

E28267
FLOWERS
YVAN

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ParmaLife
TABLE OF CONTENTS

ParmaLife
TABLE OF CONTENTS

E-28267

FLOWERS

IVAN

ORBDS PUNCHED-1
BERICK

Soldiers Qualification Card

Reg't. Number Last Name First Name Middle Names

2 Nationality 08 FRENCH CAN By Birth By Naturalization Country of Birth CANADA

37 Racial Origin FRENCH CANADIAN 4 2 Language spoken in home: French English

5 Age 30 3/12 6 Height 5' 9 1/2" 7 Weight 155 8 Silhouette 1 2 3 4

Eyes: 9 Colour of BLUE 10 Acuity 2 3 10 Glasses 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects Slight due to throat ailment in Jan. 1939

14 Handedness R L A 15 Med Category A

Cause Attitude to own health GOOD To Medical attention NORMAL

16 Education Level: Illiterate E 5 18 YRS S (Grade completed) Conduct during school life Missed a lot of schooling due to childhood illness

17 University or Professional Course Taken Years Completed Degree

19 Post Graduate Course From-To Degree

Specialized Training:

20 1. (Course) At From-To Completed

21 2. (Course) At From-To Completed

22 3. (Course) At From-To Completed

Other trades papers, Diplomas Certificates or Qualifications

23 Languages: Spoken fluently ENGLISH FRENCH Written well

24 Main occupation: Description LABORER

3544 CEMENT WORK Estimate of skill Weekly Wage \$15.00

Duration (from-to) 1938 - 1939

Employer's Name and Address Odd jobs

Worked on his own NEW CARLISLE QUE

Table with 50''M'' Test, Score, SM, S. Tot. 34, 8, 10, 9, 5, 6, 6, 12, 72, SM, Grade E.

9

51 OTHER MENTAL

Test Score L. Grade Date

52 MECHANICAL

Test Score Grade Date

52 CLERICAL APT.

Test Score Grade Date

53 TRADE TEST

1 Score G. Date

2 Score G. Date

3 Score G. Date

4 Score G. Date

54 OTHER

Test Score Grade Date

Test Score Grade Date

Test Score Grade Date

Test Score Grade Date

Test Score Grade Date

Unit 140 1 CERU # Road Conty R.C.E. 341

25 Second Most Important Occupation: Description: Estimate of skill Weekly Wage

Duration (from-to) Employer's Name and Address

26 Third Most Important Occupation: Estimate of skill Weekly Wage

Duration (from-to) Employer's Name and Address

Trade Union or Professional Society

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

Farming Experience: Wide Limited District Eastern Que Type MIXED

Job promised after discharge By whom? Name Address

Other provision for post-discharge occupation Back to job for self in Cement work. Type of work desired Cement Work.

Occupational history: Ambitious Accidental Stable Erratic

36 Material Status: M S W D Sep. Marital Problems (Remarks)

Age of wife Wife's attitude to Service Wife's Health

37 No. of Children No. Brothers 6 No. Sisters 5

Position in family 4 38 No. Dependents 2

Relationship of Dependents Status of home in childhood NORMAL

39 Hobbies: Photography M S Radio Engines Mechanics Other

40 Sports: (1) (2) (3) Team Games and Position (1) (2) (3)

41 Ability to Entertain: Music: String Brass Woodwind Percussion Piano Vocal

Theatrical Other

4-10-44
BFH

Mr. Adolphe Flowers,
New Carlisle,
BONAVENTURE CO. P.Q.

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-F-14, 724 FD. 18

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Sep 18th 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

FLOWERS, Ivan Spr.,

E-28267 Canadian Army



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

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

Ack.
see back + P. 64.

W. Howard Capt.
Director of Estates.

WRH/AK

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased..... <i>nil</i>	<i>nil</i>		—
2	Children of the Deceased and dates of their Births.....	<i>nil</i>		—
3	Father of the Deceased..... <i>Yes</i>	<i>Adolphus Flowers</i>	<i>50 yrs</i>	<i>Newbarish. Que.</i>
4	Mother of the Deceased.....	<i>Mary Elizabeth Briere Flowers</i>	<i>53 yrs</i>	<i>Newbarish. Que.</i>
5	Brothers of the Deceased	<input type="checkbox"/> <i>Andrew Flowers</i> <input type="checkbox"/> <i>Wesley Oscar Flowers</i> <input checked="" type="checkbox"/> <i>Charles Earnest Flowers</i> <input checked="" type="checkbox"/> <i>Joseph Roland. Flowers</i>	<i>25 yrs</i> <i>20 yrs</i> <i>18 yrs</i> <i>7 yrs</i>	<i>" " "</i> <i>" " "</i> <i>" " "</i> <i>" " "</i>
		Half Blood	<i>X nil</i>	
6	Sisters of the Deceased	<input type="checkbox"/> <i>Annie Adelaide Flowers Poirer</i> <input type="checkbox"/> <i>Blanch Victorine Flowers Homingie</i> <input type="checkbox"/> <i>Mary Teresa. Flowers Buley</i> <input checked="" type="checkbox"/> <i>Aileen Hoherty Flowers</i> <input checked="" type="checkbox"/> <i>Mary Evelyn. Flowers</i> <input checked="" type="checkbox"/> <i>Evel. Ross. Flowers</i>	<i>29 yrs</i> <i>27 yrs</i> <i>23 yrs</i> <i>17 yrs</i> <i>13 yrs</i> <i>11</i>	<i>Newbarish. Que.</i> <i>Montreal. Que.</i> <i>Montreal. Que.</i> <i>Newbarish. Que.</i> <i>" " "</i> <i>" " "</i>
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead and date of death of each.	Names and ages of their children (if any)	Address of their children	
		<i>Louis Norman Flowers. Deceased July 1st 1937.</i>	<i>no ches</i>	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Chas. Flowers
9	Date of his birth.	April 27 th 1921
10	Place and date of his marriage.	Not Married
11	Place and date of his parents' marriage.	St. Godfroi County Bon. P. Que.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Newbarisle County Bon. P. Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Newbarisle (b) County Bonaventure (c) Province of Quebec (d)
14	Nature of employment before enlistment.	Worked on his Father's farm.
15	State whether he owned the premises in which he lived, and, if so, where situated.	Nil.
16	Name place where deceased stated he intended to make his permanent home.	Newbarisle. Que.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	No Will except Service Will only.
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?	Not Married
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	Unknown
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	Unknown
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	don't know
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No insurance
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No. not to present knowledge
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DECLARATION

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

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

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.

Adolphus Flowers {Signature of Informant
New Carlisle County Bonaventure P. 2 Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief *Adolphus Flowers*

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

Dated at *New Carlisle* this *1st* day of *October* 19*40*

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

John Lejere Qualification *Mayor J.P.*
Address *New Carlisle County Bonaventure P. 2*

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

I will like to find out what happen his Poebel. Book. with Canadian money I sent him from here & his watch.

ORIGINAL
DUPLICATE
TRIPLICATE

Checked Card Observations
DUPLICATE

M.F.M. 2
A.F.B. 271
450M-5-40 (5237)
H.Q. 1772-39-1645

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

No. 1
Unit ROAD CONSTRUCTION R.C.A.E. (CASF) Regimental Number E. 28267

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

WSG
COMPLETED

5PR

- Surname: FLOWERS
- Christian Names: YVAN
- Present address: NEW CARLISLE P.Q. CANADA
- Date of birth: 28-4-21
- Place of birth: CANADA (Country) PROV. OF QUEBEC (County or Province) NEW CARLISLE (Town or Township)
- Religion (state denomination): ROMAN CATHOLIC
- Trade or Calling: JOURNALIER
- Married, Widower or Single: SINGLE
- Name of next of kin: ALDOLPHUS FLOWERS
- Relationship: FATHER
- Address of next of kin: NEW CARLISLE Co. BONAVENTURE P.Q. CANADA
- Do you belong to, or have you served in the Active Militia of Canada? NO
(If Yes, Give Unit and Dates of Service) NO
- Have you served in (a) The Canadian Active Service Force? NO
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force? NO
(Yes or No) (If Yes, specify Unit and Period of Service) NO
- Did you serve during the Great War 1914-1918? NO
(If Yes, specify Regimental No., Unit and Dates of Service) NO

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, YVAN FLOWERS 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: 7-7-40
WITNESS: [Signature] Ivan Flowers (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, YVAN FLOWERS do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
Ivan Flowers (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 NEW CARLISLE this 7th day of JULY 19 40

J. Chouinard Major, District Recruiting Officer, Military District No. 5
{ Signature of Magistrate, Justice or Attesting Officer.
{ Office or Rank and Unit or appointment.

