D93751
FERNEYHOU
WILLIAM

MEMORANDUM FOR

P. 64

Mr. James Ferneyhough,
St. Pierre Street,
Ste. Anne de Bellevue, P.Q.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-F-4487

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

March 16, 1943

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

FERNEYHOUGH, William,

No. D-93751.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(L.M. Firth) Lt.-Col.,
Administrator of Estates.

ESTATES BRANCH
MAR 22 1943
H. Q.
OTTAWA
NATIONAL DEFENCE

M.F.W. 77
5M—9-41 (1669)
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 inquired for	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.....		NIL		
2	Children of the Deceased and dates of their Births.....		NIL		
3	Father of the Deceased.....		JOHN FERNEYHOUGH	NK	Deceased Date not known
4	Mother of the Deceased.....		MARGARET FERNEYHOUGH	NK	Deceased Died 1919.
5	Brothers of the Deceased	Full Blood	JAMES FERNEYHOUGH	45	Ste Annes Hospital, Ste Anne de Bellevue PQ
		Half Blood	NIL		
6	Sisters of the Deceased	Full Blood	NIL		
		Half Blood	NIL		
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
	NIL		NIL		—

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....	NIL		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	NIL	Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	WILLIAM FERNEYHOUGH
11	Give the month and year of his birth.	May 10. 1899
12	Where and when were his parents married?	Not known
13	If deceased was married, state place and date of marriage.	N A
14	Did he leave a Will? If so, a copy should be attached hereto.	Yes. Copy hereunto
15	Did he leave a bank account? If so, give full particulars.	not known
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	no.
17	State *your own* postal address in full.	James Ferneyhough Ste Annes Hospital Ste Anne de Bellevue PQ.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Macclesfield. Cheshire. England
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	1899-1913 - Macclesfield, Cheshire, England 1913-1942 - Province of Quebec, Canada
20	What was the nature of his employment?	Waiter and Hospital Orderly
21	Did he own the premises in which he lived? If so, where?	no.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no.

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no.
24	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.	Paid by Dept of National Defence

(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, 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 the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

*only Brother of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

James Ferneyhough — Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief James Ferneyhough (Name of Informant) is the *Brother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

*See above

Dated at Ste Annes Hospital this 19th day of March, 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

Qualification Commissioner of the Superior Court District of Montreal

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 enquired after is stated in its proper place in the Statement opposite.

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

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

NO. 4 DISTRICT DEPOT, C.A.S.F.

ORIGINAL
DUPLICATE
TRIPLICATE

DUPLICATE

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

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

Unit 9 Fd. Amb. R.C.A.M.C. Regimental Number D-93751

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname FERNEYHOUGH.
2. Christian Names WILLIAM.
3. Present address 40 D St Anne St, St Annes de Bellevue, Que Canada.
4. Date of birth 11 May 1900
5. Place of birth England. (Country) Cheshire. (County or Province) Macclesfield. (Town or Township)
6. Religion (state denomination) Roman Catholic.
7. Trade or Calling Hospital Orderly. (Hospital Cook.)
8. Married, Widower or Single Single.
9. Name of next of kin ~~Mrs Margaret Ferneyhough.~~ See chge DU12 of 5/2/42
10. Relationship ~~Mother.~~ ~~40 St Anne St, St Anne de Bellevue, Que, Canada~~
11. Address of next of kin ~~11 Millgreen Congeton, Cheshire, England.~~
12. Have you served in any Naval, Military or Air Force? Yes.
13. If previous war service, state arm, force and regimental particulars Regt'l No 2522594 C.E.F. 79th Battery CFA Feby 1918 to May 29th 1919.
14. Do you now belong to or have you served in the Active Militia of Canada? NIL.

.....
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, WILLIAM FERNEYHOUGH. do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force 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 25 April 1940 W. Ferneyhough
S. F. Hfour - Witness (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

W. Ferneyhough (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 Que. this 25th day of April 19 40

S. F. Hfour — {Signature of Magistrate, Justice or Attesting Officer.

Major — {Office or Rank and Unit or appointment.

COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.

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 FERNEYHOUGH. (Surname) WILLIAM. (Christian Names) Regimental Number D-93751 ~~XM-92775X~~

Qualifications

Military: NIL.

