

E29136
FALLOW
WILLIAM

MEMORANDUM FOR

P. 64

Mr. Steve Fallow,
Box 26,
New Richmond Station,
Bonaventure Co., P.Q.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-F-1437 FD. 437

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

February 4, 1943.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

FALLOW, William, L/Cpl.

No. E.29136, Royal Rifles of Canada.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

R. G. Phelan

(R. G. Phelan) Lieut.,
for (L. M. Firth) Lt.-Col.,
Administrator of Estates.



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree inquired for	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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	Steven Fallow	55	New Richmond Sta. Que. Box 26.	
4	Mother of the Deceased.....	Eva Fallow	44	New Richmond Sta. Que. Box 26.	
5	Brothers of the Deceased	Full Blood	Carl Fallow	15	New Richmond Sta. Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Margaret Fallow Shirley Fallow Helen Fallow	20 11 2 mos.	Campbellton. N. B. Box 275. New Richmond Sta. Que. " " "
		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		

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	William M ^{ac} Gregor Fallow
11	Give the month and year of his birth.	July 14 th . 1920.
12	Where and when were his parents married?	Sept. 30 th . 1919 at New Carlisle, Ore.
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	
14	Did he leave a Will? If so, a copy should be attached hereto.	no.
15	Did he leave a bank account? If so, give full particulars.	no.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	
17	State your own postal address in full.	Steven Fallow New Richmond Sta. Ore. Box 26.

PARTICULARS OF DOMICILE

18	Where was deceased born?	New Richmond Sta.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	
20	What was the nature of his employment?	Worked on his father's farm.
21	Did he own the premises in which he lived? If so, where?	
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	

OTHER PARTICULARS

23	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.
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, 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 the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Fatherof the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Steven Fallow

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Steven Fallow

*See above

.....{ Name of Informant } is the* fatherof the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at New Richmond this 8th day of February 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

} H.A. Burton J. P.

Qualification Justice Peace for District Ga. Pa.

Address New Richmond Sta. P.O. 2nd

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 enquired after is stated in its proper place in the Statement opposite.

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

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county IN THE FIELD (HONG KONG)		Official name of civil municipality or township		Hospital or Institution		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township									
2. LENGTH OF STAY		(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED		Surname FALLOW		(Block letters)		Given names William.		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH							
4. RESIDENCE		Street New Richmond Station,		Official name of civil municipality or township Bonaventure Co.		Municipal county		Province Quebec.		22. Date of death December 8th/25th,		19 41.					
5. SEX M.		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word) Single.		23. I HEREBY CERTIFY that I attended deceased from				19..... to..... 19.....					
9. If married give name of wife or husband of deceased								and last saw h..... alive on..... 19.....									
10. BIRTHPLACE (Province or Country) Quebec.								24. CAUSE OF DEATH									
11. DATE OF BIRTH July 14th, 1920.								I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.									
12. AGE OF DECEASED 21		Years		Months ?		Days ?		If less than one day old									
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Farmer.								Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).									
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.								II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.									
15. Date deceased last worked at this occupation								III If a communicable disease is mentioned on this certificate, give									
16. Total years spent in this occupation								(a) Date of appearance..... 19.....									
17. NAME								(b) Duration of disease..... days									
FATHER FALLOW, Steve.								25. If a woman, was there a puerperal condition?.....									
MOTHER (Maiden Name)								26. Was there a surgical operation?..... Date of..... 19.....									
19. Place of burial, cremation or removal								State findings..... Was there an autopsy?.....									
20. Date of burial..... 19.....								27. If death was due to external causes (violence) fill in also the following:—									
21. PLACE OF REGISTRATION OF THIS BURIAL								Accident, suicide or homicide..... Date..... 19.....									
(a) Name of parish or church.....								(State which)									
(b) Civil municipality of.....								Manner of injury.....									
(c) Municipal county.....								(How sustained)									
(d) Date..... 19.....								Nature of injury.....									
(Month)								Specify whether injury occurred in industry, in home, or in public place.....									
(Day)								Signed..... M.D.									
(Year)								Address..... Date..... 19.....									
								28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)									
								29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.									
								This signature authorizes the collector to accept this form as authentic.									
								J. B. Radine									
								(Voir l'autre côté pour le français)									

for Director of Records, Dept. of National Defence.

