E20545
MUNRO
EDWARD JOHN

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OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full MUNRO, Edward John. (b) Reg'l. No. E-20545
2. (a) Arm of service Army (b) Unit No. 5 Ord. Dep. Coy. (c) Rank Pte.
3. (a) Date of birth 15-6-1920 (b) Have you any dependents? no (c) Place of residence at time of enlistment Quebec. P.Q.
4. (a) Place of enlistment Quebec. P.Q. (b) Date of enlistment 16-9-1941

Section B—EDUCATION AND TRAINING

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

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No.

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

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

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

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

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

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

18. Name of employer Dominion Arsenal. Address Quebec. P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Munitions
20. (a) Your specific occupation General Labor. (b) Number of years' experience at this occupation with any employer 4½ yrs
21. (a) Did your employer definitely to give you employment on discharge? no (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? yes

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form N.A.

N.A.

DATE 23/3/1943 194..... SIGNATURE Ed Munro

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

DEPARTMENT OF NATIONAL DEFENCE

(Army)

Personnel Selection Reco

...rade Trainee)

...rm (if Non-Tradesman)

I. E-20545 (Regt. No.) Pte (Rank) Munro, Edward (Name (surname first)) A (A or R) 22 (Age) A-1 (Med. Cat.)

English (Main Language) ... (Other Language(s)) Quebec (Place (Unit) Interviewed) 10-11-42 (Date Interviewed)

II. Revised Examination "M" 101263 Quebec (Place Tested) 7-11-42 (Date Tested) J.T.Lamontagne, (By Whom) Capt.

92 (Total) VE (Group) Subtests 15 12 7 10 13 7 11 17 (1 2 3 4 5 6 7 8) Subtotals 34 23 35 (1–3 4–5 6–8) E (English or French)

Other Tests

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

12-7-43 R.O.S.

III. Educational Background Entered school at 5 and left at 12.
Completed about 4th grade in 7 years.

IV. Occupational Background Labourer at Dominion Arsenal.

V. Military Background Enlisted 16-9-41 with No. 5 Det R.C.O.C. T.O.S. as storeman. 1-6-42. Granted tradespay grup "C" 1-9-42.

VI. Other Personal History and Appraisal

Single. Lost his father when 2 years old.
Was brought up in an orphanage and had but little opportunity to learn.
Mother was left widower with 7 children, with practically no means.
Interested in hockey, softball, rugby.
Do not abuse liquors.
Quiet, steady young chap.
with above average natural intelligence
limited learning ability.
Poor mechanical disposition.
Fairly good emotional stability.

VII. Recommendations Suitable as Storeman. With R.C.O.C.

(Signed) J.T.Lamontagne, Capt.
Army Examiner

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

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

Basic Trg at No. 54 BTC. Attached to No. 5 Ord Depot Coy, RCOC, 30 Nov 43. Transferred to No. 5 Coy, RCEME 15 May 44. SOS to No. 1 Trg Bde Gp 23 Jul 44. (Auth: QS 0125 SCA d/14 Jul 44). Suitable, on completion of trg, for O/S service, CIC, operational, G.D.

Camp Debert, N.S.
8 Aug 44.
/US

Personnel Selection
Examination of Documents
Completed
O.K. AUG 28 1944
A E R.O.G.
1st Trg Bde DEBERT

R.O. Geddes
(R.O. Geddes) Lt,
Army Examiner.

SOS x x Unit 5025 25/1/45

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E 20545 RANK Private SERVICE UNIT North Nova

NAME MUNRO, Edward John Scotia Highrs. (C.)

DATE OF BIRTH DAY 15th MONTH June YEAR 1920 Date enlisted: 16-9-41

MARITAL STATUS Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Johanna Munro,

ADDRESS 122 Maisonneuve Ave., Quebec, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 7714A H.Q.405-M-14,669

CASUALTY DETAILS Killed in action. DATE 25-3-45

Western European Theatre of War.

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

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

DATE 9-4-45

Margaret Zink

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

R.P.

DUPLICATE

QMH Conf-M-90
C.A.

M.F.B. 371
300M—7-41 (1087)
H.Q. 1772-39-164

REPORT ON INJURIES

Other than Wounds Received in Action

1. Certificate to be signed by injured officer or soldier:

I, E/20545 (a) (number) Pte (b) (rank) Monroe. (c) (surname) Eddie. (Christian names in full)
No.5. Det. RCOC. Immigration. (d) (unit) hereby declare that the injury sustained by me
on the Aug.19-42 (e) (date of casualty) did~~xxx~~* did not* occur while I was in the performance of military duty.

× E. Munro
(Signature of officer or soldier)

Que.Mil.Hosp. 20-8-42
(station) (date)

2. (*a*) Description of injuries Bruises inside right hand.

(*b*) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? No.

(*c*) Whether admitted to hospital or sick in quarters? No.

(*d*) How long before initial treatment was given? Few hours after.

19-8-42
Date

Major.RCAMC/CA.
Signature of medical officer

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4):

Yesterday, August 19-8-42 I was playing soft ball.
I felt on my right hand. I reported few hours after to Q.M.H.
for dressing.

Major.RCAMC/CA

× E. Munro

*Strike out whichever is not applicable.

4. Statement of Commanding Officer:

(*a*) Was the individual in the performance of military duty? N.A.

(*b*) Nature of duty N.A.

(*c*) Was it incurred in a game or other form of physical recreation definitely organized with the approval of the unit commander? YES.

(*d*) If it was incurred on leave, was such leave with or without pay? N.A.

(*e*) Was anyone else to blame? No.

(i) Whom?

(*f*) Did the injury occur on military premises and if so in what part of such premises? N.A.

(*g*) Court of Inquiry:

(i) Has one been held?

(ii) Will one be held?

(iii) Date and place

Date 25-8-1942 Commanding (L.A. Lacroix) Major
O.C. No. 5 Ord. Depot Coy. RCOC (CA)

5. Remarks of District Officer Commanding or Division Commander:

Date

6. Received by N.D.H.Q.

7. Forwarded to D.P.N.H.

INSTRUCTIONS

1. This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving:

(*a*) death,

(*b*) absence from duty for 48 hours or more, or

(*c*) absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.

