E21949
HOLLANDS
FRANK

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

WILL

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M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, Frank Hollands (Name in Full), of the Town (City, Town, Village, Township)

Address in civil life.

of Riverbend, in the ~~County~~ District of Lake St. John,

Province of Quebec, Electrician (Civil Occupation)

Regimental No. E-21949, Unit 94th. Anti-tank Bty. R.C.A. C.A.S.F., 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 Mrs. Bessie Hollands
Riverbend
P.Q.
Canada
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 ..... (Name) ..... (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 25 day of July

19 40

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

Frank Hollands
(Signature of soldier)

First witness sign here.

(5) Signature George Moran

Civil Address 138 Christoph Colomb

Civil Occupation Clerck

Second witness sign here.

Signature Leo Paquet

Civil Address 5 Artillery St

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full HOLLANDS FRANK (b) Reg'l. No. E 21949
2. (a) Arm of service ARMY (b) Unit 94TH ANT-TANK BTY (c) Rank GUNNER
3. (a) Date of birth NOV. 20TH 1920 (b) Have you any dependents? (c) Place of residence at time of enlistment RIVER BEND
4. (a) Place of enlistment QUEBEC P.Q. (b) Date of enlistment 22 JUNE 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) 2 YRS HIGH SCHOOL
7. If you attended a university, give name of university and standing or degree secured NO.
8. (a) Did you ever enter upon a trade apprenticeship? ~~YES~~ (b) If so, for what occupation? ELECTRICIAN (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 2 YRS.
9. (a) What languages do you speak fluently? FRENCH - ENGLISH (b) What languages do you read well? FRENCH - 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? INTERNATIONAL PULP + PAPER UNION

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 PRICE BROTHERS LTD. Address RIVER BEND, P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NEWS PRINT
20. (a) Your specific occupation ELECTRICIAN (b) Number of years' experience at this occupation with any employer 2 YRS
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? — (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 (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? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

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

DATE MARCH 27TH 1941 SIGNATURE Frank Hollands

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No E.21949 Rank L/Bombardier Name HOLLANDS, Frank

Unit R.C.A. Date of death 8th June, 1944.

Died at France

Cause Killed in action.

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Death occurred on strength of Forces.HQ 405-H-5803 d 29-6-44

N/K Mrs. Bessie Richards Relationship Mother

Address Riverbend, P.Q.

Remains buried in Cemetery

Bretteville L'Orqueilleuse, MR 92507178, Sheet 37/16 WE

France.

Grave location

CHK

OVER-

DEATH CERT. TO N.K. JAN 25 1946

BURIAL REPORT TO N.K. NOV 24 1944

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D. JUL 15 1944

CAN. MESSAGE DESP'D. 6/7/44

REBURIAL

Beny-sur-Mer Canadian Military Cem.
Beny-sur-Mer, France.

Grave 3, row A, plot 4.

Photographs
Despatched
JUL 9 1947

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FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory
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: HOLLANDS (*Block letters*)

Given names: Frank

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: River Bend Lake

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Spain

11. DATE OF BIRTH: November (Month) 20th (Day) 1920 (Year)

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

OCCUPATION

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

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	Deceased	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 8th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance: ....19....

(b) Duration of disease: ....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of ....19....

State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide: Date: ....19....
(State which)

Manner of injury:
(How sustained)

Nature of injury:

Specify whether injury occurred in **industry, in home, or in public place**

Signed ....M.D.

Address **Date** **19**....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

Director of Records Dept. of National Defence

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OVERSEAS CASUALTY CANADIAN ARMY

NOV 24 1944

H05-4-3803

FIELD SERVICE

MBR

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

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: 3 A/Tk Regt. Squadron, Troop Battery or Company:

Officer's Personal No. (if known) Soldier's Army No.: E 21949 Rank: L/Bdr

Surname: HOLLAND Christian Names: F.

