BARTON BARTON LAWRE EVERETT

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OCCUPATIONAL HISTORY FORM

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

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

	Section A—GENERAL INFORMATION	PLEASE
1.	(a) Print name in full. 15 A R T b M , E L	BLANK
2.	(a) Arm of service. (b) Unit (c) Rank (c) Rank	
3.	(a) Date of birth	
4.	(a) Place of enlistment White Market (a) Date of enlistment 3 % White Market (b) Date of enlistment (c) % % White Market (c) % % White	
5	Section B—EDUCATION AND TRAINING (a) State age on (b) Were you attending school	-
6	finally leaving school	
о.	State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior	
7.	If you attended a university, give name of	
8.	university and standing or degree secured	
	enter upon a trade for what (c) Did you finish it, how long apprenticeship? did you serve at it?	
9.	(a) What languages (b) What languages do you speak fluently?	
	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were WORKING or NOT WORK- (b) At time of en-	
	ING at time of enlistment.	
	(Enter here only "Work- ing" or "Not Working", as case may be: particu- professional society	
	as case may be; particu- professional society lars are asked for below)	
_	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
	OF ENLISTMENT	
44	QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
	Had you ever been employed fairly regularly since leaving school?	
12.	state exact trade or occupation had worked at this	
13.	at which you actually worked trade or occupation trade or occupation	
	If you had been employed after leaving school, state	
	when you last worked fairly regularly before enlistment	
	employer, if any: Name	
	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	(a) If your last employment was in a business of your own, state nature and address of business continuing it	
_	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
	OF ENLISTMENT	
Q	DUESTIONS 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. Buck's Food Products Address Mentache	
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 (b) Number of years' experience at	
21.	(a) Did vour employer promise (b) Did your employer (c) Do you wish	*
	definitely to give you refuse to promise you to return to your employment on discharge? former employment?	
	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23 (a) State nature of business. (b) Where was	
	or professional practice	
23.	(a) Number of years (b) Have you made, or will you make plans to engaged in this businessreturn to the same or a similar business on discharge?	
	Section F—PARTICULARS OF FARMING EXPERIENCE	
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming?	
25.	(a) Were you (b) How many years' actual (c) In what provinces born on a farm? farming experience have you had? did you have experience?	
	Section G_MISCELLANEOUS	
26	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
	If so, state nature of your plans (for example, do you plan	
*	to return to school, or have you been assured of a job, etc.)	*
	may have, other than indicated elsewhere in this form	••
·· <u>····</u>	A British former a	
D	TE 23 CLOQ CICNATURE CAMPANA	
UP	TE SIGNATURE SIGNATURE	

1	Mrs.	Emmaline	Barton,
	6111	Lasalle	Blvd.,

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

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

and the following number quoted:-

H.Q. 405-B-8149 FD 443

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

Feb 6 194.5

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

BARTON

Everett L.

Tor.

D. 93848

Camadian 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.

EDM/JR

Director of Estates.

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 even had in each of the degrees specified below:

grees	D Tot Act	IVES	INFORMANT	'S STATEM	ENT
grees of Rela- ion- ship	required to be		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the De	eceased			
2	Children of the I	Deceased and Births			
	Father of the Deceased				
4			Marthay Oran	ale.	1 6111 Lasa
5	Brothers of the Deceased	Full Blood	Manc		
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mildred France Baston		bill Lasace Verdus
		Half Blood	Dave.		
7	Names of brothers of the full or the Deceased, who are death of each.	or sisters (whether half blood) of the re dead, and date of	Names and ages of their children (if any)		Address of their children
			1/20		

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

	8	Full names of the deceased.	BARTON Everett Jauvence
	9	Date of his birth.	June 23/1921
	10	Place and date of his marriage.	
	11	Place and date of his parents' marriage.	Montreal april 2/1920
		PARTICULARS OF D	OMICILE
	12	Place where deceased was born.	Monteal
	13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) 2 mel (b) Vesdan (c) Vesdan (d) 23 yrs
	14	Nature of employment before enlistment.	15 och - Regles
	15	State whether he owned the premises in which he lived, and, if so, where situated.	16
	16	Name place where deceased stated he intended to make his permanent home.	VErdeen Que
The state of		PARTICULARS OF	ESTATE
1 2	17	Did he leave a Will? If in your custody, please forward.	Arney Will
	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?	
	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?	Ho
	20	Amount of War Savings Certificates held by deceased. Indicate where located.	4es 1 50 500 Home
	21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	19.
Rel.	22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Manfactures 1,000.) Mother Metholister 1,000. Mother Pandestial 1.000)
due	23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
		OTHER PARTICU	JLARS
	24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
	25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	70.
		(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Gover authorized in the Regulations. Any amount of such expenses by the Government nor is it chargeable against the service estated	amont will rounding or click relative to the extent of the amount

DECLARATION

of relationship for example, I hereby declare that all the particulars sh	nown on this form are correct, and a true and completed ever had in the degrees specified; and that I am theof 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. Majesty's Forces.	Signature of Informant Address
CEF I hereby certify that to the best of my kn	RTIFICATE owledge and belief Mrs. 6 mmaline
See above. See above. Tankow {Name of } is the	e Mather of the Deceased
above described. The above Declaration was Dated at Terden P. D. this	made by the Informant and signed in my presence. Oth day of Seleccion 19,45
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Address Address	ee-lestion Maria 1.
NOTE.—Before granting the above Certificate, care should be taken to Relative stated by him or her to have died, and that the full name and proper place in the Statement opposite. (If the deceased has no living relatives of the deceased	see that the informant gives particulars concerning the death of any address and age of each surviving Relative specified is stated in its

relationship of other relatives should be set out below.)

Light at the property of the party of the state of the st

A December 1 of the Control of the C

THE THE RESERVE AND A STORE OF THE PARTY OF

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

DUPLICATE TRIBUNEE

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

Unit. Striking out terms not applicable.)

