

BUTLER, John Denis

E 101694

Mr. Joseph Butler,

4 Cothrain Drive,

Ile Maligne, 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-B-24,020 FD 352

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

May 28 1945

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

BUTLER, John Denis, Tpr.

E.101694

C.A. O/S



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/JL

Director of Estates.

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.....	<i>me</i> NIL		
2	Children of the Deceased and dates of their Births.....	<i>me</i> N I L		
3	Father of the Deceased.....	Thomas Joseph Butler	47	Isle Maligne, Que.
4	Mother of the Deceased.....	Mary H. Bytler	45	Isle Maligne, Que.
5	Brothers of the Deceased	Full Blood	<i>me</i> NIL	
		Half Blood		
6	Sisters of the Deceased	Full Blood	Julia M Butler (twin sister)	21 Isle Maligne, Que.
		Half Blood	Nil	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		<i>me</i> NIL		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Denis Butler
9	Date of his birth.	17 May 1924
10	Place and date of his marriage.	NIL
11	Place and date of his parents' marriage.	Quebec 3rd September 1923.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St Joseph D'Alma, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Province of Quebec (b) Co. Lake St John, (c) Isle Maligne, Que. (d)
14	Nature of employment before enlistment.	Student.
15	State whether he owned the premises in which he lived, and, if so, where situated.	NIL
16	Name place where deceased stated he intended to make his permanent home.	Isle Maligne, queé

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	None on hand he must have made one in army
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$15.00 which I have here at Isle Maligne
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Nil. Although he mentioned in his last letter that I should be getting his \$100.00
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	bond on 7th Victory loan, which was now paid up. Manufacturers Life Ins Co. \$500.00 T.J. Butler, his father.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NIL

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.	No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	None other than a memorial service held here,
<p>(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.)</p>		

(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

*..... **father** 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.

T.J. Butler
.....
Isle Maligne, Que.
.....

{ Signature
of
Informant
Address

CERTIFICATE

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

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

Dated at **Isle Maligne** this **Fifth** day of **JUNE** 19**45**

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

Omnes Beruier

Qualification *Justice of the Peace*

Address.....

Isle Maligne, Que.

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER **E-101694** RANK **Trooper**

SERVICE UNIT **1st Armoured**

NAME **BUTLER, John Denis**

**Car Regiment (Royal Can
Dragoons) C.A.C. (C.A.).**

DATE OF BIRTH **17-5-24**

DATE OF ENLISTMENT **9-10-43**

MARITAL STATUS

Single

RELIGION

Roman Catholic

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

Father

NAME
ADDRESS
D.A.B.

Mr. Joseph Butler,

ADDRESS

**#4 Cothrain Drive,
Ile Maligne, Quebec.**

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS

(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

Canrecords - 9168A

H.Q. 405-B-24,020

CASUALTY DETAILS

Killed in action

DATE **4-5-45**

WESTERN EUROPEAN THEATRE OF WAR

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

YES/NO

M.F.M.5. ATTACHED TO
NOTIFICATION TO A. OF E.?

YES/NO

DATE **14-5-45**

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

O/S with AC S/L 4183

2nd Lt. J. L. Zink
DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas
dans
cet espace

1. LIEU DU DÉCÈS	Comté municipal	Nom officiel de la municipalité civile ou du canton	Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire Cité Ville Village Paroisse Canton													
	Rue	No.	Hôpital ou institution													
2. SÉJOUR	(a) dans l'hôpital ou l'institution	Années	Mois	Jours	(b) dans la municipalité du décès	Années	Mois	Jours	(c) dans la province	Années	Mois	Jours	(d) au Canada (s'il s'agit d'un immigré)	Années	Mois	Jours
3. NOM DU DÉFUNT	Nom de famille..... (Lettres moulées)					N'écrivez pas dans cet espace										
	Noms de baptême ou prénoms.....					CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS										
4. RÉSIDENCE	Rue..... No.....					22. Date du décès.....19..... (jour) (mois) (année)										
	Comté municipal..... Province.....					23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le19..... jusqu'au.....19..... que je l'ai vu vivant pour la dernière fois le.....19.....										
						24. CAUSE DU DÉCÈS										
5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE		8. Célibataire, marié, veuf ou divorcé (Ecrire l'un de ces mots)												
9. Si le défunt était marié, nom de son conjoint																
10. LIEU DE NAISSANCE (Province ou pays)																
11. DATE DE NAISSANCE..... (jour) (mois) (année)																
12. ÂGE DU DÉFUNT		Années	Mois	Jours	Si Agé de moins d'un jourhrs. ou.....min.											
OCCUPATION	13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc.															
	14. Genre d'industrie ou d'entreprise, tel que filature de coton, industrie du bois, banque, etc.															
	15. Dernière date à laquelle le défunt vaquait à ce travail															
16. Nombre d'années occupées dans cette profession																
17. NOM										18. LIEU DE NAISSANCE (Province ou pays)						
PÈRE																
MÈRE (Nom de fille)																
19. Lieu de l'inhumation, de l'incinération ou destination du transport																
20. Date de l'inhumation.....19.....																
21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE	(a) Nom de la paroisse ou église.....															
	(b) Municipalité civile de.....															
	(c) Comté municipal.....															
	(d) Date.....19..... (jour) (mois) (année)															
22. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)																
23. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.																
24. Cette signature autorise le collecteur à accepter la formule comme authentique.																
25. (For English see other side)																

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory											
		IN THE FIELD (GERMANY)				City Town Village Parish Township											
		Street		No.		Hospital or Institution											
2. LENGTH OF STAY		(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED		Surname		Given names		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH									
		BUTLER		John Denis				22. Date of death									
								May 4 1945 (Month) (Day) (Year)									
4. RESIDENCE		Street		Official name of civil municipality or township		Municipal county		23. I HEREBY CERTIFY that I attended deceased from									
		Cochran Drive		Ile - Malique Mac		St. John		19 to 19									
						Province		and last saw him alive on 19									
						Quebec		24. CAUSE OF DEATH									
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)		I									
M						Single		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									
								Morbidity 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									
9. If married give name of wife or husband of deceased																	
10. BIRTHPLACE (Province or Country)		Quebec															
11. DATE OF BIRTH		May 17 1924 (Month) (Day) (Year)															
12. AGE OF DECEASED		20 Years Months Days If less than one day old hrs. or min.															
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		Student															
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		BUTLER Joseph															
MOTHER (Maiden Name)																	
19. Place of burial, cremation or removal																	
20. Date of burial		19															
21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church															
		(b) Civil municipality of															
		(c) Municipal county															
		(d) Date (Month) (Day) (Year)															
		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)															
		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.															
		This signature authorizes the collector to accept this form as authentic.															
		(Voir l'autre côté pour le français)															

Director of Records, Dept. of National Defence.

Bicevez
C
Now

LB 46 011
CBB 36 11
ANB 22 611
L8 39 3
RB 239 3
240 17
220 17
220 17

RESPIRATOR DRILL

1. This drill to be carried out three (3) times in rapid succession at the commencement of the Gas Period 1000 - 1030 hours each Tuesday.
2. Senior offr of N.C.O. present will take command.
 - (a) From:- SLUNG to CARRY and ALERT posns repeated three times.
"GAS" - Facepieces adjusted and checked each time.
"GAS CLEAR" - Ensure all "TEST FOR GAS" before removing facepieces.
 - (b) Standard to be obtained:- "PROTECTION IN 15 SEC"

You MUST parade a quarter of an hour before each meal on the Promenade Deck Aft, Starboard side.

MEAL CARD

No. 2 MESS

5

th SITTING

TROOP MESS

SITUATED "A" DECK AFT

BREAKFAST . . . 0910 hrs.

SUPPER . . . 1910 hrs.

Bring your Mess Gear with you

Disciplinary action will be taken against any passenger
changing his berth without permission of O.C. Troops.

Mattress Card

B Deck Aft.

SECTION "K"

3

No.

Handwritten signature or initials



FEB. 1944



E 101694 J per Butler J.D.

This is to certify that the a/m soldier is attached to
No. 3 C.A.C.T.R., and has no identification card.

J. P. Thomas J.D.

E
MILITIA BOOK M. 1.

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. E 101694

Surname (Capitals) BUTLER

Christian Names in full JOHN DENIS

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. *E-101684*
Surname (in capitals) *BUTLER*
Christian Names (in full) *John. Denis*
Date of Birth *17 May 1924*
Place of Birth *St. Joseph LaSalle P.Q.*
Citizenship *English-Canadian*
Trade on Enlistment *Student*

Nationality of Father at Birth *English-Canadian*
Nationality of Mother at Birth *English-Canadian*
Religion *Roman Catholicism*
Enlisted at *Quebec P.Q.*
Date *9 October 1943*
Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. *nil*
Signature of Soldier *John D. Butler*
Signature of Officer *[Signature]*
Place *Quebec P.Q.* Date *13-10-43*

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of
NOTE.—No entry in these pages has any legal

Nearest degree of relationship	Names	Date
1st	Wife	
1st	Children	
2nd	Father	Thomas Joseph Butler (m.f.s.)
2nd	Mother	Mary Butler
3rd	*Brothers and Sisters	Julia 19 Dec
4th	Other Relations (stating relationship)	

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a WILL (see pages 20 to 23)

Latest known Address in full

4 Cothran Street, Isle Maligne, Quebec

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
1-10-43	PR			
10-43	Pte	1.40	29	L. P. Thibault
1-2-44	"	1.50	75	L. P. Thibault
1-2-44	7PR			

(VI) **Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas**

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) ~~except that he requires further training in~~—*

COMPLETED BASIC TRAINING IN

.....
ACCORDANCE WITH THE STANDARD SYLLABUS
 0 1 0

DATE _____

FOR OFFICER COMMANDING

Completed Part 2. CAC Adv. Training
in Accordance with the Standard
Syllabus 5-5-44. ~~100~~ 100 15
Basic Represher Camp 27-7-42/
B. R. Jones

Qualified in addition as under:—

Student _____

Worked 3 summers as
electrician's helper

G. Lowe (Lieut)

Date _____

Commanding

*If no further training required, strike out words in *italics* and initial

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
CH/OT.	13-1-44	19/12
Qual. CAC OP		
W.O. #90 D/S May 44	5-5-44	
13 wks Wireless		
(OP CAC) - Q2	25 Oct 44	Duncker Cap
Completed 5 wks 3d Trg	4 Nov 44	
(Arm'd Recce)	9 Dec 44	R.M. Taylor Capt.
AFV Sny. Q2	29-12-44	Mr Bys (Capt)

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
23/11/43	I 54/660	Rifle .22 (15 rds)		W. D. Taylor
3/12/43	II 20/50	Rifle .303 (10 rds)		W. D. Taylor
1944	II	Rifle		W. D. Taylor
1944	Ist	Bren		W. D. Taylor
1944	Q	Sten		W. D. Taylor
"	Q	Pistol		W. D. Taylor
"	Q	Pistol		W. D. Taylor
"	Q	Grenade		W. D. Taylor
1944	2nd	Rifle	1.2 30x	W. D. Taylor
"	1st	Rifle		W. D. Taylor
"	2nd	T.S.M.C.		W. D. Taylor
"	2nd 81/130	Rifle		W. D. Taylor
"	F 42/150	Bren		W. D. Taylor
"	36x77	Grenade		W. D. Taylor
"	1st	Pistol		W. D. Taylor

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Intermediate School of St. Malague De la Salle		1930 1	G. Lone (Lieut)
Private School Toronto		1937 2	
Trinity College School Port Hope Ont		1939 1940- 1943	

(X) TRADE QUALIFICATIONS
(For men who have passed Trade Tests)

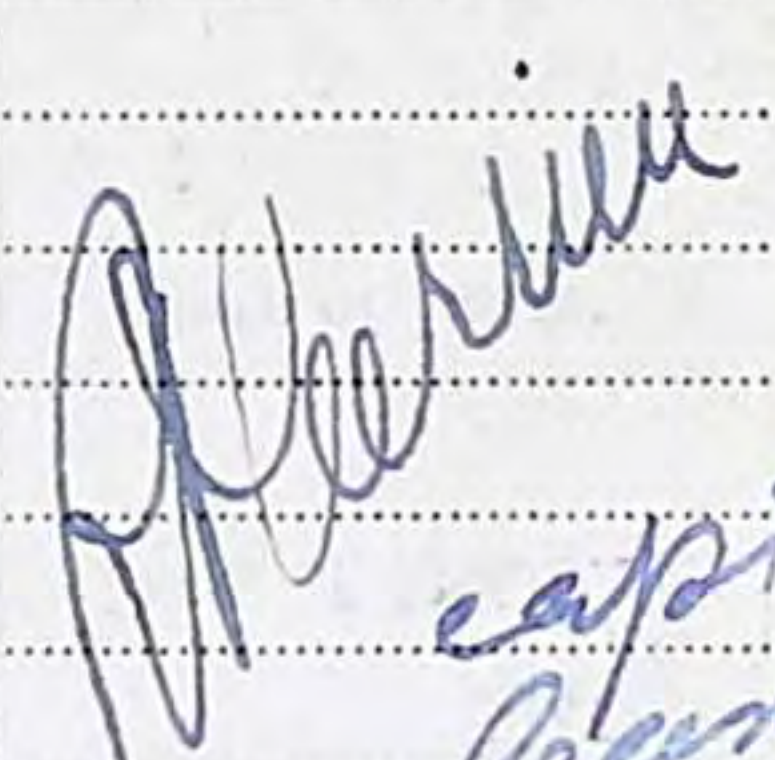
[illegible]

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
9 Oct 43	14 Dec 43	Basic	} Eff D. [Signature] Capt
15 Dec 43	5 May 44	Advanced	
6 Feb 44		Training	

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer																
		<table border="1"> <tr> <td>Y.O.B</td> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>M</td> <td>S</td> </tr> <tr> <td>24</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> </table>	Y.O.B	P	U	L	H	E	M	S	24	1	1	1	1	2	1	1		
Y.O.B	P	U	L	H	E	M	S													
24	1	1	1	1	2	1	1													
29.9.43		Med Board																		
"	neg	X Ray chest																		
"	non	clonus & reflex																		
7/1/44	24	1 1 1 1 1 1 1 MPM 2																		
		R. 20/100 L 20/100 corrected w/o both eyes																		

13

14

Signature of M.O.....

