E30117
BARNES
KENNETH

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

4.2.44

(441664)

1902

M

D.W.

500M—1-44 (3467)
H.Q. 1772-45-8

AWARDS—CANADIAN ARMY (ACTIVE)

FILE No. 405-B-9193

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BARNES, Kenneth Robert	E.30117	Rfmn.	R.R.C.

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.	3643. 25/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES) 27/1/83

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Beatrice BARNES (~~FATHER~~) MOTHER

ESCUMINAC,

ADDRESS: BOnaventure Co., Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Beatrice Barnes ENGLISH

1902

ADDRESS: Escuminac, Bon. Co., P.Q. (MFM5)/

MEMORIAL BAR

(1)

DATE DESP

REGN. NO 1314

(2)

(3)

DESP. APR 12 1945

REGN No. 17621

Mr. Stanley Barnes,
Escuminac,
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-B-9193 FD-49

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

ESTATES BRANCH APR 20 1945 H.Q. OTTAWA NATIONAL DEFENCE

April 4. 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

BARNES Kenneth Robert Rflmn.

E-30117 Can. Army

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.

L. G. Bard Gost
Director of Estates.

GEB/HS

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Stanley H. Barnes	54	
4	Mother of the Deceased.....		Beatrice M. Barnes	48	
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. Hamilton Williams	27	St. Croix, N.B.
			Patricia D. Barnes.	20	Escuminac, P.Q.
			Valrecia J. Barnes.	13	Escuminac, P.Q.
		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
	Bernice May Nov. 14, 1920	None	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Kenneth Robert Barnes.
9	Date of his birth.	June 24, 1918.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Campbellton, N. B. Nov. 8, 1916

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Campbellton, N. B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Campbellton, Rest. Co., N.B. - 12 yrs. (b) Escuminac, Bona. Co., P.Q. - 10 yrs. (c) (d)
14	Nature of employment before enlistment.	Logging.
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.	Escuminac, P.Q.

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

B.
P.2.
P.2.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
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.	No

(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. Beatrice Barnes, ... {Signature of Informant

.....Escuminac, Que. .....Address

CERTIFICATE

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

See above. .....Barnes..... {Name of informant} is the Mother .....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Escuminac P.Q. this 17th day of April 19 45

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Rev. A.H. Dyment Qualification clergyman

Address Pte a la Garde, P.Q.

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

Prepared by: R.G.
Checked by: H.L.

ORIGINAL
DUPLICATE
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-30117

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname BARNES
2. Christian Names Kenneth Robert
3. Present address Escuminac, Bona. Co. P.Q.
4. Date of birth June 24, 1918
5. Place of birth Canada (Country) N.B. (County or Province) Campbellton (Town or Township)
6. Religion (state denomination) Prot. United
7. Trade or Calling Laborer
8. Married, Widower or Single Single
9. Name of next of kin Stanley Barnes
10. Relationship Father
11. Address of next of kin Escuminac, Bona. Co. Que.
12. 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)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? (Yes or No) NO (If Yes, give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? NO (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, Kenneth Robert Barnes, 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 August 10th, 1940 (Sgd) Kenneth Barnes (Signature of recruit)
WITNESS: (Sgd)J.F. Ross

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

(Sgd) Kenneth Barnes (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Matapedia this 10th day of August 1940

(Sgd) J.F. Ross — Signature of Magistrate, Justice or Attesting Officer.

Lieut. R.R.C. — Officer or Rank and Unit or appointment.

N.B. ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of BARNES (Surname) Kenneth Robert (Christian Names) Regimental Number E-30117

Qualifications

Military: NIL
Business or Professional: NIL
Trade or Civil: Laborer
Technical: NIL
Languages: English