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

Fingerprinted



Record of Service of FLOWERS (Surname) YVAN (Christian Names) Regimental Number E.28267

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military NO High School } 9 YEARS Graduation } NO
 Business or Professional NO OR } (years completed) OR } (specify)
 Trade or Civil LABORER *College NEW CARLISLE P.Q. CANADA
 Technical NO *University ND
 Languages ENGLISH & FRENCH N
 *(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		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment			No.1 RD.C.			
10-7-40	D.D.5	Attested & T.O.S. as att. to M.D.5 eff.	Sapper	7-7-40		Quebec	part 11 No.176	10-7-40
12-7-40	D.D....5 S...	O.S. from D.D. 5 Effect the	"	22-7-40	" "	Quebec	art.11.No.186	22-7-40
30 Jul.40.	D.D.5.	T.O.S.	"	23.Jul.40.	"	Camp Borden.	#47.	28 Jul.40.
7-1-41.	RCE.	Granted 14 days furlough.	"	4-1-41.	"	Petawawa.	# 4	4-1-41.
28 Feb.41	"	A.W.L. Forfeits 3 days pay	"	18.2.41	"	"	# 51	20 Feb. 41.
26-4-41.	"	SOS CA(AF)(Canada) on embarkation	"	6-4-41.	"	Halifax	#97 v	24-4-41.
26-4-41.	"	TOS CA(AF)(Overseas) on disembar kation at Gourock 19-4-41.	"	7-4-41.	"	Crookham	#97	24-4-41.
		handing leave returned DO 105	SP	30 April	1 Rec	UK	100	30 April
		7 days P Leave to 22 Aug 41	Sapper	17 Aug 41	1 REC	UK	176	15 Aug 41
		Granted Leave	SP	14 Nov	1 Rec	UK	DO 235	14 Nov
		adckd 4 Badm (Pks v Ots)	SP	2 Dec 41	1 Rec	UK	DO 245	1 Dec 41
		185 days pay 4 R's 149 cents 6 months Del	SP	17 Dec 41	1 R.C. Coy	UK	DO 258	19 Dec 41

S.O.S.

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

10 JUL 1941
 10. 9. 7. 6. 4. 2. 1.
 Nam

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Flowers Ivan Date 7-7-40

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

Ivan Flowers

Signature of Applicant

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 8 inches. 3. Weight 126 pounds.
4. Complexion fair Eyes blue 5. Development fair Good
Fair
Poor
- Hair brn
6. Chest measurement—Girth on full expansion 34 1/2 inches.
Range of expansion 2 1/2 inches.
7. Vision, right 20/20 left 20/20 8. Hearing, right N.V. 20 left N.V. 20
9. Condition of mouth and teeth one lower left molar decayed
10. The abnormalities (congenital and pathological) found on examination are as follows
ears-reflexes - urine - normales

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.

J. G. ... President *Jos. V. ...* Member *A. ...* Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
10 JUL 1940	X-RAY CHEST - NEGATIVE. <i>C. G. ...</i>	10/12/42	Vacc T.A.B.T & e.e.
10-9-40	Vacc. TABO (2)		
19-9-40	TAB (2)		
6-11-40	TAT (3) TET (1)		

Statement of the Service of No. E-28967 Rank Spr

Sheet No.

Name Flowers Joan

M.F.M. 1 & 2A
40/P & S/119

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
3601	T.O.S.	9.05 from #1 Rd. Const Coy R.C.E	Spr	18 Dec 41	E.R.U.	UK	302	22 Dec 41
—		Access to be att'd #4 Bldg R.C.E	Spr	17 Dec 41	1 R.E.E	UK	259	20 Dec 41
—		Granted #3 dep remission of sentence	Spr	24 Jan 42	1 ERU	UK	25	30 Jan 42
—		Released from detn, returns to duty	Spr	24 Jan 42	E.R.U.	UK	21	26 Jan 42
	S.O.S	S.O.S to 1 Rd Const Coy	Spr	30 Jan 42	E.R.U.	UK	25	30 Jan 42
1	T.O.S	T.O.S from 1 R.C.W	Spr	31 Jan 42	1 R.C.C.	UK	2017	1 Feb 42
		11. P/leave w.m	Spr	11 May 42	1 R.C.C.	UK	67	8 May 42
		9 dep P leave	Spr	13 Oct 42	1 R.C.C.	UK	22	1 Nov 42
		6 mths Prog Serv Pay \$1.50	Spr	1 Jan 43	1 R.C.C.	UK	12A	31 Mar 43
		Up Proceeded on M.E Course. att. FAP to 1 M.E Coy	Spr	20 Dec 43	1 R.C.C.	UK	52	28 Dec 43
		Rtn med. Expt Cause of injury 1 M.E Coy	Spr	1 Jan 44	1 R.C.C.	UK	3	21 Jan 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Proc on Spec Drv Course att. FAP to 2 Spec Drv	Spr	16 Jan 44	1 R.C.C.	UK	5	4 Feb 44
		Att. FAP to 3 Bnd	Spr	11 Feb 44	1 R.C.C.	UK	12	24 Mar 44
		On Drv SEE Case att. FAP to 1 M.E Coy	Spr	13 Mar 44	1 R.C.C.	UK	12	24 Mar 44
		Ret'd from Oper. See Case & course att. FAP to	Spr	1 Apr 44	1 R.C.C.	UK	15	14 Apr 44
		Qualified Oper See 'C'	Spr	6 Apr 44	1 R.C.C.	UK	15	14 Apr 44
		Granted Inactive Pay Oper See 'C'	Spr	6 Apr 44	1 R.C.C.	UK	16	21 Apr 44

Name Flowers, Y.

M.F.M.1 & 2A
40/P & S/119

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Embarked at <u>UK</u> on <u>9 July 44</u>						
		Disembarked at <u>France</u> on <u>11 July 44</u>	Spr	/	1 R. L. Coy	21 A B	28.	18 July 44
		Attd to 23 1st Coy R. L. Co	Spr	17 July 44	1 R. L. Coy	21 A Sp	30.	28 July 44
620		Attd to 23 1st Pk	Spr	22 July 44	1 R. Coast Coy	21 A Gp	31	4 Aug 44
620		Attd to 3 1st Pk Coy	Spr	18 July 44	1 R. Coast Coy	21 A Gp	31	4 Aug 44
7/11/44		Awarded 1st Good Conduct Badge	Spr	24 Jan 44	1 Road Const Coy	21 A Sp	34	19 Aug 44
625		A.H. to Bde GRE Wks	Spr	30 Aug 44	1 Bde Pk Coy	21 A Sp	37	9 Sept 44
630		Attd to Cdn Cos. Wks	Spr	13 Sep 44	1 R. Coast Coy	21 A Gp	40	30 Sep 44
		Attd 1 M E Coy Pk	Spr	1 Jan 45	1 R. Coast Coy	21 A Gp	2	13 Jan 45
		Deceased 10 Apr 45						
		Died	Spr	10 Apr 45	1 Cdn Road Const Coy	B.L.C. 1857		16 Apr 45

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

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

Reg'l No. *E. 28267* Rank *Spr* Surname *Flowers* Christian Name *Yvan*

UNIT	HOSPT.	ADMITTED			DISCHARGED			Hospt. Days	DISEASE OR INJURY	REMARKS	CAS. LIST No.
		Day	Mo.	Year	Day	Mo.	Year				
<i>1 Road Cons Coy</i>								<i>Died 10-4-45</i>	<i>Inj, acc.</i>	<i>C. 1857</i>	
								<i>Cause of Death</i>			
								<i>Crushed inj. head with fr. st,</i>			
								<i>temp. parietal skull + jaw</i>		<i>C. 1871</i>	

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit No 1. ROAD CONST COY. R.C.E.

Regimental Number E-28267.

