E30029
CUZNER
JOHN

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

No E.30029 Rank Sergeant Name CUZNER, John Garry

Unit Royal Rifles of Can. Date of death 19 ~~8/25~~/12/41.

Died at Hong Kong.

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-C-7491 d

N/K Mrs. Dorothy Erma Cuzner Relationchip Widow

Address 7042 Bloomfield Ave.,c/o Mrs. Arthur , Montreal, P.Q.

Remains buried in OK. Cemetery

HONG KONG MEMORIAL

Grave location

CHK ✓

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 23 1943

7-1-43
(O.C.L.-242)

AWARDS—CANADIAN ARMY (ACTIVE) M 1431

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-C-7491

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
CUZNER,	John Garry	E.30029	Sgt.	Quebec Regt.

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)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP. .....

(1)

REGN. NO. 474

(1) MEDALS

PERSON ENTITLED TO: Mrs. M. CUZNER (MOTHER)

ADDRESS: 208 Bronson Ave.,
OTTAWA, Ont.

(2) MEMORIAL CROSS

WIDOW Mrs. Dorothy Cuzner,

ADDRESS: 7042 Bloomfield Ave., Montreal, P.Q.

(2) DESP. FEB 2 1943
REGN No. 922

(3) MEMORIAL CROSS

MOTHER Mrs. Margarite Garrett Cuzner,

ADDRESS: ~~281~~ 208 Bronson Ave., Ottawa, Ontario.

(3) DESP. FEB 2 1943
REGN No. 923

822-23-3-50

Prepared by : FL
Checked by : a L

~~ORIGINAL~~
D[illegible]ICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
75M—4-42 (4278)
H.Q. 1772-39-1645

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

Unit ROYAL RIFLES OF CANADA C.A.S.F. Regimental Number E-30029

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname CUZNER
2. Christian Names ~~Garry~~-John Garry (Obs. 20 Aug 40)
3. Present address Asbestos, Co. Richmond, P.Q.
4. Date of birth 29 November, 1912
5. Place of birth Canada (Country) Ont. (County or Province) Ottawa (Town or Township)
6. Religion (state denomination) Protestant (United Church)
7. Trade or Calling Miner
8. Married, Widower or Single Married (Separated by mutual consent)
9. Name of next of kin Dorothy Erma WILSON (CUZNER)
10. Relationship Wife
11. Address of next of kin 7042 Bloomfield Ave., Montreal, P.Q.
Auth. F.W. Clarke, Lt.-Col., & OCL M-149 d/7 Sep 42
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? (Yes or No)
Nil
(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, Garry John CUZNER, 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 31 July, 1940 (Sgd) John Garry Cuzner
WITNESS: (Sgd) L. Macdonald (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

(Sgd) John Garry Cuzner (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 Danville, P.Q. this 31st day of July 19 40

(Sgd) E.E. Denison, Captain — Signature of Magistrate, Justice or Attesting Officer.
(E.E. DENISON) R.O. (E) M.D. 5 — 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 CUZNER (Surname) ~~Garry~~ John Garry (Christian Names) Regimental Number E-30029

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Miner

Technical: Nil

Languages: French and English

Educational Qualifications

High School or Collegiate: 10 years (years completed)

Graduation or Matriculation: Nil (specify)

*College: Broadway Public School, Ottawa, Ont. - 2nd Form

*University: Nil

*(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 Canadian Army. (Active)	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 (CASF)	Rfn.	31 Jul 40	R.R.of C.	Valcartier	27	6 Aug 40
		Promoted A/Cpl. with pay	A/Cpl.	1 Sep 40	"	Sussex Camp	71	26 Sep 40
		Having been trade tested is classified "cook" group "C"	"	10 Aug 40	"	"	90	18 Oct 40
		Entitled to draw tradesmen's rates of pay	"	10 Aug 40	"	"	90	18 Oct 40
		Proceeded on command to Camp Borden at 1918 hrs. 6 Nov 40 to attend course at School of Cookery	"	6 Nov 40	"	"	106	6 Nov 40
		Attached to RCASC TC, Camp Borden, for duty, disc., rations and quarters whilst attending a course in cookery	Cpl.	9 Nov 40	RCASC TC	Camp Borden	289	13 Nov 40
		Admitted to Camp Borden Mil. Hosp.	"	27 Nov 40	"	"	304	30 Nov 40

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

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full CUZNER, ~~Garry~~ John Garry Place

Place Date 31 July, 1940

Part 1. Information obtained from the recruit.