Signature of M.O.

Signature of M.O.....

Signature of M.O.

[illegible]

15 DEC 44
7 JAN. 44
21 JAN. 44
8 MAR 44

PR 1 F
PR - 1 F.
PROPH.

CH Avery Capt
W B. ...
C. J. Paterson Capt
O. J. Paterson Capt

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T A B T 1	3-10-43	Herrieu
T A B T 2	20-11-43	Herrieu
3	18-12-43	Herrieu
TYPHUS ICC 1283 & 156	28-2-44	Herrieu
1st	15-2-44	Herrieu
2nd	22-2-44	Herrieu
Schick neg	24-4-44	Herrieu

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
3-10-43	Herrieu
Typhus (4) 15 June 44	Herrieu
Typhus ICC 9-2-45	DBM

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
Mustard D.M.	9-2-44	Herrieu
C.A.P. Chlorine	9-2-44	Herrieu
Chlorine	13-1-44	Herrieu
Emb. Inj. 19-21 May 44	(D.O. 97)	Herrieu
Furlough 21 May-3 June 44	2/17/5/44	Herrieu
Night Vision "A"	16 June 44	Herrieu
TEST (REV.) COMPLETE	16-8-44	Herrieu
Language - French	16 June 44	Herrieu
English	16 June 44	Herrieu
Finger Printed + Photo	18 June 44	Herrieu
M.B.M. 1 P. 9 III	7-7-44	Herrieu
C.A.P. Chamber	27-7-44	Herrieu
MPM 182 - Issued	15 Aug 44	Herrieu
9 DAYS R.H. F.T.W.	5-1-45	Herrieu

marriage after the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name
states that he has executed a Will and that the same has been deposited with

at Signature of Officer.
Date Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at
Camp Borden, Ont
8 May 44
Signature of Officer.
Rank or Appointment.

Signature of Officer.....
Date Certificate or Will extracted.....

Unit or Dept.....
To whom sent.....

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

To whom sent.....
Unit or Dept.....
Date Will extracted.....
Signature of Officer.....

BURIAL REPORT TO N.K. JUN 18 1946

RETURN TO BUR. OF STAT. JUN 19 1945

ROYAL MESSAGE DESP'D. JUN 8 1945

CAN. MESSAGE DESP'D. MAY 29 1945

Temp B R sent to N K

REBURIAL

Holten Canadian Military Cemetery,
Holten, Holland.

Grave 9, row B, plot 11.

HI & CR Form Despd. OCT 17 1946

Photographs
Despatched

FEB 8 - 1949

10M-1-45 (M-4608)

408943

B-346

NO. E.101694 Rank Trooper Name BUTLER, John Denis

Unit C.A.C. Date of death 4th May, 1945.

Died at Germany

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-B-24020

N/K. Mr. Joseph Butler, Relationship Father

Address #4 Cothrain Drive, Ile Maligne, Quebec.

Remains buried in 161291 sheet 2613 1/25,000 Neuenburg Cemetery
G.4
GermanyCHK ✓
Grave location

OVER-

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

Section A—GENERAL INFORMATION

1. (a) Print name in full..... (b) Reg'l. No.....
2. (a) Arm of service..... (b) Unit..... (c) Rank.....
3. (a) Date of birth..... (b) Have you..... (c) Place of residence.....
any dependents?..... at time of enlistment.....
4. (a) Place of enlistment..... (b) Date of enlistment.....

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on..... (b) Were you attending school.....
finally leaving school..... or college up to the time of enlistment?.....
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.).....
7. If you attended a university, give name of.....
university and standing or degree secured.....
8. (a) Did you ever..... (b) If so,..... (c) Did you..... (d) If you did not
enter upon a trade..... for what..... finish it?..... finish it, how long
apprenticeship?..... occupation?..... did you serve at it?.....
9. (a) What languages..... (b) What languages.....
do you speak fluently?..... do you read well?.....

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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,"..... (b) State how long you
state exact trade or occupation..... had worked at this
at which you actually worked..... 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..... Address.....
employer, if any: Name.....
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..... (b) Date of dis-
in a business of your own, state..... continuing it.....
nature and address of business.....

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..... (b) Number of years' experience at
specific occupation..... this occupation with any employer.....
21. (a) Did your 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?..... 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

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

DATE..... 194..... SIGNATURE.....

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
60M-7-40(5847-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU
CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL
CANADIEN (EN SERVICE ACTIF)

INSTRUCTIONS:

- (a) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (EN SERVICE ACTIF).
- (b) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
- (c) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

-
- (1) Nom de l'officier, ou soldat, ou aviateur.....BUTLER...John Denis.....
(Noms et prénoms en entier et en lettres moulées)
- (2) Matricule et grade.....Ete E/101694.....
- (3) Unité.....No 5 DISTRICT DEPOT. GENERAL LIST. C.A.....
- (4) Êtes-vous marié?.....Non.....
- (5) Si oui, donnez
- (a) le nom entier de votre épouse.....nil.....
- (b) l'adresse postale actuelle de votre épouse.....nil.....
- (6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse?.....nil.....
- Sinon, donnez-en les raisons.....nil.....
-
- (7) Êtes-vous veuf?.....nil.....
- (8) Avez-vous des enfants?.....nil.....Garçons.....nil.....Filles.....nil.....
- Noms et âges.....nil.....
- (9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins.....nil.....
- Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.
- Nom.....nil.....
- Adresse postale.....nil.....

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme—que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre nomination ou enrôlement?.....nil.....

Dans l'affirmative, donnez son nom en entier et son adresse postale.....nil.....

(11) Est-ce que votre père vit encore?.....Oui.....

Si oui, donnez son nom, son adresse et son emploi.....Joseph BUTLER (Gerant).....

.....4, Cothran Dreve, Ile Maligne, Lac St Jean, Co. P.Q......

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel?.....nil.....

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant votre nomination ou enrôlement.....nil.....

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?.....nil.....

(14) Est-ce que votre mère vit encore?.....Oui.....

Dans l'affirmative, donnez son nom et son adresse.....Mme Mary BUTLER.....

.....4, Cothran Dreve, Ile Maligne, Lac St Jean Co. P.Q......

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel?.....nil.....

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre nomination ou enrôlement.....nil.....

Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?.....nil.....

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées?.....nil.....
Ceci peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, que vous faisiez vivre uniquement à titre de membres de votre maison avant votre nomination ou enrôlement

Si oui, donnez les détails suivants:—

Degré de parenté.....nil.....

Nom en entier.....nil.....

Adresse postale.....nil.....

Montant de la contribution mensuelle au cours des six derniers mois.....nil.....

(18) Êtes-vous assuré?.....Oui.....

Si oui, dites dans quelle compagnie?.....Metropolitain Life Ins. Co......

(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance?

.....Oui..... Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

John D. Butler
(Signature de l'officier, soldat, ou aviateur)

Date.....13-10-43.....

Frank Magee Lt Col
Officier Commandant.....(F. C. MAGEE) Lt. Col

Commanding Mo 5 District Depot.

Date.....13-10-43.....

N.B.—Si les parents de l'officier, soldat ou aviateur sont les parents adoptifs, on est prié de modifier en conséquence les questions qui se rapportent au père ou à la mère.

P UL HE MS
24 1

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Report

To District Selection Board TYPE OF REFERRAL OFFICER CANDIDATE.

Regtl. No. Rank Name (Surname first) A or R Age Med. Cat.
BUTLER John 19 A-1
Months of Service Present Unit

REVISED EXAMINATION "M" B-59057 16-8-43 English.
Form Date tested English or French
154 III Sub-tests 16 15 11 24 24 12 23 29 Sub-totals 42 48 64
Total Group 1 2 3 4 5 6 7 8 1-3 4-5 6-8

EDUCATION:

Completed 7th grade between 1930 and 1939 at the Intermediate School of Isle Maligne, P.Q. Attended de la Salle Private School in Toronto during 1 year. Spent 3 years at Trinity College School at Port Hope, Ont. Completed Junior Matric and four Senior Matric Subjects. These being English and French Literature and Composition.

OCCUPATIONS:

Worked for Saguenay Power Coy. during 3 summers as electrician helper. Earned 52¢ per hour.

MILITARY BACKGROUND:

4 years of Infantry training at School. Seems to have followed a course approximately equivalent to C.O.T.C.

OTHER RELEVANT INFORMATION

Single - Father is manager of Alma and Jonquiére Railway.
Favorite sports: Football and hockey.
Reads well-known authors of fiction and some scientific books dealing with electricity. Hopes to become an electrical engineer after the war.

This candidate has a neat general appearance and a good physique (5 ft. 7 in. 170 lbs.) He is very keen about joining the army and states that he would have tried to make a career of it, if war had not upset his plans. His self-confidence is somewhat overdeveloped for a youth of his age. He seems to have some initiative and he intends to make a place for himself in this world.

Score on "M" test was just sufficient for a recommendation. However, evidence of leadership characteristics make his case worth considering.
Speaks French fairly well.

RECOMMENDATIONS:

Referred to District Selection Board for consideration as potential Officer Material.

QUEBEC, H.Q. M.D. No. 5. August 16th., 1943. P. Benoit
Place Date Army Examiner

(P. BENOIT) Lieut.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Thomas Joseph BUTLER, (Father)

ADDRESS: #4 Cothrain Drive, Ile Maligne, P.Q.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Mary Butler (ENGLISH)

1964

ADDRESS: #4 Cothrain Drive, Ile Maligne, Que.,

(MFM5.)

MEMORIAL BAR

(1) DATE DESP

REGN. NO

4704

(2)

(3)

DESP. JUN 14 1945

REGN No. 20402

4-5-45

AWARDS—CANADIAN ARMY (ACTIVE) 1964

M

FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

BUTLER, John Denis

E.101694

Tpr.

FILE NO. 405-B-24020

1st Car.Armd.Regt.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. NO.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star
Italy StarFrance & Germany Star
Defence Medal

War Medal

CVSM & Clasp

6652

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)

A.F.B. 103 (Part I)
200M-8-42 (5892)
H.Q. 1772-39-1649

Unit No. 5 DISTRICT DEPOT GENERAL LIST.

Regimental Number E-101694

C.A. ACTIVE

1. Surname Butler
2. Christian Names Hohn Denis
3. *Substantive Rank and Appointment Sp
- *Acting Temporary or Local Rank giving date 9-10-43
- *To be entered in pencil to facilitate alteration
4. Place of birth St-Joseph D'Alma P.Q.
5. Date of birth as declared on attestation 17 May 1924
- (A)
6. Date of enlistment 9 Octobre 1943
7. Place of enlistment Quebec P.Q.
8. Residence at time of enlistment 4 Cothran Drive Ile-Maligne Lac St-John Co. P.Q.
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
13. Trade on enlistment Student
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries GNR DP 'C' ✓

(17) Regiment or Corps

Unit (Battn., etc.)