No E.29136 Rank L/Corporal Name FALLOW, William

Unit Royal Rifles of Can. Date of death ²⁵~~8/25~~/12/41.

Died at Hong Kong.

Cause Killed in action.

Death occurred on strength of Forces.HQ. 405-F-4437 d

N/K Mr. Steve Fallow Relationship Father

Address Box. 26, New Richmond Station, Bonaventure County, P.Q.

Remains buried in St. Stephen Hospital Cemetery

Hong Kong

Grave location

HONG KONG MEMORIAL

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. 24-5-43

ROYAL MESSAGE DESP'D. JAN 25 1943

CAN. MESSAGE DESP'D. JAN 25 1943

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mr. Steve FALLOW (FATHER)

ADDRESS:

Box 26,
New Richmond Station,
Bonaventure, Co., Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Eva Fallow,

ADDRESS:

Box 26
New Richmond Station, P.Q.

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO. 4275

(2)

DESP. APR 5 1943

(3) REGN No. 1503

351A - 23-3-50

8-1-43
(O.C.L.-244)

AWARDS—CANADIAN ARMY (ACTIVE)

605947
1445
IAI

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-F-4437

FALLOW, William

E.29136

L/Cpl.

Quebec Regt.

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

Pacific Star

War Medal

CVSM & Clasp

Defence-amended 24/01/94

JAN 25 1994

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

VERIFICATION FORM
WAR SERVICE MEDALS 1939-45

No. F-29136 Name Fallow, William
Rank on Discharge 4/ep1 Date of Discharge _____
Authority for Discharge or Retirement Deceased

Served in: Non-qualifying service

Canada from 6-8-40 to 9-10-41
from _____ to _____

United Kingdom from _____ to _____
from _____ to _____

Italy from _____ to _____

Northwest Europe from _____ to _____

Hong Kong from 9-10-41 to 25-12-41. Killed in Action

----- from _____ to _____

Eligible for award of:

1939 - 45 Star OK

Pacific Star OK

~~Italy Star~~ _____

~~France-Germany Star~~ _____

~~Defence Medal~~ _____

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK



Verified by H. Merial

Date 7-7-46

Carded JUL 9 1946

H.Q. 405-F-4437
(D.R.)

January 11, 1943.

Mr. Steve Fallow,
Box 26,
New Richmond Station,
Bonaventure County, Que.

Dear Sir:

I deeply regret to inform you that your son E.29136 Lance Corporal William Fallow gave his life in the Service of his Country at Hong Kong. The official date of death has not yet been reported.

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,

H. F. G. LETSON
Major - General
Adjutant - General

JAN 12 1943
(H.F.G. Letson),
Major-General,
Adjutant-General.

GR/GR

19

Quote No 405-F-4437.....
(Records C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

February 9th, 1943.

PLEASE PLACE
ON FILE
AND P.J.M.

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

Dear Sir:

The undermentioned Canadian Army
Casualty is forwarded to you for transmission to the
Inspector of Income Tax concerned:

Regimental No.....E.29136.....

Rank.....Lance-Corporal.....

Surname.....FALLOW.....

Christian Names.....William.....

Nature of Casualty...Killed in action.....

Date of Casualty.....Between 8th & 25th Dec. 1941.....

Address at time of enlistment.....

.....New Richmond Station, Co. Bonaventure, P.Q.

Occupation *Farmer*

Marital Status on enlistment *S.*

Name and address of next of kin - Steve Fallow, Box 26,
New Richmond, Stn., Bonaventure Co., Que.

GR/EMC
W.E.L. Coleman
1/3/43

(W.E.L. Coleman) Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

placed on
status F.D.
14.5.43
Rb P 25
for APR 30

The Administrator of Estates

Regimental No..... E.29136Rank..... Lance Corporal

..... FALLOW William
Surname Christian Names

Unit..... The Royal Rifles of Canada

Date of Death..... Between 8 & 25
December, 1941.....Place of Death..... Overseas "C" Force

Next-of-kin..... Mr. Steve FallowRelationship..... Father

Address..... Box 26, New Richmond Station, Bonaventure Co., Que.

.....
.....

M.F.M.5..... No record of M.F.M.5 in Record Office.

Will..... No record of Will in Record Office to date.

Date..... January 21, 1943.



[Handwritten signature]

HMG/KVB

[Handwritten signature: W.E.L. Coleman]

(W.E.L. Coleman). Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

H.Q. 405-F-4437
D.R. 2(B)

9TH NOVEMBER, 1945.