Educational Qualifications

High School or Collegiate: Four (years completed)
Graduation or Matriculation: (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 T.O.S. Royal Rifles of Can. (C.A.S.F.)	Rfn	10 Aug 40	R.R.C. CASF	Valcartier	D.O. 33	13 Aug 40
		Admon. & forf. one day's pay under FR & I for the C.A.S.F. for the offence of: AWL from 2200 hrs 29 Oct 40 to 1720 hrs 30 Oct 40(Abs. 19 hrs, 20 minutes)	"	--	"	Sussex Camp	102	1 Nov 40
		EMBARKED CANADA - SAILING LIST No. 414 "W Force"		2 Dec 40				
		Grtd. 14 days lve of absence commencing	"	14 Feb 41	R.R. of Can.	"W FORCE"	22	28 Jan 41
		RET. CANADA AUG 28 1941 S/L 53						
		Admon. & forf. 1 day's pay for AWL from 0600 hrs 6 Oct 41 to 1530 hrs 6 Oct 41 (Absent 9 hrs. 30 mins.)	"	7 Oct 41	"	St.John N.B.	210	7 Oct 41
		EMBARKED CANADA - SAILING LIST No.966 "C Force"		27 Oct 41				
		Reported P.O.W.	"	25 Dec 41	R.R.C. "C Force"	NDHQ Ottawa	A.O. 15	10 Sep 45

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BARNES, Kenneth Robert Place .....

Place ..... Date 10 Aug 40

Part 1. Information obtained from the recruit.

1. Age 22 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	No	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		

(Sgd) Kenneth Barnes
Signature of Applicant.

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

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

Scar from cut on left thumb.

2. Height 5 feet 9½ inches. 3. Weight 137 pounds.

4. Complexion Clear Eyes Blue Hair Brown

5. Development Fair (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 2 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 Treatment

10. The abnormalities (congenital and pathological) found on examination are as follows
Reflexes, ears, urine: Normal
13 Aug 40 X-Ray Chest: Negative (Sgd) Ch. A. Kirouac, Capt RCAMC

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) J.C. Rothwell, Capt (President) J.H. Macdonell (Member) J.D. Berg??? Lt. (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
			CERTIFIED TRUE COPY OF MFM2
			F.L. Payne
			Officer having custody of regimental documents kept by the Director, War Service Records, DVA, Ottawa, 15 Aug 52.

Regtl. No. E-30117 Rank Rfn Surname BARNES Christian Name Kenneth Robert

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				

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収容所 Camp	東京俘虜収容所第五分所 香港 昭和17年1月17日	番號 No.	香 6249 東俘五 138
姓名 Name	BARNES K. バーンス ケイ	生年月日 Date of Birth	1918. 6. 24
國籍 Nationality	カ	所屬部隊 Unit	No. E. 30117 ROYAL RIFLES OF CANADA
階級身分 Rank	RIFLEMAN 兵		
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	STANLEY	母ノ名 Mother's Name	BEATRICE
本籍地 Place of Origin	NEW BRUNSWICK CAMBETON CANADA.	職業 Occupation	軍人
通報先 Destination of Report	MOTHER: ESCUMINAC QUEBEC. CANADA	特記事項 Remarks	

補　修　欄　Other Informations

1. 昭和18年9月2日東京保護収容所第五分所ニ収容
1. 昭和18年10月14日　慢性腸炎　労休
1. 昭和19年　1月27日入室
1. 昭和19年　2月4日死亡

DEPARTMENT OF NATIONAL DEFENCE

- ARMY -

1-33/13
Monument National Building
Ottawa, Ontario.

3 November, 1944.

To the Next of Kin of Canadian
Prisoners of War in the Far East.

HQS-B-9193

Cables from the Far East

In my letter to you of 6 September 1944 I drew your attention to the fact that discussions were underway to consider a proposal made by the Japanese Government to present a regular cable service between prisoners of war in the Far East and their relatives and that you would be advised at a later date of any further developments.

On 24 October 1944 the Wartime Information Board released a notice to the Press describing the situation as it stands today and the notice is repeated herewith for your information.