Regimental 1

Regimental Number...D-93848

	ATTESTATION PAPER
1. Surname BARTON	
2. Christian Names EVERETT	LAWRENCE
	salle Blvd., Verdun, Quebec, Canada.
4. Date of birth 13 June	
5. Place of birth Canada	Quebec Verdun
6. Religion (state denomination)	(County or Province) (Town or Township) Presbyterian
	ice Clerk- Typist
8. Married, Widower or Single	Single
9. Name of next of kin	Mrs. Emmaline Barton
10. Relationship	Mother
11. Address of next of kin	6111 Lasalle Blvd., Verdun, Quebec, Canada.
	lilitary or Air Force?
	, force and regimental particularsno
14 Do wow holong to or have vo	u served in the Active Militia of Canada?no
14. Do you now belong to or nave yo	
	(Give unit and date of attestation)
	N TO BE MADE BY MAN ON ATTESTATION
particulars are true, and I hereby eng	age to serve in the Canadian Active Service Force so long as an emergency, on, real or apprehended, exists, and for the period of demobilization after any event for a period of not less than one year, provided His Majesty
Date 28 June 1940.	Trecett Cawence Garton
- W/// 14/W	Withus. (Signature of recruit)
I, EVERETT LAWRE	BE TAKEN BY MAN ON ATTESTATION NCE BARTON do sincerely promise and swear (or solemnly lear true allegiance to His Majesty. (Signature of Recruit)
The Recruit above-named was questions he would be liable to be put. The above questions and answer	cautioned by me that if he made any false answers to any of the above unished as provided by law. Is were then read to the recruit in my presence. Is stands each question, and that his answer to each question has been duly ecruit has made and signed the declaration and taken the oath before me,
at Montregl, Quebec t	his 28th day of June 19 40.
	Major Signature of Magistrate, Justice or Attesting Officer.
COMMAND	Office or Rank and Unit or appointment.
N.B.—ATTENTION IS DRAWN TO TH	E FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE

ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS'



Record of Service of	••••••••••••••	BARTON	 EVERETT LA (Christian Names)	WRENCE	.	Regimental Number.	D=93848	
	QUALIFICATIONS				EDUCATIO	NAL QUALIFICATIONS		
Military	nil		 High School		3 Years	Graduation		
Business or Professional	nil		 Collegiate	}	(years completed)	Matriculation	no (specify)	
Trade or Civil	Office Clerk-	Typist	*College		no	*		
Technical	nil		 *University		no	••••••		
Languages	English		 			Lic Schooling.		
			*(Name of instituti	ion, courses or y	ears completed, and degre	es 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 Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received	On Strength of Profe	Tours Drown	Diccorve Date		11400	Part II D.O. No. Cas. List, etc.	Dated
Jun 40	1400	Joined on appointment O. 4 DISTRICT DEPOT. CASF.	Private	28 Jun 40	9 4 DD	Montreal	4 DD Pt II - 163	28 Jun 4
.6Sept40		Transferred at his own request to Canadian Grenadier Gjards, St. Helen's. Island.	adson	5Sept.40	4DD		4DD.PtII.No.225	6Sept40
1/2/4/		Furlough Under Aud R.O. 688-15/2/41			C. G. G.	C. Borden	P/2 No.35	14/2/4
13/41		Netword from Forlangh 3 Mar 41	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠				· 47	4/3/4
11/41		Recotegorized as of thath 1/2-106-15		4/11/41		Stelle	. 209	5/11/41
4/11/41		A.W.L.		17/11/41			No 221	21 Nov 4
6/2/42		Furlough R.O. 699. 21/2/42-6/3/42. A 110103			22 C.A.K.	Hebert	" No M	20/2/42
8/3/42		A-W.L		8/3/42	~		- No.22	11/3/4
3/3/42		J.O. 8. 22 CDN ARMID REGI. (C.b.b.)	, ,	14/3/42	1/		11 10,26	1.6/31
3 ay 42		an act to the for prejudice of good ordered	ē	13 Mara			Parta, Mo. 44	10 aps
Juny2		Qualified Walnes 1.c. (vv) blass 111	"	4 Auns	A	44	" Mo.82	10 June
ful 42		awarded 27 days idetention for a.w. h	17	13 Jul42	~		" Mo-102	13 Aul

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

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ARE YOU RECEIVING OR HAVE DISABILITY OR COMPENSATION.

IF SO GIVE DETAILS.

	TIFICATE OF ME		The second secon		
Name in full	· · · · · · · · · · · · · · · · · · ·		Date	Lune19.,19	40
Part 1. Information obt					
. Age 20 2. Hav	e you ever suffered f	rom any of th	e following diseases?		
. Rheumatism		j. Nasal	trouble	no	
Tuberculosis	no	k. Ear di	sease	no	
Bronchitis or asthma	no	l. Eye di	sease	no	
Heart disease	no	m. Epilep	sy	no	
Kidney or bladder disease	no	n. Nervo	us or mental disease.	no	
Gastro-intestinal	no	o. Syphil	is	no	
Rupture	no	p. Gonor	rhoea	mo	
Varicose veins	no		you ever worn glasse		
Flat or deformed feet	no		1	1	Sails
			Locut (Signature	of Recruit)	
kaminer's remarks re above	s normal color	vision	(Ishihara) (CN) A. Dela	hay/
Reflexes heart lungs	normal		*	X RAY	
	······································	• • • • • • • • • • • • • • • • • • • •			
Part 2. Information obta			The recruit mus	t be stripped.	
Identification marks or scars.		history.)			
1 vacc under left a	rm		•••••••		
	0		••••••••••••	•••••••••••••••••••••••••••••••••••••••	
Heightfeet		3. Weight.	165	pounds.	Good
Complexion dark 1	Eyesblue	5. Develop	mentGood		Fair
	Hairdark				Poor
Chest measurement—Girth on	full expansion36	įi	nches.		
Range of	expansion	3½ i	nches.		
Vision, right 20-70 left	20-70	8. Heari	ng, right	left	
Condition of mouth and teeth	bood		•••••		
The abnormalities (congenital a					
correction with	glasses Rt. 2	0-20. I.t.	20-20		

