

E29999
HALEY
REGINALD

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DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH

OTTAWA, CANADA.

The reverse side of this paper is hereby certified to be a true photostat copy of a Will on file in this Branch of REGINALD HALEY named therein, who died on the 21st day of November 1943 while serving in the Military Forces of Canada while on Active Service.

DATED at Ottawa aforesaid
this 6th day of April, 1944

(sgd) N.O. Seagram
.....
(N.O. Seagram) S/Ldr.,
As Administrator of Estate
Department of National Defence,
Ottawa, a Notary Public in and for
the Province of Ontario.

W I L L

(1) I, Reginald Haley of the Town of Matapedia, in the County of Bonaventure, Province of Quebec, Labourer, Regimental No. E-29999, Unit R.R.C. (C.A.S.F.), do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(2) I GIVE, DEVISE AND BEQUEATH unto my wife, Mrs. Genora Haley, Matapedia, P. Q., Bon. Co. all my estate.

(3) I appoint Nil
to be the Executrix of this my last will.

IN WITNESS WHEREOF ; I have hereunto set my hand
this 2 day of Aug. 1940.

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.....

(sgd) REGINALD HALEY
Signature of Soldier.

WITNESS:

(sgd) Colin A. Blaver,
43 St. Ursule, Quebec, P. Q.
Chemist.

(sgd) C.C. Pope
Cookshivey, P. Q.
Clerk

H.Q. 405-H-5982
(D.R. 2(C))

11th January, 1947.

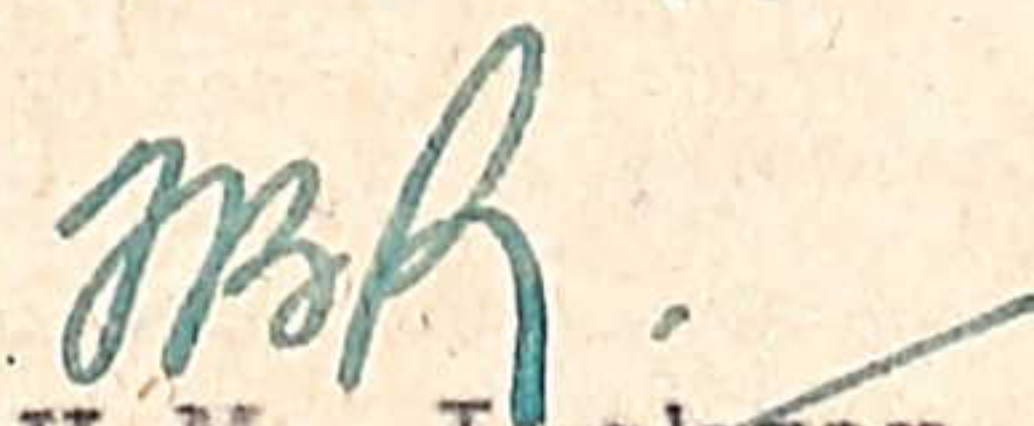
Mrs. Cenora Haley,
Matapedia,
Bonaventure County, Quebec.

Dear Mrs. Haley:

Information has just been received from military authorities in the Far East that the remains of your husband, E29999 Rifleman Reginald Haley, have now been interred in plot A, row B, grave 14, Canadian section, of the British Commonwealth War Cemetery at Yokohama, Japan. This is a recognized military burial ground which 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 H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

/EMA

KJD

CANADIAN

REBURIAL RETURN

Army Form W 3314 R

No E29999 Rank Rfn Name HALEY Initials R.

Unit R.R.C. Location Report 28/11/30

Means of Identification: Particulars on Urn

Date of Death 21-11-43 Date of Reburial 14 Sept., 46

Exhumed from; Mausoleum, Yokohama, Japan. Canadian Wall, Niche A.B. 14

Place of Reburial: British Commonwealth War Cemetery, Japan
Canadian Section, Grave No A.B. 14

Remarks

Signed *D. White & Rev. Capt*
OC 38 Aust War Graves Unit

Unit 38 AUST WAR GRAVES UNIT

File No 405-H-5982

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E 29999 Name Haley Reginald
Rank on Discharge R/Ins Date of Discharge 21-11-43
Authority for Discharge or Retirement Deceased

<u>Served in:</u>		<u>Non-qualifying service</u>
Canada	from <u>1-8-40</u> to <u>Oct. 41</u>	
	from _____ to _____	
United Kingdom	from _____ to _____	
	from _____ to _____	
Italy	from _____ to _____	
Northwest Europe	from _____ to _____	
-----	from _____ to _____	

Hong Kong from Dec 41 to 21-11-43; Died whilst P.O.W.