(18) Medical Board

Category

Date 29-9-43

Authority D.M.O. M.D. 5

Y.	O.	B.	P.	U.	L.	H.	E.	M.	S.
<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

P.Q.

10-1-44

M. D. M.

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

THOMAS JOSEPH BUTLER

4 COTHARAN DRIVE,

(20) E 151E MALIGNE, Quebec

(21) E

(22) E CANADA

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		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		#3 CAC	Qualified XXXX C.A.C. Operator	Borden	5 May 44	Tpr.	D.O. 90 d/8 Ma y 44
		#1 TSR	To draw trades Pay as CAC Operator Group "C". 25¢ per diem <i>aw'd 1 day pay for off un. A.S.M. 46 failing to salute an officer for 1.40 per diem</i>	do	16-6-44	Tpr.	D.O. 137 d/20 Jun 44. <i>11 Feb 44 17 Jan 45 29 11 Feb 44</i>
		"	<i>for \$1.50 per diem Failed to requalify cases 1 P.m. op CAC "C" Failed to qual up Op CAC "C"</i>	"	9 Apr 44 12 Apr 44 22 Apr 44	"	189 7 Aug 44 221 - 13 Sep 44 237 2 Oct 44
M.F.T.B.I.	Let # 3847	CACR	<i>Failed to qual op CAC "C" Qual Gr. op "C" Oth. to 2CACRU Ceaseq. pld 2CACRU 7 days PL & R</i>	UK	1 Oct 44 25 Oct 44 16 Dec 44 29 Dec 44	"	219 15 Oct 44 259-27 Oct 44 303-18 Dec 44 1-2 Jan 45
		"	<i>Shorted Fido Pay Gr. Op "C" SOS to UK IT-8 (Gr. Op "C")</i>	"	5 Jan 45 20 Oct 44 2 Jan 45	"	4-5 Jan 45 15 18 Jan 45 17 20 Jan 45
8 Feb 45		Cac 'c' X List	Embarked and SOS CA (UK) 23 Jan 45 TOS CA (CMF) 24 Jan 45 Disembarked ITALY and TOS 24 List (3 Bn) <i>Gr. Op 'c'</i>	M.	7 Feb 45	Sgt	X 7/45
19 Feb 45		cac 'c' x4(3 Gen Brn)	S.O.S. to 1CACR <i>Gr. Op 'c'</i>	M.	19 Feb 45	Sgt	X 9/45
		1CACR	T.O.S. from x4(3 Gen Brn) Cac 'c' <i>Gr. Op 'c'</i> <i>S.S. (A.C.) on Embarkation Day 13 Mar.</i>	M.	20 Feb 45	Sgt	18/45
			Disembarked France 15 Mar 45				
		OC 1CACR	SOS killed in action	Id	4 May 45	Tpr.	20 22/45 5/45

Regimental No. E.101694 Rank TprSheet No. 1M.F.M. 1 & 2 (a)
300M-5-43 (154)
H.Q. 1772-39-1646Name BUTLER. J.D.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
S.O.S. of No 26 CACBTC on transfer to A.33 CACTE. Camp Borden.	Tpr	9-1-44	26 CACBTC	Orillia.	7	8-1-44
TOS. of #3 CAC TR for A/P on trans. from #26 Orillia, Ont.	"	10 Jan. 44	#3 CAC	Borden	#6	10 Jan. 44
Awarded 1 days pay XXX under AA Sec. 46 for "Neglect to the Prejudice	"	15 Jan. 44	"	"	#11	17 Jan. 44
etc. i.e. Failing to salute an officer. Forfeits 1 days pay und r FR&I.	"	9 Feb. 44	"	"	#29	11 Feb. 44
Auth. to \$1.40 per diem						
Qualified XXXXXXXXXX C.A.C. OPERATOR GROUP "C"	do	5 May 44	do	do	90	8 May 44
Granted Embarkation leave from 19 May to Rev 21 May 44 and Furlough from	do	19 May 44	do	do	97	17 May 44
21 May to 3 Jun 44 with R.A. of 50¢ per diem XXXXXXXXXX	do	2 Jun 44	do	do	110	2 Jun 44
S.O.S. f.a.p. on reposting to No. 1 C.A.C. T.S.R.	do	2 Jun 44	do	do	110	2 Jun 44
I.O.S. NO. 1 CACTSR FROM NO. 3 CACTR	TPR	3 JUN 44	NO. 1 TSR	BORDEN	126	5-6-44
To draw Trades Pay as C.A.C. Operator, Group "C" .25¢ per diem	do	16 Jun 44	do	do	137	20 Jun 44
S.O.S. NO. 1 CACTSR TO SERIAL NO. 1142	TPR	23-6-44	NO. 1 TSR	BORDEN	140A	23-6-44
SOS C.A. CANADA.		26 Jun. 44				
TOS C.A. OVERSEAS.		27 Jun. 44				
DISCHARGED.		3 Jul. 44				
SOS I C.A.C. RU.	Tpr.	4 Jul. 44	I CACRU	UE	160	4 Jul. 44

Regimental No. E 101694. Rank.....

Sheet No.....

Name BUTLER. John Denis.

M.F.M. 1 & 2 (a)
300M-5-43 (154)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

Rank Shown

Effective Date

Unit

Place

Authority

D.O. Number

Dated

Unit/8 AFN 3169/11

S.O.S. C.A. (M) on embarkation UK
T.O.S. C.A. UK C. M.I.
Disembarked Italy

23 Jan 45

24 Jan 45

7 Feb 45

XLIST
CAC

AI-149

7

10 Feb 45

Chit 101694-15
101694-15
SOS to XH list CAC. op. CAC 'a'

Spr, 22 Jan 45

1000000

2112

17

20 Jan 45

Embarked at PAI on 18 Mar 45

Disembarked at FRANCE on 15 Mar 45

Tpr.

30 41

1 ARMED CAR. Regt 21st gp 57 22 7 APR 45

Decided 4 May 45

SOS. SOS: Killed in action for Oper "C"

Spr

4 May 45

1 Arm'd Car. Regt 21st gp 57

5

20 May 45

Killed

Spr

4 May 45

1 CACR 6.L. 17576

13 May 45

Regimental No. 101694 Rank Tpr

Sheet No. 1

M.F.M. 1 & 2 (a)
300M-5-43 (154)
H.Q. 1772-29-1046

Name BUTLER. J.D.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
S.O.S. of No 26 CACBTC on transfer to A.33 CACTE. Camp Borden.	Tpr	9-1-44	26 CACBTC	Orillia.	7	8-1-44
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Awarded 1 days pay XXX under AA Sec. 46 for "Neglect to the Prejudice etc. i.e. Failing to salute an officer. Forfeits 1 days pay und r FR&I.	"	15 Jan. 44	"	"	#11	17 Jan. 44
Auth. to \$1.40 per diem	"	9 Feb. 44	"	"	#29	11 Feb. 44
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Granted Embarkation leave from 19 May to Rev 21 May 44 and Furlough from 21 May to 3 Jun 44 with R.A. of 50¢ per diem XXXXXXXXXX	do	19 May 44	do	do	97	17 May 44
S.O.S. f.a.p. on reposting to No. 1 C.A.C. T.S.R.	do	2 Jun 44	do	do	110	2 Jun 44
T.O.S. NO. 1 CACTSP FROM NO. 3 CACTR	TPR	3 JUN 44	NO. 1 TSR	BORDEN	126	5-6-44
To draw Trades Pay as C.A.C. Operator, Group "C" .25¢ per diem	do	16 Jun 44	do	do	137	20 Jun 44
S.O.S. NO. 1 CACTSR TO SERIAL NO. 1142	TPR	23-6-44	NO. 1 TSR	BORDEN	140A	23-6-44
SOS C.A. CANADA 26 June 44						
TOS C.A. OVERSEAS 27 June 44						
DISEMBARKED 3 July 44						
TOS 1 CACRU	Tpr	4 Jul 44	1 CACRU	UK	160	4 Jul 44
Guid. RR. of Pay \$1.50 pd.	Tpr	9 Aug 44	1 CACRU	UK	189	7 Aug 44
6125 learn to draw TP as Op. & AC "C" on failing to requalify	Tpr	12 Sep 44	1 CACRU	UK	221	18 Sep 44
28 failed to qual as op CAC "C"	Tpr	23 Sep 44	1 CACRU	UK	237	2 Oct 44
(9) failed to qual. Op. CAC "C"	Tpr	13 Oct 44	1 CACRU	UK	249	16 Oct 44
m192 Qual as op CAC "C"	Tpr	25 Oct 44	1 CACRU	UK	259	27 Oct 44
28 alt Sup. ex pay 6.2 ZACRU	Tpr	16 Dec 44	1 CACRU	UK	303	18 Dec 44
at C/Alt for ex pay TO 2 CACRU	Tpr	24 Dec 44	1 CACRU	UK	1	2 Jan 45
Sgt. 1/1 pay as op CAC "C"	Spr	25 Dec 44	"	"	15	18 Jan 45

ORIGINAL
DUPLICATE
TRIPPLICATE

{ Copy designation to be shown
by striking out terms not applicable.

Checked

Card

Observations

DUPLICATE

FINISHED AND PHOTOGRAPHED

28th. Sept. 43.

M.F.M. 2

(Combining M.F.M. 103)

750M-4-43 (9375) (786-828)

H.Q. 1772-39-1645

Corps

NO-5 DISTRICT DEPOT GENERAL LIST.

Regimental Number

C.A. ACTIVE

CANADIAN ARMY

ENROLMENT AND ATTESTATION PAPER

WSG
COMPLETED

01
TPR

1. Butler. John Denis.
(Surname) (Christian Names)
2. Present Address 4, Cothran Drive, Ile-Maligne, Lac St-John Co. P.Q.
3. (a) Date of birth 17th. May 1924.
(b) Place of birth Canada. Prov. Quebec. St-Joseph D'Alma.
(Country) (County or Province) (Town or Township)
4. (a) Place of birth of Father Canada. Prov. Quebec. Quebec.
(b) " " " " Mother Canada. Prov. Quebec. Quebec.
(Country) (County or Province) (Town or Township)
5. Nationality English-Canadian.
(To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) Roman Catholic.
7. Trade or calling (a) Student. (a) Name and address of last employer:
Nil.
(b) How long employed nil
9. Married, Widower or Single Single. If married, how many children nil
10. Name of Next-of-Kin T. Joseph Butler. 11. Relationship Father.
12. Address of Next-of-Kin 4, Cothran Drive, Ile-Maligne, Lac St-John, Co. P.Q.
13. Previous Service (Navy, Army or Air Force) Units and dates Nil.
14. (a) Former war service Nil.
(b) In the armed forces of what country Nil.
(c) Dates of such Service Nil.
15. Decorations and medals, if any Nil.
16. I do solemnly declare that the above particulars are true

Signature of Recruit, or in the case of N.R.M.A. personnel who
refuse to sign, signature of officer under Regn. 8 (d) (I)
R.A.S.R. 1941

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The 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 above named 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,

at Quebec. P.Q. this 9th. day of October. 19 43.

G. H. RAJOTTE, Capt.
Recruiting Officer

{ Signature of Magistrate, Justice Attesting or
Enrolling Officer.
Office or Rank and Unit
or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Denis Butler., hereby engage to serve in any Active Formation or Unit of the Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 9 octobre. 1943.

(Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness

(Name)

(Rank)

(Signature of Recruit)

19. The above named recruit has made and signed the declaration and taken the oath before me.

at QUEBEC., P.Q. this 9TH. day of OCTOBER 19 43

G. H. RAJOTTE, Capt.

Recruiting Officer

(Signature of Magistrate, Justice or Attesting Officer.)

(Office or Rank and Unit or appointment)

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

TORY FORMS COMPLETED

Date 13-10-43

1401
414244
111111
4

Record of Service of

Butler
(Surname)

John-Denis.
(Christian Name)

Regimental Number E/101694

QUALIFICATIONS

Military Nil.
Business or Professional Student.
Trade or Civil Nil.
Technical Nil.
Languages English & French.