Died — Date: 8 Jun 44 Place: France

Cause of Death*: K/A BC

Nature and Date of Report: AFW 3014/33 d. 22 Jun 44

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

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

Burial — Place: Bretteville L'Orqueilleuse MR 92507178 Sh 37/16 WE Date: 9 Jun 44

By whom reported: C.F., Regina Rifles

State whether he leaves a Will or not — (a) in Army Book 64: not known - not rec'd

(b) as a separate document: not known

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

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

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

Station and Date: England 16 Jul 44

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

27

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Ottawa, 3rd July, 1944

Mrs. Bessie Richards,
Riverbend, Quebec.

Dear Mrs.Richards:

It is with deep regret that I learned of the death of your son, E21949 Lance Bombardier Frank Hollands, who gave his life in the Service of his Country in France on the 8th day of June, 1944.

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,

Major - General
Adjutant - General

JUN 30 1944

(H.F.G. Letson),
Major-General,
Adjutant-General.

GR/MM

10

COMPLETION AND RETURN BY

Form P. 64

Mrs. Bessie Richards
Riverbend, Que.

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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-H-5803 FD52

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

JULY 22 1944

ESTATES BRANCH AUG 7 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

HOLLANDS Frank Lance Bombardier E-21949

3rd Anti Tank Regiment R.C.A. (CA)

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.

for Director of Estates.

J/I.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		N. A.		
2	Children of the Deceased and dates of their Births		N. A.		
3	Father of the Deceased		S. H. D. Hollands	51	Died July 1935
4	Mother of the Deceased		Bessie Hollands	56	River Bend, Que.
5	Brothers of the Deceased	Full Blood	Lidney	33	
			Richard	22	Riverbend
			Leslie	20	
			~~Eileen~~		
		Half Blood	N. A.		
6	Sisters of the Deceased	Full Blood	Grace Margaret	32	
			Eileen	14	Riverbend
		Half Blood	N. A.		
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
			—		—

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ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Frank Hollands
9	Date of his birth.	19th Nov. 1920
10	Place and date of his marriage.	--
11	Place and date of his parents' marriage.	Levenport England

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Gibraltar
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 (b) Lake St John (c) (d) 13 years.
14	Nature of employment before enlistment.	Electricians Helper
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.	Canada

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Army Will
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	N. A.
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?	N. A.
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.	none
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.	no

(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.

.....Bessie Hollands..... Signature of Informant

.....River Bend, Que..... Address

CERTIFICATE

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

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.....River Bend, Que.....this.....5th.....day of.....August.....1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. .....C. S. Brett-Perring..... Qualification.....Clerk in Holy Orders

Address.....Staff House, River Bend, 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

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CANADIAN MILITARY HEADQUARTERS

No. 5329

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) HOLLANDS Frank

RANK L/Bdr No.E-21949 UNIT 3 Cdn. A/T Regt. RCA

HOSPITAL (U.K.only) In which death took place, if applicable

R.U. (U.K.only) to which posted on admission to Hospital

CASUALTY Killed DATE 8 Jun 44 LIST # "A" 458 PLACE A.E.F.
(If ex U.K.specify theatre)

If P.O.W. or INTERNED, number and address

PREVIOUSLY REPORTED DATE

(L.S.APPLEFORD) Major
Officer i/c R.5 Wing Cas.Sect.

NEXT OF KIN

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1. CANADA or U.S.A. - YES/~~NO~~ (If NO, complete No.2)

2, NAME, in full

RELATIONSHIP ADDRESS

3. ANY RELATIVES IN U.K. From M.F.M.5 or any other source, including children born overseas. In NONE, so state

4. 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

address

4. Particulars of DEBTS; REMARKS, etc.

Date JUL 27 1944

(B.E.WILLAN) Capt.
Officer i/c R.3 Wing Non-Effectives
for Officer i/c Records
CANADIAN MILITARY HEADQUARTERS

Original - with Will, if any, to O.i/c Estates, C.M.H.Q.
Duplicate - to file.