(*d*) in all accidents involving personnel whether there is evidence of injury or not.

2. A separate form is to be used in respect to each individual affected.

3. This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.

4. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.

5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

6. This form will be prepared in triplicate, one copy to be retained by the unit and the two other copies to be forwarded to N.D.H.Q., through the usual channels. Where a Court of Inquiry is held the copies to be forwarded to N.D.H.Q. will be attached to the proceedings.

SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

7. In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

8. An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Johanna Munro,
122 Maisonneuve Ave.,
Quebec, Que.

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-M-14,669 FD 230

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

1 May 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

ESTATES BRANCH
MAY 23 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

MUNRO Edward John, Pte.

E-20545 C.A.

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/BJH

Col.

Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased 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		None		
2	Children of the Deceased and dates of their Births		None		
3	Father of the Deceased		Charles Munro	42	Jan 7th 1923
4	Mother of the Deceased		Johanna Burke	67	122 Maisonneuve Quebec
5	Brothers of the Deceased	Full Blood	Alfred C. Munro	38	759 St. Cyrille
			Charles Munro	32	122 Maisonneuve
			Walter Munro	28	122 Maisonneuve
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Margaret Florence (Mrs. Wilfrid Dery)	34	209 Richelieu St.
			Margaret Ann (Mrs. John O'Hearn)	30	Ocean Falls B.C.
		Half Blood	None		

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
	Margaret Mary December 1939	None	None

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Edward John Munro
9	Date of his birth.	June 15th 1920
10	Place and date of his marriage.	———
11	Place and date of his parents' marriage.	Quebec

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Quebec
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec City (b) ——— (c) ——— (d) ———
14	Nature of employment before enlistment.	Dominion Arsenal – Palace Hill Quebec
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Quebec P.Q.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
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?	Nil
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.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$ 50.00 – Held by Army to be deducted off his pay – Finished April – 1945
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

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.	Killed in action overseas

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

(PLEASE TURN OVER)

DECLARATION

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

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

*Mother 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.

Mrs L. Munro — Signature of Informant

122 Maison Neuve St. Quebec PQ. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs J. Burke Munro

See above. {Name of informant} is the mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Quebec this 22nd. day of May 1945

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

Ernest Walters — Qualification Justice of the Peace

Address 185 - St Cyrille Quebec City.

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

Duplicate

ORIGINAL
DUPLICATE
TRIPLICATE

IDENTITY CARD
Checked E Card ✓ Observations
MADE
HANDED OUT
20 Oct 44

D

FINGERPRINTED AND PHOTOGRAPHED

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

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

Unit No. 5 Detachment R.C.O.C.(C.A.) Regimental Number E.20545

01 PTE

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

WSG COMPLETED

1. Surname: MUNRO
2. Christian Names: EDWARD JOHN
3. Present address: 122 Maisonneuve Ave. Quebec, City, P.Q.
4. Date of birth: 15-6-1920
5. Place of birth: Canada (Country) Quebec (County or Province) Quebec (Town or Township)
6. Religion (state denomination): Roman Catholic
7. Trade or Calling: Munitions Worker
8. Married, Widower or Single: Single
9. Name of next of kin: Mrs. Johanna Munro
10. Relationship: Mother
11. Address of next of kin: 122 Maisonneuve, Ave. Quebec Canada
12. Have you served in any Naval, Military or Air Force? NO
13. If previous war service, state arm, force and regimental particulars: N.A.
14. Do you now belong to or have you served in the Active Militia of Canada? Yes. 57th. Battery, R.C.A.(R.A.) from September 1940 to present date.
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Edward John Munro do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Witness:

Date 16-9-1941 R Kirkwood RSM. Edward J Munro (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Edward J Munro (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Quebec, P.Q. this 16th. day of September 19 41

(A.A. McDonald) Major, {Signature of Magistrate, Justice or Attesting Officer.

OC No.5 Det.R.C.O.C.(C.A.) {Office or Rank and Unit or appointment.

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

OHFC

5093
10
29NOV44
4
1
NOV44
1111121
4

Record of Service of MUNRO (Surname) EDWARD JOHN (Christian Names) Regimental Number E.20545

Qualifications

Military NIL

Business or Professional NIL

Trade or Civil Ammunition Worker

Technical NONE

Languages English

Educational Qualifications

High School or Collegiate NONE (years completed)

Graduation or Matriculation (specify)

*College NONE

*University St. Patricks High School Quebec. (6 Years)

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

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on appointment Having been attested is T.O.S. No.5 Det.RCOC	Pte.	16-9-1941	No.5 Det. RCOC (CA)	Quebec P.Q.	D.O. Part II 78	18-9-1941
		D.O.A. of No 5 Det. R.C.O.C (CA) & reported to No 5 Ordn. Depot Coy -	"	31-5-42	" "	"	" " 42	31-5-42
		T.O.S. No.5 Ord. Depot Coy. R.C.O.C.(C.A.) as storeman.	"	1-6-42	No.5 Dep. RCOC CA	"	" " 1	8-6-42
		Admitted to Quebec Military Hospital	"	17-6-42	"	"	" " 2	17-6-42
		Discharged from Quebec Military Hosp'l	"	24-6-42	"	"	" 3	26-6-42
		Granted Trade Pay Group "C".	"	1-9-42	"	"	" " 24	17-9-42
		Ceases to draw tradesmens's Rates of Pay Group "C"	"	15-4-43	do	do	do 113-#86	28-4-43
		Granted 14 days annual furlough from 29-6-43 to 12-7-43 both dates incl.	do	29-6-43	do	do	do #129	22-6-43
		Att. F.A.P. to CABTC No. 53 Lauzon P.Q. whilst attending Basic Training,	do	13-7-43	do	do	do #145	10-7-43
		Est attaché au CABTC 53 C/A pour toutes fins.	do	14-7-43	T.C.53	Lauzon	do 173	19-7-43
		Cesse d être attaché au CABTC No. 53 (C/A) et est affecté au CABTC No. 54 (C/A) MONTMAGNY P.Q. à compter de	do	31-7-43	do	do	182	29-7-43
		Att. to T.C.-54 f.a.p.	Pte	1 Aug.43	T.C.-54	Mont'y	D. O. No.91	2 Aug.43
		Granted 96hrs. leave from 1700hrs.	"	6Aug.43	"	"	" 96	7 Aug. 43

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

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

CERTIFICATE OF MEDICAL EXAMINATION

15426

Name in full ..... Munro Ed John. ..... Date ..... 10-9-41 .....