Part 3. We, the examiners fi	ind no evidence of t	he diseases m	entioned in Question	n 2, Part 1, ex	cept as
orted in the remarks. We have				01 -	9 00
Instructions for the medical ex	amination of recruit	s" and he is f	ound fit for Categor	y	
cial remarks when category low	er than A				5
Vision					
		10/11/1	~ Min	///	
President	of the of the	Member /	pt III	Ille lies C	11
	INOCULATIONS, BOARDS		TION OF MEDICAL CATE	GORY	
Date Brief details and	signature	Date	Brief details an	nd signature	1
7.40 TIP13 1ASV		28-10-41 h	red. Re-Brd'd-	- Cal "A"	EIMMA
7.40 3 45V	Museus Cold	20/1/1/2		1 0 11/01	Men
7.40 IVACC 4411.	MANNING OW	1.6.4L SC	rick. Po. n.s.	when	(a)
7.40 1 TET 441		19-8-42 7	ABT 1/2 C	ے	
0-402					
7-41 /00///	Alman (tha				

EVERETT LAWRENCE Regtl. No. D-93848 Christian Name. 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. DATES OF Signature of Medical Discharge from Hospital Admission into Hospital Date of Arrival DISEASE Officer STATION Station Day | Month | Year Day | Month | Year KAHN JEST. NEGATIVE WA 42 Furuncle. left Knu

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

No D.93848 Rank XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Lawrence
Unit C.A.C. Date of death 15th Au	ug., 1944
Died atFrance	
Cause Previously reported missing now killed	in action
Death occurred on strength of Forces.H.Q. 405-B-8149	
N/K Mrs. Emmaline Barton. Relationship.	Mother
Address 6111 Lasalle Blvd., Verduh, Quebec.	
Remains buried in Outskirts of La Fontaine in the	
field 19545172 40/14 NE)	Cemetery
field 19545172 40/14 NE) Grave I cation	Cemetery

(+

RETURN TO BUR. OF STAT. AUG 25 1945

ROYAL MESSAGE DESP'D. FFB 1 0 1945

CAN. MESSAGE DESP'D. FEB 22 1945

Temp BR sent to NK & Map

Despatched AUG 7 1947 Photographs

REBURIAL

Bretteville-sur-Laize, Bretteville-sur-Laize, Cdn.Mi.

Grave 15, row G, plot 19

1946

5M-10-44 (M-4414)

1873

AWARDS—CANADIAN ARMY (ACTIVE)

C.B.

500M=1-11 (51-8)

H.Q. 1772-45-8

SURNAME (IN BL	OCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
BARTON	Everett	Lawrence	D-93848	Tpr.	C.A.C.
					FILE NO. 405-B-8149

WAR SERVICE

BADGE

(CLASS)

NO.

15-8-44

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED						
1939-45 Star France & Germany Star							
Defence Medal War Medal C.V.S.M. & Clasp							
	3,42	13-10-49					
	(THE REVE	RSE TO BE USED FOR ESTATE PURPOSES)					

MEDALS AND MEMORIALS-DECEASED PERSONNEL REGISTRATION NO. DATE OF DESPATCH (1) MEDALS MEMORIAL BAK PERSON Mrs. Emmaline M. BARTON (MOTHER) **ENTITLED TO** DATE DESP 6111 Lasalle Blvd., 3758 GERTRUDE ST VERDUN, Que. REGN. NO. 4776 ADDRESS: (2) MEMORIAL CROSS WIDOW (2) ADDRESS: (3) MEMORIAL CROSS MOTHER Mrs. Emmaline Barton, (ENGLISH) (3) 1873 ADDRESS: 6111 Lasalle Blvd., VERDUN, Que.

Statement of the Service of No. D-93848 Rank Hdsm

Name Barton-Euerett, Rauvrence.

M.F.M. 1 & 2 (a) 250M-7-41 (1151) H.Q. 1772-39-1646

I	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc	D . CI	Traction Dot	TT-:4	Diago	Authority	
Date	From whom received	(Continuation of Folio 2 M F M 1 or M F M 2)	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
142		Qualified Mune 1.c. D. 111 Frack (Tank)	Helsm.	Jul 42	22-6-9-R.	Nebest	Part 2, 100.105	17 Jul 4
aly2		Camiletotul Herpital	· · · · · · · · · · · · · · · · · · ·	27 Jelys		* .	·· No 111	28 & ue 4
ug 42		Nisch. iteliest Mil. Nospital.		10 aug 42	1		· Mo-119	10 dug 4
Jep 42		Apecial Leave 1 R.O. 699-40) 7 to 11 Aep 42		7 Aep 42		4	Mo.134	7 Dep 43
Det 48		1.0.1. bedr. army banada		25 Repres		aldersket	n6.1	30 Ach 43
		2.0. A. Boly army averses.		26 Sep 42				
Oct 42	Po 50/4/12/42	admit to #15 bets ht 7d and.		29 Oct 42		U.K.	, Mo.9	29 Oct 12
Mauy		Neich #15 boly It Fed and.		2 MOU 42			n 160. 11	3 Mav. 42
		Peur leave avith (m. 126 holy	Idsm	209nn/42	2 n R	U.K.	<u></u>	4Dec 4
Sos		SoS to 3 Cac RU on Gunnery erre Cacsel,	ydsm.	23 Mar 43	22 a.R.	0.K.	15	3.apr. 43
	10S	Tos from 229R whilstatting are	Ydsm.	24.MM43.	3Cacro.	UK	7.4	30.man.43
		Completed Sumer Cise	4	27apu 4	7		105	7 May
		505 22 CAR		6 May 4.	3		105	7 May

Statement of the Service of No. D93848 Rank

Sheet No.....