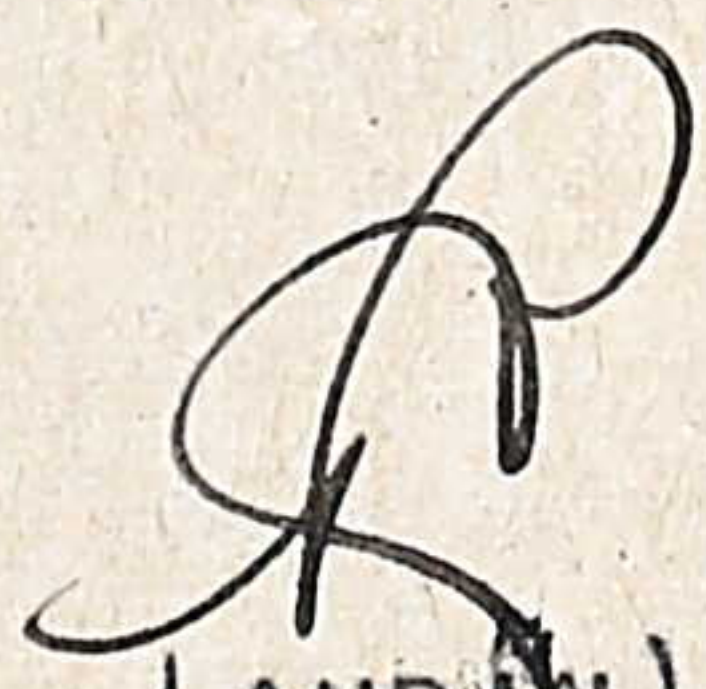
MR. STEVE FALLOW,
Box 26,
NEW RICHMOND STATION,
BONAVENTURE Co., QUE.

DEAR MR. FALLOW:

WITH REFERENCE TO PREVIOUS CORRESPONDENCE FROM THIS HEADQUARTERS CONCERNING THE DEATH OF YOUR LATE SON, I DEEPLY REGRET TO INFORM YOU OFFICIAL INFORMATION HAS NOW BEEN RECEIVED THAT E29136 LANCE CORPORAL WILLIAM FALLOW WAS KILLED IN ACTION AT HONG KONG ON THE 25TH DAY OF DECEMBER, 1941.

PLEASE BE ASSURED THAT SHOULD ADDITIONAL INFORMATION BE RECEIVED CONCERNING YOUR LATE SON'S DEATH OR BURIAL, IT WILL BE COMMUNICATED TO YOU WITHOUT DELAY.

YOURS TRULY,


(C.L. LAURIN) COLONEL,
DIRECTOR OF RECORDS,
FOR ADJUTANT-GENERAL

GR/MEB 

35

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **E.29136** RANK **Lance Corporal** SERVICE UNIT **The Royal Rifles of Canada**
 NAME **FALLOW, William**

DATE OF BIRTH **14th** MONTH **July** YEAR **1920**
DAY MONTH YEAR

MARITAL STATUS **Single**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Father** NAME **Mr. Steve Fallow,**
 ADDRESS **Box 26, New Richmond Station, Bonaventure County, Quebec.** ADDRESS **D.A.B.**

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME
 ADDRESS
(IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **SBC 302 H.Q. 405-F-4437**
 CASUALTY DETAILS **Killed in action - Hong Kong** DATE **Between 8th & 25th Dec., 1941.**

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 **11-1-43**

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

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

4
ARMY

DECEASED
MEMBER'S
NAME

William
(CHRISTIAN NAMES)

FALLOW
(SURNAME)

REGISTER NO.

D-17150

FILE NO.

405-F-4437

DATE

6-3-46

PAYEE

Mrs. Eva FALLOW,

SERVICE NO.

E-29136

ADDRESS

Box 26,
New Richmond, Sta. - P.Q.

FINAL RANK OR RATING

L/Cpl.