Part 1. Information obtained from the recruit.

1. Age ..... 21 .....

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

a. Rheumatism .... non .....
b. Tuberculosis ..... non .....
c. Bronchitis or asthma ..... non .....
d. Heart disease ..... non .....
e. Kidney or bladder disease ..... non .....
f. Gastro-intestinal ..... non .....
g. Rupture ..... non .....
h. Varicose veins ..... non .....
i. Flat or deformed feet ..... non .....
non

j. Nasal trouble non .....
k. Ear disease ..... non .....
l. Eye disease ..... non .....
m. Epilepsy ..... non .....
n. Nervous or mental disease ..... non .....
o. Syphilis ..... non .....
p. Gonorrhoea ..... non .....
q. Have you ever worn glasses? ..... non .....

Eddie Munro
(Signature of Recruit)

Examiner's remarks re above .....

nil

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

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

nil

2. Height ..... 5 ..... feet ..... 6 ..... inches.
3. Weight ..... 134 ..... pounds.
4. Complexion ... clair ..... Eyes .... bruns .....
Hair .... bruns .....
5. Development ..... ~~Good~~ ~~Fair~~ ~~Poor~~

6. Chest measurement—Girth on full expansion ..... 35½ ..... inches.
Range of expansion ..... 2½ ..... inches.
7. Vision, right .... 20-20 ..... left .... 20-20 .....
8. Hearing, right .... c.v. 20 ..... left .... c.v. 20 .....
9. Condition of mouth and teeth ..... bonne s .....
10. The abnormalities (congenital and pathological) found on examination are as follows .....

Urine, oreilles et reflexes normaux.

SEP 1 01941
X-RAY CHEST - NEGATIVE.

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

Special remarks when category lower than A .....

C. Guimont Capt. R. C. A. M.C. — President
Dr. P. V. Marceau — Member
C. Gelinas M. D. — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
11-10-41	Vaccination	13-7-44	T.A.B.T. W. Bourne Capt
11-10-41	T A B T	21-7-44	Pulhems reaffirmed.
22-11-41	3 cc sup'l wph		Y.O.B. P U L H E M S
16-4-42	1 cc sup'l wph	11-8-44	20 1 1 1 1 1 2 1
27-11-42	Cat A confirmed [illegible]		Lt Tomosky Cpl
19/12/42	Cat A Confirmed F Roy Capt Reaume	11-10-44	TYPHUS (3) mul Depeault Cpl
	Y.O.B. P U L H E M S		
19-7-43	20 1 1 1 1 1 1 1		H.Q. Staff.
			F. Roy Capt.
30.7.43	Tab. A' Boosters + Typhus		
14.8.44	Typhus 1		
20-8-44	" " } Ed. Shiers		
20-8-44	Schick-Neg		
29.10.44.	Revacc MMC.		

pension or compensation. If so give details.

Regtl. No. E-20545 Rank Pte Surname MUNRO Christian Name EDWARD JOHN

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

LV.

CASE HISTORY SHEET

QMH.Conf.M-90
C.A.

Hospital Militaire de Québec Ward 104-A

Regt'l No. E/20545 Rank Pte. Name MUNROE, Eddie

Unit R.C.O.C. Immigration. Completed years of service (Where and how long) 16 février, 1941 (A.F.) Québec

Date of admission 17 juin, 1942 Date of discharge Juin 23/42

Diagnosis Entorse cheville pied droit. Age 21

Complaint Douleur au cou de pied droit.

History, Examination and Progress Notes

ANT. HEREDITAIRES:

Père mort à 35 ans - Cause inconnue.

Mère âgée de 61 ans - en santé.

3 frères - 2 soeurs en santé.

2 soeurs - mortes en bas âge.

ANT. PERSONNELS:

Jamais été malade. Etat Civil: Garçon - Tabagisme

Pas d'éthylisme. Pas d'ant. vén. avoués.

MALADIE ACTUELLE:

En sautant d'une boîte, se tord le pied, immédiatement douleur, impotence et gonflement. Se rapporte et est envoyé à l'hopital. Ex.Subj. négatif. - Ex.Physique: Temp.98 - Pouls 70 - Poids 141 - Taille 5-6 - App. géen: Type brun, constitution vigoureuse. On note du gonflement du cou de pied droit avec douleur à la pression de la malleole externe. La marche quoique douloureuse est possible.

Yeux, nez, oreilles, gorge: S.P. - Poumons: S.P. -Coeur: B.A.115/95 - Abdomen: S.P. - A.génito urinaire: S.P. - A.nerveux: S.P. -

19/6/42 : Bande élastique autour du cou de pied.

21/6/42: Gonflement disparu. Marche aisément sans douleur.

23/6/42: Guéri - Peut partir.

TREATMENT Bandage serré.

(Especially any specific or special form)

CONDITION ON DISCHARGE Guéri

(and disposal made of case) Retour au travail.

Date Juin 23/42

Major RCAMC/CA

Medical Officer i/c case

O.C. Quebec Military Hospital.

M.F.B. 313a
1000M—1-42 (2874)
H.Q. 1772-39-439

Pour être fait en double exemplaire.
To be made out in duplicate.

M.F.M. 5 (Fr.)
100M — 8-39 (1702)
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DES TROUPES CANADIENNES DE CAMPAGNE

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans les troupes canadiennes de campagne.
This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
All questions, etc., must be completed.

