E30053
MACRAE
ALLAN

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Bryant's
Bryant's

2-5219-5

A.H. MacRae (E-30053)

FOR COMPLETION AND RETURN BY 1 **Form P. 64**

Mrs. Emily.
~~Donald~~ MacRae
Scotstown. Compton Co., P.Q.

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

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

and the following number quoted:—

H.Q. 405-M-11,234 FD 288

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

28 Sep. 194 5

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

MacRAE, Allan. Corporal.
E30053. Canadian Army.

ESTATES BRANCH NOV 19 1945 H.Q. OTTAWA NATIONAL DEFENCE

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

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

ack

WRH/IMF

R. Clark Smith Col.

Director of Estates.

M.F.W. 77
6M—4-45 (7053)
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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Donald Mackay	78	Scotstown, Que
4	Mother of the Deceased.....		Mrs Emily Mackay	~~78~~ 75	Scotstown Que
5	Brothers of the Deceased	Full Blood	Chester G. Mackay	49	Eastend Sask.
			Daniel H Mackay	47	Scotstown Que
			Harvey M. Mackay	43	Scotstown Que
			Charles M. Mackay	39	Scotstown Que
			John A. Mackay	33	Scotstown Que
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs J. M. Morrison	41	Scotstown Que
			Mrs Don Stollibes	37	Stanbridge East. Q
			Mrs D. P. Murray	35	Scotstown Que
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead* and date of death of each.		Names and ages of their children (if any)		Address of their children
	Peter E Mackay died Aug 16. 1930				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Allan Howard Macleal
9	Date of his birth.	June 17 1919
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Gould Que ~~in~~ Dec 6. 18. 94

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Scotstown Que
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Quebec Canada (c) whole life (d)
14	Nature of employment before enlistment.	laborer
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	not known

PARTICULARS OF ESTATE

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

(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

*Father — 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.

Donald MacRae — Signature of Informant

Scotstown, Que — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief ..... that

*See above.

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

Dated at Scotstown this 17 day of November 1945

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

J.B. Scott — Qualification Justice of Peace

Address Scotstown, 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

Checked

Rec'd AUG 1 9 1940

ORIGINAL ~~ORIGINAL~~ ✓ Observations

ORIGINAL
DUPLICATE
TRIPLICATE

27-7-40 PG

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

G: 39-M-519

61

(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-30053

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname: MAC RAE
2. Christian Names: ALLAN
3. Present address: SCOTSTOWN, COMPTON CO., P. Q.
4. Date of birth: 17 JUNE, 1919
5. Place of birth: CANADA (Country) P. Q. (County or Province) COMPTON CO., (Town or Township) SCOTSTOWN
6. Religion (state denomination): PROSTESTANT (PRESBYTERIAN)
7. Trade or Calling: FARMER & CHAUFFEUR
8. Married, Widower or Single: SINGLE
9. Name of next of kin: DONALD MAC RAE
10. Relationship: FATHER
11. Address of next of kin: SCOTSTOWN, COMPTON CO., P. Q.
12. Do you belong to, or have you served in the Active Militia of Canada? NO
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? NO
    (Yes or No) (*b*) Any other Naval, Military, or Air Force? NO
    (If Yes, Give Regimental No. and Unit) (Yes or No)
14. Did you serve during the Great War 1914-1918? NO
    (If Yes, specify Unit and Period of Service)
    (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 2 Aug 1940 Allan Mac Rae.
WITNESS: Pte P. Gadbois (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Allan Mac Rae (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 BURY, P. Q. this 2nd day of AUGUST 19 40

H. MacAulay MAJOR (Signature of Magistrate, Justice or Attesting Officer.)

District Recruiting Officer, (English) (Office or Rank and Unit or appointment.)
Military District No. 5

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

H

CARDED

Regtl. No. E 30053 Rank A/cpl. Surname Mac Rae Christian Name Allan

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
								Unofficially reported Prisoner of War		OCL # 11149 a/ 7-9-42	
								Next officially reported P.O.W.		" " 189 F 27-10-42	

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

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Record of Service of MAC RAE ALLAN (Surname) (Christian Names) Regimental Number E-30053.

