D98699
VAISVILA
MAMARTAS

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Received.....Checked NO. 4 DISTRICT DEPOT, C.A.S.F. Observations.....

ORIGINAL
DUPLICATE
~~TRIPLICATE~~ DUPLICATE OFH

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.)

D 98699
D-~~98609~~

Unit.....NO 1 General Hospital RCAMC. Regimental Number.....

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

1. Surname.....VAISVILA.....
2. Christian Names.....MAMARTAS..... Naturalization Cert. No 132111, Series A.
3. Present address.....2386 St. Zotique St., Montreal, Quebec, Canada.....
4. Date of birth.....11 May 1918.....
5. Place of birth.....LITHUANIA....., ...Siouliai,.....
   (Country) (County or Province) (Town or Township)
6. Religion (state denomination).....Roman Catholic.....
7. Trade or Calling.....Barber.....
8. Married, Widower or Single.....Married.....
9. Name of next of kin.....Mrs. Angela Vaisvila,.....
10. Relationship.....Wife.....
11. Address of next of kin.....~~2386 St. Zotique, Montreal, Quebec, Canada.~~ See Change.....
12. Have you served in any Naval, Military or Air Force?.....No.....
13. If previous war service, state arm, force and regimental particulars.....Nil.....
.....
14. Do you now belong to or have you served in the Active Militia of Canada?.....No.....
.....
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, MAMARTAS VAISVILA.....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 23 MAY 40. S F Hlane Witness Mamartas Vaisvila. (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Mamartas Vaisvila (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 - this 23 day of MAY 19 40.

S F Hlane Major — Signature of Magistrate, Justice or Attesting Officer.

COMMANDING No. 4 DISTRICT DEPOT, C.A.S.F. — Office or Rank and Unit or appointment.

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

FINGERPRINTED

1

Record of Service of VAISVILA (Surname) MAMARTAS (Christian Names) Regimental Number D-98699

Qualifications		Educational Qualifications	
Military	NIL	High School or Collegiate	NIL (years completed)
Business or Professional	NIL	Graduation or Matriculation	NIL (specify)
Trade or Civil	Barber	*College	NIL
Technical	Nil.	*University	NIL
Languages	English, French, Lithuanian, Polish, Russian		7 Years Public School.

*(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
1332 23May40	DRO	Joined on appointment NO. 4 DISTRICT DEPOT, C.A.S.F.	Pte	23May40	4 DD	Montreal	4DD Pt II No 132	23May40
27-5-40	4DD	Tsfred to his Unit.	"	27-5-40	4DD	"	4DD Pt II no 135	27May40
28,May.40	4 D.D. DO113 12-11-41	No.1. Cndn. Genl. Hosp. RCAMC. CASF	Pte.	28.May.40	No1. Cndn Gnl.Hosp	Montreal	No.1 Cndn.Gnl. Hosp. D.O.No.9. Pt.II.	28.May.40
		S.O.S. C.A.S.F. (Canada) on embarkation at Halifax on ~~3rd~~ 23rd July, 1940			~~Sub DO no 58~~		No.1 CGH #47	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						
17Aug40		P.L. (disembarkation) 18 to 23 Aug 40	Pte	18 Aug to 23 Aug 40	No1 Can Gen Hosp	Aldershot	No.50	17 Aug 40
		Leave to 22-11-40	"	13-11-40	"	Marston Green	#87	13-11-40
		A.W.L awarded 7 days CB forfeits 1 day Pay FR&D 150(a)	Pte	21 Jan 41	No1 Gen Hosp	Marston Green	008	21 Jan 41
		Amed. 14 days CB. forfeits 1 days pay FR&D 150(a) forfeits 7 days pay FR&D 149(1)(e)		5 Mar 41	1 Gen Hosp	Marston Green	31	12 Mar 41
		2nd Prev leave warrant to 2 June 41	Pte	23 May 41	1 Gen Hosp	Marston Green	56	23 May 41
		3rd Prev leave to 5 Sept 41	Pte	29 Aug 41	1 Gen Hosp	UK	89	29 Aug 41
		On Comm. (adv Pty)	Pte	29 Nov 41	1 Gen Hosp	UK	119	30 Nov 41

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

Are you receiving or have you in the past received, disability pension or compensation - If so give details. . . . . .

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Vaisvila Mamartas Date May 21, 1940.

Part 1. Information obtained from the recruit.

1. Age 27 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	yes	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	no	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		

Mamartas Vaisvila
(Signature of Recruit)

Examiner's remarks re above Healed perf. left ear drum Rt. ear drum normal color vision (ishihara) (CDU) A.Delahaye Capt. Bronchitis at 10 yrs. no recurrence Reflexes normal. X ray - normal Urine - normal

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

1. Identification marks or scars. (If operative obtain history.)
6 vacc left arm

2. Height 5 feet 4 1/4 inches. 3. Weight 115 pounds.

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

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 3 1/2 inches.

7. Vision, right 20;30 left 20;30 8. Hearing, right wv20 left wv20

9. Condition of mouth and teeth good

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

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 00 27 12-3-42

Special remarks when category lower than A underweight

W. Tremblay
President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
3/6/40	TAB 1/4 cc		
11/6/40	" 1/2 "		
22/6/40	" 1 "		
3/6/40	Tet 1 "		
20/7/40	Tet. 1 "		
3/6/40	Vacc. +		

Are you receiving or have you in the past received, disability pension or compensation - If so give details. no

Regtl. No. D-98699 Rank Pte Surname VAISVILA. Christian Name MAMARTAS.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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

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

Statement of the Service of No. D98699 Rank Pte Sheet No.