(*c*) Les deux copies de la formule doivent être envoyées par le commandant de l'unité, dans le cas de chaque officier et chaque soldat, au payeur ou à l'officier agissant comme tel. Ce dernier enverra une copie par l'intermédiaire du Payeur du district ou du camp au Payeur en chef au quartier général de la Défense Nationale, Ottawa. L'autre copie sera retenue par le payeur jusqu'à ce que l'unité arrive outre-mer, alors que cette copie sera transmise au Payeur en chef à la Base Intermédiaire Canadienne Outre-mer.
Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Nom de l'officier ou du soldat MUNRO, EDWARD JOHN
Name of Officer or Soldier. (Nom de famille — noms de baptême en entier — majuscules moulées)
(Surname first — Christian names in full — Block capitals)

(2) Matricule E.20545
Regimental Number.

(3) Unité No.5 Detachment Royal Canadian Ordnance Corps (C.A.)
Unit.

(4) Etes-vous marié? NO
Are you married?

(5) Dans l'affirmative, donnez
If married, state,
(*a*) Le nom de votre épouse en entier N.A.
Full name of your wife.

(*b*) L'adresse postale actuelle de votre épouse N.A.
Present Postal Address of wife.

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? N.A.
If married, have you been regularly supporting your wife?

Si non — donnez-en les raisons N.A.
If not — state reasons.

(7) Etes-vous veuf? NO
Are you a widower?

(8) Avez-vous des enfants? NO
Have you any children?
Si oui, faites connaître le nombre des garçons et des filles N.A.
If so, give number of boys and girls.

Donnez aussi leur nom et leur âge N.A.
Also their names and ages.

(9) Si une indemnité d'absence est réclamée pour les enfants, dites si vous avez toujours pourvu à leurs besoins
If Separation Allowance is claimed in respect of children — state whether you have been regularly supporting them.
N.A.

Donnez des détails quant au tuteur auquel une indemnité d'absence devrait être payée — s'il existe une autorisation —
Give particulars of Guardian to whom Separation Allowance should be paid — if authorized —

Nom N.A.
Name.

Adresse postale N.A.
Postal Address.

[VOIR AU VERSO]
[SEE OTHER SIDE]

(10) Vivez-vous en union libre avec une femme — que vous avez toujours fait vivre et reconnue publiquement comme votre épouse?
Have you a common-law wife — whom you have been regularly supporting and publicly representing as you wife?

NO

Dans l'affirmative, donnez son nom en entier et son adresse postale
If so, state her full name and Postal Address.

N.A.

N.A.

(11) Est-ce que votre père vit encore? NO
Is your father alive?

Si oui, donnez son nom et son adresse N.A.
If so, state name and address.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien? N.A.
If your father is a Widower and is totally incapacitated from earning a living — are you his sole support?

(13) Si vous êtes le seul soutien de votre père qui est veuf, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne N.A.
If sole support of father who is a Widower — state what amount per month you have given him prior to joining the C.F.F.

Dites aussi pourquoi il n'a pas d'autres moyens de subsistance N.A.
Also state reason he has no other means of support.

(14) Est-ce que votre mère vit encore? YES
Is your mother alive?

Dans l'affirmative, donnez son nom et son adresse Mrs. Johânna MUNRO
If so, state name and address.

122 Maisonneuve St. Quebec, P.Q.

(15) Si votre mère est veuve, êtes-vous son seul soutien? NO
If your mother is a Widow, are you her sole support?

(16) Si vous êtes le seul soutien d'une mère veuve, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne.
If sole support of widowed mother — state what amount per month you have given her prior to joining C.F.F.

N.A.

Dites aussi pourquoi elle n'a pas d'autres moyens de subsistance
Also state reason why she has no other means of support.

N.A.

(17) Etes-vous assuré? NO
Are you insured?

Si oui, dites dans quelle compagnie? N.A.
If so, in what company?

Avez-vous pris les dispositions nécessaires pour le payement de votre prime d'assurance? N.A.
Have you made arrangements for payment of your Insurance Premium?

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 mensuel maximum qui peut être délégué.
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.
I hereby certify that the information given by me on this form is correct in each and every particular.

Edward Munro
(Signature de l'officier ou de l'homme)
(Signature of officer or man)

Date 17-9-1941

(A.A. McDonald) Major
Officier Commandant OC No.5 Det.R.C.O.C.(C.A.)
Officer Commanding

Date 18-9-1941

Regimental No. [redacted] Rank ..... Sheet No. .....

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

Name Munro. E. J.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
LoS 40 x 4 MST CIC	Pte	25 Jan 45	3 CITR.	UK	25	27 Jan 45
LoS.						
[redacted] UK NWE UKAG/25/13	Pte	26 Jan 45	3 CITR.	AFW 5169/	523	6 Feb 45
	"	26 Jan 45				
SOS. SOS. Killed Deceased killed in action	Pte.	25 March 45	N N St.	21 a Gp.	Land. A561. 27	4 March 45 6 Apr 45.
		25 March 45	NNSH.			