Eligible for award of:

1939 - 45 Star OK ✓
~~Pac~~ OK ✓
~~Italy Star~~ _____
~~France-Germany Star~~ _____
~~Defence Medal~~ _____
 War Medal OK ✓
 Canadian Volunteer Service Medal OK ✓
 with clasp OK ✓



Verified by J. R. Legault
Date JUL 16 1946
Carded JUL 18 1946

NO RIBBON DESPATCH

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

M.F.D. 930A
25M-11-45 (8315)
H.Q. 1772-39-1548

Amended

Regtl. No. E. 29999 Rank and Name Rfr. Haley R.
of Royal Rifles of Canada "C" Force Unit, on Discharge
(Transfer, Posting or Discharge) to on Nov 30 1943
(Unit and Station)

Reason for discharge Deceased Nov 21, 1943 Authority After Order No. 14
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 1-8-40
- (2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes
- (3) Has assignment of pay been made? Yes If so, amount \$ 20.00
Effective date 1-9-40 Increased to \$23.00 1-20-43
- (4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction \$

M.F.M. 18 Eff. 1-12-43

The following is a statement of the account of the above named from 1st to 30th Nov. 1943 the inclusive date of transfer, posting or discharge.

Dr.		Cr.	
PARTICULARS	AMOUNT	PARTICULARS	AMOUNT
	\$ c.		\$ c.
Balance Dr. from last account.....		Balance Cr. from last account..... <u>L.P.C.</u>	520.52
First Monthly Payment.....		Regimental Pay..... days at \$.....	
Casual Payments.....		Tradesmen's Pay..... days at \$.....	
Payment on Transfer, Posting or Discharge.....		Additional Pay (Give particulars)	
Assigned Pay.....	 days at \$.....	
Regimental Charges.....		Allowances (Give particulars)	
Public Stoppages (Give particulars):	 days at \$.....	
		<u>Bal Nov 1941 Paylist</u>	3.30
		<u>Interest</u>	.15
<u>Adj. 3.45 Cr.</u>			
To Balance Cr.		By Balance Dr.	
(To be paid by new unit).....	523.97	(To be deducted by new unit).....	
Total.....	523.97	Total.....	523.97



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

N.D.H.Q. Ottawa
March 1, 1946
ORIGINAL SIGNED BY P. MAY
FOR Chief Treasury Officer
ARMY

Lawrence Sewal Maj
Paymaster or Accounting Officer

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

4
ARMY

DECEASED
MEMBER'S
NAME

Reginald
(CHRISTIAN NAMES)

HALEY
(SURNAME)

REGISTER NO.

D-1260

FILE NO.

405-H-5982

DATE

21-3-45

SERVICE NO.

E-29999

FINAL RANK OR RATING

Rfm.

DATE OF DISCHARGE

21-11-43

DATE OF TERMINATION OF OVERSEAS SERVICE

21-11-43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1200 EQUAL TO 40 COMPLETE PERIODS AT \$7.50 ✓
30