Business or Professional: NIL.

Trade or Civil: Hospital Orderly. (Hospital Cook)

Technical: NIL.

Languages: English.

Educational Qualifications

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

Graduation or Matriculation: NIL. (specify)

*College: NIL.

*University: NIL.

7 Years Public Schooling.

*(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 Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on appointment NO. 4 DISTRICT DEPOT, C.A.S.F.						
26 Apr. 40	DRO	at own request	Pte	26 Apr 40	4DD	Montreal	Pt. II No ~~109~~ 110, 4DD	26 Apr. 40
8 May 40		Change Unit to No. 1 Gen. Hosp. RCAMC. CASF	"	8 May 40	Nol " Cndn	"	4DD. Pt. II No 119	8 May 40
16 May 40	4 DD	Nol Cndn Gnl Hosp RCAMC CASF	Pte	16 May 40	Nol Cndn Gnl Hosp	Montreal	Nol. Cndn. Gnl Hosp Pt. II D.O. No. 1.	16 May 40
	DO 113 12-11-41	S.O.S. C.A.S.F. (Canada) on embarkation at Halifax on ~~23rd~~ 23rd July, 1940					No. 1 CGH	9 Aug 1940
		T.O.S. C.A.S.F. (Overseas) on transfer on 24th July, 1940 and disembarked at Glasgow on 2nd Aug 1940						
17 Aug 40		P.L. (disembarkation) 18 to 23 Aug 40	Pte	18 Aug to 23 Aug 40	No 1 Can. Gen. Hosp.	~~Maidenhead~~	No 50	17 Aug 40
6 Nov 40		Leave to 13 Nov 40	"	6 Nov 40	"	Marston Green	DO No 48	6 Nov 40
6 Dec 40		Qualified classified cook (Group C)	"	18 Nov 40	"	"	# 94	6 Dec 40
21 Dec 40		Draws tradesmen's pay for above	"	from 16 May 40	"	"	# 99	21 Dec 40
		A.W.L. Total 7 days C.B. Forfeits 1 Wage pay. F.R.O. I 150(a)	"	4 Mar 41	No 1 Can Hosp	"	29	7 Mar 41
		2nd Pro leave & warrant to 30 June 41	Pte	20 June 41	1 Can Hosp	Marston Green	66	20 June 41

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

ARE YOU RECEIVING OR HAVE YOU IN THE PAST RECEIVED

NO. 4 DISTRICT DEPOT, C.A.S.F.

CERTIFICATE OF MEDICAL EXAMINATION

Name in full FERNEYHOUGH: William Date 23-4-40.

Part 1. Information obtained from the recruit.

1. Age 39 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	j. Nasal trouble	no
b. Tuberculosis	no	k. Ear disease	no
c. Bronchitis or asthma	no	l. Eye disease	no
d. Heart disease	no	m. Epilepsy	no
e. Kidney or bladder disease	no	n. Nervous or mental disease	no
f. Gastro-intestinal	yes	o. Syphilis	no
g. Rupture	no	p. Gonorrhoea	no
h. Varicose veins	no	q. Have you ever worn glasses?	no
i. Flat or deformed feet	no		

W. Ferneyhough (Signature of Recruit)

Examiner's remarks re above Ears, Urine and reflexes normal. Color vision (Ishihara)(CN) A. Delahaye Capt.

X-Ray normal.

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Scar on stomach. Tattoo left forearm. 1 vacc left arm.

2. Height 5 feet 4½ inches. 3. Weight 131 pounds.

4. Complexion fair Eyes brown Hair red 5. Development good (Good / Fair / Poor)

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

7. Vision, right 20-20 left 20-20 8. Hearing, right W.V. 20 left W.V. 20

9. Condition of mouth and teeth good

10. The abnormalities (congenital and pathological) found on examination are as follows
Operated on for duodenal ulcer 20 years ago. 1920.
No recurrent symptoms no medical consultation since operation.