<p>1. Surname..... <u>FLOWERS.</u></p> <p>2. Christian Names..... <u>YMAN. YVAN.</u></p> <p>3. *Substantive Rank and Appointment..... <u>SAPPER.</u></p> <p>*Acting Temporary or Local Rank..... giving date.....</p> <p><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth..... <u>New Carlisle. Co. Bonaventure. P.Q. CA</u></p> <p>5. Date of birth as declared on attestation..... <u>27-4-21.</u></p> <p>(A).....</p> <p>6. Date of enlistment..... <u>7-7-40. New Carlisle.</u></p> <p>7. Place of enlistment..... <u>New Carlisle.</u></p> <p>8. Residence at time of enlistment..... <u>New Carlisle. Co. Bonaventure. P.Q. CA.</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion..... <u>Catholique romain.</u></p> <p>12. If married, state date.....</p> <p>13. Trade on enlistment..... <u>Journalier.</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps <u>R.C.E.</u></p> <p>Unit (Battn., etc) <u>1st Cd. Rd Const Coy</u></p> <p>(18) Medical Board. Category <u>"A"</u> Date <u>10-7-40.</u> Authority</p> <p>(19) Next of kin (entries to be made in pencil) <u>Father</u> <u>Aldolphus Flowers</u> <u>New Carlisle Co Bonaventure</u> <u>P.Q. Ca.</u></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>
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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) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
Date	From whom received	Unit					
26-4-41	#1.RCC	-RCE	SOS CA(AF)(Canada) on embarkation	Halifax	6-4-41	Spr.	#97 v. 24-4-41.
26-4-41	"	"	TOS CA(AF)(Overseas) on disembarkation at Gourock 19-4-41.	Crookham	7-4-41	"	#97 24-4-41.
18-9-41	"	"	Granted Priv. Leave 15-22 Aug. Ont. Camp	"	15-8-41	"	#176
14-11-41	"	"	Neglecting to obey as standing order	"	16-9-41	"	#200 (Admonished)
19-12-41	"	"	Granted 2nd priv. leave 14-21 Nov.	"	14-11-41	"	#235 (Warrant)
			F.G.C.M. Disobeying a lawful command.				
			6 months detention. Forfeits 185 days pay. A.A. Sec. 2(2)	Bordon	17-12-41	"	#258
			SOS to No.1 Eng. Holding Unit. RCE	"	17-12-41	"	#258
			Committed to Sowerby Detention.	"	17-12-41	"	#258
5-2-42	"	"	TOS of No.1 Road Constr. Coy. RCE	Oxshott	31-1-42	"	#17
10-2-42	#1 E.H.U.		143 days remission of sentence on Hawley		24-1-42	"	#25 30-1-42
			release from Sowerby Br. Detention.				
15-5-42	#RCC	-RCE	Granted 4th Priv. Leave 8-15 May 42	"	8-5-42	"	#67
21 Oct 42	"	"	9 days leave (PA) FTW2	Fields	13 Oct 42	"	22: 1 Nov 42
25 Nov 42	"	"	At. rations & quarters 5. CTS Battle Wing	"	27 Nov 42	"	27: 5 Dec 42
11 Dec 42	"	"	Cases all R & Q to 5. CTS Battle Wing	"	9 Dec 42	"	29: 19 Dec 42
23 Nov 43	"	"	Granted Daily Rates of Pay of \$15.00 per diem	"	1 Jan 43	"	12-17: 31 Mar 43
8 May 43	"	"	Qual. Driver I.C. (2)	"	15 May 43	"	19: 15 May 43
11 Aug 43	"	"	At. to 2nd Can. Hd Coy RCE for duty 11 Aug 43 to	"	20 Aug 43	"	25: 27 Aug 43
20 Dec 43	"	"	Proc. on Tech. Capt. course & att. to 1. CIMEC Jap	"	20 Dec 43	"	32-28 Dec 43
13 Jan 44	"	"	Ret. from Tech. Capt. course & case att. to 1. CIMEC Jap	"	11 Jan 44	"	3-21 Jan 44
			Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	4-28 Jan 44
24 Jan 44	"	"	Proc. on Spec. Drivers course & att. 2nd Spec. Drivers School Jap	"	16-22 Jan 44	"	5-4 Feb 44
13 Mar 44	"	"	Proc. on Oper. SEE course & att. 1. CIMEC Jap	"	13 Mar 44	"	17-24 Mar 44
3 Apr 44	"	"	Ret. from " " " " & case att. " " " "	"	1 Apr 44	"	15-14 Apr 44
			Qual. Operator SEE "C"	"	6 Apr 44	"	15-14 Apr 44
12 Apr 44	"	"	Granted trade pay Operator SEE "C"	"	6 Apr 44	"	16-21 Apr 44
			Embarked U.K. 9 Jul 44 Disembarked France	"	11 Jul 44	"	28-18 Jul 44
17 Jul 44	"	"	At. to 23. Can. Hd Coy RCE	"	16 Jul 44	"	30-68 Jul 44
19 Jul 44	"	"	Cases att. to 23. Can. Hd Coy RCE	"	17 Jul 44	"	30-28 Jul 44
20 Jul 44	"	"	At. to 23. Can. Hd. P.K. Coy RCE	"	18 Jul 44	"	31-4 Aug 44
			Cases att. to 23. Can. Hd. P.K. Coy RCE	"	22 Jul 44	"	31-4 Aug 44

SERVICE AND CASUALTY FORM

(PART II)

M.F.M. 4(a) (Part II)
 (A.F.B. '03) (Part II)
 500M-8-39 (1701)
 H.Q. 1772-45-18

Regiment or Corps.....No. 1. ROAD CONST. COY. R.C.E. Regimental Number.....E-28267.

Substantive Rank.....SAPPER. Surname.....FLOWERS. Christian Names.....YVAN.

Acting Temporary or Local Rank.....
 (To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
14 Aug 44	a.c.	1.R.D. Const.	Awarded First Good Conduct Badge	FRANCE	24 Jan 44	S.P.C.	34-19 Aug 44
30 Aug 44	✓	✓	Pl. to 1st Lt. R.C.E. Warrant	✓	28 Aug 44	✓	37-9 Sep 44
15 Sep 44	✓	✓	Case ad. to 1st Lt. R.C.E. Warrant	✓	13 Sep 44	✓	40-30 Sep 44
2 Oct 44	✓	✓	Pl. to 1st Lt. R.C.E. Warrant	✓	1 Oct 44	✓	2-13 Jan 45
26 Jan 45	✓	✓	Case ad. to 1st Lt. R.C.E. Warrant	✓	20 Jan 45	✓	5-3 Feb 45
			Sos deceased (Operation SEE 'C')	✓	10 Apr 45	✓	16-21 Apr 45

To be made out in duplicate.

M.F.M. 5
400M-8-39 (1702)
H.Q. 1772-45-18

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and 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) Name of Officer or Soldier FLOWERS IVAN.
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number E-28267.

(3) Unit No. 1. ROAD CONST. COY. R.C.E. (CASE)

(4) Are you married? N?A.

(5) If married, state,

(a) Full name of your wife: N.A.

(b) Present postal address of wife: N.A.

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

(7) Are you a widower? N.A.

(8) Have you any children? N.A.

If so, give number of boys and girls: N.A.

Also their names and ages: N.A.

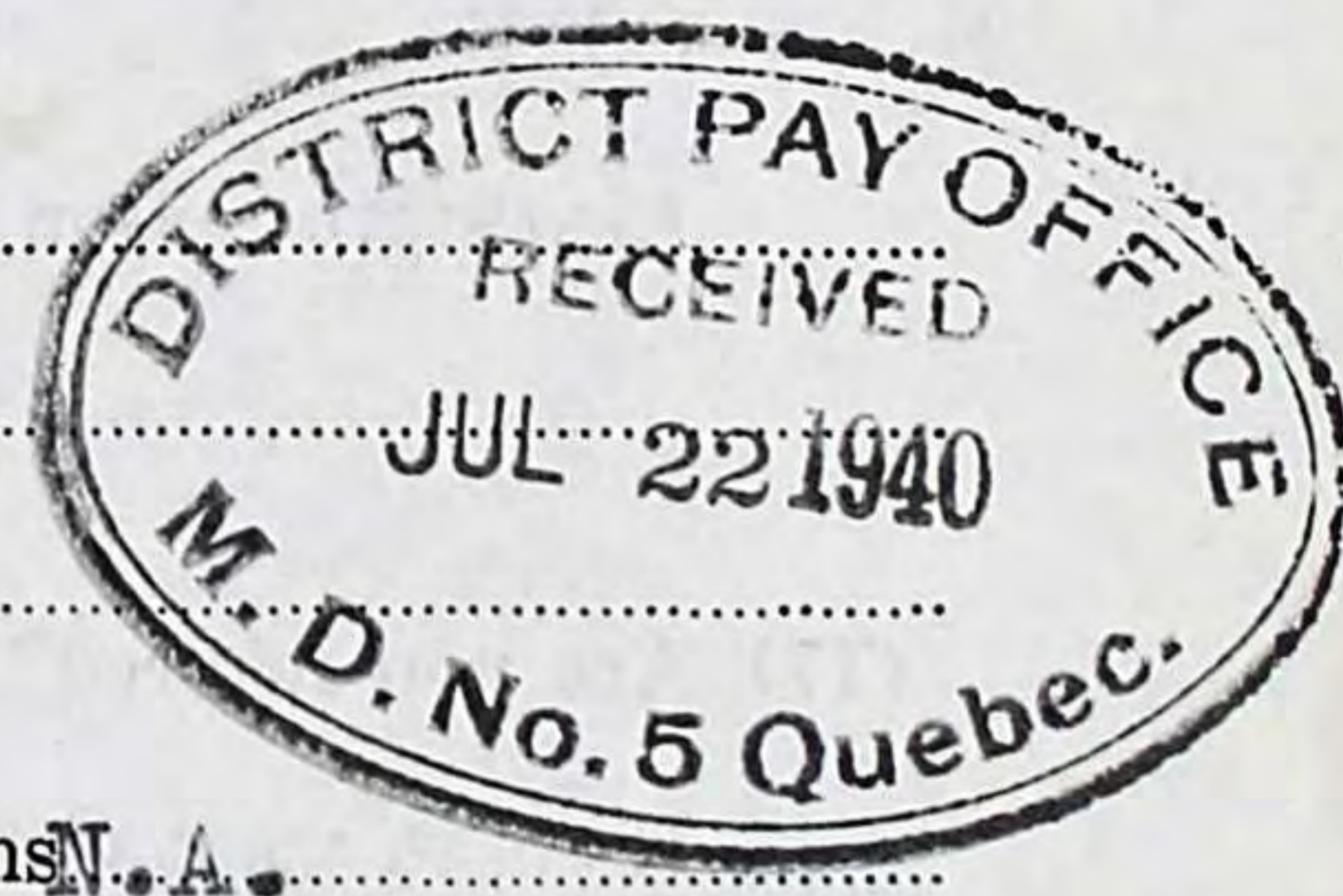
(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them: N.A.

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name N.A.

Postal Address N.A.

(SEE OTHER SIDE).



(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?.....N.A.....

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

(11) Is your father alive?.....YES.....

If so, state name and address.....ADOLPHE FLOWERS.....

.....NEW CARLISLE CO. BONAVENTURE. P.Q. CA.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support?

.....N.A.....

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F.....N.A.....

Also state reason he has no other means of support.....N.A.....