Qualifications

00 Military: Nil
00 Business or Professional: Nil
72 Trade or Civil: Farmer & Chauffeur
00 Technical: Nil
0 Languages: English

00

Educational Qualifications

High School or Collegiate: 6 yrs. school (years completed)
Graduation or Matriculation: Nil (specify)
*College: Nil
*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 Date	Report From whom received	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.	Authority Dated
		Joined on appointment Royal Rifles of Canada (C.A.S.F.)	Rfm.	2-8-40	R.R.C. C.A.S.F.	Valcartier	D.O.(11)No.28	7-8-40
		EMBARKED CANADA - S[illegible] LIST No. 4/14		2-12-40	525-6 Col 80			
		DISEMBARKED ~~ENGLAND~~ "W" FORCE						
		PROMOTED TO A/C/CPL, WITH PAY,			(W. Force)	NEWFOUNDLAND		
		TO COMPLETE ESTABLISHMENT	A/C/CPL	1-12-40	R.B.C.	AIRPORT	D.O 182	21-12-40
		GRANTED 14 DAYS LEAVE OF ABSENCE						
		COMMENCING 8-4-41	"	8-4-41	"	"	D.O. 64	24-3-41
		GRANTED 7DAYS LEAVE IN ADDITION						
		TO FURLOUGH GRANTED, FOR						
		TRAVELLING PURPOSES	"	8-4-41	"	"	D.O. 64	24-3-41
		CONFIRMED IN HIS RANK AS L/CPL	L/CPL	3-4-41	"	"	D.O 72	3-4-41
		RET. CANADA AUG 18 1941 S/L 51-B.		18-8-41				

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

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CERTIFICATE OF MEDICAL EXAMINATION

Name in full MAC RAE, Allan Date JULY 27, 1940.

Part 1. Information obtained from the recruit.

1. Age 21

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

a. Rheumatism — no
b. Tuberculosis — no
c. Bronchitis or asthma — no
d. Heart disease — no
e. Kidney or bladder disease — no
f. Gastro-intestinal — no
g. Rupture — no
h. Varicose veins — no
i. Flat or deformed feet — no
j. Nasal trouble — no

Nil

k. Ear disease — no
l. Eye disease — no
m. Epilepsy — no
n. Nervous or mental disease — no
o. Syphilis — no
p. Gonorrhoea — no
q. Have you ever worn glasses? — no
r. Are you now or have you in the past received disability pension or compensation? If so, give details — No

Allan Mac Rae.
Signature of Applicant

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Small scars on inner side of left knee

2. Height 5 feet 10 inches. 3. Weight 138 pounds.

4. Complexion Clear Eyes Blue Hair Fair. 5. Development Good. ~~Fair~~ ~~Poor~~

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20 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
Ears normal, Urine normal + reflexes normal

X-RAY CHEST - NEGATIVE. 7 AUG 1940

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 Nil

John Miller Major Lieut A. L. MacRae

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature

Statement of the Service of No. E 30053 Rank A/Cpl Sheet No. 2

Name MAC RAE, Allan

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Promoted to Rank of A/CPL with Pay	A/CPL	1-10-41	R.R.C.	St. John N.B	207	2-10-41
		EMBARKED CANADA - SAILING LIST No. 966	A/CPL	27-10-41	525 - 8 Col 80 - 1 Col 79.			Dup. Card
		Confirmed in the rank of Cpl	Cpl	1-10-41	RRC		After Order Records Office NDHQ	18-9-42
		~~S.O.S to X-1 list C.O.P.F.~~	~~Cpl~~	~~15 Aug 45~~	~~N.D.H.Q~~		~~A.O. 10~~	~~16 Aug 45~~
		Reported P of W.	"	25 dec 41	R.R.C.	N.D.H.Q Ottawa	A.O 10	30 Aug 45
		Awarded the 1939-45 Star	"	8 dec 41	"	"	A.O 13	2 Sep 45
		Awarded C.V.S. m and Clasp	"	2 Feb 42	"	"	A.O 12	1 Sep 45
		~~S.O.S. died whilst P.O.W.~~	"	~~30 Oct 43~~	"	cancelled by	AO 290 A.O. 21	15 Jan 48 16 Sep 45
		SOS deceased (Died whilst Prisoner of War)	CPL	2 Nov 43	"	Ottawa	After Order 290	15 Jan 48

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CB.