Name Vaisvila · M

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
	✓	Prev. leave & T.W. to 19 Dec 41	Pte	12 Dec 41	1 Gen Hosp	UK	124	12 Dec 41
	✓	Prev. leave no w. to 19 Mar 42	Pte	12 Mar 42	1 G Hosp	UK	25	14 Mar 42
	✓	Change of medical categ. from "B" to "A"	Pte	3 Mar 42	1 G Hosp	UK	27	27 Mar 42
	✓	Off command (adv. party)	Pte	3 Dec 41	1 G Hosp	UK	37	1 May 42
	✓	Prev. leave & T.W. to 25 June 42	Pte	18 June 42	1 G Hosp	UK	51	18 June 42
SOS	✓	S.O.S. to 1 ~~G.R.U.~~ C.M.G.R.U.	Pte	31 July 42	1 G Hosp	UK	65	31 July 42
	T.O.S. ✓	T.O.S. from 1 Gen Hosp pending trans to RMR	Pte	1 Aug 42	1 M G R U	UK	104	3 Aug 42
	✓	Trans from RCAMC to RMR & remains in posted reinf to 1 M G R U	Pte	1 Aug 42	1 M G R U	UK	124	5 Sep 42
	✓	P/leave to 23 Sept	Pte	16 Sept 42	1 M G R U	UK	135	19 Sept 42
	✓	App'td A/L/Cpl.	A/L/C	20 Oct 42	1 M G R U	UK	151	21 Oct 42
Qual B. 1 M G R U 3/6/1/43	✓	Proceeded on Crse. 912 · att'd 3 C D R U fap	A/L/C	20 Oct 42	1 M G R U	UK	152	23 Oct 42
	✓	Off Course & C/att'd	A/L/C	10 Nov 42	1 M G R U	UK	161	13 Nov 42
change of address NOK W/C	✓	Ceases to hold app'ment A/L/C.	Pte	10 Nov 42	1 M G R U	UK	162	17 Nov 42
	✓	Mrs A. Vaisvila 6720 Molson St, Rosemount	P.Q. Can		1 M G R U	UK	191	24 Dec 42
	✓	Priv. leave	Pte	21/30 Dec 42	1 M G R U	UK	2	5 Jan 43
Ammend PO 21 supp of 2 Aug 43	✓	App'td A/L/C	A/L/C	30 Nov 42	1 M G R U	UK	4	7 Jan 43
	✓	Increase in pay $1.50 to $1.60 per diem	A/L/Cpl	1 Jan 43	1 M G R U	UK	21	31 Jan 43
S.O.S	✓	S.O.S. on posting to 1 C A C R U	A/L/Cpl	31 Jan 43	1 M G R U	U.K.	21	31 Jan 43
	T.O.S. ✓	T.O.S. from 1 C M G R U	A/L/Cpl	1 Feb 43	1 C A C R U	UK	27	1 Feb 43

Statement of the Service of No. D98699 Rank Sheet No.

Name Vaisvilla M.

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
		AH. FAP to 2 Wing CTS on Class 808 Ser 20	A/L/Cpl.	14 Mar 43.	1 CAC RU	U.K.	60.	15 Mar 43
		Awarded Good Conduct Stripe	A/L/Cpl.	6 Mar 43	1 CAC RU	U.K.	61	16 Mar 43
		To be A/Cpl. with pay	A/Cpl.	16 Mar 43.	1 CAC RU	U.K.	66.	22 Mar 43
		C/AH. FAP to. Can Trm Sch. as Class 808 Ser 20.	A/Cpl.	3 Apr 43.	1 CAC RU	U.K.	77.	5 Apr 43.
		Prov leave with M.A to 13 Apr 43	A/Cpl	4 Apr 43	1 CAC RU	U.K	85	14 Apr 43
		Relet to permanent Grade. Tp 1° own request	Tp 1°.	21 Apr 43	1 CAC RU	U.K.	91.	21 Apr 43
SOS.		SOS to 32 Recce Regt.	Tp 1°.	22 Apr 43	1 CAC RU	U.K.	92.	22 Apr 43
	TOS.	TOS from 1 CAC RU.	Tpr	23 Apr 43	32 Recce R	U.K.	93	28 April 43
		Granted daily R.R. of May $1.50	TPR	22 Apr 43	32 Recce	U.K	18	26 May 43
		Appt'd A/L/Cpl	A/L/Cpl	25 Jun 43	32 Recce	U.K	24	12 Jul 43
		To be L/Cpl	L/Cpl	1 Oct 43	32 Recce	U.K	45	20 Oct 43
		Completed Course in Mathematics Grade IX at Battersea Pol. Sch. + attained 2nd Class Standing	A/L/Cpl	24 Sept 43	32 Recce	U.K	45	20 Oct 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
CY.		Appt'd A/Cpl	A/Cpl	3 Mar 44	32 Recce	U.K	12	10 Mar 44
CY SOS.		S.O.S. to Reinf Unit 21 Armd Regt	A/Cpl	18 Mar 44	32 Recce	U.K	15	20 Mar 44
	T.O.S	TOS. from 32 Recce Regt.	A/Cpl.	19 Mar 44	21 Armd R	U.K.	14.	24 Mar 44.
CB.		Qual. Inf. of "C"	Cpl.	18 May 44.	3 CAC OTU	U.K.	123	31 May 44
		SOS to 1st CAC "C"	A/Cpl.	1 June 44.	21 Armd. "C" R.	U.K	24.	21 June 44

Regimental No. D98699 Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (4398)

Name Vansville, M

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
M106	Qual. Gnr. ope. C.	A/cpl.	22 may 44	X CAC	21 AG.	24	3 jul 44
M106	Grtd. T-P. Gnr. op. "C"	A/cpl	22 may 44	X CAC	21 AG	24	3 jul 44
M106	SOS SOS X4L C Sqn. 25 CADR. to 28 CAR Gnr op "C"	A/cpl	10 aug 44	XL CAC(C)	21 AG	35	21 aug 44
M106	TOS TOS from X4L CAC(C) D Sqn. 25 CADR. Gnr op "C"	A/cpl	11 aug 44	28 CAR	21 AG	36	19 aug 44
	Embarked at ..... UK ..... on ..... 22 jul 44						
	Disembarked at .. France on ..... 23 jul 44	A/cpl.		XL CAC(C)	21 AG	35	21 aug 44
B'34	Missing		14 aug 44		AEF	A 48	5 ~~10 Oct 44~~
	Killed.		14 Aug 44.		A & F cL "A"	49 S'	10 Oct 44

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D-98699. Rank a/Cpl. Surname Vaisvila. Christian Name Mamartas.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
28 Armd. Regt. (CAC)		—			—				Missing 14-8-44.		A-485.
" (BCR.) (CAC)									Killed 14-8-44.		

Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

No D98699 Name VAISVILA, M. Sqn, Battery or Company

Corps O.A.C. Date of enlistment 23 May 40. GC Badges 1. [illegible] Proficiency Pay

MFM 6
(AFB 122)
40/P&S/136 (3438)

Company Conduct Sheet Date of last entry in 3 MAR 41 No and date of last drunk N/A

Period not reckoning towards freedom from extra fine N/A Sheet No 1 Signature OC Company, etc [signature] Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Sheet destroyed 3 Mar 41, Last entry on 3 Mar 41 - No Cases of drunkness, Nil last instances on Nil									

(PTO)

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 No.1. General Hospital. RCAMC. CASF. Regimental Number D- 98699

1. Surname Vaisvila RMR
2. Christian Names Mamartas
3. *Substantive Rank and Appointment ~~Pte.~~ 4/cpl (13 Oct 43)
   *Acting Temporary or Local Rank A/cpl
   giving date 3 March 43
   *To be entered in pencil to facilitate alteration.
4. Place of birth Sioulai. Lithuania.
5. Date of birth as declared on attestation 11. May 1913.
   (A)
6. Date of enlistment 23 May 40.
7. Place of enlistment Montreal. Que. Canada.
8. Residence at time of enlistment 2386. St. Zotique. St. Montreal. Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic.
12. If married, state date 21st May 1934.
13. Trade on enlistment Barber.
14. Corps, trade and grade
15. (D) Qualifications 3" Mortar
16. (E) Miscellaneous entries Gur op "C"
    1 GUB

(17) Regiment or Corps	Unit (Battn., etc)
RMR (Mls)	
C.A.C.	3rd Cdn. Recce Regt (KGGFG)
"	21 CDN ARMD REGT (GGFG)

(18) Medical

Category	Date	Authority
"A"		Rec/34/Units/363
		Research
		d/24 May 43

(19) Next of kin (entries to be made in pencil)
Mrs. Angela Vaisvila. (Wife)
~~2386. St. Zotique. St.~~ Montreal.
6720 Wilson St., ROSEMOUNT Que.

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, [illegible] 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
15 July 40		No.1 CGH	Embarkation	Halifax	15 Jul	Pte	Sailed 23 July 1940.
~~1 Aug 40~~		~~do~~	~~Disembarkation~~	~~Greenock~~	~~1 Aug~~	~~Pte~~	
2 Aug 40		do	Disembarkation	Glasgow	2 Aug	Pte	
13. 11. 40		"	Granted 1st Priv Leave Free Warrant	Marston Gn	13/11/40 to	22/11/40	DO Pt II No 87.
21. 1. 41		"	A.W.L. 8 hours (A.A. Sec 15(1)) was awarded 7		20. 1. 41		
			days C.B. & forfeit 1 days pay (F.R. & I 150(a))	" "	to 21. 1. 41.	Pte.	" " " " 8/41.
12. 3. 41		"	A.W.L. awarded 14 days C.B. & forfeit 7 days pay	" "	5. 3. 41	"	" " " " 31/41
23. May. 41.		"	Granted 2nd Privilege Leave, Free Warrant.	" "	23 May/2 Jun 41	"	" " " " 56/41.
29 Aug 41.		"	Granted 3rd Privilege Leave, No warrant.	" "	29 Aug/5 Sep. 41.	"	" " " " 89/41.
2 Dec 41		"	On Command	" "	29 Nov. 41	"	" " " " 119/41.
13 Dec 41		"	Leave 4 Priv. Warrant.	Horsham	12 Dec 41	"	" " " 124/41
17 Mar 42		"	Granted 5th Priv Leave, No warrant	"	12/19 Mar 42	"	" " " 25/42
28 Mar. 42		"	Change Medical Category from "B" to "A"	"	3 Mar. 42	"	" " " 27/42
2 Mar/42.		✓	Appt. C. on reporting Unit	✓	3 Dec 41	✓	✓ 37/42 ✓
28 June 42.		"	Granted 6th Priv. Leave. F.T.W. (FI-4)	"	18/28 June 42	"	" 51/42.
2 Aug 42.	SOS	"	S.O.S. on transfer to #1 C.M.G. R.U.	"	31 July 42	"	" 65/42.
TOS		1 CMGRU	T.O.S. on posting from C.A.R.U. for a probationary				
			period pending Transfer to R.M.R. (M.G.)	U.K.	1-8-42	"	107 3-8-42
		"	Granted leave from 8-9 Aug 42	UK	8-8-42	"	111 - 12-8-42.
		"	Trans. from R.C.A.M.C. to R.M.R. (M.G.) & remains				
			on the unposted Reinforcement strength of				
			1 CMGRU	"	1 Aug 42	"	124 5 Sep. 42
		"	#7 Priv. Leave (7 days) with Money allow.	"	16-9-42	"	135 19-9-42
		"	Appt. a/L/Cpl.	"	20-10-42	a/L/Cpl	151. 21-10-42
		"	On Crse #912 Ser 21 (Recreat. P.T. Crse) & att fap.				
			#3 CDIRU	"	20-10-42	"	152 23-10-42
		1 CMGRU	Off course and ceases att. f.a.p.				
			to 3 C.D.I.R.U.	U.K.	10 Nov 42	A/L/Cpl.	161/13 Nov 42.
		"	CEASES TO HOLD APPT. OF ACTING LANCE-CORPORAL	"	10 Nov 42	PTE	162 17 Nov. 42
		"	On unit Guidecaps Scouting Crse Result "passed" (good).		16-11-42 to	28-11-42	172 2-12-42.
		"	Chofadd. N.of K. - Mrs Angela Vacovila				
			(Wife) 6720 Molson St., Rosemount Que.	U.K.		PTE	191. 24-12-42
		"	P.L. with money allce. (7 days & 48 hrs) Clear.	"	21-12-42	"	2. 5-1-43
		"	On Crse #912 Ser 21. Qualified "B"	"		"	3. 6-1-43.
		"	Appt. a/L/Cpl.	"	30-11-42	a/L/c	4. 7-1-43
		"	S.O.S. to 1 C.A.C. R.U.	"	31 Jan. 43	"	21 31 Jan. 43
		1 CACRU	TOS from 1 CMGRU posted to Reinf 32 Recce Trng Sqdn	"	1 Feb 43	"	27 1 Feb 43

SERVICE AND CASUALTY FORM

M.F.M. 4 (a) (Part II)
40/P & S/412 (8/42)

(PART 11)

Regiment or Corps... 21 Cdn Armd Regt ..... Regimental Number... D 98699 .....