Statement of the Service of No. E/20545 Rank Pte Sheet No. 1

M.F.M. 1 & 2 (a)
700 M—8-39 (1637)
H.Q. 1772-45-18

Name MUNRO, Edward John

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Ceases att. to T.C.-54, being posted to No. 5 Ordnance Depot, R.C.O.C., Quebec, P.Q.	Pte	1 Sep.43	T.C.-54	Mont'y	D.O. No. 109	1 Sep. 43
		Cease to be att'd for all purposes to CARTC 54 Montmagny P.Q. on return to this Unit.	do	2-9-43	No. 5 Ord. Dep RCOC(CA)	De QUEBEC	Coy d.o. No.186	1-9-43
		Auth. to draw sub. allowance.	do	1-9-43	do	do	do No.193	10-9-43
		Proceeding on Command to Halifax N.S. for special duty. CANCELLED CANCELLED	do	22-9-43	CANCELLED D.O. 203 do	24-9-43	No. 200 CANCELLED	21-9-43
		Auth to draw the pay of $1.50 per diem	do	1-6-43	do	do	do No. 199	20-9-43
		Proceeded on Command to Montreal P.Q. Special Duty.	do	29-9-43	do	do	do No. 206	29-9-43
		Returned off Command from Montreal P.Q.	do	5-10-43	do	do	do No. 219	5-10-43
		Proceeding on Command to Matane Montreal, and Kingston Ont.	do	3-11-43	do	do	do No. 232	3-11-43
		Returned off command from Matane Montreal and Kingston.	do	20-11-43.	do	do	do No.248	24-11-43.
		Proceeded on command to Matane MontrealaNd Kingston Ont.	do	22-11-43	do	do	do No. 248	24-11-43.
		S.O.S. N°. 5 Ord Dep Coy RCOC (CA) on posting to No. 5 Ord Dep RCOC (CA).	"	30-11-43	do	do	do 252	30-11-43
		T.O.S. N°. 5 Ord Dep RCOC (CA) on posting from No. 5 Ord Dep Coy RCOC (CA).	"	1-12-43	No. 5 Ord Dep RCOC (CA)	Dep RCOC Quebec	do 1	1-12-43
		Returned off command from Matane Montreal & kingston Ont.	"	2-12-43	do	do	do 3	2-12-43
		Is attached to Arvida P.Q. for rations and Quarters.	"	21-1-44	do	do	do 15	20-1-44
		Having qualified for the award of the Canadian Volunteer Service Medla under the provisions of C.A.R.O. 3929 is entitled to wear the ribbon.	do	16-3-43	do	do	do 9	13-1-44
		Ceased to be att'd. to Arvida P.Q. for rations and quarters on return to this Unit.	"	10-2-44	do	do	do 28	10-2-44
		Auth to draw Subs. allowance.	"	10-2-44	do	do	do 33	17-2-44
		Entitled to wear Mars Badge.	do	1-6-43	do	do	do 47	8-3-44

Statement of the Service of No. E-20545 Rank Pte. Sheet No. 2

Name Munro E J

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		S.O.S. to No. 5 Coy R.C.EM.E. (CA) on transfer to R.C.EM.E.	Pte.	14-5-44	5 Ord Dep Rcoc (ca)		D.O. 98	19 5-44
		T.O.S. No.5 Ord,Dep, RCOC (CA) on trans, from RCOC,	do	15,May,44	No. 5 Coy, (CA)	RCEME Quebec.	D.O. 4	19,May,44
		Granted 5 days Emb. leave from 3,Jul,44 to 7,Jul,44	do	3,Jul44	do	do	34	3,Jul,44
		S.O.S. to No 5 D.D. Lauzon Que.	do	17,Jul,44	do	do	41	14,Jul,44
		TOS from No. 5 Coy RCEME	-	18jul.44	5DD	Lauzon	DO 171	19jul.44
		S.O.S. to No.1 TRG BDE GROUP (AUTH QS 0125 SCA d-14-7-44	Pte	23jul44	5 D.D.	Lauzon	D.O. 175	24jul44
		TOS TRG BDE GP		JUL 24 1944	TR BD GP		DEBERT 225	27.7.44
		S.O.S. ON TRANS. TO V.R.OF.C.	"	17-9-44	"	"	278	17-9-44
		T.O.S. VICTORIA RIFLES OF CANADA from No. 1Inf Trg Bn, DEBERT, NS	Rfn	18-9-44	VRC	Debert	274	19-9-44

25-3-45

AWARDS—CANADIAN ARMY (ACTIVE) M 1927

500M—FEB. 44 (8467)
H.Q. 1772-45-8

FILE NO. 405-M-14669

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
MUNRO, Edward John	E.20545	Pte.	Nth.N.S. Highrs.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star War Medal, 1939-45 CVSM & Clasp	3982. 4.4.50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Johanna Munro,

ADDRESS: I22 Maisonneuve Ave.,
QUEBEC,
Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Johanna Munro (ENGLISH)

1927
ADDRESS: 122 Maisonneuve Ave., Que., Que.,

(1)
MEMORIAL BAR
DATE DESP.....
REGN. NO 14466

(2)

(3)
DESP. MAY 5 1945
REGN No. 105-21

NO E.20545 Rank Private Name MUNRO, Edward John

Unit North N.S. Highrs. Date of death 25th March, 1945.

Died at Germany.

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-M-14669

N/K Mrs. Johànna Munro, Relashionship Mother

Address c/o Mrs. Herbert Cook, 189 Cremazie Street, ~~122 Maisonneuve Avenue~~, Quebec, P.Q.

Remains buried in 3 Cdn Div Temp Mil 048553 Rees sh 4204 R"B" G"4" Cemetery

CHK Germany.

Grave location

OVER

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 11, row E, plot 17.

HI & CR Form Despd. DEC 14 1946

Photographs
Despatched
JAN 9 - 1948

BURIAL REPORT TO N.K. JUL 29 1946

RETURN TO BUR. OF STAT. MAY 21 1945

ROYAL MESSAGE DESP'D. APR 18 1945

CAN. MESSAGE DESP'D. APR 28 1945

Temp B R sent to N K

10M-1-45 (M-4608)

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

WILL

M.F.M. 10
75M—5-40 (5241)
H.Q. 1772-39-1656

(1) I, Edward John Munro (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Quebec, in the County ~~District~~ of Quebec,

Province of Quebec, Labourer (Civil Occupation)

Regimental No. E 20545, Unit V.R. of C., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto My Mother

~~all to go my estate~~ E.M.

Mrs. C. Munro
122 Maisonneauve St.
Quebec City
Province of Quebec.

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

Nil.

(4) I appoint Mrs. W. G. Derry (Name) 219 Richelieu St. (Address) Quebec, City Quebec.

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

IN WITNESS WHEREOF I have hereunto set my hand this 24 day of October

1944.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Edward John Munro (Signature of soldier)

First witness sign here.

(5) Signature F. F. Wyllch.