(14) Is your mother alive?.....YES.....

If so, state name and address.....ELISABETH BRUYERE. (FLOWERS.).....

.....ST. GODEROY. CO. BONAVENTURE. P.Q. CA.....

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F.N.A.....

Also state reason why she has no other means of support.....N.A.....

(17) Are you insured?.....N.A.....

If so, in what Company?.....N.A.....

Have you made arrangements for payment of your Insurance Premium?.....N.A.....

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

I hereby certify that the information given by me on this form is correct in each and every particular.

Ivan Flowers

(Signature of officer or man)

Date6-7-40.....

J. Callaghan

Officer Commanding.....

Date6-7-40.....

DISTRICT DEPOT M.D. 5--

NO. E.28267 Rank Sapper Name FLOWERS, Ivan

Unit R.C.E. Date of death 10th April, 1945

Died at Netherlands

Cause Died as result of accidental injuries.

Death occurred on strength of Forces H.Q. 405-F-14,724

N/K Mr. Adolphe Flowers Relationship Father

Address New Carlisle, Bonaventure County, Quebec.

Remains buried in Common Jewish Heerenberg Immerich Cemetery
97456576 Row 3 Grave 1

CHK Grave location ✓

OVER-

BURIAL REPORT TO N.K.

JUL 16 1946

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D. MAY 16 1945

CAN. MESSAGE DESP'D. MAY 2 1945

Temp B R sent to N K

REBURIAL

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

Grave 8, row F, plot 17.

HI & CR Form Despd. NOV 13 1945

Photographs

Despatched
FEB 26 1948

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Adolphus Flowers (father)
New Carlisle, Bonaventure Co.,
P.Q.

ADDRESS:

MEMORIAL BAR

DATE DESP.....

REGN. NO. 205

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Elizabeth FLOWERS, (M.F.M.5) (ENGLISH)

1939 Box 268, New Carlisle, Bonaventure Co.,
ADDRESS: ST.-GODFREY, -Bonaventure-Co., -P.-Q. Que.

12 Dec 57

Ret'd 11/6/57
(3)

RECEIVED
REGN NO. 14159

DESP. 13 DEC 57
REGN No. 1400

Re. Despatch.

10-4-45 DECEASED AWARDS—CANADIAN ARMY (ACTIVE)

1939

M

E. G.

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

FLOWERS, Ivan		E-28267	Spr.	FILE NO. 405-F-14,724 R. C. E.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)	NO.	DATE DESPATCHED:
---------	-----	------------------

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France & Germany Star	20 30/9/49
Defence Medal	
CVSM & Clasp	
War Medal, 1939-45	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

NAME FLOWERS IVAN

REGIMENTAL NO. E-28267 RANK Sapper

ENLISTED AT Quebec Que. PROMOTIONS, ETC. AND DATE

DATE 7-7-40

IF SERVED PREVIOUSLY, STATE UNIT. ETC.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN FLOWERS ADOLPHE RELATIONSHIP Father

ADDRESS OF St-Godfroy Co. Bonaventure Que. Can.

ASSIGNMENT OF PAY. \$ 20.00 ~~5.11~~ MARCH 1941 ~~Cancelled off 1/1/42~~

ADDRESS New CARLISLE Co. Bonaventure, Que. CAN.

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR

M. F. M. 14
100M-6-40 (5616)
H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
T.O.S. No. 1 Road Const. Coy. R.C.E. (CASF) as attached to Dist. Depot, M.D. 5	176	10-7-40	With effect 7-7-40
S.O.S. D.D. M.D. 5	186	22-7-40	" " 22-7-40
T.O.S. - #1 R.C.C. - R.C.E.	47-1	28-7-40	EFFECT. - 23-7-40
ADM HOSP 8-12-40	181	10-12-40	P.M.H
DISCH HOSP 19-12-40	190	19-12-40	P.M.H
FURROUGH - 14 DAYS	"	4-1-41	
Corp. 1 days Pay F.R. 41	51	20-2-41	A.M.L
" 2 " " A.A. 116			
T.O.S. Cdn. ARMY OVERSEAS.	97	24-4-41	E/P. 7-4-41
Admonished	200	17-9-41	Not carrying S. Helmet.
Inf 185 days pay	258	19/1/41	
S.O.S. Working Hold. Unit	258	19/12/41	eff 27-12-41
for #1 ERU	202	22-12-41	" 18-12-41 6 mos Dtn
RETURNS TO DUTY	21	26-1-42	" 24-1-42 PR. DTV.
143 DAYS REMISSION	25	30-1-42	{ eff 24-1-42
S.O.S. to 1 Rd. Const. Coy			" 30-1-42
T.O.S. from #1 E.R.U.	17	1-2-42	" 31-1-42

CONTINUATION CARD TO M.F.M. 14

Regimental No. *L-28267* Name *FLOWERS* *IVAN*

Part 11 D.O.

PARTICULARS OF CASUALTY

No.	Date	
<i>22</i>	<i>1-11-42</i>	<i>9 days. P.A. (F.2) money allow. in lieu. 13-10-42 - 21-10-42</i>
<i>15</i>	<i>15-5-43</i>	<i>QUAL DRIVER I.C. w.e.f 4 MAY 43. (W)</i>
<i>12A</i>	<i>31-3-43</i>	<i>INCR. REG'T'L RATES of PAY 150 w.e.f 1 JAN 43.</i>
<i>34</i>	<i>21-8-43</i>	<i>14 DAYS P.A. MONEY ALLOW IN LIEU 27 July - 9 Aug 43.</i>
<i>4</i>	<i>25 JAN 44</i>	<i>Awarded S.V.S. III & clasp w.e.f 15 JAN 44</i>
<i>15</i>	<i>14 APR 44</i>	<i>QUALIFIED OPERATOR. SEE "C" .. 6 APRIL 44</i>
<i>16</i>	<i>21 APRIL 44</i>	<i>GRANTED T.P. OPER. "C" .. 6 APRIL 44</i>
<i>34</i>	<i>19 Aug 44</i>	<i>Awarded First Good Conduct Badge w.e.f 24 Jan 44</i>
<i>28</i>	<i>18 Jul 44</i>	<i>Embarked U.K. 9 Jul 44 Disembarked France 11 Jul 44</i>
<i>CR90</i>	<i>10 APR 45</i>	<i>SOS tx-3 list R.I.C. on adon to 2 Colon Lt. Col. 10 APR 45</i>

3/4 MF 510
 0/P&S/254 (3550)

CANADIAN ACTIVE SERVICE FORCE

District.....
 Dispersal Area.....

OVERSEAS

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. E28267 Rank and Name FLOWERS I. Pte.

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

(Transfer or Discharge)..... to..... on 10th Apl. 45. 19.....

Reason..... Death Authority: CCL "G" 1857 / 16. Apl. 45.

The following is a statement of the account of the above-named from 1st Apl. to 30th Apl. 45. 19..... the inclusive date of transfer or discharge.

Particulars		Amount		Particulars		Amount	
Balance Dr from last account.....				Balance Cr from last account.....		205	44
First Monthly Payment.....				Regimental Pay <u>30</u> days at <u>\$1.50</u>		45	00
Casual Payments.....				Tradesmen's Pay <u>30</u> days at <u>\$.25</u>		7	50
Payments on Transfer or Discharge.....				Additional Pay (Give Particulars).....			
Assigned Pay.....		20	00	days at..... \$.....			
Regimental Charges.....				Allowances (give particulars)..... days			
Public Stoppages (give particulars):				at..... \$.....			
				D.P. Int:.....		1	65
				C. Eff. SOCR 3849.....		42	29
To Balance Cr { Free.....		216	88	By Balance Dr			
{ Deferred.....		65	00				
Total.....		301	88	Total.....		301	88

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

Remarks

A.P. \$20.00 (F) Stopped eff May. 45.



Compiled by C. A. Brown.

Checked by E. M. James

Date 4th Oct. 45. 19.....

Certified correct..... [Signature]
 for Chief Treasury Officer, Overseas

Depto. with A.G. 4a - 20 Aug 45 37-645

INSTRUCTIONS

1. Presidents and Members of Courts of Inquiry or Boards of Officers will familiarize themselves with the Overseas R.Os. dealing with the subject of Courts of Inquiry and Boards of Officers.
2. The rank, name, appointment and unit of the Convening Officer must be given.
3. The unit of all Members of the Court must be indicated.
4. The signature of each officer composing the Court or Board must be affixed at the end of these Proceedings, together with the date and place of the sitting of the Court.
5. Unless otherwise required by the Convening Order, only one copy of these Proceedings will be prepared.

R5
sewed

PROCEEDINGS of a COURT of INQUIRY.....

assembled at IN THE FIELD.....

on the 11th day of April 1945.....

by order of F.G. Pumple, A/Capt., A/Officer Commanding, 1 Canadian Road Construction, Company, Royal Canadian Engineers.

for the purpose of inquiring into and reporting upon the death of.....

E-28267 Sapper Flowers, Y. of 1 Canadian Road Construction.....

Company, Royal Canadian Engineers.....

PRESIDENT

A/Capt. L.M. Mott, RCE, of
1 Cdn Road Construction Coy., RCE.

MEMBERS

Lt. W.E. Hickey, RCE, of
1 Cdn Road Construction Coy., RCE.

Lt. R.A. Shier, RCE, of
1 Cdn Road Construction Coy., RCE.