Substantive Rank... L/Cpl ..... Surname... VAISVILA ..... Christian Names ... M .....

Acting Temporary or Local Rank... a/Cpl .....

(To be entered in pencil to facilitate alteration)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
		1 CACRU	Att FRP to No 2 CTS w/hdqrs attending CMHQ				
			course. 808 dtd 20/3 "Montreal"	VK	14-3-43	A/L/CPL	60 15-3-43
		"	Gtd one good conduct stripe	"	6 mar 43	"	61 16-mar 43
	A/Cpl	"	Rejoins H/Q & Hdqrs with loss of rank	"	16 Mar 43	"	66 22 mar 43
		"	C to a to C.T.S. on completion of course	"	3 apr 43	"	77 3 apr 43
		"	9 days P-L	"	4 Apr 43	"	85 14 Apr 43
		"	Reverts to Per. Trooper own Request	"	21 Apr 43	T/Pte	91 21 apr. 43.
		"	SOS to 32 Recce Regt.	"	22 Apr. 43	T/Pte.	92 22 Apr. 43.
23 Apr 43	30 "	32 " Recce	TOS from 1 CACRU				
18 May 43	"	"	Std Daily rate of pay $1.50 →	"	23 Apr 43	Tpr	13 - 28 Apr 43
				"	22 Apr 43	Tpr	18 - 26 May 43
18 May 43	"	"	Completed CMHQ Case 808 dtd 20/3 "Motor Qual-Gp 2	"	3 Apr 43	A/L/Cpl	18 - 26 May 43
29 Jun 43	"	"	Appointed A/L/Cpl	"	25 Jun 43	A/L/Cpl	27 - 12 Jul 43
3 Jul 43	"	"	Proc Leave 9 days	"	1 Jul 43	"	29 - 3 Jul 43
1 Oct 43	"	"	To be L/Cpl	"	30 Sep 43	L/Cpl	45 - 20 Oct 43
8 Oct 43	"	"	Obtains 2nd class standing in Grade IX Mathematics	"	27 Sep 43	"	45 - 20 Oct 43
21 Jan 44	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	5 - 31 Jan 44
4 Mar 44	"	"	Appointed A/Cpl	"	3 Mar 44	A/Cpl	11 - 16 Mar 44
16 Mar 44	"	"	SOS to Recd 2nd 21 CAR	"	15 Mar 44	"	15 - 25 Mar 44
"	2 Ech	R/Ft. 2nd C.A.R.	TOS from 32 Recce R.	Field	19 Mar 44	"	14 - 24 Mar 44
14-6-44	CR	"	SOS to 4 Lt Cdn (A/C) (D Sqn 25 CAD R)	"	1 Jun 44	"	27 - 21 Jun 44
18 Jun 44	X4 CAC(C) D Sqn 25 CAD R		TOS from 21 Armd Regt	"	8 Jun 44	"	22 - 19 Jun 44
	X-4 CAC (C)		Qual Gnr Op "C" Granted T.P. "C"	"	22 May 44	"	24 - 3 July 44
			Embarked U.K 22 Jun 44. Disembarked France 23 Jun 44.			"	35 21 Aug. 44
	X4 CAC(C) D 25 CAD R		SOS to 28 CAR (Gnr Op "C")	Field	10 Aug 44	"	35/21 Aug 44
		28 CAR	TOS from X4 Lt CAC(C) (Gnr Op "C")	"	11 Aug 44	A/Cpl	36/44
			~~SOS to X6 Lt CAC(C) (GNR OP C)~~	"	~~14 Aug 44~~	"	~~40d/Sep 44~~
Cancelled 55/44	X6 CAC(C)		TOS from 28 Armd R " " "	"	15 Aug 44	"	40/44

(a) Report		(b)	(c)		(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
		28 CAR	SOS Deceased: Killed in action (Gov. Op C)	Field	14 Aug 44	Tpr	48/44

No D.98699 Rank Corporal Name VAISVILA, Ma marta s.

Unit C.A.C. Date of death 14th Aug., 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-V-1028

N/K Mrs. Angela Vais vila, Relationship Wife

Address 6720 Molson, Rosemount, Montreal, Que.

Remains buried in Mondeville Cdn. Temp Cem.088670 Cemetery
Plot III Row C Gr. 19

Grave location CHK ✓

OVER

REBURIAL

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

Grave 5, Row C, Plot 16.

HI & CR Form Despd. FEB 3 1947

Photographs
Despatched
OCT 8 1947

Temp BR sent to N.K. & Map

BURIAL REPORT TO N.K. APR 23 1946

RETURN TO BUR. OF STAT. SEP 5 1945

ROYAL MESSAGE DESP'D. NOV 1 1944

CAN. MESSAGE DESP'D. OCT 25 1944

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR
4321
DATE DESP 10-12-51
REGN NO 3878
CANCELLED

(1) MEDALS

PERSON ENTITLED TO Mrs. Angela Vaisvila Widow

ADDRESS: 2148 Maisonneuve St., (15-8-51)
~~6720 Molson Rosemount~~, Montreal, Que.

(2) MEMORIAL CROSS

WIDOW Mrs. Angela Vaisvila (ENGLISH)

1733

ADDRESS: 6720 Molson, Rosemount, Montreal, Que.,

DESP. DEC 7 1954
(2) REGN No. 9163

(3) MEMORIAL CROSS

MOTHER (DECEASED) (MFM5.)

ADDRESS:

(3)

14-8-44 AWARDS—CANADIAN ARMY (ACTIVE) 1733 M FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-V-1028

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
VAISVILA, Mamartas	D.98699	Cpl.	28th Armd.Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star DEC 12 '86 ~~France & Germany Star~~ Defence Medal War Medal 1939-45 C.V.S.M. & Clasp	6158 20/10/49 SENT ENVOYÉ SEP 15 1986 42-945 37

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

2/7/86

21 JUL 1942

42 Previous Experience in Armed Forces

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

43 CURRENT SERVICE: Date Enlisted 23-5-40 Place Enlisted MONTREAL, QUE

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
23-5-40-23-7-40	CAN.	R.C.A.M.C.	#1 C.G. HOSP.	PTE	TRAINING	
3-8-40-	U.K.	"	"	"	GEN. DUTY.	249
16/3/43	"	"	"	A/CPL.		
				A		

45 COURSES ATTENDED

	PLACE	Date From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions ..... Hospitalization .....