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

President Member Member

YOU IN THE PAST RECEIVED, DISABILITY OR COMPENSATION. IF SO GIVE DETAILS no

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
14/5/40	TAB 1/4 cc } Woodbridge Lt.		
1/6/40	1/2 cc }		
29/6/40	B 1/2 cc Woodbridge Lt		
4/7/40	1 cc Woodbridge Lt		
14/5/40	Tet 1 cc Woodbridge Lt		
9/7/40	Tet 1 cc. Woodbridge Lt		
14/5/40	Vacc. neg. Woodbridge Lt		
1[illegible]/5/40	Vacc. succ. Woodbridge Lt.		

Regtl. No. D-93751 Rank Pte. Surname FERNEYHOUGH. Christian Name WILLIAM.

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				

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

MILITIA BOOK No. 1

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

Hennessy Roy
425
Rosedale

Militia Book M-1. (Part II)
70M—1-40 (3583-4-5)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

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

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

94008—1

Ferneyhough
425
Rosedale

SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-93751 Unit #1 CAN. GEN. HOSP.

Surname (in capitals) FERNEYHOUGH.

Christian Names (in full) WILLIAM.

Date of Birth 11 MAY 1900.

Place of Birth MACCLESFIELD, CHESHIRE, ENGLAND

Trade on Enlistment

Nationality of Father at birth English.

Nationality of Mother at birth English.

Religion ROMAN CATHOLIC.

Enlisted at MONTREAL. QUE. CAN.

Date 25 APL. 1940.

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period.

Signature of Soldier W. Ferneyhough

Signature of Officer L. P. Belanger Lieut.

Place Montreal Canada. Date 25 June 1940

(II) CORPS and UNIT to which Soldier actually BELONGS

Date of Posting or Transfer	Corps	Unit	Signature of Officer
1940 MAY	R.C.A.M.C.	No 1. CAN. GEN. HOSP.	L.P.B.
27-3-42	1 CAN. N.E.T.D.		[illegible]

(III) If serving in a Corps other than his own, CORPS and UNIT to which ATTACHED

Period		Corps	Unit	Signature of Officer
From	To			

Fernyhough
425
Rotherdy

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	DECEASED.	
	Mother	MARGARET FERNEYHOUGH	APL/40
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full
11 MILLGREEN, CONGLETON, CHESHIRE ENGLAND.

Hennessy Hoogh
425
Rodney

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result.	Date	Signature of Officer
Trade Tested.	Pt II #34	Paul Laplante
Cook - Class III	7/7/42	Major R. Cook

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer

Lemnaghough

42 S.
Rotody

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer

(X) TRADE RECORD
(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer
Ordinary Cook	C.	III.	Commenced	16/5/40	Paul Kaplan

Fermoyhough

425

Rotcody

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
23 Apr 40	A.	A. H. Smythe, Lt Col, President.	J. E. Kearns Capt

Hurney Rough

425

Rotherdy

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB / 1/4 cc	14/5/40	
/ 1/2 "	1/6/40	
/ 1/2 "	29/6/40	
/4 1 "	4/7/40	
Tet. 1 "	14/5/40	
" 1 cc	9/7/40	
TAB 1/2 cc	17/5/41	
TET 1 cc	17/5/41	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
14/5/40 neg	
1/6/40 succ	

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
5 Days Disembarkation Leave	Pt II No 50.	
from 18th to 23rd Aug 1940.	17/8/40.	
10 Pri Leave Free Warrant	Pt II No 84	
from 6/11/40 to 13/11/40.	6/11/40	
2nd Pri Leave, Free Warrant	Pt II 66/41	
from 20th to 30th June 1941.	20 Jun 41	
3rd Pri Leave, No warrant	Pt II No 112	
from 7th to 14th Nov. 1941.	8/11/41	

CANADIAN DENTAL CORPS

MEMORANDUM

M.F.B. 465B
8M pads of 100—7-41 (1231)
H.Q. 1772-49-950

Dental Coy. No. 24 Date 21-5-42

Reg. No. D-93751 Rank Pte Name Ferney Hough W. Unit R.C.A.M.C. #4 D.D.