"A ten-word-cable service between Japanese-held prisoners-of-war (including internees) and their Canadian next-of-kin has been arranged by the International Committee of the Red Cross, according to an official of the Department of External Affairs. However, although the Japanese have signified their willingness to transmit messages to and from the camps, the service has not yet started pending final arrangements, and its success will depend on the co-operation of the Japanese.
It is proposed that each prisoner or internee will be allowed to send one cable a year at first. This limitation has been imposed so that as many prisoners as possible may be heard from. The prisoner's cable to his next of kin must be the first in the exchange. Next-of-kin will not be able to send messages until they have heard from their relative in the prison camp. This restriction has been set because many relatives have had little or no information from the Far East, and it is considered more important that they should receive news from the prisoner of war or internee than the other way round.
Costs of the cables both ways will be paid by the Canadian Red Cross Society, and the Canadian Red Cross Enquiry Bureau is willing to bear the responsibility for the telegrams reaching their destinations.
Messages will be routed through Geneva.
The adoption of the cable exchange arrangement does not affect the facilities previously established for communication with the Far East, the External Affairs official pointed out. He warned, however, that there may be considerable delay before the first cable is received, and that failure to receive a cable in the near future should not cause over-anxiety on the part of relatives. If the Japanese Government does its part, it is hoped that the first cables will start coming in in time for Christmas".

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While trusting that the frequency of exchange of messages can be increased in future, it is felt advisable to commence on the understanding that the British Commonwealth, including all Canadians, United States prisoners of war and civilian internees in the Far East will be permitted to send one message per year to next-of-kin and, following the receipt of such a message, the recipient will be entitled immediately to forward an answer. The message will consist of ten words, exclusive of the address and signature.

The reason why the prisoner of war or civilian internee should commence the proceedings by sending the first cable is really to test the sincerity of the Japanese Government and see how rapidly it will put the proposal into operation.

I feel that, bearing in mind the very large numbers of British Commonwealth and American prisoners of war in the Pacific area of which our Canadians form a very small minority, I should sound a note of caution and point out that a considerable time may elapse before you receive your message. I know you will appreciate that control of the messages must be exercised to permit a reasonable flow without overloading the Japanese Cable communications to a point of disruption and also to give equal facilities to all Allied prisoners of war and internees.

Should there be further developments you will be promptly advised.

Yours sincerely,

Colonel,
Special Assistant to the Adjutant General

405-B-9193

1-33/11

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Monument National Bldg.
Ottawa, Ontario.

Sept. 6th, 1944.

To the Next of Kin, other Relatives and Friends of Canadian Prisoners of War in the Far East.

I am now able to inform you that the relief supplies which were forwarded to the Far East on the exchange vessel "GRIPSHOLM" in the Fall of 1943 and which eventually arrived at a Japanese port, have at last been delivered to all the camps in which Canadians are located. The Japanese, for reasons still unexplained, were very slow in transshipping the supplies intended for Hong Kong, but advice has recently been received that these have now arrived and are being distributed by the International Red Cross Delegate. The supplies consist largely of Red Cross Food Parcels but also include a considerable quantity of medicines and drugs, (sufficient for 3100 persons for 6 months) shoe repair materials etc., as well as foods and medicines especially suited to the needs of children and invalids. The next of kin parcels which accompanied the "GRIPSHOLM" have also been distributed.

Negotiations are still going on for the shipment to Japan of some 1500 tons of relief supplies already stored by the Canadian and American Red Cross Societies at Vladivostok and there is reason to hope that the first shipload of food, medicines and clothing from this source will soon be made available to the prisoners.

Preparations for the forwarding of individual and collective Christmas gifts (similar to those sent to Germany) on behalf of the People of Canada to Canadian prisoners of war in the Far East are also under way and will be despatched if any opportunity can be found. Meanwhile, it has been arranged that in any case a small cash Christmas gift shall be distributed to each Canadian prisoner of war in the Far East.

A proposal regarding the establishment of a regular telegram service between prisoners of war in the Far East and their relatives has been received recently from the Japanese Government and as soon as all details are arranged, you will be advised further.

Unfortunately erroneous rumours have been circulated to the effect that next of kin parcels can be forwarded to prisoners of war in the Far East. I regret that this is not true, but I shall not fail to advise you promptly when arrangements to do so have been made.

F. W. Clarke, Colonel
Special Assistant to the Adjutant General.

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HMG

QUOTE NO. 405-B-9193
(D.R.)

Department of National Defence

ARMY Ottawa, Canada,

January 14, 1942.

Mr. Stanley Barnes,
Escuminac,
Bonaventure Co., Quebec.