Number Civil Convictions ..... Minor Offender ..... Occasional Offender .....

0 Chronic Major Offender 1/4 Chronic Minor Offender ..... Occasional Offender 97

49 Psychiatric ☐☐☐☐☐

C.M.H.Q. 1000:115
40/P & S/1246

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
249			

55 Type of Service Desired (1) Infantry 123 (2) .....

Remarks re Outstanding or Limiting Factors DEPORTMENT ✓

APP. ✓ PHYS. APP ✓ DISP. ✓

MILIT ✓ MAP. R — MECH ✓

a smart alert man who gives the impression he is much brighter than his "M" score indicates. He answers well, is anxious to join a fighting service. He feels better in health since joining army. He would be good infantry material.

E/H.

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

Reason for Joining Cdn. Army (if ascertainable) ..... duty .....

48 Suggested Possibilities for Employment (1) ..... infantry .....

(2) .....

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

Other Apt. ..... Pers ..... Trade Test as .....

Interviewed by ..... R.S. Taylor capt Date 20/4/42

Reviewed by ..... Date .....

D 98699 ✓ | VAISVILA ✓ | MAMARTAS. ✓

Regt'l. Number | Last Name | First Name

2 Nationality	By Birth	By Naturalization	Country of Birth
08 CDN.	#	✓	LITHUANIA

3 Racial 4 6 Language spoken in home: French .....
6 Origin NORTH EUROPEAN Other LITHUANIAN English ✓

5 Age 28 11/12 6 Height 5'5" 7 Weight 128 8 Silhouette [1] 2 3 4
1914
Eyes: 9 2 Colour of Grey 10 1 Acuity [1] 2 3 10 Glasses ..... 11 Colour Vision 1 2 3 4

12 Hearing: Acuity [1] 2 3 13 Speech Defects .....

14 Handedness [R] L A 15 1 Med Category A ✓

Cause .....

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

Health History .....

16 Education Level: Illiterate ..... E 9 2/14 S ..... (Grade completed)
Conduct during school life .....

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

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

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

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

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

23 Languages: Spoken fluently ENG. LITHUANIAN - FRENCH - RUSSIAN
02 44 31 Written well ENG. LITHUANIAN -

24 Main occupation: Description BARBER.
0552.
Estimate of skill .....
Duration (from—to) 1927-1929 - 1929-1940 Weekly Wage $ 25.00
Employer's Name and Address LITHUANIA . / SELF + OTHERS. (CAN.)

CARDS PUNCHED

Middle Names

50 "M" Test

	Score	SM	
1	12		S. Tot. 33
2	6		SM
3	15		
4	13		S. Tot. 24
5	11		SM
6	10		S. Tot. 40
7	9		SM
8	21		
Tot.	91	SM	Grade E

K

9

51 OTHER MENTAL

Test .....
Score ..... L. Grade .....
Date .....

52 MECHANICAL

Test .....
Score ..... Grade .....
Date .....

52 CLERICAL APT.

Test .....
Score ..... Grade .....
Date .....

53 TRADE TEST

1. Score .... G. .... Date .....
2. Score .... G. .... Date ....
3. Score .... G. .... Date ....
4. Score .... G. .... Date ....

54 OTHER

Test .....
Score ..... Grade .....
Date .....

CONFIDENTIAL.

Soldiers Qualification Card

Unit #1 CDN. GEN. HOSP. CODED 050

1 Corps R. C. A. M. C.

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

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

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck..... 28 Light Truck..... 29 Auto..... 30 Motorcycle.....
31 Farm Tractor..... 32 Tracked Vehicle..... 33 Power Launch..... 34 Aeroplane.....
35 Accident Prone .....

Farming Experience: Wide ..... Limited .....
District ..... Type .....

Job promised after discharge ..... not ..... By whom? Name .....
Address .....
Other provision for post-discharge occupation ... none .....
..... Type of work desired ... postman. ...
Occupational history: Ambitious ..... Accidental ✓ .....
Stable ..... Erratic .....

36 Material Status: M ✓ ..... S ..... W ..... D ..... Sep. .....
1 Marital Problems ..... (Remarks)
Age of wife 29 ..... Wife's attitude to Service normal Wife's Health good
37 No. of Children 2 ..... No. Brothers 3 ..... No. Sisters 5 .....
Position in family 6th ..... 38 No. Dependents 3 .....
Relationship of Dependents ..... wife + 2 children .....
Status of home in childhood .....

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....
Mechanics ..... Other .....
40 Sports: (1) Swimming ... (2) ..... (3) .....
P Team Games and Position (1) Soccer. (OA.) .....
2 (2) ..... (3) .....
41 Ability to Entertain: Music: String ✓ ..... Brass .....
1 Woodwind ..... Percussion ..... Piano ..... Vocal .....
Theatrical ..... Other .....

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 VAISVILA, Nemartes (b) Reg'l. No. D 98699
2. (a) Arm of service Army (b) Unit 32 Recce. C. C.A.S.F. (c) Rank A/L/Cpl
3. (a) Date of birth 11 May 1913 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 23 May 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment? No
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.) 7th Grade
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English: Lithuanien: French: Russian (b) What languages do you read well? English: Lithuanien

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) Working (b) At time of enlistment of what trade union or professional society were you a member? None

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

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 Barber (b) Where was it located? not stated
23. (a) Number of years engaged in this business 13 (b) Have you made, or will you make plans to return to the same or a similar business on discharge? No

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? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? none (c) In what provinces 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? No
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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Postman

DATE 21 May 1943 SIGNATURE [signature] for Officer i/c Records Unit

PARTICULARS.

FULL NAME:- Mamartas VAISVILA.

ADDRESS Rosemount, Quebec, Canada.

Trade or Occupation, Barber

Place and Date of Birth(When known) Siauliai,Kovno,Lithuania.

11 May 1913.

Subject of
Citizen of Lithuania.

Married
Single
Widower
Widow
Name of Wife Married.

Parents Subjects of
Citizens of Lithuania

Age, 22 Years. Height 5' 5".

Colour White. Complexion, Fair.

Colour of eyes, Gray. Colour of Hair, Blond.
Blue.

Visible Distinguishing marks, None.

Countersigned,

J. E. Duggan.

Chief Clerk of Naturalization.

DOMINION OF CANADA.

NUMBER
132111.

SERIES A.