File Copy

H.Q. 405-H-5803

Quote No.....(Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,
27th June, 1944

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

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National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. E-21949 Rank L/Bdr.

Surname HOLLANDS

Christian Names Frank

Nature of Casualty Killed in action

Date of Casualty 8-6-44

Address at time of enlistment St.John, Que.

Date of Enlistment: 22-6-40

Date of Birth 20-11-20

Marital Status (On enlistment) Single

Marital Status (Present) Single

Occupation Electrician

Name and address of Next-of-Kin Mrs. Bessie Richards, Riverbend, Quebec.

GR/MM

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

pgh

Form No. 1

710

Register No. D85

Nominal Roll No.

H.Q. File No. 405-H-5803

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
E21949	L/BDR	HOLLANDS	FRANK

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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. 22 JUN 40	T.O.S.	T.O.S.
S.O.S. 8 JUN 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1448	Total Days	Total Days

TOTAL SERVICE 1448 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	471	—	471
OVERSEAS SERVICE	977	—	977
Totals	1448	—	1448
Add Non-qualifying Service			—
TOTAL SERVICE			1448

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 8 JUN 44

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION
8 JUN 44.

Computer's Signature [illegible]

Checker's Signature John E Gustas

Date Computed 5 Dec 44

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

21

L Laurin Capt

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

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
				TOTAL	

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OVERSEAS

T.O.S. 6 OCT 41 T.O.S. .... T.O.S. ....

S.O.S. 8 JUN 44 S.O.S. .... S.O.S. ....

				TOTAL	

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

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

District.....

Dispersal Area.....

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Regtl No. E.21949 Rank and Name Hollands F. L/Bdr.

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

(~~Transfer~~ or Discharge)..... to..... on 8th June 19 44.

Reason Death. Authority: C.C.L. "A" 458 d/22nd. June 44.

The following is a statement of the account of the above-named from 1st June to 30th June 19 44. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	36	43
First Monthly Payment			Regimental Pay 30 days @ $ 1.60	48	00
Casual Payments			Tradesmen's Pay days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay	20	00	Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars):			Cash effects J.V. 478	4	92
To Balance Cr Free	69	35			
Deferred			By Balance Dr		
Total	89	35	Total	89	35

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

Remarks:

Assnd. Pay of $20.00 (M) stopped eff 1st July 44.

69 35
4 92
64 43

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

Compiled by J.R. Murray.

Checked by E. Wright

Date 6th January 19 45.

Certified correct H. C. Wentworth
for Chief Treasury Officer, Overseas

P.H.

25M-12-44 (6215)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Frank (CHRISTIAN NAMES) HOLLANDS (SURNAME)

REGISTER NO. D-85
FILE NO. 405-H-5803
DATE 26-4-45
SERVICE NO. E-21949
FINAL RANK OR RATING L/Bdr.
DATE OF DISCHARGE 8-6-44

PAYEE Mrs. Bessie HOLLANDS-RICHARDS,
ADDRESS Riverbend,
Lake St. John - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 8-6-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1448/30 EQUAL TO 48 COMPLETE PERIODS AT $7.50	360.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 977 LESS 8 INELIGIBLE DAYS, EQUAL TO 969 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	242.25
	602.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.60; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $; $	
TOTAL $ 2.85 X7 = $ 19.95; NO. OF DAYS 977/183 X$ 19.95	106.51
D. WAR SERVICE GRATUITY	708.76
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	708.76

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
APR 30 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
KIM		Eileen J. McKeen	2/5/45

25

SERVICE REPRESENTATIVE

405-H-5803

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME HOLLANDS, Frank

RANK L/Bdr.

UNIT 3 Cdn A/T Regt. R.C.A.

PLACE & DATE OF BIRTH GIBRALTAR SPAIN 20 Nov. 1920

REGIMENTAL NO E-21949

NEXT OF KIN & ADDRESS MOTHER

Mrs. Bessie Manton HOLLAND.

