnham Que.	"	7-10-42	"	"	A-211	7-10-42
		Having attending a ~~[illegible]~~ Special Automobile Course at International Harvester Co. of Canada is rated B(plus)	"		"	"	A-218	15-10-42
		~~S.O.S. on transfer to No 4 District Depot pending reposting to O.T.C. Brockville~~	"	~~9-12-42~~	~~A-12~~	~~Farnham~~	~~A-263~~	~~10-12-42~~
	Promoted art 144(b)	to the rank of A/SGT under the prov of F.R.&.I.	"	9-12-42	"	"	A-263	10-12-42
	S.O.S. on	transfer to No 4 District Depot Montreal	Que. A/Sgt.	9-12-42	"	"	A-263	10-12-42
		T.O.S. on trans from C.A.(I).T.C. A-12 Farnham Quebec	"	10-12-42	"DD 4	MTL STH	DD 4 297	10-12-42
11-12-42.	4 D.D.	P.O.C. and attached for all purposes to O.T.C. Brockville, Ont.,	A/Sgt.	10-12-42	4 D.D.	Mtl.Sth.	4 DD PT II 298	11-12-42.
		Having been posted for qualification, to O.T.C. Brockville, Ontario is attached for all purposes including pay. Effective 11 Dec. 42.	Cdt.	11-12-42	O.T.C.	Brockville	Pt.II D.O.#294	14 Dec.42.
		Granted Special Leave & Furlough Transportation Warrant No. 328502 dated 18 Dec. 1942.	Cadet	18-12-42	O.T.C.	Brockville	Pt.II D.O.#301	22-12-42
		Admitted to Brockville Military Hospital.	Cdt.	16-2-43	O.T.C.	Brockville	Pt.II D.O.#42	18 Feb 43
		Discharged from Brock. Military Hospital.	Cdt.	23-2-43	O.T.C.	Brockville	Pt.II D.O.#47	24 Feb 43

Statement of the Service of No. D-83164 Rank PTE. Sheet No. 1

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

Name DYNES F.J.

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
20-5-42	4 D.D.	PT II NO 112,DATED 12-5-42,PARA 1,SHEET5, "STRENGTH INCREASE" EFFECTIVE DATE IS AMENDED TO READ: 9-5-42 AND NOT 2-5-42 AS SHOWN. AND PARA 14,SHEET 15,"REVERSIONS EFFECTIVE DATE/ IS AMENDED TO READ: 8-5-42 AND NOT 2-5-42 AS SHOWN.	PTE.		4 D.D.	MTL SOUTH	4 DD PT 2 NO 117	18-5-42
20-5-42	4 D.D.	PT II ORDER NO 117,DATED 18-5-42 PARA 24, SHEET 22,"AMENDMENTS" EFFECTIVE DATE OF REVERSIONS IS AMENDED TO READ: 9-5-42 AND NOT 8-5-42 AS SHOWN.	PTE.		4 D.D.	MTL SOUTH	4 DD PT 2 NO 118	19-5-42
30-6-42	4 DD	SOS on transfer to No 4 Vocational Training School Motordrome Bkts Montreal.	Pte	29-6-42 ~~XXXX~~	4DD	" "	" " " #155	28-6-42
1-7-42	4 VTS	Takem on the non-effective strength on transfer from Non4 D.D. and is attached to No 4 D.D. (Motordrome Bkts) for rations and quarters.	Pte	30-6-42	4 VTS	Motordrome	4 VTS PT 11. #1	30-6-42
2-7-42	4 VTS	S.O.S. on transfer to C.A.I.T.C. A-12, Farnham, Que.	Pte.	30-6-42	"	" "	" " " #2	1-7-42
6-7-42	ATC A12	Ceases to be On Command for all purpl to No. 4 Dist. Depot, Montreal on completion of Special Automotive Course	"	30-6-42	ATC A12	Farnham	Pt. II No. A135	30-6-42
6-7-42	"	Pt. II Orders No. A-135(para. 1)dated 30-6-42 is amended to read: A/L/CPL.	A/L/CPL	2-7-42	"	"	" " " A-137	2-7-42
24-7-42	"	To be A/Cpl. to complete establishmant by auth. of his C.O..	"	1-7-42	"	"	" " " A-148	17-7-42
24-7-42	"	Pt. II Orders No. A-235(para. 1) dated 30-6-42 is amended to read: with effect from1-7-42 and not 30-6-42.	A/Cpl.	17-7-42	"	"	" " " A-148	17-7-42
24-7-42	"	Pt. II Orders No. A-148(para3) dated 17-7-42 is amended to read: effective date- 2-7-42 and not 1-7-42.	"	20-7-42	"	"	" " " A-149	20-7-42
11-8-42	"	Granted 14 days furlough under R.O. 699, 12-8-42 to 25-8-42.	from "	12-8-42	"	"	" " " A-165	10-8-42

