

E30154
COATES
RUSSELL

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5-7-43
(O.C.L.-324)

AWARDS—CANADIAN ARMY (ACTIVE)



1463

100M-10-1 (2195)
H.Q. 1772-45-8

COATES, Russell		E.30154	Rfn.	FILE NO. 405-C-7338 Quebec Regt.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Pacific Star War Medal CVSM with Clasp	3829 29/3/50
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

Walter COATES (FATHER)

ADDRESS:

Box 35,
Bury, Compton Co., Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Eile Coates,

ADDRESS:

Box 35, Bury, Compton Co., P.Q.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO

1514

(2)

DESP. AUG 2 1943

REGN No. 2473

(3)

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

ORIGINAL
DUPLICATE
TRIPLICATE

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

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

Unit ROYAL RIFLES OF CANADA - C.A.S.F. Regimental Number E-30154

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname..... COATES
2. Christian Names..... Russell
3. Present address..... Bury, Compton Co., P.Q.
4. Date of birth..... 22 Mar 1921
5. Place of birth..... Canada P.Q. COMPTON Co. Bury
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... Protestant (United)
7. Trade or Calling..... Farmer
8. Married, Widower or Single..... Single
9. Name of next of kin..... Walter Coates
10. Relationship..... Father
11. Address of next of kin..... Bury, Compton Co., P.Q.
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 (b) Any other Naval, Military, or Air
(If Yes, Give Regimental No. and Unit) Force? No
(Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918?.....
No
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Russell COATES, 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 10 Aug 1940 (Sgd) Russell Coates
WITNESS: (Sgd) Pte Gadbois P. (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Russell COATES, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
(Sgd) Russell Coates (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 10th day of AUGUST 1940

(Sgd) F.G. MacAulay, Major {Signature of Magistrate, Justice
District Recruiting Officer, (English) or Attesting Officer.
Military District No. 5 } Officer or Rank and Unit
or appointment.

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

Record of Service of..... COATES Russell..... Regimental Number..... E-30154

QUALIFICATIONS

Military..... Nil..... High School } Grade 8 Graduation } Nil
 Business or Professional..... Nil..... or } (years completed) } or }
 Trade or Civil..... Farmer..... *College..... Nil Matriculation } (specify)
 Technical..... Nil..... *University..... Nil
 Languages..... English

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment						
		T.O.S. Royal Rifles of Canada (C.A.S.F.)	Rfn	10 Aug 40	R.R.C.	Valcartier	D.O. 35	15 Aug 40
		EMBARKED CANADA - SAILING LIST no. 414 "W Force"		2 Dec 40				
		Adm. to Botwood Mil. Hosp.	Rfn	28 Feb 41	"	"W Force"	52	6 Mar 41
		Disch. from Botwood Mil. Hosp.	"	3 Mar 41	"	"	52	6 Mar 41
		Adm. to Botwood Mil. Hosp.	"	10 Mar 41	"	"	65	25 Mar 41
		Att. to Botwood Mil. Hosp. for rations.	"	11 Mar 41	Botwood Hosp.	"	6	14 Apr 41
		Ceases att. to Botwood Mil. Hosp.	"	18 Mar 41	"	"	6	14 Apr 41
		Disch. from Botwood Mil. Hosp.	"	18 Mar 41	R.R.C.	"	70	1 Apr 41
		Adm. to Botwood Mil. Hosp.	"	20 Apr 41	"	"	89	26 Apr 41
		Disch. from Botwood Mil. Hosp.	"	23 Apr 41	"	"	89	26 Apr 41
		Grtd. 14 days leave of abs. commencing	"	20 May 41	"	"	100	13 May 41
		Grtd. 7 days leave in addition to furl. grtd. for travelling purposes.	"	---	"	"	100	13 May 41

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

Name in full.....COATES.....Russell.....Place

Place.....Date ..July 28, 1940.....

1. Age 19 2. Have you ever suffered from any of the following diseases?

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

(Sgd) Russell Coates

Signature of Applicant.