1. Age 28 2. Have you ever suffered from any of the following diseases?

a. Rheumatism no
b. Tuberculosis or pleurisy no
c. Bronchitis or asthma no
d. Heart disease no
e. Kidney or bladder disease no
f. Stomach or bowel trouble no
g. Rupture no
h. Varicose veins no
i. Foot trouble no
j. Nasal trouble no
k. Ear disease no
l. Eye disease no
m. Fits 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

(Sgd) John Garry Cuzner
Signature of Applicant.

(Sgd) John Garry Cuzner

Part 2. Information obtained by medical examination.

THE RECRUIT MUST BE STRIPPED

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

None

2. Height 5 feet 9 inches. 3. Weight 143 pounds.

4. Complexion dark Eyes blue
Hair dark brown

5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 2½ inches.

7. Vision, right 20/20 left 20/20
With Glasses— right left

8. Hearing, right 20 W left 20 W

9. Condition of mouth and teeth Uppers all out, otherwise good.

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

Reflexes normal, urine normal, ears normal (Sgd) C. Gelinas, M.D.
X-RAY CHEST - NEGATIVE 5 AUG 1940 (Sgd) J. Stevenson

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) Roger Nadeau, Capt. (Sgd) Dr. A.R. Gregoire (Sgd) R.H. Stevenson
President RCAMC Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
			CERTIFIED TRUE COPY OF MFM2. R.E. Layne Officer having custody of regimental documents kept by the Director, War Service Records, DVA, Ottawa, 15 Oct 52.

Regimental No. E-30029 Rank Cpl. Sheet No. 2

M.F.[redacted] (a)
501[redacted]02)
H.Q.[redacted]2-39-1646

Name CUZNER, John Garry

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Transferred from Camp Borden Mil. Hosp. to Christie Street Hosp., Toronto	Cpl.	27 Nov 40	RCASC TC	Camp Borden	307	4 Dec 40
Discharged from Christie Street Hosp., Toronto	"	9 Dec 40	"	"	312	10 Dec 40
Ceases to be attached to RCASC TC for duty, disc., rations and quarters on termination of course in cookery	"	19 Dec 40	"	"	328	28 Dec 40
EMBARKED CANADA - DISEMBARKED "W" FORCE (O/S N.E.S. 21 Dec 40)		21 Dec 40				
Returned from "On Command" attending School of Cookery, Camp Borden	A/Cpl.	21 Dec 40	R.R. OF C.	"W" FORCE	6	9 Jan 41
Confirmed Cpl.	Cpl.	10 Jan 41	"	"	7	10 Jan 41
Promoted A/Sgt. with pay to complete establishment	A/Sgt.	1 Feb 41	"	"	32	10 Feb 41
Granted 14 days leave of absence commencing	"	11 Jun 41	"	"	120	5 Jun 41
Granted 7 days leave of absence in addition to furlough granted for travelling purposes	"	--	"	"	120	5 Jun 41
Confirmed Sgt.	Sgt.	6 Jun 41	"	"	121	6 Jun 41
Admitted to Lester's Field Mil. Hosp., St. John's, Nfld.	"	12 Aug 41	"	"	171	12 Aug 41

Regimental No. E-30029 Rank Sgt. Sheet No. 3

M.F.M. 1 & 2 (a)
50M—3-44 (4002)
H.Q. 1772-39-1646

Name CUZNER, John Garry

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Discharged from Lester's Field Mil. Hosp., St. John's, Nfld.	Sgt.	14 Aug 41	R.R. OF C.	"W" FORCE	177	20 Aug 41
RET. CANADA AUG 28, 1941						
S/L 53						
EMBARKED CANADA-SAILING LIST NO 966 "C" FORCE		27 Oct 41				
Awarded C.V.S.M. & Clasp	"	25 Dec 41	R.R. OF C. FORCE "C"	Ottawa	A.O. 16	10 Sep 45
Awarded 1939-45 Star	"	8 Dec 41	"	"	A.O. 16	10 Sep 45
19 Dec 41		19 Dec 41	Amended by		A.O. 53	29 Jan 46
S.O.S. killed in action ~~between 8 and 25 Dec 41~~	"	between ~~8 & 25 Dec 41~~	"	"	A.O. 14	7 Sep 45

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 of Other Rank CUZNER GARRY JOHN
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank E-30029 Rifleman

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

(4) Are you married? YES

DISTRICT PAY OFFICE
RECEIVED
AUG 15 1940
M.D. No. 5 Quebec

(5) If married, state,

(*a*) Full name of your wife DOROTHY ERMA WILSON (CUZNER)

(*b*) Present postal address of wife MONTREAL, P.Q.