Statement of the Service of No..... Rank Lieut. Sheet No. 3

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

Name DYNES F.J.

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
		Qualified and appointed Provisional 2/Lt. Inf. at O.T.C.	2/Lt.	13-3-43	O.T.C.	Brockville	PT.II D.O. #62	13-3-43
		Ceases to be attached to OTC and is SOS his Unit on posting to A-12 Inf. T.C. Farnham, Que.	"	19-3-43	"	"	" #68	19-3-43
		TOS on temp. att. from O.T.C. Brockville	"	20-3-43	A-12	Farnham	A-66	22-3-43
		Qual. as Lieut. Inf R Pend. Conf.	Lieut.	16-4-43	"	"	A-88	17-4-43
		ATT. to T.C. 48 St. Johns, Que.	"	16-4-43	B "	"	A-88	17-4-43
22-4-43	BTC48	Attached f.a.p. from C.I.T.C. A-12, Farnham, Que.	"	17-4-43	BTC48	St.Johns	BTC48 DO A-91	22-4-43
21-5-43	"	Granted annual leave under the prov. of R.O.699 wef 1200 hrs.19-4-43 to 1200 hrs. 3-5-43 and auth. to draw 50¢ per diem ration allow. for that period under the prov. of Art. 196(4)F.R.&I. CAN.(Auth: MD4 AA&QMG M.8-1-24-4648 A(PS.O)d/21-4-43)	"		"	"	" A-94	26-4-43
26-7-43	"	Ceases to be attached f.a.p. on return to C.I.T.C. A-12,Farnham.(Auth:M.8-1-50 d/5-10-42. M-8-1-11-4600 APS04 d/17-12-42)	"	26-7-43	"	"	" A-173	27-7-43
		Ceases to be attached for all purp. to C.A.B.T.C. 48 St. John's, Que and posted to E. Coy.		27-7-43	A-12	Farnham	A-174	27-7-43
		Having been tested at A-12 C.I.T.C. farnham is qual. Driver I.C. Class III (Track Driver I.C. Class III (wheeled) and Driver I.C. Class III (motorcycle)	"		"	"	"-226	25-9-43
		Att'd f.a.p. except pay to S-17 CDN School of Inf. Veron, B.C.	"	2-11-43	A-12	Farnham	A-258	2-11-43
		Having attended Battle Drill Course is qual Q-I	"		"	"	15	19-1-44
		S.O.S. to A-34 S.O.T.C., Sussex, N.B. on ceasing to be att. f.a.p. ex. pay to S-17 Cndn School of Inf. Vernon, B.C.	"	30-4-44	"	"	104	2-5-44