1. Identification marks or scars. (If operative obtain history).
Birthmark on right thigh. Small round scar back of left leg.

2. Height 5 feet 8 inches. 3. Weight 134 pounds.

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

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

7. Vision, right 20/20 left 20/20
With Glasses— right left 8. Hearing, right W.V. 20 left W.V. 20

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows.
Reflexes, urine & ears: Normal
13 Aug 1940 X-RAY CHEST: NEGATIVE (Sgd) J. Stevenson

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category.....A
Special remarks when category lower than A.....
Nil

(Sgd) J. Ch. Miller, Major RCAMC	A.L. MacRae	N.A. Davignon
President	Member	Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

[illegible]

Regtl. No. E-30154.

Rank.....Rfn

Surname.

COATES

Russell
Christian Name.....

[illegible]

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

PA

File No 405-C-7338

VERIFICATION FORM
WAR SERVICE MEDALS 1939-45

No. E 30154 Name CORTES RUSSELL
Rank on Discharge Rfm Date of Discharge not stated
Authority for Discharge or Retirement Deceased

Served in: Non-qualifying service

Canada from 10-8-40 to 28-10-41
from _____ to _____

United Kingdom from _____ to _____
from _____ to _____

Italy from - to _____

Northwest Europe from _____ to _____

----- from _____ to _____

Hong Kong from 29-10-41 to P.O.W. in Dec 41 and died whilst P.O.W. at Hong Kong - date not stated.

Eligible for award of:

1939 - 45 Star OK ✓
Pacific Star OK ✓

Italy Star _____

France-Germany Star _____

Defence Medal _____

War Medal OK ✓

Canadian Volunteer Service Medal OK ✓

with Clasp OK ✓



Verified by Arthur Harty

Date 26-6-46

Carded JUL 2 1946

NIRD

H.Q. 405-C-7338
(Records-C)

A R M Y

July 9, 1943.

Mr. Walter Coates,
Box 35,
Bury, Compton Co., Quebec.

Dear Sir:

I deeply regret to inform you that your son, E.30154 Rifleman Russell Coates, gave his life in the Service of his Country at Hong Kong. The official date of death has not yet been reported.

From official information we have received, your 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,

W. F. G. LETSON
Major - General
Adjutant - General

JUL 7 1943

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

GR/ME

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405-C-7338
Records "C"

October 1st., 1943.

Mr. Walter Coates,
Box 35,
Bury, Compton Co.,
Quebec.

Dear Sir:

You will, no doubt, have observed from press notices that a second batch of mail has recently reached Canada from the Far East consisting of 962 letters, nearly all from Canadian Army personnel who were prisoners of war in Hong Kong. These letters have been censored and are now in course of distribution.

Included in this mail is the enclosed letter addressed to you by your son, E.30154 Rifleman Russell Coates, who was previously officially reported by the Tokyo Government to have died of illness while a prisoner of war at Hong Kong. Action has been taken through the Department of the Secretary of State to obtain the date of death. This information has not as yet been reported.

Letters recently arrived are nearly all dated as far back as the summer of 1942 and have been a very long time on their way to Canada. As the date of your son's death has not yet been confirmed by the Tokyo Government, it must be assumed that his death occurred subsequent to the summer of 1942.

In forwarding this letter from your son, I am to express the sincere hope it may be of some comfort to you in your bereavement.

Yours truly,

af
Colonel,
Director of Records,
for Adjutant-General.

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405-C-7338
D.R. 2 (B)

21st November, 1945.


Mr. Walter Coates,
Box 35,
Bury,
Compton Co., Quebec.

Dear Mr. Coates:

With reference to previous correspondence from this Headquarters concerning the regretted death of your late son, E.30154 Rifleman Russell Coates, I wish to inform you it has now been confirmed that Rifleman Coates was admitted to Sham Shui Po Hospital on the 8th day of October, 1942, and died on the 5th day of November, 1942, the cause of death being diagnosed as Diphtheria.