E 30117 Rfn. Kenneth Robert BARNES

Dear Sir:

I recognize fully how anxious you are regarding the welfare of your son, the soldier marginally noted, who proceeded to Hong Kong with the Canadian Force.

I regret no information other than what has been published is yet available regarding individual members of the Canadian Forces who participated in the action at Hong Kong. I may say that in the case of British personnel the War Office advise us that until other information is received they have adopted the procedure of posting the soldier as Missing. However, the Canadian Government is loath to adopt this course for the present until further efforts have been exhausted and every endeavour is being made through all possible channels to obtain definite information.

In this connection, our Government has the direct assistance of both the Argentine and the Swiss Governments, which respectively represent Canadian interests in Japan and in Occupied China. We also have the co-operation of the United Kingdom Government and the War Office, who are of course profoundly interested on behalf of both British and Canadian troops. We have assurance that all these authorities are putting forth every effort to hasten the receipt of information. We have also been in touch with the British Embassy in Washington, and efforts are being made as well by the International Red Cross.

You may rest assured that on receipt of any particulars respecting the welfare of your son you will be advised immediately by telegram, as it is fully realized that suspense may cause even greater distress than a full knowledge of the facts, whatever they may be.

Yours truly,

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

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Nat. Def. A-168
H. Q. 1772-39-376
500M-7-40 (5938-9-40).

January 14, 1942.

Since dictating the enclosed we have just received word that the Japanese have established a Prisoners of War Bureau and that they are ready to exchange information through the International Red Cross.

Immediately on receipt of this word, the Honourable Mr. Massey, Canadian High Commissioner in London, suggested to the International Red Cross people in London that their representative in Tokyo be requested to communicate direct with the International Red Cross representative in Canada.

It is earnestly hoped that this suggestion will be accepted. If it is, it will hasten considerably the receipt of anxiously awaited information.

R. Rif.

Quote No...H.Q.405-B-9193
(Records-C)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Ottawa, Canada,

February 23, 1943

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-30117.....

Rank.....Rifleman.....

Surname.....BARNES.....

Christian Names.....Kenneth Robert.....

Nature of Casualty.....Prisoner of War.....

Date of Casualty.....Between 8 & 25-12-41.....

Address at time of enlistment.....Escuminac.....

.....Bonaventure Co. Quebec.....

Occupation: Labourer
Marital status on enlistment: Single
Name and address of next-Of-kin: Mr. Stanley Barnes, father
Escuminac, Bonaventure County, Quebec.

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

GR/ME

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20th March, 1945.

Mr. Stanley Barnes,
Escuminac,
Bonaventure County, Quebec.

Dear Mr. Barnes:

It was with deep regret that I learned of the death of your son, E30117 Rifleman Kenneth Robert Barnes, who gave his life in the Service of his Country in Tokyo, Japan on the 4th day of February, 1944.

From official information we have received, your son died whilst a prisoner of war. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

MAR 20 1945

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

Mem + mother
26.3.45

/EMA

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H.Q.405-B-9193
D.R. 2(B)

28TH NOVEMBER, 1945.

MR. STANLEY BARNES,
ESCUMINAC,
BONAVENTURE CO., QUE.

DEAR MR. BARNES:

WITH REFERENCE TO PREVIOUS COMMUNICATIONS FROM THIS HEADQUARTERS CONCERNING THE REGRETTED DEATH OF YOUR LATE SON, E30117 RIFLEMAN KENNETH ROBERT BARNES, I NOW WISH TO INFORM YOU IT HAS BEEN OFFICIALLY CONFIRMED THAT RIFLEMAN BARNES DIED ON THE 4TH DAY OF FEBRUARY, 1944 AS RESULT OF BERI BERI AND DYSENTRY.

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.

CR/MEB

Director of Estates

Regimental No. E.30117 ..... Rank. Rifleman .....

BARNES ..... Kenneth Robert .....
Surname Christian Names

Unit..... The Royal Rifles of Canada (CA) .....

Date of death. 4 Feb 44 ..... Place of Death. JAPAN .....