Statement of the Service of No. ..... Rank Lieut. ..... Sheet No. 4

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

Name Frederick James DYNES

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
		Attached to S/17 CSofI for all purposes except pay while attending Junior battle Wing Course	Lieut.	6 Nov 43	S-17 CSOFI	Vernon	PT II DO #34	10 Nov 43
		Ceases to be attached to CS of Inf for all purposes except pay on completion of JBW Course	Lieut	11Dec 43	S-17 CSofI	Vernon	60	10 Dec 43
		Attached to CSofI for all purposes except pay wef 12 Dec 43 on being retained as an instructor.	Lieut	12 Dec 43	CSofI	Vernon	64	15 Dec 43
	Issued with	Furlough Transportation Warrant A550381	Lieut					
		Entitled to wear Can Vol Service Badge	Lieut	24 Jul 43	"	"	14	18 Jan 44
		Granted Special Leave with ration allowance form 28 Apr 44 to 30 Apr 44 incl.	Lieut	28 Apr 44	"	"	93	22 Apr 44
		Ceases to be att to C S of I for all purposes except pay on attachment to A-34 SOTC.	Lieut	30 Apr 44	"	"	93	22Apr 44
		Taken on Strength A-34 SOTC for all purposes on transfer from S-17 CSofI, Vernon, B.C.	Lieut	1 May 44	A-34 SOTC	Sussex N.B.	#94	3 May 44
		MARRIED to Miss Phyllis Louisa MANELS of Montreal (Marriage Certificate, Produced)	Lieut	26 Apr 44	A-34 SOTC	Sussex N.B.	#94	3 May 44
		Issued with Transportation Wattrant A503500 from Sussex, N.B. to Montreal, Que.	Lieut	6 May 44	A-34 SOTC	Sussex, N.B.	#97	6 May 44
		Granted annual leave with pay and ration allowanne from 4 May 44 to 17 May 44 incl (14 days)	Lieut	4 May 44	A-34 SOTC	Sussex, N.B.	#98	8 May 44
		CHANGE OF NEXT OF KIN FROM: Mrs. Isobell DYNES (Mother) 19 Kirk St., Farnham, Que. TO: Mrs. Phyll is Louisa DYNES (Wife) 490 Prince Arthur St.W., Apt No 7. Montreal, Que.						
		Struck off strength A-34 SOTC for all purposes on proceeding to the British Army Overseas.	Lieut.	10 May 44	A-34 SOTC	Sussex, N.B.	#100	10 May 44
		S.O.S., C.M. Canada 20 May 44	Lieut.	19 May 44	A-34 SOTC	Sussex PTO	# 107	20 May 44
		T.O.S., Canloan 21 May 44						
		Disembarked 2 June 44	Lt		CANLOAN		6	6 June 44
		Posted to 103 Rft Dep	Lt	25 JUN 44	21 A Gp X List	UK	12 X	14 Jul 44
		Posted to 1 BW	Lt	8 July 44	21 A Gp	UK	12	22 July 44
SOS		Killed in Action (1 BW)	Lt.	7 Aug 44	Canloan		16	A18 23 Aug 44
		Embarked UK for NWE	Lt	5 July 44	21 A Gp	UK	15 X	22 July 44
		Disembarked NWE	Lt	6 July 44	21 A Gp	UK	15 X	22 July 44

N/K

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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) CA Regimental Number D-83164

1. Surname DYNES
2. Christian Names Frederick James
3. *Substantive Rank and Appointment LIEUT. 16APR43
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Ulster Armagh Ireland
5. Date of birth as declared on attestation 25 Sept. 1920
   (A)
6. Date of enlistment 24 January 1942
7. Place of enlistment Montreal South, Que. Canada
8. Residence at time of enlistment 1170 St. Mark St. Montreal Que. Can.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Church of England
12. If married, state date 26 Apr 44
13. Trade on enlistment Radio-General
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: INFANTRY R A-84
Unit (Battn., etc): S.O.T.C.

(18) Medical

Category	Date	Authority
"A"	17-1-42	M.F. M.2's
20-1-1-1-1-1-1-1	21-7-43	M.F.M. 2
Cat. confirmed	1-11-43	M.F.M. 2
Pulhems confirmed	4-5-43	M.F.M. 2

(19) Next of kin (entries to be made in pencil)
MRS PHYLLIS LOUISA DYNES (WIFE)
490 PRINCE ARTHUR ST. W.,
APT. NO 7.,
MONTREAL, QUEBEC, CANADA.