EDUCATIONAL QUALIFICATIONS

High School } 12th. Grade.
or } (years completed)
Collegiate }
Graduation } Jr. (Matriculation).
or } (specify)
Matriculation } Lake
*College Intermediate School. of Ile Maligne. St-John. P.Q.
De La Salle's High-School. Toronto. Ont.
*University Trinity College School. Port Hope. Ont.
Nil

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

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

REPORT		Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		NO. 5 DISTRICT DEPOT GENERAL LIST. C.A. (A) & Att. to this depot for all purposes.	Pte	9-10-43	5 D.D.	LAUZON	D.O. 246	15-10-43 A.
		Ceased to be att to this depot on proceeding to B.T.C. 26 Orillia Ont.						
		AUTH. Q/S 062 (SLA) d-16-10-43	-	20-10-43	-	-	- 250	20-10-43
		T.O.S. 26 CABTC Orillia, Ont. on transfer from No. 5 D.D. f.a.p.	"	22-10-43	26 CABTC	Orillia	D.O. 259	23-10-43
		AMENDMENT. Above Entry to read 21st Eff. date 21-Oct-43	"	21-10-43	2	2	D.O. 261	26-10-43
		Granted leave of absence from 27-11-43 to 30-11-43 with Pay and Allowances and 50¢ per day Ration Allowance for period of -4- days. \$2.00	"	27-11-43	"	"	D.O. 294	2-12-43
		Returned from leave of absence 2359 hrs	"	30-11-43	"	"	D.O. 297	6-12-43
		C.A. (B) T.C. No. 26 S.O.S. ON TRANSFER TO No. 433 C.A. T.C. Camp Borden f.a.p.	"	DEC 20 1943	"	"	308	18-12-43
		Granted Xmas leave from 0001 hrs 23/12/43 to 2059 hrs 27/Dec/43 and is entitled to 50¢ per day in lieu of rations for period of 5 days \$2.50	"	23/12/43	"	"	D.O. 311	22/Dec/43
		Returned from Xmas leave-	"	27-12-43	"	"	D.O. 314	27-12-43

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname BUTTLER Christian Names John
 Reception Centre Quebec Military District 5 Date 29-9-43

The medical examination is divided into three parts. The history in Part I, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 19 ans Eyes (Colour) bruns Hair chatains Height 5-5-1/2 Weight 178
 Identification marks and scars aisselle droite

22. Urinalysis (a) Albumen neg (b) Microscopic (if albumen positive) (c) Sugar neg
 " recheck (a) " (b) " (c) Blood sugar /

23. X-Ray No. 5/5-5 Laboratory P.H. 29-9-43 Report NEGATIF

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble oui

(b) Nose, throat, sinus or ear trouble non

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/ 120 Lt. 20/ 120
 (with glasses) Rt. 20/ 30 Lt. 20/ 30

Hearing (C.V.) Rt. 20 Lt. 20

Ears (Drums) Rt. N Lt. N

Nose N Throat N

Sinuses N

Remarks and Diagnosis

Pulhems grading H 1 E 2

E. J. K. RUDD Major R.C.A.M.C.
 (Signature E.E.N.T. Specialist)

24. (Cont'd)
 (c) Any broken bones or other injuries non
 Head injuries non
 (d) Spinal trouble non
 (e) Foot trouble non
 (f) Operations non
 (g) Ruptures non
 (h) Kidney or bladder trouble non
 (i) Gonorrhoea non
 (j) Varicose veins non
 (k) Haemorrhoids non
 (l) Rheumatism or joint trouble non

26. Cranium nil
 Spine nil
 Extremities nil
 Hernia nil
 Genito-Urinary nil
 Rectum nil
 Varicose Veins nil
 Feet nil
 Abdominal nil
 Remarks and Diagnosis

Pulhems grading P 1 U 1 L 1
L. Grondin Capt. R.C.A.M.C.
 (Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)

(m) Tuberculosis

(n) Bronchitis or other lung troubleoui
Pneumonie a 7 ans.

(o) Asthma or Hay Fever non

(p) Heart Disease

(q) Rheumatic Fever non

(r) Kidney Disease non

(s) Stomach, Bowel or Rectal trouble ~~non~~.....

(t) Diabetes non

(u) Goitre non

(v) Syphilis non

(w) Fits or fainting non

(x) Nervous disorders non

(y) Have you been in the Active Army in this war? non

(z) Are you now or have you in the past received disability pension or compensation? non

~~John Butler~~ John D. Butler.
(Signature of Recruit)

Robert Feuilleault Lt. R.C.A.M.C.
(Witnessed by)

27. Physique :

Good X Fair Poor

Chest: \rightarrow 12/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100/101/102/103/104/105/106/107/108/109/110/111/112/113/114/115/116/117/118/119/120/121/122/123/124/125/126/127/128/129/130/131/132/133/134/135/136/137/138/139/140/141/142/143/144/145/146/147/148/149/150/151/152/153/154/155/156/157/158/159/160/161/162/163/164/165/166/167/168/169/170/171/172/173/174/175/176/177/178/179/180/181/182/183/184/185/186/187/188/189/190/191/192/193/194/195/196/197/198/199/200/201/202/203/204/205/206/207/208/209/210/211/212/213/214/215/216/217/218/219/220/221/222/223/224/225/226/227/228/229/230/231/232/233/234/235/236/237/238/239/240/241/242/243/244/245/246/247/248/249/250/251/252/253/254/255/256/257/258/259/260/261/262/263/264/265/266/267/268/269/270/271/272/273/274/275/276/277/278/279/280/281/282/283/284/285/286/287/288/289/290/291/292/293/294/295/296/297/298/299/300/301/302/303/304/305/306/307/308/309/310/311/312/313/314/315/316/317/318/319/320/321/322/323/324/325/326/327/328/329/330/331/332/333/334/335/336/337/338/339/340/341/342/343/344/345/346/347/348/349/350/351/352/353/354/355/356/357/358/359/360/361/362/363/364/365/366/367/368/369/370/371/372/373/374/375/376/377/378/379/380/381/382/383/384/385/386/387/388/389/390/391/392/393/394/395/396/397/398/399/400/401/402/403/404/405/406/407/408/409/410/411/412/413/414/415/416/417/418/419/420/421/422/423/424/425/426/427/428/429/430/431/432/433/434/435/436/437/438/439/440/441/442/443/444/445/446/447/448/449/450/451/452/453/454/455/456/457/458/459/460/461/462/463/464/465/466/467/468/469/470/471/472/473/474/475/476/477/478/479/480/481/482/483/484/485/486/487/488/489/490/491/492/493/494/495/496/497/498/499/500/501/502/503/504/505/506/507/508/509/510/511/512/513/514/515/516/517/518/519/520/521/522/523/524/525/526/527/528/529/530/531/532/533/534/535/536/537/538/539/540/541/542/543/544/545/546/547/548/549/550/551/552/553/554/555/556/557/558/559/560/561/562/563/564/565/566/567/568/569/570/571/572/573/574/575/576/577/578/579/580/581/582/583/584/585/586/587/588/589/590/591/592/593/594/595/596/597/598/599/600/601/602/603/604/605/606/607/608/609/610/611/612/613/614/615/616/617/618/619/620/621/622/623/624/625/626/627/628/629/630/631/632/633/634/635/636/637/638/639/640/641/642/643/644/645/646/647/648/649/650/651/652/653/654/655/656/657/658/659/660/661/662/663/664/665/666/667/668/669/670/671/672/673/674/675/676/677/678/679/680/681/682/683/684/685/686/687/688/689/690/691/692/693/694/695/696/697/698/699/700/701/702/703/704/705/706/707/708/709/710/711/712/713/714/715/716/717/718/719/720/721/722/723/724/725/726/727/728/729/730/731/732/733/734/735/736/737/738/739/740/741/742/743/744/745/746/747/748/749/750/751/752/753/754/755/756/757/758/759/760/761/762/763/764/765/766/767/768/769/770/771/772/773/774/775/776/777/778/779/780/781/782/783/784/785/786/787/788/789/790/791/792/793/794/795/796/797/798/799/800/801/802/803/804/805/806/807/808/809/810/811/812/813/814/815/816/817/818/819/820/821/822/823/824/825/826/827/828/829/830/831/832/833/834/835/836/837/838/839/840/841/842/843/844/845/846/847/848/849/850/851/852/853/854/855/856/857/858/859/860/861/862/863/864/865/866/867/868/869/870/871/872/873/874/875/876/877/878/879/880/881/882/883/884/885/886/887/888/889/890/891/892/893/894/895/896/897/898/899/900/901/902/903/904/905/906/907/908/909/910/911/912/913/914/915/916/917/918/919/920/921/922/923/924/925/926/927/928/929/930/931/932/933/934/935/936/937/938/939/940/941/942/943/944/945/946/947/948/949/950/951/952/953/954/955/956/957/958/959/960/961/962/963/964/965/966/967/968/969/970/971/972/973/974/975/976/977/978/979/980/981/982/983/984/985/986/987/988/989/990/991/992/993/994/995/996/997/998/999/1000/1001/1002/1003/1004/1005/1006/1007/1008/1009/1010/1011/1012/1013/1014/1015/1016/1017/1018/1019/1020/1021/1022/1023/1024/1025/1026/1027/1028/1029/1030/1031/1032/1033/1034/1035/1036/1037/1038/1039/1040/1041/1042/1043/10

Full expansion 40 Range of Expansion 3

Lungs:NIL.....

Heart : B.P. Systolic 130 Diastolic 90

Abdomen nil

Skin nil

Glandular Systems nil

Remarks and Diagnosis :

PULHEMS Grading P.....1.....

L.P. Demers Capt. R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report Remarks and Diagnosis :

A-2

Pulhems grading M 1 S 1

Dr. Chs. Aug. Painchaud N.P.A.M.C.
(Signature of Psychiatrist)

Part III

29. Category (or profile) to be assigned.

Year of Birth	P	U	L	H	E	M	S
24	1	1	1	1	2	1	1

This category (or profile) is not to be changed.
See note (c).

J. Paul Roger Lt-Col. R.C.A.M.C.
(President of the Board)

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialised by M.O.

30. (b) Changes or confirmation in present category (or profile) to be signed by M.O. or President of Medical Board.

[illegible]

NOTE: (α) Any corrections to entries made must be initialled by the officers making them.

(b) (i) **Category (or profile) in Part III (29) is not to be changed after once assigned.**

(ii) Subsequent changes in category (or profile) to be entered in Part III (30) (b).

(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. E-101694 Rank 1st Surname Butler Christian Name John D.

[illegible]

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

WILL

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

(1) I, John Denis BUTLER, of the town
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Isle Maligne, in the County of Lake St. John
District

Province of Quebec, Student
(Civil Occupation)

Regimental No. E-101694, Unit No. 3 CACTR, 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 father, Thomas Joseph BUTLER, Cothran Drive, Isle Maligne,
P.Q., all my estate.

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~~

(4) I appoint Thomas Joseph Butler, Cothran Drive, Isle Maligne,
(Name) (Address)
P.Q.

Manager A& J Ry., to be the Executor of this my Last Will.
(Civil Occupation) ~~XXXXXX~~

IN WITNESS WHEREOF I have hereunto set my hand this 8 day of MAY
1944

Signed and acknowledged by the Tes-
tator, 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.

John Denis Butler
(Signature of soldier)

First witness
sign here.

(5) Signature

Civil Address Fisher Branch, Man.

Civil Occupation Lathe Operator

Second witness
sign here.