The COURT having assembled pursuant to order, proceed to take evidence.

FIRST WITNESS

A-35056 Sapper Chatterson, J, Operator SEE of 1 Canadian Road Construction Coy., RCE, a soldier of the Canadian Army Overseas, being duly sworn states:

" I am A-35056 Sapper Chatterson, J. On the 10th April 1945 I was operating an R.B.10 Power Shovel, assisted by Sapper Blue, A. at Immerich, Germany, loading rubble into Tipper Lorries. At Approximately 1130 hours, I moved to a new loading site. Sapper Flowers, I., was operating a TD.18 Bulldozer, clearing a place for the shovel to begin work. He was clearing rubble off the street when at approximately 1145 hours a brick wall without warning toppled over on top of the Bulldozer pinning Sapper Flowers to the seat. A lorry was just coming in to load and the driver whom I did not know along with Sapper Johnston, R.C. and Sapper Blue, A. who were with him, helped me to dig Sapper Flowers from the rubble. We laid him on the ground, I could see that he was badly injured and could feel no pulse. As no ambulance was available, we put him in the lorry, and took him to 2 Canadian Casualty Clearing Station at s'Heerenberg, where he was admitted to the A & D Room. "

SECOND WITNESS

E-29223 Sapper Blue, A. Operator SEE of 1 Canadian Road Construction Coy., RCE. a soldier of the Canadian Army Overseas, being duly sworn states:

" I am E-29223 Sapper Blue, A. On 10th of April 1945 I was assisting Sapper Chatterson in operating an R.B.10 Power Shovel at Immerich. We were loading rubble into Tipper Lorries. At approximately 1130 hours Sapper Chatterson moved the shovel to a new site. Sapper Flowers, I. moved his Bulldozer at the same time. I waited for a lorry to come along which I mounted and was driven to the new loading site. Sapper Johnston, R.C. was in the truck with the driver. When we got there, I saw the Bulldozer covered with rubble, and Sapper Chatterson was clearing bricks from it. We jumped out of the lorry and ran over to help him, as we could see there had been an accident. We had cleared the rubble off Sapper Flowers who had been operating the machine, in a few seconds, and laid him on the ground. The driver then turned the lorry around and we took Sapper Flowers to 2 Canadian Casualty Clearing Station at s'Heerenberg."

THIRD WITNESS

B-59170 Sapper Stack, P. Driver IC of 1 Canadian Road Construction Coy., RCE. a soldier of the Canadian Army Overseas, being duly sworn states:

" I am B-59170 Sapper Stack, P. On the 10th of April 1945, I was hauling rubble from Immerich, Germany, for road repairs. At approximately 1130 hours I was proceeding towards Immerich and picked up a roller operator to take him in for lunch. The Roller operator Sapper Johnston, R.C. We then drove to where the power shovel had been working where we picked up another operator Sapper Blue, A. We then went to the new loading site where we saw Sapper Chatterson, J. clearing bricks off a Bulldozer. I stopped the lorry and we all ran to help him as we could see an accident had happened. We had lowered Sapper Flowers, I. in less than a minute. I could see he was badly hurt. I turned my vehicle around, we put Sapper Flowers in it and followed and English Provost Car to 2 Cdn CCS in s'Heerenberg

FOURTH WITNESS

B-25652 Sapper Johnston, R.C. Operator SEE of 1 Canadian Road Construction, Coy., RCE. a soldier of the Canadian Army Overseas, being duly sworn states:-

" I am B-25652 Sapper Johnston, R.C. On 10th of April 1945, I was operating a 10 Ton Roller on road maintenance on the Immerich - s'Heerenberg road. At approximately 1130 hours, I stopped a lorry driven by Sapper Stack and asked him to take me to Immerich for lunch. We stopped where a power shovel had been loading rubble and picked up Sapper Blue, A. We then proceeded to the new loading site to pick up Sappers Chatterson, J. and Flowers, I. When we got there I saw Sapper Chatterson throwing bricks off of a Bulldozer. We saw that an accident had happened, we ran over and could see Sapper Flowers in the seat of the Bulldozer badly hurt. We lifted him to the ground. The driver then turned his lorry around and we took Sapper Flowers to the 2 Canadian Casualty Clearing Station at s'Heerenberg. The English Provost who were on duty nearby went there and cleared the road for us."

FIFTH WITNESS

STATEMENT OF MEDICAL OFFICER

" On 10 April at about 1230 hours., E-28267 Spr. FLOWERS, I. was brought into the A. & D. room of No. 2 Cdn C.C.S., RCAMC where I was on duty (.) I examined him and found him dead (.) The cause of death was a severe crushing injury to the right side of the head with fracture of skull and jaw.

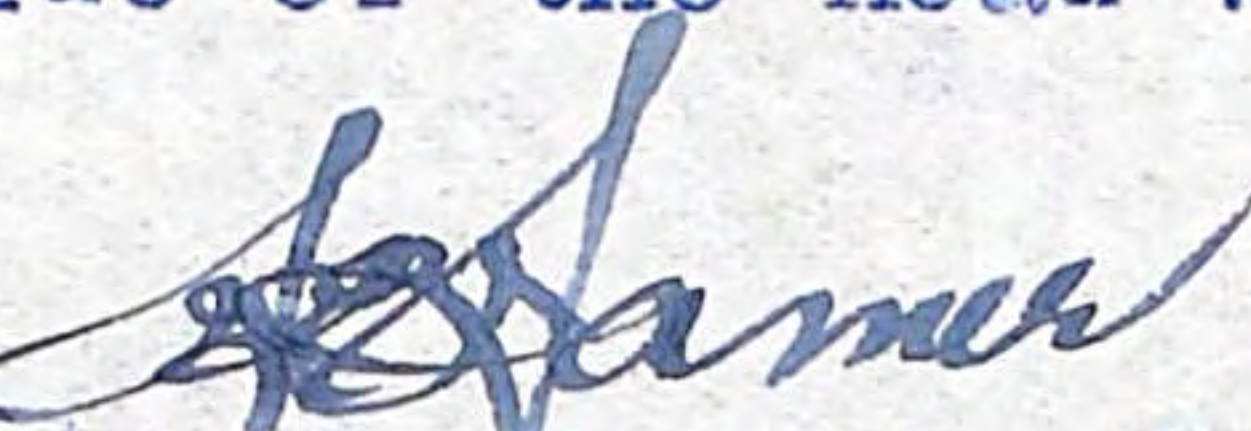
Signed (H.E. Hamer), Capt. RCAMC

CERTIFIED TRUE STATEMENT

L.M. Mott, Capt.
(L.M. Mott) Capt. RCE.
President
1 Cdn Road Construction Coy., RCE.

STATEMENT OF MEDICAL OFFICER

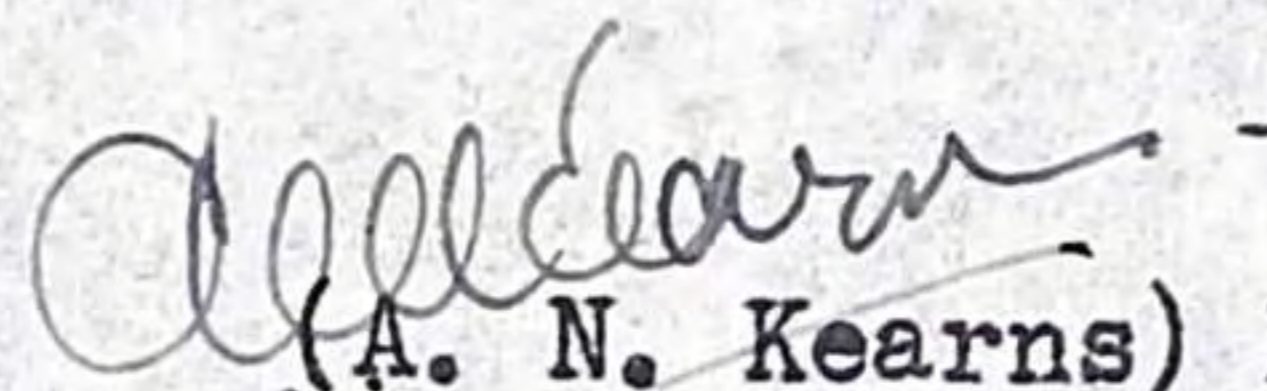
On 10 April at about 1230 hours., E-28267 Spr.
FLOWERS, I. was brought into the A. & D. room of No. 2
Cdn C.C.S., RCAMC where I was on duty (.). I examined him
and found him to be dead (.). The cause of death was a severe
crushing injury to the right side of the head with fracture
of skull and jaw.



(H.E. Hamer), Capt. RCAMC

I concur. E.28267 Spr Flowers, I. was on duty and was not guilty of improper military conduct within the meaning of Overseas RO 4633 when he sustained injuries as described in these proceedings, which resulted in his death.

1 Aug 45



(A. N. Kearns) Major

DAAG (Dis)

Cdn Sec 1 Ech HQ 21 A Gp

OBSERVATIONS BY THE COURT

1. The Court finds that E-28267 Sapper Flowers, I. met his death due to injuries received when a masonry wall collapsed upon him.
2. The Court finds that the injuries sustained were a result of one of the natural hazards of his duty as an operator of Special Engineering Equipment.
3. The Court has taken an inventory of clothing and equipment of E-28267 Sapper Flowers, I, and found no deficiencies.