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

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

CFEF	1st	2nd	Mor S	Score
MD	MD	MD	YOB	Disp

(a) Report		(b)	(c)	(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
		CANLOAN	SOS Cdn Army Canada on Embarkation		20May44	Lieut.	
			TOS Canloan		21May44	Lieut.	
			Disembarked U.K.	UK	2Jun44	Lieut	6 6 Jun 44
	X List 21	Army Gp	Posted to 103 Rft. Group	UK	25Jun44	Lieut	12 14 Jul 44
	X List 21	Army Gp	Embarked UK for N.W.E.	UK	5Jul44	Lieut	15 22 Jul 44
	X List 21	Army Gp	Disembarked N.W.E.	NWE	6Jul44	Lieut	15 22 Jul 44
	X List 21	Army Gp	Posted to 1 Black Watch	NWE	8Jul44	Lieut	15 22 Jul 44
		CANLOAN	Awarded the Clasp to C.V.S.M.		21Jul44	Lieut	29 20 Nov 44
	Canloan Cas List		Killed in Action (1 B.W.)	NWE	7Aug44	Lieut	Cas List A-18
		CANLOAN	SOS Killed in Action (1 B.W.)	NWE	7Aug44	Lieut	16 23 Aug 44

7-8-44

AWARDS—CANADIAN ARMY (ACTIVE) M (1705)

MJA

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 602-4-673

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
DYNES, Frederick James		Lieut.	Can.Officer On Loan To British Army.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star War Medal CVSM & Clasp	4399

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Phyllis L. ~~DYNES~~ TEMPLE (Re-married) ~~(WIDOW)~~

14-5-47 (1)

ADDRESS: ~~490 Prince Arthur St., W., Apt. 7, Montreal, Que.,~~ 83 Debreslay Ave. POINTE CLAIRE, Que.

(2) MEMORIAL CROSS

WIDOW: Mrs. Phyllis L. Dynes, (ENGLISH)

DESP. NOV 9 1944 REGN No. 5795 (2)

(1705)

ADDRESS: 490 Prince Arthur St.W., Apt. 7, MONTREAL, P.Q.

(3) MEMORIAL CROSS

MOTHER: Mrs. Isabell Dynes, (MFM-5) (ENGLISH)

DESP. NOV 9 1944 REGN No. 5796 (3)

(1705)

ADDRESS: 19 Kirk St., FARNHAM, P.Q. ~~490 Prince Arthur St., W., Apt. 7, MONTREAL, P.Q.~~

MEMORIAL BAR

DATE DESP.

REGN. NO. 2202

~~Cadet~~ Cadet

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
D-83164	A/L/Cpl.	DYNES, Frederick	A	21	

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
English	French	H.Q.M.D. 4	11-7-42

II. Revised Examination "M"

H.Q.M.D.4 — Place Tested; 11-7-42 — Date Tested; H. Grenon, Lt. — By Whom

Total	Group	Subtests 1	2	3	4	5	6	7	8	Subtotals 1–3	4–5	6–8	English or French
174	11	16	19	19	22	24	17	22	35	54	46	74	E

Other Tests

C.A.C. Test 11-7-42 H.Q.M.D. 4 71 Sup.

III. Educational Background This candidate obtained his Junior Matric. equivalent but failed in Latin (McGill). He wants to go into Theology but would prefer staying in the Army.

IV. Occupational Background He is still a student.

V. Military Background Candidate had four years in Reserve (R.C.O. and Blackwatch) and did his Advance in February, 1942. He is actually M.T. Instructor A.-12. This young man is anxious to go overseas, where he could show what he can do on the battlefield expecially in Infantry. He is wellat ease when in charge of a Platoon. He was nervous at first but alright to-day

VI. Other Personal History and Appraisal

Candidate is the eldest of four children. His father is R.S.M. (A.-12).
He is gradually becoming involved in group activities.
He likes to read ancient and modern history and poems by Milton.
He was active in all regular outdoor sports: baseball, bootball, rugby.

Subject is a young man of twenty-one, single,
very confident, clean cut speech.
5'7½", 145 lbs.
His scores are good. schooling also good,
military background and leadership are very good.
Stability high (1).