Signature

Civil Address Winchester, Ontario,

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

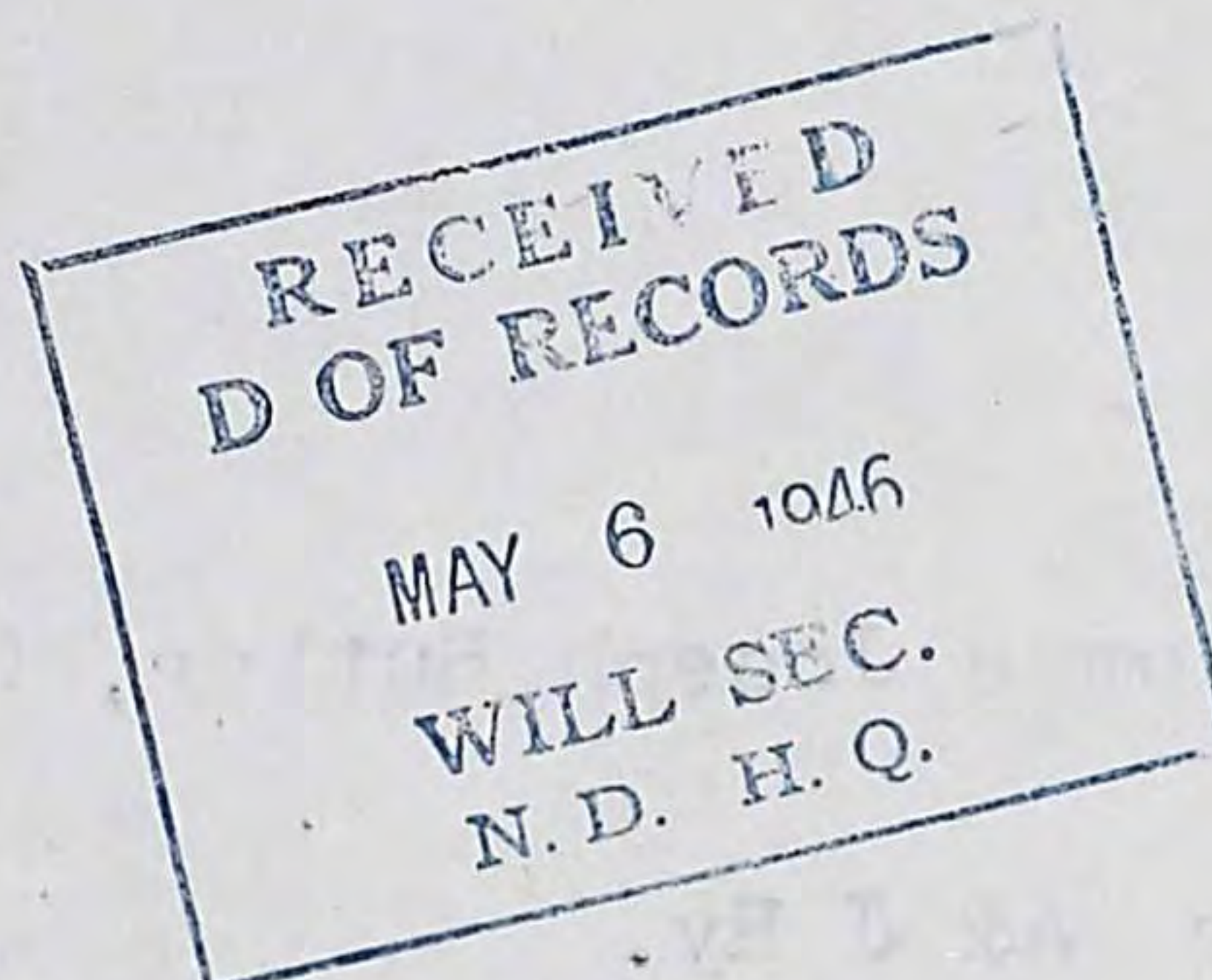
If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate..
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

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

D. R. 10



MAY 19 1944

CASUALTIES, ETC.

Part II. D.O.		Nature and particulars	If in Hospital note name
No.	Date		
246-15-10-43		TOS DD 5 eff 9-10-43 having enlisted with no 5 D.D. GEN LIST CA/AF (prev. serv. NIL) Att. for all purp.	
250-20-10-43		SOS DD 5 eff 20-10-43 on proc. to B.T.C. 26 Orillia Ont.	
259		T.O.S. #26 C.A. (B) T.C., Orillia, Ont., on transfer	
OCT 2 8 1943		From No. 5 District Depot	Eff. OCT 2 1 1943 Do. 261
294	2-12-43	Gr.Lv.with P/A from 0001hrs 27Nov.43. to 2359hrs 30Nov43. GR RA 50¢per diem \$2.00.	
296	6-12-43	Ret. from Lv. of absence 30Nov43.	
		S.O.S. #26 C.A. (B) T.C., Orillia, Ont., on transfer	
308	DEC 1 8 1943	To 933 CACTE	Eff. Canceled DO 309
311-22-12-43		Xmas Lv\$2.50	
		S.O.S. #26 C.A. (B) T.C., Orillia, Ont., on transfer	
7			
JAN 8 1944		To A33 CACTE	Eff. JAN 1 0 1944
6	10-1-44	TOS- No. 3 C.A.C. T.R. EFF. 11-1-44	

No. E-101694 RANK pte Tpr NAME BUTLER Jean Denis *Married
*Widower
*Single

Place of { *Appointment
*Enlistment Quebec Date of { *Appointment
*Enlistment 9-10-43

RATE OF PAY Cat A-1

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
246-15-10-43		pte			1.30			
29	11-2-44				1.40	9-2-44		
137	20-6-44		C	" "	1.65	16-6-44		cac op.
189	7-8-44	Tpr	Op. C.A.C. C		1.75	Pay kept		
241	13-9-44			ad	1.50	12-9-44		

ASSIGNMENTS

DEPENDENTS' ALLCES.

No. Deps.

Name and Address of Assignees	Effective Date	Amount	Date Application Forwarded	Relationship	Amount Awarded	Effective Date
5th V.L. Nov 43 to April 11-43						
44.		8.40				
Bm 4 C Othran Drive						
Ile Maligne Lake St. Johns Co.						
7th V.L. 13 May - Oct Nov - April 45		8.20				
8 UPX 1 May - Oct 45		8.40				

*Outfit Allce. \$ Paid on
*Clothing
Rehabilitation Grant \$ Paid On
*Delete words which are inapplicable.

M. F. M. 14

200 M-2-43 (8705)

H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) \$ P.A.

Occupational Form Completed

CASUALTIES, ETC.

Part II. D.O.		Nature and particulars	If in Hospital note name
No.	Date		
11	17-1-44	awarded 1 day pay (A.A. 46) for neglect to the prejudice of good order and military discipline. Failing to salute an officer 19th of award 15-1-44.	
29	11-2-44	Increased pay 14 ⁰ eff. 9-2-44	
97	17-5-44	Embk & Furl & rat. all. Rev, 19-5-44 - Tat 3-6-44 (16 days)	
110	2-6-44	505 f. A.P. to no / CACTSR, eff. 2-6-44.	
126	5-6-44	T.O.S. 1 T.S.R. 3-6-44	
CACASO SERIAL 1142 30 JUNE 1944			
160	4-7-44	TOS-C.A.O/S 3-7-44 - TOS. 1 CACR 11-4-7-44 - (OP/CAC-C)	
189	7-8-44	Increased reptl rate 1.50 per diem wef 9-4-44	
221	13-9-44	ceases to draw tdmn rates as Op. C.A.C. "C" wef 12-9-44 on failing to requalify	
237	22-10-44	Failed to qualify as Op. C.A.C. "C" wef 22-9-44	
249	16-10-44	Failed to qualify as Op. C.A.C. "C" wef 12-10-44	
259	29-10-44	Qualified as Op. C.A.C. "C" wef 25-10-44	

E-101694 BUTLER J.D. *OK*

0017-20-1-45 SOS/CA CRU TO UKIT 8 wef. 22-1-45

SOS Cdn army UK 23-1-45 TOS cdn army C.M.F.

24-1-45 SOS X4 list CAC - 3CHB RB7-2-45 ^{CPB} ₅₅

SOS X4 list CAC, 30th to Grandson Regt. PCD 18-2-45

18ER. 25.2.45. Tos 1CACR (ACW) from X4 list CAC i wef 19 Feb 45

CR. 5.5.45 SOS. 1CACR (ACW) Killed in Action. 4 May 45

OTHER SUBJECTS

Subject	Standard Attained (a)	Remarks	Initials
Drill	G.	Works hard.	RSS
Physical Training	G.	Is enthusiastic and aggressive.	RSS
First Aid	V.G.	This man knows this subject well.	RSS
Marching	G.	Finds marching long distances a little difficult but never drops out.	RSS
Rifle Range Course	Class I 54/60 Class II 20/50	.22. - 15 rds. .303 - 10 rds. - rifle.	RSS
Anti-Aircraft	V.G.	Readily absorbs information and applies it well.	RSS
Bayonet Fighting	G.	Energetic and hard working.	RSS
Fieldcraft	V.G.	Good at personal movement, concealment and observation.	RSS
Map Reading	V.G.	Enthusiastic and interested. Grasps subject readily.	RSS
Fundamental Training	V.G.	Has a good knowledge due to attentiveness.	RSS

GENERAL REMARKS ON COMPLETION OF TRAINING

Military Efficiency.....*Good*.....Conduct.....*Good*.....Leadership.....*Fair*.....

OTHER REMARKS:

Very intelligent therefore readily absorbs knowledge. Will make a good soldier and possible N.C.O.

Signature.....*[Signature]*.....Rank.....*Lt. Col.*.....

C.R.J. Lancaster. E.D.

No.....*20*.....Basic Training Centre.

Place.....*Orillia, Ontario*.....

Date.....

(a) Where no regulation standard is prescribed in Manuals, use VG—Very Good; G—Good; AV—Average; F—Failed.

BASIC TRAINING RECORD

No. E.101694 Rank Tpr. Name J.D. Butler (13 Trp)
(In full, surname last)

TESTS OF ELEMENTARY TRAINING

RIFLE	¹ G.	² AV.	³ AV.	⁴ AV.
	Date 16-11-43	16-11-43	16-11-43	16-11-43
Initials	RDB	RDB	RDB	RDB
L.M.G.	¹ G.	² G.	³ G.	⁴ V.G.
	Date 9-12-43	9-12-43	9-12-43	9-12-43
Initials	RDB	RDB	RDB	RDB

Gas	Oral VG	Inspn. AV	Std. AV.	WENT THROUGH CHAMBER	CAP	CAP	B.M.
	Date 12-11-43	12-11-43	12-11-43		8-11-43	8-11-43	12-11-43
Initials	RDB	RDB	RDB		RDB	RDB	RDB

REMARKS:—

Gas: - Is very good in the oral test, average in the inspection and standard tests, but only requires practice. Not alert in gaining protection.

Rifle: - Good steady aim. Requires coaching in aiming off and practice in the use of cover.

L.M.G.: - Enthusiastic and energetic. Has a good knowledge of this subject, both theoretically and practically.

TRAINING - AT I.C.A.C.R.U.

3 - WKS - BASIC

13 - " - WIRELESS

2 - " - GUNNERY

1 - " - MINES - BOOBY TRAPS

5 - " - FIELD - TRAINING.

RDB

TRADE TRAINING

Regt'l No. E-101694 Rank Tpr. Name Butler J.T. Trade CAC/Opr.

1. ENTRIES BY PERSONNEL SELECTION OFFICER AND O.C. UNIT OR ADVANCED T.C.

Unit or Adv. T.C.

Date

Recommended

Army Examiner

Concurred

Commanding Officer

4. MECHANICS TRAINING CENTRE

Course

Date of Entry

Date of Leaving

Rating (Percentage)

REMARKS:

Commanding Officer

7. ADVANCED TRAINING CENTRE ARMY APPLICATION OF TRADE

No. of T.C.

Advanced Course

or

Trained Soldier Coy.

Date of Entry

Date of Leaving

Rating (Percentage)

REMARKS:

Commanding Officer

2. TECHNICAL SCHOOL

Course

Date of Entry

Date of Leaving

Rating (Percentage)

REMARKS:

Principal

5. D. & M. SCHOOL

Course

Date of Entry

Date of Leaving

Rating (Percentage)

REMARKS:

Commanding Officer

8. TRADE TEST

Trade CAC - Operator

Class "C"

Date 5 May 44

Where Tested Camp Borden, Ont

TRADE TEST BOARD

1. R. D. Gough

President

2. Scott. Capt.

Member

3. R. D. Gough

Member

3. ARMY TRADES SCHOOL

Course

Date of Entry

Date of Leaving

Rating (Percentage)

REMARKS:

Commandant

6. OTHER CENTRE

Name

Location

Course

Date of Entry

Date of Leaving

Rating (Percentage)

REMARKS:

Officer i/c Trades Trng.

9. DISPOSAL

Where Despatched

Date 17 Jan 45

(Further remarks or records on reverse side)

M. F. M. 105A
150M-8-42 (5781)
H.Q. 1772-39-1797

TRAINING RECORD --C.A.C. (EXCEPT REGENT REGT) NO. 3 C.A.C.T.R.

No. F-101694 Rank TRP Name BUTLER J.P. Date of Birth 11-7-1894

C.A.C. Classification: D.M. OpCAC English Speaking ✓
P.S.B. Classification: 184 French Speaking
Bilingual

GENERAL MILITARY TRAINING

Subject	Standard (a)	Remarks	Date	Initials
Drill				
Physical Training				
Map Reading				
Military Education				
Organized Sports				
First Aid				
Pistol				
Gas				

GUNNERY C.A.C.