30-10-43

AWARDS—CANADIAN ARMY (ACTIVE) 1986

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-M-11234

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
MacRAE	Allan	E-30053	Cpl.	Royal Rifles of C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
~~Pacific Star~~	
War Medal 1939-45	
CVSM & Clasp	
	3963 4-4-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Emily MacRae - Mother

ADDRESS: Scotstown,
Compton Co., Que.

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 1433

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Emily MacRae, (MFM5) (ENGLISH)

1986

ADDRESS: SCOTSTOWN, Compton Co., Que.

(3)

DESP. OCT 18 1945
REGN No. 21462

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 MAC RAE ALLAN
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank E-30053 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

(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

[SEE OTHER SIDE]

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

(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 Donald MAC RAE, Scotstown, Compton Co. P.Q. Farmer

(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 Emily MAC RAE, Scotstown, Compton Co. 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.

Allan MacRae

(Signature of officer or man)

Date 2nd Aug. 1940

H. D. LaMe . Lt. Colonel

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

Date 2nd. 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.

NO E.30053 Rank Corporal Name MacRAE, Allan

Unit Royal Rifles of C. Date of death ~~30th October,~~ 2ND NOV., 1943.

Died at Japan.

Cause Died as result of pneumonia whilst prisoner of war. at Niigata.

Death occurred on strength of Forces H.Q. ~~405-M-11234~~

N/K Mr. Donald MacRae, Relashionship Father

Address Scotstown, Compton Co., Quebec.

Remains buried in Cemetery

C'WK

Grave location

OVER

BURIAL REPORT TO N.K. JAN 11 1947

RETURN TO BUR. OF STAT. JAN 30 1947

ROYAL MESSAGE DESP'D. NOV 9 1945

CAN. MESSAGE DESP'D. NOV 6 1945

REBURIAL

British Commonwealth War Cemetery.
Yokohama, Japan. Cdn. Section.
Grave 6, Row D, Plot A.

Photographs
Despatched
OCT 10 1947

IWGC Quest Form Desp'd

JUN 22 1948

10M-1-45 (M-4608)

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, Allan MacRae MACRAE (Name in Full), of the town (City, Town, Village, Township)

Address in civil life.

of Scotstown, in the County District of Compton,

Province of Quebec, farmer & chauffeur (Civil Occupation)

Regimental No. E-30053, 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. Emily MACRAE, Scotstown, Compton 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 unto

(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 6 day of August

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.

Allan MacRae (Signature of soldier)

First witness sign here.

(5) Signature W B Bradley.

Civil Address 26 St. Denis Ave Quebec P Q

Civil Occupation Fire Underwriter.

Second witness sign here.

Signature C Pope

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.

RECEIVED
DEPT OF RECORDS
MAR 9 1945
WILL SEC.
N.D. H.Q.

D.R. 10

FORM CAS. 8—25M-8-44 (5381) H.Q. 54-27-70-2 VOL. 18

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

DEATH

NUMBER E30053

RANK Cpl.

SERVICE UNIT Royal Rifles of Canada

NAME MACRAE. ALLAN

DATE OF BIRTH 17-6-19

OCCUPATION Farmer and Chauffeur

MARITAL STATUS PRESENT Single

DATE OF ENLISTMENT 2-8-40

MARITAL STATUS ON ENLISTMENT Single

NEXT OF KIN Mr. Donald MacRae, FATHER

ADDRESS Scotstown, Compton Co., Que.

ADDRESS ON ENLISTMENT Scotstown, Comp. Co. Que.

AUTHORITY CAS. SIG. NO. CANPAT 51

CASUALTY DETAILS

DATE 30-10-43

Died whilst POW

DIRECTOR OF RECORDS
N.D.H.Q.

DISTRIBUTION

COPY 3 C.R. FILE COPY (1 TO COMMISSIONER OF INCOME TAX, 2 TO DEPT. OF LABOUR)

△-T

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: JAPAN(WHILST PRISONER OF WAR) | 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: MacRAE. (*Block letters*)

Given names: Allan.

Do not write in this space

4. RESIDENCE

Street: No.