Civil Address 134 Wellington St S.

Civil Occupation Hamilton Ontario

Second witness sign here.

Signature W. J. Hillock

Civil Address 5620 St. Dominique St., Montreal, Que.

Civil Occupation Office 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.

D. R. 10
FEB 1 1946

FORM No. 1

Register No..... Nominal Roll No.....

To: P.M.G. H.Q. File No.....

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
E 20545	PTE.	MUNRO	EDWARD. JOHN.

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Killed in Action ..... CARO ..... ( )

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

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 16 Sept 41.	T.O.S.	T.O.S.
S.O.S. 25 Mar 45 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1287.	Total Days	Total Days

Total Service ..... 1287. DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	1162.	Nil	1162
Overseas Service	1287	Nil	125
Totals	1287	Nil	—
Add Non-qualifying Service			Nil
Total Service			1287

EMBARKATION DETAILS:

1. Date S.O.S. Overseas T.O.S. 21 Nov 44. 25 Mar 45

2. Date S.O.S. Overseas 25 Mar 45

KILLED IN ACTION

REMARKS:

Computer's Signature ..... A W Mee Sgt

Checker's Signature ..... [illegible]

Date Computed ..... 19 July 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,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
			Nil		
				Total	—

Overseas: T.O.S. 21 Nov 44 T.O.S. — T.O.S.

S.O.S. 25 Mar 45 S.O.S. — S.O.S.

			Nil		
				Total	—

MILITIA BOOK M. 1

200M-10-43 (2344-5-4-3)
K.F. 92176—H.Q. 1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

Militia Book M. 1 (Part I) Revised 1-10-42
200M—10-43 (2343-6)
H.Q. 1772-39-1672
K.P. 92172-5

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

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

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

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

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

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

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

56357—1

M.F.M. 10 (Completed)
J Fiddes Capt

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. E-20545

Surname (in capitals) MUNRO

Christian Names (in full) EDWARD JOHN

Date of Birth 15-June-1920

Place of Birth Quebec - Que - Canada

Citizenship Canadian

Trade on Enlistment Labourer

Nationality of Father at Birth English

Nationality of Mother at Birth English

Religion R.C.

Enlisted at Quebec Que.

Date 16-Sep-1941

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

Signature of Soldier Edward John Munro

Signature of Officer J Fiddes Capt

Place Wolfville N.S. Date 2-Oct-44

(IV) NEXT OF KIN

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

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Deceased		
	Mother N.K	Mrs. E. Munro Johanna	2-Oct-44	122 Marguerite St. Quebec Que.
3rd	*Brothers and Sisters	(o) Mrs W.J. Dery	24 Oct 44	219 Richelieu St Quebec City Que.
		(o) Mrs J.O. McCann	24 Oct 44	Not known
		(o) Mrs C. Munro	24 Oct 44	122 Marguerite St Quebec City
		(o) Mr A. Munro	24 Oct 44	759 St Cecile St Quebec City Que
		(o) Mr W. Munro	24 Oct 44	122 Marguerite St. Quebec City Que.
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

NOW LIVING

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
16-9-41	Pte	with	D.O. #78	J Fidler Capt
18-9-44	Cdr	"	18-9-41	J Fidler Capt
			D.O. 274	

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

Completed Part I Infantry Trg. 30-Aug-43
No 54 C A (B) T.C. Montmagny P.Q.

P.T.O.

Date 30 Sep 44 Signed J Fidler Capt
TC or Unit VRC

Completed Part II Infantry Trg. 15 Sep 1944
1st trg Bn. Debert N.S.

Date 30 Sep 44 Signed J Fidler Capt
TC or Unit VRC

Civil qualifications of military value

Date Signed
Army Examiner

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Driver (type and class) etc. Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Completed Basic Training		
Completed Range Course		
Completed Field Firing Exercise	9 Jan 45	
Completed Range Course		

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
18-8-1944	Marksman	Rifle .303	Comp.	J Fidler Capt
4-9-1944	1st Class	L.M.G.	Comp	J Fidler Capt
6-9-1944	1st Class	S.M.G.	Comp.	J Fidler Capt
7-9-1944	2-RDS	2" MOR.	———	J Fidler Capt
7-9-1944	2-RDS	P.I.A.T.	———	J Fidler Capt
5-9-1944	4-RDS.	#36 GR.	———	J Fidler Capt
5-9-1944	1-RD.	#77 GR.	———	J Fidler Capt
27-10-44	6-RDS	#69 GR.	———	J Fidler Capt
27-10-44	1-RD.	#77 GR.	———	J Fidler Capt
30 Dec 44	1	RIFLE	appt II Pt I	
22 Dec 44	2	BREN	appt II Pt I	
3 Jan 45	2	STEN	appt IX	
16 Dec 44	Inst.	PIAT	1 HE, 2 P	
16 Dec 44	Inst	GRENADES	36-2, 77-2, 25 Drm	
22 Dec 44	Inst	2" MORTAR	2 HE, 1 SB.	

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., (Two lines may be used for each entry)	Place	Date	Signature of Officer
5-Yrs Public School	Quebec P.Q.	APR. 35	J Fiddes Capt

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Part II Order	Date	Signature of Officer
STOREMAN. R.C.O.C.	C	24	17 Sep 42	J Fiddes Capt

(XI) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
16 Sep 43	15 May 44	R.C.O.C. - STOREMAN	J Fidler Capt
15 May 44	17 Jul 44	R.C.E.M.E. Regtl Police	J Fidler Capt
17 Jul 44	17 Sep 44	Adv. Trg. Depot.	J Fidler Capt
17 Sep 44		Ben Coy STOREMAN	J Fidler Capt

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
11 May 44		Y.O.B. 20 / P 1 / U 1 / L 1 / H 1 / E 1 / M 1 / S 1		Med. Officer Capt

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
5·5·44	✓		1-C PROPH.	
12·7·44	✓		2-C PROPH	A L
2 Nov 44	✓		1F	[illegible] Capt.
2 FEB/45		✓		[illegible] Capt