PRESIDENT

L.M. Mott Capt.

 (L.M. MOTT) CAPT. R.C.E. of
 1 Cdn Road Construction Coy., RCE.

MEMBERS

W.E. Hickey Lt.

 (W.E. HICKEY) LT. R.C.E. of
 1 Cdn Road Construction Coy., RCE.

R.A. Shier Lieut.

 (R.A. SHIER) LT. R.C.E. of
 1 Cdn Road Construction Coy., RCE.

Date: 11 April 1945

Place: In the Field

In my opinion Spr FLOWERS I was on duty at the time of the accident, and he was not guilty of improper conduct.

F.G. Pumble Capt
 (F.G. PUMPLE) A/CAPT. R.C.E.
 A/Officer Commanding
 1 Cdn Road Construction Coy., RCE.

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ^{FLOWERS. Y} E-28267 Spr. ~~Flowers Y.~~ Dec'd

RECEIVED FROM Cdn. 2nd Ech 21 Army Group

CHECKED BY B-81759 Sgt. Graves J. G. DATE 4 May 45

AND F-51900 Pte. Roe H. T.

1	Leathe Wallet w /Snapshots.	
1	Purse w/28 Coins (Souvenir),	
1	Silver Signet Ring.	
1	Cigarette Holder.	
1	Prayer Book .	
1	Snapshot Album.	
1	Wrist Watch (Solar).	
1	Pen (No Name).	
1	Pr Scissors.	
1	Leather Coin Purse.	
1	"I" Bracelet.	
1	Heart Locket.	
1	Crucifix.	
1	Butterfly Pin.	
23	Lighters (No Names).	
1	Gillette Razor.	
1	Steel Mirror in Case.	
1	Leather Belt.	
2	Medallions,	

239

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

QUADRUPPLICATE—with effects.

.....
J. Graves
for OC 1 Cdn KSD

H.Q. 405-F-14724
(D.R. 2(C))

16th July, 1946.


Mr. Adolphe Flowers,
New Carlisle,
Bonaventure County, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, #28267 Sapper Ivan Flowers, have been carefully exhumed from the original place of interment and reverently reburied in grave 8, row F, 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

kgd

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name..... **FLOWERS** **Ivan** No. **3 28267**
 Surname Christian Names

Rank **Spr.** Unit **C.A. O/S** Date of Death **10-4-45**

AMOUNT W.S.G. 935.55
 L.P.C.....\$ 282.85

Date **April 14, 1948**

Other Credits.....

Total..... 1218.40
 Prev. Dist. 1171.63
 This Dist. 46.77

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
ALL	SISTER	Mrs. Annie Poirier, New Carlisle, Bonaventure Co., P.Q. (As next of kin entitled)	<i>R</i> 46.77

P4 to Trans. 15/4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9998 9999 XXXX	245	00	30	001	46.77
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
For Chief Treasury Officer					

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
 (P. A. Orde) Brigadier,
 (L. M. Firth) Colonel,
 Director of Estates
Judge Advocate General.

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name..... **FLOWERS** **Ivan** No. **E 28267**
 Surname Christian Names

Rank..... **Spr.** Unit **C.A. O/S** Date of Death **10-1-45**

AMOUNT **W.S.G. 935.55**
L.P.C. \$ 282.85

Date..... **December 10, 1947.**

Other Credits.....
 Total..... **1218.40**
 Prev. Dist. **282.85**
 This Dist. **935.55**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	FATHER ✓	Adolphus Flowers, New Carlisle, Bonaventure Co., P.Q. (1/4 as next-of-kin entitled) (1/4 for benefit of 5 miners, Charles, Joseph, Eileen, Mary and Eva Flowers)	467.80
1/4	MOTHER ✓	Mrs. Mary E. Flowers, (as above)	233.90
1/20	SISTER ✓	Mrs. Annie A. Peirier, (as above)	46.77
1/20	SISTER ✓	Mrs. Victorine Dominique, 2235 Marianna Street, Montreal, P.Q.	46.77
1/20	BROTHER ✓	Andrew Flowers, 5638 - 2nd Ave., Rosemount, Montreal, P.Q.	46.77
1/20	SISTER ✓	Mrs. Theresa Buley, Fabre Street, Montreal, P.Q.	46.77
1/20	BROTHER ✓	Oscar Flowers, 227 Indian Road, Toronto 3, Ont. (As next-of-kin entitled)	46.77

Handwritten notes:
 - Red 'R' marks next to amounts.
 - Orange circle around Mrs. Annie A. Peirier.
 - Red 'Cheque re-deposited 5/2/48' next to Mrs. Victorine Dominique.
 - '42.50' written next to Mrs. Theresa Buley.
 - 'P.H. To Treas. E 3 29/11 ✓' at the bottom.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRÍ	H.Q. SUB.	OBJ.	AMOUNT
9999 9998	245	00	30	001	935.55
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
 (R.J. Oude) Brigadier,
 (Lt. M. F. F. F.) Colonel,
 Director of Estates
 Judge Advocate General.
 AUDITED FOR PAYMENT

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

2
ARMY

DECEASED
MEMBER'S
NAME

Ivan

FLOWERS

(CHRISTIAN NAMES)

(SURNAME)

Director of Estates

PAYEE

ADDRESS

REGISTER NO.

FILE NO.

DATE

SERVICE NO.

FINAL RANK OR RATING

DATE OF DISCHARGE

D.24618

405-F-14724

25-6-47

E.28267

Spr

10-4-45

DATE OF TERMINATION OF OVERSEAS SERVICE

10-4-45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1694 EQUAL TO 56 COMPLETE PERIODS AT \$7.50

\$ 420.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1423 LESS 14 INELIGIBLE DAYS, EQUAL TO 1409 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

352.25

772.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 3.00 X7 = \$ 21.00
NO. OF DAYS 1423 X\$ 21.00

163.50

D. WAR SERVICE GRATUITY

935.55

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

935.55

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ OF \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

PREPARED BY

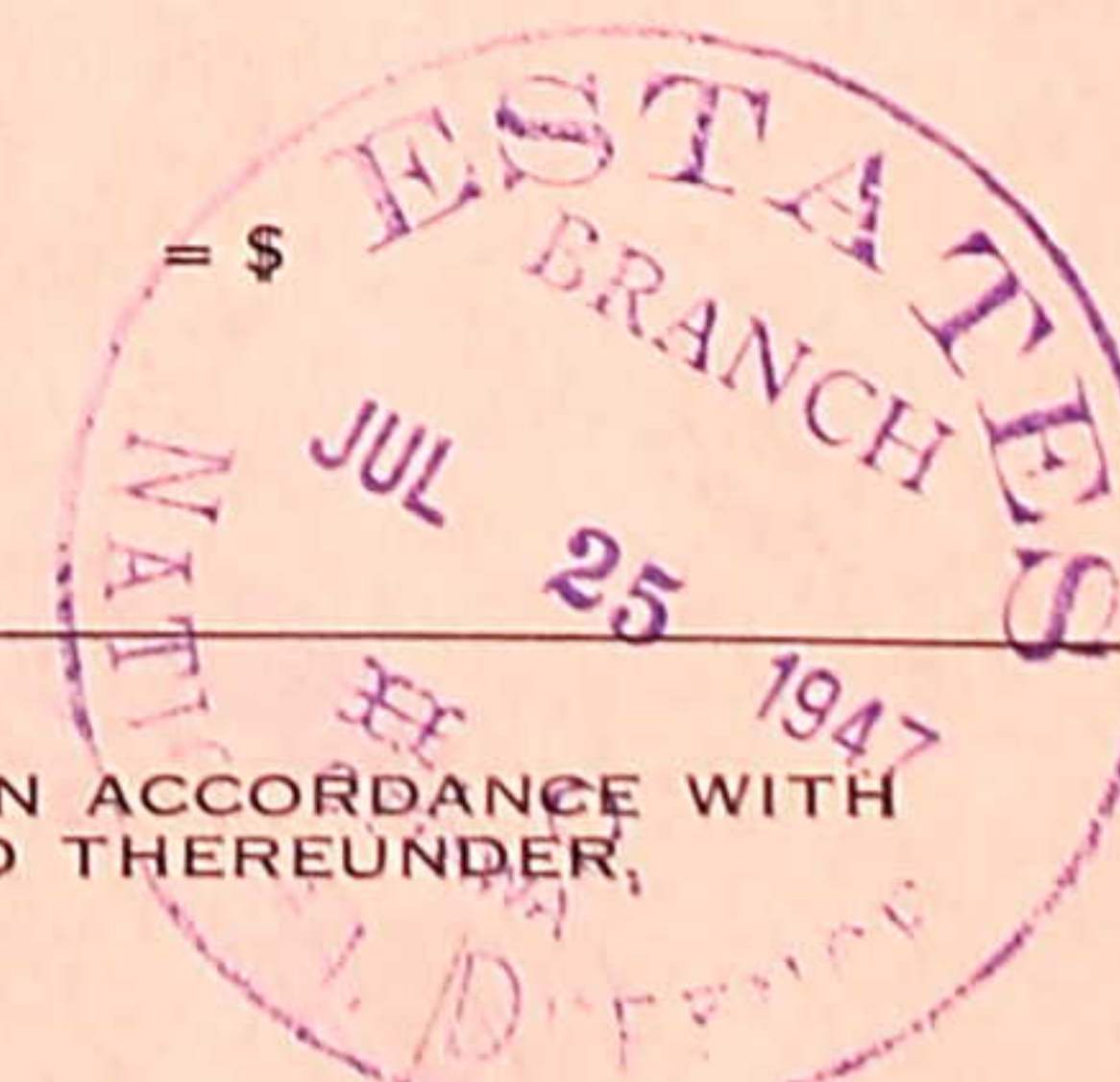
CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE



W.S.G. 37-121

AA [Signature] Capt

[Signature] 3/7/47



PROVINCE OF QUEBEC

CERTIFICATE OF PAYMENT OF SUCCESSION DUTIES

Considering the declarations and other documents of record at the Revenue Office of the Province of Quebec, I, the undersigned, hereby certify that payment has been made of the succession duties exigible under the laws of the Province, by reason of the transmission owing to the death on the APRIL 10, 1945 of M IVAN FLOWERS, in his lifetime of NEW CARLISLE.