THE NATURALIZATION ACT.

CERTIFICATE OF NATURALIZATION.

I, the undersigned, Secretary of State of Canada do hereby certify and declare that MAMARTAS VAISVILA, whose particulars are endorsed hereon, is hereby naturalized as a British subject; that he is entitled to all political and other rights, powers and privileges, and subject to all obligations, duties and liabilities to which a natural born British subject is entitled or subject, and that he has to all intents and purposes the status of a natural born British subject.

In testimony whereof I have hereunto subscribed my name and affixed the seal of the Department of the Secretary of Sate of Canada, this nineteenth day of September 1935.

This certificate shall be effective on and from nineteenth day of September 1935.

E. H. Coleman,
Under Secretary of State.

C. H. Cahan.
Secretary of State.

24 May 40

Certified to be a true copy.

S. F. Hane. Major

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

To be made out in duplicate

M.F.M. 5
90M—3-40 (4225-6)
H.Q. 1772-39-1651

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 individual's new unit.

---

(1) Name of Officer or Other Rank VAISVILA MAMARTAS
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D- 98699 Pte.

(3) Unit No. 1 General Hospital, R.C.A.M.C.

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Angela Vaisvila

(*b*) Present postal address of wife 2386 St. Zotique St., Montreal, Que., Canada.

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

(7) Are you a widower? No.

(8) Have you any children? Yes

If so, give number of boys and girls 2 Boys

Also their names and ages Vincent (3 Yrs.) Robert (2 Yrs.)

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

Give particulars of Guardian 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 12 months immediately prior to enlistment?....No.....

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

.....

.....

(11) Is your father alive?.....No.....

If so, state name and address, occupation....N/A.....

.....

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) .....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?.....No.....

If so, state name and address.....N/A.....

.....

(15) If your mother is a widow, are you her sole or partial support?.....N/A.....

(16) 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).....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.....
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) 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 enlistment or appointment?.....No.....

(19) Are you insured?.....Yes.....

If so, in what Company?.....Mutual Life of Canada.....
(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.

Maurice Vaisvila.....
(Signature of officer or man)

Date .....23 May 40.....

S. F. Hane- .....Major

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

Date .....23 May 40.....

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.

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

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1056

(1) I, MAMARTAS VAISVILA. (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal., in the County District of Hochelaga.,

Province of Quebec., Barber. (Civil Occupation)

Regimental No. D-98699, Unit No. 1 Gen'l. Hosp. R.C.A.M.C. 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, Angela Vaisvila, of 2386 St. Zotique, Montreal, Que., all my estate."

M.V.

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

M.V.

(4) I appoint ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 23 day of May 19 40

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.

Mamartas Vaisvila.
(Signature of Soldier)

First witness sign here.

(5) Signature Roger Looney Pte

Civil Address 68 - 12th Ave Lachine P.Q.

Civil Occupation Clerk.

Second witness sign here.

Signature J. Montpetit Pte.

Civil Address 1863 Mountain St. Montreal

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

6

[OVER]

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. D.98699. Rank and Name Vaisvila. M. A/Cpl.

of (Unit).....on.....

(Transfer or Discharge) ~~XXXXXXX~~ to.....on 14th. Aug. 19 44.

Reason Death. Authority : C.C.L. "A" 495 d/1st. Oct. 44.

The following is a statement of the account of the above-named from 1st. Aug. to 31st. Aug. 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	56	77
First Monthly Payment AR90 d/ 3.8.44.	8	94	Regimental Pay 31 days @ $ 1.70	52	70
Casual Payments			Tradesmen's Pay 31 days at $ .25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars) :					
			Def. Pay Interest.		02
To Balance Cr Free	78	30			
To Balance Cr Deferred	7	00	By Balance Dr		
Total	117	24	Total	117	24

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks :

Assnd. Pay of $23.00 (W) stopped eff. Sept. 44.

The above statement has been compiled from Treasury records, the latest paybook not being available.

Compiled by B. McKercher.

Checked by [signature]

Date 28th. June. 19 45.

PH.

Certified correct D. A. Fowler
for Chief Treasury Officer, Overseas

Form No. 1

2367

Register No. D 6014

Nominal Roll No. D 127

H.Q. File No. 405-V-1028

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D 98699	CPL	VAISVILA	MAMARTAS

Reason for Termination of Service:

1st Enlistment Killed in Action CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 23 MAY 40	T.O.S.	T.O.S.
S.O.S. 14 AUG 44 MD 1/2	S.O.S. MD	S.O.S. MD
Total Days 1545	Total Days	Total Days 1545 DAYS

TOTAL SERVICE

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	62	NIL	62
OVERSEAS SERVICE	1483	9	1474
Totals	1545	9	1536
Add Non-qualifying Service			9
TOTAL SERVICE			1545

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 14 Aug 44 2. Date S.O.S. Overseas

REMARKS: KILLED IN ACTION 14 aug 44

Computer's Signature Shelton

Checker's Signature R Kennedy

Date Computed 1 Mar 45

31

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total

TOTAL

OVERSEAS

T.O.S. 24 JUL 40 T.O.S. T.O.S.

S.O.S. 14 AUG 44 S.O.S. S.O.S.

AWL	N/A	N/A	21 JAN 41	1	1
AWL	N/A	N/A	5 MAR 41	1 }	
AWARDED			5 MAR 41	7 }	8

TOTAL 9

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME MANARTAS VAISVILA (Christian Names) (Surname) — Register No. D 6014

PAYEE'S NAME MRS ANGELA VAISVILA, (Christian Names) (Surname) — File No. 405-V-1028

ADDRESS 6720 MOLSON ST., ROSEMOUNT, MONTREAL, P.Q. — Date 25-7-45

DATE OF TERMINATION OF OVERSEAS SERVICE 14-8-44 — Service No. D 98699

Final Rank Cpl — Date of Discharge 14-8-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 1536 / 30 = 51 Periods @ $7.50	382	50
B. QUALIFYING OVERSEAS SERVICE No. of days 1474 less 6 Ineligible days, equal 1468 Days @ 25c per day	367	00
	749	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.70 Subsistence Allowance $ 1.85 Additional Pay $ .25 Dependents' Allowance 1/30 $ 63.17 $ 2.10 TOTAL $ 5.30 × 7 = $ 37.10 No. of Days 1474 / 183 × $ 37.10	298	83
	1048	33
D. WAR SERVICE GRATUITY Computed By Stanley		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 1048.33 each)	1048	33

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

$ ..... × 30 = $ .....

