E30039
CULLETON
WELLINGTON

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Prepared by: C.S.
Checked by:

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
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 (CASF) Regimental Number E-30039

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname CULLETON
2. Christian Names Wellington
3. Present address Matapedia Bon. Co., P.Q., Canada.
4. Date of birth October 9th, 1912
5. Place of birth Canada (Country) PR. of N.S. (County or Province) West Chester (Town or Township)
6. Citizenship (Of What Country are You Now a Citizen)
7. Religion (state denomination) Baptist Church
8. Trade or Calling Labourer
9. Married, Widower or Single Single
10. Name of next of kin Mrs. Finley Mann
11. Relationship Mother
12. Address of next of kin Matapedia Bon. Co.,P.Q., Canada.
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?

No
(If Yes, Give Unit and Dates of Service)

14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? (Yes or No)

No (*b*) Any other Naval, Military, or Air Force?
(If Yes, Give Regimental No. and Unit)

No
(Yes or No) (If Yes, specify Unit and Period of Service)

15. Did you serve during the Great War 1914-1918?

No
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Wellington CULLETON, 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 31st July 1940 (Sgd) Wellington Culleton
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness J.F. Ross (Sgd) (Sgd) Wellington Culleton
(Name) (Rank) (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 P.Q. this 31st day of July 1940

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

District Recruiting Officer, 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

9-2-53

Record of Service of CULLETON (Surname) Wellington (Christian Names) Regimental Number E-30039

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Labourer

Technical: Nil

Languages: English

Educational Qualifications

High School or Collegiate: 7 Years (years completed)

Graduation or Matriculation: Nil (specify)

*College: Matapedia Bon.Co., P.Q. Canada

*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.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
					Part II D.O. No. Cas. List, etc.	Dated
Joined on appointment T.O.S. Royal Rifles of Canada (CASF)	Rfn	31 Jul 40	R.R.C. C.A.S.F.	Valcartier	27	6 Aug 40
Re-examined by M.B. & re-Cat "A" from "B-1"	"	28 Nov 40	"	Sussex Camp	128	30 Nov 40
EMBARKED CANADA / SAILING LIST 421 "W" FORCE	"	11 Dec 40				
Granted 14 days leave of absence from 4 Feb 41	"	4 Feb 41	"	"W"Force	15	20 Jan 41
RETURNED CANADA / SAILING LIST 51 B 18 AUG 41						
EMBARKED CANADA / SAILING LIST 966 "C" FORCE	"	27 Oct 41				
Granted increased rate of pay	"	1 Jan 43	"	Record office NDHQ	AO 3	12 Feb 43
Reported P.O.W.	"	25 Dec 41	R.R.C. "C"Force	NDHQ Ottawa	AO 15	10 Sep 45
Awarded CVSM & Clasp	"	31 Jan 42	"	"	AO 16	10 Sep 45
Awarded 1939-45 Star	"	8 Dec 41	"	"	AO 16	10 Sep 45
S.O.S. Died whilst P.W.	"	2 Nov 43	"	"	AO 14	7 Sep 45

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

28/1

(Sgd)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Culleton, Wellington Place Date of Medical Examination 31 July 1940

Part 1. Information obtained from the recruit.

1. Age 27 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	NO	k. Ear disease	NO
b. Tuberculosis or pleurisy	NO	l. Eye disease	NO
c. Bronchitis or asthma	NO	m. Fits	NO
d. Heart disease	NO	n. Nervous or mental disease	NO
e. Kidney or bladder disease	NO	o. Syphilis	NO
f. Stomach or bowel trouble	YES	p. Gonorrhoea	NO
g. Rupture	NO	q. Have you ever worn glasses?	NO
h. Varicose veins	NO	r. Are you now or have you in the past received disability pension or compensation? If so, give details	NO
i. Foot trouble	NO		
j. Nasal trouble	NO		

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

(Sgd) Wellington Culleton
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1

(f) Appendicitis 1930 (January)