Riverbend Lake, St. John. Que. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

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PARTICULARS OF DEATH

DATE OF DEATH 8 Jun 44.

PLACE OF DEATH FRANCE

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 9 June 44

CEMETERY Bretteville L'Orgueilleuse In courtyard of Vice Mayor's house MR. 92507178 "Thaon Sheet" 1/25000 37/16 N.E.

PLOT NO. ROW NO. GRAVE NO. 10

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION Church of England.

DATE 13 Sept 45

A R Dillon Capt

(M. BLUTEAU) CAPT.
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS,

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

31

H.Q. 405-H-5803
(D.R. 2(C))

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25th January, 1946.

Mrs. Bessie Richards,
Riverbend, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, E21949 Lance Bombardier Frank Hollands, have been carefully exhumed from the original place of interment and reverently re-buried in grave 3, row A, plot 4, of Beny-sur-Mer Canadian Military Cemetery, Beny-sur-Mer, France. 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.

K.J.D.

Yours faithfully,

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

/EMA

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File No 405-H-5803.

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E-21949. Name HOLLANDS. FRANK

Rank on Discharge L/Bdr. Date of Discharge 8-6-44.

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 22-6-40	to 5-10-41		
	from	to		
United Kingdom	from 6-10-41	to 2-6-44		
	from	to		
Italy	from	to		
Northwest Europe	from 6-6-44	to 8-6-44 K/A.		
---	from	to		
---	from	to		

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Eligible for award of:

1939 - 45 Star OK ✓

~~Italy Star~~

France-Germany Star OK ✓

Defence Medal OK ✓

War Medal OK ✓

Canadian Volunteer Service Medal OK ✓ pd

with clasp OK

M

Verified by N. Menard

Date 18-7-46

Carded JUL 23 1946

HA 165

NO RIBBON DESPATCH

E-21949
HOLLANDS
314-

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

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.

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INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the 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 this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

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.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
10 Feb 44	✓		PE 2F	H H Grey Capt

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(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

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Regtl. No. E-21949

Surname (in capitals) HOLLANDS

Christian Names (in full) Frank

Date of Birth 20/11/20

Place of Birth Gibraltar, Spain

Trade on Enlistment Electrician

Nationality of Father at birth English.

Nationality of Mother at birth English.

Religion C of E

Enlisted at Quebec, P.Q.

Date 22/6/40

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

Signature of Soldier ~~F. Hollands~~

Signature of Officer DC Barker Capt.

Place Field Date 16.3.43

(II) 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			
	Mother	Mrs A.A. Richards		Riverhead, P.Q.
3rd	*Brothers and Sisters	Mrs C.W. Lawes		Riverhead, P.Q.
		Mr. Lid Hollands		" "
		Mr. Leslie Hollands		" "
		Miss Eileen Hollands		" "
4th	Other Relations (stating) relationship)			

*State whether brothers are older or younger.

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NOW LIVING

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(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
22/6/40	Gnr	Lieut.	122/40	[illegible] Capt.
10/7/43	A/Bdr	Acting	34/43	[illegible] Major
10 Oct 43	L/Bdr	Sgt.	48/43	[illegible] Major

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

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

.....

.....

.....

.....

.....

.....

.....

.....

Qualified in addition as under :—

.....

.....

.....

.....

.....

.....

Date.....

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
31/7/43	2nd Class.	RIFLE	[illegible]

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(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
1 yr High	Riverbend, P.O.		D.C. Brooks Capt

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(VIII) TRADE RECORD

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

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
22/6/40		Gun number	D C Barby Capt.

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

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(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
24/6/40	A	Medical Board X-Ray of Chest neg. Ears, Urine, reflexes normal	D C Barby Capt.