33

REMARKS

400M-11-44 (6087)
H.Q. 1764-81-3

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

Register No. D601X4

File No. H.Q.405-V-1028

WAR SERVICE GRANTS ACT 1944

Ottawa February 26th 1945

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

Service No. D98699

Name M VAISVILA
Christian Name Surname

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

K.W. Rice

(K.W. Rice) Lieutenant,
for(A.R. Mortimore) Brigadier,
Paymaster-General.

Names of persons in receipt of D.A. and amount of monthly award

Name	Amount
1 Mrs Angela Vaisvila	$ 63.12
wife + 2 children	

If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment

Names of persons to whom assigned pay was continued by supplementary award after death.

Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid. 1

MAR 6 - 1945 194

For chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $

194

30

for C.T.O.

405-V-1028
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.98699, Corporal Mamartas VAISVILA, of the Canadian Armoured Corps, Canadian Army, was killed in action on the 14th of August, 1944.

(C.L. Laurin) Colonel,
Director of Records.

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

Department of National Defence,
Ottawa, Canada.
November 22nd, 1944.

405-V-1028

FIELD SERVICE

MBR 9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

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 OR CORPS: 21 C.A.R.(G.G.F.G.) — Squadron, Troop Battery or Company:

Officer's Personal No. (if known) Soldier's Army No.: D-98699 — Rank: Cpl

Surname: Vaisvila — Christian Names: M.

Died — Date: 14 Aug 44 — Place: France

Cause of Death*: K/A

Nature and Date of Report: A.F.W.3014/128 d. 5 Oct 44

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

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

Burial — Place: Mondeville Cdn Tem Cem.088670 Plot III Row C Gr.19 — Date: 20 Sep 44

By whom reported: 4 C.G.R.U.

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

(b) as a separate document: Not Received.

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

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

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

Station and Date: Belgium 10 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W Rennie Lieut for Officer i/c Cdn Sec GHQ 2 Ech 21 A Gp

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 | Street | No. | Hospital or Institution | *Place an X over the word which applies to this municipality or this territory:* City | Town | Village | Parish | Township

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: VAISVILA (*Block letters*) Given names: Mamrtas

4. RESIDENCE — Street: St. Zotique No.: 2386 | Official name of civil municipality or township: Montreal | Municipal county: | Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Lithuania

11. DATE OF BIRTH: May (Month) 11th (Day) 1913 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

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

19. Place of burial, cremation or removal: France

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 14th (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.... Date....19....
(State which)

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

SEP 5 1945

Director of Records, Dept. of Natl. Defence

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs, Angela Vaisvila,
6720 Molson, Rosemount,
Montreal, Quebec.

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-V-1028 FD 498

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

November 8 1944

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

VAISVILA, Mamartas, Cpl. No. D-98699

CANADIAN ARMY

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

ESTATES BRANCH NOV 21 1944 H.Q. OTTAWA NATIONAL DEFENCE

/HO

Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Angela Vaisvila	31	6720 Wilson
2	Children of the Deceased and dates of their Births.....		Williams Vaisvila Robert Vaisvila	8 6	6720 Wilson 6720 Wilson
3	Father of the Deceased.....		Michel dead		Lithuania
4	Mother of the Deceased.....		Elizabeth dead		Lithuania
5	Brothers of the Deceased	Full Blood	married Bruno Vaisvila	41	Lithuania
		Half Blood			
6	Sisters of the Deceased	Full Blood	Helen Vaisvila Mary Vaisvila Julienne Vaisvila	39 37 29	Lithuania Montreal Lithuania
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Mamertas Vaisvila
9	Date of his birth.	10 May - 1913.
10	Place and date of his marriage.	21 May 1934 - Montreal
11	Place and date of his parents' marriage.	St. Peter Paul Lithuania

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Siauliai Lithuania
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. Montreal	(a) (b) (c) (d)
14	Nature of employment before enlistment.	Barber -
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	none .
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?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	~~Ottawa $ 100.00~~
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Ottawa $ 100.00
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Mutual Life Assurance 2ass - $ 1000. each
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

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.	

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

* widow .....of the deceased.

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

Angela Vaisvila ..... {Signature of Informant}

6720 Iberville - Montreal .....Address

CERTIFICATE

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

See above. Dame Angela Vaisvila {Name of informant} is the widow —.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 17th day of November 19 44

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

Henri Valade C.S.V. Qualification Notary Public

Address 6508 - 1st Ave. Rosemount. Montreal

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

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

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

Mary Vaisvila is married to
Mrs. D. Millins living at
2520 Wurtele st.
Montreal.
P.Q.

File No 405-V-1028

CA

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 98699 Name VALSVILA NAMARTAS

Rank on Discharge Cpl Date of Discharge 14-8-44

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 23-5-40	to 15-7-40	
	from	to	
United Kingdom	from 16-7-40	to 22-7-44	
	from	to	
Italy	from	to	
Northwest Europe	from 23-7-44	to 14-8-44	& IA.
---------	from	to	
-- ------	from	to	

Eligible for award of:

1939 - 45 Star ok /

---------- ----------

~~Italy Star~~ ----------

France-Germany Star ok /

Defence Medal ok /

1939-45 War Medal ok /

Canadian Volunteer Service Medal ok /

with clasp ok /

M

Verified by Carter Fuller

Date 16-9-46 /

Carded SEP 17 1946

NO RIBBON DESPATCH

IA 165

405-V-1028

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME VAISVILA, Mamartas

RANK A/CPL.

UNIT 28 ARM'D REGT.

PLACE & DATE OF BIRTH Siouliai, Lithuania 11May 1913

REGIMENTAL NO D.98699

NEXT OF KIN & ADDRESS WIFE

MRS ANGELA VAISVILA

6720 Molson St.,Rosemount,P.Q.,Canada

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 14 AUG 44

PLACE OF DEATH FRANCE

HRS

CAUSE OF DEATH NOW KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 20 Sep 44.

CEMETERY Mondeville Cdn. Temp Cemetery M.R. 088670

PLOT NO 111 ROW C GRAVE 19

DEATH CERT.NO

RELIGION ROMAN CATHOLIC

DATE 15 Oct 45.