File No. 208,834

of the property hereunder described as follows, to wit:

SERVICE ESTATE,	\$282.85
WAR SERVICE GRATUITY,	\$935.55
	<u>\$1,218.40</u>

Signed, sealed and delivered at Quebec, this NOVEMBER 20TH, 1947

Revenue Officer specially authorized

PROVINCE



QUEBEC

REVENUE BRANCH

CERTIFICATE OF SUCCESSION DUTIES

Succession _____

IMPORTANT DOCUMENT

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

OL

Name..... FLOWERS Ivan No. E. 28267
 Surname Christian Names

Rank SPR Unit G.A. O/S Date of Death 10-4-45

AMOUNT

L.P.C.....\$ 282.85

Date..... 8-3-46

Other Credits.....

Total..... 282.85

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
22/40	Father	Adolphus Flowers New Carlisle Bonaventure Co. P.C.	<u>R</u> 155.59
		(10/40 as next of kin entitled) (12/40 for benefit of 6 minors)	
10/40	Mother	Mrs Mary Elizabeth B. Flowers (as above)	<u>R</u> 70.70
2/40	Brother	Andrew Flowers (as above)	<u>R</u> 14.14
2/40	Sister	Mrs Annie Adelaide Poirier (as above)	<u>R</u> 14.14
2/40	Sister	Mrs Blanche V. Domingue 2235 Marianna St., Montreal, P.C.	<u>R</u> 14.14
2/40	Sister	Mrs Mary Theresa Boule 928 Cherrier St., Apt. 4, Montreal, P.C.	<u>R</u> 14.14
		(As next of kin entitled)	

P4. TO TREAS. 26-3-46

Do not remove from file

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	282.85
CLASSIFIED BY			EXAMINED BY		
<u>D</u>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

M E M O R A N D U M

TO: Estates

H.Q. 405-F-14724

21 Feb 46

E.28267 Spr. Ivan FLOWERS

Reference your memo dated 7 Feb.

2. Search of records has been made, but no Will executed by the m/n soldier is in Record Office to date.

HMG/EKG

P. M. Goeman
.....
D.R. 2(b)



D.R. 2 (c)
No. 8 Temporary Building,
Ottawa.

ESTATES BRANCH

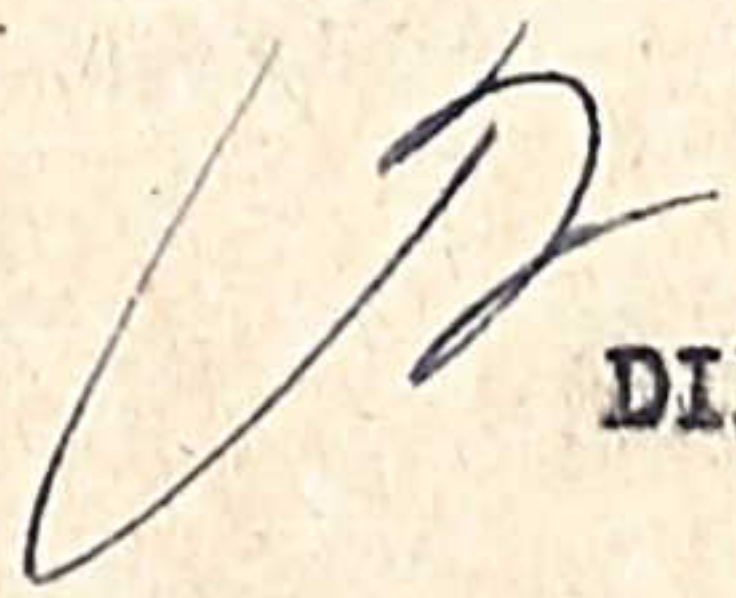
7 FEB 6.

H.Q. 405-F-14,724 FD 18

FLOWERS, Ivan, Spr. (Deceased)
E-28267, C.A.

1. The m/n soldier was killed on Active Service on the 10 APR 45.
2. His Service Book indicates that he made a Will and his family insist that a Will was made by him while in the Army.
3. Would you please therefore cause a search to be made and advise this office as to whether or not you are able to locate the Will.

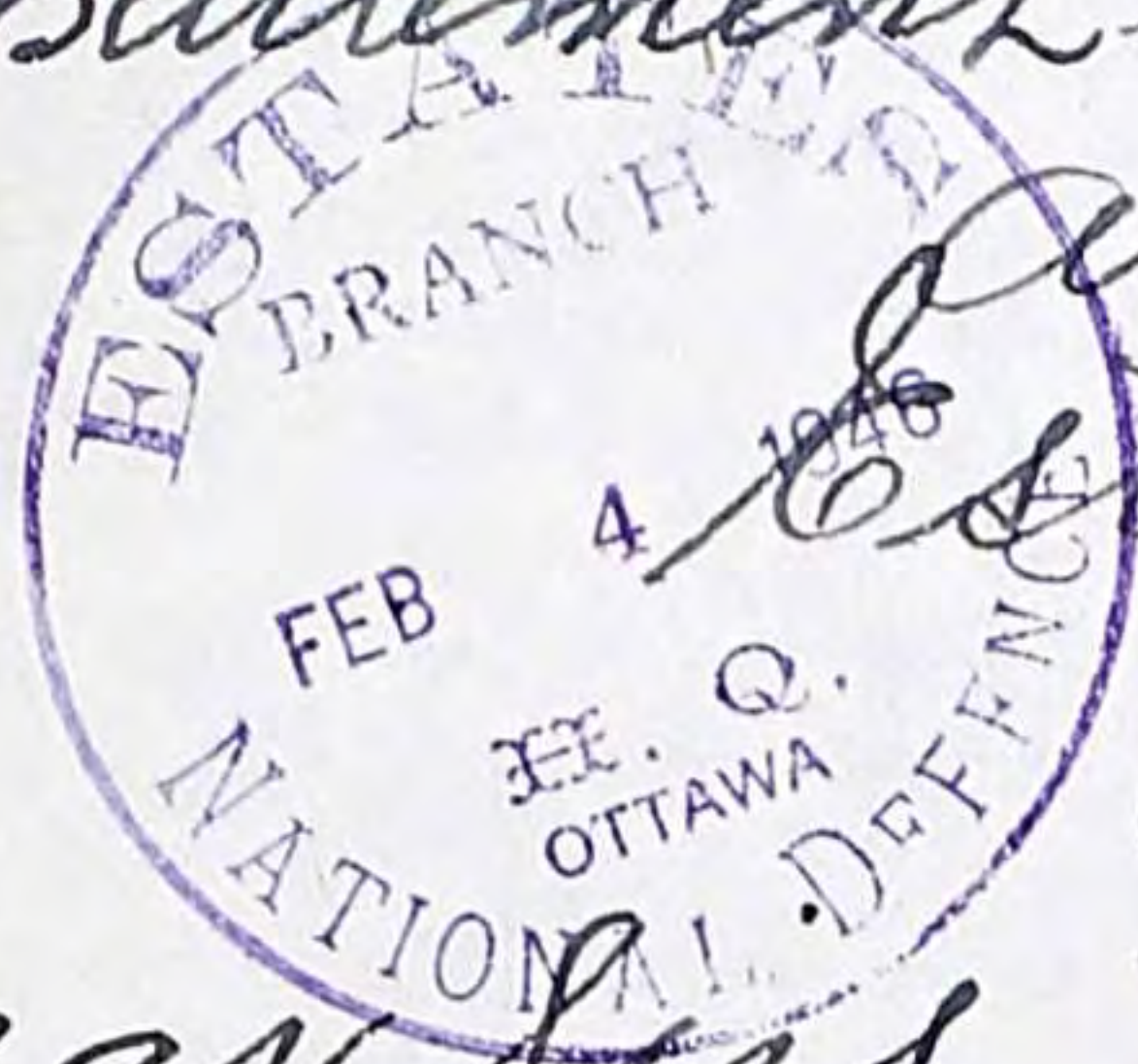
GEB/JS


Capt.,
DIRECTOR OF ESTATES.

New-Castle / Feb / 46

415-F-14724

Department of National Defence



Army
Estate Branch

Ottawa, Canada

Dear Sirs

Flowers, I.