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(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB I	4/7/40	
II	11/7/40	
III	2/8/40	
TCG I	4/7/40	
II	2/8/40	
TABO 1/2 cc	29/12/41	
TABA 1/2 cc	29/12/42	
TABT 1/2 c.c.	14.11.43	
Typhus 1/2 cc	11.1.44	
" 1/2 cc	17.1.44	
" 1 cc.	31.1.44	
" 1 cc	11-5-44	

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(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
4/7/40	
31 Jan. 44 (take)	

(XVI) 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
Landing Leave	20/10/41	
P.L. FTW	5/2/42	
"M" Test Complete	23/2/42	
"Q" Card Complete		
PL FTW	8/6/42	
PL FTW	19/10/42	
PL FTW (14 days)	29/3/43	
PL FTW	3/7/43	
PL FTW. 12-22 Oct 43		
PL FTW 20-29 JAN 44		
C.V.S.M. W/C	15/1/44	P7 Christie Lt.
4 Service Stripes	27/5/44	P7 Christie Lt.

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FINGERPRINTED—CAIB

8-6-44
(O.C.L.-521)

AWARDS—CANADIAN ARMY (ACTIVE) (1636) M

M.J.A.
500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-H-5803

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
HOLLANDS,	Frank	E.21949	L/Bdr.	R.C.A.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

COPIED Archives

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France & Germany Star	
Defence Medal	
War Medal	
C.V.S.M. & Clasp	
	5722

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Bessie Hollands (Mother)

ADDRESS: RIVERBEND, Que. May-45

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MEMORIAL BAR

(1) DATE DESP.

REGN. NO. 4606

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Bessie Hollands, (ENGLISH)

(1636)

ADDRESS: RIVERBEND, P.Q.

(3)

DESP. OCT 16 1944

REGN No. 3239

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SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit 94th. Anti-tank Bty. R.C.A. ~~C.A.S.F.~~ A.F. Regimental Number E-21949

1. Surname HOLLANDS
2. Christian Names Frank
3. *Substantive Rank and Appointment L/Bdr
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Gibraltar Spain
5. Date of birth as declared on attestation 21 Nov 1920
   (A)
6. Date of enlistment 22nd. June 1940
7. Place of enlistment Quebec P.Q. Canada
8. Residence at time of enlistment Riverbend Lake St John 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 C. of E.
12. If married, state date
13. Trade on enlistment Electrician
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: R C A

Unit (Battn., etc): 3 A T R Regt

(18) Medical

Category	Date	Authority
A	24.6.40	M.D. No. 5

(19) Next of kin (entries to be made in pencil)
Mrs Bessie Hollands - Mother
Riverbend Lake
St John Que.

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

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

(a) Report		(b)	(c)	(d)	(e)		(g)
Date	From whom received	Unit	Record 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
		3ATR	S.O.S. C.A. Canada (embarked)		5-10-41	Pte	Part 2 #3 22-10-41
			T.O.S. C.A. Overseas (disembarked)		6-10-41		2 #3 22-10-41
2 Nov 41	O.C	"	Granted L L	Halifax	24-28 Oct 41	"	Pt 11 # 4 2 Nov 41
21 Feb 42	"	"	Granted P1 FTW (7 days)	U.K	5-12 Feb 42	"	D.O 12 d/12 Feb 42
11 Jun 42	C.R	"	P2 FTW 7 days	U.K	8 Jun 42	"	Pt 11 week 39 d/18 Jun 42
15 Oct 42	"	"	F3 9 days P.P	U.K	15 Oct 42	"	65 d/15 Oct 42
			Granted Daily Rates of Pay of $1.50 per diem	U.K	1 Jan 43	"	15 d/31 Mar 43
			16 days P2 to 11 Apr 43	U.K	26 Mar 43	"	18 d/24 Apr 43
7 Jul 43	"	"	9 days P1 to to 11 Jul 43	U.K	2 Jul 43	"	31 d/16 Jul 43
23 Jul 43	"	"	to be H/L of Pte	U.K	18 Jul 43	H/L/Pte	34 d/6 Aug 43
			to be L/Bdr	U.K	10 Oct 43	L/Bdr	48 d/18 Nov 43
			Awarded Canadian Volunteer Service Medal and Clasp		15 JAN 44		D.O 5
			AWD 1 GC BADGE		22 Jan 42	"	4 d/28 Jan 44
9JUN44	CR	3 ATK	SOS DECEASED KILLED IN ACTION	UK	8JUN44	L bdr	28 d/24 JUN 44

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File No 405-H-5803

REBURIAL

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NO E.21949

RANK L/Bdr.