\$ 300.00 ✓

B. QUALIFYING OVERSEAS SERVICE

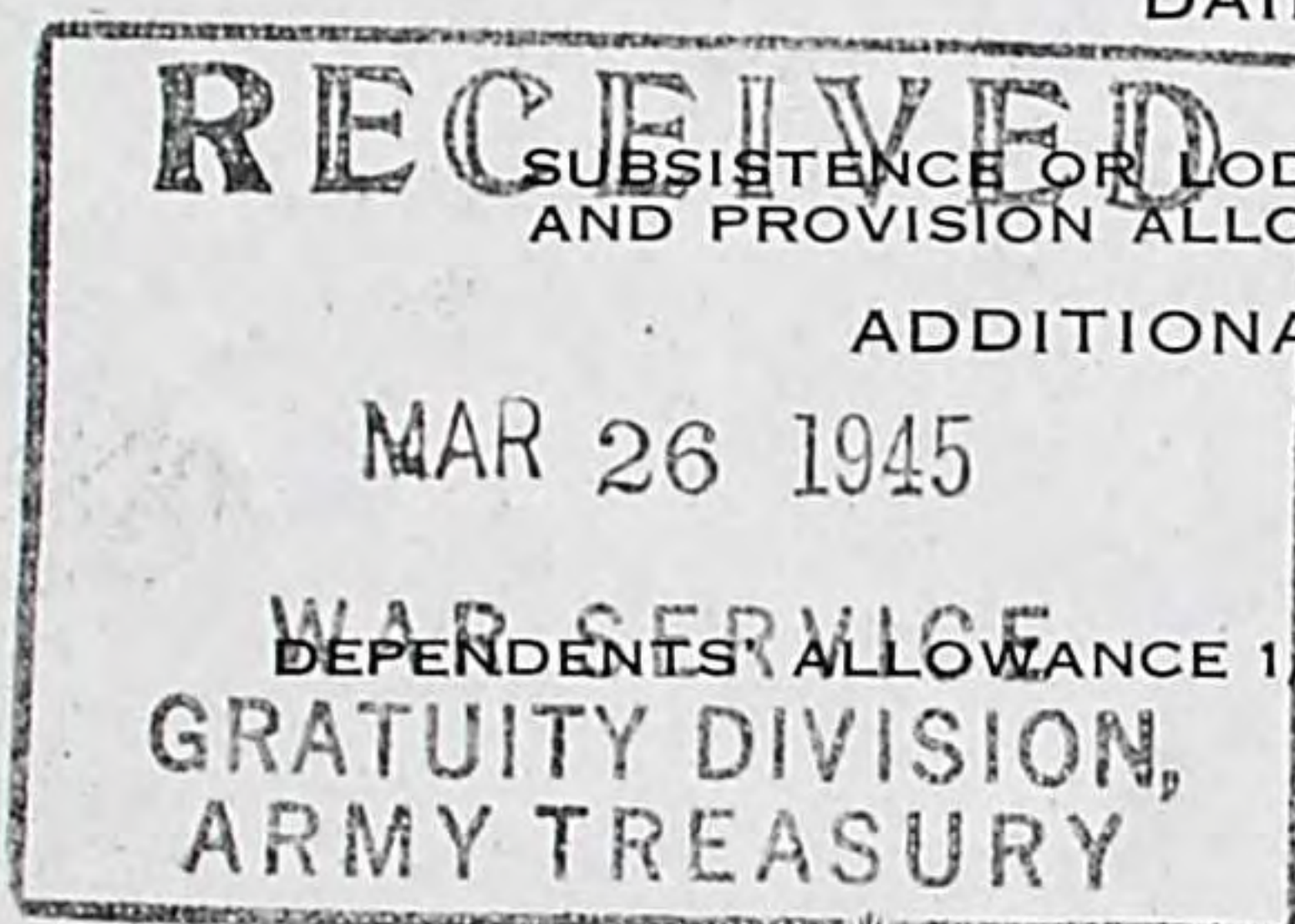
NO. OF DAYS 756 LESS 8 INELIGIBLE DAYS, EQUAL TO 748 DAYS @ 25c. PER DAY ✓
SEE PAR. 2 OVERLEAF FOR EXPLANATION

187.00 ✓

487.00 ✓

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE



PAY \$ 1.50 ✓

SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.25 ✓

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ 85.00 \$ 2.83 ✓

TOTAL \$ 5.58 ✓

NO. OF DAYS 756 X \$ 39.06 ✓

183

X7 = \$ 39.06 ✓

X \$ 39.06 ✓

161.36 ✓

D. WAR SERVICE GRATUITY

648.36 ✓

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

648.36 ✓

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

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

Register No. D 1260 ✓

Nominal Roll No. D 23 ✓

TO: P.M.G.

H.Q. File No. 405-145982 ✓

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Rank When
Regt. No. E 29999 ✓ S.O.S. RFMM ✓ Surname HALEY ✓ Christian Name in Full REGINALD ✓

Reason for Termination of Service:

1st Enlistment DIED IN SERVICE ✓ CARO ()
2nd Enlistment CARO ()
3rd Enlistment CARO ()

TOTAL SERVICE

1st Enlistment 2nd Enlistment 3rd Enlistment
T.O.S. 1 AUG 40 ✓ T.O.S. T.O.S.
S.O.S. 21 NOV 43 ✓ MD O/S ✓ S.O.S. MD S.O.S. MD
Total Days 1208 Total Days Total Days
TOTAL SERVICE 1208 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	<u>452</u> ✓	<u>n/c</u>	<u>452</u> ✓
OVERSEAS SERVICE	<u>756</u> ✓	<u>n/c</u>	<u>756</u> ✓
Totals	<u>1208</u> ✓	<u>n/c</u>	<u>1208</u> ✓
Add Non-qualifying Service			
TOTAL SERVICE			<u>1208</u> ✓

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 21 NOV 43 ✓ 2. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE
DIED PRISONER OF WAR
21 NOV 43 ✓

Computer's Signature [Signature]

Checker's Signature [Signature]

Date Computed 12 Dec 44

NO DOCS AVAILABLE WSG. COMPUTED FROM PERSONAL FILE.