M.F.M. 1 & 2 (a) 250M-7-41 (1151) H.Q. 1772-39-1646

Date 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		
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated	
••••••		Aual blesk "b"	.ydom	2.7.Oct43.	22 amds.	K	49	8. 2nov.43.	
		Shautel T. P. Clerk'c'	Cols.	276ct43	22 Armel P.	414-	50.	15/43/43	
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASS							
		DH+ 4- CTC K&- 10: 2 END	2.1	271 hi	and in	LIK	9 —	9 M	
		money in the second in the	Acomi	1.7.1.1/3x. HH	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1			
•••••••		Ambarked at	1,,			11			
		Disembarked at FRACE	# 41 Sepula		DOCNR	211:40	رح	5 any	
		27 Jul 44	00 015						
139	·	// issing		15 ang 44		AEF	19487		
	505.								
4 : 47	105	TOS X6 list brown, 22 lody, and Road	· Idami	16111044	XLCACE	ZIAGA	1/5	21 Sep4	
••••••			Jan	150110	21 1 0 0	AFF	B 534	10 tans	
••••••				7.5000	way. Wu			1.9.5.00.1.9	
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Statement of the Service of No. D-93848...

Rank Halam

Sheet No.....

M.F.M. 1 & 2 (a) 250M-7-41 (1151) H.Q. 1772-39-1646

*	0 +	1	
3.7	Darlon	4 west	Lawrence
Name			

F	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.,	Rank Shown	Effection Date	Unit	Place	Authority	
Date	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	Onic		Part II D.O. No. Cas. List, etc.	Dated
20 Jul 42		Qualified Mines 1.0. bl. 111 Track (Vank)	Helson.	Jul 42	22 b. q.R	Mehent	Part 2, Mo. 105	17 fal 42.
Julys		admit tot select hill Herspilie.	***	27) al 42	4		· · · · · · · · · · · · · · · · · · ·	28) we x
11 Aug 42		Misch. Webest Mil. Hospital.		10 aug 42			Mo-119	10 dug 42.
10 Dep 42		Apecial Deave (R.O.699-49) 7 to 11 Aep 42	<i>"</i>	7 Aug 42			Mo. 134	7 Dep 42.
190et44		S.O. A. Bedy barrada		25 Den 42	//	aldenhot	r Mo.1	20 Aep ev
"		20.1. Adr. Army Overseas.	<i>"</i>	26 Aep 42	//			
		Musembed in UK.	4	7404	Z	41	u "/	13/2000 2
	50 5 d/4/12/42	admitted to #15 Edn. It fed and.	/ t	290x42	226AR	UX	\$ 9	29 Out 42
		Disch. Lom #3 6. M. C.	/ (2 Nov 42	22amR	UK	//	3 Nov 42
•••••••		Priv Leave with M.A.	Jt	26200-42	11	!		4 Dec 42
5:05		5'05' To 3 CACREN (On humey Cree CAC Set	Edom	23. Mar. 43	22 Amd K	uk	15-	3 April 43
	1 (1000	1.0.5 Jum 22 Armid Recht (Milst Att, mg Cree	Gelom	24 Mar 43	3.CA.C.M.	u.K.	7%	30 ken 43
••••••••		Granta Doil, Regel Raff. \$ 1.40	gden.	1 Jan. 43	22 AR. 12.	015		14 apr. 43
		of Gunery cus. at-C.AC. Sel.	gdsm.	24ape43	3 coerw	باس.	105	7-may 43.
Sos.		sos la 22 acmo Reg	golson.	6 may 43	3 CACRO	ux	105	7-hay 43
• • • • • • • • • • • • • • • • • • • •	1.0S.	1,03 from 3 espert.	Gover.	4-may 43	macus R.	<u> </u>	20	8-may 49
		adm to 1 Spee. Hosp.	golon.	3 June 43	22 auns R.	UK	27.	9 June 43
		Desel fran 1 Colu. Sp.	golson.	15 tene 43	22acmSR	cek	C228.	26 June 43
		Having combleted Sheard Gunnery Course: sex: G. 1: qual: 95%.		34 ah H3	22 amal R	ul.	33	26 guez 43