(M. BIUTEAU) Capt.,
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON, LONDON W.3.

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

1. To be completed in triplicate of which one copy will be retained by the unit.
2. Parts marked * which are not applicable will be ruled out and initialled.
3. All blanks marked † will be filled in with "NIL" where appropriate.
4. In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
5. In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the CO, the exigencies of the Service make it desirable to do so.
6. Unit Committee of Adjustment may pay, in the case of deceased personnel,
   (a) preferential charges owing within the unit and the unit area, and
   (b) ordinary debts similarly owing ONLY if after making provision for *all* preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
7. The following will be forwarded in the manner shown,
   In UK—to Officer i/c Estates, CMHQ.
   Ex UK—to Officer i/c Cdn Sec, GHQ, 2nd Echelon.
   (a) Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM 1, Pts I and II—by post, rail or road.
   (b) Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
   (c) Cheques, drafts, money orders, personal papers and documents, effects of sentimental value *and* an inventory of *all* personal effects forwarded—by registered post.

REPORT

No. D-98699 ..... Rank A/Cpl ..... Name in full ..... VAISANEN, M. .....

*~~Deceased~~, *Missing, *~~Prisoner of War~~, *~~Interned~~. Date of Casualty ..... 14 Aug 44 .....

Unit ..... 23 Cdn. Armd. Regt. (B.C.R.) .....

~~Medical installation in which death took place (if applicable)~~ .....

~~Reinforcement Unit to which posted at time of death (if applicable)~~ .....

Name of Officer furnishing report ..... (E.F. BARLOW) Major
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

1. *Separate inventories are attached, as applicable, showing:—
   (a)*~~Articles privately owned, suitable for service requirements, turned into QM Stores—Exhibit "A1".~~
   (b)*~~Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2".~~
   (c)*~~Articles additionally sold under COs authority showing the purchaser of, and the price paid for each article, and the written authority of CO for such sale,—Exhibit "A3".~~
   (d)*~~Bulky articles disposed of under authority of Officer i/c Estates CMHQ, showing the disposition and, if sold, the purchaser of, and the price paid for each article,—Exhibit "A4".~~
   (e)*Personal Effects, forwarded to (*~~Officer i/c Estates),~~ (*Officer i/c 2nd Echelon),—Exhibit "A5".
2. *~~No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6".~~

B. WILL

(a)*~~Original Will or testamentary document was forwarded on ..... (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1".~~

(b)*No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

(a)*Was turned in to QM Stores.

(b)*There were no deficiencies.

(c)*~~There were deficiencies amounting to £ ..... and cash debit voucher duly certified by the DADOS, or Senior Ordnance Representative of the formation is attached as Exhibit "C1".~~

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) *Name and Address of Creditor*	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† NIL			

*Itemised accounts are attached as Exhibit "D1", those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b) *Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2".

E. ORDINARY DEBTS

(a) *Name and Address of Creditor*	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† NIL			

*Itemised accounts are attached as Exhibit "E1", those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b) *Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2".

F. CREDITS

(a) *Public Claims owing to the Casualty.*

Nature of Claim	*Amount*
† NIL	

(i) *Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1".

(ii) *Statement of valuation of, and receipt for, articles suitable for service requirements turned into QM Stores, (para A1 (a) above) attached as Exhibit "F2".

(b) *Private Claims Owing to the Casualty.*

Name and Address of Debtor	*Particulars of Claim*	*Amount*	*Paid or Unpaid*
† NIL			

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3".

G. CASH RECEIVED AND PAID

		Paid	*Received*
Cr.	Cash found on person or in effects		†
	Cash realized from sale of effects as per para A.		† NIL
	Cash collected re private claims as per para F.		†
Dr.	Paid re preferential charges as per para D.	†	
	Paid re ordinary debts as per para E.	†	
	Paid (*balance) to unit Paymaster	†	
		†	†

H. SERVICE AND PAY BOOK

~~Officers' Record of Service Book~~ (*Soldiers' Service and Pay Book MBM I, Parts I and II) is (*~~forwarded with this report~~)

(*not forwarded by reason that .....Never located.....

E. P. Barlow Maj
.....
Signature of Committee or President

10 Sep 44
Date

23 Cdn. Armd. Regt. (B.C.R.)
Unit

18th October, 1944

Mrs. Angela Vaisvila,
6720 Molson,
Rosemount, Montreal, Que.

Dear Mrs. Vaisvila:

It was with deep regret that I learned of the death of your husband, D98699 Corporal Mamartas Vaisvila, who gave his life in the Service of his Country in the Western European Theatre of War, on the 14th day of August, 1944.

From official information we have received, your husband was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

17

EFH

File No 405-V-1028

R E B U R I A L

NO D 98699

RANK CPL

NAME VAISVILA M.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 5 Row C Plot 16

AUTHORITY 54-27-88-2 Vol. 20

Reburial list.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.98699 RANK Corporal SERVICE UNIT 28th Armoured Regiment C.A.C. (C.A.).

NAME VAISVILA, Memertas

DATE OF BIRTH
DAY 11th MONTH May YEAR 1913 Enlisted: 23-5-40

MARITAL STATUS Married RELIGION--Roman Catholic

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

ADDRESS 6720 Molson, Rosemount, Montreal, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 1533A H.Q. 405-V-1028

CASUALTY DETAILS Killed in action DATE 14-8-44

FRANCE.

O/S with #1 Cdn. Gen. Hosp. R.C.A.M.C.
S/L 244

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 9-10-44

BTC

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

CERTIFICATE OF STANDING

This is to Certify that

D98699 Cpl. M.Vaisvila

32 Recce Regt. (R.M.R.)

C.A.England.

has successfully completed a correspondence course in

Mathematics Grade 1X
(Subject)

Battersea Polytechnic, Battersea
(School)

and has been granted 2nd Class *standing.*

Remarks by the Instructor

Arithmetic 80%. Algebra 76%

Geometry 68%.

A/ *Director of Education*
Canadian Legion War Service Inc.

Principal

VAISVILA M. PTE. 7 MAY 194 1

Name Initials Rank

D98699 No. 1. CDN. GEN. HOSP.

Regimental No. Unit

REPORT—

CAPT. C. L. STRACHAN

Dental Officer

CANADIAN DENTAL CORPS

M.F.M. 51 — 50M-2-40 (4117) — H.Q. 1772-39-.....