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

[Signature]
(C.L. Laurin) Colonel,
Director of Records.

RECORD OF SERVICE
DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total

TOTAL

T.O.S. 27 OCT 41 ✓ T.O.S. _____ T.O.S. _____
 OVERSEAS S.O.S. 21 NOV 43 ✓ S.O.S. _____ S.O.S. _____

TOTAL

Mrs. Genora Haley,

Matapedia,

Bonaventure Co., Que.

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-H-5982 F.D.50

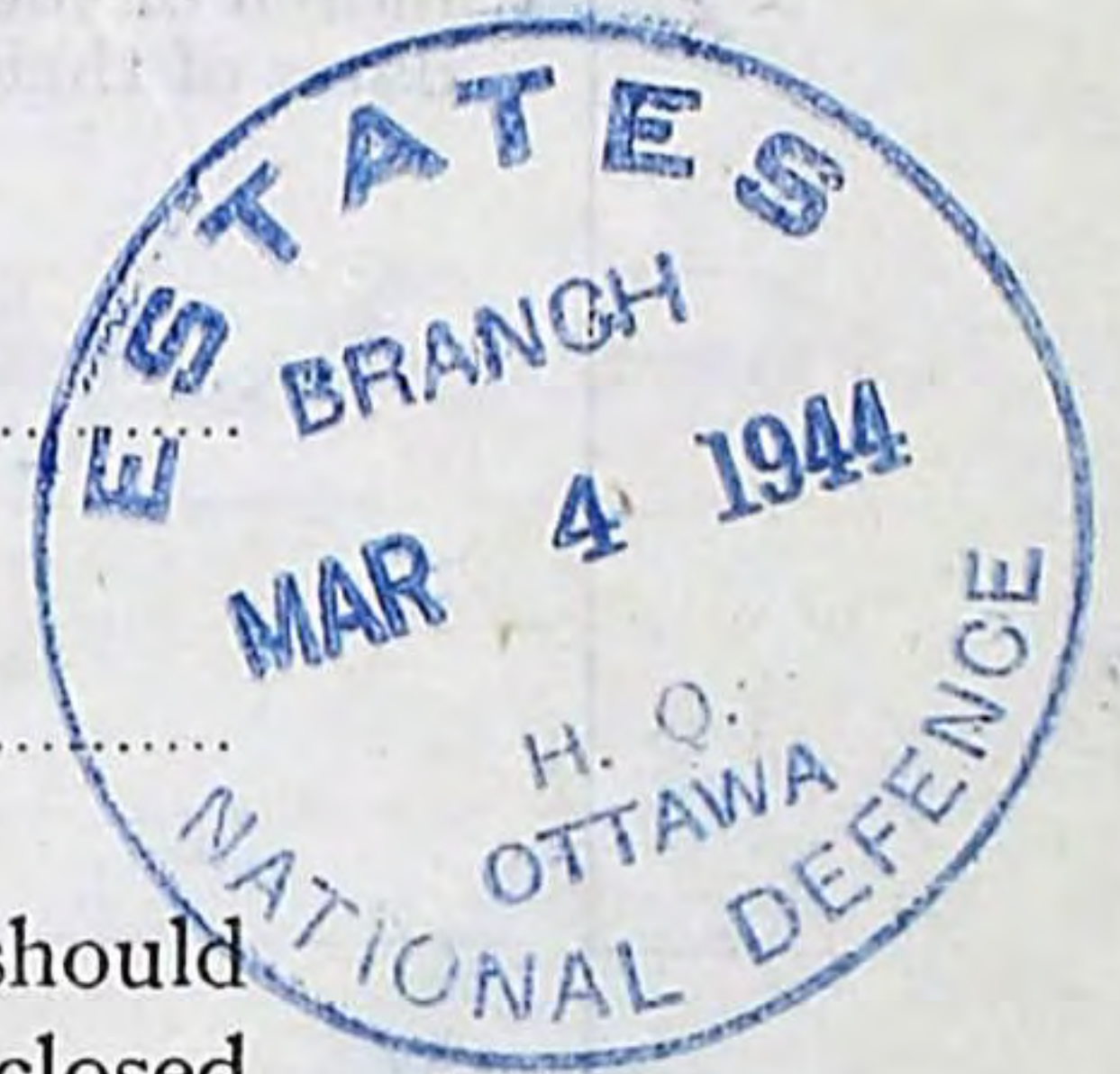
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Feb. 28, 1944

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

HALEY, Reginald, Rflmn.