Casualty Details. Previously reported P.. O.. W.. at. Hong. Kong., now.....
..... officially reported died of. cronic. Enteritis. whilst ...
..... P.. O.. W.. at Tokyo .....

Next-of-kin. Mr.. Stanley Barnes ..... Relationship. Father .....

Address..... Escuminac, Bonaventure County.. Que .....
.....
.....

Will..... Will d/14 Aug. 40 herewith ..... H.Q. .....

Date..... 28 Mar. 45..

ESTATES BRANCH MAR 31 1945 H.Q. OTTAWA. NATIONAL DEFENCE

EXCERPT OF M.F.M.5 dated..10.Aug.40.....

(1) Are you married?.....No.....Children?.....

Wife's name and address).....Names and Ages.....

(2) Is your father alive? Yes..... If so, state name and address....
..... Stanley Barnes (Labourer) .....
..... Escuminac, Bonaventure Co., P.Q. .....

(3) Is your mother alive? Yes..... If so, state name and address....
..... Beatrice Barnes .....
..... Escuminac, Bonaventure Co., P.Q. .....

(4) Are you insured?.....No.....If so, in what company?.....
.....

JEC/SLG

ESTATES LIAISON

File No 405-B-9193

R E B U R I A L

NO E.30117

RANK Rifleman

NAME BARNES, K.R.

NAME OF CEMETERY British Commonwealth War Cemetery,

LOCATION OF CEMETERY Yokohama, Japan.

GRAVE LOCATION Plot A, Row A, Grave 3, Canadian Section.

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

H.Q. 405-B-9193
(D.R. 2(C))

11th January, 1947.

Mr. Stanley Barnes,
Escuminac,
Bonaventure County, Quebec.

Dear Mr. Barnes:

Information has just been received from military authorities in the Far East that the remains of your son, E30117 Rifleman Kenneth Robert Barnes, have now been interred in plot A, row A, grave 3, 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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E30117 RANK RIFLEMAN SERVICE UNIT ROYAL RIFLES OF CANADA

NAME BARNES, KENNETH ROBERT

DATE OF BIRTH 24-6-16 DATE OF ENLISTMENT 10-6-40

MARITAL STATUS SINGLE RELIGION UNITED CHURCH

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP FATHER NAME MR. STANLEY BARNES

ADDRESS ESCUMINAC, BONAVENTURE CO., QUE. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. MAJ. W.N. STEWART, R.A.M.C. MO NIIGATA, JAPAN. 405-B-9193

CASUALTY DETAILS DIED AS RESULT OF BERI BERI AND DYSENTRY WHILST A PRISONER OF WAR AT NIIGATA, JAPAN DATE 4-8-45

AMENDED AS TO PLACE AND CAUSE OF DEATH

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MED YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 26-11-45

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

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

No E.30117 Rank Rifleman Name BARNES, Kenneth Robert

Unit Royal Rifles of Can. Date of death 4th February, 1945.

Died at ~~Tokyo~~ NIIGATA, Japan

Cause ~~Cronic Enteritis~~ BERIBERI + DYSENTERY whilst P.O.W. at Tokyo

Death occurred on strength of Forces H.Q. 405-B-9193

N/K Mr. Stanley Barnes Relationship Father

Address Escuminac, Bonaventure Co., P.Q.

Remains buried in Cemetery

Grave location

OVER

JAN 10 1947
FEB 25 1946

MAR 24 1945

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

REBURIAL

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

Grave 3, Row A, Plot A.

Photographs
Despatched

OCT 9 1947

IWGC Quest Form Desp'd JUL 6 1949

5M-10-44 (M-4414)

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: BARNES, (Block letters)

Given names: Kenneth Robert.

Do not write in this space

4. RESIDENCE

Street ..... No .....

Official name of civil municipality or township: Escuminac,

Municipal county: Bonaventure 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): New Brunswick.

11. DATE OF BIRTH: June (Month) 24th (Day) 1918. (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
25			..... hrs. or ..... min.

OCCUPATION

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

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	BARNES, Stanley.	
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 ..... 19..... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: February (Month) 4th (Day) 19 44. (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) Beri Beri & Dysentery due to whilst P.O.W.

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.)

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

D.A.