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
T F Booth	17/1/45	[illegible]
Typhus ICC	14/3/45	[illegible]

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT (1)	11·10·41	
TABT (2)	22·11·41	
TABT (3)	16·4·42	
Ann. TABT	12·7·43	MWC
Ann. TABT	13·7·44	
Schick Neg.	20·8·44	
Typhus (1)	14·8·44	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
11·10 41	MWC
RE 29-Oct-44	MWC

(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
X. RAY NEG.	10-9-41	MWC
GAS. COMP. + D.M.	6-8-43	J Fidler Capt
AWARDED C.V.S.M	16-3-43	J Fidler Capt
EMB. LEAVE	——	J Fidler Capt
Typhus (2)	20·8·44	MW.
Typhus (3)	11·10·44	Chepeaud Capt
Night Vision A Good	15-11-44	M.F. McFarren Sgt.
Issued MFM 18V	30-11-44	[illegible]
Gas Chamber CAP.	9-1-45	[illegible]
3 RED SERVICE CHEV.	16-9-44	[illegible]

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

Signature of Officer.
Rank or Appointment.

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

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

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.

MILITIA BOOK M. 1

PART I

200M—10-43 (2343-6)
H.Q. 1772-39-1672
K.P. 92172-5

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your Next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

Reg. No. E-20545

Surname (Capitals) MUNRO.

Christian Names in full EDWARD JOHN

3/45A M.M. 510
40.1 &S/254 (8550)

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

District .....

Dispersal Area .....

Regtl No. E20545 Rank and Name MUNRO E.J. PTE.

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

(Transfer or Discharge) ..... on 25th Mar.45. 19 .....

Reason Death Authority : C.C.L."A" 561 d/4th Apl.45.

The following is a statement of the account of the above-named from 1st Mar: to 31st Mar: 1945. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	35	92
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ....days at .....$		
Assigned Pay	20	00			
Regimental Charges			Allowances (give particulars) .....days at .....$		
Public Stoppages (give particulars) :					
To Balance Cr { Free	62	42			
To Balance Cr { Deferred			By Balance Dr		
Total	82	42	Total	82	42

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

Remarks

A.P. $20.00 (M) Stopped eff Apl.45.

Compiled by A.Bell.

Checked by L Broughton

Certified correct E Anderson
for Chief Treasury Officer, Overseas

Dat 19 Sep.45. 19

MV

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... B-20545 Pte Munro E.J. ..... Dec'd .....

RECEIVED FROM ..... C.M.H. Qdn Section 2nd Echn 21 Army Grp .....

CHECKED BY ..... B-73775 Cpl Todd T.A. ..... DATE ..... 1 May 45 .....

AND ..... A-97590 Pte Groves W.H. .....

1	Red "I" Disc		
1	Military Missil		
1	Leather Wallet		
1	Membership Card		
1	CVSM & C.		

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

QUADRUPLICATE—with effects.

T.A. Todd Ch.l
.....
for OC 1 Cdn KSD

UNIT COMMITTEE OF ADJUSTMENT REPORT

APPROVED AND FORWARDED
Standing Committee of Adjust.
Cdn. Sec. 2nd Ech. HQ 21 A Gp.
APR 18 1945

INSTRUCTIONS

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

REPORT

No. E20545 Rank PTE Name in full MUNRO E J

*Deceased, *Missing, *Prisoner of War, *Interned. Date of Casualty 25 Mar 45

Unit North Nova Scotia Highlanders

Medical installation in which death took place (if applicable) N/A

Reinforcement Unit to which posted at time of death (if applicable) N/A

Name of Officer furnishing report R H BOWDEN CAPTAIN
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

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

B. WILL

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

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

C. CLOTHING AND EQUIPMENT (PUBLIC)

(a) *Was turned in to QM Stores.

(b) *There were no deficiencies.

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

CFA 151
40/P & S/1988 (6185)

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

D. PREFERENTIAL CHARGES

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

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

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

E. ORDINARY DEBTS

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

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

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

F. CREDITS

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

Nature of Claim	*Amount*
† NIL	

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

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

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

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

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

G. CASH RECEIVED AND PAID

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

H. SERVICE AND PAY BOOK

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

(*not forwarded by reason that .....

.....
Signature of Committee or President (A.A. Bowser) Capt

1 Apr 45
Date

North Nova Scotia Highlanders
Unit

8/55B CFA 339
40/P & S/3040 (7255)

No. 24842

CANADIAN MILITARY HEADQUARTERS

RECORDS OFFICE

CASUALTY REPORT

Name (in full) MUNRO, Edward John

No. E-20545 Rank PTE Unit N.N.S. HLDRS

Hospital (UK only) in which death took place, if applicable

RU (UK only) to which posted on admission to hospital

Casualty KILLED Date 25 MAR 45 List No. A 561 Place AEF

If PW or Interned; Number and Address

Previously reported Date

OIC R 5 Wing (Cas Sec)

NEXT OF KIN

1. Canada or U.S.A.—Yes/No (if No, complete No. 2)

2. Name (in full)

Relationship Address

3. Any relatives in UK from MFM 5, or any other source, including children born overseas. If none so state.

Date of marriage, if known

WILL, EFFECTS, ETC

1. No will here (or) will herewith dated Beneficiary (Relationship)

(Name) (Address) Executor

2. Bank account—name of bank, etc A/c No.

Address

3. Kit privately stored—name of custodian

4. Particulars of debts, remarks, etc

Date APR-9 1945

OIC R 3 Wing (Non-effective Pers)
for OIC Records,
CANADIAN MILITARY HEADQUARTERS

ORIGINAL — With will, if any to OIC Estates, CMHQ.
DUPLICATE — To file.

H.Q. 405-M-14669
(D.R. 2(C))

29th July, 1946.

Mrs. Johanna Munro,
c/o Mrs. Herbert Cook,
189 Cremazie Street,
Quebec, P.Q.