E.29999 C. A.



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

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

P. S. Deis
(P. S. Deis) Capt.,
for (L. M. Firth) Lt.-Col.
Administrator of Estates.

PSD/MK

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.....	Mrs. Genora Haley	28	Matapedia
2	Children of the Deceased and dates of their Births.....	Borona may 13 1934 Reginald may 29 1938 Murdis sept 1st 1939 Douglas oct 26 1940 Olive july 14 1942		
3	Father of the Deceased.....	Bernard Haley	53	Matapedia
4	Mother of the Deceased.....	Gertrude Fuller	49	
5	Brothers of the Deceased	Full Blood	Bernard 23 William 21 Gerald 20 Richard 17 E. Sevin 14	
		Half Blood		
6	Sisters of the Deceased	Full Blood	Teresa 25 Marian 18 Doreen 13 Laura 10 Kathleen 12 Joan 9	
		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.	Murdis Murdis 1920	Names and ages of their children (if any)	Address of their children
		none		

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ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Reginald Haby
9	Date of his birth.	January 9 1916
10	Place and date of his marriage.	Quebec, July 24 1937
11	Place and date of his parents' marriage.	Matapedia April 20 1915

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Matapedia
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, Bonaventure (b) (c) (d)
14	Nature of employment before enlistment.	Guide on Salmon Club, in the woods, farming.
15	State whether he owned the premises in which he lived, and, if so, where situated.	yes, in Matapedia
16	Name place where deceased stated he intended to make his permanent home.	Matapedia

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No marriage contract
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?	None.
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.	One 1/2 story house valued at \$1,000.00

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 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.	yes No paid yet.

(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

* widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Senora Haley.

{ Signature of Informant

Matapedia, Que.

Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief Mrs. Senora Haley

See above. { Name of informant } is the widow of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Matapedia this 2 day of March 1944

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

Philippe Blais, pvt

Qualification pastor

Address Matapedia, 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

The Administrator of Estates.

Regimental No. E.29999 Rank Rifleman

HALEY Surname Reginald Christian Names

Unit The Royal Rifles of Canada

Date of Death 21-11-43 Place of Death Overseas (Tokyo)

Next-of-kin Mrs. Genora Haley Relationship Wife

Address Matapedia, Bonaventure County, P.Q.

M.F.I. 5 Copy herewith.

Will Original Will d/2-8-40 herewith.

Date Feb. 22, 1944.



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

KVB/

To be made out in duplicate

M.F.M. 5
200M-2-41 (9495-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN
ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (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 other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit. When transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank..... HALEY REGINALD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... E.29999 Rifleman

(3) Unit..... Royal Rifles of Canada

(4) Are you married?..... Yes

(5) If married, state,

(a) Full name of your wife..... Fenora Haley

(b) Present postal address of wife..... Matapedia Co., P.Q.

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

(7) Are you a widower?..... No

(8) Have you any children?..... Yes..... Number of boys..... 1..... Girls..... 2.....
Names and ages..... Reginald 2 yrs. Mary 10 months Carona 3 yrs.

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them.....
Yes

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name..... N.A.

Postal Address.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

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

(11) Is your father alive? Yes

If so, state name and address, occupation Bernard Haley, Matapedia Co. Bon. P.Q.
(Labourer)

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

(13) ~~If~~ sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment.....

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....

(14) Is your mother alive? Yes

If so, state name and address..... Gertrude Haley, Matapedia Co., Bon. P.Q.

(15) If your mother is a widow, are you her sole or partial support? No

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?.....

(17) Are you contributing to the support of any dependents, other than those shown above?.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship

Full Name

Postal Address

Amount contributed monthly during the past six months.....

(18) Are you insured? No

If so, in what Company?.....
(Give number of policy)

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

(Sgd) Reginald Haley
(Signature of officer or man)

Date..... 1-8-40

(Sgd) W.J. Home, Lt.-Col. ??

Officer Commanding Royal Rifles of Canada

Date..... 1-8-40

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

18th February, 1944.

Mrs. Genora Haley,
Matapedia,
Bonaventure Co., Que.