VII. Recommendations

This Candidate is GOOD OFFICER MATERIAL

(Signed) M. R. Dufresne Lieut.
for H. Grenon, Lt. i/c OCS. HQ MD 4
Army Examiner

See reverse side for further information and follow-up

M.F.M. 196
100M—8-42(5607)
H.Q. 1772-39-1916

FURTHER INFORMATION AND FOLLOW-UP

OTC, Brockville, Ont. 20-12-42.
Backgrounds good--frank--evidence of steady, straight thinking--dependable--ambitious and willing to pay the price for it.--quite youthful but with more experience should be good officer material.

E Sager Capt

(E. Sager) Captain
A.E. #01 OTC, Brockville, Ont.

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 DYNES
(Surname first—Christian names in full—Block capitals)
FREDERICK JAMES

(2) Regimental or Official Number and Rank D-83164 PTE.

(3) Unit B.W. (RHR) OF CAN. CA.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife N.A.

(*b*) Present postal address of wife N.A.

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys N.A. Girls N.A.

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

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

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

.....

.....

(11) Is your father alive?.....YES.....

If so, state name and address, occupation.....Mr. Ralph Alfred DYNES.....

.....(SOLDIER RSM.).....ARMY-.....

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

(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.....

.....N.A.....

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

(14) Is your mother alive?.....YES.....

If so, state name and address....MRS. ISABELL DYNES

.....1170 ST MARK ST. APT. 39, MONTREAL QUE. CAN.....

(15) If your mother is a widow, are you her sole or partial support?.....NO.....

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

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?.....N.A.....

(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 .....N.A.....

Full Name .....N.A.....

Postal Address .....N.A.....

Amount contributed monthly during the past six months.....

.....N.A.....

(18) Are you insured?.....NO.....

If so, in what Company?.....N.A.....
(Give number of policy)

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

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

x R. Dynes
.....
(Signature of officer or man)

Date....24-1-42.....

R. J. Bennett Capt.
.....
Officer Commanding.....

Date.....24-1-42.....

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.

No _____ Rank Lieutenant Name DYNES, Frederick James

Unit CANLOAN Date of death 7th Aug., 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 602-4-673

N/K Mrs. Phyllis L. Dynes Relationship Widow

Address 490 Prince Arthur St. W., Apt.7,Montreal, P.Q.

Remains buried in _____ Cemetery

Grave location

CHK

OVER

BURIAL REPORT TO N.K. APR 25 1946

RETURN TO BUR. OF STAT APR 27 1946

ROYAL MESSAGE DESP'D. AUG 30 1944

CAN. MESSAGE DESP'D. 30-8-44

REBURIAL

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

Grave 3, Row F, Plot 25.

HI & CR Form Despd. OCT 17 1947

C-6-10-492 1a

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M—10-43 (2314)
H.Q. 1772-39-1656

(1) I, Frederick James Dynes (Name in Full), of the town (City, Town, Village, Township)

Address in civil life.

of Farnham, in the County / District of .....

Province of Quebec, Student (Civil Occupation)

C

Regimental No. CDN 518 Lieut, Unit The Black Watch, 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 wife, Phyllis Louisa Dynes of 490 Prince Arthur St., W., Apt. No 7, Montreal, Quebec, Canada all my estate

F.J.D.

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

F.J.D.

(4) I appoint Mrs. F. J. Dynes (Name) 490 Prince Arthur St., W. Apt. No 7, Montreal, P.Q. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 28th day of June 1944.

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.

F. J. Dynes (Signature of soldier)

First witness sign here.

(5) Signature J A Brayley
Civil Address 8 Fenwick Ave - Montreal West Quebec
Civil Occupation Student

Second witness sign here.

Signature A. D. Gloss
Civil Address Hampton Cres. Lakeview. Ontario
Civil Occupation Student.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

WILL RECEIVED IN
DOCUMENT SECTION
AUG 14 1944
RECORD OFFICE
NAT. DEF. H. Q.