(a)	(b)	(c)		(e)	(f)	(g)	
Rep	From whom	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,	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown	
Date	received		with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I. We see that ked in U-K.		70ct42			
2 May 42		226.9.R.	7.0.A. 22 bedr. Osmed. Regt. (b44)	U.K.	14/3/42	Holom	mom >	
			Dualified elever 1.c. bl. iii (7) Vante Do. D. b. a. banada		55/9/42			
			admit to # 15 bdn. St. Ad. Amb.		290etur	· · · · · · · · · · · · · · · · · · ·	P+2 #9, 29 Oct 4	
5 Mau 42			Musch-#15 bedu. At- Ad. and.		2 May 42		#11, 3 May 4.	3.
26 May 42	12		A.O.S. t. 3 S.A. P. R. Whately deceded on.	Tueld	20 Meu 42		10.5, - 4 Mec 4	3.
			Hurrery husters down let 4-1 at CAL.		***************************************			
		2 ~ 1 0 0	3 das RU (5 weeks)		28 //na1 43		13-2 991 43	
• • • • • • • • • • • • • • • • • • • •		S.C.H.C.JY.O.	1.11.	<i>?</i>				
			CAC school (5 weeks)	UX	Z. 4 mar	2 4	74 - 30 W	ran 43.
			completed Dumer Eise		27apr4	3 -	105-72	2 ay 4 3
			50510-22 C. A.R.		6. may 9	13	105-7 2	1ay 43
	Menu	226.a.R	20.1. from 3 b.a.b.R.U.	Vield	1 May 4	?	20 · 8 May 4	3./
17/11/04 43	-69		7 days 1. 2 M/A do 17 May 42		20 my 13	7	22 - 22 /May 43	
8 1 200 45	2 ecc		el man de de sans sur sur sur sur sur sur sur sur sur su		Le Dens 13		28-26 Aun 43	
19 Jul 43	B.R		Qual 95/2 on 4 CAD Apre Hursely bise		21 apr 43		33-26 Jul 43	
23 Aul 43			I dans P.A. VMIA to 22 Aw 43.	"	16 AW 43	"	34-2 aug 43.	
9 det 43	D. D. B. Repo	1	Queles blesk" b"	n#	2/Oct 43	**	49-2 MN 43	
1 Mor 43	B-8.		Hoanted Tracles Pay blesh "b.	"	2) Oct 13	er	50-15 Mov 43	
03 Jan 44			Awarded Canadian Volunteer Service Medal and Class		15 Jan 44	ne .	5-28 Jan 44	
· 1 May44			att to etc Kinkeudbright fop to 29 dept 44		27/Mas 44		20-9 May 44	
10 funda			awarded First Load bonduct Badge.		30 June		26-20 June	
	B.R.		mudiked U. E. F. G. K. Disembarked Fr	ance.27	1 2 2 2 4		33 - 2 mg 44	CANSELLED,
2 .0.1.0 4 .12	V/ C.10		TAS DE 2200 CHOCO LOCALITADO LA COLOR DE COLOR D		7		40 / WI	30 8 d/JAN 45
ancelled D. O. 16	ATT OUT	OCAP.	GOG Heard Willed an estion	Dia and	75 A H CA	Cdam	9 3/TAN 15	
A-6			SUS Maccased Millac III ac ultim	r	TORUGE	:		
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			•••••••••••••••••••••••••••••••••••••••					
	10							

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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 Fue Amb. RUAMU.	Regimental Number D-93848
1. Surname BARTON.	(17) Regiment or Corps 22 Ledu. Assid. Regr. (1844) Unit (Battn., etc)
2. Christian Names Everett Lawrence.	
3. *Substantive Rank and Appointment	
*Acting Temporary or Local Rank	
*Acting Temporary or Local Rank. giving date. *To be entered in pencil to facilitate alteration.	
To be entered in pench to facilitate afteration.	
4. Place of birth Verdun, P.Q. Canada.	(18) Medical
5. Date of birth as declared on attestation	
(A)	Category Date Authority
6. Date of enlistment. 19 June 40	
7. Place of enlistment	
8. Residence at time of enlistment. 6111 Lasalle Blvd. Ver	dun, PQ.
9. (B) Special conditions (if any) of enlistment or rate of pay	
· · · · · · · · · · · · · · · · · · ·	
10. (C) Any subsequent variations of conditions of service	
11. Religion Presbyterian.	
12. If married, state date. Single. 13. Trade on enlistment. Office Clerk Typist.	(19) Next of kin (entries to be made in pencil)
14. Corps, trade and grade	
15. (D) Qualifications	
16. (E) Miscellaneous entries	20 20 1
**************************************	(00)
CAC IR Heeney	(20) E
ace of	(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.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

Trooper D93848 NUMBER SERVICE UNIT ont (CA) BARTON, Everett Lawrence Date enlisted: 28-6-40 MONTH JUILO DATE OF BIRTH 1920 13th Religion: Presbyterian MARITAL STATUS Single NEXT OF KIN AS SHOWN ON NAME Lasalle Blvd, M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS D.A.B. ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS AUTHORITY CAS. SIG. NO. Prev. reported missing now killed in action CASUALTY DETAILS FRANCE M.F.M.5. ATTACHED TO LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO NOTIFICATION TO A. OF E.?

COPY FOR DOCUMENT FILE

Transferred f.rom ... ARMD ... REGT. (C.G.G.). REGT. (C.G.G.). 93848.

BARTON, Everett Lawrence	
REGIMENTAL NO D-93848 REGIMENTAL NO D-93848 RANK Private- Gdsmn.	
ENLISTED AT Montreal, Que. Can. PROMOTIONS, ETC. AND DATE	
DATE June 28, 1940	
IF SERVED PREVIOUSLY, STATE UNIT, ETC. MARRIED, WIDOWER, OR SINGLE Single	
BARTON, Emmaline Mother	3
ADDRESS OF 6111 Lasalle Blvd., Verdun, Quebec, Canad	a
ASSIGNMENT OF PAY, \$ 20.00 EFF: August-1940- 1-9-42	
ADDRESS. above	
DEPENDENT'S ALLOWANCE, ENTITLED OR NOT.	
DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 24 Of July 1940 IN WHOSE FAVOUR. MOTHER MOT	5M-6-40 (3678)
IN WHOSE FAVOUR	11.6. 1112-09-1002

CASUALTIES, ETC.

NATURE	PART	11, D. O.	REMARKS
E. G. ABSENCE, PROMOTION, ETC.	No.	DATE	IF IN HOSPITAL, NOTE NAME, ETC.
1.0.5: 00-4	183	28-640	
AWL from 0800 hrs 31-8-40	222	3-9-40	
AWL Cancelled	224	5-9-40	TOO 0 0 10
Ir to C. G. G.	225	6-9-40	Eff 6-9-40
T.O.S. C.G.G.	73	9-9-40	W.E.F. 7-9-40.
Granted Furlough	35	14-2-41	15-2-41 to 3-3-41
Retd.	47	4-3-41	0630 hrs. 3-3-41
Att'd; Camp Sus; Mil. Hos	0.		
duty only	167	5-9-41	wef 0700hrs.4-9-41
Ceased attach Sus. Hosp	174	15-9-41	w.e.f13-9-41
for duty only			
Med exam & re-categor-	209	5-11-41	on 28 Oct 41, (Auth:
ized from "B" to "A-1"			J/2-106-15 d/ 4-11-41
1 M T 1300 hrg 17-11-4	278	18-11-4	
A.W.L.1300 hrs.17-11-4. to 1315 "19-11-4. or above AWL admon. &	1 219	19-11-4	
or above AWL admon. &	221 2	31-11-41	Forfeits 3 days pay
Tranted Hir hairs		20-2-46	7717
A.W.L. 2200 hrs 8-3-42	20	9-3-42	(MITITO & TITTO)

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

Instructions.