Please be assured that should further information be received concerning your late son's death or burial, it will be communicated to you without delay.

Yours truly,


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

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405-C-7338
R. 4 (B)

Ottawa,

1st October, 1947.

Mr. Walter Coates,
Box 35,
Bury,
Compton Co., P.Q.

Dear Mr. Coates:

Information has just been received from military authorities in the Far East that the remains of your son, E30154 Rifleman Russell Coates, have now been interred in grave 27, row A, plot 1, of the Canadian Section in Sai Wan Military Cemetery, Hong Kong. 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,

J. P. Leding
for Director,
War Service Records.

E. 30154
R. 4 (B)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. E.30154, Rifleman Russell COATES, of the Royal Rifles of Canada, Canadian Army, died on the 5th of November, 1942, whilst a prisoner of war at Hong Kong.



(H.M. Jackson) Lt.-Col.,
for Adjutant-General.

Officer authorized to sign certificates
of death and/or presumption of death for
the Canadian Army.

Department of National Defence,
OTTAWA, Canada.
3rd December, 1949.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **E.30154**

RANK **Rifleman**

SERVICE UNIT **Royal Rifles
of Canada.**

NAME **COATES, Russell**

DATE OF BIRTH

DAY

22nd

MONTH

March

YEAR

1921

MARITAL STATUS

Single

NEXT OF KIN AS SHOWN ON
M.F.M. 1, 2 & 5 RELATIONSHIP

Father

NAME **Mr. Walter Coates,**
ADDRESS
D.A.B.

ADDRESS

Box 35, Bury, Compton Co., Quebec.

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS

(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

SBC 475

H.Q.405-C-7338

CASUALTY DETAILS

**Died, acute enteritis whilst prisoner of
war Hong Kong.**

DATE **Not stated.**

LAST WILL ATTACHED TO
NOTIFICATION TO A. OF E.?

YES/NO

M.F.M.5. ATTACHED TO
NOTIFICATION TO A. OF E.?

YES/NO

DATE

6-7-43

OFFICER I/C RECORDS

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COPY FOR DOCUMENT FILE

No E.30154 Rank Rifleman Name COATES, Russell

Unit Royal Rifles of Canada Date of death 5 Nov., 1942
July 1st, 1943.

Died at Hong Kong, while a prisoner of war

Cause Acute enteritis

Death occurred on strength of Forces.HQ 405-C-7338 d

N/K Mr. Walter Coates Relationship Father

Address Box 35, Bury, Compton Co., P.Q.

Remains buried in Argyle Street Cemetery

Hong Kong

Grave location

CHK ✓

OVER-

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. OCT 1 1947

RETURN TO BUR. OF STAT. APR 5 1945

ROYAL MESSAGE DESP'D. 9-8-43.

CAN. MESSAGE DESP'D. 12-7-43.

REBURIAL

Sai Wan Military Cemetery,
Hong Kong.

Grave 27, row A, plot 8.

Photographs

Despatched

MAR 18 1948

IWGC Quest Form Desp'd 10 49.

HM/16

227 37

54/37

收容所 Camp	香港 昭和 17 年 1 月 7 日	番 號 No.	香 6330
姓 名 Name	COATES, Russell Dalton コーツ, ラッセル, ダルトン	生 年 月 日 Date of Birth	1921.3.22.
國 籍 Nationality	加		
階 級 身 分 Rank	Rifleman 兵	所 屬 部 隊 Unit	No. E 30154 Royal Rifles of Canada
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	Walter Warrant	母 ノ 名 Mother's Name	Eile Nina
本 籍 地 Place of Origin	Bury, Quebec Canada	職 業 Occupation	農
通 報 先 Destination of Report	Father: Mr. W. Coates Bury, Quebec Canada	特 記 事 項 Remarks	死亡

補脩濟

打電濟

處理濟

304

補修欄 Other Informations

昭17-~~11~~-5 急性腸炎兼咽喉炎 死亡。 (午前零時30分)