FEB 25 1946

9-53-95-613

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 ..... 19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

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)

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

WILL

M.F.M. 10
75M—5-40 (5241)
H.Q. 1772-39-1656

(1) I, Kenneth Robert BARNES (Name in Full), of the town (City, Town, Village, Township)

Address in civil life.

of Escuminac, in the County District of Bonaventure,

Province of Quebec., Labourer (Civil Occupation)

Regimental No. E-30117, 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, Beatrice BARNES, Broadlands, P.Q. Bon. Co., 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 Occupation), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 14 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.

Kenneth Barnes (Signature of soldier)

First witness sign here.

(5) Signature W B Bradley.

Civil Address 26 St. Denis Ave Quebec P.Q.

Civil Occupation Fire Insurance

Second witness sign here.

Signature A B Brown

Civil Address Asbestos, 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 1945
D. Q.
OTTAWA.
NATIONAL DEFENCE

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 BARNES KENNETH ROBERT
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank E-30117 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 17 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? Yes

If so, state name and address, occupation Stanley BARNES, Escuminac, ~~Rest~~ Bon. Co. P.Q. Labourer

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

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

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

(14) Is your mother alive? Yes

If so, state name and address Beatrice BARNES, Escuminac, Bon. 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.

Kenneth Barnes
(Signature of officer or man)

Date 10th Aug. 1940

W. J. Home. Lt. Colonel

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

Date 10th 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.

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Kenneth Robert (CHRISTIAN NAMES) BARNES (SURNAME)

REGISTER NO. D-9104
FILE NO. 405-B-9193
DATE 5-12-45
SERVICE NO. B-30117
FINAL RANK OR RATING Rfn.
DATE OF DISCHARGE 4-2-44

PAYEE Mrs. Beatrice BARNES,
ADDRESS Escuminac,
Bon. Co. - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 4-2-44

		$
A. TOTAL QUALIFYING SERVICE		
1260 NO. OF DAYS 1274/30 EQUAL TO 42 COMPLETE PERIODS AT $7.50		315.00
B. QUALIFYING OVERSEAS SERVICE		
No. of Days 830 LESS 14 INELIGIBLE DAYS, EQUAL TO 816 DAYS @ 25c. PER DAY		204.00
SEE PAR. 2 OVERLEAF FOR EXPLANATION		
		519.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 2.75 X7 = $ 19.25	
NO. OF DAYS 830/183	X$ 19.25	87.31
D. WAR SERVICE GRATUITY		606.31
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		606.31

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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
K.S.M.	

TREASURY	
CHECKED BY	DATE

Kenneth Barnes
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

mj

Name: BARNES (Surname) Kenneth R. (Christian Names) No.: E.30117

Rfn (Rank) CA O/S (Japan) (Unit) 4/2/44 (Date of Death)

AMOUNT

L.P.C. ..... $ 630.31

Date: 30-5-45

Other Credits .....

Total 630.31

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Beatrice Barnes Escuminac Bonaventure Co. Quebec (Sole Beneficiary under Will)	630.31 R

TO BE FORWARDED BY REG. MAIL DIRECT

P4. TO TREAS. 4-7-45 QN

J

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	630.31

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

FORM No. 1

Register No. D-9104

Nominal Roll No. D-191

H.Q. File No. 405-B-9193

To: P.[redacted]G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
E-30117	RFN.	BARNES	KENNETH ROBERT

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DIED WHILST P.O.W. CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 10 AUG. 40	T.O.S.	T.O.S.
S.O.S. 4 FEB 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1274	Total Days	Total Days

Total Service 1274 DAYS

——	Total Service	Less Non-qualifying Service	Net Service	
Western Hemisphere	444	NIL	444	RL
Overseas Service	830	NIL	830	RL
Totals	1274	NIL	1274	
Add Non-qualifying Service			NIL	
Total Service			1274	

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 4 FEB 44 2. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE

DIED WHILST P.O.W. 4 FEB 44

Computer's Signature

Checker's Signature

Date Computed 20 April 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

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	

Overseas: T.O.S. 28 OCT 41 T.O.S. T.O.S.

S.O.S. 4 FEB 44 S.O.S. S.O.S.