NAME HOLLANDS, F.

NAME OF CEMETERY Beny-sur-Mer Canadian Military Cemetery

LOCATION OF CEMETERY Beny-sur-Mer, France.

GRAVE LOCATION Plot 4, Row A, Grave 3.

AUTHORITY 54-27-88-2 Vol. 19.
Reburial list.

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Received NOV 4 1941 Checked E Ward P ✓ Card ✓ Observations

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

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 94th. Anti-tank Bty. R.C.A. ~~C.A.S.F.~~ A.F. Regimental Number E-21949

CANADIAN ACTIVE SERVICE FORCE

01 GNR

ATTESTATION PAPER

1. Surname HOLLANDS
2. Christian Names FRANK
3. Present address Riverbend Lake St. John P.Q. Canada
4. Date of birth Nov. 20 - 1920
5. Place of birth Spain (Country) (County or Province) Gibraltar (Town or Township)
6. Religion (state denomination) C. of E
7. Trade or Calling Electrician
8. Married, Widower or Single Single
9. Name of next of kin Mrs. Bessie Manton Hollands
10. Relationship Mother
11. Address of next of kin Riverbend Lake St. John P.Q. Canada
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars Nil
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

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DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 22nd June 1940 Frank Hollands (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Frank Hollands (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 22nd day of June 19 40

N R [illegible] MAJOR — Signature of Magistrate, Justice or Attesting Officer.

O.C. 94TH ANTI-TANK, BTY. R.C.A. C.A.S.F. — Office or Rank and Unit or appointment.

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

FINGERPRINTED

Record of Service of HOLLANDS (Surname) FRANK (Christian Names) Regimental Number E-21949

QUALIFICATIONS

Military: NIL

Business or Professional: NIL

Trade or Civil: Electrician

Technical: NIL

Languages: English and Frenhh

EDUCATIONAL QUALIFICATIONS

High School / ~~XXXXX~~ Collegiate: 1year (years completed)

~~Graduation~~ / ~~Matriculation~~: (specify)

~~*College~~:

~~*XXXXX~~ University:

Riverbend Intermediate School. Riverbend P.Q. Canada

*(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
2303	—	Joined on appointment						
25-6-40	Partll Order No.122	As gunner	Gnr.	22-6-40	94th.A/T Bty.	Quebec	No.122	25-6-40
28.9.40	R.O.699	Gr. Furlough.	"	18.12.40	RCA CASF	"	" 193	19.12.40
		Occupational Hist. form completed	"	27-3-41		Debert		
		Granted Embarkation leave	"	6-7-41			123	4/7/41
		S.O.S. C.A. Canada (Embarked)	"	5/10/41	"	Halifax	Pt. II #3	22/10/41
		T.O.S. C.A. Overseas (Disembarked)	"	6/10/41	"	Liverpool	" #3	22/10/41
		Landing Leave	Gnr	24/28 oct 41	3A/TK Rgt	UK	4	2NOV41
		Prio Leave No Warrant	Gnr	5/12 Feb 42	3A/TK Rgt	UK	12	21 Feb 42
		Prio Leave F.T.W. P.2	Gnr	8/15 June 42	3A/TK Rgt	UK	39	18 June 42
		Prio Leave to 24 oct 42 (MA)	Gnr	15 oct 42	3A/TRgt	UK	65	22 oct 42
		Pay increased to $1.50	Gnr	1 Jan 43	3A/Tk	UK	16	31 March

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full HOLLANDS Frank Date 24-6-40

Part 1. Information obtained from the recruit.