1. Identification marks or scars Appendicectomy scar
2. Height 5 feet 9 inches. 3. Weight 126 pounds.
4. Complexion Medium Eyes Blue Hair Noir
5. Development Fair ~~Good~~ Fair ~~Poor~~
6. Chest measurement—Girth on full expansion 34 inches. Range of expansion 2½ 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 Bonne
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis
12. The abnormalities (congenital and pathological) found on examination are as follows:—
    Reflexes, urine, normal
    Drums, normal
    X-Ray chest - negative 5 Aug 40 (Sgd) J. Stevenson
13. Chest X-Ray No. Laboratory at which taken

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 B-1

Special remarks when category lower than A Underweight

(Sgd) Sylvio Leblond, Capt rank President — J.H. MacDonell rank Member — J.D. Bergeron, M.D. rank Member

Date

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
28/11/40	Re-examined by Med Board placed in Cat "A" (E.B.)		CERTIFIED TRUE COPY OF MFM 2 J.G. Payne Officer having custody of Regimental documents kept by the Director, War Service Records, D.V.A. Ottawa. 3 October 1952.

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. E-30039 Rank Rfn Surname CULLETON Christian Name Wellington

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer

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

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.

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(1) Name of Officer of Other Rank CULLETON WELLINGTON
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank E-30039 Rifleman

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

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife Nil

(*b*) Present postal address of wife Nil

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

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls Nil

Also their names and ages Nil

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

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

Name Nil

Postal Address Nil

DISTRICT PAY OFFICE
RECEIVED
AUG 8 1940
M. D. No. 5 Quebec.

[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? No

If so, state name and address, occupation Nil

(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? ~~Nxx~~ Yes

If so, state name and address Mrs. Finley MANN, Matapedia Bon. Co. 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 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.

Wellington Gullett

(Signature of officer or man)

Date 31st. July 1940

W. D. Home Lt. Colonel

Officer Commanding Royal Rifles of Canada C.A.S.F.

Date 31st. July 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 Mrs. Finley MANN (MOTHER)

ADDRESS: MATAPEDIA,
Bonaventure Co., Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Finley Mann ENGLISH

1902

ADDRESS: Matapedia, Bonaventure Co., QUE.

MEMORIAL B'R
(1)
DATE DESP
REGN. NO 1437

(2)

(3)
DESP. APR 12 1945
REGN No. 17632

2.11.43

AWARDS—CANADIAN ARMY (ACTIVE)

1902 WI

D.W.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-C-3199

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CULLETON, Wellington	E.30039	Rfmn.	R.R.C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Pacific Star	3545. 23/3/50
War Medal C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

NO E.30039 Rank Rifleman Name CULLETON, Wellington

Unit Royal Rifles of Can. Date of death 2nd November, 1943.

Died at Tokyo, Japan

Cause Acute Pneumonia whilst P.O.W.

Death occurred on strength of Forces H.Q. 405-C-3199

N/K Mrs. Finley Mann Relashionship Mother

Address Matapedia, Bonaventure Co., P.Q.

Remains buried in Cemetery

C R-E M A T E D Niigata, Japan.