Acute Enteritis

昭和17年10月8日入院

追加補修

死亡場所 香港 俘虜收容所第1分所

3

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county		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.....				Given names.....				CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH							
		COATES (Block letters)				RUSSELL				22. Date of death..... November 5th 1942 (Month) (Day) (Year)							
4. RESIDENCE		Street.....				No.....				23. I HEREBY CERTIFY that I attended deceased from 19..... to..... 19..... and last saw h..... alive on..... 19.....							
		Official name of civil municipality or township.....				Municipal county.....				24. CAUSE OF DEATH							
		Bury				Province..... Quebec				I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a)..... Acute Enteritis							
		5. SEX				6. NATIONALITY (Citizenship)				7. RACIAL ORIGIN				8. Single, Married, Widowed or Divorced (Write the word) Single			
		9. If married give name of wife or husband of deceased															
		10. BIRTHPLACE (Province or Country)				Quebec											
		11. DATE OF BIRTH				March 28th 1921											
		12. AGE OF DECEASED				21											
		13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.				Farmer											
		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				COATES Walter											
		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)							

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.

Director of Records, Dept. of National Defence

APR 5 1945

MEMORANDUM FOR

P. 64

Mr. Walter Coates.

Box 35, Bury, Compton Co.,

Quebec.

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

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

and the following number quoted:—

H.Q. 405-C-7338 FD 373

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

October 4th, 1943

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

COATES, Russell, Rfmn.

No. E.30154. C. A.



it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

FFC: SH

(F. T. Creighton) Capt.,
for (L. M. Firth) Lt.-Col.,
Administrator of Estates.

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.....	None		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	Walter Coates	59	Bury Ave
4	Mother of the Deceased.....	Lila Coates nee Downes separated to Red Board from husband about 1924	55	Sherbrooke Ave
5	Brothers of the Deceased	Full Blood Ronald Coates Sidney Coates Grouel Coates	36 34 32	Married 3 children Married 1 child Married 0 children
		Half Blood	None	
6	Sisters of the Deceased	Full Blood Lotha McLean nee Coates	29	Good Station Ave Married 2 children
		Half Blood	None	
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	
		None		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Russell Dalton Coates
9	Date of his birth	22 March 1921
10	Place and date of his marriage.	Never married. Single.
11	Place and date of his parents' marriage.	Bury Que Jan. 30 th 1906

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Bury P. Que
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Quebec (b) County of Bury (c) Bury where he lived all his life until enlistment for overseas service. (d)
14	Nature of employment before enlistment.	Worked in Bury Basket Factory after school.
15	State whether he owned the premises in which he lived and, if so, where situated.	Did not own any Real Estate.
16	Name place where deceased stated he intended to make his permanent home.	Bury Que.

PARTICULARS OF ESTATE

17	Did he leave a Will?	Yes. Military Will only on August 15 - 1940
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?	Single
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.	None
20	Amount of War Savings Certificates held by deceased.	None
21	Amount of Victory Loan Bonds held by deceased.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	National Life Assur Co. Toronto return of premiums while on Active Service. Father Walter Coates. Estimated Value \$70.00
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No No None.
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. Died Nov 5/42 while prisoner of war in Japan.
<p>(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.)</p>		

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.

Walter Coates { Signature of Informant
Box 30 Bury P. Que Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Walter Coates

*See above.

{ Name of Informant } is the* father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Bury Que this 16 day of October 1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

Whitchhead

Qualification Commissioner Superior Court District of St. Francis

Address Bury 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

Re Item #22 Have already made claim for amount due by National Life Assn Co being sole Beneficiary.

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

WILL

M.F.M. 10
75M-5-40 (5241)
H.Q. 1772-29-1656

(1) I, Russell COATES, of the town
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Bury, in the County of Compton
District

Province of Quebec, Farmer
(Civil Occupation)

Regimental No. E-30154, 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 father, Walter COATES,
Bury, P.Q. Compton 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, to be the Executor
(Civil Occupation) Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 15 day of Aug
1940.