Official name of civil municipality or township: Scotstown.

Municipal county: Compt. Co. Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: June (Month) 17th (Day) 1919. (Year)

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

OCCUPATION

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

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	McRAE, Donald.	
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) 19.... (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) Pneumonia.

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....

OVERSEAS CASUALTY CANADIAN ARMY

JAN 30 1947

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

J. B. Rading

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

for Director of Records, Dept. of National Defence.

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)

405-M-11234

June 27th, 1946.

Corporal Allan MacRae.

Dear Sir:-

It is with much pleasure that I write you on behalf of the Minister of National Defence and Members of the Army Council to congratulate you and the members of your family on the honour and distinction which has come to your son, the marginally named, through his being Mentioned in Despatches in recognition of gallant and distinguished services.

The KING'S Certificate in connection with this award will be forwarded in due course. Present indications are that some time will elapse before the Certificate is available.

I wish to express my sincere regret that your son did not live to receive the award he so well earned.

Yours sincerely,

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

Donald MacRae, Esq.,
Scotstown,
Compton Co. P.Q.

第五分所 67

67

収容所 Camp	東京俘虜収容所第五分所 香港 昭和 19 年 1 月 7 日	番號 No.	香 6116
姓名 Name	ALLAN HOWARD MACRAE アラン ハワード マックレイ	生年月日 Date of Birth	1919. 6. 17.
國籍 Nationality	カロ	所屬部隊 Unit	No. E. 30053 ROYAL RIFLES OF CANADA
階級身分 Rank	LANCE SERGEANT 軍曹勤務伍長		
捕獲場所 Place of Capture	香港島防禦陣地	捕獲年月日 Date of Capture	昭和 16 年 12 月 25 日
父ノ名 Father's Name	DONALD	母ノ名 Mother's Name	EMILY
本籍地 Place of Origin	SCOTSTOWN, QUEBEC CANADA.	職業 Occupation	農
通報先 Destination of Report	FATHER: DONALD MACRAE SCOTSTOWN, QUEBEC CANADA.	特記事項 Remarks	ナシ

補修欄 Other Informations	
1. 昭和十八年九月二日第五分所ニ収容	
2. 昭和十八年十月二十三日第五分所ニテ	脚気衝心
3. 昭和十八年十一月二日第五分所ニテ	死亡

H' 2A-19-12

M.F.D. 930A
200M—2-45 (6635)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

Amended

LAST PAY CERTIFICATE

Regtl. No. E-30053 Rank and Name Cpl. MacRae, A.

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

(Transfer, Posting or Discharge) to ..... on Nov. 30th 1943

(Unit and Station)

Reason for discharge Deceased Nov. 2nd, 1943 Authority H.Q.405-M-11234

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 2-8-40

(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 $ 15.00

Effective date 1-9-40

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

ESTATES BRANCH DEC 22 1945 H.Q. OTTAWA NATIONAL DEFENCE

Amended M.F.M. 18 - $15.00 effective Dec. 1st, 1943.

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	867	27
First Monthly Payment			Regimental Pay 30 days at $ 1.70	51	00
Casual Payments			Tradesmen's Pay ..... days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars)		
Assigned Pay Nov.	15	00	..... days at $		
Regimental Charges			Allowances (Give particulars)		
Public Stoppages (Give particulars):			..... days at $		
			Interest - Oct. 1943 Bal.	2	20
			Adj. November 1941 Bal.	3	20
			Int. on above adjustment		33
To Balance Cr. (To be paid by new unit)	909	00	By Balance Dr. (To be deducted by new unit)		
Total	924	00	Total	924	00

909 00
8627
1,73

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 (Place)

December 14th, 1945. (Date)

for Chief Treasury Officer
Army Services

Paymaster or Accounting Officer

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY MT

Name: MacRae Allan No.: R.30053
Surname Christian Names

Cpl. C.A.O/S 30-10-43
Rank Unit Date of Death

AMOUNT

L.P.C. ..... $ 909.00

Date: 18-1-46 Other Credits .....