A. Elementary Course: Date 24-4-44 B. Advanced Course: Date 6-5-44

Weapons	Classification	Instruction in Maintenance and Handling-- Vehicles:
6-pr.		Remarks: <u>G.</u>
.50 I.G.		Eye Training and Crew Control-- Remarks: <u>AV.</u>
.30 I.G.	<u>G.</u>	Range Courses Classification:
Bren L.M.G.		No. of Rounds
S.M.G.		6-pr. 2-pr. 3" How M.G. Remarks
3" How.		Pellet Range <u>G.</u> <u>how</u>
2" B.T.		30 Yd Range <u>75</u>
A/T Rifle		A.F.V. Range <u>100</u> <u>500</u>
Grenades		Battle Practice

Grading: AV.
M.F.N. 105-A1
25M-5-43 (8893)
E.O. 1772-39-1797

J.M. Racicot
Gunnery School

GENERAL MILITARY TRAINING

(For temporary use pending issue of new edition of MFM 105)

Subject	Standard	Remarks	Date	Initials
Drill	Ar		9/2/44	J. P. S.
PT & Obstacle Course	Ar		9/2/44	J. P. S.
Marching	Ar		9/2/44	J. P. S.
Rifle				
Min. & 30 Yd. Range				
A/C & AFV Recognition	Ar		9/2/44	J. P. S.
AA Rifle and LMG				
Bayonet				
LMG				
A/Tk (PIAT)	Ar		9/2/44	J. P. S.
Machine Carbine Sten				
Grenade	Ar		9/2/44	J. P. S.
Range Courses				
Anti-Gas	Ar	CAR. DM. CHLOT mustard.	9/2/44	J. P. S.
Map Using	Ar		10/2/44	J. P. S.
Fundamental Trg.	Ar		9/2/44	J. P. S.
Security	Ar		9/2/44	J. P. S.
Fd Craft	Ar		9/2/44	J. P. S.
VT - JD - FCO	Ar		9/2/44	J. P. S.
Fd Works	Ar		9/2/44	J. P. S.
Mines & Booby Traps	Ar		9/2/44	J. P. S.
Night Trg	Ar		9/2/44	J. P. S.
Battle First Aid	Ar		10/2/44	J. P. S.
Tabloid Sports	Ar		9/2/44	J. P. S.
Pistol				

B-101694 Tpr Butler J

GENERAL MILITARY TRAINING

(For temporary use pending issue of new edition of MFM 105)

Subject	Standard	Remarks	Date	Initials
Drill				
PT & Obstacle Course				
Marching				
Rifle				
Min. & 30 Yd. Range				
A/C & AFV Recognition	AV		17 May HH	CPM
AA Rifle and ILC				
Bayonet				
ILC	B		12 May HH	W. J.
A/Tk (PIAT)	AV		15 May HH	W. J.
Machine Carbine Sten	AV		12 May HH	W. J.
Grenade	AV		16 May HH	W. J.
Range Courses				
Anti-Gas				
Map Using				
Fundamental Trg.				
Security				
Fd Craft				
VT - JD - FCO				
Fd works	AV		11 May HH	W. J.
Mines & Booby Traps	AV		17 May HH	W. J.
Night Trg				
Battle First Aid				
Tabloid Sports				
Pistol				

"A-33 C.A.C.T.E."

C.A.C.T.R.

RANGE COURSES WAR - S.A.T. Vol. 1 PAM 18

Number E-101694 Rank T.P.R. Name BUTLER - J.D.

WEAPON	APPENDIX	PRACTICES	ROUNDS	H.P.S.	1st CLASS	2nd CLASS	SCORE	GRADE
Rifle	III	1,2,3,4	20	80	57	43	56	2nd Class
L.M.G.	IV	1,2,3,4	70	150	100	77	66	F
S.M.G.	IX	1,2,3,4	30	100	-	-	8	Q
Pistol	VIII	1,2,3,4,5,6	24	80	40		12	Q

DATE:

SIGNED:

J. P. Guenette Lt.

RECOMMENDATION FOR A COMMISSION

1. Particulars of Candidates

(a) Surname **BUTLER**
(b) Christian Names **John**
(c) Regimental Number **E 444 538**
(d) Unit **Infantry**
(e) Date of Joining Unit **27 Aug. 1943**
(f) Date and Place of Enlistment **Quebec P.Q.**
(g) Present Rank and Date **Pte**
(h) Medical Category **A-1**
(i) Age **19**
(j) (i) Date of Birth **May 17th, 1924**
(ii) Place of Birth **St-Joseph d'Alma**
(town or township)
..... **Prov. of Quebec** **Canada**
(Country or Province) (country)
(k) Religion (state denomination) **R.C.**
(l) (i) Nationality **Canadian**
(ii) Nationality at Birth **Canadian**
(m) (i) Married or Single **Single**
(ii) If Married, Nationality of Wife at Birth **N/A**
(iii) Number, sex and ages of Children **N/A**
(n) Educational Qualifications **Junior Matriculation. 4 senior subjects.**
(o) Languages (State if written or spoken) **French-English, written and spoken**
(p) Previous service in P.F., N.P.A.M., or other British Forces (state unit and year of service)

2. Arm or Corps in which a commission is desired by candidate **Infantry**

Date **25th August, 1943** Signature of Candidate *John D. Butler*

3. Military Particulars

(a) Military Character
(Certified copy of M.F.M. 6 to be attached)

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

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

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

Date.....
.....
.....

5. Remarks by Formations Commander or District Officer Commanding.....
viewed by the D.S.B., M.D. No.5 and is recommended as a Potential Reinforcement
Officer for Infantry General List for the St-Jerome School of Army Instruction
course commencing on the 17th September, 1943.

Date.....
Signature.....
Commanding.....

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

Date.....
Signature.....
Officer Administering.....

7. To be completed by Candidate's Commanding Officer. (See para. 12 of Instructions for making recom-
mendations). Selected to attend Officers' Training Centre at.....
Commencing.....194.....

Date.....
Signature.....
Commanding.....

8. To be completed by the Commandant of the Officers' Training Centre.
(a) Report on Candidate.....

(b) Recommendation.....

Date.....
Signature.....
Commanding.....

For Use at N.D.H.Q.

9. Appointed.....
10. Remarks (where not appointed to a Commission).....
.....
.....
Date.....
Signature.....

(Director Personal Services)

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME E-181694 Tpr BUTLER J.D. (Dwe'd)

RECEIVED FROM Cdn Sec 2nd Ech 21 A/Gp

CHECKED BY H-92487 Cnr Mc Nabb W.J. DATE 19 Jun 45

AND C-35192 Pte Leafloor E.P.

1	Snap Holder w/ 7 Snaps
1	pr Glasses in Case
1	Silver "I" Brecelet
1	RC Prayer Book
2	Photos
1	Invation Card
1	RCD Cap Badge
1	pr RCD Corps Flashes
1	C.V.S.M. & Clasp
1	Cdh Armd Corp Flash
1	Sixth V.L. Recp to O i/c Est
1	Seventh V.L. Recp To O i/c Est
1	Eighth V.L. Recp to O i/c Est



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

QUADRUPLICATE—with effects.

W. J. M. Nabb for OC 1 Cdn KSD

CHARTERED BY THE PARLIAMENT OF CANADA

ESTATES BRANCH

INVENTORY

Inventory of the
Estate of the Late
[Name] [Address]

DATE



Ottawa, 8 February 1949.

D.V.A. E-101694
R 4 (B)

Mr. Joseph Butler,
#4 Cothrain Drive,
Ile Maligne, Quebec.

Dear Mrs. Butler:

I am forwarding herewith a photograph of the grave and temporary marker over the burial place of your late son, E-101694 Trooper John Denis Butler, the location of which is grave 9, row B, plot 11, Holten Canadian Military Cemetery, Holten, Holland.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

for *H.M.J.*
H.M. Jackson,
Director,
War Service Records.

MB

18th June, 1946.

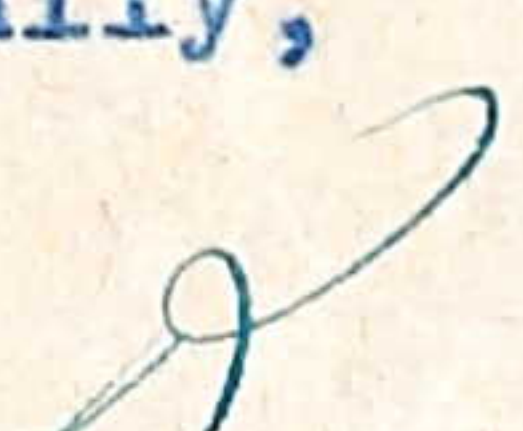
Mr. Joseph Butler,
#4 Cothrain Drive,
Ile Maligne, Que.

Dear Sir:

Information has just been received from overseas that the remains of your son, E101694 Trooper John Denis Butler, have been carefully exhumed from the original place of interment and reverently reburied in grave 9, row B, plot 11, of Holten Canadian Military Cemetery, Holten, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,


for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

JJJ



EEB

OVERSEAS CDN RECORDS OFFICE

P.A.

GRAVES REGISTRATION FORM

St. Joseph D'Alma. Que.
17 May 1924

BUTLER, John Denis. Place and
Name Date of Birth

Rank Tpr. Regtl No. E-101694

Unit 1. Armd. Car. Regt. AEF. Next of Kin Father.

Address Mr T Joseph BUTLER
..... 4 Cothran Drive.,
Ile-Maligne, Lac St John,
Co. P.Q. Canada.

PARTICULARS OF HOSPITALISATION

Name and Location
Date of Admission of Hospital

Diagnosis

PARTICULARS OF DEATH

4 May 45. GERMANY
Date of Death Place of Death

Hrs

Cause of Death KILLED.

.....

.....

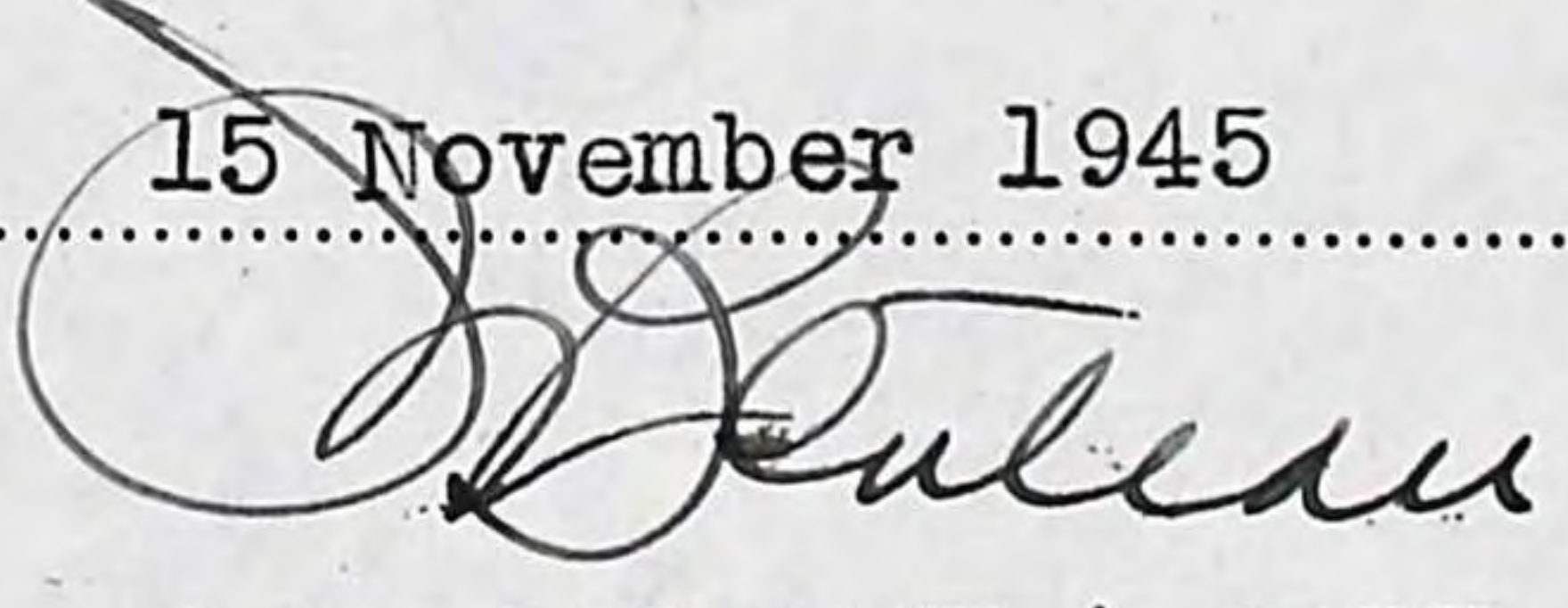
PARTICULARS OF BURIAL

5 May 1945 161291 sh 2613 1/25,000
Date of Burial Cemetery NUENBURG

Death Cert No. Location of Cemetery

Date of Regn of
Death Cert Plot No. Row Grave 4

Religion R.C.