(6) If married, have you been regularly supporting your wife? If not—state reasons NO
SEPARATED BY MUTUAL CONSENT.

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

(8) Have you any children? NO

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

Also their names and ages N.A.

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

Give particulars of Guardian to whom Dependents' 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 for at least 12 months immediately prior to enlistment? NO

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

(11) Is your father alive? YES

If so, state name and address, occupation WILLARD W. CUZNER, 281 BRONSON AVE. OTTAWA ONT.

HARDWARE MERCHANT

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) N.A.
Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N.A.

(14) Is your mother alive? YES

If so, state name and address MARGARITE GARRETT CUZNER, 281 BRONSONAave

½OTTAWA ONT.

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

(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) N.A.
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? N.A.

(17) Are you contributing to the support of any dependents, other than those shown above?
If so, state the following particulars:—

Relationship N.A.

Full Name N.A

Postal Address N.A.

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

(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? N.A.

(19) Are you insured? NO

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

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.

John Gerry Cuzner
(Signature of officer or man)

Date 31-7-40

Officer Commanding
Lt-Colonel,
O.C., Royal Rifles of Canada, C.A.S.F.

Date

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.

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

WILL

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

(1) I, GARRY JOHN CUZNER (Name in Full), of the VILLAGE (City, Town, Village, Township)

Address in civil life.

of ASBESTOS, in the County ~~District~~ of RICHMOND,

Province of QUEBEC, MINER (Civil Occupation)

Regimental No. E-30029, 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.

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

(2) I GIVE, DEVISE AND BEQUEATH unto MY MOTHER MY

MARGERITE CUZNER
BRONSON AVE.
OTTAWA, ONTARIO.

ALL MY ESTATE.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

NIL.

(4) I appoint ..... (Name) ..... (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 31st day of July

19 40

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

John Garry Cuzner (Signature of soldier)

First witness sign here.

(5) Signature L. Macdonald.

Civil Address Scotstown, P.Q

Civil Occupation Clerk.

Second witness sign here.

Signature Donald M. Smith

Civil Address Kanville, Que.

Civil Occupation Paper Maker Apprentice

(Witnesses are not to be beneficiaries.)

[OVER]

DISTRIBUTION OF SERVICE ESTATES

MC

ARMY

Estates Form "P. 4"

Name: CUZNER (Surname) John G. (Christian Names) No.: R.30029

Rank: Sgt. Unit: Royal Rifles of Canada Date of Death: 25-12-41

AMOUNT

L.P.C. $ 40.95

Date: 19-8-43

Other Credits

Total 40.95

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Marguerite Cuzner, 206 Bronson Avenue, Ottawa, Ontario. (sole beneficiary under will)	40.95

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	00	001	40.95

CLASSIFIED BY

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

J A Barter

For Chief Treasury Officer

10M—5-43 (9861)
H.Q. 1772-80-2

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DE[redacted]ED MEMBER'S NAME: John Garry (CHRISTIAN NAMES) CUZNER (SURNAME)

REGISTER NO. D-184
FILE NO. 405-C-7491
DATE 26-2-45
SERVICE NO. E-30029
FINAL RANK OR RATING Sgt.
DATE OF DISCHARGE 25-12-41

PAYEE Mrs. Dorothy E. CUZNER,
ADDRESS 7042 Bloomfield St.,
Montreal, P. Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 25-12-41

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 513/30 EQUAL TO 17 COMPLETE PERIODS AT $7.50	127.50
B. QUALIFYING OVERSEAS SERVICE No. of Days 59 LESS 3 INELIGIBLE DAYS, EQUAL TO 56 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	14.00
	141.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 2.20; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.00; ADDITIONAL PAY $ .25; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ 47.00 $ 1.57; TOTAL $ 5.02 X7 = $ 35.14; NO. OF DAYS 59/183 X$ 35.14	11.33
D. WAR SERVICE GRATUITY	152.83
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	152.83

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
MAR 2 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
KRE	

TREASURY	
CHECKED BY	DATE
R. L. Warren	7-3-45

Kw Lieut Lt
SERVICE REPRESENTATIVE

38

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME John Garry Cuzner (Christian Names) (Surname) Register No. P-184

PAYEE'S NAME Mrs Dorothy Cuzner (Christian Names) (Surname) File No. 405-S-7491

Date 24-2-45

ADDRESS 7042-Bloomfield, St. Montreal, P.Que. Service No. E-30029

Final Rank Sgt.