(a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)

- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer of Other Rank BARTON Everett La (Surname first—Christian names in full—Block	wrence
*	
(2) Regimental or Air Force Number and Rank D- 93848 Pte.	•••••••••••••••••••••••••••••••••••••••
(3) Unit 9 Ed Amb RCAMC	
(4) Are you married? NO.	
(5) If married, state,	
(a) Full name of your wife	
(b) Present postal address of wife	
(6) If married, have you been regularly supporting your wife? If not—state	
(7) Are you a widower?	
(7) Are you a widower? NO. (8) Have you any children? ? N/A	A - T
If so, give number of boys and girls	
Also their names and ages	
(9) If Dependents' Allowance is claimed in respect of children—state whether	
larly supporting them N/A	
Give particulars of Guardian to whom Dependents' Allowance should	
Name N/A	
Postal Address	
	SEE OTHER SIDE

(10)	Have you a common-law wife—whom you have been regularly supporting and publicly repre-
	senting as your wife for at least 12 months immediately prior to enlistment?
	If so, state her full name and Postal Address
3	

(11)	Is your father alive?
	If so, state name and address, occupation
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support?
(10)	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 joining C.A.S.F. or R.C.A.F. (Special
	Reserve)
	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?
	If so, state name and address Emmaline Barton, 6111 Lasalle Blvd., Verdun Que.
	······································
	If your mother is a widow, are you her sole or partial support? Partial. If sole or partial support of widowed mother—state what amount per month you have given her
	prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) \$35.00. 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? Unable to do so-
(17)	Are you contributing to the support of any dependents, other than those shown above?
	Relationship
	Full Name
	Postal Address
	Amount contributed monthly during the past six months
(18)	Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlist-
	ment or appointment? No.
(19)	Are you insured? Yes.
	If so, in what Company? Prudential Insurance Co. (Give number of policy)
	Have you made arrangements for payment of your Insurance Premium? Yes. 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.
	Date 28 June 1940. (Signature of officer or man)
	14-0/Bostio Na
211	
	Date 28 June 1940é Officer Commanding Ding No. 4 DISTRICT DEPOT, C. A. S. N.B. In the above form the term Eather includes Foster Eather: the term Mother includes Foster
1	N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

42 Previous E	xperience in	Armed Fo	rces						47 Classification	on: Military Specialties and	nd Trades	CONFID	ENTIAL
ARM or CORPS	Type (C.E.	F., N.P., e	tç.) Years	Highest I	Rank	Last Discharge (Yr.)	Special Training Received		Designat	ion	Degree of Proficiency	Date	Authority
									DRIVER	1c. (w)	170 CX4551		Reg 1. Ord # 17-4-6.
									DRIVER	1.C. (TANK)	169 CLHSS 111	12 My 42	D.O. 105 - 17 Jul. 4
43 CURRENT	SERVICE:	Date 1	Enlisted	une		O Place Enlisted	montreal, &	Zue,					
		Corps	Unit and S		Rank 44	Pr	incipal Duty	Performance					
26-6-40/6-9-40 3-9-40/14/3-42 1-3-42/26-9-42	CAN	R.C.A.M.C.	9th Id. a	Inch.	Pte.	C	LERICAL WORK.	1/-					
1-3-42/26-9-42	CAN	CA.C.	22 CAR. ((C. C. C.)	Bdsn1		•						
9-44	U.S.	CAC.	22 CAR (C	n.B.G.)			- Co-ori.	307-					
							**			011	7 (- 5, - , (
									55 Type of Service Des	ired (1)	· (a) al espect) (2)	· ··· ··· ··· ··· ··· ··· ··· ··· ···	,
	- Jan 1								and the second s	tstanding or Limiting Facto	ors		
								1-	Deportment Disposition	Charlull.			
									Appearance (grooming)	Neat.			
45 COURSES	~				A					VORMEL -			
ATTENDE	D		-	PLACE		Date: From—to		Rating	Military	atishactory.			
									Machaniani		But world like to	ledin more.	
									Desires o	ot quel. 4 o	rot chrical.	ain a co-driver.	
						Maty, 4	majir 1						
46 Crime: 49 Psychiatric	Courts Marti	ial Convict	ions ///	<u>/</u>	Major (Offences Magga	Minor Offences / a y pay Hospitalization July 28	12-aug 12-42	Attitude to Inter	rview: Antagonisticng Cdn. Army (if ascertai	inable) //ormo/.	Co-operative	Indifferent
									48 Suggested Possib	ilities for Employment (1)	Carry on os co	0-driv (T)	
									Tests Indicated: Other Apt	· 2nd Mental	Mech. Apt.	Clerical A	pt
C.M.H.Q. 1000:1 40/P&S/1246 (10	15()/42)								Interviewed by Reviewed by	BHillows	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Date //	///42

OVERSEAS

Dispersal Area....