15 November 1945
Date

(M. BLUTEAU) CAPT
For Colonel, OIC Records,
CANADIAN MILITARY HEADQUARTERS.

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

VERIFICATION FORM
WAR SERVICE MEDALS 1939-45

P.A.

No. E 101694 Name BUTLER JOHN DENIS
 Rank on Discharge Lpr Date of Discharge 4-5-45
 Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying
service

Canada from 9-10-43 to 26-6-44
 from _____ to _____

United Kingdom from 27-6-44 to 23-1-45
 from _____ to _____

Italy from 24-1-45 to 13-3-45 killed in action

Northwest Europe from 14-3-45 to 4-5-45

----- from _____ to _____

----- from _____ to _____

Eligible for award of:

1939 - 45 Star OK

Italy Star OK

France-Germany Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

Verified by H. G. Pallen

Date _____

Carded JUL 9 1946 COP

NRD

DISTRIBUTION OF SERVICE ESTATES
ARMY

MH
Estates Form "P. 4"

Name BUTLER John D. No. E-101694
Surname Christian Names
Tpr. C.A. O/S 4-5-45
Rank Unit Date of Death

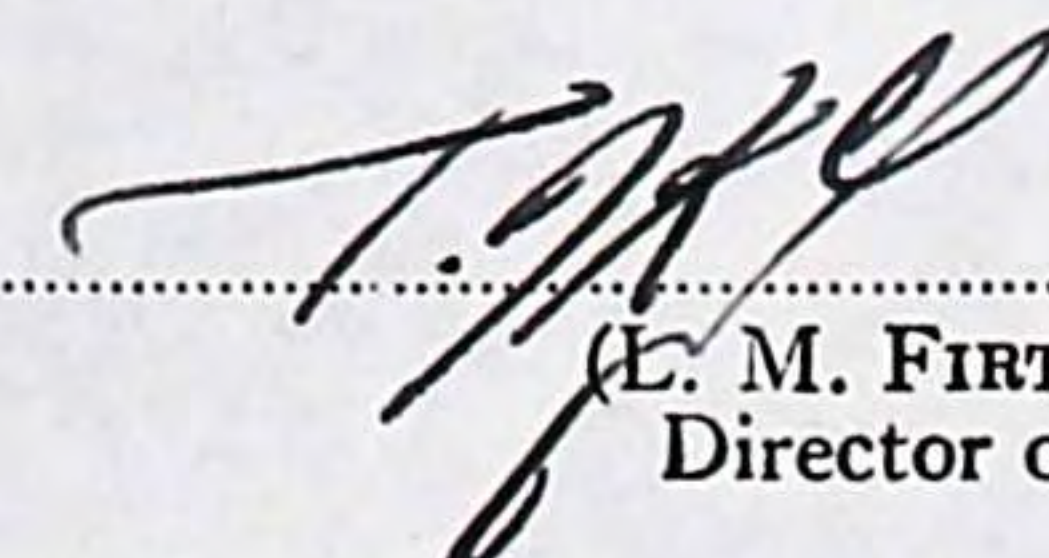
AMOUNT
W.S.G. 255.55
L.P.C. \$ 205.82
Date 23-5-46 Other Credits.....
Total..... 461.37
Prev. dist. 205.82
This dist. 255.55

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Thomas J. Butler, 4 Cothrain Drive, Isle Maligne, P.Q. (Sole beneficiary per will)	255.55

P4 TO TREAS.
MAY 29 1946
WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$255.55
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


(E. M. FIRTH) Colonel
Director of Estates
AUDITED FOR PAYMENT

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

WSG88-2
537
ARMY

DECEASED
MEMBER'S
NAME

John Denis
(CHRISTIAN NAMES)

BUTLER
(SURNAME)

REGISTER NO.

D-19119
405-B-24020

FILE NO.

1-5-46

DATE

E-101694

SERVICE NO.

Tpr

FINAL RANK OR RATING

4-5-45

DATE OF TERMINATION OF OVERSEAS SERVICE

4-5-45

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 573 EQUAL TO 19 COMPLETE PERIODS AT \$7.50

\$ 142.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 312 LESS 3 INELIGIBLE DAYS, EQUAL TO 309 DAYS @ 25c. PER DAY

77.25

219.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
SUBSISTENCE OR LODGING \$ 1.25
AND PROVISION ALLOWANCE \$.25
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.00 X 7 = \$ 21.00
NO. OF DAYS 312 X \$ 21.00
183

35.80

D. WAR SERVICE GRATUITY

255.55

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

255.55

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 GJC
CHECKED BY mjk

TREASURY
CHECKED BY V Birmingham
DATE 6/5/46

G. I. Banters Capt.
SERVICE REPRESENTATIVE

255.55
amt.

DISTRIBUTION

SERVICE

NAVY
ARMY
AIR FORCE
C.E.F.

NAME Butler, John D.

NO: E-101694 RANK Spr.

REGT: C.G.O/S. DATE OF DEATH 4-5-45

PAY TO:

W.S.G. 255.55
L.F.C. 205.82
OTHER CREDITS.

All Father:-
Thomas J. Butler, \$255.55
4 Cothran Drive,
Isle Maligne, P.2.
(Sole beneficiary under will)

TOTAL. 461.37

Prev. dist. 205.82

This dist. 255.55

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

V.B.


Name..... **BUTLER** **John D.** No. **E 101694**
Surname Christian Names
Tpr. **CA O/S** **4-5-45**
Rank Unit Date of Death

AMOUNT

Date..... **15-1-46**
L.P.C.....\$ **205.82**
Other Credits.....
Total..... **205.82**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Thomas J. Butler 4 Cothrain Drive Isle Maligne P.Q. (sole beneficiary under will)	205.82

P4. TO TREAS. 29-1-46 **N.P.#230**
Q90.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	205.82
CLASSIFIED BY 			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

.....
(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

INTERIM RECEIPT

EIGHTH VICTORY LOAN BONDS

CERTIFIED that

E 101694

(Regimental or Official No.)

TPR

(Rank)

BUTLER JOHN DENIS

(Name)

has purchased \$

50.00

Eighth Victory Loan Bonds.

(a) For which Cheque/Draft/Crossed Warrant/Money Order, for \$..... has been received in full payment.

(b) By monthly assignment of pay \$.....

Bearer/Registered Bond(s) are to be delivered to

THOMAS JOSEPH BUTLER, 4 COTHMAN DRIVE, ISLE MALIGNÉ, Q4E

NOTE : This stub will be completed by the Unit Representative and handed to the purchaser.

Cassidy Lt

(Unit Representative)

SEVENTH VICTORY LOAN BONDS

Certified that E 101 694 TPR BUTLER J.D
(Regimental No.) (Rank) (Name)

has subscribed for \$ 100 SEVENTH VICTORY LOAN BONDS

(a) By outright purchase in respect of which Cheque/Draft/Crossed Warrant/Money Order, for \$..... has been received.

(b) By monthly assignments of pay \$ 16.50

Bonds to be delivered to: MR T.J. BUTLER 4 COWRAN DRIVE. ISLE MALIGNÉ. QUE.

Date: 13 OCT 44

NOTE: This stub to be torn off
and handed to subscriber.

[Signature]
(Unit Representative)

IMPORTANT—Keep this acknowledgment.

DOMINION OF CANADA
SIXTH VICTORY LOAN

This is to certify that E 101694 (Number) Tpr Butler J. (Rank) 3 CAC TR (Name) 8-40 (Unit)

has purchased \$ 50/- Sixth Victory Loan 3% Bonds to be paid by six monthly pay assignments of \$ 8-40 each for the months of May, 1944, to October, 1944, inclusive, and has directed that the bonds be delivered to

Mr J J Butler 4 Colborne Dr, 201 Maligne Ave
(Enter either Department of Finance OR name and address of person or Bank to whom bonds are to be delivered)
after payment has been completed.

Date 1 April 1944.

M. W. Edwards
(Departmental Canvasser)

Communicate by letter with Chief Clerk, Employee Instalment Purchase Plan, Department of Finance, Ottawa, if it is necessary to alter the delivery instructions or to make inquiries regarding your bonds. The Department of Finance will hold bonds in safekeeping during term of service, or they may be delivered to another person or Bank, as the applicant shall direct.

In the event of the purchaser being discharged from the Service before payment is completed, he can make the balance of his payments direct to the Department of Finance, Ottawa, Canada.

If the purchaser dies before payment is completed, the amount standing to his credit in the Purchase Account will be transferred to the credit of his Service pay account.

In the event of death, bonds held for the account of any member of the Services will be delivered to the Administrator of Estates.

DUPLICATE COPY FOR
REGIMENTAL DOCUMENTS

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOHN DENIS BUTLER
(Christian Names) (Surname)

Register No. D-19119

PAYEE'S NAME ESTATES
(Christian Names) (Surname)

File No. 405-B-24020

Date 1-5-46

ADDRESS

Service No. F-101694

Final Rank TPR

DATE OF TERMINATION OF OVERSEAS SERVICE 4-5-45

Date of Discharge 4-5-45

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE			
No. of day <u>573</u> = <u>19</u> Periods @ \$7.50		<u>142</u>	<u>50</u>
B. QUALIFYING OVERSEAS SERVICE			
No. of days <u>312</u> less <u>3</u> Ineligible days,			
equal <u>309</u> Days @ 25c. per day		<u>77</u>	<u>25</u>
C. SUPPLEMENT FOR OVERSEAS SERVICE			
Daily Rate of Pay	\$ <u>1.50</u>		
Subsistence Allowance	\$ <u>1.25</u>		
Additional Pay	\$ <u>.25</u>		
Dependents' Allowance 1/30	\$ <u>✓</u>		
TOTAL	\$ <u>3.00</u> × 7 = \$ <u>21.00</u>		
No. of Days	<u>312</u> × \$ <u>21.00</u>		
	183	<u>35</u>	<u>80</u>
D. WAR SERVICE GRATUITY			
Computed By	<u>B. B.</u>	<u>255</u>	<u>55</u>
E. DEDUCTIONS			
Overpayment of			
(1) Pay & Allowance	\$ <u>✓</u>		
(2) D.A. & A.P.	\$ <u>✓</u>		
Other Deductions	\$ <u>✓</u>		
Entered By	<u>Uy</u>		
F. AMOUNT PAYABLE			
(This amount is payable in.....monthly instalments of \$.....each)		<u>255</u>	<u>55</u>

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

\$..... × 30 = \$.....