CHK

Grave location

OVER—

BURIAL REPORT TO N.K. JAN 15 1947

RETURN TO BUR. OF STAT. FEB 25 1946

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. MAR 24 1945

REBURIAL

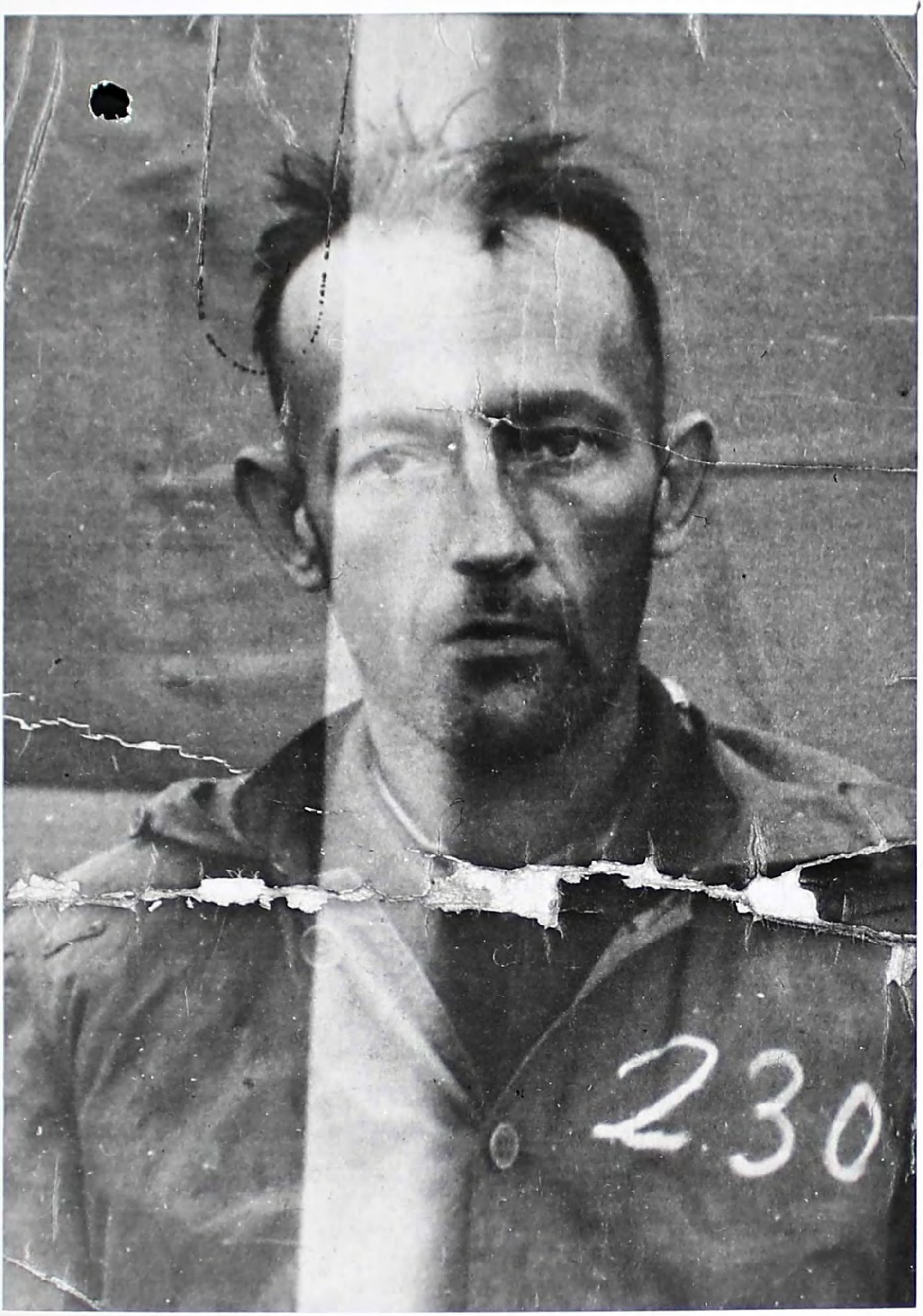
British Commonwealth War Cemetery.
Yokohama, Japan. Cdn. Section.

Grave 16, Row A, Plot A.

Photographs
Despatched
OCT 9 1947

IWGC Quest Form Desp'd JUL 6 1949

10M-1-45 (M-4608)


230

W.E. Culleton (E-30039)

I-5619-3

Z-5619-2

W.E. Culleton (E-30039)

HQS 8959-9-4 Vol 32 (Adm B1)
HQ DVA E 30039

November 24, 1948.

Mrs. Findley Mann,
Matapedia, Quebec.

Dear Mrs. Mann:

The United States Army, Tokyo, has requested the assistance of this Department in gathering further evidence for the trial of Japanese war criminals who are allegedly responsible for the deaths of Allied prisoners of war at Niigata, Honshu, Japan.

At the conclusion of the Japanese war, Canada took an active part in prosecuting Japanese War Criminals and concluded all cases in which there was an outstanding Canadian interest early this year. Although Canada is not now actively engaged in the prosecution of Japanese War Criminals, the Prime Minister, in April 1946, stated, in the House of Commons, that Canada would continue to assist in the gathering of evidence in order that the untried war criminals might be brought to justice.