Signed and acknowledged by the Tes-
tator, 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.

Russell Coates
(Signature of soldier)

First witness
sign here.

(5) Signature W.B. Bradley
Civil Address 26 St. Denis Ave Quebec P.Q.
Civil Occupation Fire Insurer

Second witness
sign here.

Signature W.B. Bradley
Civil Address Quebec, P.Q.
Civil Occupation Clk

(Witnesses are not to be beneficiaries.)

[OVER]

ORIGINAL

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

(2) Regimental or Air Force Number and Rank E-30154 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? Nil

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

[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..... Walter COATES, Bury, 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..... Ellie COATES, Bury, 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.

Date 10th Aug. 1940

Russell Coates
(Signature of officer or man)

L. J. Stone Lt. Colonel
Officer Commanding Royal Rifles of Canada

Date 10th Aug. 1940

C.A.S.F.

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.

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

4
ARMY

DECEASED
MEMBER
NAME

Russell
(CHRISTIAN NAMES)

COATES
(SURNAME)

REGISTER NO.

D-10656

FILE NO.

405-C-7338

DATE

4-6-45

SERVICE NO.

E-30154

FINAL RANK OR RATING

Rfn.

DATE OF DISCHARGE

1-7-43

DATE OF TERMINATION OF OVERSEAS SERVICE

1-7-43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1056 EQUAL TO 35 COMPLETE PERIODS AT \$7.50

\$ 262.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 612 LESS 6 INELIGIBLE DAYS, EQUAL TO 606 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

151.50

414.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

RECEIVED
JUN 7 1945
WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

PAY \$ 1.50
SUBSISTENCE OR LODGING \$ 1.25
AND PROVISION ALLOWANCE
ADDITIONAL PAY \$

TOTAL \$ 2.75 X 7 = \$ 19.25
NO. OF DAYS 612 X \$ 19.25
183

64.38

D. WAR SERVICE GRATUITY

478.38

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

478.38

G. YOUR PORTION OF GRATUITY IS—

100%

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

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY
CHECKED BY

TREASURY
CHECKED BY
DATE

SERVICE REPRESENTATIVE

A R M Y

CF

Name:	COATES	Russell	No.:	E30154
	Surname	Christian Names		
	Rfmn.	C.A. O/S	1-7-43	xx/xx/xx
	Rank	Unit		Date of Death

L. P. C.....	\$	442.97
Other Credits.....		
Total.....		442.97

Date: May 18/44

P4. TO TREAS. 29/5

TO BE FORWARDED BY REG. MAIL DIRECT.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	442.97
CLASSIFIED BY <i>Original Signed by</i> E. W. QUINNEY			EXAMINED BY For Chief Treasury Officer		

Original signed by
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

FORM No. 1

Register No. D 10656Nominal Roll No. D. 234

To: P.M.G.

H.Q. File No. 405-C-7338

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>E 30154</u>	<u>R.F.N.</u>	<u>COATES</u>	<u>RUSSELL</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment... DECEASED CARO..... ()

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>10 Aug 40</u>	T.O.S.....	T.O.S.....
S.O.S. <u>1 July - 43</u> MD <u>0/5</u>	S.O.S..... MD.....	S.O.S..... MD.....
Total Days <u>1056</u>	Total Days.....	Total Days.....

Total Service

1056 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>444</u>	—	<u>444</u>
Overseas Service.....	<u>612</u>	—	<u>612</u>
Totals.....	<u>1056</u>		<u>1056</u>
Add Non-qualifying Service.....			
Total Service.....			<u>1056</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 1 July 43

2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature

Checker's Signature

Date Computed

DIED WHILST IN SERVICE1 July - 43all 800's show above dates S.O.S.

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

Western Hemisphere—

DIET	IN	PEKANCE
11521		

Total

Overseas: T.O.S. 28 Oct - 41 T.O.S. T.O.S.
S.O.S. 1 July - 43 S.O.S. S.O.S.

[illegible]

Total