1. Age 19 2. Have you ever suffered from any of the following diseases?

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

Frank Hollands
(Signature of Recruit)

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Examiner's remarks re above

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

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

2. Height 5 feet 5¾ inches. 3. Weight 122 pounds.

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

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 2 inches.

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

9. Condition of mouth and teeth good

10. The abnormalities (congenital and pathological) found on examination are as follows
Reflexes urines normals.

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

Special remarks when category lower than A

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
25 JUIN 1940	X-RAY CHEST - NEGATIVE	28/12/42	T.A. B.T annual
4/7/40	Small pox		
4/7/40	Lab I		
4/7/40	Det I		
11/7/40	Lab II		
2-8-40	Lab III Tetanus toxoid 2		
	[illegible]		
24-2-41	Re examined		
	HT. 5' 5¾"		
29.12.41	T-A-B-T annual		

Regtl. No. E-21949 Rank Gunner Surname HOLLANDS Christian Name FRANK

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				
Dehart. Military Hosp.	5-4-41	5	4	41	12	4	41	Influenza	8	Recovered. Returned to unit	M J Cashman

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

Appendix "C" to Court of Inquiry
12-[illegible] W. F. McMullen Capt. Pres.

M.F.B. 371
100M — 3-41 (9717)
H.Q. 1772-[illegible]164

REPORT ON WOUNDS, INJURIES, SICKNESS OR DEATH

(To be rendered to N.D.H.Q. in Duplicate)

See "NOTES" on reverse side.

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1. Regimental No. E21949 Rank Gnr.

Name Frank (Christian names) Hollands (Surname)

Unit 94th Battery 3rd Anti-tank Reg't RCA (Title in full) {AF ~~P.F.~~ ~~C.A.S.F.~~ ~~N.P.A.M.~~}

2. Nature of casualty sustained Laceration Scalp General Shakeup

at (place) St Peters C.B.I. (date) June 27th/41 (time) 1820 hrs.

3. First reported to 13th Field Regt. R.C.A. (AF)

at (place) Grand Anse (date) June 27th/41 (time) 1900 hrs.

ACTION TAKEN (up to time of referring to higher authority) Elastoplast dressing strip applied to scalp wound after cleansing

4. Is injury or disability serious (or trivial) Trivial

Signature [illegible] Capt. RCAMC M.O.

5. Has a Court of Inquiry been held No Date
(Attach statement explaining any delay)

6. List of Witnesses (Attachments A, B, C, etc.)
Separate attachments for each witness marked as above will be forwarded including one from the M.O. who first attended the officer or soldier.

7. Certificate by Commanding Officer: —

(*a*) (i) Was officer or soldier on duty at time of casualty? yes

(ii) If so, indicate what duty he was performing occupant of 15 CWT Lorry in convoy on manoeuvers

(*b*) Is the injury, etc., considered as directly attributable to Military Service as such? yes

(*c*) What were the particular service conditions which caused the injury, etc.? on duty in truck of convoy on manoeuvers

(*d*) Was the injury, etc., due to negligence —

(i) On the part of the injured? No

(ii) On the part of another individual or individuals? Civilian occupants of truck which passing a stopped convoy struck yes

(iii) What was the nature of the negligence? Recklessness on part of civilian driver of truck in disregarding orders of Army pickets posted for such occasions. Pulling out into the face of oncoming convoy

[illegible] (Signature) Lt. Col.

Place O.C. O.C., 3 A/TANK REGT., R.C.A.C.A.S.F.

Date 19

P.T.O.

7

8. Certificate by Officer or soldier: —

I have read the foregoing and have no remarks to make.

Place Debert Military Hosp. Frank Hollands (Signature)

Date June 28th 1941 Gnr (Rank)

9. Remarks by District Officer Commanding (Formation Commander) —

.....

.....

.....