Total 909.00

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Emily MacRae, Scotstown, Compton Co., P.Q. (Sole beneficiary under will)	909.00

P4. TO TREAS. 29-1-46 N. R.# 230 QW.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$909.00

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

MINISTÈRE DE LA DÉFENSE NATIONALE

MARINE ═══ ARMÉE ═══ AVIATION

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM DU MILITAIRE DÉFUNT: Allan, (PRÉNOMS) MAC RAE, (NOM)

BÉNÉFICIAIRE: Mrs. Emily MacRae,

ADRESSE: R.R. # 1, Scotstown, P.Q.

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ: 2-11-43

No DU REGISTRE: D-20736
No DU DOSSIER: 405-M-11234
DATE: 2-10-46
No MATRICULE: E-30053
GRADE DÉFINITIF: Cpl.
DATE DE LIBÉRATION: 2-11-43

	$ ¢
A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION 1170 NOMBRE DE JOURS 1188 / 30 ÉQUIVALANT À 39 PÉRIODES COMPLÈTES @ $7.50	292.50
B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION NOMBRE DE JOURS 736 MOINS 18 JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À 718 JOURS @ 25 CENTS PAR JOUR VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION	179.50
	472.00
C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER TAUX QUOTIDIENS LORS DE LA LIBÉRATION SOLDE $ 1.70 INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT $ 1.25 SOLDE SUPPLÉMENTAIRE $ $ $ ALLOCATION FAMILIALE MILITAIRE 1/30 DE $ $ TOTAL $ 2.95 ×7 = $ 20.65 NOMBRE DE JOURS 736 / 183 ×$ 20.65	83.05
D. GRATIFICATION DE SERVICE DE GUERRE	555.05
E. DÉDUCTIONS PAIEMENT EN TROP DE SOLDE ET ALLOCATIONS $ ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE $ AUTRES DÉDUCTIONS $	
F. MONTANT TOTAL PAYABLE	555.05

G. VOTRE PART DE LA GRATIFICATION EST 100%

ALLOCATION FAMILIALE MILITAIRE QUI VOUS EST VERSÉE $ _____ DE $ =$

MONTANT TOTAL DE L'ALLOCATION FAMILIALE MILITAIRE VERSÉE $

ΔT

J Dawson 5/10/46

VOIR AU VERSO
POUR L'EXPLICATION
DES ARTICLES A, B ET C

AS. MJK

G L Hautevot Capt

R. R. #1. Scotstown, Que.
Sept. 1st. 1942.

Lt. Col. Clarke,
Ottawa.

Dear Sir:

In reply to your letter of recent date I beg to report that we received a letter last Saturday from our son Corporal Allan MacRae, prisoner of war at Hong Kong. Like all the other letters received from boys in this district, there was no news of anyone else so it is evident they are not allowed to mention any others. He said he was in good health and not to worry.

Sincerely hope you received reassuring news from your son.

Yours truly,
(Mrs.) Donald D. MacRae.
per H.M.

M 300 5-3
a/Cpl. MacRae, Allan.
R.R.C. "C" Force
n. of K. - father - above

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HQ.405-M-11234

September 4, 1942.

Mrs. Donald D. MacRae,
R.R.#1,
Scotstown, Quebec.

Re: E-30053 A/Cpl. MacRae, Allan
Royal Rifles of Canada "C" Force

Dear Mrs. MacRae:

Receipt is acknowledged of your very kind letter of September 1st.

I was quite pleased to know that you were one of the fortunate ones who received a letter from your son, Allan, who is a prisoner of war at Hongkong.

It is regrettable that he was unable to forward any information in his letter concerning his comrades. This was due no doubt to the very strict regulations laid down by the Japanese censors.

Please be assured that if any further official information is received concerning the welfare of your son you will be notified at once.

Yours very truly,

F.W.Clarke, Lt.Col.

FWC/B

Rolland

14

C.D. 2X

CLASS OF SERVICE	
Full Rate	
Day Letter	X
Night Message	
Night Letter	
Evening and Sunday Messages	

Please mark an X opposite the class of service desired.

CANADIAN PACIFIC TELEGRAPHS

World Wide Communications

W. D. NEIL, General Manager of Communications, Montreal

CHECK

TIME FILED

STANDARD TIME

CASUALTY

Send the following message, subject to the conditions on the back thereof, which are hereby agreed to.