DATE OF TERMINATION OF OVERSEAS SERVICE

25-12-41

DATE OF DISCHARGE

25-12-41

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 538 EQUAL TO 17 COMPLETE PERIODS AT \$7.50

\$ 127.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 59 LESS 28 INELIGIBLE DAYS, EQUAL TO 31 DAYS @ 25c. PER DAY

7.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.00

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.50 X 7 = \$ 17.50

NO. OF DAYS 59 X \$ 17.50 = \$ 5.64

135.25

D. WAR SERVICE GRATUITY

140.89

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

140.89

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

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

PREPARED BY
KRM

CHECKED BY

TREASURY

CHECKED BY

DATE

M. Gibson

12/3/46

SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: FALLOW William No.: 7.29136
 Surname Christian Names
 Rank: L/Cpl. Unit: Royal Rifles of Can. Date of Death: 25-12-41

AMOUNT

Date: June 16, 1943.

L.P.C. \$ 26.50
 Other Credits.....
 Total..... 26.50

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
$\frac{2}{3}$	Father	Stephen Fallow, Box 26, New Richmond Station, P.Q.	19.58 <i>R 9.</i>
$\frac{1}{3}$	Mother	Mrs. Eva Fallow, (as above) (Next of kin entitled)	6.62 <i>R 9</i>

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	00	001	26.50 19.58 <i>9</i>
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
N. O. SEAGRAM

.....
(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

[Signature]
.....
For Chief Treasury Officer

CANADIAN ARMY (A)
LAST PAY CERTIFICATE

M. F. D. 938A
500M—12-42 (7497)
H.Q. 1772-39-1548

Regtl. No. **E 29136** Rank and Name **L/Cpl. Fallow, William**
of..... Company, etc. **R.R. of Canada** Regiment, etc., on.....
(Transfer, Posting or Discharge) to **on or about Dec 25** on..... **1**
(Unit and Station)..... 194.....
Reason for discharge **Deceased** Authority **Cas. List M 244**

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of \$..... has been paid by the Treasury Officer, Military District
No.....

REMARKS:

- State (1) Date of appointment or enlistment.....
(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? **No**.....
(3) Has assignment of pay been made? **Yes** If so, amount **20.00** effective
date **1-10-40**.....
(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction \$.....

MPM 18 eff. 1-1-42

The following is a statement of the account of the above named from **1st** to **31st Dec. 194 1**
the inclusive date of transfer, posting or discharge.

DR.		CR.	
PARTICULARS	AMOUNT	PARTICULARS	AMOUNT
Balance Dr. from last account.....		Balance Cr. from last account.....	41.50
First Monthly Payment.....		Regimental Pay 31 days at \$ 1.50	46.50
Casual Payments AR Spec	41.50	Tradesmen's Pay..... days at \$.....	
Payment on Transfer, Posting or Discharge.....		Additional Pay (Give particulars).....	
Assigned Pay.....	20.00	days at..... \$.....	
Regimental Charges.....		Allowances (Give particulars)..... days	
Public Stoppages (Give particulars):		at..... \$.....	
.....		
.....		
.....		
.....		
.....		
To Balance Cr. (To be paid by new unit).....	26.50	By Balance Dr. (To be deducted by new unit).....	
Total.....	88.00	Total.....	88.00

I certify that the above is a true and correct statement of the
account of the above named on transfer, posting or discharge.

NDHQ Ottawa, Ont.
(Place)

MAY 9 1943

(Date)

Paymaster or Accounting Officer.

For Chief Treasury Officer
Army Services

FORM No. 1

Register No. D 17150

Nominal Roll No. 2451

To: P.M.G.

H.Q. File No. 405-F-4837-

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>E 29/136</u>	<u>L/CPL</u>	<u>FALLOW</u>	<u>WILLIAM</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... Decensed CARO..... ()
 2nd Enlistment..... CARO..... ()
 3rd Enlistment..... CARO..... ()

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>6 JUL 40</u>	T.O.S.	T.O.S.
S.O.S. <u>25 DEC 41 MD 0/5</u>	S.O.S. MD.....	S.O.S. MD.....
Total Days <u>538</u>	Total Days.....	Total Days.....

Total Service 538 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>479</u>	<u>-</u>	<u>479</u>
Overseas Service.....	<u>59</u>	<u>-</u>	<u>59</u>
Totals.....	<u>538</u>	<u>-</u>	<u>538</u>
Add Non-qualifying Service.....			
Total Service			<u>538</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas..... 25 DEC 41 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature..... Patricia Munn (CPL)

Checker's Signature..... Barnett

Date Computed..... 7 Nov 45

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

C. L. LAURIN
 Colonel,
 DIRECTOR OF RECORDS.