Dear Mrs. Haley,

It is with deep regret that I learned of the death of your husband, E29999 Rifleman Reginald Haley, who gave his life in the Service of his Country in Tokyo on the 21st day of November, 1943.

From official information we have received, your husband died of illness whilst a prisoner of war. 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

FEB 17 1944
(H.F.G. Letson),
Major-General,
Adjutant-General.

ACB/SJR

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER	E29999	RANK	RIFLEMAN	SERVICE UNIT	ROYAL RIFLES OF CANADA
NAME	HALEY, REGINALD				
DATE OF BIRTH	9-1-16	DATE OF ENLISTMENT	1-8-40		
MARITAL STATUS	MARRIED	RELIGION	ROMAN CATHOLIC		
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP	WIFE	NAME ADDRESS D.A.B.	MRS. GENORA HALEY		
ADDRESS	MATAPEDIA, BONAVENTURE Co., QUE.				
ADDITIONAL PERSON TO BE NOTIFIED	ADDRESS				
PARENTS NAME (IF SOLDIER MARRIED OVERSEAS)	ADDRESS				
AUTHORITY CAS. SIG. NO. CASUALTY DETAILS	MAJ. W.M. STEWART, R.A.M.C. MO NIIGATA, JAPAN DIED OF DYSENTRY AND BERI BERI WHILST A PRISONER OF WAR AT NIIGATA, JAPAN.			DATE	405-H-5982 21-11-43
AMENDED AS TO PLACE OF DEATH					
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	26-11-45
FORM NO. CAS. 6 25M-4-44 (4184) H.Q. 1772-39-1989-1990	MED				DIRECTOR OF RECORDS

5

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

COPY FOR C. R. FILE

Prepared by: R.G.
Checked by: C.S.

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
75M-4-42 (4278)
H.Q. 1772-39-1045

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

Unit ROYAL RIFLES OF CANADA (CASF) Regimental Number E-29999

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname..... HALEY
2. Christian Names..... Reginald
3. Present address..... Matapedia Co. Bonaventure P.Q. Canada
4. Date of birth..... 9th January 1916
5. Place of birth..... Canada Co. Bonaventure P.Q. Matapedia
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... Catholic Romain
7. Trade or Calling..... Labourer
8. Married, Widower or Single..... Married
9. Name of next of kin..... Genora Haley
10. Relationship..... Wife
11. Address of next of kin..... Matapedia Co. Bonaventure P.Q. Canada
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?.....
NIL
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) an Active Formation or Unit of The Canadian Army?.....
NIL (Yes or No)
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air
Force?..... NIL
(Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918?.....
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 1 Aug 40 (Sgd) Reginald Haley
WITNESS: (Sgd) J.F. Ross (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

(Sgd) Reginald Haley (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 Matapedia this 1st day of August 19 40

(Sgd) John H. Price {Signature of Magistrate, Justice
or Attesting Officer.
Major, R.R.C. {Officer 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

Record of Service of HALEY (Surname) Reginald (Christian Names) Regimental Number E-29999

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... NIL High School } 7 years Graduation } NIL
 Business or Professional..... NIL or } (years completed) or } (specify)
 Trade or Civil..... LABOURER *College..... MATAPEDIA CO. BONAVENTURE, P.Q.
 Technical..... NIL *University..... NIL
 Languages..... ENGLISH & FRENCH

*(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 T.O.S. Royal Rifles of Canada (C.A.S.F.)	Rfn	1 Aug 40	R.R.C.	Valcartier	D.O. 27	6 Aug 40
		EMBARKED CANADA - SAILING LIST No. 409 "W FORCE"		21 Nov 40				
		Grtd. 14 days lve of abs. commencing	Rfn	5 Feb 41	"	"W Force"	16	21 Jan 41
		Sent to Halifax Mil. Hosp.	"	31 Jan 41	"	"	31	8 Feb 41
		S.O.S. - R.R.C. - on trans. - to D.D. - M.D. #6	"	31-Jan-41	"	"	Deleted by #55 -54	d/10 Mar 41 -8-Mar-41
		Disch. from Halifax Mil. Hosp.	"	28 Feb 41	"	"	55	10 Mar 41
		RET. CANADA AUG 18/1941 S/L 51B						
		Awarded 7 days C.B. & forf. 3 days pay for AWL from 1200 hrs 25 Aug 41 to 0600 hrs 28 Aug 41 (Total days 2, hrs 18)	"	1 Sep 41	R.R.C.	Valcartier	181	1 Sep 41
		EMBARKED CANADA - SAILING LIST No. 966 "C FORCE"	"	27 Oct 41				

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full HALEY Reginald Place _____
 Place _____ Date 1 Aug 40

Part 1. Information obtained from the recruit.