OTTAWA OCTOBER 23 1942

MR DONALD MacRAE
SCOTSTOWN
COMPTON COUNTY QUEBEC

10789 OFFICIAL INFORMATION HAS BEEN RECEIVED FROM TOKYO JAPAN THROUGH THE INTERNATIONAL RED CROSS GENEVA THAT E30053 CORPORAL ALLAN MacRAE IS A PRISONER OF WAR AT A HONG KONG CAMP STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

Officer 1/c Records

PREPAID
(W.E.L. Coleman, Lt.-Col..
(Cas.)

16

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

CANADIAN PACIFIC
TELEGRAPHS

BTC FILE H.Q. 405-M-11,234

CASUALTY (REPORT DELIVERY) OTTAWA

17 SEPTEMBER 1945

TO:-

MR DONALD MACRAE
SCOTSTOWN
COMPTON COUNTY QUE

89788

DEEPLY REGRET TO INFORM YOU THAT E30053 CORPORAL ALLAN MACRAE PREVIOUSLY REPORTED PRISONER OF WAR JAPANESE HANDS IS NOW OFFICIALLY REPORTED TO HAVE DIED OF PNEUMONIA ON THIRTIETH OCTOBER 1943 WHILST IN CAPTIVITY STOP FURTHER INFORMATION WILL FOLLOW WHEN AVAILABLE

PREPAID 382

DIRECTOR OF RECORDS 36

Ottawa, Canada,

19th September, 1945.

Dear Mr. MacRae:

It was with deep regret that I learned of the death of your son, E30053 Corporal Allan MacRae, who gave His life in the Service of his Country in Japan on the 30th day of October, 1943.

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

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,

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

Mem x- marches
21-9-45
b. b.

Mr. Donald MacRae,
Scotstown,
Compton County, Que.

/EFH

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H.Q. 405-M-11,234
D.R. 2(B)

26TH NOVEMBER, 1945.

MR. DONALD MACRAE,
SCOTSTOWN,
COMPTON CO., QUE.

DEAR MR. MACRAE:

WITH REFERENCE TO PREVIOUS COMMUNICATIONS FROM THIS HEADQUARTERS CONCERNING THE REGRETTED DEATH OF YOUR LATE SON, E30053 CORPORAL ALLAN MACRAE, I NOW WISH TO INFORM YOU IT HAS BEEN OFFICIALLY CONFIRMED THAT CORPORAL MACRAE DIED ON THE 2ND DAY OF NOVEMBER, 1943 AS RESULT OF PNEUMONIA AND NOT ON THE 30TH DAY OF OCTOBER AS PREVIOUSLY STATED.

PLEASE BE ASSURED THAT SHOULD FURTHER PARTICULARS BE RECEIVED REGARDING YOUR LATE SON'S DEATH OR BURIAL YOU WILL BE INFORMED WITHOUT DELAY.

YOURS TRULY,

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

GR/MEB

H.Q. 405-M-11234
(D.R. 2(C))

11th January, 1947.

Mr. Donald MacRae,
Scotstown,
Compton County, Quebec.

Dear Mr. MacRae;

Information has just been received from military authorities in the Far East that the remains of your son, E30053 Corporal Allan MacRae, have now been interred in plot A, row D, grave 6, 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

HQS 8959-9-4 Vol 32 (Adm B1)
HQ DVA E-30053

November 26, 1948.

Mr. Donald MacRae,
Scotstown, Quebec.

Dear Mr. MacRae:

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 Allan MacRae 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

HQS 8959-9-4 Vol 32 (Adm B2)
HQ DVA E-30053

January 18, 1949

Mr. Donald MacRae;
Scotstown, Quebec.

Dear Mr. MacRae:

I wish to acknowledge receipt of your letter dated 30 November 1948, in which you were kind enough to forward a photograph of your son for use by this Department in connection with atrocities committed in the Far East.

I have had this photograph reproduced and have forwarded a copy to the American authorities who are conducting the prosecution of Japanese War Criminals.

As requested, I am returning the photograph you forwarded, together with a copy thereof, and wish again to thank you for your kind cooperation in this matter.

Yours sincerely,

Deputy Minister,
Department of National Defence.