It is regretted at this late date that in order to carry forward these trials, it becomes necessary for me to ask you for a picture of your son Wellington Culleton who died while a prisoner of war in the Orient.

In forwarding this picture you are assisting in the preservation of justice and I assure you that you have the heart-felt appreciation of all who are endeavouring to bring to justice those individuals who committed offences against humanity.

It would be appreciated if you could forward a picture of your son at your early convenience in order that this Department may forward the same to Tokyo.

Yours truly,

Deputy Minister
Department of National Defence

File No H05-C-3199

R E B U R I A L

NO E.30093

RANK Rifleman

NAME CULLETON, W.E.

NAME OF CEMETERY British Commonwealth War Cemetery.

LOCATION OF CEMETERY Yokohama, Japan.

GRAVE LOCATION Plot A, Row A, Grave 16, Canadian Section.

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

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

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Amended

Regtl. No. E. 30039 Rank and Name Rfn. Culleton W.

of Royal Rifles of Canada "C" Force Unit, on Discharge

(Transfer, Posting or Discharge) to (Unit and Station) on Nov. 30 1943

Reason for discharge Deceased Nov 2, 1943. Authority After Order 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 1-1-43

(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 1-9-40

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

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

CANADA
BRANCH
APR 3 1946
H.Q.
OTTAWA.
NATIONAL DEFENCE

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. PARTICULARS	AMOUNT $	c.	Cr. PARTICULARS	AMOUNT $	c.
Balance Dr. from last account			Balance Cr. from last account L.P.C.	549	58
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 $		
			Bal Nov 1941 Paylist	3	30
			Interest		15
To Balance Cr Adj. 3.45 (To be paid by new unit)	553	03	By Balance Dr. (To be deducted by new unit)		
Total	553	03	Total	553	03

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. (Place) Ottawa

March 18, 1946. (Date)

ORIGINAL SIGNED BY
P. MAY
FOR
Chief Treasury Officer,
ARMY

Paymaster or Accounting Officer

FORM 6

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: CULLETON, (Block letters)

Given names: Wellington.

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Matapedia,

Municipal county: Bonaventure Co., Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Nova Scotia.

11. DATE OF BIRTH: October (Month) 9th (Day) 1912. (Year)

12. AGE OF DECEASED: Years 31 | Months | Days | If less than one day old ....hrs. or....min.

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: November (Month) 2nd (Day) 1943. (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) Acute Pneumonia whilst P.O.W.

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease....days

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

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

State findings.... Was there an autopsy?

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

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

Manner of injury.... (How sustained)

Nature of injury....

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

Signed.... **M.D.**

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

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

[signature]

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

FEB 25 1946

405-C-3199

P.A.

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

SUPPLEMENTARY [redacted]RD

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

SUPPLEMENTARY AWARD. 4 ARMY

DECEASED MEMBER'S NAME: Wellington (CHRISTIAN NAMES) CULLETON (SURNAME)

REGISTER NO. D-8357
FILE NO. 405-C-3199
DATE 29-1-46
SERVICE NO. E-30039
FINAL RANK OR RATING Rfn.
DATE OF DISCHARGE 2-11-43

PAYEE Mrs. Finley MANN,
ADDRESS Matapedia,
Bona Co. - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 2-11-43

	$ ¢
A. TOTAL QUALIFYING SERVICE 1170 NO. OF DAYS 1190 / 30 EQUAL TO 39 COMPLETE PERIODS AT $7.50	292.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 736 LESS 20 INELIGIBLE DAYS, EQUAL TO 716 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	179.00
	471.50
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 $ $; TOTAL $ 2.75 X7 = $ 19.25; NO. OF DAYS 736 / 183 X$ 19.25	77.42
D. WAR SERVICE GRATUITY	548.92
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ ~~228.92~~; OTHER DEDUCTIONS Amount of War Service Gratuity Already Paid. $	228.92
F. TOTAL AMOUNT PAYABLE	320.00

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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
KRM	