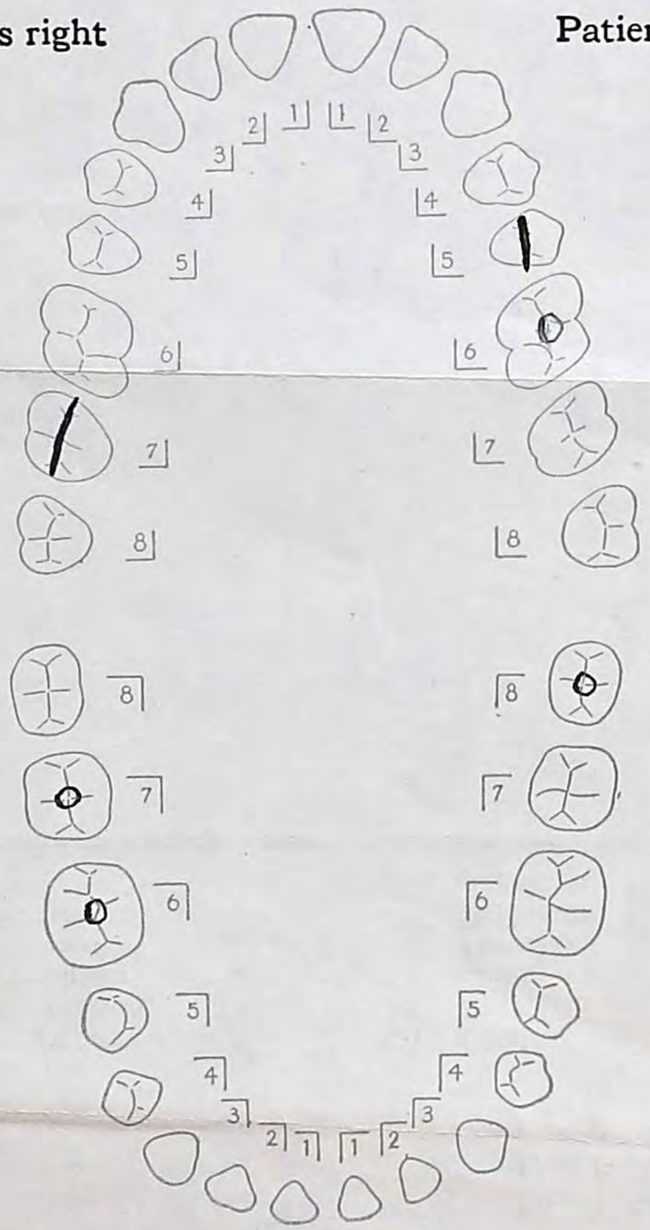
Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below. Write plainly, indicate treatment using abbreviations and sketch the outline of all restorations.

40 Ste. Annes St., Ste. Anne de Bellevue Que

Patient's right — Patient's left

Shade

Mould



Shade

Mould

Dental Requirements on Retirement or Discharge.

L6 Occlusal, A.

7 Occlusal, A

6 Occlusal, A.

8 Occlusal, A.

Prophylaxis

accompanied by this form

NOTE—

Application for these services must be made in writing, to the Chief Dental Officer, Department of Pensions & National Health, Ottawa,- Within ninety days.

J Konesso Capt

Signature of Operator

#24 Coy. C.D.C. C.A. (A)

Mesial — M
Distal — D
Incisal — I

Labial — La
Buccal — Bu
Lingual — Li

Occusal — O

Abbreviations:—

X	Extraction		
A	Amalgam		
Ce	Cement		
S	Synthetic Porcelain		
F	Foil		
GI	Gold	Inlay	
PI	Porcelain	Inlay	
GC	Gold	Crown	
PC	Porcelain	Crown	
RC	Richmond	Crown	
JC	Jacket	Crown	

Treatment

RC	Root Canal		
V's	Vincent's Angina		
Pe	Periodontia		
Misc.	Miscellaneous		
Br	Bridge	Describe with sketch	
PD	Partial Denture	Describe with sketch	
CU	Complete upper	Denture	
CL	Complete lower	Denture	
Ra	X-ray		

FOR INSTRUCTIONS SEE OTHER SIDE

FORM OF WILL

M.F.M. 10
30M—1-40 (3574)
H.Q. 1772-39-1656

(1) I, WILLIAM FERNEYHOUGH, of the Town
(Name in Full)

of St. Annes de Bellevue, in the County / District of Jacques Cartier,

Province of Quebec, Hospital Orderly (Hospital Cook)
(Civil Occupation)

Regimental No. D-93751, Unit 9 Fd. Amb. RCAMC, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Names and address of beneficiaries

(2) I GIVE, DEVISE AND BEQUEATH unto "my brother, Mr. James Ferneyhough, residing at St. Peter Street, St. Annes de Bellevue, Quebec, Canada, all my estate for his own use absolutely." Consisting of pay, allowances, kit and personal belongings.