LAST PAY CERTIFICATE

(All Ranks)

Trensfer or Discharge)			on 15th. August.	19.4	4.	
			Authority: C.C.L."A" 534 d/19.Ja			
	e above-name	ed from.	1st.August. to 31st.August.	19	44.	
the inclusive date of transfer or discharge.		Dr		Cr		
Particulars	Amou	nt	Particulars	Amount		
	4	47	Balance Cr from last account. Regimental Pay 31 days at \$1.50 \(\nu \)	Law.	95	
Payments on Transfer or Discharge	05	00	Tradesmen's Pay 31 days at \$25% Additional Pay (Give Particulars) \$		72	
Assigned PayRegimental ChargesPublic Stoppages (give particulars):			Allowances (give particulars)days at\$			
			Cash Credit OR.136380	22	3	
(Free						
To Balance Cr { Deferred			By Balance Dr			
Total	106	55	Total	106	5	
Remarks (1) Assnd Pay \$25.00 (2) Assnd Pay \$8.40 (6)	M) Stop	onsei				
	t has l	oe en	compiled from Treasury Recor			
	not b		available.		6	

W30-10-43

REBURIAL

File No

NO	93848
RANK	TPR.
NAMEBA	RTON - E L.
NAME OF CEMETERY Bretter	ville-sur-Laize Canadian Military Cemetery
LOCATION OF CEMETERY	Bretteville-sur-Laize, France.
GRAVE LOCATION	Grave 15 Row 5 Plet 19.
AUTHORITY	54-27-88-2 Vol. 20
	Reburial list

.

25M-12-44 (6215) H.Q. 1064-81-3 DEPARTMENT OF NATIONAL DEFENCE NAVY ===== ARMY ===== AIR FORCE ARMY STATEMENT OF WAR SERVICE GRATUITY DECEASED MEMBER'S Everett Lawrence BARTON REGISTER NO. NAME (CHRISTIAN NAMES) (SURNAME) FILE NO. PAYEE Director of Estates D-93848 **ADDRESS** SERVICE NO. Tpr. FINAL RANK OR RATING 15-8-44 15-8-44 DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE 1462 QUAL TO 48 360.00 NO. OF DAYS___ COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE 167.00 No. of Days 091 LESS 23 INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION 527.00 C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE \$ 1.50 PAY SUBSISTENCE OR LODGING \$1.25 AND PROVISION ALLOWANCE \$.25 ADDITIONAL PAY **OTTAWA** DEPENDENTS' ALLOWANCE 1/30 OF \$ $x_7 = 21.00 \$ 3.00 TOTAL NO. OF DAYS 691 ×\$ 21.00 79.30 606.30 D. WAR SERVICE GRATUITY E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE \$ 100.00 100.00 OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE 506.30

G. YOUR PORTION OF GRATUITY IS-

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_____OF \$

= \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

PREPARED BY CHECKED BY

Allandhusu 20/2/41

SERVICE REPRESENTATIVE

FORM 6		DOM	INION E	BUREA	U OF ST	ATISTICS	QUEBEC DEATH TR	ANSC	RIPT	
1. PLACE Municipal County IN THE FIELD (FRANCE) civil municipal county ty or towns					icipali-			applies to this n	over the word which nunicipality or this territory	
DEATH	Street				No.	жизир	Hospital or		City Town Vi	illage Parish Township
2. LENGTH OF STAY	(a) In hos	itu-	Months Day	pality	n munici-	ars Months	Institution Years Months	Days	(d) In Canada (if immigrant)	Years Months Days
3. NAME	Surname	BART	ON			Do not	CONFIDENTIAL MED	CONFIDENTIAL MEDICAL CERTIFICATE OF DEAT		
(Block letters)					write in	22. Date of death	Date of death			
Street Official native or toy	ame of	salle.	Bl.vd		N6.1.	L1	23. I HEREBY CERTIFY that I attend			(Year)
Municipa		M		•••••	Prince.		and last saw halive	on		19
county			~~	Provin	ce				DEATH	
5. SEX 6. NATIONALITY (Citizenship) 7. RACIAL ORIGIN Widowed or Divorced (Write the word) Single, Married, Widowed or Divorced (Write the word)				ed	Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	lled in	etion.			
9. If married and of wife or hand of deceased	ius-						Morbid conditions, if any, giving rise to immediate cause (stated in	(b)		
10. BIRTHPLA (Province or Cou		0110					order proceeding backwards from immediate cause).	due to		
11. DATE OF BIRTH	Jun	0	1:	5th	1920		Other morbid conditions (if important) contributing to death but not	1		
12. AGE OF DECEASED	Years	(Month) Months	Days	Day) If less	than one day old		causally related to immediate cause.			4
DECEMBED	24				hrs. ormi	n.	If a communicable disease is (a) D mentioned on this certificate,	ate of appea	arance	19
Z 13. To kind of	rade, professio work, as spin	n or ner,	/**	700				uration of d	lisease.	days
13. Trade, profession or kind of work, as spinner, office clerk, etc. Clerk Typist 14. Kind of industry or						25. If a woman, was there a puerperal con	dition?	C. D.	*	
O lumberi	as cotton-ing, bank, etc	nill,		m / 1			26. Was there a surgical operation?	Date o	f ot	
o 15. Day worked a	te deceased	last	8)	Total year pent in thi ccupation	S		State findings	SE	Was th	nere an autopsy?
	17.	NAME		1	(Province or Country)	E	27. If death was due to external causes (olence) GH	in also the following	ng:
FATHER	Dece	3000					Accident, suicide or homicide(Sta	te which)	Date	19
MOTHER (Maiden Name)					No.		Manner of injury		w sustained)	
19. Place of burial, cremoval Tranco				Specify whether injury occurred in industry, in home, or in public pla						
							industry, in home, or in public pla	ce	•••••••••••••••••••••••••••••••••••••••	07
20. Date of buris					19.		Signed			
	Vame of parish or church						Address)	Date	779
HOLLE (b) Civil municipality of					28. Sig (cu	nature of person who fills in the form rate, coroner, hospital authority, etc.)	29. Na Ci bu	ame of clergyman vil Status in wh rial was made.	in charge of Register of hich registration of this	

(Day) (Year)

(Month)