I received your letter of Jan 28/46 regarding the estate of Thomas Joan Spr. 628267 deceased,

You said that apparently he left no will his Brother Andrew 69155 back from Overseas. told me that him and his Brother Joan have made an army service will to me.

and

This is the address of my three daughters

Anne Adelaide Poirier
New-Canal
Caton P. Que

Mrs Blanche Victoire
Domingue

2235 Marianna St
Montreal P. Que

Mrs Mary Theresa Boulé
928 Cherrier St

apt 4 Montreal P. Que
your truly

Adolphe Lefevre.
New-Canal
Caton P. Que

40/279

MILITIA BOOK M. 1.

40/P&S/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

certified true copy.
L. M. M.

1

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.

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.

B1-6472
Number *E 28267* A.F.W3084
Name *J. F. Lawrence*
Rank *Sgt. Major* Religion *R.C.*
Arm *R.C.E.*
Branch if R.A.: Regt. if Foot Guards or Infantry
NOT to be filled in by Soldier.
Diagnosis
Disposal.....

Number *E 28267* A.F.W3084
Name *J. F. Lawrence*
Rank *Sgt. Major* Religion *R.C.*
Arm *R.C.E.*
Branch if R.A.: Regt. if Foot Guards or Infantry
NOT to be filled in by Soldier.
Diagnosis
Disposal.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbrevi-ations and Symbols	Signature of Dental Officer
23 Feb 45		✓		<i>[Handwritten Signature]</i>

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. E 28267

Surname (in capitals) FLOWERS

Christian Names (in full) Yvan

Date of Birth 28 April 21

Place of Birth New Carlisle, P.Q.

Trade on Enlistment Labourer

Nationality of Father at birth Canadian

Nationality of Mother at birth Canadian

Religion R.C.

Enlisted at New Carlisle, P.Q.

Date 7 July 1940

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

Signature of Soldier [Handwritten Signature]

Signature of Officer [Handwritten Signature]

Place Field Date 6 April 1943

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Adolphus	
	Mother	Elizabeth	
3rd	*Brothers and Sisters	Andrew	
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

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

Latest known Address in full

New Carlisle, P.R.

" " " "

Canadian Army

(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
7-7-40	S.pr.		176	<i>[Signature]</i>

6

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

7

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

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Qualified in addition as under :—

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.....
.....

Date 6 April 1943.....
* 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
T.O.E.T. Bren	24-9-42	L.M. Mott Lieut.
" Gas	24-9-42	
" Map Reading "Passed"	24-9-42	
Basic Tr'g.		
2 Feb. - 19 Apr.	19-4-42	
Engr. Tr'g. 1940		
20 Apr. - 30 May	30-5-42	
R.E. Recruit. Tr'g.		
Syllabus Pt. II App. D.	23-9-42	
Gas Chamber D.M. qual. driver T.C. at	24-3-42	
C.T.S. 4-5-43 - Pt. II Order #19	15 May 43	L.M. Mott Lt.
M.E. COURSE	20 Dec 43 To -	
SPEC. DURS. COURSE	16 JAN To 22 JAN 44	
OP. SEE COURSE	13 MAR To 1 APR 44	

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1940	1st	T.I. P. IV	L.M. Mott Lieut.
1941	2nd	T.I. P. IV	
1941	2nd	Rifle (war) R.E.s.	
1942	2nd	Rifle (war) App. II - A, B, D.	
1942	1st	L.M.G. Bren App. IV 1, 2, 3	
1942		Live Grenade Throwing	
1942	2nd	Rifle (war) App. III 1, 2	

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
9 Years	New Carlisle		[Signature]

10

(VIII) TRADE RECORD

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

Trade	Group	Class	Remarks, e.g., Of enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer
Qual. Driver	i/c		D.O. 19	4-5-43	[Signature]
Qual. Op. See.	"C"		D.O. 16.	6 APR 44	[Signature]

11

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
7-7-40	8-12-42	General Duty Driver	<i>L.M. Moss Lt.</i>
8-12-42			

12

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
7-7-40	A	Medical Board	<i>L.M. Moss Lt.</i>
		X Ray Chest Neg., ears,	
7-7-40	A	Urine, reflex normal	

13

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B. 1 T.E.T. 1	10-9-40	L.M. Smith
T.A.B. 2	19-9-40	
T.A.B. 3 T.E.T. 2	6-11-40	
T.A.B.T. 1/2 c.c.	4-12-41	Lieut
T.A.B.T. 1/2 c.c.	10-12-42	L.M. Smith
TYPHUS 1/2 c.c.	22-12-43	
Typhus 1/2 c.c.	30-12-43	Lieut
1 c.c.	13-1-44	Lieut
T.A.B.T. 1/2 c.c.	13-1-44	Lieut
1 c.c. #	1-6-44	Lieut
TYPHUS 1 c.c.	16 JAN 45	Lieut
T.A.B.T. 1 c.c.	16 JAN 45	Lieut

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
10-9-40	L.M. Smith Lt.
10-12-42	L.M. Smith Lt.
21-1-44	

(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
S.O.S. Canada	6-4-41	L.M. Smith
T.O.S. U.K.	7-4-41	
Priv. Leave	15-8-41	
Priv. Leave	14-11-41	Lieut
Priv. Leave	8-5-42	Lieut
Priv. Leave	1-11-42	L.M. Smith
M Test (Rev) Complete	28-1-42	
Q Card Complete	28-1-42	L.M. Smith
P.L. + R.M. 27 JUL 9 AVG	27-7-43	
FINGERPRINTED—CAIB		
M.F.M. 182	28-1-44	L.M. Smith
Entitled 1 White & 3 Red chevrons	7 July 44	
Embarked in U.K.	9 July 44	L.M. Smith
Disembarked in France	11 July 44	
AWARDED C.U.S.M. + CLASP	15 JAN 44	L.M. Smith
One Good Conduct Bdg	24 JAN 44	

A soldier who has made a Will 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.
		Rank or Appointment.
Date		

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their 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 *Ottawa, Ont.*

L. M. Smith Lieut.
Signature of Officer.
Rank or Appointment.

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

To whom sent.....
Dept.....

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 the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.
(Signature) **GEORGE BULL,**
Private No. 30000,

Date 5th August, 1936.

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 remaining part of my property to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) **GEORGE BULL,**
Private No. 30000,

Date 5th August, 1936.

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

C.1857

405-J-14,724

FIELD SERVICE

In lieu of Army Form B.2090A

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

REGIMENT 1 Cdn Rd Const Coy RCE Squadron, Troop _____
OR CORPS _____ Battery or Company _____

Officer's Personal No (if known) E 28267 Rank Spr
Soldier's Army No _____

Surname FLOWERS Christian Names Y.Y.

Date 10 Apr 45 Place Netherlands

Died Cause of Death D of Acc Injuries

Nature and Date of Report CFA 4 10 Apr 45

By whom made 2 CCS

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

Burial Place Common Jewish Grave Heerenberg Immerich 97456576 Date 11 Apr 45
Row 3 Grave 1
By whom reported H/Capt Rene Belanger 2 Cdn CCS

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

(b) as a separate document Not Rec'd

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

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

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

Station and Belgium
Date 19 Apr 45

Signature of Officer *Ernie R. ...*
in charge of Section _____
Adjutant-General's _____ for Officer i/o
Office at the Base Cdn Sec 2nd Ech HQ 21 A Gp

12

H.Q. 405-F-14,724
(D.R. 2b)

27 April 1945

Mr. Adolphe Flowers,
New Carlisle,
Bonaventure Co., Que.

Dear Mr. Flowers:

Further to my telegram of the 18th instant, informing you of the regretted death of your son, E-28267 Sapper Ivan Flowers, I am directed to advise that an additional report has now been received from Canadian Military Headquarters Overseas stating that he died from crush injuries to the head with a fracture of the right temporal and parietal regions of the skull and the jaw, sustained in an accident.

Please accept my sincere and heartfelt sympathy for the irreparable loss you have suffered.

Yours sincerely,

mem X mother
.4-5-45

ms
ND/RC

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

9

24th April, 1945.

Mr. Adolphe Flowers,
New Carlisle,
Bonaventure County, Quebec.

Dear Mr. Flowers:

It was with deep regret that I learned of the death of your son, E28267 Sapper Ivan Flowers, who died while in the Service of his Country in the Western European Theatre of War on the 10th day of April, 1945.

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.

Yours sincerely,

(A.E. Walford),
Major-General,
Adjutant-General.

ME

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M.F.M. 268
50M-9-44 (5635)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

WAVM

FILE H.Q.

405 E-14, 724

CASUALTY (REPORT DELIVERY)

OTTAWA

18 APRIL 1945

TO:-MR ADOLPHE FLOWERS
NEW CARLISLE
BONAVENTURE CO QUE

74076

REGRET DEEPLY E28267 SAPPER IVUN FLOWERS HAS BEEN OFFICIALY REPORTED
TO HAVE DIED TENTH APRIL 1945 AS RESULT OF ACCIDENTAL INJURIES STOP YOU SHOULD
RECEIVE FURTHER DETAILS BY MAIL DIRECT FROM THE UNIT IN THE THEATRE OF WAR STOP TO
PREVENT POSSIBLE AID TO OUR ENEMIES DO NOT DIVULGE DATE OF CASUALTY OR NAME OF UNIT

PREPAID

DIRECTOR OF RECORDS