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

(4) I NOMINATE, CONSTITUTE AND APPOINT
(Name)

, to be the Executor / Executrix of this my LAST WILL.
(Address)

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.

IN WITNESS WHEREOF I have hereunto set my hand this Twenty Fifth day of April, A.D. 19 40

First witness sign here (5) 456 Jean Talon St. Montreal, Que.
(Address)
(Witnesses are not to be beneficiaries)

Second witness sign here. 1414 Cartier St.
(Address)

Wm. Ferneyhough
(Signature of Soldier)

(OVER)

INFORMATION SHEET

FROM:- District Administrator,
Montreal, Que.

TO:- The Administrator of Estates,
Dept. of National Defence,
OTTAWA, Ont.

and

Deputy Minister,
Dept. of Pensions & National Health,
Daly Building,
OTTAWA, Ont.

REGIMENTAL NUMBER:-	D-93751
RANK:-	Private.
NAME IN FULL:-	William Ferneyhough.
MARRIED OR SINGLE:-	Single.
NAME & ADDRESS OF NEXT-OF-KIN:-	His brother, Mrs James Ferneyhough, St. Pierre St. Ste.Anne de Bellevue, P.Q.
DATE AND PLACE OF ENLISTMENT:-	23.4.40. Montreal.
DATE AND PLACE OF DEATH:-	1.2.43. Ste. Anne's Hospital.
DID DECEASED LEAVE A FORM OF WILL?	No.
IF SO, HAS SAME BEEN FORWARDED TO THE ADMINISTRATOR OF ESTATES?	N.A.
DID DECEASED HAVE ANY PERSONAL EFFECTS?	no.
IF SO, HAVE THEY BEEN FORWARDED TO THE ADMINISTRATOR OF ESTATES?	N.A.
IF NOT, WHAT DISPOSITION HAS BEEN MADE OF THEM?	N.A.

No registration card was found.

DEPARTMENT OF NATIONAL DEFENCE

ARMY

APPLICATION FOR WAR SERVICE BADGE—"GENERAL" "SERVICE" CLASS

I William FERNEYHOUGH hereby make application for War
(Name in Full—IN BLOCK LETTERS)
Service Badge, "General" "Service" Class, and do hereby declare that I have not previously been issued with a "General" "Service Class" Badge.

I enlisted in "ROYAL CANADIAN ARMY MEDICAL CORPS" and served on
(Unit)
Active Service in the present War as follows:—

—	DATE	
	From	To
In Canada	25th April 1940 8th April 1942	23rd July 1940 21st May 1942
In England	24th July 1940	7th April 1942
Elsewhere	---	---

and was honourably discharged ~~or retired~~ from the—

"ROYAL CANADIAN ARMY MEDICAL CORPS" (MILITARY) on 21st May 1942.
(State Unit, and whether Naval, Military or Air) (Date of Discharge)

I am in possession of { ~~Certificate of Service~~ Discharge Certificate.

Regimental No. D-93751

Rank PRIVATE

Unit "ROYAL CANADIAN ARMY MEDICAL CORPS" W. Ferneyhough
(Signature of Applicant)

Address 40 Ste Annes St., Ste Anne de-Bellevue, Quebec.
(Number and Street) (Town or City) (Province)

The applicant should complete the form above this line, striking out items not applicable to his particular case. This badge may only be issued to a person who has honourably ceased to serve ~~after the expiration of continuous paid service or as a result of physical disability~~. (Space below reserved for Departmental entries).