1. Age 24 2. Have you ever suffered from any of the following diseases?
- | | | | |
|------------------------------|-----------|---|-----------|
| a. Rheumatism | <u>no</u> | k. Ear disease | <u>no</u> |
| b. Tuberculosis or pleurisy | <u>no</u> | l. Eye disease | <u>no</u> |
| c. Bronchitis or asthma | <u>no</u> | m. Fits | <u>no</u> |
| d. Heart disease | <u>no</u> | n. Nervous or mental disease | <u>no</u> |
| e. Kidney or bladder disease | <u>no</u> | o. Syphilis | <u>no</u> |
| f. Stomach or bowel trouble | <u>no</u> | p. Gonorrhoea | <u>no</u> |
| g. Rupture | <u>no</u> | q. Have you ever worn glasses? | <u>no</u> |
| h. Varicose veins | <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details | <u>no</u> |
| i. Foot trouble | <u>no</u> | | |
| j. Nasal trouble | <u>no</u> | | |

(Sgd) Reginald Haley
 Signature of Applicant.

Part 2. Information obtained by medical examination.

THE RECRUIT MUST BE STRIPPED

1. Identification marks or scars. (If operative obtain history).
Congenital facial asymitony left side
2. Height 5 feet 11 inches. 3. Weight 165 pounds.
 4. Complexion Clear Eyes Blue 5. Development Good Good
Fair
Poor
 Hair Brown
6. Chest measurement—Girth on full expansion 41 inches.
 Range of expansion 3 inches.
7. Vision, right 20/20 left 20/20
 With Glasses— right _____ left _____ 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, oreilles: Normales Urine: Trace of albumen no clinical sign
Kidney disease
X-Ray chest: Negative 5 Aug 40 (Sgd) Sylvio LeBlond, Major

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 _____

(Sgd) Sylvio LeBlond, J.H. Macdonell J.A. Bergeron, M.D.
 President Capt. Member Member
 VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
			CERTIFIED TRUE COPY OF MF2
			<i>J. E. Payne</i> Officer having custody of regimental documents kept by the Director, War Service Records, DVA, Ottawa, 10 Sep 52.

ORIGINAL

To be made out in duplicate

M.F.M. 5
90M-3-40 (4225-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)
- (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 other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer or Other Rank HALEY REGINALD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank E-29999 Rifleman

(3) Unit ROYAL RIFLES OF CANADA C.A.S.F.

(4) Are you married? Yes

(5) If married, state,

(a) Full name of your wife Nil Genora HALEY,

(b) Present postal address of wife Nil Matapedia Co Bon. P. Q.

(6) If married, have you been regularly supporting your wife? If not—state reasons Nil Yes

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls One boy & two girls.

Also their names and ages Reginald 2 yrs. Mary 10 months, Carona 3 yrs.

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them Yes

Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.

Name Nil

Postal Address Nil

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 12 months immediately prior to enlistment?..... No

If so, state her full name and Postal Address..... Nil

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

If so, state name and address, occupation..... Bernard HALEY, Matapedia Co. Bon. P.Q.
Labourer

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special Reserve)..... Nil

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?..... Nil

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

If so, state name and address..... Gertrude HALEY, Matapedia Co. Bon. P. Q.

(15) If your mother is a widow, are you her sole or partial support?..... Nil

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve)..... Nil

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?..... Nil

(17) Are you contributing to the support of any dependents, other than those shown above?..... No
If so, state the following particulars:—

Relationship..... Nil

Full Name..... Nil

Postal Address..... Nil

Amount contributed monthly during the past six months..... Nil

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment?..... No

(19) Are you insured?..... No

If so, in what Company?..... Nil
(Give number of policy)

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

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.

Date..... 1st. Aug. 1940

Raymond G. Haley
(Signature of officer or man)

M. J. Rome Lt. Colonel
Officer Commanding..... Royal Rifles of Canada
C.A.S.F.

Date..... 1st. Aug. 1940

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO (Married Brother-in-law)

Mrs. Genora HALEY (WIDOW) (Re-Married)

ADDRESS: ~~Matapedia~~ RICHARDVILLE
~~Bonaventure Co?? P.Q.~~ N.B.

(2) MEMORIAL CROSS

WIDOW Mrs. Genora Haley,

(1553)

ADDRESS: Matapedia, Bonaventure Co., P.Q.