Receipt is Acknowledged

AUG 12 1944

(C. L. LAURIN) Colonel
Director of Records,
for Adjutant-General.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER

RANK Lieutenant

SERVICE UNIT Canadian Officer on Loan to British Army

NAME DYNES, Frederick James

DATE OF BIRTH 25th September 1920

DATE OF ENLISTMENT 24-1-42

MARITAL STATUS Married

RELIGION Church of England

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

ADDRESS 490 Prince Arthur St.W. Apt. 7, Montreal.P.Q.

NAME ADDRESS D.A.B. Mrs. Phyllis L. Dynes

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9274 H.Q.602-4-673

CASUALTY DETAILS Killed in action

DATE 7-8-44

FRANCE

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

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

DATE 19-8-44

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

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full DYNES, Frederick James (b) Reg'l. No.
2. (a) Arm of service Army (b) Unit S-17 CS of I. (Gen List) (c) Rank Lt
3. (a) Date of birth 25 Sept 20 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Que
4. (a) Place of enlistment Montreal, Que (b) Date of enlistment 24 Jan 42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 21 (b) Were you attending school or college up to the time of enlistment? Yes
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.) Junior Matriculation
7. If you attended a university, give name of university and standing or degree secured Diocesan Thelogical College
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working," as case may be; particulars are asked for below) Not Working (b) At time of enlistment of what trade union or professional society were you a member? N/A

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10(a)

11. Had you ever been employed fairly regularly since leaving school? Yes
12. (a) If answer to 11 be "Yes," state exact trade or occupation at which you actually worked Radio Sales & Repair (b) State how long you had worked at this trade or occupation 2 years
13. If answer to 11 be "No," state exact trade or occupation for which you feel qualified N/A
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment December 1942
15. Give details of last employer, if any: Name Western Radio Co1 Address Montreal, Que
16. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) Radio Sales & Repair
17. (a) If your last employment was in a business of your own, state nature and address of business N/A (b) Date of discontinuing it N/A

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10(a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Address
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your 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

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? N/A
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? N/A (c) In what provinces did you have experience? N/A

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Yes
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Complete Schooling
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Education

DATE 24 Jan 194 4 SIGNATURE F Dynes Lieut

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: DYNES, (*Block letters*)

Given names: Frederick James.

Do not write in this space

4. RESIDENCE

Street: Prince Arthur St., No. 490

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Ireland.

11. DATE OF BIRTH: September (Month) 25th (Day) 1920. (Year)

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Radio (General).

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 7th (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) Killed in action.

due to

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

due to

(c)....

II

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

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

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

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

State findings.... Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

Signed....M.D.

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

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

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY
CANADIAN ARMY

APR 27 1946

Director of Records, Dept. of National Defence.

M.F.M. 131
Original
Duplicate

RECOMMENDATION FOR A COMMISSION

1. Particulars of Candidates

(a) Surname.....DYNES

(b) Christian Names..Frederick James

(c) Regimental Number....D-83164

(d) Unit.....BLACK WATCH (RHR) of CANADA

(e) Date of joining Unit....JANUARY, 28th 1942.

(f) Date and place of enlistment..JANUARY 28th, 1942-MONTREAL

(g) Present Rank and date..JUNE 11th, 1942. L/CPL.

(h) Medical Category.....A

(i) Age.....21

(j) (i) Date of birth.September 25th, 1920

(ii) Place of birth.....LURGAN
(town or township)

Co. Armagh NORTHERN-IRELAND
(County or Province) (Country)

(k) Religion (State Denomination).....ANGLICAN

(l) (i) Nationality.....BRITISH

(ii) Nationality at birth..BRITISH

(m) (i) Married or Single.....SINGLE

(ii) If married, nationality of wife at birth..N/A

(iii) Number, sex and ages of Children...N/A

(n) Educational Qualifications...Three years at the High School of Montreal-Senior Matriculation- McGill Misus Latin and Greek while attending Montreal Diocesan Theological College

(o) Languages (State if written or spoken)...ENGLISH

(p) Previous service in P.F., N.P.A.M., or other British Forces (State Unit and years of service)
27th Field Battery R.C.A. June 1937-Aug, 1940
3rd Battalion Black Watch(RHR) of Canada, Aug.1940-January 1942...