Qualified ..... Not Qualified .....
(Documents checked) (Reason)

Badge No. ..... Issued .....
(Signature of Issuing Officer)

.....
(Rank, Name, Appointment, Service, Naval, Militia or Air)

Note: This form should be completed by soldier at time of Discharge and forwarded to **Officer i/c Records (Awards), National Defence Headquarters, Ottawa.** Full street address must be given; **"General Delivery" except where there is no Postal Delivery, is not sufficient.**

M.F.M. 94
50M—4-41 (204)
H.Q. 1772-39-1824

M.F.M. 23
50M—12-41 (2635)
H.Q. 1772-39-1677

CANADIAN ARMY
PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page)

B

Regimental No. D-93751 | Rank PRIVATE

Surname FERNEYHOUGH

Christian name WILLIAM

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps "ROYAL CANADIAN ARMY MEDICAL CORPS" A.F.

Date of discharge 21st May 1942.

Place of discharge Montreal South, Que. Mil. Dist. No. 4.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 42 years - months

Height 5 feet 4½ inches

Complexion Fair

Eyes Brown

Hair Red

Trade Hospital Orderly

Descriptive marks

Vaccination left arm.

Scar on epigastrium.

Tattoo left forearm.

Intended place of residence } 40 Ste Anne St., Street and Number; Ste Anne de Bellevue, P.O., City or Town, etc.

(To be given as fully as practicable; *i.e.*, mailing address)

Province Quebec.

2. The above-named man is discharged in consequence of Unable to meet the required military physical standards.

Authority for discharge R.O.1029., Para. 10. and 502.

N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

3. Conduct while in the service has been, according to the records, etc.

Good.

N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (*Vide* K.R. Can. 384.)

UNKNOWN

Received 1/5/42 H.S.F.

(OVER)

14.1.52 AS

5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... N O N E

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place) Montreal South, Que.

(Date) 21st May 1942.

(S. ECHENBERG) Colonel
COMMANDING No. 4 DISTRICT DEPOT, C.A.S.F.
Commanding

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Montreal South, Que. (*Signature of Soldier*)

(Date) 21st May 1942. (*Signature of Witness*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—Canadian Army) 25th April 1940

(Date of discharge—Canadian Army) 21st May 1942

(Total Service—Canadian Army) -2- years 27 days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place) Montreal South, Que,

(Date) 21st May 1942.

(*Signature*)
(S. ECHENBERG) Colonel
COMMANDING No. 4 DISTRICT DEPOT, C.A.S.F.
Commanding

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

none

(Date) 21st May 1942.

(Signature of Soldier)

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

Certified Copies of Convictions by Civil Power.

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

Form of Will (M.F.M. 10 or 10A).

Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).

Attestation (Duplicate and Triplicate M.F.M. 2).

Particulars of Family (M.F.M. 5).

Proceedings on Discharge.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding
(S. ECHENBERG) Colonel
COMMANDING No. 4 DISTRICT DEPOT, C.A.S.F.

No D.93751 Rank Private Name FERNEYHOUGH, William

Unit R.C.A.M.C. Date of death 1st Feb., 1943.

Died at Ste. Anne de Bellevue Hospital, P.Q.

Cause Acute nephritis.

Death WAS Due.CPC.d 23-3-43 HQ 405-F-4487 d10 2 43

N/K Mr. James Ferneyhough Relationship Brother

Address St. Pierre St., Ste. Anne de Bellevue, P.Q.

Remains buried in Cote des Neiges Cemetery

Montreal, P.Q.

Grave location Grave 642, Section M.3410, Soldiers' Plot.

CHK

CONTRACTOR'S ROLL FOR THIS SOLDIER
GRAVE DESIGNATED
JUN 9 1943

M.F.M. 7 A
25M—5-40 (5240)
H.Q. 1772-39-1653

CANADIAN ~~ACTIVE SERVICE FORCE~~ ARMY (ACTIVE)

DISCHARGE CERTIFICATE

This is to Certify that No. D-93751 (Rank) PRIVATE

Name (in full) William FERNEYHOUGH enlisted in

the "ROYAL CANADIAN ARMY MEDICAL CORPS"

CANADIAN ~~FIELD FORCE~~ ARMY (ACTIVE) at Montreal, Quebec. on the 25th

day of April 19 40.