..... (Signature)

Place .... Rank and Appointment

Date .... (Formation)

10. Received at National Defence Headquarters —

Date .... (Signature) — Staff Officer

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11. Forwarded to Canadian Pension Commission —

Date .... (Signature) — Staff Officer

NOTES: (i) All paragraphs not applicable will be entered "N.A."

(ii) Where a Court of Inquiry has been held, this report must accompany the proceedings. In such case the attachments called for in para. 6. will not be required.

(iii) Where no Court of Inquiry has been held, the necessary details in this report must be sufficiently complete so that the report can be used in the future when it is no longer possible to obtain additional evidence.

CFA 187
40/P & S/2180 (4066)

Case 125-2
14/11/44

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME H-21949 L/Bdr. Hollands, F. (Dec'd)

RECEIVED FROM Cdn Sec G.H.Q. 2nd Echelon, 21 Army Gp.

CHECKED BY H-195540 Pte. MacKinnon, A.E. H-37449 Sgt. Cathcart, M.O. DATE 13 Jul 44

1	Leather Wallet	
1	Photographs	
1	M.F.M.88 R	6/12/44 returned 1 Rcl (RM) no letters to Bassart

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

TRIPLICATE — with effects.

M.O. Cathcart Sgt.
for OC 1 Cdn KSD

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ....B-21949...Lt/Bdr. Holland S.F. (Deceased)....

RECEIVED FROM ....Gdn. Gen. Hq. 2nd Echelon...21 Army Group....

CHECKED BY ....B-52241 Gnr. Drake R.E. B-126252 Pte. Sielofsky A. .... DATE ..4 August 44....

1	"Scribe" Fountain Pen (Broken)		
1	Cigarette Lighter		

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

M.O. Southeast Sgt.
for OC 1 Cdn KSD

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

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. E.21949 Rank and Name Hollends F. L/Bdr.

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

(Transfer or Discharge) ..... to ..... on 8th June 19 44.

Reason Death. Authority : C.C.L."A" 458 d/22nd. June 44.

The following is a statement of the account of the above-named from 1st June to 30th June 19 44. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	36	43
First Monthly Payment			Regimental Pay 30 days @ $ 1.60	48	00
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at ..... $		
Assigned Pay	20	00	Allowances (Give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (Give particulars) :			Cash effects J.V. 478	4	92
To Balance Cr — Free	69	35			
To Balance Cr — Deferred			By Balance Dr		
Total	89	35	Total	89	35

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

Remarks :

Assnd. Pay of $20.00 (M) stopped eff 1st July 44.

Compiled by J.R. Murray.

Checked by E.Kirkwight

Date 6th January 19 45.

P.H.

Certified correct E.E. Lumbrook
for Chief Treasury Officer, Overseas

The Administrator of Estates.

Regimental No. R-21949 Rank Lance Bombardier

HOLLANDS Frank
Surname Christian Names

Unit 3rd Anti Tank Regiment R.C.A. (C.A.)

Date of Death 8-6-44 Place of Death Overseas (France)

Next-of-kin Mrs. Bessie Richards Relationship Mother

Address Riverbend, Que.

M.F.M.5 Copy herewith

Will Will d/25-7-40 herewith

Date 10-7-44

Mem. x Mother, 19-7-44 — Ha²

MMD/EML

W.E.L. Coleman

G. L. Laurin
Colonel
Director of Records

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

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OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B.21949 RANK Lance Bombardier SERVICE UNIT 3rd Anti Tank Regiment R.C.A. (C.A.).

NAME HOLLANDS, Frank

DATE OF BIRTH

DAY 20th MONTH November YEAR 1920 Enlisted: 22-6-40

MARITAL STATUS Single RELIGION--Church of England.

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

ADDRESS Riverbend, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 7087 H.Q. 405-H-5803

CASUALTY DETAILS Killed in action DATE 8-6-44

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 29-6-44

BTC

OFFICER I/C RECORDS

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COPY FOR DOCUMENT FILE