Dear Madam:

Information has just been received from overseas that the remains of your son, E20545 Private Edward John Munro, have been carefully exhumed from the original place of interment and reverently reburied in grave 11, row E, plot 17, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, 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.

/EMA

File No. 405-M-14669

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E-205745. Name MUNRO Edward John.

Rank on Discharge Pte. Date of Discharge 25-3-45

Authority for Discharge or Retirement Deceased

Served in:			Non-qualifying service
Canada	from 16-9-41	to 21-11-44	
	from	to	
United Kingdom	from 22-11-44	to 26-1-45.	
	from	to	
Italy	from	to	
Northwest Europe	from 26-1-45.	to 25-3-45	K/A.
----------	from	to	
----------	from	to	

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star O.K.

Defence Medal NE

War Medal 1939-45 O.K.

Canadian Volunteer Service Medal O.K.

with clasp O.K.

Verified by N. Menard

Date 17-10-46

Carded OCT 18 1946

HA 165

NO RIBBON DESPATCH

File No 405-M-14669

R E B U R I A L

NO E-20545

RANK Private

NAME Munro - E.J.

NAME OF CEMETERY Nijmegen Canadian Military Cemetery,

LOCATION OF CEMETERY 4 miles S.E. of Nijmegen, Holland.

GRAVE LOCATION Grave 11 Row E Plot 17

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

405-M-14669

EEB

CANADIAN MILITARY HEADQUARTERS

OVERSEAS CDN RECORDS OFFICE

P.A.

GRAVES REGISTRATION FORM

Name MUNRO, Edward John Place and Date of Birth Quebec, P.Q. 15 Jun 1920

Rank Pte. Regtl No. E-20545

Unit North Nova Scotia Highrs. Next of Kin Mother.

Address Mrs Johanna MUNRO
122 Maisonneuve Ave.,
Quebec, Canada.

PARTICULARS OF HOSPITALISATION

Date of Admission ..... Name and Location of Hospital .....

Diagnosis .....

PARTICULARS OF DEATH

Date of Death 25 Mar 45. Place of Death .....

Hrs .....

Cause of Death KILLED.

.....

.....

PARTICULARS OF BURIAL

Date of Burial 5 APR 45 Cemetery GERMANY 3 CDN DIV TEMP CEM 048553 REES SH 4204

Death Cert No. ..... Location of Cemetery .....

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

Religion R.C.

Date 31 OCT 45

(M. Bluteau) Capt.,
For Colonel, OIC Records,
CANADIAN MILITARY HEADQUARTERS.

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

8/29 CF A319
40/P & S/2987 (6705)

CANADA

QUOTE NO. HQ.405-M-14,669 FD.230

DEPARTMENT OF NATIONAL DEFENCE

ARMY
ESTATES BRANCH

OTTAWA, CANADA,

October 10th, 1945.

Mrs. Johanna(Munro) Burke,
122 Maisonneuve Ave.,
Quebec, Que.

MUNRO, Edward John, Pte., (Deceased)
No. E-20545, C.A.

Dear Mrs. Munro:

The final report concerning your son's estate, has now been received at this Department and for your information there is a balance of $62.42 standing to his credit in his pay account and $17.08 Income Tax rebate. These amounts are subjects to verification by the Treasury Department.

We wish to advise that we have now received your son's personal effects and these will be going forward to you in the course of the next few days in one parcel by registered mail.

Enclosed herewith is an inventory of the effects which are being sent to you. Immediately upon receipt of the effects, kindly check them against the inventory, sign it and return same to the Director of Estates, 308 Sparks St., OTTAWA, Ont.

If you have not already applied for your son's War Service Gratuity, then we would ask you to complete the enclosed form and return it to the Paymaster General, W.S.G. Branch, No.8 Temporary Bldg., OTTAWA.

As we will shortly be in a position to effect distribution of the funds in our hands, we would ask you to confirm your address.

Yours truly,

per Director of Estates.

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

EDM/PM
Encls.

BATTLE CASUALTY
CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from ....21/CAS/7970.....

.....

Time Message Received.....

Date Message Received.....2.4.45.....

Theatre AEF

Regimental No.	Rank	Name	Full Christian Names
E20545	PTE	MUNRO	EDWARD JOHN

Unit.....NNSH.....

SERIAL 732

"A" 561

CASUALTY PARTICULARS

KILLED 25 MAR 45

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. MRS JOHANNA MUNRO..... Relationship... MOTHER.....

.....122 MAISONNEUVE AVE QUEBEC

.....CANADA.....

.....

Home Town .....QUEBEC CANADA.....

Cable No. 7714A

Inland Tel. No. .....

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

IMPORTANT

Quebec. P. Q.

15-6-1920.

RC

M176 M231

Verification Clerks Signature

4/20A CFA 48
40/P & S/1568 (6847)

Leebee May 21st - 1945

Dept. of National Defence - Army.
Pay Master General
War Service Gratuity Branch
Room 1500 - New Army Building.
Ottawa - Ont.

D12821

Dear Sir -

Re- E - 20545 - Pte MUNRO - EDWARD J.

I hereby make application for the War Service Gratuity Act payments made to dependents of members of the Forces who have died.

My son, Edward, J. joined the Army in October 1941 and was killed overseas on March 25th 1945 -

If you can look into this matter as quickly as possible, I would appreciate it very much, as I was depending on part of his salary for my living. As of now, the only money I have to keep my home together is $48.00 monthly which the government allows me through my oldest son. You will judge for yourself that the sooner I get this money, the better it will be for me as I need it very badly.

I do hope that you will

look into this matter as
quickly as you can, and oblige
yours very truly.

Thos. L. Munro

RECEIVED
MAY
PAYMASTER
GENERAL
W.S.G. Branch

12th April, 1945.

Mrs. Johanna Munro,
122 Maisonneuve Avenue,
Quebec, Que.

Dear Mrs. Munro:

It was with deep regret that I learned of the death of your son, E20545 Private Edward John Munro, who gave his life in the Service of his Country in the Western European Theatre of War on the 25th day of March, 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.

/EMA

Mem. x Mother
17-4-45

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