TREASURY	
CHECKED BY	DATE
E Morton	8-2-46

[signature]
SERVICE REPRESENTATIVE

FORM No. 1

Register No. D-8357

Nominal Roll No. D-1741

H.Q. File No. 405-C-3199

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
F-30039	RFN	CULLETON	WELLINGTON

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... DIED ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 31 JUL 40	T.O.S.	T.O.S.
S.O.S. 2 NOV 43 MD 0/S	S.O.S. MD	S.O.S. MD
Total Days 1190	Total Days	Total Days

Total Service ..... 1190 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	454		454
Overseas Service	736		736
Totals	1190		1190
Add Non-qualifying Service			
Total Service			1190

EMBARKATION DETAILS: T O S 0/S 28 OCT 41

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

REMARKS: DIED WHILST IN SERVICE 2 NOV 43

Computer's Signature .....

Checker's Signature .....

Date Computed 6 Apr 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.

500M—11-44 (6012)
H.Q. 1772-45-8

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, Wellington CULLETON (Name in Full), of the town (City, Town, Village, Township)

Address in civil life.

of Matapedia, in the County District of Bonaventure,

Province of Quebec, Labourer (Civil Occupation)

Regimental No. E-30039, 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, Mrs. Finley MANN, Matapedia, Bona Co., P.Q. 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~~

(4) I appoint Nil (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 3 day of Aug.

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.

Wellington Culleton (Signature of soldier)

First witness sign here.

(5) Signature Colin A. Blaun

Civil Address 43 St Ursule Dueber P.Q.

Civil Occupation Chemist Assist.

Second witness sign here.

Signature C Crose

Civil Address Cookshire, P.Q.

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

ESTATES BRANCH
MAR 31 194
H. Q.
OTTAWA.
NATIONAL DEFENCE

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs Finley Mann ,
Matapedia,
Bonaventure Co.,
Que.

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

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

and the following number quoted:—

H.Q. 405-C-3199 FD 59

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

ESTATES BRANCH APR 9 1945 H.Q. OTTAWA NATIONAL DEFENCE

4 April, 1945

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

CULLETON, Wellington Rflmn.

E30039 C.A. O/S

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.

3629
Maj. Hollingsworth

L. G. Board Capt
Director of Estates.

GEB/IDS

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Not Married		
2	Children of the Deceased and dates of their Births.....		Not any.		
3	Father of the Deceased..... Died July 7th 1915.		Edward Eculleton	at death 33	Mead, Matapedia Co. P.Q.
4	Mother of the Deceased.....		Mrs Finley Mann		
5	Brothers of the Deceased	Full Blood	Edward Eculleton	30	(Prisoner of war) Tokyo Matapedia P.Q.
			John Eculleton	36	
			~~Scutt Mann.~~		~~Campbellton N.B.~~
		Half Blood	Scutt Mann	26	Campbellton N.B.
			Glenford Mann.	23	Prisoner of War Tokyo
6	Sisters of the Deceased	Full Blood (Helen)	Mrs Charles McKinnon	34	Montreal. P.Q.
		Pauline Half Blood	~~Read~~ Mrs Arthur Gelbert		Yarmouth N.S.

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
	Wendell Eculleton	Dead.

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Wellington Edward Castleton
9	Date of his birth. ~~Oct 9, 1913~~	Oct 9th, 1913
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Campbellton N.B. Dec 23rd 1908

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hove Sussex Westchester
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) Matapedia (c) Bonaventure Co (d)
14	Nature of employment before enlistment.	Lumber woods
15	State whether he owned the premises in which he lived, and, if so, where situated.	Nil
16	Name place where deceased stated he intended to make his permanent home.	Had No Plans

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
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?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Not any.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Not any.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No Insurance
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

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.	He had No debts.
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.	He died a Prisoner of War in Japan

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

*Mother of the deceased.

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

Mrs Finley Mann ..... Signature of Informant

Matapedia P.Q. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Finley Mann {Name of informant} is the* mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Matapedia this 7th day of April 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. J Rud Adams Qualification Sec Mayor

Address St Laurent St Matapedia, Matapedia Bona Co

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

~~His~~ Finley Mann.
Step Father of deceased died
July. 1, 1944