[illegible] or Corps in which a commission is desired by candidate

BLACK WATCH (RHR) OF CANADA

Date June 30, 1942 Signature of Candidate F. Dynes

3. Military Particulars

(a) Military Character
(Certified copy of MFM 6 to be attached)

(b) Courses attended A.F. / R.F. (state month and year)

UNIT NO.C.O.'s (Serial)(31) Farnham, February 1942(AF)
Special Automotive Course May 1942 (AF)
N.C.O.'s COURSE MOUNT BRUNO, September 1940 (RF)
" " FARNHAM, July 194 1 (RF)
SMALL ARMS H.Q.M.D. 4 Nov.-December 1941(RF)

(c) Technical Qualifications (if any) (state details)

4. General Remarks (see Instructions for Recommendations, para. 3 & 6)

Excellent Type of Soldier - Good Bearing and appearance - Good Officer Material.

Date 15th June, 1942 Major
(Signature of Candidate's Commanding Officer.)
C.I.T.C. A-12

5. Remarks by Formations Commander or District Officer Commanding.

(A.G. WHITE) Lieut-Col.
Date 16th August 1942 Signature for E. de B. Panet, Brig.-General.
Commanding D.O.C. M.D. No.4

6. Remarks by Officers Administering Corps (see para. 12 (a) (ii) of Instructions for making recommendations).

.....

.....

.....

Date..... Signature.....

Officer Administering.....

7. To be completed by Candidates Commanding Officer. (see para. 12 of Instructions for making recommendations)

Selected to attend Officers' Training Centre at O.T.C. (EC)

...PROCKVILLE..... Commencing...NEXT COURSE.....194..

Date 15th June 1942 Signature.....Major.....

O.T.C. A-12,

Commanding.....

8. To be completed by Commandant of the Officers' Training Centre.

(a) Report on Candidate..Sound knowledge of basic subjects...Has had ...instructional experience...Interested and is consistent worker. ...Confident and has shown willingness to learn.....

.....

.....

.....

(b) Recommendation.....Recommended for commission.....

.....

EP

Date...13 Mar 43.....Signature.....(M.F. Gregg) Colonel

Commanding..O.T.C. (EC).....

For Use at N.D.H.Q.

9. Appointed.....

10. Remarks (where not appointed to a Commission).....

.....

.....

.....

.....

Date.....Signature.....

(Director of Personal Services)

Note: The original copy will be retained at N.D.H.Q. and the duplicate returned to the D.O.C. or Formation Commander.

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 27th Battery R.C.A. REGT. No. 257

1. What is your surname? (Block letters) DYNES
2. What are your Christian names? FREDERICK JAMES
3. What is your present address? 3637 PARK AVE Phone No MA 6557
4. Employer's name and address? — Phone No. APIS 14
5. Date of Birth SEPT-25-1919 6. (a) Country of Birth IRELAND (b) Nationality ~~Can~~ Can
7. Are you Single? YES Married? — Widower? —
8. What is your trade or calling? STUDENT 9. Religious persuasion? C of E
10. Previous Naval, Military or Air Force Service
    Give particulars, qualifications, etc.
    No
11. Name, Relationship and Address of Next of Kin FATHER
    3637 Park Ave

CERTIFICATE OF MEDICAL EXAMINATION

Height 5' 7" Weight 130 lbs. Chest max. 34½" min. 31½"

Descriptive marks None Eyes, R 10/10 L 8/10

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him fit Category A1

Date June 14/37. & June 23/37 Signature J. V. Hall Capt. R.C.A.M.C.

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned ..... do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

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

X E L Reed — Frederick J. Dynes.

Signature of Witness — Signature of Man

Dated this 14th day of June 193 7 at Montreal

CERTIFICATE OF 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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

E. St. G. Stanning Capt RAOC

Signature of Magistrate, Justice of Peace, or Attesting Officer

M.F.B. 235d.

50M—2-35
H.Q. 1772-39-1545

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from..... 14.6.37.			.... Officer Commanding Unit..... .....
Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.