DATE OF TERMINATION OF OVERSEAS SERVICE 25-12-41 Date of Discharge 25-12-41

	AMOUNT $	¢
A. TOTAL QUALIFYING SERVICE No. of days 513 / 30 = 17 (3) Periods @ $7.50	127	50
B. QUALIFYING OVERSEAS SERVICE No. of Days 59 Less 3 Ineligible days, equal 56 Days @ .25¢ per day.	14	00
C. SUPPLEMENT FOR OVERSEAS SERVICE Sub-Total	141	50
Daily Rate of Pay $2.20 Subsistence Allowances $1.00 Additional Pay $.25 Dependents' Allowance 1/30 $4.00 $1.57 5.02 x 7 = $35.14 No. of Days 59 / 183 x $35.14	11	33
D. WAR SERVICE GRATUITY Computed By Stanley Babonian	152	83
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $152.83 each	152	83

G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C)

$.....x 30= $.....

REMARKS

37

M. F. D. 936A
500M—12-42 (7497)
H.Q. 1772-39-1548

CANA[illegible] ARMY (A)

LAST PAY CERTIFICATE

Regtl. No. E 30029 Rank and Name A/Sgt. Cuzner, Gary John

of ..... Company, etc. R.R. of Canada Regiment, etc., on .....

(Transfer, Posting or Discharge) to on or about Dec. 25 on 1941
(Unit and Station)

Reason for discharge Deceased Authority ½ Cas. List M 242

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? Yes

(3) Has assignment of pay been made? Yes If so, amount 35.00 effective date 1-3-41

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $ .....

MFM 18 eff. 1-1-42.

The following is a statement of the account of the above named from 1st to 31st Dec. 1941 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT	Cr. PARTICULARS	AMOUNT
Balance Dr. from last account		Balance Cr. from last account	59.45
First Monthly Payment		Regimental Pay 31 days at $ 2.45	75.95
Casual Payments ~~ARXS~~	59.45	Tradesmen's Pay ..... days at $	
Payment on Transfer, Posting or Discharge		Additional Pay (Give particulars)	
Assigned Pay	35.00	days at $	
Regimental Charges		Allowances (Give particulars) ..... days	
Public Stoppages (Give particulars):		at $	
To Balance Cr. (To be paid by new unit) 67	40.95	By Balance Dr. (To be deducted by new unit)	
Total	135.40	Total	135.40

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

405-C-7491
D.R. 2 (b)

9 November 1945

Mrs. Dorothy Cuzner,
7042 Bloomfield Avenue,
Montreal, Quebec.

Dear Mrs. Cuzner:

With reference to previous correspondence from this Headquarters concerning the death of your late husband, I deeply regret to inform you official information has now been received that E30029 Sergeant John Garry Cuzner was killed in action at Hong Kong on the 19th day of December, 1941.

Please be assured that should additional information be received concerning your late husband'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/AW

41

Quote No.H.Q.405-C-7491
(Records C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

February 10, 1943.

PLEASE PLACE ON FILE
R. J.

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-30029.....

Rank.....Sergeant.....

Surname.....CUZNER.....

Christian Names.....John Garry.....

Nature of Casualty.....Killed in Action.....

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

Address at time of enlistment.....
.....Asbestos Co. Richmond, Que.....
Occupation - Miner
Marital Status on enlistment - M.
Name and Address Next of Kin - Mrs. Dorothy Cuzner,
7042 Bloomfield Ave., Montreal, Que.

PR

GR/MEB

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

24

H.Q. 405-C-7491
(D.R.)

January 12, 1943

Mrs. Dorothy Erma Cuzner,
c/o Mrs. Arthur,
7042 Bloomfield Avenue,
MONTREAL, Quebec.