He served in ---CANADA and ENGLAND---

and is now discharged from the service by reason of Unable to meet the required military physical standards. R.O. 1029., Para. 10. and 502.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age	42 Years	--	Marks or Scars
Height	5'	4½"	Vaccination left arm.
Complexion	Fair		Scar on epigastrium.
Eyes	Brown		Tattoo left forearm.
Hair	Red		

W. Ferneyhough
Signature of Soldier

W E Power
Issuing Officer

Lieutenant
Rank

Date of Discharge

No. 4 DISTRICT DEPOT A-F MAY 21 1942 MONTREAL SOUTH, P.Q.

Date 21st May 19 42.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

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

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

Name.....

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
23-5-42	4 DD	DISCHARGED WHILE IN ST ANNES HOSPITAL UNDER THE PROV OF R.O. 502 AS "UNABLE TO MEET THE REQUIRED MILITARY PHYSICAL STANDARD" UNDER THE PROV OF R.O. 1029 PARA 10	PTE.	21-5-42	4 DD	MTL STH	4DD PT II NO 120	21-5-42
		ADD ON DISCH. 40 ST ANNE STE ANNE DE BELLEVUE QUE.						
		HAVING SERVED FROM 25-4-40 UNTIL 21-5-42 (SIX MONTHS) AND HAVING SHOWN TO BE PROVIDED WITH SATISFACTORY CLOTHING (CIVILIAN) IS CREDITED WITH $35.00 UNDER THE PROV OF ART 187 (1) (a) FR&I AND IS AUTHORISED TO RECEIVE REHABILITATION GRANT OF 30 DAYS REGIMENTAL PAY UNDER THE PROV OF XXI R.O. 1079 DATED 4JUNE 1941						

Statement of the Service of No. D-93751 Rank Pte. Sheet No. 1

Name Fennyhough, William

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

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
8 Nov 41	No 16 G.H.	Granted 3rd Prov Leave, No warrant.	Pte.	7/14 Nov 41	No 16 G.H.	Marston Green	Do. Pt II No 112/41	8 Nov 41
2 Dec 41	" " "	Attached to No 7 Cdn Gen Hospl	"	1 Dec 41	" " "	" "	" " " " 120/41	1 Dec 41
4 Dec 41	" " "	Cease to be attached to No 7 G.H.	"	4 Dec 41	" " "	Horsham	" " " " 122/41	4 Dec 41
26 Mar 42	" " "	Sick-Admitted to No 1 G.H.	"	31 Jan 42	" " "	"	" " " " 26/42	19 Mar 42
20 Mar 42	" " "	Ceases to draw Trades pay book group "C"	"	2 Mar 42	" " "	"	" " " " 26/42	19 Mar 42
27 Mar 42	" " "	S.O.S. to No 1 NETD	"	27 Mar 42	" " "	"	" " " " 27/42	27 Mar 42
		TOS from #1 C.R.U.	Pte	27-3-42	NETD	UK	42	27-3-42
	S.O.S	Cdn Army O/S & NETD	"	7-4-42	"	"	#47(B)	6-4-42
21-4-42	4DD	TOS ON T.A. ON POSTING FROM CDN ARMY O/S FOR RECORDS PURPOSES..W.E.F.....	PTE	8-4-42	4DD	MTL SOUTH	4DD PT II NO 94	21-4-42
21-4-42	"	FOR ALL PURPOSES..W.E.F.....	"	18-4-42	"	" "	" " " " 94	21-4-42
28-4-42	4 D.D.	ADMITTED SICK TO ST.ANNES HOSPITAL.	PTE	27-4-42	4 D.D.	MTL SOUTH	4 DD PT 2 NO 99	27-4-42
6-5-42	4 D.D.	HAVING BEEN RE-BOARDED ON 20-4-42 IS CLASSIFIED AS"CAT.D".	PTE.	20-4-42	4 D.D.	MTL SOUTH	4 DD PT 2 NO 106	5-5-42
7-5-42	4 D.D.	PT II ORDER NO 94,DATED 21-4-42,PARA 1, SHEET 5 AND 6,"STRENGTH INCREASE" "FOR ALL PURPOSES" IS AMENDED TO READ: "FOR RATIONS QUARTERS AND DUTY WEF 18-4-42,FOR PAY PURPOSES WEF 1-5-42.	PTE.		"	" "	" " " 106	5-5-42

To be made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] C.A.S.F.

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Name of Officer or Soldier FERNEYHOUGH WILLIAM
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number D-93751

(3) Unit 9 Fd. Amb. R.C.A.M.C.