REMARKS

P. O. BOX 8
↓

ISLE MALIGNE - QUEBEC

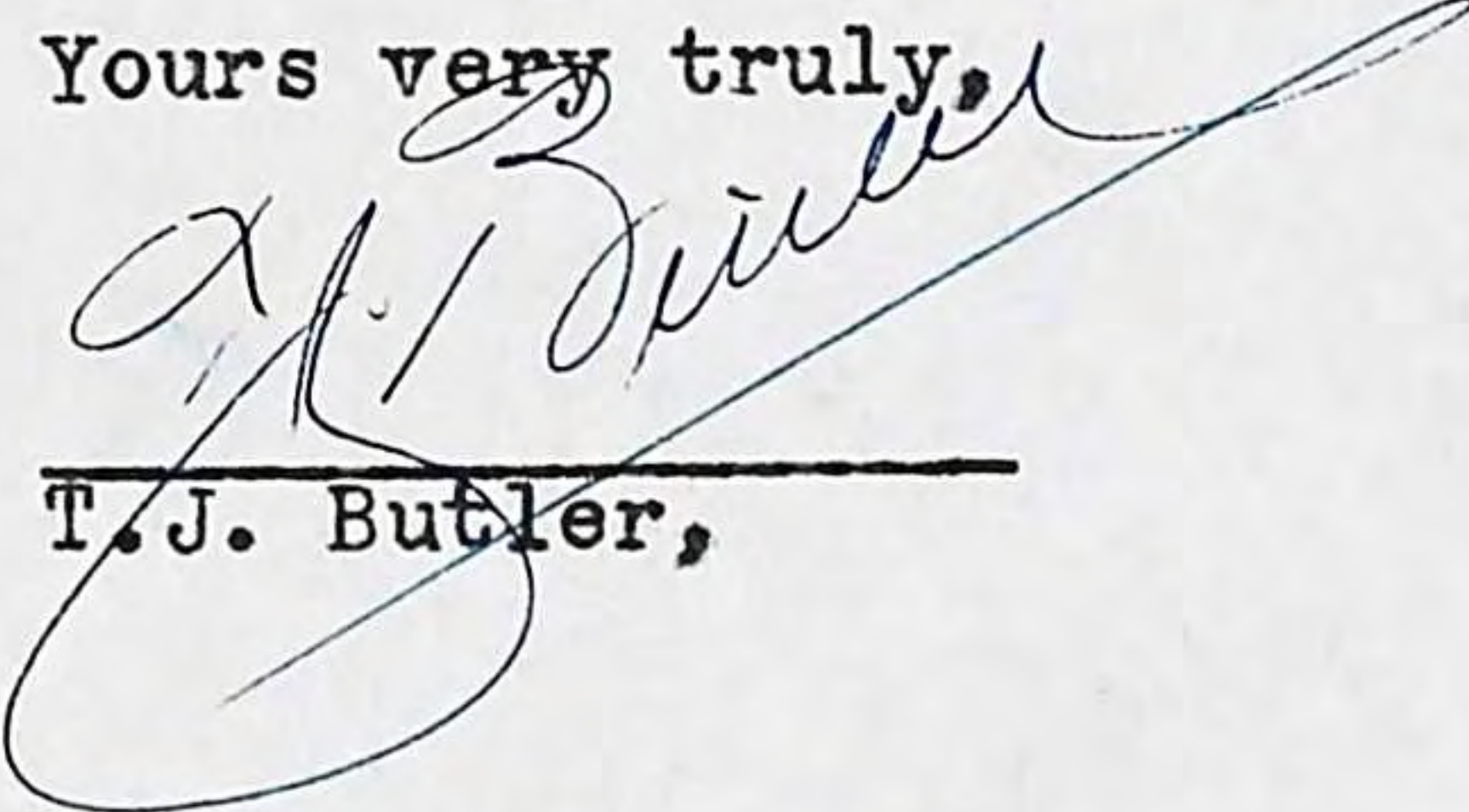
28th February 1946

Captain K.W. Rice,
c/o Paymaster-General,
Dept of National Defence,
Ottawa, Canada

Dear Sir:-

With reference to your letter of 13th February, file D-19119, in connection with my son, E-101694 Tpr. Butler, J.D. As father of my boy I took over all his obligations when he went overseas, with a verbal understanding between us, that he would reimburse me upon his return from his gratuities together with money he would earn when employed, consequently I would ask that your Department give my claim due consideration.

Yours very truly,


T.J. Butler,

TJB/MC

Pens.
32/2/46

Locate

D-19119

APPLICATION FOR WAR SERVICE GRATUITY BY
DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the undermentioned deceased member of the Canadian Army.

(a) Surname Butler
(b) Christian Names John Denis
(c) Regimental No. E-101694
(d) Rank at time of decease Trooper

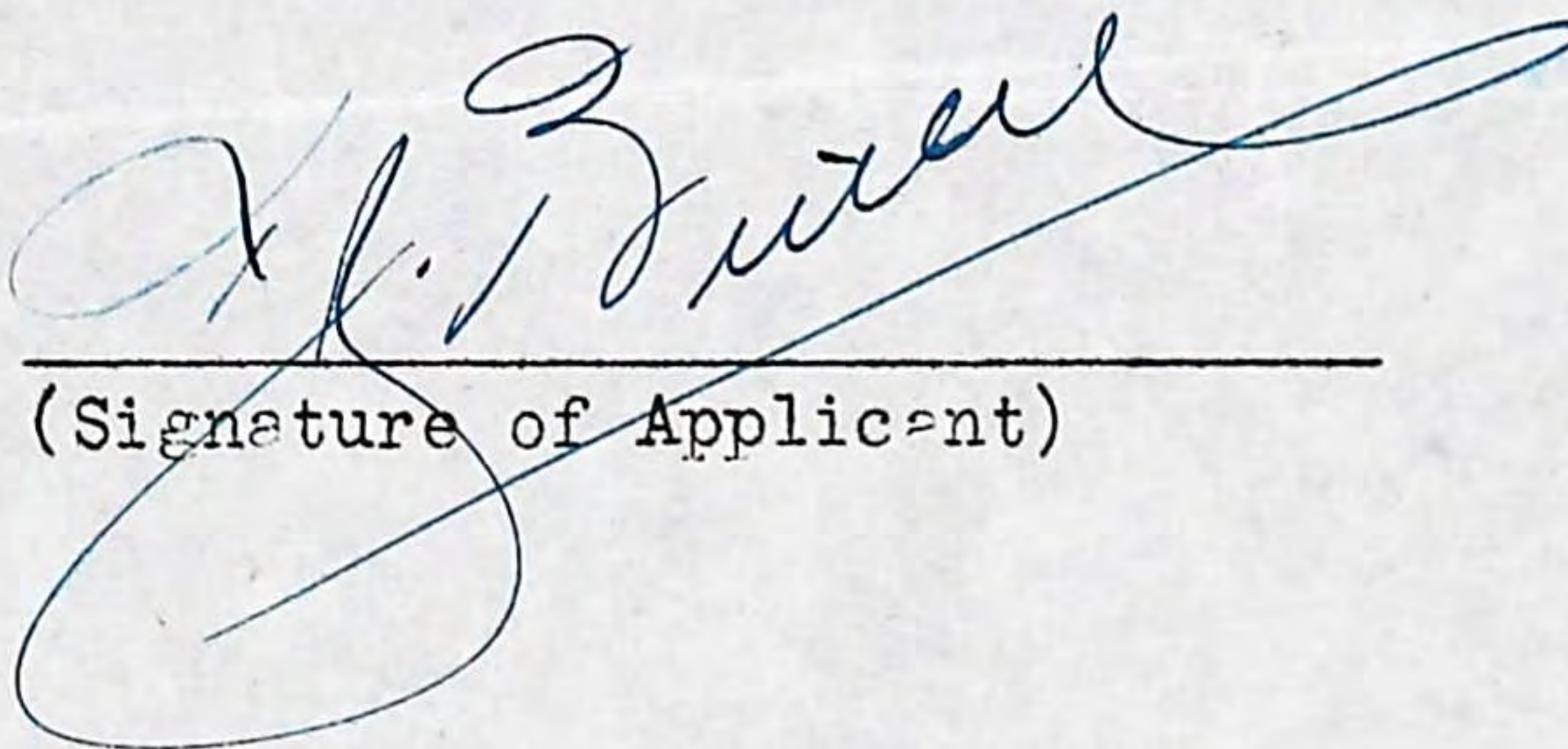
2. I hereby submit the following particulars in support of my application:-

(a) Surname Butler
(b) Christian Names Thomas Jos.
(c) Relationship to deceased Father

(d) Address in full 8 Cothran Drive, Isle Maligne, Que.

Yours truly,

Date January 1946


(Signature of Applicant)



Regis. No. 119119Nominal Roll No. 11536

To: P.M.G.

H.Q. File No. 405-B-24020

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>E 101694</u>	<u>Tpr</u>	<u>BUTLER</u>	<u>JOHN DENIS</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... Decensed CARO..... ()

2nd Enlistment..... CARO..... ()

3rd Enlistment..... ✓ CARO..... ()

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>9 OCT 43</u>	T.O.S.	T.O.S.
S.O.S. <u>4 MAY 45</u> MD <u>0/5</u>	S.O.S. MD	S.O.S. MD
Total Days..... <u>574</u>	Total Days.....	Total Days.....

Total Service 574 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>262</u>	<u>1</u>	<u>261</u>
Overseas Service.....	<u>312</u>	<u>nil</u>	<u>312</u>
Totals.....	<u>574</u>	<u>1</u>	<u>573</u>
Add Non-qualifying Service.....			<u>1</u>
Total Service.....			<u>574</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas. 4 MAY 45 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature Robert North (cm)Checker's Signature W. C. B. O. R.Date Computed 11 AUG 45

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


C. L. LAURIN,

Colonel, hmt
DIRECTOR OF RECORDS.

10-10-68

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Days	Total
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
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99	99
100	100



T.O.S..

.T.O.S.

..T.O.S.

S.O.S..

.S.O.S.

S.O.S.

[illegible]

CASUALTIES ONLY

For purpose of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D.19119

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 19th January 194 6

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

Service No. E-101694

Name J. D. BUTLER
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) Captain,
for Paymaster-General.
Name Amount

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

If no D.A. in issue, list names,
address and relationship of per-
sons in receipt of A.P. who may
be classed as Dependents under
W.S.G. Act, 1944, and amount of
monthly assignment.

Names, address and relationship
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.

2 / 2 194 6

[Signature]
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 _____

_____ for C.T.O.

**BATTLE CASUALTY
CASUALTY SECTION EXTRACT FORM**

This Space
is for
the
RED X
See Below

Message Received from21CAS/9162.....

Time Message Received.....

Date Message Received.....10 May 45.....

Theatre

AEF

Regimental No.	Rank	Name	Full Christian Names
E 101694	TPR	BUTLER	JOHN DENIS
Unit 1 ARMD CAR REGT			

SERIAL

570

CASUALTY PARTICULARS

KILLED 4 May 45

"A" 576

Hospital Admitted To.....Date.....
Hospital Transferred To.....Date.....
Hospital Transferred To.....Date.....
Hospital Discharged From.....Date.....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin...T. JOSEPH BUTLER... Relationship...FATHER...

4 COTHMAN DRIVE

ILE-MALIGNE

LAC ST. JOHN Co.

P.QUE

NOTE: If the Next of Kin resides in the British Isles or U.S.A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

Home TownSame.....

Cable No. 91687

Inland Tel. No.

17th May, 1945.

Mr. Joseph Butler,
#4 Cothrain Drive,
Ile Maligne, Quebec.

Dear Mr. Butler:

It was with deep regret that I learned of the death of your son, E102694 Trooper John Denis Butler, who gave his life in the Service of his Country in the Western European Theatre of War on the 4th day of May, 1945.

From official information we have received, your son 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.E. Walford),
Major-General
Adjutant-General.

*mem. + Maccher
21-5-45*

Rua

/EMA

WSE

8

FIELD SERVICE

In lieu of 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.

MBR
REGIMENT 1 Cdn Armd Car Regt (RCD) Squadron, Troop _____
OR CORPS _____ Battery or Company _____

Officer's Personal No (if known) E101694 Rank Tpr
Soldier's Army No _____

Surname BUTLER Christian Names J.D.

Date 4 May 45 Place Germany

Died X
Cause of Death Killed

Nature and Date of Report 3011c/60 5 May 45

By whom made 1 CACR

X
Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Place 161/291 sheet 2613 1/25 000 Negenburg G 4 Date 5 May 45

Burial
By whom reported Chaplain H.D. Cleverdon RCD

(a) in Army Book 64 NO

State whether he leaves
a Will or not

(b) as a separate document NOT REC'D

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 as to verbal expressions by 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 Belgium
Date 19 May 45

Signature of Officer [Signature] Capt
in charge of Section _____
Adjutant-General's _____ for Officer i/c
Office at the Base Cdn Sec 2nd Ech HQ 21 A Gp

8th June, 1945.

Mr. Joseph Butler,
#4 Cothrain Drive,
Ile Maligne, Quebec.

Dear Sir:

Information has now been received from the overseas military authorities that your son, E101694 Trooper John Denis Butler, was buried with religious rites in a temporary grave located at a point approximately eight miles South-West of Varel, Germany.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

R.
for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

/EMA

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OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER **E-101694** RANK **Trooper**

SERVICE UNIT **1st Armoured**

NAME **BUTLER, John Denis**

**Car Regiment (Royal Cdn
Dragoons) C.A.C. (C.A.).**

DATE OF BIRTH **17-5-24**

DATE OF ENLISTMENT **9-10-43**

MARITAL STATUS

Single

RELIGION

Roman Catholic

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

Father

NAME
ADDRESS
D.A.B.

Mr. Joseph Butler,

ADDRESS

**#4 Cothrain Drive,
Ile Maligne, Quebec.**

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS

(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

Canrecords - 9168A

H.Q. 405-B-24,020

CASUALTY DETAILS

Killed in action

DATE **4-5-45**

WESTERN EUROPEAN THEATRE OF WAR

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

YES/NO

M.F.M.5. ATTACHED TO
NOTIFICATION TO A. OF E.?

YES/NO

DATE **14-5-45**

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

O/S with AC B/L 4183

DIRECTOR OF RECORDS

5

COPY FOR C. R. FILE

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