Dear Madam:

I deeply regret to inform you that your husband, E.30029 Sergeant John Garry Cuzner 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 husband 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 13 1943

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

GR/ME

21

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E30029 RANK Sergeant SERVICE UNIT

NAME CUZNER, John Garry Royal Rifles of Canada

DATE OF BIRTH 29-11-12 DATE OF ENLISTMENT 31-7-40

MARITAL STATUS Married (Separated) RELIGION United Church

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Dorothy Cuzner,

ADDRESS 7042 Bloomfield Ave., Montreal, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. H.Q. 405-C-7491

CASUALTY DETAILS DATE

KILLED IN ACTION 19-12-41

AMENDED AS TO DATE OF DEATH

HONG KONG

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? JMI YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 9-11-45

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

FORM 6

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:

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: CUZNER (Block letters)

Given names: John Garry.

Do not write in this space

4. RESIDENCE

Street: Asbestos No.:

Official name of civil municipality or township: Richmond Co.,

Municipal county: Province: Quebec.

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: CUZNER, Dorothy Erma (Wilson)

10. BIRTHPLACE (Province or Country): Ontario.

11. DATE OF BIRTH: November (Month) 29th, (Day) 1912. (Year)

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

OCCUPATION

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

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	CUZNER, Willard W.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal:

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) 19....

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 8th/25th, (Day) 19 41. (Year)

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

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

24. CAUSE OF DEATH

I

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

(a) Killed in action.

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease ....days

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

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

State findings: Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

Signed ....M.D.

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

OVERSEAS CASUALTY CANADIAN ARMY

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

J. B. Ladine

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

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

(Voir l'autre côté pour le français)

for Director of Records, Dept. of National Defence.

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue | No. | Hôpital ou institution

2. SÉJOUR

(a) dans l'hôpital ou l'institution	*Années*	*Mois*	*Jours*	(b) dans la municipalité du décès	*Années*	*Mois*	*Jours*	(c) dans la province	*Années*	*Mois*	*Jours*	(d) au Canada (s'il s'agit d'un immigré)	*Années*	*Mois*	*Jours*

3. NOM DU DÉFUNT

Nom de famille..... (*Lettres moulées*)

Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue..... No.....

Nom officiel de la municipalité civile ou du canton.....

Comté municipal..... Province.....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation.....19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

(d) Date..... (jour) (mois) .....19..... (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès..... (jour) (mois) .....19..... (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le

.....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate
Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc.

(a).....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).

(b).....

dû à

(c).....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.

.....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion.....19.....

(b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral?.....

26. Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide..... (Spécifier) Date.....19.....

Manière de la blessure..... (Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

Adresse.....**Date**.....**19**.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

MEMORANDUM FOR

Mrs. D.E. Cuzner,
c/o Mrs. Arthur,
7042 Bloomfield Ave.,
Montreal, 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-C-7491 FD352

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

February 1, 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

CUZNER, John Garry, Sgt.

E.30029 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 Lieut.

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

ESTATES BRANCH
FEB 5 1943
H.Q.
OTTAWA
NATIONAL DEFENCE

M.F.W. 77
7500—6-42 (5113)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased 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		Dorothy Erma Cuzner	31	7042 Bloomfield St. Montreal, Que.
2	Children of the Deceased and dates of their Births		Garry Douglas Cuzner	2 years	7042 Bloomfield St. Montreal, Que.
3	Father of the Deceased		Willard Cuzner (House 4-8187)	58	208 Bronson Ave. Ottawa, Ont.
4	Mother of the Deceased		Marguerite Cuzner	52	208 Bronson Ave. Ottawa, Ont.
5	Brothers of the Deceased	Full Blood	Ray Cuzner.	28	c/o Construction Equipment Co. 135 Lower Water St. Halifax, N.S
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		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?	Garway John Cuzner
11	Give the month and year of his birth.	November 14th, 1912
12	Where and when were his parents married?	Ottawa, 1911
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	Sept 1st, 1934, Ottawa, Ont.
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?	no
17	State *your own* postal address in full.	7042 Bloomfield Street, Montreal, Quebec.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Ottawa.
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.	① Resided in Ottawa nearly all his life but for a short time before joining up in Asbestos, Que. where he joined up.
20	What was the nature of his employment?	① Worked in the hardware business ② In the mines at Asbestos, Que.
21	Did he own the premises in which he lived? If so, where?	no
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no.

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 [illegible]ent of all the relatives that the deceased ever had in the degrees inquired for; and that [illegible]m 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.

Dorothy Erma Cuzner } Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Dorothy Erma Cuzner

See above — { Name of Informant } is the widow of 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 Montreal P.Q. this 4th day of February 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Wm J. Adamson Qualification Commissioner of the Superior Court, District of Montreal.

Address 620 Cathcart St. Montreal.

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