(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? N/A.

(8) Have you any children? N/A.

If so, give number of boys and girls N/A.

Also their names and ages N/A.

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

Give particulars of Guardian to whom Separation 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? No.

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

(11) Is your father alive? No.

If so, state name and address N/A.

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining [redacted] C.A.S.F. N/A.

Also state reason he has no other means of support N/A.

(14) Is your mother alive? Yes.

If so, state name and address Mrs. Margaret Ferneyhough
11 Millgreen Congleton, Cheshire, England

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining [redacted] C.A.S.F. N/A.

Also state reason why she has no other means of support N/A.

(17) Are you insured? No.

If so, in what Company? N/A.

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.

M. F. Ferneyhough
(Signature of officer or man)

Date 25 April 1940

S. F. Hoare Major
Officer Commanding
COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.

Date 25 April 1940

(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
7 Jul 40	No 1	C.G.H.	Trade Tested. Cook Class III.	Westmount	4 Jul	Pte	Pt 11 No 34-7th Jul 40.
15/7/40		#1 CGH	Embarkation Halifax 15/7/40 - Sailed	Halifax	23 ~~15~~/7/40	Pte	
~~1 Aug 40~~		~~do~~	~~Disembarkation~~	~~Greenock~~	~~1 Aug~~	~~Pte~~	
2 Aug 40		do	Disembarkation	Glasgow	2 Aug	Pte	
6. 11. 40		"	Granted 1st Priv Leave. Fill warrant.	Marlow Gu	6/11/40	13/11/40	DO Pt II No 84
6. 12. 40		"	Classified Cook (Group "C")	" "	18. 11. 40	Pte	" " " " 94.
21. 12. 40		"	To draw Tradesmens Pay. Cook Group "C"	" "	16. 5. 40	"	" " " " 99
7. 3. 41		"	A.W.L. Awarded 7 days C.B. & forfeit 1 days pay	" "	4. 3. 41	"	" " " " 29/41.
20 Jan 41		"	Granted 2nd Priv Leave, Fill warrant.	" "	20/27 Jan 41	"	" " " " 66/41.
3 Sep. 41.		"	A.W.L. Forfeits 3 days pay & R & P 149(1)(a) & awarded forfeiture of additional 3 days pay & R & P 149(1)(e)	" "	4 Sep. 41	"	" " " " 92/41.
8 Nov. 41		"	Granted 3rd Priv Leave, No warrant	" "	7/14 Nov. 41	"	" " " " 112/41.
2 Dec 41		"	Attached to No 7 Bdn Gen Hospl.	" "	1 Dec 41	"	" " " " 120/41.
5 Dec 41.		"	Leave to be attached to No. 7 G.G.H.	Horsham	4 Dec 41	"	" " " " 122/41.
20 Mar. 42		"	Sick-Admitted to No. 1 C.G.H.	"	31 Jan 42	"	" " " " 26/42
20 Mar. 42		"	Leave to draw Trade pay Cook Group "C"	"	20 Mar 42	"	" " " " 26/42
27 Mar. 42		"	S.O.S. to No. 1 NETD	"	27 Mar 42	"	" " " " 27/42
		NETD	T.G.S. from #1 C.G.R.U.	UK	27-3-42	Pte	42 27-3-42
S.O.S.			Can Army O/S & N.E.J.D.	"	7-4-42	"	#47(B) 6-4-42

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit 9 th Fd. Amb. RCAMC Regimental Number D 93751

1. Surname FERNEYHOUGH
2. Christian Names William
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Macclesfield England
5. Date of birth as declared on attestation 11 May 1900
   (A)
6. Date of enlistment 25 April 1940
7. Place of enlistment Montreal Quebec Canada
8. Residence at time of enlistment 40 D St Anne St. St. Anne de Bellevue P.Q. Canada
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date N/A.
13. Trade on enlistment Hospital Orderly (Hospital Cook)
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	23.8.45	MFMT

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

Mrs Margaret Ferneyhough (Mother)
11 Millgreen, Congleton,
Cheshire England

(20) E. Mr. James Ferneyhough.
(21) E. 40 St Anne St.
(22) E. St Anne de Bellevue Que

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.