This signature authorizes the collector to accept this form as authentic. Director of Records, Dept. of Natl. Defence

(Voir l'autre côté pour le français)

Do not write in this space

mmencing to

47	Everett,
	(1) I, Lawrence Barton , of the city (City, Town, Village, Township)
Address in civil life.	of Verdun , in the County of Jacques Cartier ,
	Province of Quebec Office Clerk (Civil Occupation)
	Regimental No. D-93848 , Unit. C.G.G.(CASF) , do hereby revoke all former Wills by me made and declare this to be my LAST WILL.
Relationship, names and address of beneficiaries,	(2) I Give, Devise and Bequeath unto my mother, Mrs. E.M. Barton,
and what each is to receive.	6111 La Salle Blvd., Verdun Que., all my property, real and personal, and all my personal effects.
	and porbonary and all my personar effects.
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 appoint Mrs. E.M. Barton, mother, 6111 La Salle Blvd. Verd
	Mother, to be the Executor of this my Last Will.
	(Civil Occupation) IN WITNESS WHEREOF I have hereunto set my hand thisllthay ofOctober
	1940
	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. 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.
First witness sign here.	(5) Signature Cellert C. Lavatonio
	Civil Address 3855 Newmarch. Que. (Merdun)
	Civil Occupation Clerk.
Second witness sign here.	Signature & Sucker
	Civil Address 170 Harie 2
	Civil Occupation Civil Occupation
	(Witnesses are not to be beneficiaries.)

	Director of Estates
	Regimental No.D-93848
	BARTON Everett Lawrence Surname Christian Names
1	Unit
	Date of Death 15. Aug. 44Place of Death. OVERSEAS (France).
	Casualty Details. Previously reported missing now killed in
	actionaction
	OTTAWA.
	Next-of-kin. Mrs. Emmaline Barton Relationship Mother
	Address6111 Lasalle Blvd, Verdun, Que BRANCH
	······································
	M.F.M. 5. Excerpt herewith.
	WILL Wills d/28 Jun 40, d/11 Oct 40 herewith
	Date 30 Jan 45
	JEC/SLG (C.L.Laurin) Colonel, Director of Records, for Adjutant-General.

H.Q. 405-B-8149 F.D. 443 D.R. 2 (D) 28 April, 1945. Mrs. Emmaline Barton, 6111 Lasalle Blvd., Verdun, P. Q. No. D. 93848, Trooper Everett L. BARTON Dear Madam: I am directed to refer to the regretted death of your son, the marginally named, and to advise you that information has been received from the overseas military authorities to the effect that the remains of Trooper Barton are buried in a temporary grave located at a point approximately ten miles North-East of Falaise, in the Department of Calvados (Normandy), France. The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be carefully exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. After this has been done, the new grave will be photographed and a print of the picture will be forwarded to you as soon as it is available, but it should be pointed out that for obvious reasons it may be some considerable time before this photographic work can be completed. Yours truly, for C.L. Laurin, Colonel, Director of Records, for Adjutant-General. FBR/DGL

FIELD SERVICE Army Form J

Army Form B. 2090A.

REPORT 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) 22 C.A.R. Squadron Troop)
OR CORPS Squadron, Troop, Battery or Company
Officer's Personal No (if Irnorm)
Soldier's Army No. (If known) D 93848 Rank Gd sm
Surname Barton. Christian Names Ekx E.L.
Date 15 Aug 44 Place France
Died
Cause of Death* Killed
NT . TD . CD . 30110/150 1C To . 45
Nature and Date of Report 3011c/158 16 Jan 45
By whom made 22 CAR
Dy Whom made
* 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.
or exposure while on military duty, or from injury while on military duty.
(Place Outskirts of la Fontaine In the field 1950 12 40/14 NE) 13 Nov 44
Burial
By whom reported Capt. F.W. Kemp 3 Cdn Graves Registration Unit
State whether he leaves $\int (a)$ in Army Book 64
a Will or not (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 Barris Signature of Officer in charge of Section
Station and Belgium Signature of Officer in charge of Section Adjutant-General's Office at the Base Signature of Officer in charge of Section Adjutant-General's Office at the Base
18 Jan 45 for Officer i/c
TOT OTTICET 1/C
Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239 dn Sec 2nd Ech HQ 21 A Gp.

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.93848, Trooper Everett Lawrence BARTON, of the Canadian Armoured Corps, Canadian Army, was killed in action on the 15th of August, 1944.

(R.T.E. Hicks-Lyne) Colonel, Acting Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

ph/

Department of National Defence, Ottawa, Canada. February 14th, 1945.

Director of I	Estates		
Regimental No	D-93848		• •
	BARTON Surname	Everett Lawrence Christian Names	a •
Unit	22nd Armoured Regime	nt (CA) CAC	••
Date of Deatl	h.15 Aug. 44 Flac	e of Death. OVERSEAS (France)	• •
	action	orted missing now killed in	
Next-of-kin.	Mrs. Emmaline Bartor	Mother . Relationship	• •
		Verdun, Que.	
WITTI	Wills d/28 Jun 40, d	1/11 Oct 40 herewith	
		1 Allerman	
	JEC/SLG	Director of Records, for Adjutant-General.	

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

RANK Trooper NUMBER SERVICE UNIT ont (CA) NAME BARTON, Everett Lawrence Date enlisted: 28-6-40 DATE OF BIRTH MONTH JUNG YEAR 1920 DAY 13th MARITAL STATUS Religion: Presbyterian Single NEXT OF KIN AS SHOWN ON NAME M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS ADDRESS D.A.B. ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER (MARRIED OVERSEAS) AUTHORITY CAS. SIG. NO. 15-8-44 CASUALTY DETAILS

FRANCE

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

YES/NO

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

YES/NO Can Arm'd Rogt.

23-1-45

Indahai Zunt

OFFICER I/C RECORDS

COPY FOR C.R. FILE