(3) MEMORIAL CROSS

MOTHER Mrs. Gertrude HALEY, (M.F.M. 5.)

(1553)

ADDRESS: MATAPEDIA, Bon. Co., P.Q.

8110

DESP. MAR 7 1944
REGN No. 6136

DESP. MAR 7 1944
REGN No. 6137

MEMORIAL BAR
DATE DESP.....
REGN. NO. 436

21-11-43
(O.C.L.-439)

AWARDS—CANADIAN ARMY (ACTIVE)

M

(1553)

M.J.A.

100M-10-41 (2195)
H.Q. 1772-45-8

HALEY, Reginald		E.29999	Rf'mn.	FILE NO. 405-H-5982
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	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

File No 405-H-5982

REBURIAL

NO E.29999

RANK Rifleman

NAME HALEY, R.

NAME OF CEMETERY British Commonwealth War Cemetery.

LOCATION OF CEMETERY Yokohama, Japan.

GRAVE LOCATION Plot A, Row B, Grave 14, Canadian Section.

AUTHORITY 54-27-88-2-Vol. S.9050-17-15.

Reburial list.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER	E29999	RANK	RIFLEMAN	SERVICE UNIT	ROYAL RIFLES OF CANADA
NAME	HALEY, REGINALD				
DATE OF BIRTH	9-1-16	DATE OF ENLISTMENT	1-8-40		
MARITAL STATUS	MARRIED	RELIGION	ROMAN CATHOLIC		
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP	WIFE	NAME	MRS. GENORA HALEY		
ADDRESS	MATAPEDIA, BONAVENTURE Co., QUE.	ADDRESS D.A.B.			
ADDITIONAL PERSON TO BE NOTIFIED		ADDRESS			
PARENTS NAME					
ADDRESS (IF SOLDIER MARRIED OVERSEAS)					
AUTHORITY CAS. SIG. NO.	MAJ. W.M. STEWART, R.A.M.C. MO NIIGATA, JAPAN				DATE 405-H-5982
CASUALTY DETAILS	DIED OF DYSENTRY AND BERI BERI WHILST A PRISONER OF WAR AT NIIGATA, JAPAN.				21-11-43
AMENDED AS TO PLACE OF DEATH					
LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.7	YES/NO	M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.7	YES/NO	DATE	26-11-45
FORM NO. CAS. 6 25M-4-44 (4184) H.Q. 1772-39-1989-1990	MED				
DIRECTOR OF RECORDS					

6

COPY FOR DOCUMENT FILE

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (JAPAN)			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	HALLEY														
	Given names	Reginald														
4. RESIDENCE	Street	No.														
	Official name of civil municipality or township	Matapedia														
	Municipal county	Bonaventure Province Que.														
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
M			Married													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country)																
Que.																
11. DATE OF BIRTH																
January 9th 1916																
12. AGE OF DECEASED																
27																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.															
	Labourer															
	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																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal																
Japan																
20. Date of burial																
19																
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church															
	(b) Civil municipality of															
	(c) Municipal county															
	(d) Date															
(Month) (Day) (Year)																
22. Date of death																
November 21st 1943																
23. I HEREBY CERTIFY that I attended deceased from																
19 to 19																
and last saw him 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) Beriberi whilst prisoner of war.																
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																
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.																
(Voir l'autre côté pour le français)																

Director of Records, Dept. of Natl. Defence

OVERSEAS CASUALTY
CANADIAN ARMYH05-111-0982
DEC 20 1943

No E.29999 Rank Rifleman Name HALEY, Reginald

Unit Royal Rifles of Can. Date of death 21st November, 1943.

Died at NIIGATA, JAPAN.

Cause Beriberi whilst prisoner of war at a Tokyo camp.

Death occurred on strength of Forces.HQ 405-H-5982 d 15-2-44

N/K Mrs. Cenora Haley Relationship Widow

Address Matapedia, Bonaventure Co., P.Q.

Remains buried in _____ Cemetery

Grave location _____

CHK

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N. **JAN 10 1947**

RETURN TO BUR. OF **SEP. 20 1945**

ROYAL MESSAGE DESP'D. 24-2-44.

CAN. MESSAGE DESP'D. 21-2-44.

REBURIAL

British Commonwealth War Cemetery.
Yokohama, Japan. Cdn. Section.

Grave 14, Row B. Plot A.

Photographs

Despatched

OCT 9 1947

IWGC Quest Form Desp'd JUN 22 1949